POSTER

A Quasi Experimental Evaluation of Sex Offender Treatment and an Exploration of Associated Risk Factors

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This study takes a quasi experimental approach to the evaluation of sex offender treatment in The Netherlands. Treatment referral in The Netherlands has for the longest time been guided by unstructured clinical procedures and prior research (Smid, Kamphuis, Wever and Van Beek, 2013) showed that, as a consequence, sex offenders of all risk levels were referred to inpatient treatment, outpatient treatment or were left untreated. This provided the opportunity to compare treatment effects for offenders with corresponding risk levels. The study sample consisted of 25% of all convicted sex offenders discharged from prison between 1996 and 2002 in The Netherlands and 100% of all convicted sex offenders discharged from inpatient treatment between 1996 and 2002. Risk levels were retrospectively assessed by means of Static-99R. Mean follow up was 12.4 years, sexual recidivism was 14.0% and violent including sexual recidivism was 24.7%. Regression analysis showed that the Static-99R risk levels predicted recidivism significantly and that (inpatient) treatment added significantly to the prediction, indicating that treatment matters over and above risk level. Further analysis indicated that specifically the moderate-high sex offenders benefitted from treatment in general and that specifically the high-risk offenders benefitted from inpatient treatment. This, again, underlines the risk principle of the risk need responsivity model.

Though subjects were not assessed regarding their dynamic risk factors, it was still possible to explore the 'effect' of treatment by approximation through a comparison of the Static-99R items that predicted recidivism for untreated offenders, but did not predict recidivism for treated sex offenders. Explorative analysis of the Static-99R items showed that a number of items showed predictive validity for untreated sex offenders but 'lost' predictive validity for inpatients. It is suggested that inpatient treatment may have an effect on the propensies underlying these risk factors. For instance, prior sexual offending was one of the strongest individual predictors for sexual recidivism for untreated offenders but was non-significant for treated offenders (which could not simply be attributed to a lack of variance). Implications are discussed.