

Community Supervision of Adolescents who Commit a Sexual Offence:  
Risk Appraisal by Probation Officers

by

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## Abstract

Research supports the Risk-Need-Responsivity model of offender rehabilitation for use with adolescent sexual offenders. Probation officers are responsible for the supervision of adolescent sexual offenders in the community, yet their approach to supervision of these youth has received little attention. It is unclear how probation officers in Ontario determine the risk for sexual recidivism, as there is no mandated tool for assessing this specific type of risk. Currently, probation officers use the Youth Level of Service/Case Management Inventory to assess the risk for reoffence and develop a case management plan for youth on their caseload. However, there is insufficient research to support the use of this tool with sexual offenders. In this study, probation officers were surveyed to examine their knowledge of risk factors and current case management practices with adolescent sexual offenders compared to general offenders. Also, profiles on the YLS/CMI of youth who have been convicted of sexual and non-sexual offences were examined. Subscales which captured prior criminal history, delinquent peer associations and substance abuse were significantly more likely to be endorsed for non-sexual offenders. It was also found that probation officers used the risk override often with both non-sexual and sexual offenders; however the risk level override was increased more frequently, and to a greater extent, for sexual offenders. Results also indicated that probation officers had a mean accuracy of 57% when asked to identify risk factors for sexual recidivism. These findings suggest that probation officers may have a different approach to supervision with youth who have committed a sexual offense compared to youth with general offenses. The implications of these findings and future directions for research are described.

*Keywords:* Adolescent, Sexual Offender, YLS/CMI, Risk-Need-Responsivity

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## Chapter 1. Introduction

The impact of sexual offences on victims and families has contributed to a societal concern for the rehabilitation of sexual offenders. According to statistics from the U.S. Department of Justice, youth are responsible for 25.8% of all sexual offences (Office of Juvenile Justice and Delinquency Prevention, 2009). As an important minority of sexual offences are committed by adolescents, the early intervention and treatment of these youth is a critical step toward the prevention of the abuse cycle. Despite recent advancements, research in this field is still in its infancy and long-term studies on treatment effectiveness for youth who sexually offend are sparse. Some insight is gained from studies which have tracked the development and onset of sexually deviant behaviour in adult sexual offenders. These latter studies suggest that an important number of adult offenders who commit sexual offences actually began offending or were intrigued by the idea of offending during their adolescence (Abel, Mittleman, & Becker, 1985; Abel, Osborn, & Twigg, 1993; Andrade, Vincent, & Saleh, 2006; Groth, Longo, & McFadin, 1982). This highlights the value of actively intervening and developing rehabilitation plans during adolescence.

One of the most effective ways to improve youth outcomes and prevent the development of adult sexual offending patterns is early intervention in the sex offending cycle (Calley, 2007). Collectively, the available empirical and clinical literature suggests that early interventions are preferred (Worling & Curwen, 2000). This not only prevents further entrenchment of deviant sexual behaviours but, more importantly, reduces the number of victims. Without treatment, the number of victims will rise considerably over the years that a sexual offender remains untreated, and “the potential number of victims as adolescent perpetrators mature into adult offenders, is



astronomical” (p.115, Abel, et al., 1993). Therefore, the value of early effective treatment becomes even more significant.

In 2003, the Canadian Department of Justice enacted the Youth Criminal Justice Act (YCJA) which is the current protocol for youth involved in the justice system. With a clear focus and value placed on treatment, the YCJA states that dispositions imposed on youth must be the most likely to rehabilitate the youth and reintegrate the young person back into society (YCJA s. 38(2)(e)(ii)). One initiative of the YCJA is to provide community-based sentencing options whenever possible (YCJA s. 39(2)(d)). Probation is a sentence that can provide a safe and less expensive way to deliver punishments for less serious crimes while avoiding the detrimental effects of imprisonment (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008).

In the province of Ontario, the supervisory role of a probation officer has three components: “1) prepare reports for court and other correctional decision makers; 2) enforce the probation order; 3) comprehensively assess offenders, make effective case management decisions and determine rehabilitative interventions (e.g., referral to internal or community-based educational, counselling, or treatment programs or services)” (Ministry of Community Safety and Correctional Services, 2009). Adolescents who commit a sexual offence are one important sub-group of youth that probation officers will work with. Thus, probation officers in Ontario are faced with the task of assessing risk, identifying treatment needs, and formulating a rehabilitation plan for youth who are convicted of a sexual offence to ensure the greatest level of community safety possible. The evaluation plan developed by a probation officer will comprehensively address the individual needs of each youth in the justice system. Currently, there is an absence of information on this specific topic. Efforts to find research studies devoted to understanding the practice and decision making processes of probation officers working with adolescents convicted

of a sexual offence was unsuccessful. Given the important role of probation officers in the youth justice system and the seriousness of sexual offending behaviour, this was a particularly surprising result.

While there is an absence of research examining juvenile probation officers knowledge of sexual recidivism risk factors and case management practices, studies have been done investigating the decision-making practices of officers within the general youth justice population. For example, Wasserman and her colleagues (2008) studied the ability of probation officers to access mental health services for juvenile offenders with mental health disorders. Probation officers who had prior experience working in a mental health setting were significantly more likely to identify a mental health concern for the youths which they assessed. Despite the identification of a mental health concern, only two thirds of the offenders received a referral to a mental health agency (Wasserman et al., 2008). The authors suggested that in order to eliminate an inconsistency in referrals, agencies could employ a universal screening measure for a broad range of mental health needs (Wasserman et al., 2008). Although this research was conducted with all types of offenders, the results may be relevant to the assessment of risk for adolescent sexual offenders. Previously, it has been suggested that there is a need for systematic risk assessments in the case management of sexual offenders (Browne & Lynch, 1998).

Given the gap in the literature regarding the strategies employed by probation officers in the supervision of youth who commit a sexual offence, further exploration is necessary. Prior to describing the available literature on probation practices in the youth justice system and probation practices with adult offenders, a brief description regarding the characteristics and needs of adolescents who commit sexual offences will be provided.

### **Characteristics of Sexual Offending in Adolescents**

Although adolescent sexual offenders share some characteristics with adult sexual offenders (Barbaree, Hudson, & Seto, 1993), there has been an impetus in recent years to determine the nuances of assessing risk and finding appropriate treatment interventions that apply specifically to youth who commit sexual offences. Despite certain similarities, it should not be assumed that youth and adult sexual offending are synonymous in all respects (Barbaree et al., 1993). Youth, for example, differ from adults in that they are still maturing developmentally, and are more strongly influenced by their environments; including school, family and community (Prescott, 2005). Furthermore, their sexuality is still evolving (Hunter & Becker, 1994) and therefore their deviant sexual interests may be less entrenched when compared to adult offenders.

**Sexual Recidivism Rates.** Despite mistaken presumptions, empirical evidence suggests that it is not the case that all sexual offenders are at a high risk to reoffend (Cuadra, Viljoen & Cruise, 2010). In regards to the base rates of sexual reoffending in adolescents, there is some debate surrounding the frequency that it occurs compared to adult sexual offenders (McCann & Lussier, 2008). Repeat adult sexual offenders and federal inmates have shown recidivism rates up to 30% over a 25 year follow-up period (McCann & Lussier, 2008). There are four large-scale meta-analyses which have been published recently, all of which report different rates of sexual recidivism for adolescents who commit sexual offences. Some researchers have suggested that juveniles do not frequently reoffend sexually (Caldwell, 2002; Caldwell, 2010; Weinrott, 1996). However, reoffence rates are discrepant in published literature.

A recent meta-analysis reported that the sexual reoffence rates for adolescents were low, and ranged from 0% - 18%, with a weighted mean sexual reoffence rate of 7.08% (Caldwell,

2010). Contrary to these reported rates, Worling and Långström (2006) found the average rate of sexual reoffence for 22 published studies to be 15%, while the range was from 0% to nearly 40%. In addition, McCann and Lussier (2008) investigated the sexual recidivism rates of adolescent offenders which included 18 published and unpublished studies ( $N = 3,189$ ) from 1986 to 2005 (McCann & Lussier, 2008). The inclusion of unpublished studies helped to limit the overestimation of recidivism which can occur from the file drawer effect, where low effect sizes are excluded from published research. From the studies which provided descriptive statistics on age, the ages of adolescents ranged from 6 – 20, with a mean age of 16 years ( $SD = 1.66$ ,  $n = 13$ ) (McCann & Lussier, 2008). The wide age range of youth included in the meta-analysis somewhat limits the generalizability of the findings to adolescents aged 12 to 18. However, the mean age of 16 may be acceptable. Several important findings were discovered in this study. An average of 12.2% of the juveniles reoffended sexually, which is also comparable to the reoffence rate of 12.53% reported in a 2006 meta-analysis (Reitzel & Carbonell, 2006). However, the range of sexual reoffence rates in the McCann and Lussier study was from 1.6% - 29.9%, which limited the conclusions that could be reached about recidivism. However, there was a considerable range of follow-up time between the studies; the average time was between 5 and 9 years across the 18 studies. Using statistical analyses, the authors determined that the discrepancy in sexual recidivism rates across samples was due to the length of the follow-up time used in each study. The authors suggested that higher rates of sexual recidivism are found when the follow-up period is longer (McCann & Lussier, 2008).

The discrepancy between the reported rates of reoffending across the four recent meta-analyses is likely the result of incongruent ways of measuring recidivism. Relying on official conviction statistics greatly underestimates the actual rate of reoffence (Worling, Litteljohn, &

Bookalam, 2010). As Worling et al. (2010) explained, official conviction data is reliant on: victims disclosing a sexual assault in the first place, the disclosure must then be relayed to authorities, police must decide to conduct an investigation, charges must be laid, the charges must not be dropped, the charge must also not be altered to a non-sexual charge after a plea bargain, and the final decision of the courts must be to proceed with a conviction. Thus, when researchers use a new sexual offence *charge* as an indication (or definition) of sexual reoffending, rather than a *conviction*, the rates of sexual reoffending will be higher (Worling & Långström, 2006).

**Sexual Recidivism Risk Factors.** In order to effectively assess and rehabilitate adolescents who have committed a sexual offence, it is important to know what factors are associated with sexual recidivism. Worling and Långström (2006) identified several risk factors for adolescent sexual reoffending through a qualitative review of the empirical and professional literature. Factors that were found to be good predictors of sexual reoffending include: maintenance of deviant sexual interests (e.g., in prepubescent children or sexual violence), history of sexual offences, having a victim that is a stranger, multiple victims, social isolation, and failure to complete offence-specific treatment (Worling & Långström, 2006). While inconsistent in the literature, additional factors that appear to be related to sexual recidivism include: having a male victim, impulsivity, antisocial personality, association with negative peers, the use of threats or weapons in committing the sexual offence, history of interpersonal aggression, and residing in a family environment that is stressful or supportive of sexual reoffending. There are several further factors that have unpredictable associations with sexual recidivism. The authors caution that because of contradictory research evidence which does not support their validity in risk prediction, the following risk factors should not be used when

making a judgment of risk: a history of sexual victimization, a history of nonsexual offences, occurrence of penetration during the sexual offence, denial of the offence, and low victim empathy.

A more recent meta-analysis empirically evaluated the association of a wide range of risk factors with sexual recidivism in adolescents (McCann & Lussier, 2008). Several important findings were discovered across the four groups of risk factors studied including criminal history, offence characteristics, victim characteristics, and psychological and behavioural characteristics. In the criminal history category, the presence of previous sexual and non sexual offences and older age at intake were related to sexual reoffending. However, the number of previous offences was not significantly related to sexual recidivism. Only one factor in the offence characteristics category was found to be significantly related to sexual recidivism: the use of threats or weapons in the offence. Several victim characteristics were related to sexual recidivism including the gender of the victim (i.e., male victim), victim age (i.e., victim was a child or adult), and finally those who offended against a stranger. Importantly, sexual offences against a family member or an acquaintance were not predictive of recidivism. Contrary to expectations, none of the psychological and behavioural characteristics were related to a sexual reoffence. The authors speculated that the small number of studies examining psychological and behavioural factors may be the reason for the insignificant findings in this latter category.

Finally, two overarching domains of antisocial behaviour, and sexual deviancy, each measured by a number of contributing risk factors, were both significantly related to sexual reoffending (McCann & Lussier, 2008). More specifically, the domain of sexual deviancy was comprised of six sub-factors: the presence of any prior sexual offences, the diversity of deviant sexual crimes, any boy victims, victims who are strangers, deviant sexual arousal and young age

at intake (McCann & Lussier, 2008). Despite the finding of a significant relationship between the domain of sexual deviancy and reoffending, the effect size was smaller for adolescents (.11; McCann & Lussier, 2008) than what has been found for adults (.30; Hanson & Morton-Bourgon, 2004). It was noted that none of the studies included in the analysis accurately conceptualized and measured dynamic risk factors, which is an integral component of risk. Current literature suggests that dynamic risk factors (i.e., potentially changeable psychological or behavioural features; Mann, Hanson, & Thornton, 2010) are important to consider when determining the risk of sexual recidivism (McCann & Lussier, 2008). Also, the results indicated that there is preliminary evidence that the risk factors for adolescent sexual reoffending are similar to those found in the adult sex offender literature (McCann and Lussier, 2008).

In recent years, it has been suggested that protective factors should also be considered in a comprehensive risk assessment for sexual offenders. However, the paucity in the literature on protective factors has made this difficult (Efta-Breitbach & Freeman, 2004). Some researchers have noticed a shift in the field of psychology from a deficit-based focus to a strength-based approach and have applied this idea to the treatment of offenders (Ward, 2002). The *Good Lives* model, a strength based treatment approach, has also been applied to the specific task of working with sexual offenders (Ward & Stewart, 2003). This approach suggests that, in an offender's environment, there is a complex interplay of protective factors that could interact with risk factors. In some cases, protective factors could offset the effect of risk factors. For example, two offenders who are identical with respect to risk factors would likely have different outcomes if one has a very supportive family compared to an offender who has no support from anyone in their home environment. The recognition that protective factors could potentially mitigate risk should be a consideration for clinicians working with sexual offenders (Ward & Stewart, 2003),

yet currently there is not enough research to evaluate how they can be used to increase the validity of risk assessments.

**Comparison with Non-Sexual Offenders.** Adolescents who commit sexual offences are generally viewed as distinct from other offenders who engage in non-sexual deviant behaviours; their sexual offenses are explained by reasons that are divergent from factors that explain the offences of other young offenders (Seto & Lalumière, 2010; Worling & Långström, 2006). In the meta-analysis by McCann and Lussier (2008), adolescent sexual offenders were more likely to have committed non-sexual offences than sexual offences. The average rate of general recidivism, including both violent and non-violent offences, was 53%, with a range from 8.3% to 78.6%. This highlights the need for risk assessments to capture both types of offending. The average rate of sexual recidivism was considerably lower at 12.2% (McCann & Lussier, 2008).

Despite the finding that adolescent sexual offenders are more likely to commit non-sexual than sexual offences (McCann & Lussier, 2008), adolescent sexual offenders display lower levels of antisocial behaviour compared to non-sexual offenders (Seto & Lalumière, 2010). In 17 studies which compared adolescent sexual offenders to non-sexual offenders, all had lower levels of historical criminal behaviour (Seto & Lalumière, 2010). Thus, although sexual offenders are more likely to reoffend non-sexually; yet this risk does not usually exceed the risk for general recidivism among non-sexual offenders.

There are other differences between general and sexual offenders. Recently, a comprehensive meta-analysis examined 59 studies which compared sexual ( $n = 3,855$ ) and non-sexual ( $n = 13,393$ ) male adolescent offenders (Seto & Lalumière, 2010). Comparisons were made on several domains which have been hypothesized to discriminate between sexual and non-sexual offenders. Conduct problems were defined as troublesome, disruptive or rule-



breaking behaviours (e.g., inappropriate school behaviour and fighting); these were more of a problem for non-sexual offenders than sexual offenders based on collateral sources of information (Seto & Lalumière, 2010). Related to conduct problems, sexual offenders had significantly lower scores on measures of antisocial attitudes and beliefs (Seto & Lalumière, 2010). Another difference was found in the type of friends these offenders have; adolescents who committed non-sexual offences were significantly more likely to have antisocial peer associations (Seto & Lalumière, 2010). Furthermore, adolescents who committed sexual offences were significantly more likely to experience social isolation and loneliness, and this finding was consistent across both modalities of report: collateral and self report. There were also significant differences in the amount of reported substance abuse: non sexual offenders had higher levels of alcohol and substance abuse (Seto & Lalumière, 2010). Although sexual offenders were lower on measures of overall intelligence, as well as verbal, and performance intelligence, these differences were not significant. However, they were significantly more likely to have learning disabilities or learning problems, yet non-sexual offenders had greater achievement problems in school. Additionally, across the 34 studies which examined sexual abuse, sexual offenders had experienced significantly more sexual abuse in their past and the effect size was substantial ( $d = 0.62$ ). One predominant difference was noted: Early sexual behaviours are different. Sexual offenders were more likely to have atypical sexual interests, greater exposure to sex or pornography and an earlier age of onset of sexual behaviours compared to non-sex offenders (Seto & Lalumière, 2010). There were also some domains that have been hypothesized to discriminate between sexual and non-sexual offenders which were not found to be significantly different across the 59 studies. Some factors related to family functioning were not significantly

different, such as exposure to non-sexual violence, family communication problems and poor parent-child attachment (Seto & Lalumière, 2010).

**Rehabilitation.** The treatment of adolescent sexual offenders is the cornerstone of effective rehabilitation and prevention of future sexual offences. It should be noted that the traditional approach to mental health treatment is not applicable for this population and differs from the regular approach in a number of important ways. Sex offender specific treatment is not voluntary and, generally, group therapy is the preferred approach (Baerga-Buffler & Johnson, 2006). Additionally, community and public safety are primary intervention concerns which differ from traditional client-focused treatment approaches (Baerga-Buffler & Johnson, 2006).

One meta-analysis, based on ten studies, found a positive effect of treatment,  $r = .37$ , although positive outcome was measured differently across the studies (Walker, McGovern, Poey, & Otis, 2004). Some studies used an outcome measure of lowered sexual reoffending, while others measured deviant sexual interests or self-reported outcome alone as indicators of successful rehabilitation (Walker et al., 2004). A more recent meta-analysis of nine adolescent sexual offender treatment programs indicated that only 7.4% of individuals who completed treatment reoffended compared to a 18.9% sexual reoffence rate for untreated adolescents (Reitzel & Carbonell, 2006). However, untreated adolescents may be inherently different in their premorbid risk level, in which high risk offenders are less likely to complete treatment. And even more recently, a meta-analysis of adult and adolescent treatment programs found that they produced a significant reduction in adolescent sexual recidivism which was comparable to that found in adult programs (Hanson, Bourgon, Helmus, & Hodgson, 2009).

The gains attained in specialized treatment programs appear to be long-lasting. A recent study of adolescent sex offender rehabilitation compared the reoffence rates of adolescent sexual

offenders who received specialized treatment ( $N = 58$ ) to those who did not ( $N = 90$ ; Worling et al., 2010). The follow-up period ranged from 12 to 20 years ( $M = 16.23$ ;  $SD = 2.02$ ) from the time of treatment completion. The researchers found that the rate of sexual reoffence was 9% for those who had received treatment, compared to a 21% rate for those who did not (Worling et al., 2010). An important strength of this study is the inclusion of a comparison group which was similar to the treatment group on a number of key variables. However, due to legitimate ethical reasons, adolescents were not randomly assigned to groups. Therefore, the conclusions are still limited as there may have been a selection bias or differences between the groups on some unknown factors which may have contributed to the different reoffence rates, beyond the effect of treatment.

While there is evidence that sex offender specific treatment is effective, there is limited information available regarding the most commonly used intervention models. In a recent large-scale survey of sexual offender treatment programs across North America, treatment providers were asked to indicate the top three theories on which the treatment programs were based (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). The comprehensive list was comprised of 13 different models including, cognitive behavioural, biomedical and family systems, to name a few. Although the results from the survey do not directly provide support for one treatment model over another since the study did not look at outcomes, they do provide an indication of what is currently endorsed by treatment providers in the field. For adolescent community programs in Canada, the top three models endorsed by treatment providers were Cognitive-Behavioural, 60.0%, the Good Lives model, 13.3%, and Multisystemic Therapy, 13.3%.

Currently there is a paucity of research on the most effective dose of treatment for adolescent sexual offenders. The Safer Society recently published a report on current practices

in sexual offender management which recommended that, due to a lack of research, treatment providers should use professional judgment to decide the appropriate dose of treatment which will “enable a client to make and sustain change” (p.89, McGrath et al., 2010). That being said, the survey found that currently, community programs in Canada deliver a median of 183 hours of core treatment, which includes group, individual, and family therapy. There were not enough residential programs in Canada to determine the median number of treatment hours, but in the United States the number of core treatment hours was found to be 241. The level of intensive treatment required to rehabilitate high-risk offenders can be achieved in a residential treatment program. This environment also allows for necessary environmental controls, such as the restriction of sexual stimuli (Calley, 2007). Residential programs should make use of three different treatment modalities to enhance the treatment process: individual, group and family counselling (Calley, 2007). While it may be the case that probation officers do not have access to residential programs in their communities, nonetheless the ideal should not be overlooked when it is available.

### **Risk-Need-Responsivity (RNR) Model**

To provide effective case management and rehabilitation for adolescents who have committed a sexual offence, it is critical to have an intervention framework which guides practice. While an understanding of the aforementioned characteristics and risk factors for youth who commit a sexual offence is an important foundation, it is inadequate on its own. Within the justice system, the Risk-Need-Responsivity (RNR) model is widely used across the field with the general youth justice population and has been recently applied to adolescents who have committed a sexual offence (Hanson et al., 2009). The RNR approach to offender rehabilitation was introduced by Andrews, Bonta, and Hoge (1990) and has been confirmed through meta-

analyses to be an effective strategy to reduce recidivism in adults and adolescents (Andrews & Bonta, 2006; French & Gendreau, 2006). Mounting evidence suggests that with the proper identification of an offender's risk level, using empirically-related criminogenic needs, rehabilitation effectiveness is enhanced. Each component of the RNR model will be briefly described below followed by its application to adolescent risk assessment.

The risk principle has two components that need to be considered: prediction and matching (Andrews et al., 1990). The first component, prediction, entails assessing personal attributes and circumstances which are predictive of future criminal behaviour (Andrews et al., 1990). Furthermore, some risk factors generalize across offender groups (e.g., attitudes supportive of offending), while others are specific to sexual offenders (e.g., deviant sexual interests). The determination of risk requires a valid and reliable method of assessment, preferably through the use of actuarial risk tools (Andrews & Bonta, 2010). The second component of the risk principle involves matching the level of service to the level of risk (Andrews et al., 1990; Bonta et al., 2008). That is, youth who are high risk should receive intensive rehabilitations services, while low risk youth should receive minimal intervention. A consistent finding in the literature demonstrates that when low risk youth receive intensive services within the justice system (i.e., mismatch); they actually have poorer outcomes and higher recidivism rates (Andrews, et al., 1990; see Andrews & Dowden, 2006 for a meta-analytic review).

The need principle outlines the dynamic circumstances and attributes of an offender that are related to criminal behaviour. These factors, referred to as criminogenic needs, can be targeted in treatment to reduce the risk of recidivism (Andrews et al., 1990; Andrews & Bonta, 2006). Offenders, like all people, have a variety of different needs. However, according to the

RNR model, it is the criminogenic needs that are important to consider for the successful rehabilitation of offenders (Andrews & Bonta, 2010). Andrews and Bonta (2006) described eight recognized criminogenic needs that apply to all offenders; they are referred to as the “Central Eight”. Reductions in reoffending occur when these criminogenic needs are targeted by treatment providers (Andrews & Bonta, 2006). The central eight factors include: history of antisocial behaviour, antisocial personality pattern, antisocial cognition, antisocial associates, family/marital circumstances, school/work, substance abuse and leisure/recreation. In addition to the central eight criminogenic needs that pertain to general offenders, sexual offenders have a unique set of characteristics that are related to re-offending. Thus, the RNR model prescribes that these criminogenic needs should be identified and targeted for treatment interventions to be effective (Andrews et al., 1990).

Finally, the responsivity element of the RNR model requires that the style and modes of interventions be tailored to the individual in order to engender change (Andrews et al., 1990). This principle can be broken down into two components: general and specific responsivity (Bonta & Andrews, 2007). There are certain standards of effective modes of service delivery that apply to all offenders. For example, regardless of the type of offender, cognitive social learning strategies are the most effective (Bonta & Andrews, 2007). This would be considered a general responsivity factor. The second component of this principle necessitates that services be accommodated to suit the individual offender’s characteristics (Bonta & Andrews, 2007). An effective individualized intervention plan should consider the strengths, personality, motivation, and abilities of the offender, while also taking into account gender, ethnicity and age (Andrews & Bonta, 2010). The fundamental concept behind this principle is that when interventions suit the offender’s personal, cognitive, and social factors, rehabilitation will be more successful.

In simple language, the RNR model of offender rehabilitation addresses *who* should be treated (risk principle), *what* should be treated (need principle) and *how* interventions should be delivered (responsivity principle; Andrews & Bonta, 2010). Tremendous support for this model is evident across various criminal populations and age groups (Andrews & Bonta, 2010), including adolescent sexual offenders (Hanson et al., 2009). As part of a larger meta-analysis, Hanson et al. (2009) examined four RNR studies addressing the needs of adolescent sexual offenders. All four studies were coded according to their adherence to each principle of the RNR model. In the earliest study, high-risk adolescents who had committed a sexual offence were randomly assigned to two different high intensity treatments. The RNR principles of criminogenic needs and responsivity issues of the youth were targeted through the use of multisystemic therapy (MST) in one treatment condition, and the other treatment condition utilized individual therapy which did not adhere to the need and responsivity principles (Borduin, Henggeler, Blaske, & Stein, 1990). Although the study only included 16 adolescents, the results demonstrated a significant reduction in sexual reoffending for those youth who were included in a treatment group that met the risk, need and responsivity principles. Thus, only adhering to the risk principle did not reduce recidivism for adolescents who were in the other treatment condition. A later study by Borduin, Schaeffer, and Heiblum (2009), with the same research design, again found a significant reduction in sexual offending for high-risk youth who were given treatment that was consistent with all three principles of the RNR model.

Two other studies included in the review by Hanson et al. (2009) examined recidivism rates of adolescents who attended a specialized treatment facility compared to those who had only received an assessment, refused treatment, or dropped out prior to completion (Cooper, 2000; Worling & Curwen, 2000). Although neither study examined the risk and needs principles

of the RNR model, they did find support for the responsivity principle. Offenders who were in the treatment condition which tailored treatment goals to suit the youths strengths were 72% less likely to reoffend sexually than the comparison group (Worling & Curwen, 2000). In Cooper's study (2000), adolescents who received treatment were less likely to reoffend (2.4%) than the treatment non-completers (17.4%) and the assessment only group (4%), although these differences were non-significant.

The preceding studies examined the effectiveness of the RNR model with adolescents who committed sexual offences. However, the interventions were completed by mental health professionals who specialized in youth treatment within the youth justice system. Despite a thorough review of the literature, no studies published involving the application of the RNR model by probation officers with adolescent sex offenders could be found. However, the use of the RNR by probation officers with the general youth justice and adult correctional population has been done (Bonta et al., 2008). Five-minute segments of audio-tape recordings from intake interviews between clients and the probation officers were reviewed. The interviews were coded for the presence of discussions regarding criminogenic needs. The results showed that in the interviews, probation officers were reluctant to discuss the identified criminogenic needs for probationers (Bonta et al., 2008). Only 39.4% of the indentified criminogenic needs for each individual had a corresponding intervention plan. The findings from this study identified important gaps in the implementation and use of the RNR model by probation officers. However, the study did not assess the degree to which risk and needs were associated with appropriate treatment referrals. For example, it is possible that the offender's needs were adequately addressed in an outside treatment program and not with the probation officer. Additionally, the number of contacts between the probation officers and adult offenders was



positively related to degree of risk, but this was not the case for youth (Bonta et al., 2008). Overall, the lack of adherence to the principles of the RNR model with general offenders is concerning, and it appears that further training for officers is necessary (Bonta et al., 2008). The impact of sexual offences necessitates that research begin to examine how probation officers apply the principles of the RNR model to effectively rehabilitate sexual offenders; little is known about current supervision practices in the community.

One component of the responsivity principle of the RNR model that concerns probation officers is their ability to work effectively with this population. For example, their attitudes toward sex offenders may affect their approach to supervision and ability to build a therapeutic relationship. Attitudes toward sex offenders have been evaluated in several studies (Craig, 2005; Hogue, 1995; Hogue & Peebles, 1997; Weekes, Pelletier, & Beaudette, 1995). Professionals who work closely with sexual offenders are believed to hold more positive views towards them compared to other individuals who are less involved with them (Craig, 2005). It has been found that subsequent to sexual offender training, multi-disciplinary professionals espouse more positive attitudes towards sexual offenders on the Attitudes Towards Sexual Offenders scale (ATS; Hogue, 1995). However, this was not the case in a more recent study. Probation officers and residential facility workers participated in a two day workshop aimed at increasing knowledge and positive attitudes towards sexual offenders. Contrary to expectations, there was no change in attitudes toward this population; the pre and post test scores were not significantly different (Craig, 2005). The authors speculated that the non-significant findings may have arisen because the length of the training was only two days, compared to the three week training course that was used in the Hogue (1995) study. It is not clear whether probation officer's attitude towards sexual offenders impacts their approach to supervision.

**Adolescent Risk Assessment**

According to the RNR model of offender rehabilitation, it is important to consider the level of risk in order to determine the appropriate level of care, such as a community based intervention or residential treatment (Cuadra, et al., 2010). In order to properly match the level of service to the level of risk for reoffence, the first step requires a valid and reliable method of assessing risk. When one considers the likelihood of recidivism, it is most helpful to examine the combination of several factors, as the relationship between any single risk factor and recidivism is small (Hanson & Bourgon-Morton, 2009). The usefulness of comprehensive risk assessments is threefold: 1) they can identify risk factors which ought to be targeted in treatment, 2) they can detect responsivity issues which may hamper interventions, and 3) they can help to determine appropriate intervention strategies (Olver, Stockdale, & Wormith, 2009).

Evaluators at times rely on their own judgments of risk when assessing sexual offenders and deciding what risk factors should be targeted in interventions (Hanson & Morton-Bourgon, 2004). Importantly, when clinical judgment has been compared to actuarial methods of risk assessment, assessment tools which utilize a statistical approach are shown to be significantly more accurate (Hanson & Morton-Bourgon, 2009). This is especially true if the assessor is not aware of what factors contribute to increased risk of offending. When an actuarial tool is used, the youth's risk is determined by how similar he is to other offender's whose risk level is known. The professional who is conducting the evaluation obtains information about the offender that pertains to factors which have been linked to offending. The risk score is then derived from a prescribed equation. This method ensures that the risk level is determined in a structured, objective, and consistent approach (McGrath, et al., 2010). An understanding of the available

risk tools for adolescent sexual offending behaviour is critical for the successful application of the RNR model to youth who commit sexual offences.

**Youth Level of Service/Case Management Inventory (YLS/CMI).** Given that the justice system in the province of Ontario supports the RNR model of offender rehabilitation, adolescents on probation must be assessed for their risk to reoffend, and probation officers are required to develop a case plan according to criminogenic risk and needs. Currently in the province of Ontario, probation officers are required to assess all offenders on their caseload with the Youth Level of Service / Case Management Inventory (YLS/CMI; Hoge & Andrews, 2002), known by probation officers as the Risk/Needs Assessment Form. The YLS/CMI was developed to aid in the case management and successful reduction of risk for reoffence with adolescent offenders. This measure was adapted from an adult tool for the assessment of risks and needs, the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995). The main purposes of the adult instrument are to assess the risks for general recidivism, identify intervention targets and to help guide community supervision (Olver et al., 2009). Similarly, the youth version has the same purpose and structure with individual risk/need items modified to match the developmental characteristics of youth. The YLS/CMI is comprised of 42 items which are coded on the basis of interview and collateral information. There are eight criminogenic areas which are assessed: prior and current offences/dispositions, family circumstances/parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behaviour, and attitudes/orientation. The summation of items yields a total score that ranges from 0 to 42, where scores of 0 to 8 are considered low risk, 9 to 22 is moderate risk, 23-34 is high risk and 35 to 42 is determined to be very high risk for general recidivism. The instrument was developed to be a dynamic risk tool; to incorporate developmental and life changes into risk prediction (Hoge &

Andrews, 2002). Thus, the instrument was not intended to make long-term predictions of recidivism (Schmidt, Campbell, & Houlding, 2011).

The YLS/CMI is an actuarial risk assessment tool and therefore the risk prediction is based on factors which have been shown in research to be associated with recidivism. With risk assessment tools there is the possibility that some extenuating factor could change the risk level that was determined by the risk tool. For example, in a rare circumstance, an offender may verbalize that they plan to reoffend. In this case, even if the original risk level was deemed to be low, the risk for recidivism is actually much higher. Therefore, the YLS/CMI has a mechanism in place where assessor can override the risk level based on professional judgment. The manual states that the use of professional override can be done in some circumstances where “the assessor might feel that the level of risk is different from that produced by the inventory because of factors that are not represented in the ratings” (pp. 6-7, Hoge & Andrews, 2002). According to research, the use of override should be used sparingly, given that clinical judgment is a poor predictor of risk (Hanson & Morton-Bourgon, 2004; Hanson & Morton-Bourgon 2009; Hilton, Harris, & Rice, 2006). There is limited research which has examined the use of override with the YLS/CMI to assist in risk prediction (see Viljoen et al., 2009). Other studies have examined the use of override with the LSI-Ontario Revision and found when professionals used override it did not help increase accuracy of prediction for recidivism (Gore, 2007; Hanson, 2007; Vrana, Sroga, & Guzzo, 2008). Several studies have examined the utility of the YLS/CMI to predict general and violent crimes (Flores, Travis, & Latessa, 2003; Jung & Rawana, 1999; Onifade, et al., 2008; Schmidt, Hoge, & Gomez, 2005). Generally, there have been positive reviews of the reliability and predictive validity of this instrument (Onifade et al., 2008). Nonetheless, few have specifically questioned how well this instrument works with juveniles who have committed a

sexual offence, even though it is currently being used with this population. One meta-analysis compared the predictive validity of three different risk tools, the YLS/CMI, the Psychopathy Checklist- Youth Version (PCL-YV; Forth, Kosson, & Hare, 2003), and the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel, & Forth, 2006) and determined that all three measures significantly predicted general, non-violent and violent recidivism (Olver et al., 2009). Only two of the studies included in the meta-analysis examined the predictive capability of the YLS/CMI with sexual recidivism; a significant but weak relationship was found (mean  $r_w = .20$ ; 95% C. I. = .06 - .35; Olver et al., 2009). The SAVRY and the PCL-YV did not significantly predict sexual recidivism. These results were not surprising given that none of the instruments were specifically designed to assess risk for sexual violence (Olver et al., 2009). Additionally, incremental validity analyses showed that the PCL:YV and the SAVRY were more useful in the prediction of violent, non-violent, sexual and technical reoffending than was the YLS/CMI in a sample of adolescents followed for an average of 10.40 years (Schmidt et al., 2011). In another study which examined the predictive validity of the YLS/CMI for sexual reoffending, the receiver operating characteristic analyses showed that the YLS/CMI scores were not predictive of future sexual reoffences (Viljoen, Elkovitch, Scalora, & Ullman, 2009). The findings of the limited research so far do not confidently support the use of the YLS/CMI to predict sexual recidivism.

**Adolescent Sexual Offending Risk Tools.** Several actuarial tools have been developed over the years to assist in the prediction of risk for sexual recidivism; however most of these are specific to adult sexual offenders. Although there is considerable overlap between the risk factors outlined by these adult instruments, there is not one universally agreed upon measure or method of assessment. For risk assessment with adult sexual offenders, there are structured

actuarial assessments including Rapid Risk Assessment of Sex Offence Recidivism (RRASOR; Hanson, 1997), Static-99 (Hanson & Thornton, 2000), Minnesota Sex Offender Screening Tool—Revised (MnSOST-R; Epperson, et al., 2000) and guides for structured clinical judgments such as the Sexual Violence Risk—20 (SVR-20; Boer, Hart, Kropp, & Webster, 1998), and the Vermont Assessment of Sex Offender Risk (VASOR; McGrath, Hoke, Livingston, & Cumming, 2001). Most of these tools make the distinction between static and dynamic risk factors. Static factors that contribute to risk are based on the history of the offender and are unchangeable (e.g., criminal history, number of prior victims), whereas dynamic risk factors are changeable and often the focus of treatment (e.g., substance abuse; Olver, Wong, Nicholaichuk, & Gordon, 2007). A second distinction has been made by Hanson and Harris (2000) between two different types of dynamic risk factors: stable dynamic and acute dynamic. Stable dynamic factors might change over time (e.g., personality disorders), but do so at a slow rate, while acute dynamic factors are highly changeable in a short period of time and are often critical signals of imminent reoffending (e.g., victim access, intoxication; Hanson & Harris, 2000). Also, acute factors may not have anything to do with long-term risk as they are related to the time period of the offending (Hanson & Harris, 2000). Stable and acute dynamic risk factors were compared in a sample of adult male sexual offenders who reoffended while on community supervision ( $N = 208$ ) to a group that did not ( $N = 201$ ). Both groups of sexual offenders were evaluated through interviews with community supervision officers and a file review by the researchers. The acute dynamic variables that were significant for reoffenders included psychological instability, an increase in anger, and the occurrence of subjective distress just prior to reoffending. However, the meta-analyses by Hanson and Bussière (1998) and Hanson and Morton-Bourgon (2005) did not find a relationship between subjective distress and reoffending in a long-term follow up. Thus, the

results from this study support the distinction between acute and stable dynamic risk factors, in that psychological instability is only a risk just prior to offending and not a stable long-term predictor of recidivism. Results of the meta-analysis revealed that the stable dynamic factors of poor social influences, a self-perception of not being at risk, and sexual entitlement predicted recidivism (Hanson & Morton-Bourgon, 2005). The statistical analysis showed that, compared to both acute and stable dynamic factors, the static factors were the most predictive of recidivism.

So far, the aforementioned instruments for risk assessment have all been developed for use with adult offenders. There are a few assessment tools which have been constructed for use with adolescents aged 12 through 18 who have committed a sexual offence: the Estimate of Risk of Adolescent Sexual Offender Recidivism, version 2.0 (ERASOR; Worling & Curwen, 2001), the Juvenile Sex Offender Assessment Protocol -II (J-SOAP-II; Prentky & Righthand, 2003) and the Juvenile Sexual Offence Recidivism Risk Assessment Tool -II (JSORRAT-II; Epperson, Ralston, Fowers, & DeWitt, 2005). Both the ERASOR and the J-SOAP-II assess static and dynamic risk factors, while the JSORRAT-II incorporates only static factors. However neither the ERASOR nor the J-SOAP-II explicitly distinguishes between acute and stable dynamic factors.

The ERASOR is used by professionals to assess the risk for sexual reoffence for adolescents who have previously committed a sexual assault (Worling & Curwen, 2001). The ERASOR is comprised of 25 different risk factors which are coded as being either present, partially present, or absent based on multiple sources of information (Worling & Curwen, 2001). Based on the evaluation of risk factors, clinical judgment is used to determine whether the adolescent is at a low, moderate or high risk to reoffend (Worling & Curwen, 2001). The J-

SOAP-II is an instrument designed to assess for future violence for adolescents who have previously engaged in sexually coercive behaviours or committed a sexual assault (Prentky & Righthand, 2003). The J-SOAP-II is a tool that guides practitioners in the assessment of adolescents in their potential risk for sexual and general reoffence, based on empirically derived items (Prentky & Righthand, 2003). It is comprised of 23 items that capture static and dynamic risk factors that change as a function of treatment. In contrast to the ERASOR and the J-SOAP-II, the JSORRAT-II (Epperson et al., 2005) is a 12-item actuarial tool that is based solely on static factors that have been linked empirically to sexual recidivism in adolescent males.

The research on the predictive accuracy of these instruments is mixed. In one study, total scores on the J-SOAP-II were not predictive of sexual recidivism but it did predict non-sexual violence (Viljoen et al., 2008). However, two other studies of adolescent sexual offenders did find support for the J-SOAP-II with higher scores being associated with sexual reoffending (Martinez, Flores, & Rosenfeld, 2007; Prentky, 2006). Viljoen, and her colleagues (2009) were interested in which risk assessment tools provide incremental validity in the prediction of sexual recidivism. Both the YLS/CMI and the PCL:YV were able to predict general recidivism, yet neither of these two instruments, nor the ERASOR, were able to significantly predict sexual recidivism (Viljoen, et al., 2009). However, structured professional judgments guided by the ERASOR nearly reached significance ( $p = .069$ ). The follow-up time in this study was an average of 7.24 years. According to the ERASOR manual, estimates of risk for sexual recidivism, based on the ERASOR, are limited to two years or less (Worling & Curwen, 2001). This might explain why the long-term predictions based on the ERASOR failed to reach significance. A second difficulty in predicting sexual recidivism is the low base rate for sexual offences. The risk tools may not be able to predict with certainty whether or not an individual



will reoffend (Cooke & Michie, 2009), yet their utility lies in the ability to guide intervention strategies and allocate limited services to youth who need them the most (Schmidt et al., 2011).

In a recent survey of programs that treat adult and adolescent sexual offenders across North America, it was found that many of these programs utilize risk assessment tools (McGrath, et al., 2010). Specifically, three-quarters of adolescent treatment programs in the United States and two-thirds in Canada were found to be using one of the following actuarial risk assessment tools: the ERASOR, the J-SOAP-II, and the JSORRAT-II. This is an increase from 8 years prior, when only two-fifths of programs employed an actuarial risk instrument (McGrath, et al., 2010). The extent to which probation officers utilize actuarial risk assessment tools is less clear. In Canada there is tremendous variability in the use of these instruments given that there is not currently a mandate established for their application (23 March, 2010, Personal communication with J. Worling). Currently, in the province of Ontario, there are no guidelines for sexual risk assessment, as such probation officers are left to decide whether to use an adolescent tool, an adult measure or rely on unstructured clinical judgments (23 March, 2010, Personal communication with J. Worling). The use of structured risk assessments is an important consideration given that probation officers are responsible for determining rehabilitative interventions that follow the RNR model.

As mentioned previously, the YLS/CMI is the mandated instrument used by probation officers for all adolescent offenders, general and sexual. It is unclear whether this tool adequately captures the risk for sexual recidivism. One study did examine the concurrent validity of the YLS/CMI and J-SOAP with adolescent sex offenders in a residential treatment program (Righthand et al., 2005). There was an unexpectedly high correlation between the total scores of the two measures,  $r = .91$  (Righthand, et al., 2005). The results give indirect support for the use

of the YLS/CMI to determine risk for sexual recidivism, however, practitioners must keep in mind that to date there are mixed results regarding the J-SOAP-II's ability to predict sexual reoffending. Additionally, there has been mixed support for the predictive ability of the YLS/CMI in other studies (e.g., Olver et al., 2009; Viljoen et al., 2009). In sum, the applicability of the YLS/CMI with adolescent sexual offenders is questionable. The utility of a blanket policy for the use of this instrument with all young offenders can be problematic; extensive literature in the realm of adult and adolescent sexual offenders has concluded that the 'one-size fits all' approach is not the best way to prevent offending (Baerga-Buffler & Johnson, 2006; Miner et al., 2006).

### **The Current Study**

The germane purpose of this research was to better understand how probation officers apply the RNR model and the YLS/CMI when supervising adolescents who have committed a sexual offence. To better understand the type of risk information available to probation officers with this population of youth, the YLS/CMI profile and risk level obtained by adolescent sexual offenders was compared with adolescent non-sexual offenders. That is, how do sexual offenders differ, if at all, on the mandated risk instrument used by probation officers in Ontario. Secondly, this study examined probation officer's knowledge of risk factors for sexual recidivism, as these risk factors are not the same as general recidivism. Accurate knowledge of sex offender specific risk factors is critical to sound and appropriate supervision practices by probation officers. Additionally, case management practices including how probation officers supervise sexual offenders and their attitudes toward working with this population were investigated.

In order to answer these questions, information was obtained from two sources. First, data on the YLS/CMI and demographic variables from a comprehensive cohort of adolescent

sexual offenders (all cases for year 2009-2010) and a randomly selected sample of non-sexual offenders, matched on disposition outcomes, was obtained from the province of Ontario in order to make comparisons on the risk level and the YLS/CMI profile for each offender group. The second source of information for this study examined data which was obtained from an online self-report survey of probation officers in the province of Ontario. This survey examined key variables that pertain to risk assessment and case management of sexual and non-sexual adolescent offenders.

**Comparison of YLS/CMI Risk Profiles.** Up until now, the use of the YLS/CMI has not been compared for differences that may exist between general and sexual adolescent offenders. For example, there may be a difference in the overall YLS/CMI risk score between these two groups as the literature suggests that sexual offenders are typically at a lower risk for non-sexual reoffending (McCann & Lussier, 2008). Secondly, there may be differences in the risk profile between these two groups as research which examines the etiology of sexual offending behaviour supports the notion that these are two distinct populations of offenders (Seto & Lalumière, 2010). Based on the very recent and comprehensive meta-analysis by Seto & Lalumière (2010) several predictions were made regarding the subscales of the YLS/CMI. It was predicted that non-sexual offenders would have higher scores on the following subscales: Prior and current offences/dispositions; Education/Employment, Peer Relations, Substance Abuse, and Attitudes/Orientation. Given that past research has not supported differences in family functioning (Seto & Lalumière, 2010), it was predicted that the Family Circumstances/Parenting subscale would not differentiate the two groups.

A third area where differences may exist is in the use of risk override; the probation officer has the discretion to override the actuarial risk level score of the YLS/CMI if, based on

their clinical judgment, a higher or lower risk score is warranted. It is possible that because the YLS/CMI is not a risk tool that applies specifically to sexual offenders, probation officers may rely on clinical judgment more heavily when making a determination of risk when compared to the use of risk override for general offenders. There may also be additional factors to consider regarding the use of risk override, such as differences between youth who have committed violent and non-violent offenses.

**Knowledge of Sexual Recidivism Risk Factors.** Despite the widespread use of risk assessment tools by treatment providers, access to services is at the discretion of the supervising probation officer. Given that the YLS/CMI does not specifically assess risk for sexual reoffending, it is important to know how probation officers determine this type of risk. In this study, probation officers were asked to accurately identify empirically supported risk factors for adolescent sexual recidivism. Three predictor variables, including experience in the youth justice system, amount of sex offender training, and perceived self-efficacy of working with adolescent sex offenders were analyzed to determine their association with probation officers' knowledge of adolescent sex offender recidivism risk factors. It was expected that probation officers with greater experience in the youth justice system, and more training in issues related to sexual offenders would demonstrate a greater knowledge of sexual recidivism risk factors. Finally, while there is no available empirical data on the subject, it was expected that greater confidence and self-efficacy in working with sexual offenders would be related to increased knowledge of risk factors.

**Case Management/ Supervision Approach.** This study also evaluated probation officers approach to supervision. This area is important to investigate because the approach to supervision is related to the Need and Responsivity principles of the RNR model. The Need

principle is related to the application of effective treatment interventions to target specific needs and the Responsivity principle emphasizes that the style of intervention should be tailored to the unique learning style of the individual (Andrews et al., 1990). Therefore, it is important to determine if probation officers take a different approach to supervision with sexual offenders. The probation officers' approach to supervision was assessed through scales developed in a previous study which included items related to "expectations for supervision", "relationship building difficulties" and emphasis on "care versus control" (Vidal & Skeem, 2007). This analysis examined differences between the supervision of a sexual offender and a general non-sexual offender. Participants responded to the identical supervision questions for an adolescent who committed a non-sexual offence and a sexual offense. Although there is no available research that has specifically addressed this question, it was expected that probation officers would rate supervision with a sexual offender to be more difficult in comparison to a general offender. This prediction is based on two factors: The fact that the complexity of sexual offending issues could make supervision more difficult, and that the generally more negative views of sex offenders held by society would interfere with probation officers' ability to work with these youth. These negative views could also impact the approach to supervision; it was predicted that participants would be more likely to endorse a control rather than care-oriented approach to supervision for the sexual offender when compared to the general offender. It also follows that the sexual offender would be perceived as more dangerous and less amendable to treatment.

Additionally, descriptive information was collected regarding the availability of sex offender specific treatment in the areas within which probation officers supervise youth. Also,

information about how probation officers currently determine risk level for sexual recidivism (i.e., use of YLS/CMI alone or other measures) was collected.

Finally, probation officers were asked if they find the YLS/CMI to be a useful tool for evaluating the risk and needs of adolescents who have committed sexual offences when compared to those who have committed other offences. Given that the YLS/CMI was not developed specifically for use with sexual offenders, it was hypothesized that participants would find the YLS/CMI to be a more useful tool for evaluating the risk and needs of adolescents who have committed non-sexual offences compared to those who have committed sexual offences. Along the same line of reasoning, it was predicted that participants would find the YLS/CMI to be more useful in the case management of general offenders compared to sexual offenders.

## Chapter 2. Method

Ethics approval was obtained from the Lakehead University Research Ethics Board and the Ministry of Children and Youth Services for Part A and Part B of this study; see Appendix A.

### **Part A: Comparison of YLS/CMI Risk Profiles**

#### **Participants**

In the first portion of this study, a dataset was obtained from the Ministry of Children and Youth Services in the province of Ontario. Data was compiled for all youth ( $n = 276$ ) who were convicted of a sexual offence in 2009 and 2010 in the province of Ontario. Data was also obtained for a random sample of youth ( $n = 276$ ) who were convicted of a non-sexual offence in the same time frame. Youth were matched to the sexual offending group based on disposition type; equal numbers of youth on each type of disposition. There were four different types of disposition in both of these samples: conditional discharge ( $n=21$ ), deferred custody order ( $n = 39$ ), probation order ( $n = 188$ ) and custody order ( $n = 28$ ). In the sexual offender sample there was one female and 275 male youth. The non-sexual offender sample was comprised of 219 males and 57 females. In order to eliminate the possible effect of gender on the analysis, all female cases were excluded from the following analyses. Therefore the following analyses compared sexual offenders ( $n = 275$ ) to non-sexual offenders ( $n = 219$ ).

Descriptive statistics were examined for both groups. For the non-sexual offenders the mean age was  $M = 16.18$ , with a range from 12 to 20. The mean age of the sexual offenders was  $M = 16.11$ , with a range from 12 to 31. The age range for both groups exceeded 18 because some adults were serving youth sentences for crimes that had been committed when the individual was under the age of 18. Despite the fact that data was included for these adults in this dataset,

individuals over the age of 17 were excluded from the analysis. This exclusion was deemed necessary because the YLS/CMI is a risk tool that has been validated and normed for use with adolescents aged 12-17. In total, 101 ( $n = 63$  sexual offenders and  $n = 38$  non-sexual offenders) of the 552 offenders were adults; this represents 18.30% of the sample. While most of the youth over 17 were 18 ( $n = 70$ ), one offender was as old as 31. After selecting only males and youth under the age of 18, there were a remaining 186 adolescents who committed a non-sexual offence and 213 adolescents who committed a sexual offence. The mean age of youth who committed a sexual offence in this smaller sample was  $M = 15.17$  and the mean age of youth who did not commit a sexual offence was  $M = 15.84$ . This difference in age between the groups was significant:  $t(397) = 5.33, p < 0.001$ . While this small age difference of one-half year was statistically different, there is no theoretical reason to expect that this would affect interpretation of the YLS/CMI profiles or case management practices of probation officers.

The dataset contained information on youth's scores on the YLS/CMI (individual items, subscale scores and total scores), risk level and override information (i.e., whether the risk level was overridden to a different level, and pre and post risk levels). It also contained demographic information and variables including most serious offence, offence severity, length of disposition, mental health concerns, suicide concerns, and substance abuse concerns. All identifying information was stripped from the data.

The breakdown of dispositions for youth who committed a sexual offence ( $n = 213$ ) was as follows (see Table 1). Five youth were serving a secure custody sentence, the mean length of time was  $M = 202.60$  days, with a range from 90 – 365 days. A total of 17 youth were serving an open custody disposition,  $M = 222.59$  days, with a range from 45 to 405 days. Most youth who were serving secure and open custody dispositions also had probation following the custody



sentence. A total of 191 youth were only serving a community disposition,  $M = 533.68$  days, with a minimum of 60 up to 731 days. A community disposition could be a conditional discharge, a deferred custody order or a probation order. A total of 14 youth had a conditional discharge sentence, 26 were on a deferred custody order and 152 youth were on a probation order. Regarding youth who did not commit a sexual offence ( $n = 186$ ), three were on a secure custody disposition with a mean time of  $M = 180.00$  days, the range was from 90 to 330 days. Ten youth were on an open custody disposition,  $M = 110.00$  days, with a range from 15 to 275 days. The remaining 173 youth were serving a community disposition  $M = 404.68$  days, with a range from 30 to 731 days. Of those youth serving a community disposition, 13 were on a conditional discharge sentence, 26 were on a deferred custody order and 134 had a probation order. Some offenders had more than one type of disposition (e.g., probation following an open custody disposition). The total number of average days of disposition was calculated by combining the length of all types of disposition. Sexual offenders had a mean length of total sentence that was  $M = 617.61$  days, with a range from 150 days to 1006 days. Non-sexual offenders had a lower mean number of days ( $M = 404.83$ , range = 15 to 940 days). The difference between the mean lengths of dispositions was 212.78 days (i.e., 617.61 minus 404.83). A Mann-Whitney  $U$  test revealed that the difference between the length of total disposition between sexual ( $Md = 730$ ,  $n = 213$ ) and non-sexual offenders ( $Md = 365$ ,  $n = 186$ ) was statistically significant,  $U = 8243$ ,  $z = -10.25$ ,  $p < 0.001$ ,  $r = 0.51$ .

## **Part B: Knowledge of Sexual Recidivism Risk Factors and Case Management/ Supervision Approach**

### **Participants**

All Probation Officers who supervise youth in the province of Ontario had the opportunity to participate in the online portion of this study in the early months of 2011. A total of 384 probation officers received an e-mail letter which invited them to participate in an online survey regarding their supervision and case management practices with youth who commit sexual offences. A total of 32 probation officers completed the study with either partial or complete responses ( $n = 20$  females, and  $n = 12$  males). The age range of respondents was from 27 to 55 years,  $M = 41.72$ ,  $SD = 7.74$ . All of the following measures were included in the online survey.

### **Measures**

**Demographic Information.** Participants indicated their gender and age; as well as how many years they had supervised youth as a probation officer (see Appendix B). They indicated any formalized training they have had in the supervision of youth who commit sexual offences. They answered questions regarding their basic knowledge of sexual offending and treatment program availability in the areas within which they supervise youth.

**Sexual Recidivism Risk Factors Questionnaire.** This brief questionnaire, which was developed for this study, assessed knowledge of risk factors for recidivism in adolescent sex offenders (see Appendix C). The measure is comprised of 15 risk factors; nine of which have been empirically related to sexual recidivism and six which are not. These factors were taken from the McCann and Lussier meta-analysis (2008) and the Worling and Långström (2006) review. Participants were asked to indicate whether each factor was related to sexual recidivism. The number of correctly identified factors was combined for a total score range of 0-15, which was then computed into an accuracy rate of 0% to 100%.

**Attitudes Towards Sexual Offenders scale.** This 36-item questionnaire was originally developed to assess the attitudes of correctional workers towards prisoners (Attitudes Towards Prisoners; Melvin, Gramling, & Gardner, 1985). Each item is rated on a 5-point Likert-type scale (e.g. 1 = disagree strongly, 3 = undecided, 5 = agree strongly). Some of the items are reverse scored and then summed with the rest of the items to obtain a total score. The scale demonstrated good test-retest reliability ( $r = .82$ ) and split-half reliability ( $r = .84 - .90$ ) in the original study by Melvin and his colleagues (1985). Also, the validity of the scale was found by method of contrasted groups; individuals who were known to be supportive of prisoners had significantly more positive attitudes towards prisoners than law enforcement officers (Melvin et al., 1985). This scale was adapted to specifically evaluate attitudes towards sexual offenders (ATS; Hogue, 1993). Scores on the ATS have been shown to increase subsequent to sex offender training (Hogue, 1995), and police officers who were more likely to recommend jail had lower scores on the ATS. The attitudes towards sex offenders have been evaluated in several studies (Hogue, 1995; Weekes et al., 1995), and specifically with probation officers (Craig, 2005). These studies provide some evidence of content validity of the ATS; it appears that the ATS adequately measures attitudes towards sexual offenders. The ATS has not been used to examine attitudes towards adolescent sexual offenders. In this study, the wording of some questions was changed to reflect attitudes towards adolescent sexual offenders (see Appendix D). Due to some inconsistencies between items and current practices with youth on probation, items 8, 10, 22, 35 and 36 were removed from the scale. Item analysis was completed at the outset of the study; item-total correlations and Cronbach's alpha was checked to ensure that the scale was still internally consistent, given the adjustments that had been made to reflect adolescent sexual offenders. The overall internal consistency of the scale was good; Cronbach's alpha was equal to

0.87. However, there were a few items which had low item total correlations. Items 1, 2, 4, 15, and 24 had item-total correlations which fell below 0.30. With these items removed from the scale Cronbach's alpha increased to 0.90. Thus, the new range of possible total scores was from 26-130.

**General and Sexual Offender Questionnaires.** Participants rated six items based on a Likert-type scale ranging from 1 to 5 (1 = not at all, and 5 = extremely) that pertained to their approach to supervising the offender (see Appendix E). These items were used in a study that evaluated the approaches and expectancies of probation officers who supervise youth who have psychopathic traits, varying ethnicities and a history of childhood abuse (Vidal and Skeem, 2007). In the Vidal and Skeem (2007) study, principal component analysis was used to condense items into three composite variables: supervision-relationship difficulty (i.e., difficulty of supervision and establishing an effective professional relationship), control-oriented approach (i.e., emphasis on community protection and strictness), and care-oriented approach (i.e., emphasis on probationer rehabilitation and going the extra mile). Vidal and Skeem (2007) also analysed probation officers' expectancies for the offender with nine items on a Likert-type scale ranging from 1 to 6 (1 = very unlikely and 6 = very likely). All but one of the items (i.e., qualify for early release on probation) were deemed to be appropriate for use in this study (see Appendix D). These items were found to form two composite variables: dangerousness (i.e., likelihood of future criminal acts, future violent acts, posing a danger to society, and becoming a criminal as an adult) and program adherence and amenability (i.e., likelihood of adhering to the conditions of probation, participating meaningfully in treatment services, and benefitting from treatment services). The item, 'likelihood of probation failure' was not used in this study as it did not load onto one of the two composite variables.

**Utility of the YLS/CMI and RNR-model.** Three questions that pertain to the perceived utility of the YLS/CMI and RNR model with general offenders and three questions regarding adolescent sexual offenders were developed for this study (see Appendix F). Respondents reported the level of utility on a Likert-type scale ranging from 1 (i.e., not at all) to 5 (i.e., extremely). The first two questions asked how useful the YLS/CMI is for assessing risk and developing a case management plan of sexual offenders and general offenders. The last question examined the utility of the RNR model as a framework for the supervision of adolescents who have committed a sexual offence and for general adolescent offenders.

**Self-Efficacy Questionnaire.** In order to assess the probation officers perceived ability to supervise adolescents who have committed a sexual offence, four items were developed for this study (see Appendix G). On a five point Likert-type scale (from 1 = strongly agree to 5 = strongly disagree), participants rated the degree to which they agreed with statements regarding self-efficacy of developing a case management plan, supervision ability, knowledge of risk factors, and ability to judge the likelihood of sexual reoffending for adolescent sex offenders. The internal reliability of this scale was assessed and found to be acceptable: Cronbach's alpha was equal to 0.81 and the item-total correlations were all above 0.30.

## **Procedure**

Probation officers were recruited through their respective supervision offices with a cover letter that invited them to participate in an online study (see Appendix H). The letter briefly described the purpose of the study and explained that it would take approximately 20 minutes to complete. Participants then logged on to a web-site powered by FluidSurveys to complete the study. Participants then read a consent form (see Appendix I) that described the purpose of the survey, and the potential risks and benefits. The consent form also explained that they could

discontinue participation by logging off of the web-site at any time. By clicking the ‘I AGREE’ button, they were directed to the questionnaires. First respondents reported demographic information (Appendix B). Following that, participants completed the Sexual Recidivism Risk Factors questionnaire (Appendix C), the ATS-Adolescent Version (Appendix D), the Self-Efficacy questionnaire (Appendix G) and the questions regarding the utility of the YLS/CMI and RNR model (Appendix F). Participants then read a short description of a sexual offender and answered the questions that pertained to their approach to supervision and expectancies for the offender (Appendix E). They then completed the same set of questions for the description of a non-sexual offender. The order of presentation of the sexual and non-sexual offender questions were counterbalanced to control for order effects. Once participants had completed the study, the debriefing form was displayed (i.e., Information Letter to Participants, see Appendix J); which explained in more detail the purpose and hypotheses of the study.

### Chapter 3. Results

#### **Comparison of YLS/CMI Risk Profiles**

All of the data analyses for this study were completed using statistical software: SPSS version 18. The YLS/CMI contains eight subscales which cover a variety of factors which contribute to risk for recidivism. In order to simplify reading the following sections, each scale was abbreviated: Prior and current offences/dispositions (abbreviated to History), family circumstances/parenting (Family), education/employment (Education), peer relations (Peers), substance abuse (Substance), leisure/recreation (Leisure), personality/behavior (Behavior), and attitudes/orientation (Attitudes). Given that research indicates that there are differences in youth who commit sexual and non-sexual offences, the data was examined to determine if the eight subscales of the YLS/CMI could predict whether or not the youth was a sexual offender or a non-sexual offender. A logistic regression was conducted with offender type (sexual = 1 or non-sexual offender = 0) as the dependent variable. The model contained eight independent variables consisting of each of the risk domains found on the YLS/CMI: History, Family, Education, Peers, Substance, Leisure, Behaviour, and Attitudes. The full model containing all the predictor variables was statistically significant,  $\chi^2(8, N = 399) = 51.43, p < 0.001$ . The model correctly classified 66.7% of cases and explained between 12.1% (Cox and Snell R square) and 16.1% (Nagelkerke R square) of the variability in the type of offender.

As can be seen in Table 2, three of the eight variables contributed significantly to the model: History ( $p = 0.03$ ), Education ( $p < 0.01$ ), Substance ( $p < 0.01$ ). All three variables were negatively related to the model. Therefore, higher scores on the History, Education, or Substance factors are more typical of a nonsexual offender. The predictor variable 'Attitudes' approached

significance,  $p = 0.06$ . This variable had a positive relationship in the model, indicating that a higher score on the Attitudes subscale was more likely to occur for sexual offenders.

To complement the analysis of the eight YLS/CMI domains in predicting offense type, an additional analysis, on the individual item level, was performed. This analysis was completed to determine which items made unique statistically significant contributions to the subscales which were significant in the regression model (i.e., History, Education, and Substance). Given that the Attitudes subscale approached significance, the item analysis was performed for this subscale as well. The results of the logistic regression analysis for each subscale are displayed in Tables 3 through 6. The full model statistics, containing each of the individual items on the subscales, were as follows: History,  $\chi^2(5, N= 399) = 23.96, p < 0.001$ ; Education,  $\chi^2(7, N= 399) = 37.66, p < 0.001$ ; Substance,  $\chi^2(5, N= 399) = 30.78, p < 0.001$ ; and Attitudes,  $\chi^2(5, N= 399) = 13.01, p < 0.023$ . Only one item on the History subscale made a unique contribution to the model; the item which captures two or more failures to comply was statistically significant ( $p = 0.030$ ). On the Education subscale, four items contributed significantly to the model: 'Problems with peers' ( $p = 0.033$ ); 'Problems with teachers' ( $p = 0.011$ ); 'Truancy' ( $p = 0.042$ ); and 'Unemployed/not seeking employment' ( $p = 0.044$ ). The Substance subscale had two items that contributed significantly to the regression model: 'Occasional drug use' ( $p = 0.012$ ) and 'Chronic drug use' ( $p = 0.015$ ). The Attitudes subscale had two items which made significant contributions to the model: 'Not seeking help' ( $p = 0.017$ ) and 'Actively rejecting help' ( $p = 0.024$ ). The interpretation of these significant variables will be discussed further.

The Youth Level of Service/ Case Management Inventory (YLS/CMI) has 42 items, thus a possible range of scores from 0 to 42, over the eight subscales of the risk measure. The mean YLS/CMI total score for the non-sexual offenders was  $M = 11.04, SD = 7.75$ , with a range of



total scores from 0 to 34. Sexual offenders had a mean YLS/CMI total score of  $M = 7.27$ ,  $SD = 6.90$ , with a range from 0 to 34. An independent samples t-test comparing the overall risk levels indicated that the total scores for sexual offenders compared to non-sexual offenders was significantly different  $t(397) = 5.14$ ,  $p < 0.01$ ; sexual offenders have a significantly lower risk level determined by the total score on the YLS/CMI. The total scores determine the overall risk level category. Scores in the range of 0 to 8 are considered low risk, 9 to 22 are moderate risk, 23-34 are high risk and scores from 35 to 42 are determined to be very high risk for general recidivism. For the purpose of this study, each YLS/CMI risk level was assigned a number to reflect increasing categories of risk for recidivism: low risk = 1, moderate risk = 2, high risk = 3 and very high risk = 4. Using the mean of these assigned risk level categories, the sexual offender sample was found to have a lower mean score ( $M = 1.34$ ,  $SD = 0.54$ ) than that found for the non-sexual offenders ( $M = 1.59$ ,  $SD = 0.57$ ). Similar to the comparison of the overall YLS/CMI total scores, a Chi-Squared test for independence indicated that the type of offender could be predicted by risk level,  $\chi^2(2, n = 399) = 24.53$ ,  $p < 0.001$ ,  $\phi = 0.25$ . Thus, based on both the YLS/CMI continuous risk score and risk categories, the initial risk level for sexual offenders was significantly lower than it was for non-sexual offenders.

The YLS/CMI is a structured risk tool that provides a risk level based on the endorsement of items, however there is the option to override the risk level based on professional judgment. Technically, the risk level can be increased up to whatever level the assessor deems appropriate; this may result in the risk level increasing by one (i.e., from level 1 to level 2, level 2 to 3, or level 3 to 4), two (i.e., from level 2 to level 4 or level 1 to 3) or three (i.e., from level 1 to level 4) categories. The distributions of youth across the four risk levels, prior to, and after override, are displayed in Table 7. In every case where override was used with the sexual and non-sexual

offenders, the risk level was increased, never decreased. In the non-sexual offender sample, the initial risk level was overridden with 77 youth and not used with 109 youth. Thus, probation officers increased the risk level, based on professional judgment, in 41.4% of the cases with non-sexual offenders. The range of increase was either 1 or 2 levels with a mean change in risk level of 0.45 ( $SD = 0.56$ ). For sexual offenders, risk override was used with 154 youth, representing 72.3% of the sample. The mean change in risk level was  $M = 1.19$ ,  $SD = 0.89$ , with risk classification changes ranging from one to three levels. A Chi-square test for independence found that the mean change in risk level for each type of offender was significantly different,  $\chi^2(3, n = 399) = 87.47, p < 0.001, \phi = 0.468$ . The mean risk level category for non-sexual offenders after override was 2.04 ( $SD = 0.70$ ), while sexual offenders had a mean risk level of 2.53 ( $SD = 0.81$ ) after override. In addition, a Chi-square test for independence found that the risk level after override between the two groups was significantly different,  $\chi^2(3, n = 399) = 52.89, p < 0.001, \phi = 0.364$ : sexual offenders had significantly higher risk levels after the probation officers adjusted the risk level. Hence, sexual offenders moved from a significantly lower risk level prior to the use of risk override to a higher overall risk level after risk override (see Figure 1).

A Chi-square analysis was conducted to determine if the use of override (yes or no) could predict whether the youth was a sexual offender or not. The test indicated that there was a significant prediction of group membership based on whether override was used,  $\chi^2(1, n = 399) = 38.90, p < 0.01, \phi = 0.31$ . This is a medium effect size. The second area of analysis regarding the use of override was a logistic regression to determine if there were variables that contributed to probation officers using override to increase the risk level. Two independent variables were examined: the type of offender (sexual offender or non-sexual offender), and type of offence

(violent or non-violent). There were 24 different types of offences for youth in these two samples. The following categories of offences were used: homicide and related offences, serious violent offences, violent sexual offences, B &E related offences, non-violent sexual offences, traffic/import drug offences, weapons offences, fraud and related offences, miscellaneous offences against the person, theft/possession offences, assault and related offences, arson/property damage offences, morals offences, obstruction of justice offences, drug possession offences, criminal code traffic offences, administration of justice offences, impaired driving offences, public order offences, other federal offences, highway traffic act offences, liquor control act offences, other provincial offences, and unspecified offences. The most serious offence was coded in cases where a youth had more than one offence. All the offences were categorized as either being violent or non-violent. Violent offences consisted of homicide and related offences, serious violent offences, violent sexual offences, and assault and related offences. All other types of offences were non-violent.

The model containing both predictor variables was statistically significant,  $\chi^2(2, N = 399) = 41.07, p < 0.001$ , indicating that the model was able to distinguish between the use or not of risk override. The model explained between 9.8% (Cox and Snell R square) and 13.2% (Nagelkerke R square) of the variance in the use of override, and correctly classified 65.9% of cases. Although the overall model was significant, the independent variable 'violence' did not make a unique statistically significant contribution to the model. The type of offender was a strong predictor of whether or not override was used; the odds ratio was 4.17. This indicates that if youth committed a sexual offence, probation officers were over 4 times more likely to increase their risk level than if the youth committed a non-sexual offence.

### **Knowledge of Sexual Recidivism Risk Factors**

The 32 probation officers who completed the online survey worked as officers over a wide range of time, from one to 29 years,  $M = 11.19$  years. Participants were asked to approximate the total amount of hours they had in education or training related to sexual offenders. Even after one outlier was removed from the analysis the range was still quite substantial; from 0 to 300 hours,  $M = 35.69$ ,  $SD = 56.07$ . The correlation between hours in training and years of experience was significant ( $r = 0.38$ ,  $p < 0.05$ ). Participants were asked to approximate the number of adolescent sexual offenders they had supervised in the last three years, the range was from 0 to 22 ( $M = 5.52$ ,  $SD = 4.97$ ). The number of sexual offenders they had supervised was significantly correlated to the number of years of experience ( $r = 0.47$ ,  $p < 0.01$ ).

Participants were also asked to indicate the percentage of sexual offenders who would commit a sexual and nonsexual reoffence, based on their experience and knowledge. The mean percentages were  $M = 27.89\%$  (range from 2% to 99%) and  $M = 24.63\%$  (range from 1% to 75%), respectively. According to the most recent research, approximately 12% of sexual offenders will commit another sexual offence (McCann & Lussier, 2008; Reitzel & Cabonnell, 2006) and 41.7% will commit a non-sexual offence (McCann & Lussier, 2008). Participants also predicted a mean percentage of 46.63% (range from 3% to 90%) of non-sexual offenders would commit a non-sexual reoffence. Research has shown that the rate of general recidivism with non-sexual offenders is close to 50% (Olver et al., 2009).

The responses on the Sexual Recidivism Risk Factors Questionnaire were analyzed for accuracy with respect to predicting risk for recidivism. The overall mean accuracy was 57.47%, ( $SD = 12.65\%$ ), with a range from 33% to 93%. This accuracy was not significantly related to

the amount of years the participants had worked as a youth probation officer ( $r = 0.20, p = 0.31$ ) or the amount of training and education officers had received related to sexual offenders ( $r = -0.06, p = 0.78$ ). However, the amount of sexual offenders the probation officer had supervised was significantly related to overall accuracy ( $r = 0.47, p = 0.01$ ), indicating that there was a moderately strong relationship between these two variables. Accuracy scores for identification of risk factors are displayed in Table 8, from highest to lowest accuracy (see also Figure 2).

### **Case Management/ Supervision Approach**

Given that the YLS/CMI is a risk tool that is not specific to sexual reoffence risk, participants were asked to report how they determine the risk for sexual recidivism. The frequency of methods is displayed in Table 9. The two most common methods of assessment were the YLS/CMI combined with the use of clinical data and professional judgment (40.6%) and 28.1% of participants indicated that the assessment is completed by another professional. Three participants selected 'Other method' and indicated that either a referral is made to a sex-offence specific treatment program where they complete an assessment, or through communication with collateral contacts or an assessment is completed by another professional when the offence is more serious.

It was hypothesized that more positive attitudes towards sexual offenders may impact the probation officer's approach to supervision. The range of overall scores on the ATS was from 81 to 125,  $M = 97.07, SD = 11.12$ . The overall scores on the ATS were correlated with each of the scales related to the approach to supervision and expectancies for the sexual offender. None of the Pearson's correlations between these two scores were statistically significant: supervision-relationship difficulty ( $r = -0.25, p = 0.241$ ), control-oriented approach ( $r = -0.07, p = 0.732$ ),

care-oriented approach ( $r = -.07, p = 0.729$ ), dangerousness ( $r = -0.31, p = 0.163$ ), and program adherence and amenability ( $r = 0.29, p = 0.165$ ).

The Self-Efficacy Questionnaire has a possible range of scores from 4 to 20, where a score of 4 indicates a low perceived self-efficacy in ability to manage sexual offenders. The range in scores on this measure was from 7 to 17,  $M = 12.77, SD = 3.10$ . In order to determine if perceived self-efficacy had an impact on knowledge of risk factors, a Pearson's correlation was computed with the total score on the Self-Efficacy Questionnaire and the overall accuracy on the Sexual Recidivism Risk Factors Questionnaire. The relationship between these two variables was close to zero,  $r(29) = 0.02, p = 0.93$ . Scores on the Self-Efficacy were also divided equally into two groups: high perceived self-efficacy and low perceived self-efficacy. The low group was comprised of participants who had scores in the 4 – 13 range ( $n = 14$ ) and those who had scores in the 14 – 17 range ( $n = 16$ ) comprised the high group. The mean accuracy score on the Sexual Recidivism Risk Factors Questionnaire for the low self-efficacy group was 58.46% ( $SD = 11.91\%$ ), with a range in accuracy scores from 47% - 87%. The mean accuracy score on the Sexual Recidivism Risk Factors Questionnaire for the high self-efficacy group was 56.44% ( $SD = 13.99\%$ ), with a range from 33% to 93%. The difference in accuracy scores between the high and low groups were not significantly different. Additionally, there was a possibility that perceived self-efficacy may be related to years of experience or amount of training related to sexual offenders. However, both of the correlations between these variables and the scores on the Self-Efficacy questionnaire were not significant: years of experience ( $r = 0.08, p = 0.701$ ); amount of training ( $r = 0.10, p = 0.632$ ).

One final area of analysis with respect to the survey data was regarding the approach to supervision of sexual versus non-sexual offenders. In line with the study by Vidal and Skeem

(2007) which created the scales used in this study, the following composite variables were examined: Dangerousness (scores on this scale could range from 4 – 24), Program Adherence and Amenability (possible range: 3 – 18), Supervision-Relationship difficulty (possible range 2 – 12), Control-Oriented Approach (possible range 2 – 12), and Care-Oriented Approach (possible range 2 – 12). Data which violated the assumption of normality was transformed or cases which were outliers were removed. The mean scores on each of these scales for each type of offender are presented in Table 10.

In order to determine if there were differences in approach to supervision and management between sexual and non-sexual offenders, paired-sample t-tests were performed. Several significant differences were found. The mean difference in scores on the Program Adherence and Amenability subscale were significant,  $t(25) = -2.19, p = 0.04$ . Therefore, probation officers rated sexual offenders as significantly more likely to adhere to the conditions of probation and benefit from treatment. Also, there was a significant difference found between the means on the Control-Oriented Approach subscale  $t(23) = -3.34, p = 0.003$ . Participants were more likely to endorse a control-oriented approach to supervision of sexual offenders than non-sexual offenders. The Care-Oriented Approach subscale for the sexual offender was not normally distributed therefore a non-parametric test was conducted. The test revealed that participants were significantly more likely to support a care-oriented approach for sexual offenders than for non-sexual offenders,  $Z = -3.78, p < 0.001$ . Non-significant differences were obtained on the Dangerousness ( $t(25) = 0.90, p = 0.38$ ) and Supervision-Relationship ( $t(25) = -1.61, p = 0.12$ ) subscales.

Finally, the Utility of the RNR model and the YLS/CMI was examined for use with sexual and non-sexual offenders. The responses from probation officers to each question on this

scale are displayed in Tables 11 to 13. The range of possible scores for each scale was from 3 to 15. Participant's overall mean scores on the scale for sexual offenders was found to be 7.24 ( $SD = 2.67$ ) and the mean for non-sexual offenders was found to be 10.86 ( $SD = 2.35$ ). These scores were not normally distributed and transformations did not solve the problem. Therefore, a Wilcoxon signed rank test was used to check for differences between these two groups. Participants rated the RNR model and the YLS/CMI to be more useful for use with non-sexual offenders than sexual offenders,  $Z = -4.39, p < 0.001$ .



## Chapter 4. Discussion

The importance of understanding the complexities of adolescent sexual offending is supported by research that indicates that this subgroup of offenders differs from other adolescent offenders and also from adult sexual offenders. It is therefore important that professionals who supervise and work to rehabilitate these adolescents understand the uniqueness of this sub-group of offenders. The purpose of this study was to examine the use of current risk assessment tools and assess how probation officers handle supervising youth who commit sexual offences in comparison to general offenders.

In the province of Ontario, policy mandates that probation officers use the YLS/CMI to determine the risk level and case management plan for youth whom they supervise. This tool is helpful because it provides information about risk level and appropriate criminogenic needs to target in supervision and rehabilitation. The use of this tool is in line with the Risk-Need-Responsivity model (Andrews, Bonta, & Hoge, 1990) and is used with all types of offenders, including adolescent sexual offenders (Hanson et al., 2009). The YLS/CMI risk profile of youth convicted of sexual offences has not yet been compared to those convicted of non-sexual offences in the province of Ontario, or otherwise to the author's knowledge. Several notable differences were found between these two groups.

### Comparison of YLS/CMI Risk Profiles

The first important observed difference was in the overall scores on the YLS/CMI: sexual offenders had significantly lower scores than non-sexual offenders. This finding was in line with research which has shown that sexual offenders, in general, are at a lower risk for general recidivism than non-sexual offenders (McCann & Lussière, 2008).

In addition to lower overall scores on the YLS/CMI, it was noted that sexual offenders were given significantly longer disposition sentences compared to non-sexual offenders. This finding is noteworthy because the sample of non-sexual offenders was matched to the group of sexual offenders based on the type of sentence. In other words, there were the same amount of youth in each category of disposition (i.e., the same amount of youth serving an open custody disposition); however sexual offenders had longer sentences. The difference in mean length of total disposition was close to 213 days. This striking finding implies that judges who make the decision about sentence length possibly view sexual offences different from other types of offences, despite their lower risk level for non-sexual offending as determined by the YLS/CMI. Judges have indicated that they do not believe sentences for sexual offenders are long enough and that criminal cases which involve a sexual offence are more difficult to preside over (Bumby & Maddox, 1999). Furthermore, the current approach of the YCJA is for youth to serve their sentences in the community as much as possible. The sample of non-sexual offenders included in this study was comprised of youth who committed a number of less severe crimes such as theft or drug possession. By nature, sexual offences are typically quite serious and therefore may warrant longer dispositions than other less serious non-sexual offences.

In addition to identifying overall risk levels, the YLS/CMI profiles of these two groups were analysed. Given that this is the first study to examine these differences, the predictions about differences were based on the recent meta-analysis conducted by Seto and Lalumière (2010). Several of the hypotheses were supported. The first prediction was that there would be a difference in the history of criminal behaviour. Sexual offenders have been found to engage in less criminal behaviour, regardless of whether it was measured by collateral report or official criminal records (Seto & Lalumière, 2010). This was supported in this study as well. Sexual

offenders had lower scores on the History subscale of the YLS/CMI. Additional item analysis of the History subscale revealed that this difference was mainly the result of one significant item identifying two or more failures to comply with probation, or escape from custody. This item was endorsed more frequently for non-sexual offenders. In line with this finding, the probation officers who participated in this study indicated that they believed sexual offenders would have greater adherence to the conditions of probation and benefit from treatment services, measured by the 'Program adherence' domain. This expectation for compliance may originate from past experience in working with these two offender groups.

In addition to criminal behaviour, conduct problems have differentiated these two groups (Seto & Lalumière, 2010). When collateral sources of information were used as a source of information, non-sexual offenders have been shown to be more likely to engage in disruptive and rule-breaking behaviour (Seto & Lalumière, 2010). As predicted, sexual offenders scored lower on the Education subscale of the YLS/CMI. In a follow-up analysis, there were four items which contributed significantly to this difference. Non-sexual offenders had more interpersonal problems with teachers and with peers, as well as greater levels of truancy and unemployment. Interestingly, the items which are related to problematic behaviours at school (e.g., disruptive classroom behaviour) did not distinguish between the groups as would have been predicted.

A consistent finding in the literature is the pattern of association with antisocial and delinquent peers by non-sexual offenders (Seto & Lalumière, 2010). The hypothesis that there would be significant differences between these groups on the Peers subscale was not supported in this study. The lack of significance of this finding may be due to the specific items on the subscale which masked the effect of antisocial peer associations. For example, two items on the subscale are related to whether or not the youth has positive friends or acquaintances. It's

possible that both groups of offenders were similar in this respect and this negated the effect of differences on the delinquent peer association items.

The third prediction related to differences on the YLS/CMI was around substance abuse. Non-sexual offenders have higher reported rates of substance use, including both alcohol and other illicit drugs (Seto & Lalumiere, 2010). The items on the YLS/CMI which could discriminate the groups were occasional and chronic drug use, however chronic alcohol use was not different. A significant amount of prior research has shown that adolescent non-sexual offenders have more problematic alcohol use than adolescent sexual offenders (Seto & Lalumière, 2010), thus this finding is surprising. One speculation is that differences that existed between these groups were not detected due to insufficient screening in interviews by probation officers.

In the current study, the YLS/CMI profiles were not different on family relationships, consistent with the hypothesis (Seto & Lalumière, 2010). The Family subscale did not significantly contribute to the prediction of type of offender. This is not to say that adolescent sex offenders do not have family difficulties or problems, only that it is not different from the general offender population which does experience significant family problems in comparison to the normal population. As well, no specific predictions were made regarding the Leisure and Behaviour subscales due to ambiguity in prior research. No observed differences were found on this latter subscale, as total scores on the YLS/CMI subscales did not contribute to differentiating the two groups of offenders.

There were some contradictory findings regarding help-seeking behaviours as identified on the Attitudes subscale of the YLS/CMI. There are two items on the Attitudes subscale which reflect the youth's participation and interest in treatment. Interestingly sexual offenders were

more reluctant to seek necessary interventions or recognise the need for help; but on the other hand, non-sexual offenders were more likely to actively resist treatment interventions. One possible reason that sexual offenders have been less likely to seek appropriate interventions is likely due to the secretive nature of sexual offending problems, coupled with a lack of public knowledge about where to seek treatment for this type of problem. It is not surprising that sexual offenders may not have sought out treatment as they would be forced to disclose their offences. The second item, which looked at active resistance to treatment, was endorsed more for non-sexual offenders. This finding was supported by probation officers opinion that non-sexual offenders would be less likely to participate and benefit from treatment which was measured by the 'Program Adherence' domain. Knowing that non-sexual offenders are more likely to resist rehabilitation interventions is useful information for probation officers. This has implications for case management practices and could mean that probation officers might have to engage in a more motivational approach when supervising these offenders.

**Risk override and clinical judgment.** The YLS/CMI is a risk tool that uses an actuarial approach to help determine the overall risk, where the prediction is based on the number of risk factors which are present for the adolescent. The evaluator has the opportunity to override the risk level based on professional judgment. This type of risk determination has been termed the 'adjusted actuarial' approach (Hanson & Morton-Bourgon, 2009). With this approach, the overall score is based on an actuarial risk tool but is overridden by the evaluator who deems that there are external factors which warrant a change in risk level. However, the risk tool does not specify what these 'factors' are, nor is there an explicit method for determining how to combine these external factors with the results of the actuarial tool (Hanson & Morton-Bourgon, 2009). In this study, when the override was used by probation officers, it always increased and was never

changed to a lower risk classification. Probation officers used the override 41% of the time for non-sexual offenders and 72% of the time with sexual offenders. This high occurrence of the use of override is surprising and contradicts what is recommended in the manual. There is research that has examined the use of override and its ability to increase the accuracy of predictions of future violence.

The utility of structured professional judgment over actuarial methods is widely contested in the field of risk assessment. Hanson and Morton-Bourgon (2009) contend that risk assessment that uses an actuarial approach has been shown to be the best predictor of future violence, rather than a clinical judgment of risk. Their research examined 118 samples of sexual offenders ( $N = 45,398$ ) and found the accuracy of actuarial methods to be the highest, followed by structured professional judgment and unstructured professional judgment was the least accurate (Hanson & Morton-Bourgon, 2009). In a study by Viljoen and her colleagues (2009), the predictive validity of the YLS/CMI was examined in youth following discharge from a sexual offender residential facility. Youth were followed for a mean time of 7.24 years. When they looked at the overall scores on the YLS/CMI, the predictive validity of the tool was significant for non-sexual violence, any violence and any re-offence. This was also the case for the YLS/CMI professional ratings (i.e., risk override). Interestingly, the incremental validity of the YLS/CMI professional rating, over the total YLS/CMI score alone, was significant for the prediction of nonsexual violence (i.e., non-sexual violent felonies or misdemeanors) and any violence (i.e., sexual or non-sexual felonies or misdemeanors) but not for any reoffence (i.e., any nontraffic felony or misdemeanor; Viljoen, et al., 2009). Therefore, the authors concluded that the use of structured professional judgment could be useful in the prediction of non-sexual violence, and any violent recidivism but not any reoffence (Viljoen, et al. 2009).

However, there is evidence that contradicts this claim. The meta-analysis by Hanson and Morton-Bourgon (2009) which examined all types of risk assessment used with adult sexual offenders found three studies which compared the actuarial approach to the adjusted actuarial approach with different risk tools (Gore, 2007; Hanson, 2007; Vrana, et al., 2008). In the Hanson (2007) and Vrana et al. (2008) studies, the raters were probation officers and the Gore (2007) study looked at ratings by correctional staff or psychologists. Specifically, the Vrana et al. (2008) study compared the scores on the Level of Service Inventory – Ontario Revision, which is the adult version of the YLS/CMI. In all three studies, and across all the types outcomes (i.e., sexual, violent, or general recidivism), the adjusted risk scores decreased the accuracy in predicting future offences (Hanson & Morton-Bourgon, 2009). While these studies examined the predictive utility of adjusted scores for adult sexual offenders, the results were consistent across studies.

There appears to be an inconsistency between the findings of Viljoen and her colleagues (2009) and Hanson and Morton-Bourgon's (2009) results. While the findings provided in the meta-analysis (Hanson & Morton-Bourgon, 2009) do not support the use of override, there are a number of possibilities for this difference. First, it could be that the use of override with adolescent offenders helps to increase the accuracy of risk predictions, while it decreases the accuracy for adults. Another possibility is that the observed differences were caused by differences in the risk evaluation method. In the Viljoen et al. (2009) study, two trained raters determined their risk ratings from retrospective file information rather than from in person interviews and obtaining collateral information. It is possible that meeting with the individual may impact the way in which the override is used. Another possibility is that override was used differently by these groups of raters; the Viljoen et al. (2009) study had raters who were trained

extensively on the appropriate use of the YLS/CMI and it is unclear how much training the probation officers, psychologists and correctional staff had prior to use of the tool.

One study did examine clinical judgments of risk for adolescent sexual recidivism but it was not with the YLS/CMI. In this research, clinical judgments of risk level were made after the completion of two risk assessment tools, one for sexual recidivism, the J-SOAP-II, and one for risk of future violence, the SAVRY (Elkovitch, Viljoen, Scalora, & Ullman, 2008). The accuracy of clinical predictions was close to zero, furthermore there was no relationship between accuracy and confidence of the rater (Elkovitch, et al., 2009). The bulk of the results suggest that clinical judgment does not increase the accuracy of risk predictions (Hilton, et al., 2006). Given the high use of risk override in everyday clinical practice with this sample, it is imperative that future research investigate this issue in more depth. It is important to clarify whether the use of override with the YLS/CMI adds incremental validity to risk predictions.

Clinical judgment has also been examined in research which has looked at predictions of future violence. The use of clinical judgment and actuarial predictions of risk for future violence has been compared in many empirical studies and meta-analyses. The conclusions stated by one group of researchers were especially poignant: Actuarial predictions should not aid in the prediction of risk, they should replace clinical assessment all together (Quinsey, Harris, Rice, & Cormier, 1998). The authors noted that “the sorts of compelling circumstances that might tempt one to adjust an actuarial score are better considered separately in deciding on supervisory conditions, interventions designed to reduce risk, and so forth” (pp.171, Quinsey et al., 1998).

The frequency with which override was used by probation officers in this study leads to questions about the perceived utility of the tool. In the online portion of this study, probation officers were asked to indicate how useful they found the YLS/CMI to be in the evaluation of



risk for sexual and non-sexual offenders. The majority of respondents indicated that they found the tool 'very' useful (i.e., 63%, see Table 11) or 'extremely' useful (i.e., 6.7%) in the evaluation of the risks and needs of non-sexual offenders. Furthermore, only a small proportion of probation officers were not satisfied with the utility of the YLS/CMI in the assessment of risk for general offenders. The overuse of override is somewhat confusing based on these results; the extent that the risk level is changed seems to be an indication that probation officers do not find that the tool adequately captures risk for recidivism. Despite the satisfaction with the YLS/CMI for non-sexual offenders, most of respondents indicated that for sexual offenders they find the YLS/CMI 'not at all' useful (i.e., 43%) or 'somewhat' useful (i.e., 33%).

This information is helpful in understanding why there was a significant difference in the amount the override is used for sexual offenders compared to non-sexual offenders. Also, when the risk classification was changed, the amount of risk increase was substantially higher for sexual offenders than it was for non-sexual offenders. Additionally, prior to risk override, sexual offenders had lower mean risk classifications than the non-sexual offending group. Yet after the risk classification was changed, sexual offenders' mean risk classification was higher than that for non-sexual offenders. Taken together, these results suggest that probation officers determine that the YLS/CMI does not adequately capture the risk for sexual recidivism and were therefore more likely to increase these youths' risk level. Notwithstanding the fact that the YLS/CMI does not adequately measure the risk for sexual recidivism (Viljoen, et al., 2009), probation officers are over compensating by excessively using the risk override. Probation officers who responded to the online portion of this study indicated that they believed 28% of sexual offenders, with a range from 2% to 99%, would commit future sexual offences, which is an overestimation of the reported rate of roughly 12% (McCann & Lussier, 2008). Thus, probation officers are

misjudging the actual risk for sexual recidivism and this may be why they were likely to increase the risk level on the YLS/CMI for such a large proportion of sexual offenders. Research has shown that sexual offenders are at a lower risk to reoffend in any way (sexually and non-sexually) than non-sexual offenders (McCann & Lussier, 2008). Therefore, the overall risk level for sexual offenders should not be statistically higher than it is for non-sexual offenders, even if the YLS/CMI scores were increased to capture the risk for sexual recidivism.

The overcompensation of risk scores for sexual and non-sexual offenders is problematic because it interferes with the Risk-Need-Responsivity model of offender rehabilitation. While there may be the exceptional cases where an increase in risk level is warranted, it is not likely that almost three quarters of sexual offenders and 40% of non-sexual offenders were at a higher risk level to reoffend than their score would predict. Therefore, many offenders are being classified incorrectly which means that they likely are not obtaining access to services that are in accordance with their true risk level. In all cases, the level of risk was increased and, in some cases, the increase was from a low risk category to a high or very high risk level. For example, initially there were only seven sexual offenders classified as high risk (3.3% of the sample). Yet after override, 107 youth (50.2% of the sample) were classified as high risk. This means that many low risk youth may have been referred to intensive treatment services because of their apparent risk level. As research has shown, a mismatch in risk level and level of service can lead to higher rates of recidivism: Low risk youth who have received intensive services have poorer outcomes (Andrews & Dowden, 2006).

The use of override by probation officers was more likely if the youth was a sexual offender, yet the type of offence was not a significant predictor. Probation officers were not more likely to override the risk level if the youth committed a violent offence. It is possible that youth

who were more likely to commit a violence offence were already in a high risk category and therefore the use of override would be less likely. This could explain why violence was not predictive of the use of override.

**Additional YLS/CMI Information.** Another problem regarding the use of the YLS/CMI uncovered by this study was the ages of offenders who are being assessed with this tool. The YLS/CMI was developed and normed for use with adolescents aged 12 to 17. The more recent version of this tool, the YLS/CMI 2.0 (Hoge & Andrews, 2010), has been extended for youth up to age 18 but it was not used in this sample. A small minority of youth offenders (18% in this sample) do not come to the attention of the criminal justice system until they are adults. However, because their offence was committed as a youth, they are supervised by a probation officer who handles adolescent cases. In this sample, a total of 95 male offenders were over the age of 17 ( $n = 62$  sexual offenders and  $n = 33$  non-sexual offenders). The use of this tool with adults has not been evaluated. Given that there is an adult version of the YLS/CMI (i.e., LSI-R), the use of this tool should be considered by adolescent probation officers who have adult offenders on their caseload.

### **Knowledge of Sexual Recidivism Risk Factors**

There was a significant amount of variation in the amount of specific training which probation officers had received regarding sexual offenders. The difference in amount of training was associated with years of experience working as a probation officer, which would be expected. Surprisingly, the amount of training was not related to knowledge of risk factors and neither was years of experience. This result could be explained by several reasons. First, it is not clear when the training took place. Therefore, if probation officers had training in this area many years ago, they may not be up to date on the current findings of recent meta-analyses. Years of

experience with this sub-group of youth did not necessarily translate to an increased awareness of issues related to sexual offenders. However, there was a significant relationship between experience working with sexual offenders and knowledge of risk factors. Therefore, it seems that direct experience supervising sexual offenders on their caseload is more important than training related to this sub-group and years of experience working as a probation officer.

Probation officers' overall accuracy in identification of risk factors of 57% was slightly higher than chance. When specific factors were examined, it was found that some of the widely held misconceptions regarding risk for sexual recidivism were also endorsed by probation officers. For example, 71% of participants indicated that they believed that a history of sexual abuse would make the youth more likely to commit a sexual offence in the future. Part of the confusion about this variable likely originates from research which has shown that sexual offenders are more likely to have a history of sexual abuse than non-sexual offenders (Seto & Lalumière, 2010). In spite of this, research *does not* support the link between history of sexual abuse and recidivism for sexual offenders (Worling & Långström, 2006). Another factor which was incorrectly classified as leading to an increase in risk was whether or not the offender denied his offence. A large proportion of participants, 66%, indicated that if the offender denies the offence they would be more likely to commit future sexual offences. There is contradictory evidence surrounding this link and it should not be used to make predictions of future sexual offending (Worling & Långström, 2006). Another factor which was misidentified as a contributor to risk was whether or not the offender lacked empathy for their victim. The reason that many probation officers (81%) identified this factor as contributing to risk is probably because the research contradicts what one would intuitively think about the impact of empathy. Research has not consistently shown a link between this variable and future sexual offending; in

some cases it has been predictive of recidivism but in many cases it has not (Worling & Långström, 2006). Until the research is clarified, using this variable as a predictor of risk for recidivism is problematic. Not to mention, an assessment of empathy is quite difficult, which could be one of the reasons why the research has been inconsistent. One other factor was particularly inaccurate: whether or not the youth had a male victim. Most participants did not think this factor was related to recidivism, although it is an empirically-based predictor.

One implication of the lack of awareness of risk factors is probation officers ability to judge risk for sexual recidivism. In this study, the most common method of evaluation of risk for sexual recidivism indicated by officers was the YLS/CMI combined with professional judgment. If officers are not aware of empirically supported risk factors, they may be erroneously judging the risk level of sexual offenders which can lead to an inappropriate level of treatment. This is contrary to the goals of the RNR model, a model which has been supported as an effective way to rehabilitate adolescent sexual offenders (Hanson et al., 2009). One promising finding was that 28% of probation officers indicated that in order to determine risk for sexual recidivism, they obtain an assessment by another professional. It could be presumed that the reason for referral to an outside source is to ensure that the assessment is completed by someone who has experience with sexual offenders and issues specific to this population, although this is not certain from these findings.

### **Case Management/ Supervision Approach**

Given that the attitudes toward sexual offenders have been shown to be more negative than other offenders, it was predicted that probation officers who held more negative views would have a different approach to supervision for this population. This hypothesis was not supported: The scores on the ATS were not related to the approach to supervision or

expectancies for the offender. This is promising as it indicates that the supervision relationship is not impacted by attitudes toward sexual offenders. Therefore, even if a probation officer has a negative view toward this group, it does not seem to affect how they handle a sexual offender on their caseload. Therefore, responsivity factors, such as expectation for successful rehabilitation or the style of intervention, do not seem to be impacted by their opinion of sexual offenders.

Interestingly, the predicted differences in approach to supervision between a sexual and non-sexual offender were not supported either. While it was presumed that the control and care oriented approaches to supervision were dichotomous, this was not the case. Probation officers endorsed higher levels of care *and* control in their approach to supervision of the sexual offender when compared to the non-sexual offender. This result was surprising given the perception that sexual offenders are viewed more negatively than other offenders; however research has shown that professionals who have received additional training or who work closely with this population have more positive attitudes towards this group than the general population (Craig, 2005; Hogue, 1995). It may be that the probation officers who participated in the online survey portion of this study are a select group who are more invested and knowledgeable about adolescent sexual offenders than probation officers as a whole.

Another significant finding related to supervision was that probation officers believed that a sexual offender would be more likely to adhere to the conditions of probation than a non-sexual offender; there were higher scores on the Program Adherence and Amenability scale. This result may be explained by the higher incidence of historical criminal and conduct problems for non-sexual offenders (Seto & Lalunière, 2010). Also, when the YLS/CMI items were compared for differences between these groups, it was shown that non-sexual offenders had more violations of probation which is in line with this opinion espoused by probation officers. The

second part of this scale was perceived amenability. Probation officers indicated that they believed sexual offenders were more likely to benefit from treatment services. Although this has not been studied directly in research because treatment programs for these two populations are so different, reoffense rates after treatment could be used as a marker of change. Sexual offenders do have lower recidivism rates after the completion of treatment (Reitzel & Carbonell, 2006; Worling et al., 2010). The perceived dangerousness of these two types of offenders was not different and ability to maintain the supervision relationship was not impacted by the type of offender. Keeping in mind that attitudes toward sexual offenders were not related to these scales the results are not surprising; probation officers' attitude toward sexual offenders does not impact their perceived ability to form a supervision relationship with them.

### **Study Limitations**

As noted earlier, the low response rate to the online portion of this study was one important limitation of this study. Despite a low rate of participation, many significant results were still obtained. However, it is not a low participation rate in itself that is problematic for analysis, it is the likelihood that the respondents who did participate all share some similar characteristics, which are unknown, and could lead to response bias. Response bias is problematic in that it prevents the results from being generalized to the population of probation officers as a whole.

There are several possible reasons for why probation officers didn't complete the study: time constraints, low interest in the study or research projects in general, difficulty in accessing an internet-based study, or fear that their responses may be used for an evaluative purpose (despite the explicit statement that responses were anonymous). There is a possibility that bias is present in the results of this study, although the impact of this on the results cannot be

determined. Further research regarding the supervision practices of probation officers should be explored to confirm the significant findings of this initial study.

There was one limitation regarding the YLS/CMI data relating to the use of override. Although the data provided information regarding the frequency with which override is used, it did not provide information about the reasoning or factors related to the frequent use of override. In the YLS/CMI manual, the assessor is asked to explain and describe the factors that were considered when the risk level is changed. This information would help to elucidate what factors probation officers are considering when the risk level is increased. It is important to know if these factors are related to risk for sexual offending or general offending. As well, there may be factors identified that may not be captured by the YLS/CMI which could be related to risk. Further research regarding the use of override is important.

### **Conclusions and Future Directions**

One of the most striking findings of this study was how often probation officers are adjusting the risk level of offenders based on clinical judgment. This leads to questions about what factors the officers are considering when they increase risk: are they considering factors which are not captured by the tool (e.g, denial of the current offence), or is it that they are giving more weight to factors which have already been accounted for (e.g., inadequate guilt feelings)? It will be important for future research to clarify this issue in order for changes in practice to occur. There is also a question about the training which probation officers have received on how to use the tool; perhaps they have not been trained on the appropriate and discretionary times when the application of clinical judgment should occur over actuarial predictions. This is the first study to examine the application of this tool by probation officers. Admittedly, there is a need for future research to determine whether the use of override hampers recidivism predictions by examining



risk scores on the YLS/CMI and actual recidivism data. Nonetheless, past research would suggest that this phenomenon is not helpful.

The second problem revealed in this study involved the current use of the YLS/CMI. Probation officers judged sexual offenders to be at higher risk to reoffend than non-sexual offenders. This overestimation based on clinical judgment is problematic because it contradicts what research has shown the true risk for sexual reoffence to be. This causes problems for probation officers who are faced with the task of determining appropriate treatment options. The mismatch of intensity of treatment to risk level violates the Risk component of the RNR model, which leads to questions about how well this model works in practice with this group of offenders. Given that this model has been validated by research as an effective model to follow, it is important to make sure it is being applied in an effective manner. One alternative may be for probation officers to use the YLS/CMI in conjunction with a tool that measures risk for sexual recidivism. This may help to prevent probation officers from adjusting the risk level scores on the YLS/CMI. Although there are sex-offence specific risk tools available (i.e., J-SOAP-II; ERASOR), the present state of findings on their utility is not certain (Cuadra et al., 2010). However, an assessment of risk for sexual reoffence is an important component of rehabilitation (Lambie & Seymour, 2006). Research related to adolescent sexual offenders has grown in the past decade and reviews have identified known risk factors. Practitioners who are asked to make judgments of risk would do well to remain up to date with emerging strategies that are supported by empirical research (Prescott, 2005).

Based on the lack of knowledge and difficulty with risk assessment specific to sexual offenders, one logical recommendation would be to allow probation officers to have increased training regarding the supervision of this population. However, the amount of training and years

of experience were not related to knowledge of sexual recidivism risk factors. This finding indicates that the type of training specifically related to sexual offenders that is provided to probation officers may need to be evaluated. Furthermore, the dissemination of evidence-based practices regarding the rehabilitation of offenders (sexual and non-sexual) may be warranted given the over application of risk override in this sample.

One final consideration is the current protocol for youth involved in the justice system. Although the YCJA legislation places a high value on community-based sentencing options, the effectiveness of these sentences relies on the appropriate allocation of treatment services. If probation officers do not have an adequate way to determine risk for sexual recidivism, the first step in the model of rehabilitation is dysfunctional and the final outcome is questionable. Future research should continue to examine the effectiveness of community based sentences for sexual offenders, specifically whether rehabilitation interventions are being delivered in line with the RNR model.

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#### Legislation Cited

*Youth Criminal Justice Act*, S.C. 2002, c. 1

Table 1

*Demographic Information of Youth in YLS/CMI Sample*

	Sexual offender ( $n = 213$ ) Mean ( $M$ )	Non-sexual offender ( $n = 186$ ) Mean ( $M$ )
Age (years)	15.17	15.84
Secure Custody	202.60 days ( $n = 5$ )	180.00 days ( $n = 3$ )
Open Custody	222.59 days ( $n = 17$ )	110.00 days ( $n = 10$ )
Community Disposition	533.68 days ( $n = 191$ )	404.68 days ( $n = 173$ )
Total length of disposition	617.61 days ( $n = 213$ )	404.83 days ( $n = 186$ )

Table 2

*Summary of Logistic Regression Analysis Predicting Type of Offender from YLS/CMI subscales*

Variable	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI	Wald statistic	<i>p</i>
History	-0.22	0.10	0.80	(0.66, 0.98)	4.90	0.027
Family	0.13	0.09	1.14	(0.96, 1.36)	2.14	0.143
Education	-0.28	0.09	0.75	(0.63, 0.90)	9.63	0.002
Peer	-0.18	0.14	0.84	(0.63, 1.10)	1.59	0.207
Substance	-0.36	0.12	0.70	(0.55, 0.88)	9.38	0.002
Leisure	0.04	0.16	1.04	(0.76, 1.41)	0.05	0.819
Behaviour	0.21	0.11	1.02	(0.82, 1.27)	0.04	0.848
Attitude	0.32	0.17	1.38	(0.98, 1.94)	3.48	0.062

*Note.* CI = confidence interval for odds ratio (*OR*).

Offender type coded as 1 = Sexual offender, 0 = Non-sexual offender



Table 3

*YLS/CMI Subscale: Prior and Current Offenses/Dispositions*

Variable	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI	Wald statistic	<i>p</i>
Item 1	0.59	0.42	1.06	(0.47, 2.39)	0.02	0.886
Item 2	-0.84	0.34	0.43	(0.20, 0.92)	4.73	0.030
Item 3	-0.54	0.30	0.58	(0.32, 1.06)	3.16	0.075
Item 4	0.03	0.36	1.04	(0.51, 2.09)	0.01	0.924
Item 5	-0.42	0.30	0.66	(0.37, 1.18)	1.99	0.158

*Note.* CI = confidence interval for odds ratio (*OR*).

Offender type coded as 1 = Sexual offender, 0 = Non-sexual offender.

Item 1 'Three or more prior convictions'. Item 2 'Two or more failures to comply'. Item 3 'Prior probation'. Item 4 'Prior custody'. Item 5 'Three or more current convictions'.

Table 4

*YLS/CMI Subscale: Education/Employment*

Variable	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI	Wald statistic	<i>p</i>
Item 1	0.12	0.25	1.12	(0.69, 1.84)	0.21	0.644
Item 2	-0.10	0.25	0.90	(0.55, 1.47)	0.17	0.676
Item 3	-0.15	0.24	0.87	(0.54, 1.38)	0.37	0.546
Item 4	-0.57	0.27	0.56	(0.33, 0.96)	4.55	0.033
Item 5	-0.69	0.27	0.50	(0.30, 0.85)	6.54	0.011
Item 6	-0.61	0.30	0.54	(0.30, 0.98)	4.12	0.042
Item 7	-0.72	0.36	0.49	(0.24, 0.98)	4.07	0.044

*Note.* CI = confidence interval for odds ratio (*OR*).

Offender type coded as 1 = Sexual offender, 0 = Non-sexual offender

Item 1 'Disruptive classroom behavior'. Item 2 'Disruptive behavior on school property'. Item 3 'Low achievement'. Item 4 'Problems with peers'. Item 5 'Problems with teachers'. Item 6 'Truancy'. Item 7 'Unemployed/Not seeking employment'.

Table 5

*YLS/CMI Subscale: Substance Abuse*

Variable	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI	Wald statistic	<i>p</i>
Item 1	-0.69	0.27	0.50	(0.29, 0.86)	6.26	0.012
Item 2	-0.79	0.33	0.45	(0.24, 0.86)	5.94	0.015
Item 3	-0.44	0.32	0.65	(0.35, 1.20)	1.92	0.166
Item 4	-0.07	0.33	0.93	(0.49, 1.77)	0.05	0.822
Item 5	-0.31	0.31	0.73	(0.40, 1.34)	1.03	0.310

*Note.* CI = confidence interval for odds ratio (*OR*).

Offender type coded as 1 = Sexual offender, 0 = Non-sexual offender

Item 1 'Occasional drug use'. Item 2 'Chronic drug use'. Item 3 'Chronic alcohol use'. Item 4 'Substance abuse interferes with life'. Item 5 'Substance use linked to offense(s)'.

Table 6

*YLS/CMI Subscale: Attitudes/Orientation*

Variable	<i>B</i>	<i>SE</i>	<i>OR</i>	95% CI	Wald statistic	<i>p</i>
Item 1	-0.48	0.37	0.62	(0.30, 1.29)	1.66	0.197
Item 2	1.00	0.42	2.71	(1.19, 6.16)	5.68	0.017
Item 3	-1.09	0.48	0.34	(0.13, 0.87)	5.11	0.024
Item 4	-0.43	0.50	0.65	(0.24, 1.74)	0.74	0.390
Item 5	<0.01	0.90	1.00	(0.17, 5.86)	<0.01	0.996

*Note.* CI = confidence interval for odds ratio (*OR*).

Offender type coded as 1 = Sexual offender, 0 = Non-sexual offender

Item 1 'Antisocial/procriminal attitudes'. Item 2 'Not seeking help'. Item 3 'Actively rejecting help'. Item 4 'Defies authority'. Item 5 'Callous, little concern for others'.

Table 7

*Percentage of Youth in each Risk Category Prior to and After Use of Risk Override*

YLS/CMI Risk categories	<u>Sexual offender</u>			<u>Non-sexual offender</u>		
	Before override	After override	% Change	Before override	After override	% Change
Low risk	69.5%	12.7%	-56.8	45.2%	20.4%	-24.8
Moderate risk	27.2%	29.6%	2.4	50.5%	57.5%	7.5
High risk	3.3%	50.2%	46.9	4.3%	19.9%	15.6
Very high risk	0%	7.5%	7.5	0%	2.2%	2.2

Table 8

*Accuracy of Risk Factor Identification on the Sexual Recidivism Risk Factors Questionnaire*

Risk Factor	% Accurate
The adolescent has committed a previous sexual offence	100
The adolescent used threats or weapons during the index sexual offence	93.5
The adolescent has deviant sexual interests (e.g., children or rape)	90.3
The adolescent did not complete offence specific treatment	87.9
The adolescent has an antisocial interpersonal orientation	80.6
The adolescent is related to their sexual abuse victim	71.0
The adolescent sexually offended against a significantly younger victim	58.1
The adolescent used penetration during the sexual assault	58.1
The adolescent has a victimization history of physical abuse	58.1
The adolescent sexually offended against a stranger	48.4
The adolescent denies committing the sexual offence	34.5
The adolescent has a male victim as part of their sexual offence	29.0
The adolescent sexually offended against a significantly older victim	29.0
The adolescent has a victimization history of being sexual abused	23.3
The adolescent lacks empathy for their sexual abuse victim	19.4

Table 9

*Methods of Assessment for Sexual Recidivism*

Method	Frequency	%
YLS/CMI	6	18.8
YLS/CMI + Clinical data/professional judgment	13	40.6
YLS/CMI + Sex offender specific risk tool	1	3.1
Assessment completed by another professional	9	28.1
Other method	3	9.4

*Note.* Participants who responded ‘other method’ indicated that they either made a referral to a sex-offence specific treatment program where they complete an assessment, or the assessment is completed through communication with collateral contacts or an assessment is completed by another professional when the offence is more serious.

Table 10

*Approach to Supervision and Expectancies for the Offender*

	Sexual Offender		Non-Sexual Offender	
	Mean Score (SD)	Range	Mean Score (SD)	Range
Program Adherence	12.48(2.86)*	7 - 17	11.56(2.45)	6 - 16
Dangerousness	15.72(3.20)	10 - 22	16.08(4.02)	8 - 22
Difficulty of Supervision	4.38(1.98)	2 - 8	4.07(1.81)	2 - 8
Control- Oriented Approach	7.61(1.73)**	4 - 10	6.70(1.29)	4 - 9
Care-Oriented Approach	8.19(1.41)***	6 - 10	6.84(1.69)	3 - 10

*Note.* \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$  indicates significant differences between scores for sexual and non-sexual offenders.



Table 11

*Perceived Utility of the YLS/CMI for Evaluating Risks and Needs*

	Use with Non-Sexual Offenders (%)	Use with Sexual Offenders (%)
Not at all	6.7	43.3
Somewhat	10.0	33.3
Moderately	13.3	16.7
Very	63.3	6.7
Extremely	6.7	0.0

*Note.* Results are based on the responses of 30 probation officers.

Table 12

*Perceived Utility of the YLS/CMI for the Case Management of Youth*

	Use with Non-Sexual Offenders (%)	Use with Sexual Offenders (%)
Not at all	3.3	23.3
Somewhat	3.3	30.0
Moderately	16.7	26.7
Very	70.0	16.7
Extremely	6.7	3.3

*Note.* Results are based on the responses of 30 probation officers.

Table 13

*Perceived Utility of the Risk-Need-Responsivity Model for Supervision of Youth*

	Use with Non-Sexual Offenders (%)	Use with Sexual Offenders (%)
Not at all	0.0	17.2
Somewhat	10.3	17.2
Moderately	20.7	31.0
Very	65.5	34.5
Extremely	3.4	0.0

*Note.* Results are based on the responses of 30 probation officers.

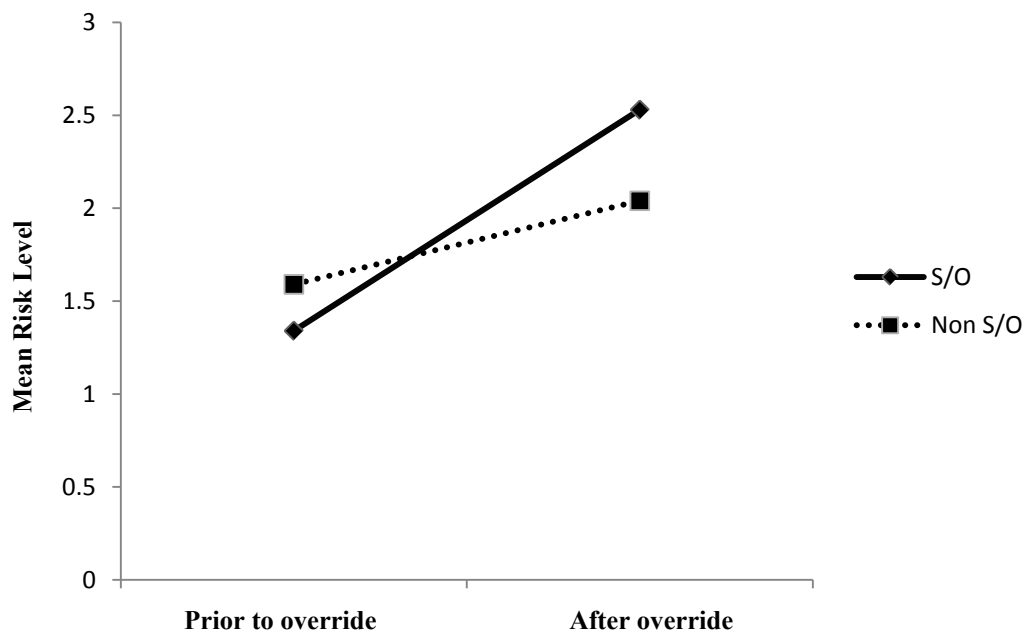


Figure 1. Mean risk level for sexual offenders and non-sexual offenders prior to, and after override. Sexual offenders had a *lower* mean score ( $M = 1.34, SD = 0.54$ ) than non-sexual offenders ( $M = 1.59, SD = 0.57$ ) prior to override ( $\chi^2(2, n = 399) = 24.53, p < 0.001, \text{phi} = 0.25$ ). After override, sexual offenders had a *higher* mean score ( $M = 2.53, SD = 0.81$ ) than non-sexual offenders ( $M = 2.04, SD = 0.70$ ) after override ( $\chi^2(3, n = 399) = 52.89, p < 0.001, \text{phi} = 0.36$ ).

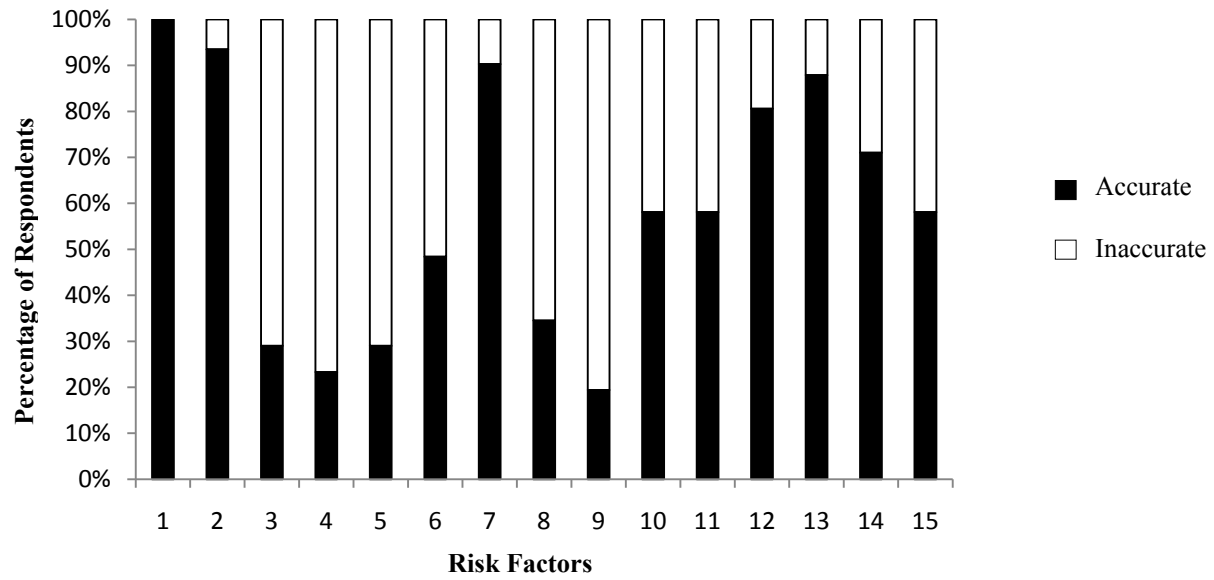


Figure 2. Accuracy of identification of risk factors on the Sexual Recidivism Risk Factors Questionnaire.

Appendix A

# Lakehead

UNIVERSITY

November 30, 2010

Office of Research

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**Principal Investigator:** Dr. Fred Schmidt  
**Student Investigator:** Sarah Sinclair  
Psychology  
Lakehead University  
955 Oliver Rd  
Thunder Bay ON P7B 5E1

Dear Dr. Schmidt and Ms Sinclair:

**Re: REB Project #: 029 10-11 / Romeo File No: 1461557**  
**Granting Agency: N/A**  
**Granting Agency Project #: N/A**

On behalf of the Research Ethics Board, I am pleased to grant ethical approval to your research project entitled, "Community Supervision of Adolescents who commit a sexual offence: An Evaluation of Risk Appraisal and Rehabilitation Strategies by Probation Officers".

Ethics approval is valid until November 30, 2011. Please submit a Request for Renewal form to the Office of Research by October 30, 2011 if your research involving human subjects will continue for longer than one year. A Final Report must be submitted promptly upon completion of the project. Research Ethics Board forms are available at:

[http://research.lakeheadu.ca/ethics\\_resources.html](http://research.lakeheadu.ca/ethics_resources.html)

During the course of the study, any modifications to the protocol or forms must not be initiated without prior written approval from the REB. You must promptly notify the REB of any adverse events that may occur.

Completed reports and correspondence may be directed to:

Research Ethics Board  
c/o Office of Research  
Lakehead University  
955 Oliver Road  
Thunder Bay, ON P7B 5E1  
Fax: (807) 346-7749

Best wishes for a successful research project.

Sincerely,



Dr. Richard Maundrell  
Chair, Research Ethics Board

cc. Office of Research  
Faculty of Graduate Studies

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955 Oliver Road Thunder Bay Ontario Canada P7B 5E1 [www.lakeheadu.ca](http://www.lakeheadu.ca)

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Office of Research

(807) 343-8283  
(807) 346-7749

## MEMORANDUM

**Date:** June 24, 2011

**To:** Dr. Fred Schmidt and Ms Sarah Sinclair

**From:** Dr. Richard Maundrell

**Subject:** Amendment for REB Project #029 10-11 / ROMEO #1461557

Thank you for your request for addition for your project entitled, "Community Supervision of Adolescents who commit a sexual offence: An Evaluation of Risk Appraisal and Rehabilitation Strategies by Probation Officers".

Your request to use the Youth Level of Service / Case Management Inventory dataset for youth that were supervised by a probation officer in the fiscal year 2009-2010 as provided to you by the Ministry of Children and Youth Services is acceptable to the Research Ethics Board.

Please continue to advise us of any future changes to this project.

Sincerely,



Dr. Richard Maundrell  
Chair, Research Ethics Board

/scw

**Ministry of Children  
and Youth Services**

Youth Justice Services Division

Operational Support and Program  
Effectiveness Branch  
Effective Programming and Evaluation  
Unit5th Floor  
101 Bloor St. W.  
Toronto ON M5S 2Z7  
Telephone: **416 212-7609**  
Facsimile: **416 327-2418****Ministère des Services  
à l'enfance et à la jeunesse**Division des services de justice  
pour la jeunesseDirection du soutien opérationnel et  
de l'efficacité des programmes  
Unité de l'efficacité des programmes  
et de l'évaluation5e étage  
101, rue Bloor Ouest  
Toronto ON M5S 2Z7  
Téléphone : **416 212-7609**  
Télécopieur : **416 314-2418**

**MEMORANDUM TO:** Regional Managers  
Northern and Eastern Regions

**FROM:** Nadia Mazaheri

**DATE:** February 22, 2011

**REFERENCE:** Research Project: Ms Sarah Sinclair (M.A. Candidate) and  
Dr. Fred Schmidt (Supervisor), Department of Psychology,  
Lakehead University: *"Community Supervision of Adolescents  
Who Commit a Sexual Offence: An Evaluation of Risk Appraisal  
and Rehabilitation Strategies by Probation Officers"*

The Corrections/Youth Justice Research Committee has reviewed and approved the above research project to proceed.

Ms Sinclair plans to administer an internet survey to probation officers to explore their knowledge of and practices in completing risk assessments and providing supervision for adolescents convicted of a sexual offence. A letter of invitation to probation officers to participate in the survey will be distributed to each probation office. It will take approximately 20 minutes to complete the internet survey, and answers to the questions will be anonymous. The survey is to be completed by **March 18<sup>th</sup>, 2011**. A copy of Ms Sinclair's research proposal is attached.

The results of Ms Sinclair's research may assist in identifying gaps or deficiencies in our capacity to provide effective treatment for adolescents convicted of a sex offence.

Please share the attachments with all probation managers in your region with a request that they share the information with all probation officers and encourage them to take a few minutes to respond to the survey.

Thank you very much for your support for this important research project.

Nadia Mazaheri

## Attachment

C: John Scarfo, Director/A, Operational Support and Program Effectiveness Branch  
G. Brown, Chair, Correctional Services/Youth Justice Research Committee  
Sarah Sinclair, M.A. Candidate, Department of Psychology, Lakehead University



Appendix B

**Demographic Information**

Male             Female

Age (in years):

Please indicate the highest level of education you have completed:

- High School Diploma
- College Degree (What type of degree: \_\_\_\_\_)
- Undergraduate University Degree (What type of degree: \_\_\_\_\_)
- Graduate University Degree (What type of degree: \_\_\_\_\_)
- Other Education (What type of degree: \_\_\_\_\_)

Approximately how many years have you worked in the youth justice system as a probation officer?

In the last three years, how many adolescents who have committed a sexual offence have you had on your caseload?

To the best of your knowledge, how many hours of education or training have you had related to sexual offenders? (Education can be formal, such as workshops or courses, or it can be informal, such as reading current research articles and books)

What is the population of the city, town, or community in which you work as a probation officer?

Is there a community-based sex offender specific treatment service available in your region?

Is there a residential-based sex offender specific treatment service available in your region?

Based on your experience and knowledge, what percentage of adolescent sexual offenders will commit a sexual reoffence?

Based on your experience and knowledge, what percentage of adolescent sexual offenders will commit a non-sexual reoffence?

Based on your experience and knowledge, what percentage of youth in the youth justice system will commit a non-sexual reoffence?

How do you currently determine the risk level for sexual recidivism for an adolescent sexual offender?

- a. YLS/CMI
- b. YLS/CMI + clinical data/professional judgment
- c. YLS/CMI + sex offender specific risk tool
- d. The assessment is completed by another professional (e.g., forensic psychologist/ mental health practitioner)
- e. Other method(s) \_\_\_\_\_

Generally, how frequently do you meet for supervision with a low risk adolescent sexual offender in the first three months of case management?

- 1. Once per week
- 2. Twice per month
- 3. Once per month
- 4. other

Generally, how frequently do you meet for supervision with a high risk adolescent sexual offender in the first three months of case management?

- 1. Once per week
- 2. Twice per month
- 3. Once per month
- 4. other

## Appendix C

**Sexual Recidivism Risk Factors Questionnaire**

Please indicate whether you believe the following factors increase an adolescent's risk for sexual reoffending

- |   | YES | NO |
|---|-----|----|
| 1. The adolescent has committed a previous sexual offence (T)                   |     |    |
| 2. The adolescent used threats or weapons during the index sexual offence (T)   |     |    |
| 3. The adolescent has a male victim as part of their sexual offence (T)         |     |    |
| 4. The adolescent has a victimization history of being sexual abused (F)        |     |    |
| 5. The adolescent sexually offended against a significantly older victim (T)    |     |    |
| 6. The adolescent sexually offended against a stranger (T)                      |     |    |
| 7. The adolescent has deviant sexual interests (e.g., children or rape) (T)     |     |    |
| 8. The adolescent denies committing the sexual offence (F)                      |     |    |
| 9. The adolescent lacks empathy for their sexual abuse victim (F)               |     |    |
| 10. The adolescent sexually offended against a significantly younger victim (T) |     |    |
| 11. The adolescent used penetration during the sexual assault (F)               |     |    |
| 12. The adolescent has an antisocial interpersonal orientation (T)              |     |    |
| 13. The adolescent did not complete offence specific treatment (T)              |     |    |
| 14. The adolescent is related to their sexual abuse victim (F)                  |     |    |
| 15. The adolescent has a victimization history of physical abuse (F)            |     |    |

## Appendix D

**Attitudes Towards Sexual Offenders Scale – Adolescent Version**

The statements listed below describe different attitudes towards adolescent sexual offenders. There are no right or wrong answers, only opinions. You are asked to express *your* feelings about each statement by indicating whether you (1) Disagree Strongly, (2) Disagree, (3) Undecided, (4) Agree, or (5) Agree Strongly. Indicate your opinion by selecting the number that best describes your personal attitude. Please answer *every* item.

## Rating Scale

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

1. Adolescent sexual offenders are different from most adolescents. (R)
2. Only a few adolescent sexual offenders are really dangerous.
3. Adolescent sexual offenders never change. (R)
4. Most adolescent sexual offenders are victims of circumstance and deserve to be helped.
5. Adolescent sexual offenders have feelings like the rest of us.
6. It is not wise to trust an adolescent sexual offender too much. (R)
7. I think I would like a lot of adolescent sexual offenders.
8. \*\*\*Bad prison conditions just make an adolescent sexual offender more bitter.
9. Give an adolescent sexual offender an inch and he'll take a mile. (R)
10. \*\*\*Most adolescent sexual offenders are stupid. (R)
11. Adolescent sexual offenders need affection and praise just like anybody else.
12. You should not expect too much from an adolescent sexual offender. (R)
13. Trying to rehabilitate adolescent sexual offenders is a waste of time and money. (R)
14. You never know when an adolescent sexual offender is telling the truth. (R)
15. Adolescent sexual offenders are no better or worse than other people.
16. You have to be constantly on your guard with adolescent sexual offenders. (R)
17. In general, adolescent sexual offenders think and act alike. (R)
18. If you give an adolescent sexual offender respect, he'll give you the same.
19. Adolescent sexual offenders only think of themselves. (R)
20. There are some adolescent sexual offenders I would trust with my life.
21. Adolescent sexual offenders will listen to reason.
22. \*\*\*Most adolescent sexual offenders are too lazy to obtain employment. (R)
23. I wouldn't mind living next door to an adolescent sexual offender.
24. Adolescent sexual offenders are just plain mean at heart. (R)
25. Adolescent sexual offenders are always trying to get something out of somebody. (R)
26. The values of most adolescent sexual offenders are about the same as the rest of us.
27. I would never want one of my children dating a rehabilitated adolescent sexual offender. (R)
28. Most adolescent sexual offenders have the capacity for love.
29. Most adolescent sexual offenders are just plain immoral. (R)
30. Adolescent sexual offenders should be under strict, harsh discipline. (R)
31. In general, adolescent sexual offenders are basically bad people. (R)

32. Most adolescent sexual offenders can be rehabilitated.
33. Some adolescent sexual offenders are really nice people.
34. I would like associating with some adolescent sexual offenders.
35. \*\*\*Adolescent sexual offenders respect only brute force. (R)
36. \*\*\*If an adolescent sexual offender does well in prison, he should be let out on parole.

\*\*\*Indicates items that will be removed from the scale.

(R) Indicates items that are reverse scored.

## Appendix E

**Sexual Offender Questions*****I. Recommendations for Matthew***

Matthew is a 16 year old male youth who has been convicted of a sexual offence and sentenced to 12 months of probation. The probation order states that Matthew is to attend treatment as directed by his probation officer. A formal risk assessment completed by a forensic psychologist indicated that Matthew is at high risk for sexual reoffence. Imagine that you have just been assigned to his case. Please answer these questions using the scale below.

---

1	2	3	4	5	6
<i>Very unlikely</i>	<i>Unlikely</i>	<i>Slightly unlikely</i>	<i>Slightly likely</i>	<i>Likely</i>	<i>Very likely</i>

---

*How likely is this youth to...*

- \_\_\_\_\_ 1. Participate meaningfully in treatment services?
- \_\_\_\_\_ 2. Benefit from treatment services?
- \_\_\_\_\_ 3. Adhere to the conditions of probation?
- \_\_\_\_\_ 4. Fail to complete probation successfully?
- \_\_\_\_\_ 5. Commit future criminal acts?
- \_\_\_\_\_ 6. Commit future violent acts?
- \_\_\_\_\_ 7. Pose a danger to society?
- \_\_\_\_\_ 8. Become a criminal as an adult?

***II. Supervision of Matthew***

The 6 questions below are about supervision approaches relevant to Matthew. Please answer these questions using the scale below.

1	2	3	4	5
<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Very</i>	<i>Extremely</i>

- \_\_\_\_\_ 1. How difficult would it be to **supervise** Matthew?
- \_\_\_\_\_ 2. How difficult would be to establish an effective professional **relationship** with Matthew?
- \_\_\_\_\_ 3. How likely are you to emphasize **community protection** more heavily than usual in your strategy for supervising Matthew?
- \_\_\_\_\_ 4. How likely are you to emphasize **probationer rehabilitation** more heavily than usual in your strategy for supervising Matthew?
- \_\_\_\_\_ 5. How likely are you to “**go the extra mile**” in supervising Matthew by providing support, referrals, networking, or other “extras” that you don’t provide most juveniles on your caseload?
- \_\_\_\_\_ 6. How likely are you to **be extra strict** in supervising Matthew by monitoring him closely and enforcing rules that you normally do not with other juveniles on your caseload?

### General Offender Questions

#### *I. Recommendations for Jared*

Jared is a 16 year old male youth who has been convicted of a non-sexual assault and sentenced to 12 months of probation. The probation order states that Jared is to attend treatment as directed by his probation officer. A formal risk assessment completed by a forensic psychologist indicated that Jared is at high risk for a non-sexual reoffence. Imagine that you have just been assigned to his case. Please answer these questions using the scale below.

1	2	3	4	5	6
<i>Very unlikely</i>	<i>Unlikely</i>	<i>Slightly unlikely</i>	<i>Slightly likely</i>	<i>Likely</i>	<i>Very likely</i>

*How likely is this youth to...*

- \_\_\_\_\_ 1. Participate meaningfully in treatment services?
- \_\_\_\_\_ 2. Benefit from treatment services?
- \_\_\_\_\_ 3. Adhere to the conditions of probation?
- \_\_\_\_\_ 4. Fail to complete probation successfully?
- \_\_\_\_\_ 5. Commit future criminal acts?
- \_\_\_\_\_ 6. Commit future violent acts?
- \_\_\_\_\_ 7. Pose a danger to society?
- \_\_\_\_\_ 8. Become a criminal as an adult?

***II. Supervision of Jared***

The 6 questions below are about supervision approaches relevant to Jared. Please answer these questions using the scale below.

---

1	2	3	4	5
<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Very</i>	<i>Extremely</i>

---

- \_\_\_\_\_ 1. How difficult would it be to **supervise** Jared?
- \_\_\_\_\_ 2. How difficult would be to establish an effective professional **relationship** with Jared?
- \_\_\_\_\_ 3. How likely are you to emphasize **community protection** more heavily than usual in your strategy for supervising Jared?
- \_\_\_\_\_ 4. How likely are you to emphasize **probationer rehabilitation** more heavily than usual in your strategy for supervising Jared?
- \_\_\_\_\_ 5. How likely are you to “**go the extra mile**” in supervising Jared by providing support, referrals, networking, or other “extras” that you don’t provide most juveniles on your caseload?
- \_\_\_\_\_ 6. How likely are you to **be extra strict** in supervising Jared by monitoring him closely and enforcing rules that you normally do not with other juveniles on your caseload?



## Appendix F

**Utility of YLS/CMI and RNR Model**

*Please answer these questions using the scale below.*

---

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Not at all</i>	<i>Somewhat</i>	<i>Moderately</i>	<i>Very</i>	<i>Extremely</i>

---

1. How useful do you think the Risk/Need Assessment tool is in the evaluation of a non-sexual offending youth's risk and needs for reoffending?
2. How useful do you think the Risk/Need Assessment tool is in the evaluation of a sexual offending youth's risk and needs for *sexual* reoffending?
3. How useful do you think the Risk/Need Assessment tool is in the case management of non-sexual offending adolescent offenders?
4. How useful do you think the Risk/Need Assessment tool is in the case management of sexual offending adolescent offenders?
5. How useful do you think the Risk-Need-Responsivity model is for the effective supervision of non-sexual offending adolescent offenders?
6. How useful do you think the Risk-Need-Responsivity model is for the effective supervision of sexual offending youth?

## Appendix G

**Self-Efficacy Questionnaire**

Please rate the degree to which you agree with the following statements, from 1 (strongly disagree) to 5 (strongly agree)

## Rating Scale

-2	-1	0	+1	+2
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

1. My knowledge and understanding of risk factors for recidivism of the adolescent sex offender population is very good
2. I am comfortable developing a case management plan for adolescent sexual offenders in the community
3. Based on my experience, I am capable of judging which adolescent sex offenders are likely to reoffend sexually
4. I am confident in my ability to supervise adolescent sex offenders

## Appendix H

**Letter to Participants**

Dear Potential Participant,

The community supervision of adolescents who have committed a sexual offence is an important endeavour. One challenge this task entails is the assessment of risk for sexual reoffence in order to make case planning decisions. In Ontario, the Risk Need Assessment is the instrument that is currently used by probation officers to determine the risk for reoffence, yet this tool was not specifically designed to assess the risk for sexual recidivism. Thus, we are interested in how probation officers assess the risk of sexual reoffending and how they determine case management strategies with adolescents who have committed a sexual offence. Although I am conducting this research to fulfill the requirements for my M.A. in Clinical Psychology, the germane purpose of this research is to prevent future sexual offences by understanding the ways in which these youth are supervised in the community.

I recognise that given your expected duties as a probation officer, your time is very valuable. The completion of this study will only take about 20 minutes of your time and it can be completed at any time, and from any computer that has access to the internet. Furthermore, if you decide to participate in this research, you will be making a valid contribution to the organization in which you work and the field of adolescent forensic psychology.

Thank-you for your consideration of this research project. If you are willing to participate in this study, please visit the link below, where you will be directed to the online study and consent form.

<http://app.fluidsurveys.com/s/probation/>

If you have any questions regarding this study, feel free to contact me, by e-mail: [ssinclai@lakeheadu.ca](mailto:ssinclai@lakeheadu.ca). Additionally, you may reach my Thesis Supervisor, Dr. Fred Schmidt, at [fschmidt@lakeheadu.ca](mailto:fschmidt@lakeheadu.ca). This research study has been approved by the Ontario Ministry of Child and Youth Services and the Lakehead University Research Ethics Board, who may be contacted if you have any questions pertaining to the ethics of this study (807-343-8934).

Sincerely,

Sarah Sinclair, B.A. (Hons)  
Department of Psychology  
Lakehead University  
Thunder Bay, Ontario

Dr. Fred Schmidt, C. Psych.  
Department of Psychology  
Lakehead University  
Thunder Bay, Ontario

## Appendix I

Community Supervision of Adolescents who commit a Sexual Offence: An Evaluation of Risk  
Appraisal and Rehabilitation Strategies  
**Consent Form**

You are invited to participate in a study that is being conducted by Sarah Sinclair, B.A. (Hons.) and Dr. Fred Schmidt in the Department of Psychology at Lakehead University. This study is an investigation of the practices by probation officers who supervise adolescents who have committed a sexual offence.

There is a gap in research which looks at the different strategies that probation officers use to supervise youth in the community. Specifically, we are interested in looking at the approach to supervision and expectancies for youth who have committed a sexual offence compared to general offenders. As well, we wish to examine the ways that probation officers determine youth's risk for sexual recidivism.

You are free to participate or not to participate in this research. If you agree to participate in this study, you will first complete a brief demographic questionnaire followed by questionnaires that assess your current attitudes and supervision practices regarding adolescents on your caseload. The entire study should take about 20 minutes to complete.

You must be over 18 years of age to participate in this research. Also, you must be a probation officer who supervises youth in the province of Ontario. There are no anticipated risks from participation in this study. However, if you agree to participate but feel uncomfortable at any time you may discontinue participation by logging off even if you have already started to participate. Participation in this research will be completely anonymous. The on-line mass testing web-site does not attach any identifying information to the data collected. In accordance with research protocol, data collected for this study will be securely stored at Lakehead University for a period of 5 years following the study. By participating in this research, you will be making a contribution to the youth criminal justice field.

If you consent to participate in the research described above, please click on the agree button below. If you do not agree to participate, you may simple log off at this point.

I understand what participation in this study entails, I am over 18 years of age and I agree to participate in this research.

I AGREE

Primary Investigator: Sarah Sinclair (ssinclair@lakeheadu.ca)  
Academic Supervisor: Dr. Fred Schmidt (fschmidt@lakeheadu.ca)

## Appendix J

Community Supervision of Adolescents who commit a Sexual Offence: An Evaluation of Risk  
Appraisal and Rehabilitation Strategies  
**Information Letter for Participants**

The supervision of adolescent sexual offenders in the community by probation officers has received little attention in current literature. Research supports the Risk-Need-Responsivity model of offender rehabilitation (RNR; Andrews, Bonta, & Hoge, 1990) for use with adolescent sexual offenders (Hanson, Bourgon, Helmus, & Hodgson, 2009). It is unclear how probation officers determine the risk for sexual recidivism, as currently in Ontario there is not a mandated tool for assessing this specific type of risk.

The purpose of this study is to examine the ways in which probation officers adhere to principles of the RNR model in their approach to supervision of youth who have been convicted of a sexual offence. Furthermore, an examination of probation officer's approach to supervision and expectations for the adolescent sexual offender will be explored. Finally, the approach to supervision and expectations for the offender will be contrasted for differences between general and sexual offenders. It is hoped that the results of this study will help to understand which case management practices are most effective for the supervision, and ultimately, the rehabilitation of youth who have committed sexual offences.

Thank you for your participation in this research project. If you have any questions pertaining to this study, or if you would like to obtain results when the study is completed, please feel free to contact the primary investigator Sarah Sinclair (ssinclair@lakeheadu.ca) or her supervisor, Dr. Fred Schmidt (fschmidt@lakeheadu.ca). This research should be completed by May, 2011, at which time results will be available.

**References**

- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, *17*, 19-52. doi: 10.1177/0093854890017001004
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, *36*, 865-891. doi: 10.1177/0093854809338545