

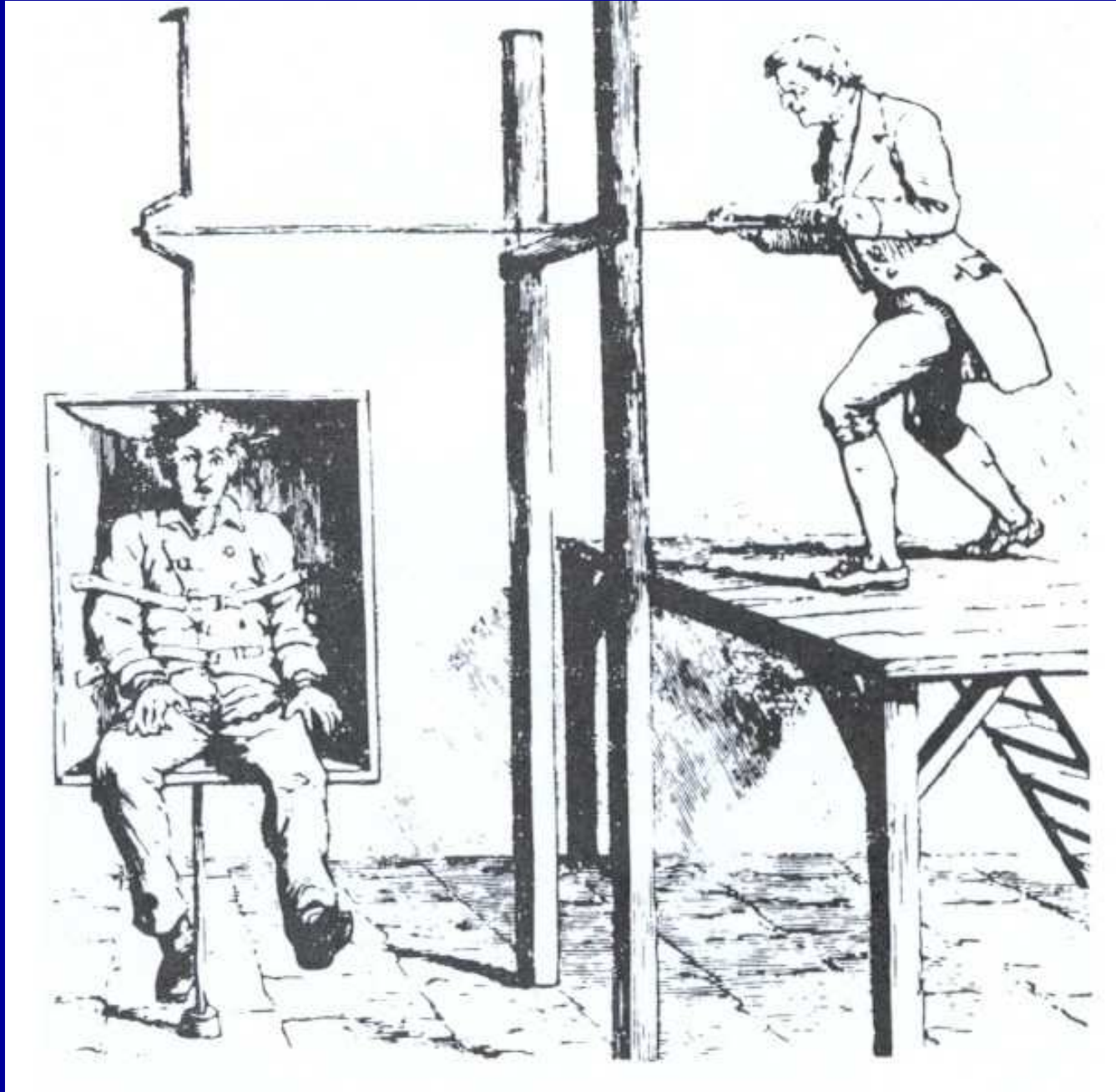
Meta-Analysis of Treatment Outcome in Sexual Offenders

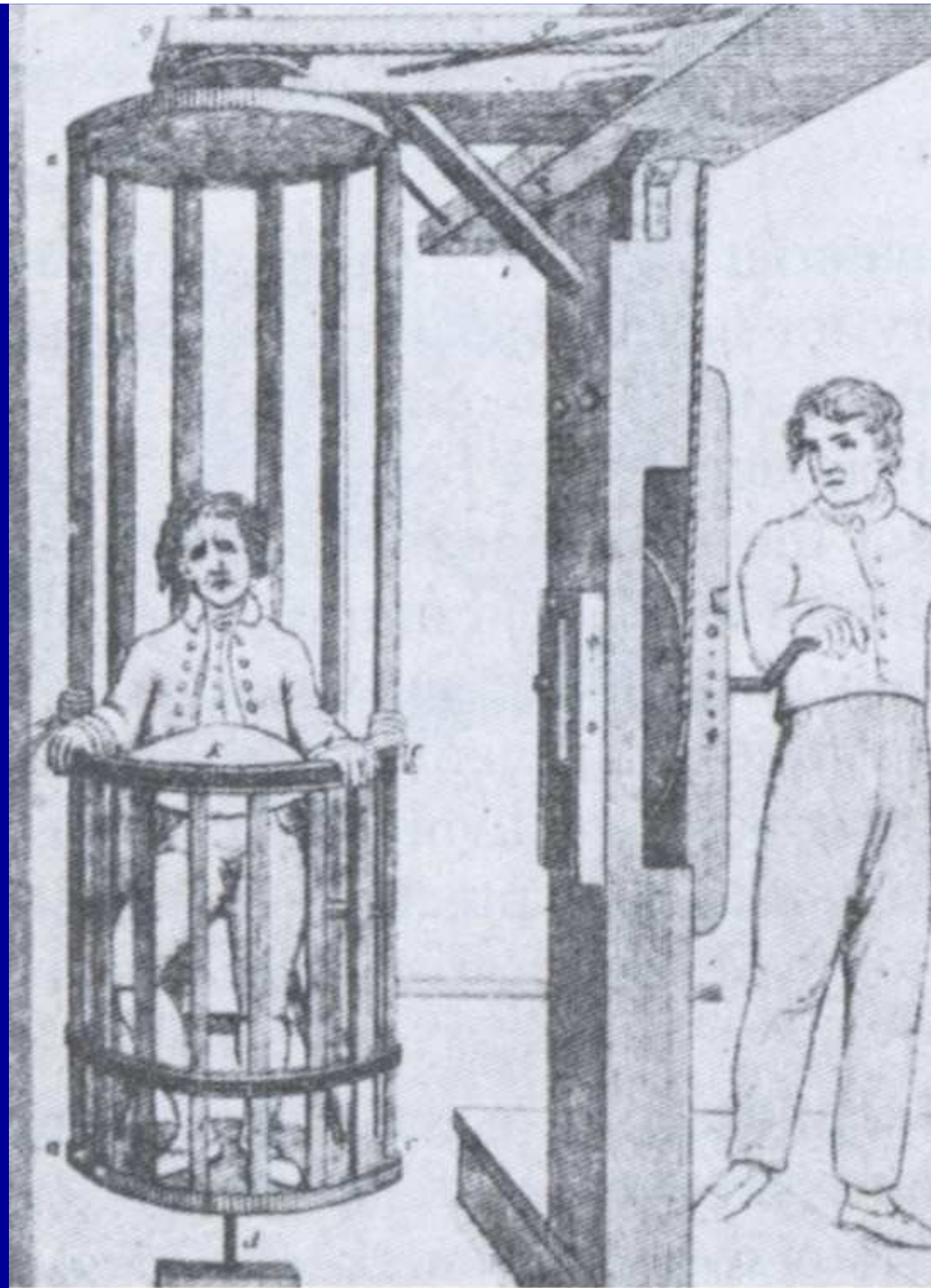
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IATSO Oslo, September 3, 2010



(c)





THE RELATION OF ORAL INFECTION TO MENTAL DISEASES¹

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INTRODUCTION

It is with a certain amount of hesitation that one proclaims an apparently new fact in medicine, especially when such a fact seems to be entirely fanciful to the majority of professional men, both physicians and dentists, who naturally are highly skeptical regarding new methods and new findings. In presenting this subject to the

THE PRINCIPLES OF EFFECTIVE CORRECTIONAL TREATMENT ALSO APPLY TO SEXUAL OFFENDERS

A Meta-Analysis

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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.

Evidence for Effectiveness of Sexual Offender Treatment

- Many evaluation studies, starting in 1960s
- Reviews - mostly supportive
- Many different treatment programs
- Few high quality studies

Gallagher et al. (1999)

- 22 studies (25 effects)
- Yes for cognitive-behavioural treatment
- No for other psychological or hormonal treatment

- Included several studies with weak designs

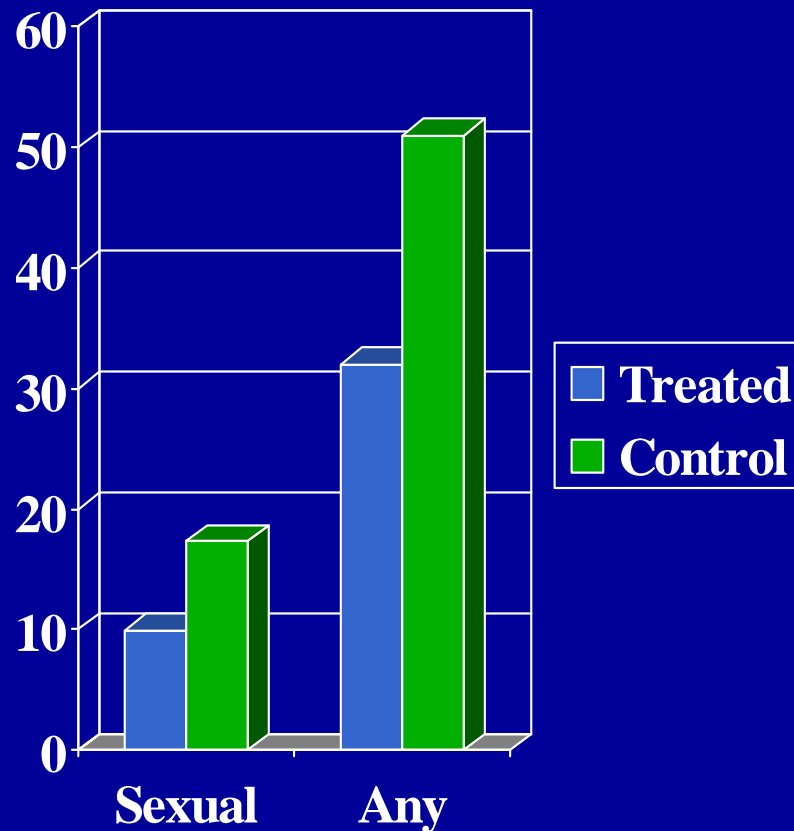
Hanson et al. (2002)

Collaborative Outcome Data Project
Meta-analysis

43 Studies – 9,454 Offenders

- Half published (49%)
- 1977 – 2000 (mostly late 1990s)
- Moderate size ($n = 180$)
- American (49%) or Canadian (37%)
- Adult males (91%)

Overall Effect of Treatment



Reductions in both sexual recidivism (17% to 10%) and general recidivism (51% to 32%) found when current treatments are evaluated with credible designs

Lösel & Schmucker (2004)

- 9,512 treated; 12,669 comparison
- A positive treatment effect on sexual and other reoffending
- Cognitive-behavioural programs more effective than other psychosocial approaches

Kenworthy et al. (2004)

- Cochrane Library
- Random assignment studies
- 9 studies
- Various outcomes (3 used recidivism)

Insufficient evidence of efficacy

“The ethics of providing this still-experimental treatment to a vulnerable and potentially dangerous group of people outside of a well-designed evaluative study are debatable”

Why the controversy?

- Few good studies
- Most look at treatments inconsistent with current practice
- Only one strong study of a credible treatment

Janice K. Marques, Mark Wiederanders, David M. Day, Craig Nelson, and Alice van Ommeren (2005). Effects of a Relapse Prevention Program on Sexual Recidivism: Final Results From California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment*, 17, 79-106. DOI: 10.1007/S1U94-005-1212-X

**Good study, plausible treatment, and
No effect on recidivism**

History of Offender Treatment

- Many studies; lots of variability
- Martinson (1974) "Nothing works"
- "What Works"
 - Lipsey (1989)
 - Andrews, Zinger et al. (1990)
 - Andrews, Bonta, Gendreau, Dowden

Sanctions or Service?

Sanctions:

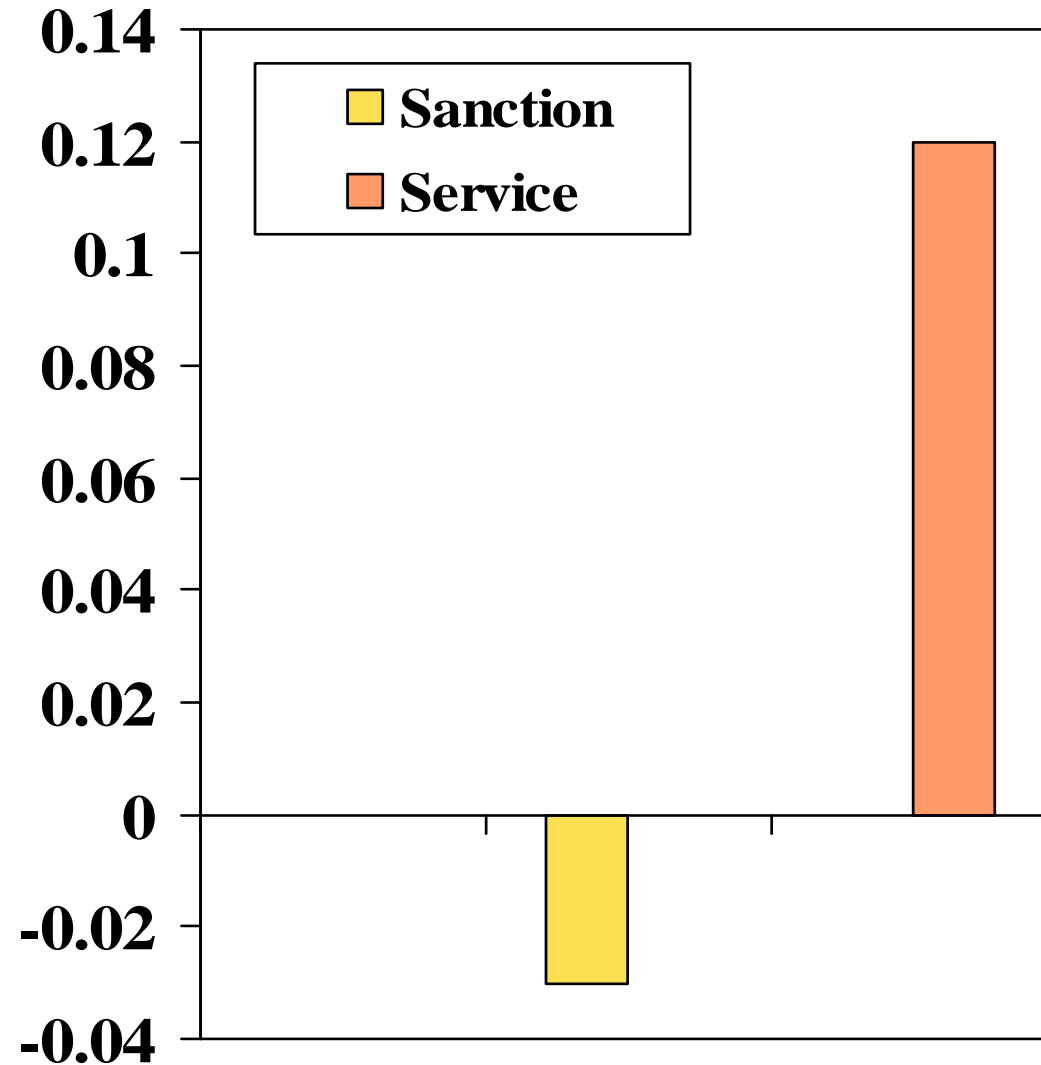
2003: $r = -.03$

($k = 101$)

Service:

2003: $r = +.12$

($k = 273$)



Effective Correctional Interventions

Andrews & Bonta (2006)

- Risk
 - Treat only offenders who are likely to reoffend (moderate risk or higher)
- Need
 - Target criminogenic needs
- Responsivity
 - Match treatment to offenders' learning styles and culture

Results Stable Across Studies

- Same results found in randomized clinical trials and non-random assignment studies (except those with obvious biases)
- Meta-analytic findings replicated by independent groups

Criminogenic Needs

- Antisocial Personality
 - Impulsive, adventurous pleasure seeking, restlessly aggressive, callous disregard for others
- Grievance/hostility
- Antisocial associates
- Antisocial cognitions
- Low attachment to Family/Lovers
- Low engagement in School/Work
- Aimless use of leisure time
- Substance Abuse

Non-criminogenic needs (general recidivism)

- Personal distress
- Major mental disorder
- Low self-esteem
- Low physical activity
- Poor physical living conditions
- Low conventional ambition
- Insufficient fear of official punishment

Criminogenic Needs for Sexual Offenders

- Deviant sexual interests
 - Children; Paraphilias
- Sexual preoccupations
- Antisocial orientation
 - Lifestyle instability, rule violation, APD
- Attitudes tolerant of sexual assault
- Intimacy deficits
 - Emotional identification with children
 - Lack of stable love relationships

Adherence to Risk/Need/Responsivity

r (k)

Not at all -.02 (124)

One element .03 (106)

Two elements .17 (84)

All three .25 (60)

General offenders – general recidivism

Do the same principles apply to
sexual offender treatment
programs?

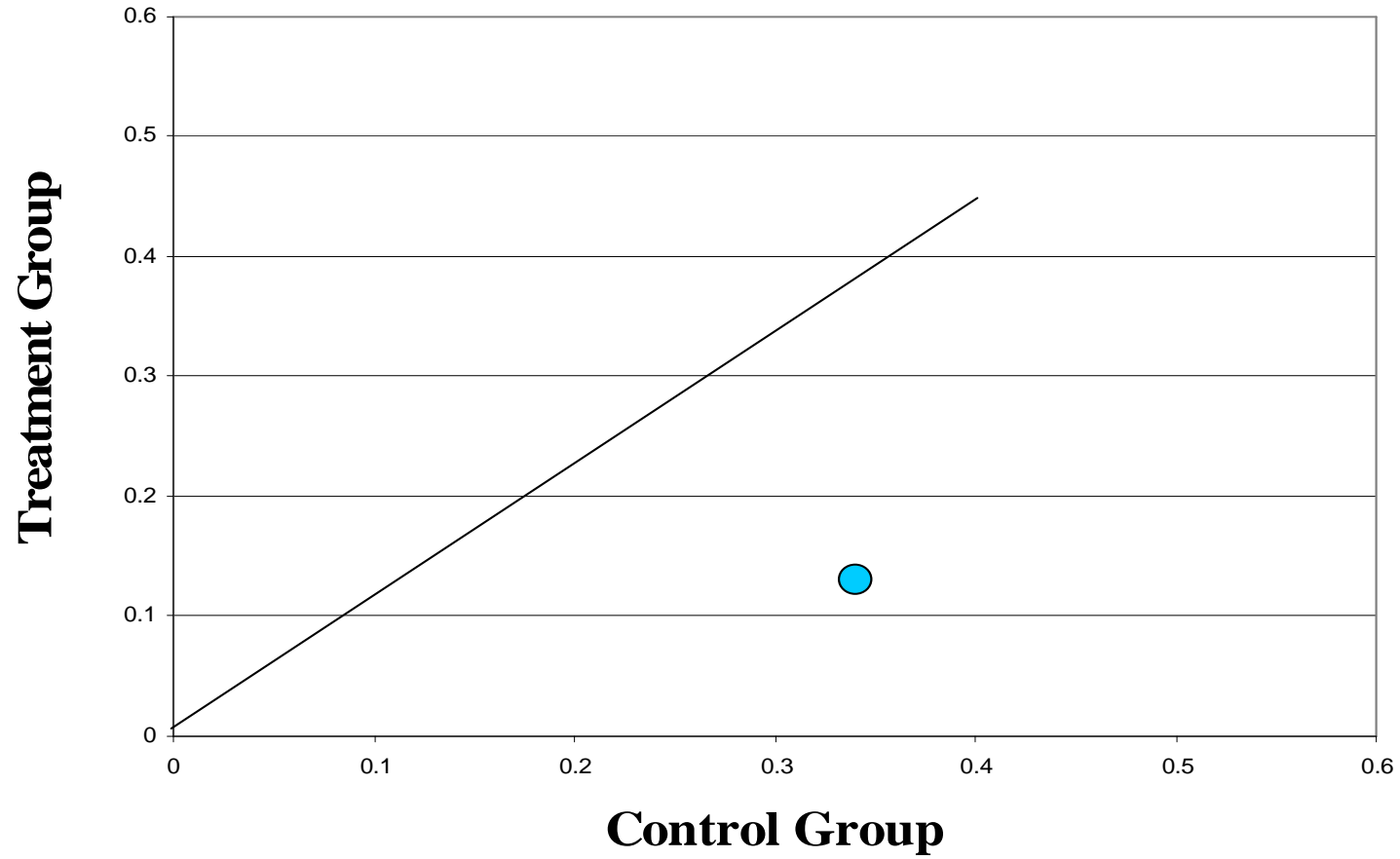
Sex Offender Treatment Meta-analysis Updated 2009

- Met minimum criteria for study quality
 - Collaborative Data Outcome Committee (CODC) Guidelines Definition:
 - High Confidence that the findings had no more than minimal bias
- 25 of 130 studies rated “weak or better”
 - Rejected (105)
 - Weak (19)
 - Good (5)
 - Strong (1)
- 2 studies excluded for other reasons

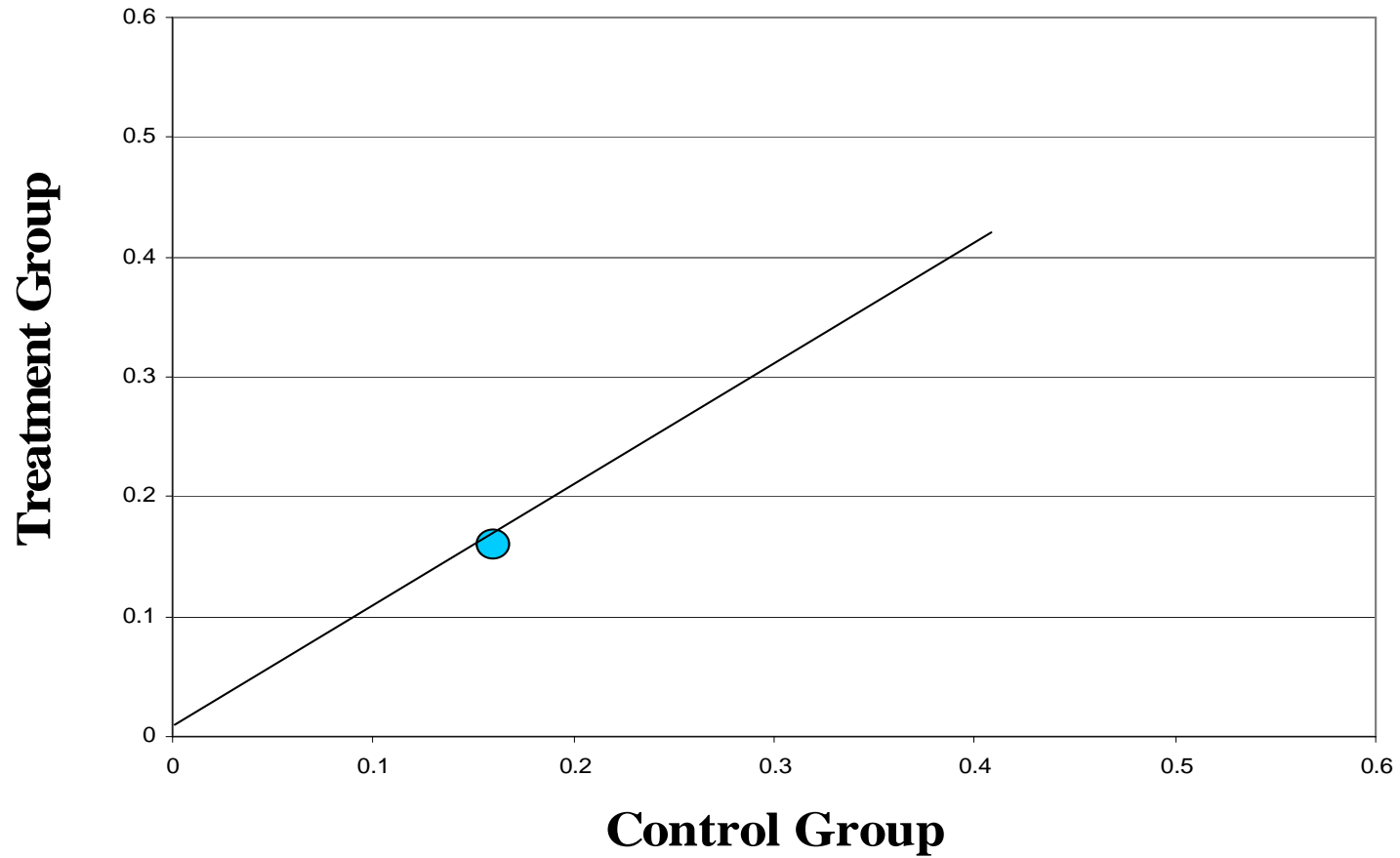
23 Studies

- 61% published (1983 – 2009)
- 22 English; 1 French
- Canada (12), US (5), UK (3), New Zealand (2), Netherlands (1)
- Institution (10); Community (11); Both (2)
- Treatments delivered: 1965 - 2004

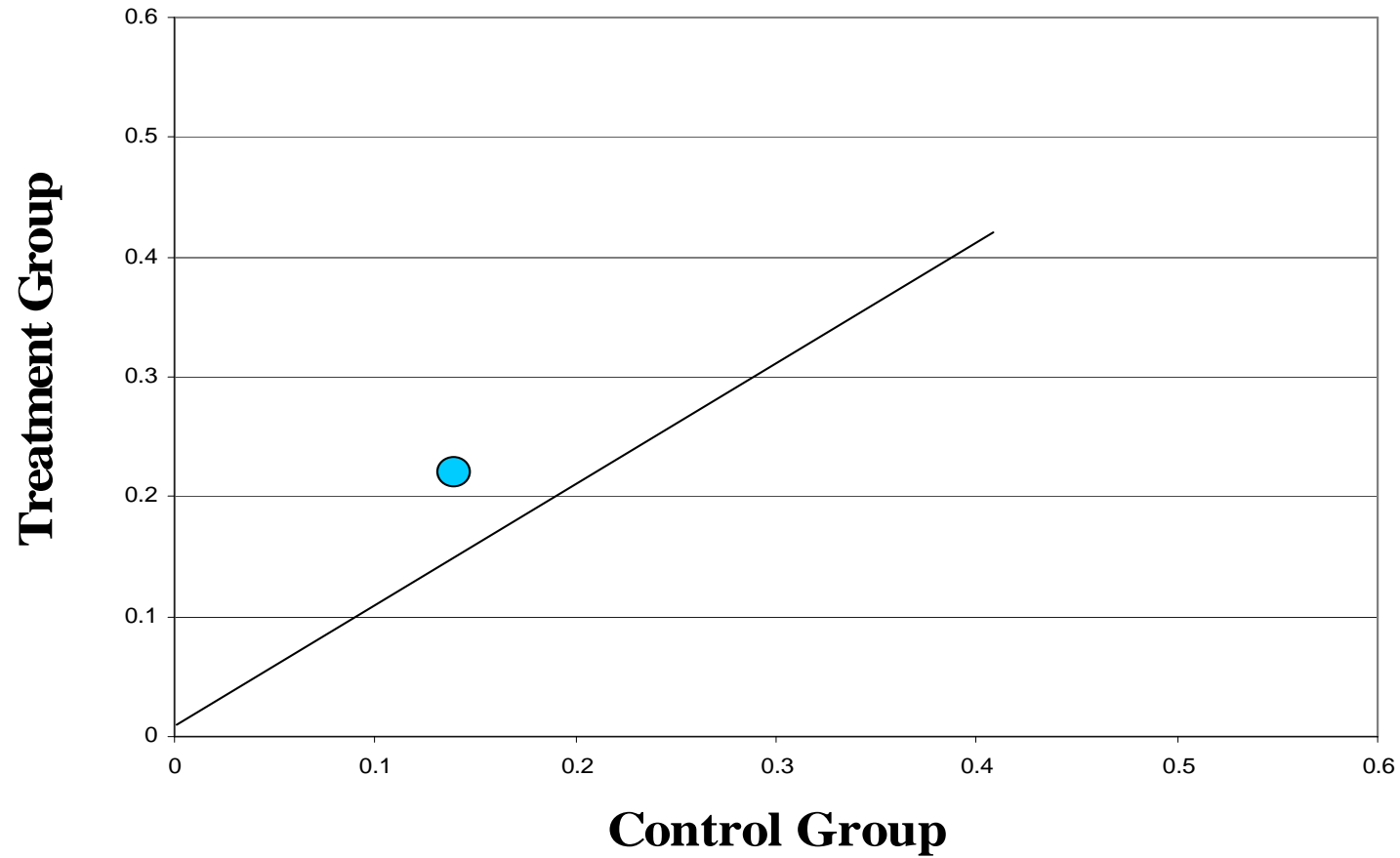
Example: treatment works



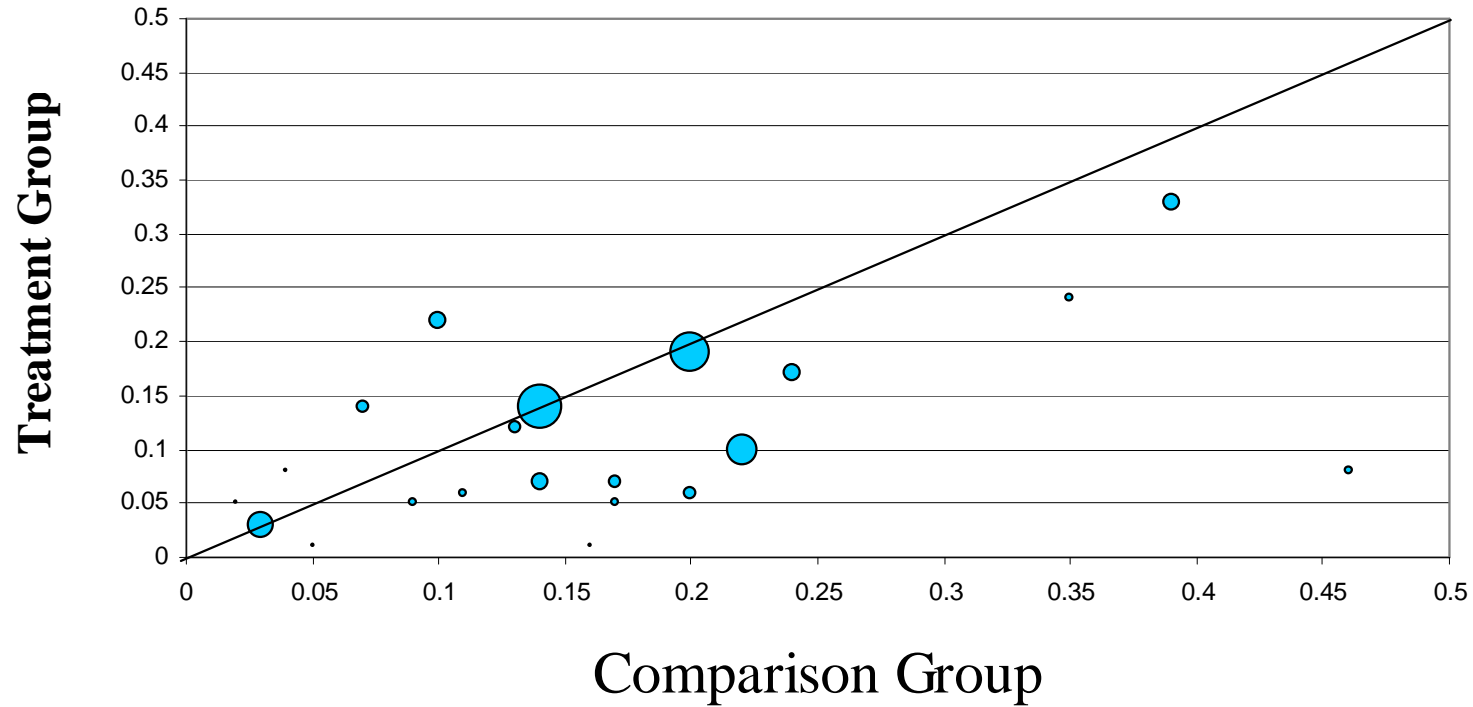
Example: treatment does not work



Example: treatment really does not work

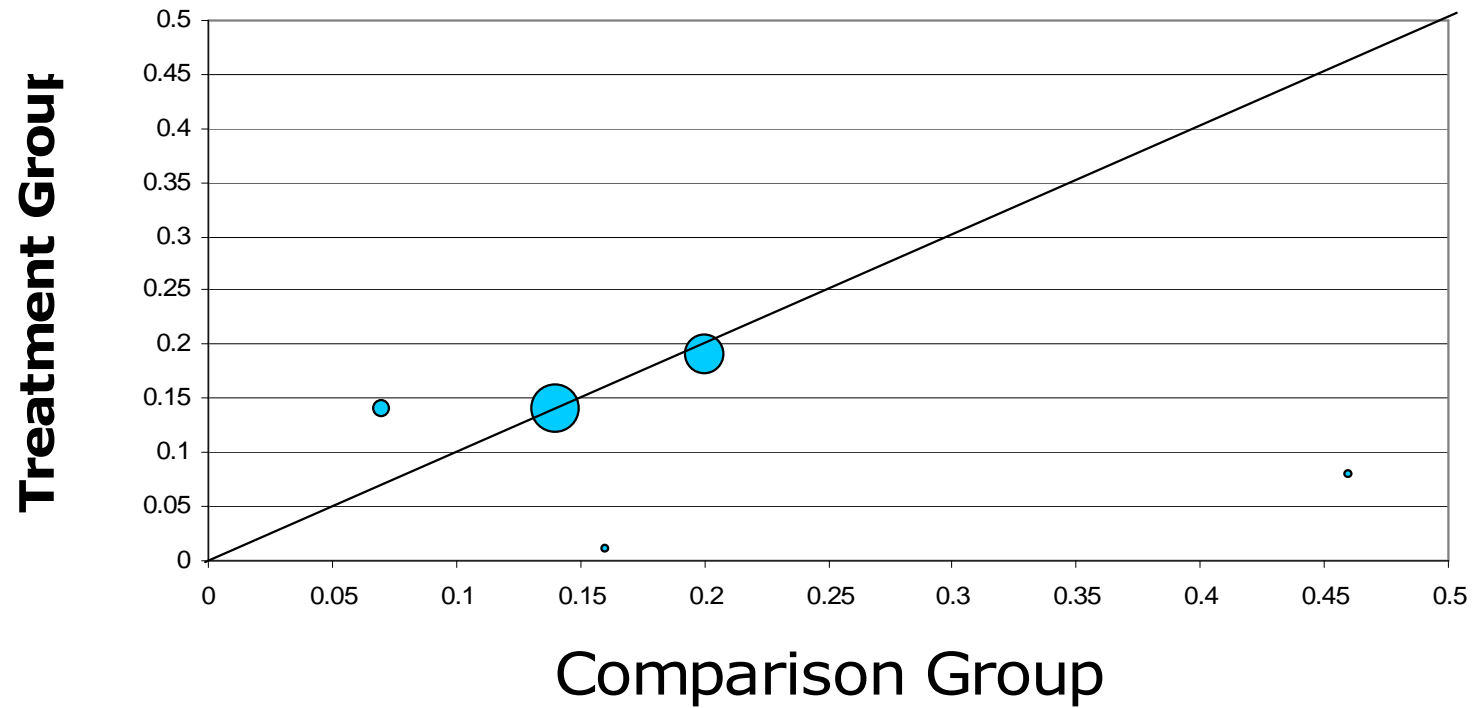


Treatment Outcome Studies (k = 22) Sexual Recidivism



Odds Ratio	Lower CI	Upper CI	Q	Study N
.77	.65	.91	47.17***	6,746

"Better" Studies (k = 5) Sexual Recidivism



Odds Ratio	Lower CI	Upper CI	Q	Study N
.94	.74	1.20	14.09**	1,590

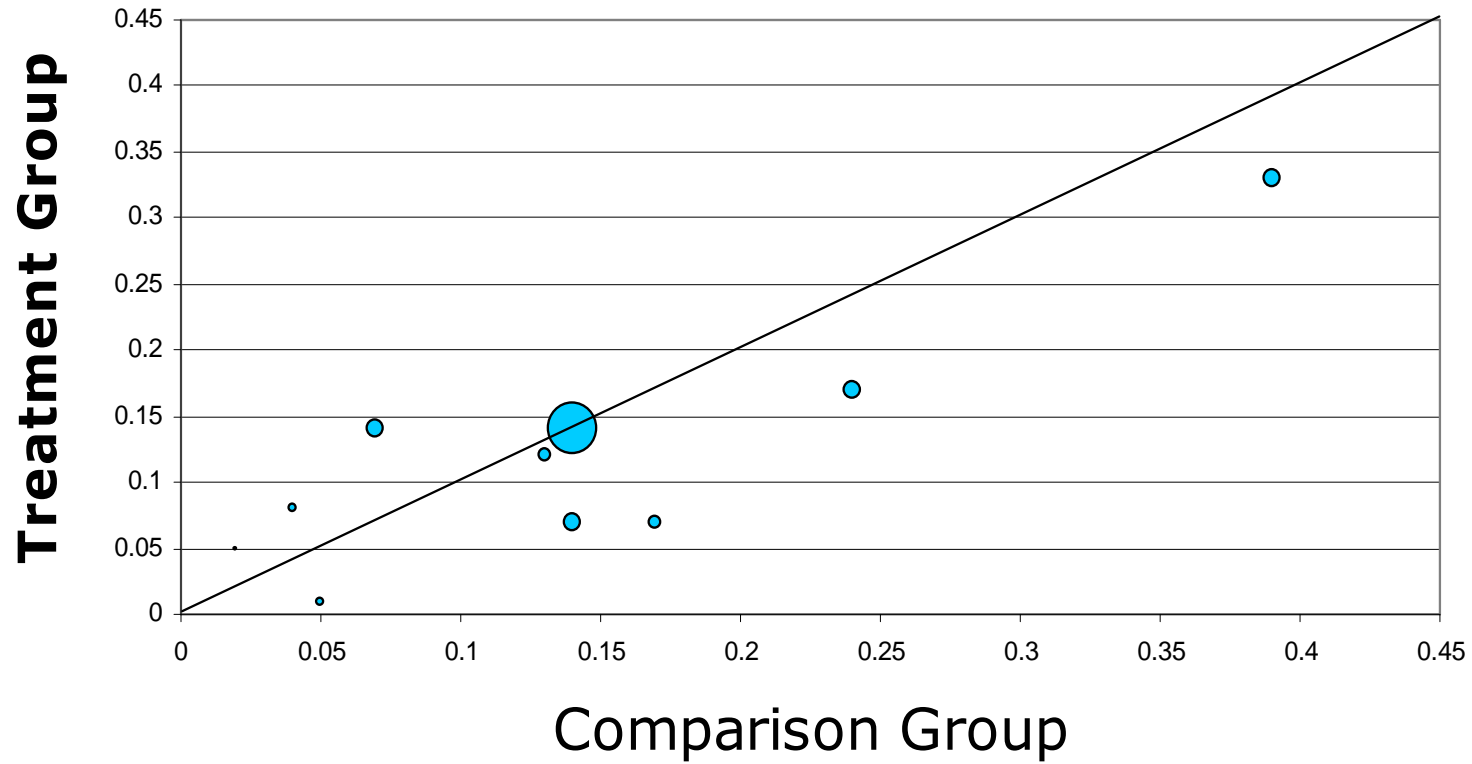
Adherence to R/N/R

- Risk Sometimes (8/23)
- Need Sometimes (10/23)
- Responsivity Most programs (19/23)

Effect Size By R/N/R Adherence

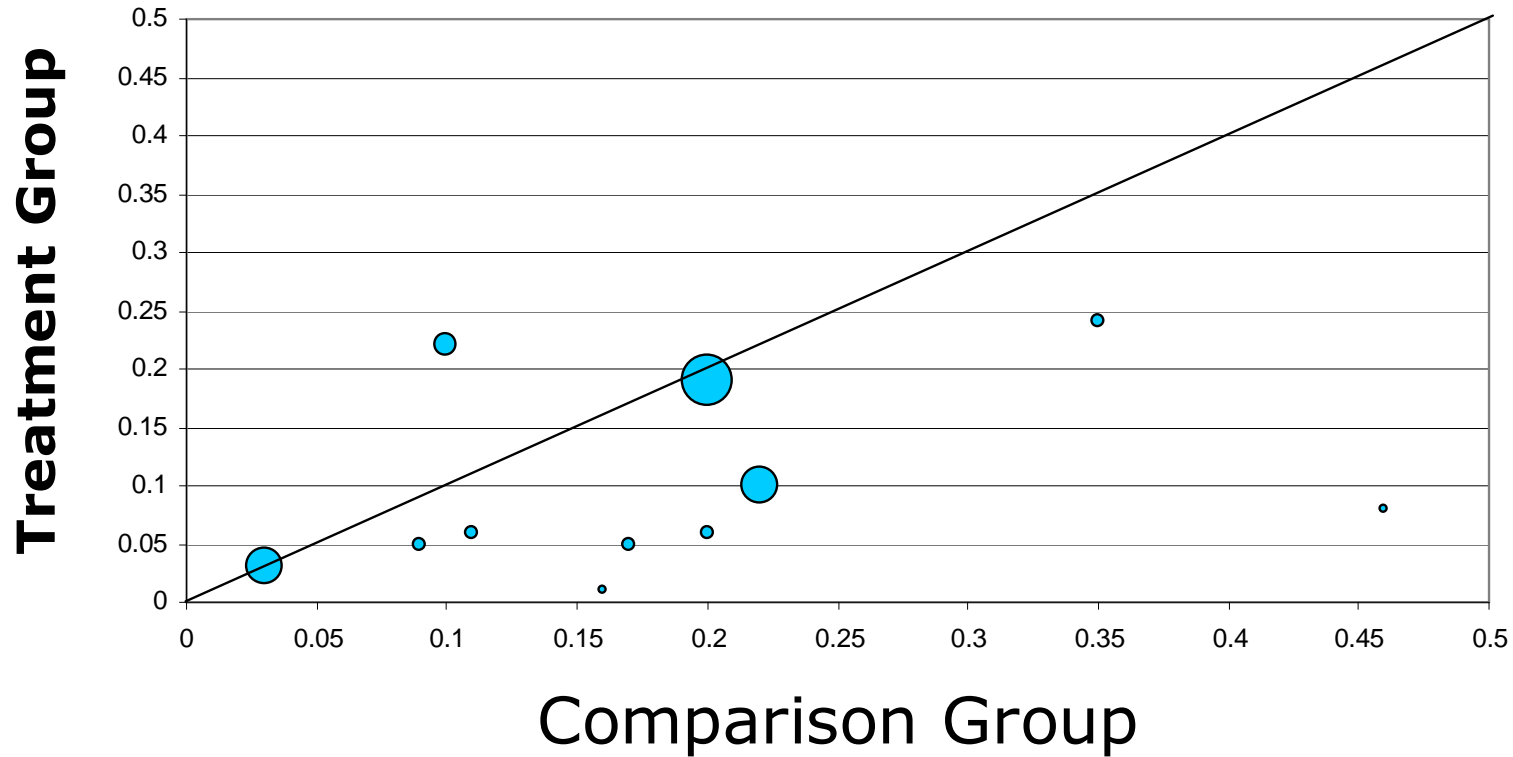
	Odds ratio	95% C.I.	N (k)
None	1.10	(.81-1.50)	1,067 (3)
One	0.64	(.42 -.92)	1,226 (7)
Two	0.74	(.58-.93)	4,283 (9)
All three	0.22	(.089-.57)	170 (3)

Low Adherence to R/N/R (k = 10)



Odds Ratio	Lower CI	Upper CI	Q	Study N
.88	.69	1.13	10.43	10 (2,293)

Some Adherence to R/N/R (k = 12)



Odds Ratio
.69

Lower CI
.55

Upper CI
.86

Q
34.58***

Study N
12 (4,453)

Effect Size By R/N/R Adherence High Risk Offenders

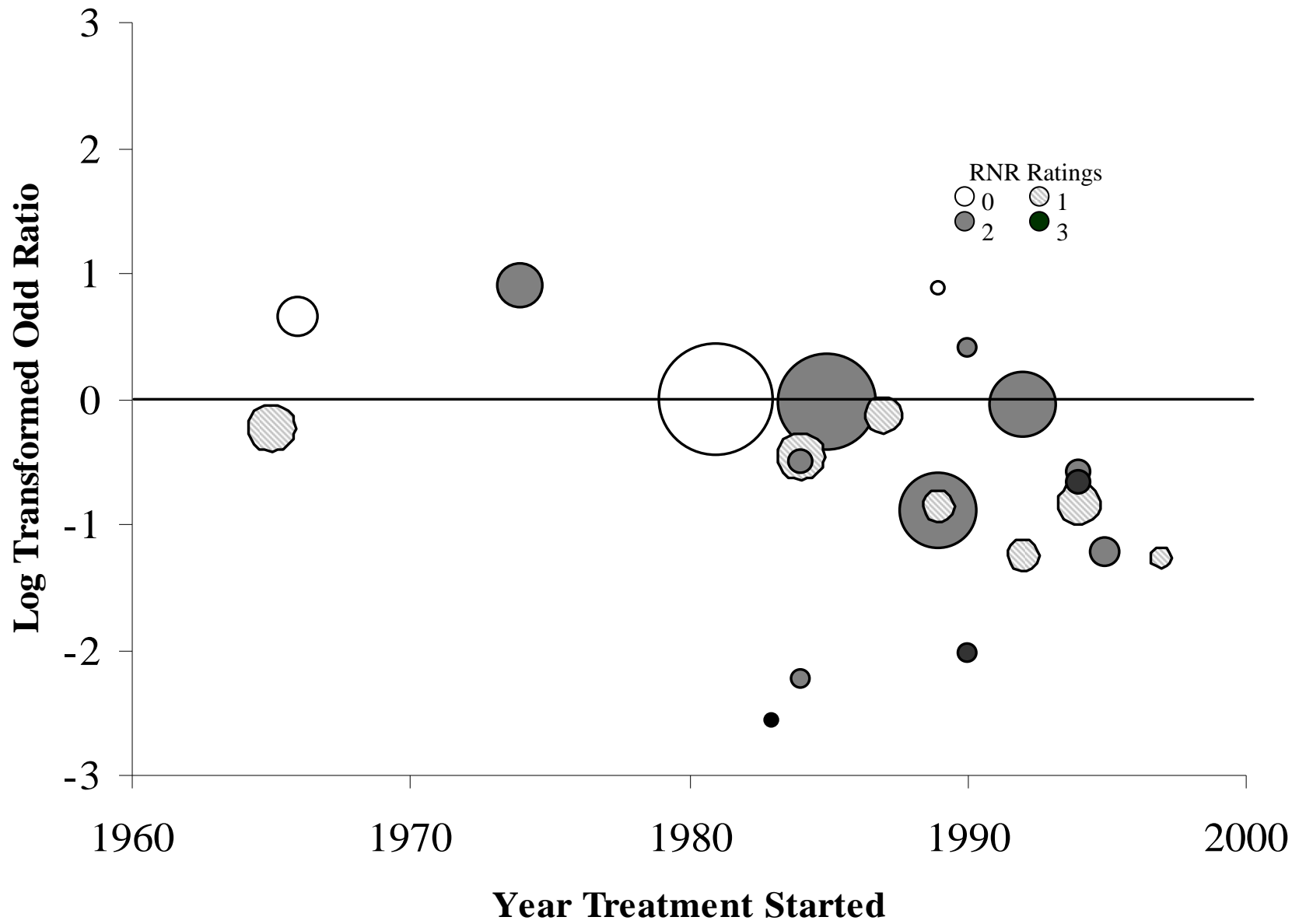
	Odds ratio	95% C.I.	N (k)
Yes	0.48	(.21-1.11)	853 (7)
No	0.72	(.53 - .97)	5,893 (15)

Effect Size By R/N/R Adherence Mainly Criminogenic Needs

	Odds ratio	95% C.I.	N (k)
Yes	0.45	(.27- .75)	4,091 (9)
No	0.86	(.60 - 1.21)	2,655 (13)

Effect Size By R/N/R Adherence Responsivity

	Odds ratio	95% C.I.	N (k)
Yes	0.57	(.40 - .80)	5,358 (18)
No	1.05	(.69 - 1.61)	1,388 (4)



Directions for Sexual Offender Treatment

- Carefully consider the extent to which programs adhere to RNR principles
- In particular, are most of treatment efforts directed towards criminogenic needs?

Directions for Future Research

- Better Studies
 - Random assignment
- Good measures of intermediate targets
 - Theoretically justified
 - Empirically related to outcomes of interest
 - Non-arbitrary scaling

Copies/Questions

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Look under “corrections research
publications”