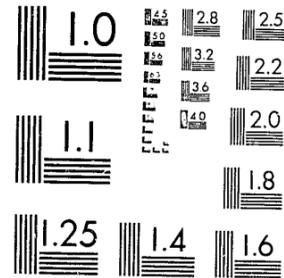


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Federal Probation

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All phases of preventive and correctional activities in delinquency and crime come within the fields of interest of FEDERAL PROBATION. The Quarterly wishes to share with its readers all constructively worthwhile points of view and welcomes the contributions of those engaged in the study of juvenile and adult offenders. Federal, state, and local organizations, institutions, and agencies—both public and private—are invited to submit any significant experience and findings related to the prevention, and control of delinquency and crime.

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Federal Probation

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NUMBER 4

This Issue in Brief

ERRATA: The volume number on the June and September 1983 issues of FEDERAL PROBATION is incorrectly shown as Volume XXXXVI (46) instead of Volume XXXXVII (47).

Public Relations in Probation.—U.S. Probation Officer Eugene Kelly outlines the need of probation offices for public relations so that the community can be more aware of the philosophy that motivates probation workers. He also examines the role of the media—television, press, radio, college—and advocates a specific program for developing interns in parole and probation.

Academic and Practical Aspects of Probation: A Comparison.—In the practical world of probation, probation officers emphasize logic or common sense, subjective criteria, rules and guidelines, a maximum caseload size, and processing defendants quickly and skillfully. The academic world of probation emphasizes knowledge for its own sake, objective data, theory, and empirical research. Dr. James R. Davis of the New York City Department of Probation concludes that it may be dysfunctional to mix the academic and practical worlds of probation since each has its own role in criminal justice.

Profit in the Private Presentence Report.—Four basic issues raise a question about the appropriateness of private presentence reports, according to U.S. Probation Officer Chester J. Kulis. They are: (1) whether the private sector has a legitimate role in a quasi-judicial function such as sentencing; (2) whether private presentence reports thwart needed reform of the probation function and sentencing; (3) whether private reports are truly cost-effective; and (4) whether the private practitioner has ethical dilemmas tending to compromise the sentencing process.

Reducing the Cost and Complexity of Probation Evaluation.—Professor Magnus Seng of Loyola University of Chicago believes that, while evaluation

is sometimes complex and expensive, it need not be. His article examines two misconceptions or myths

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about evaluation that lead to erroneous views about its methods and its cost and suggests ways in which meaningful evaluation of probation programs can be conducted without undue complexity or expense.

The Lively Career of an Island Prison.—The Federal penitentiary on McNeil Island began as a territorial prison over a century ago. Though it had an ill-advised location, the most primitive of accommodations, and no program except menial work, Paul Keve reports that it survived a half century of neglect to become one of the more dynamic of the Federal prisons. Its story is also the story of pioneers, the U.S. Marshals Service, the Puget Sound area, and the Federal Bureau of Prisons.

Prison Industries in Transition: Private Sector or Multistate Involvements.—Interviews with prison industry leadership in five states show that their problems are primarily organizational in nature. Authors Miller, Funke, and Grieser write that industry leadership was seen to have the necessary technical competencies to implement change, while inmate population increases have motivated correctional agencies to desire industries' expansion.

The Incidence of Sex and Sexual Aggression in Federal Prisons.—The first of two reports by Drs. Nacci and Kane establishes baselines of male in-

mates' involvement in sex and sexual aggression. Three hundred and thirty randomly selected inmates from 17 randomly chosen Federal prisons were interviewed by an ex-offender. Inmates were volunteers; confidentiality was maintained.

Group Psychotherapy and Intensive Probation Supervision With Sex Offenders: A Comparative Study.—This report by Joseph Romero and Linda Williams is based on a 10-year followup study of recidivism among 231 convicted sex offenders. The findings indicate that group psychotherapy in addition to probation does not significantly reduce sex offense recidivism when compared to intensive probation supervision alone. Issues in the evaluation of intervention techniques with sex offenders and implications of the findings are discussed.

Counselling the Mentally Abnormal (Dangerous) Offender.—Some aspects of social work counselling with the mentally abnormal (dangerous) offender are discussed from an English perspective by Herschel A. Prins of Leicester University. The need to have regard for the offender-patient's social milieu is stressed and some specific strategies for more successful work with this type of case are suggested.

All the articles appearing in this magazine are regarded as appropriate expressions of ideas worthy of thought but their publication is not to be taken as an endorsement by the editors or the Federal probation office of the views set forth. The editors may or may not agree with the articles appearing in the magazine, but believe them in any case to be deserving of consideration.

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Public Relations in Probation

BY EUGENE KELLY
U.S. Probation Officer, Camden, New Jersey

THERE is no question that there is a great need for public relations in probation. Probation as a human service is a relatively new development in social services. It needs to be defined and identified, and its various services need to be explained. The community generally classifies probation with juvenile service. Little is known about the existence of even such a fundamental document as the presentence report. Editors of newspapers, as a general rule, eliminate reporting that a presentence investigation is being prepared. Some years ago or a newspaper in Chicago used for its logo the slogan, "Abolish Parole." Frequently it has been said that probation officers are reluctant to discuss their job not because of confidentiality of reports but because of a feeling that theirs is not a socially acceptable profession in society. The probation officer as a member of the community is a second-class citizen. Moreover, probation is a *public* service and the community has a right to know what this office is doing just as they know about the role and function of the district attorney's office. Unless, therefore, he speaks out, all of the good that this service does will remain unknown.

Public relations is "developing reciprocal understanding and good will." It is also, "the conscious effort of an organization to explain itself to those with whom it has or would have dealings."¹ Public relations is a generally well understood concept in most social organizations. Normally a private agency could not function without good and ongoing public relations. Most businesses know that they would have no customers without full public relations and widespread knowledge of their product or services. Probation needs a special kind of public relations which differs with each "public" that is encountered. The first of the "publics" regularly contacted by probation officers is the clients. They may be called, "criminals," "offenders," a "caseload," or just "the cases," but they are the human beings who, for a wide variety of reasons, find themselves convicted of a state or Federal offense which brings them into contact with a probation officer, first as an investigator and

then, in many cases, as a regular counselor. Public relations begins with this first contact with the client. Projecting himself as an interested, efficient, competent and well-informed public official dealing with his client is the first public relations function of the probation officer.

In addition to this key role, a probation officer encounters a number of other persons in the court and correctional system. These include: judges, defense attorneys, prosecuting attorneys, secretaries, student interns, and jail personnel. Probation officers should as a matter of practice have an open door to all members of the "court family." This should incline him, for example, to give new judges and other lawyers a full explanation of the role of probation and the different duties of the position. This can be done formally by a full program outlining the probation officer's role or informally by office chats and exchanges of views. Both techniques service a specific function.

Probation officers, more than any other agency officials in state or Federal Government, unite what are described as human service functions and police duties. Each of these has a somewhat different role and a different philosophy. In reality they both offer a social agency service that, like probation, is often misunderstood. Police, although often defined differently, function as helping persons in many situations. Social service agencies often investigate clients in situations that sometimes are more difficult than police making an arrest. Probation officers share both these roles. Most probation officers can share the frustration of both agencies and may be able to bring an understanding of each that is special to the probation function.²

Probation has a special role in addressing the problem of the development of new community agencies. This brings into the system a number of different "publics" which must be managed in different ways. The probation officer as an investigator often knocks on doors and interviews people of different classes in society. He encounters the very poor, the middle classes, and occasionally members of the upper classes. Perhaps, a Federal probation officer encounters more corporation heads than other probation officers because of the various offenses that are special to Federal courts; nevertheless, all probation officers interview employers, landlords, school officials and

¹Guide to Community Relations for United States Probation Officers, Federal Judicial Center, Washington, D.C., 1975, p. 1.

²Ehlers, Walter H., et al., Administration for the Human Services, Harper & Row, 1976, p. 291 ff.

- Assaults are as likely to be committed by Whites as by Blacks
 - 57% of targets had been in their institution less than a month before the assault*
 - 36% of assaults involved multiple assaults and single victims
 - Targets were 20.5 years old at the time of the assault
 - Being a target did not affect sexual orientation
 - Staff did not learn about the assault in 63% of the cases
 - 68% of targets did nothing "official" to remedy the problem
- * Correctional officers did not think that newness to the institution was a relatively important cue aggressors use but this is not the case and should be noted.

A second report appears in the next issue of *Federal Probation* (March 1984). The focus in the present report has been on answering questions of immediate concern to corrections officials—the extent of inmate participation in the topic behaviors. The subsequent paper contains criminal and social "profiles" of inmates in the sample (participants and targets), describes the results of a survey administered to 500

correctional officers working in the same prisons as the sample, and discusses various strategies for reducing inmate homosexual activity.

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Group Psychotherapy and Intensive Probation Supervision With Sex Offenders

A Comparative Study*

BY JOSEPH J. ROMERO AND LINDA M. WILLIAMS, PH.D.**

THE MAJORITY of programs in the United States treating sex offenders are less than 10 years old.¹ As a result, measuring the effectiveness of these programs is still in its infancy. In addition, there is little empirical information available to provide the basis for making decisions as to the usefulness of these programs with sex offenders. The current study, a 10-year followup of sex offender

*This project was supported by a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) (DS-78-C-003-1084) and by the Philadelphia County Office of Mental Health and Mental Retardation. The viewpoints and opinions stated in this report are those of the authors and do not necessarily represent the official positions of PCCD or of the United States Law Enforcement Assistance Administration.

**Mr. Romero is a research associate at the Joseph J. Peters Institute in Philadelphia, Pa., and Dr. Williams is a research criminologist in Hamilton, Bermuda.

recidivism, was conducted by the Joseph J. Peters Institute (JJPI) to provide the basis for an evaluation of the long-term effects of intensive probation supervision and group psychotherapy on sex offense recidivism rates for sex offenders. The current study is unique in the field of the evaluation of sex offender treatment programs, since the study is a followup to an earlier study where a controlled experimental research design was used.

Background

1965—Pilot Study

Joseph J. Peters, M.D., began his work with sex offenders in 1955.² In the 10 years from 1955 to 1965,

¹E. Brecher, *Treatment Program for Sex Offenders*, U.S. Government Printing Office, 1978, p. 1.

²Ibid., p. 49.

1,600 sex offenders received group psychotherapy at Philadelphia General Hospital. At this point, Dr. Peters and staff conducted a retrospective 2-year followup study to determine the changes, if any, resulting from this form of treatment. In this preliminary study, 92 sex offenders who had completed 16 weeks of group psychotherapy treatment were compared to a group of similar sex offenders who had been placed on probation without group therapy. Both groups were comprised of males with convictions of all categories of sex offenses and sentenced to probation. However, assignment to treatment or probation was not randomized. The mean length of psychotherapy for the treatment group was 26.2 weeks. There were four homogeneous psychotherapy groups treating assaulters, pedophiles, exhibitionists, homosexuals and a fifth mixed group contained sex offenders from all legal categories.

Based on an analysis of rearrests, the treatment group seemed to have fared better. Of the probation group, 27 percent were rearrested as compared with only 3 percent of the therapy group. However, the design of the study was beset by some major problems. Basically the 2-year followup period was too short. The use of a comparison group instead of a control group further limited the validity of the findings. It was the need to remedy these shortcomings which led to the creation in 1966 of a controlled research design to measure the effectiveness of group psychotherapy with sex offenders.

1966 NIMH Research

In 1966, Dr. Peters and his staff were awarded a research grant from the National Institute of Mental Health to study the effects of group psychotherapy on probationed sex offenders. The research was designed to measure the effectiveness of group psychotherapy by a comparison of subsequent sex crime rearrests for two groups of probationed sex offenders; those assigned to group therapy and those not receiving the therapeutic intervention (probation only). Through a random assignment procedure the study was designed so that differences between the two groups could be controlled with exposure to treatment as the only difference being measured. Once a probationer was accepted into the research he was randomly assigned to either treatment or to probation only. All offenders were then assigned to either treatment or to probation only. All offenders were then assigned to one of four mutually exclusive subpopulations which covered the range of offenses for the entire population. The four subpopulations were homosexuals, exhibitionists, pedophiles, and assaulters (rapists). There were four homogeneous

therapy groups which corresponded to the four subpopulations, and a fifth heterogeneous group consisting of sex offenders from all four subpopulations. In addition, for the assaulters there was a self-directed group. The therapy groups met once a week for approximately 1 hour. All groups, except the self-directed, were conducted by a JJPI staff psychiatrist.

Sex offenders in the control group (probation only) reported to their probation officers once a month. In addition, the probation officer made a home visit once a month. In March 1967, an Intensive Supervision Unit (ISU) was started in the Philadelphia Probation Department. All sex offenders on probation were then handled through this office, and probation officers in the ISU supervised those sex offenders assigned to the control group. Probationers in the treatment group were excused from their monthly reports to their probation officers. However a monthly visit was made to the probationer's home.

The major finding that emerged from the 1966 study was that there was no significant difference in rearrest rates for treatment and control (probation only) groups. Approximately 10 percent of both groups had a subsequent sex offense arrest in the 2 to 3 years following treatment. (Note: This figure included recidivism for homosexuals, which is the group with the highest sex offense recidivism rate of 32 percent. This group has been excluded from analysis in the current study). An additional 20 percent of both groups were rearrested for a nonsex offense in the followup period.

10-Year Followup Study

Research Sample

The research sample for the current study numbered 231 males, which included 48 pedophiles, 39 exhibitionists, and 144 assaulters. For all 231 cases, 32.9 percent were white and 67.1 percent were nonwhite. Only three sex offenders reported having an education past the 12th grade, with 33.6 percent of the sample reporting at the time of the study having no more than 9 years of education. For the entire sample, 32.9 percent were never married, 38.5 percent were married and 28.6 percent were separated or divorced. The sample was predominately young (see table 1). Overall, one-half of the sample was under 25 and almost two-thirds of the assaulters were under 25. The listing of charges for which the sample were arrested (see table 2) shows rape to be the most common charge. The sample had a fairly extensive history of arrests by the time they were admitted to the research (see table 3). Over one-third of the sample had between 4 and 7 arrests. Twenty seven percent

TABLE 1.—Age at Time of Intervention and Type of Offender

Age Group	Subpopulation							
	Assault		Pedophile		Exhibitionist		Total	
	N	%	N	%	N	%	N	%
18-20	38	(26.6)	4	(8.3)	5	(12.8)	47	(20.5)
21-25	54	(37.8)	6	(12.5)	10	(25.6)	70	(30.5)
26-30	18	(12.6)	7	(14.6)	7	(18.0)	32	(14)
31-35	16	(11.2)	9	(18.8)	8	(20.5)	33	(14)
36-40	7	(4.8)	10	(20.8)	6	(15.4)	23	(10)
41-45	9	(6.3)	8	(16.7)	2	(5.1)	19	(8)
46-50	1	(.7)	4	(8.3)	1	(2.6)	6	(3)
TOTAL	143	(100.0)	48	(100.0)	39	(100.0)	230	(100.0)

Number missing = 1

TABLE 2.—Classification of Offenses Pre-Intervention

	Number	(%)
Prostitution, solicitation	3	(1.4)
Indecent Exposure	32	(15.1)
Rape	109	(51.4)
Indecent Assault	22	(10.4)
Sodomy	6	(2.8)
Solicitation to commit Sodomy	1	(.5)
Other	39	(18.4)
	212	(100.0)

Number missing = 19

TABLE 3.—Type of Sex Offender and Arrest History Pre-Intervention

Total number of arrests	Subpopulation							
	Assault		Pedophile		Exhibitionist		Total	
	N	%	N	%	N	%	N	%
For any offense								
1	3	(2.8)	—	—	1	(4.0)	4	(2.3)
2-3	54	(49.5)	14	(38.9)	8	(32.0)	76	(44.8)
4-7	38	(34.9)	17	(47.2)	11	(44.0)	66	(38.8)
8-12	10	(9.2)	4	(11.1)	4	(16.0)	18	(10.6)
13+	4	(3.7)	1	(2.8)	1	(4.0)	6	(3.5)
	109	(100.0)	36	(100.0)	25	(100.0)	170	(100.0)

Number missing = 61

of the sample had been arrested at least twice for a sex offense.

The majority of cases (69.1%) were given a psychiatric diagnosis of personality disorder, with 66.1 percent of the personality disorders classified as passive-aggressive. For the remaining cases, 27.4 per-

*Ibid., p. 89.

cent received no psychiatric diagnosis and 1.3 percent gave evidence of some organic malfunctioning, and 2.1 percent were diagnosed as having a neurotic disorder.

Research Design

The followup study, started in 1979, was designed to evaluate the long-term effects of group psychotherapy and intensive probation supervision on the sex offense recidivism rates of sex offenders. It should be stressed that the authors view the original research design as one which permits assessment of the comparative effectiveness of two intervention strategies, intensive probation supervision only and group psychotherapy with probation. It was the assessment of the current research staff that the probation only group received intervention and direction by their contact with their probation officers in the ISU. Thus, while the probation only group did not participate in group psychotherapy they were not excluded from potential "treatment" by contact with their probation officers, who were experienced in assisting their clients in a variety of ways. In this respect the probation only group qualifies more as a comparison group than a control group in a strict experimental design.³ However, through the random assignment procedure other differences between the two groups were controlled.

The purpose of the 10-year followup study was to assess the effectiveness of the two intervention strategies by a comparative analysis of sex offense recidivism rates for both groups, that is, sex offenders assigned to group psychotherapy with probation and the probation only group. Also recidivism data for different types of sex offenders (i.e., repeat offenders) were compared to determine if some offenders might benefit from intervention more than others. Since this is a followup to the 1966 study, all sex offenders were assigned to one of the two intervention strategies between October 1966 and November 1969. Criminal history data were collected on all offenders from their 18th birthday to April 1979. This allowed at least a 10-year followup for all individuals in the study. The Philadelphia Probation Department provided a computerized Philadelphia Court of Common Pleas criminal history record on each individual. The record listed all adult charges, lodged in Philadelphia, on each individual and the disposition on each charge. From these data criminal histories were compiled on all 231 offenders, and the post-intervention sex offense recidivism rate was computed for the sample.

The 10-year followup study was designed to overcome the drawbacks that have plagued other studies evaluating the effectiveness of treatment programs

with sex offenders. Brodsky noted that in most studies evaluating the effectiveness of psychodynamic psychotherapies there are no outcome measures beyond the observed progress in treatment sessions and no control groups.⁴ Also, most of the evaluations conducted to date of treatment programs have short followup periods. However, long-term followup is crucial for effective evaluation of programs for it allows an individual an extended time span to commit and be apprehended on any new offense.

A long followup period is particularly crucial with sex offenders as indicated in other research.⁵ Soothill found that nearly one-quarter of the rapists he studied were not convicted for a new offense until 10 years into the followup period. The author suggests "that unduly aggressive and sexually maladjusted have a long lasting achilles heel normally held in check by compensatory satisfactions or pressures, but liable to reemerge in times of stress."⁶ He concludes that the urge to commit sexual offenses probably occurs at longer intervals, than the urge to commit property offenses. His recommendation is that the followup period be long enough to allow the individual to return to crime, a minimum of 5 years.

Another problem plaguing research on sex offender treatment programs is that no offender type-specific recidivism rates are provided. Evaluation of programs incorporating a number of treatment approaches, and no comparison groups, produce confounding results. Often the research design does not isolate important issues and does not provide information to answer such questions as, what treatment approach was most effective with sex offenders, and what type sex offender most benefited from treatment. McCarthy reported on the Special Offenders Clinic in Baltimore, which combines both group psychotherapy and intensive probation supervision in treating sex offenders.⁷ The program reports only 35 percent of their population recidivated 2 years after treatment. They report an expected recidivism rate for their population, consisting of offenders with at least two convictions for sex offenses, at 60 to 80 percent. However, it is unclear what part of the reduction in recidivism can be attributed to either group psychotherapy or intensive probation supervision, or if certain types of offenders benefit differentially from one approach or the other.

⁴ S. Brodsky, "Understanding and Treating Sexual Offenders," *Howard Journal*, England, 1980, p. 108.

⁵ K. Soothill, et al., "Rape: A 22 Year Cohort Study," *Medicine, Science & Law*, Vol. 16, 1976.

⁶ Ibid., p. 66.

⁷ T. McCarthy, "Bridge Over Troubled Water," *Corrections Today*, April 1982.

⁸ T. McCabelli, et al., *The Aftermath of Rape*, Lexington Books, 1979, p. 205.

While there are usually many goals to treatment, such as increasing self-esteem, resolving authority conflicts, etc., the public focuses attention on the sex offender's likelihood of recidivating, or repeating his crime. The goal of treatment is to change behavior and reduce recidivism, and any treatment approach with sex offenders must ultimately be measured against this outcome.

In the current research recidivism was defined as an arrest for a sex offense during the followup period. The followup period began once an offender had been evaluated and accepted for the original research and assigned to one of the two intervention strategies. Length of time in either group psychotherapy or on probation only is critical to recidivism and will be discussed below. This definition of recidivism is in contrast to Soothill's where reconviction was the recidivism measure utilized. The use of arrest data is crucial with a sex offender population because it has been argued the criminal justice system is organized in favor of the sex offender. A number of studies have concluded that physical evidence of sexual assault together with evidence of force by the offender and resistance by the victim show the highest probability that the case will be heard and a conviction handed down.⁸ Without such proof, which in the case of sexual assault is not always available, sexual assault cases are unlikely to be prosecuted and even less likely to result in a conviction. If it is the case that arrests document only a small percentage of all actual sexual assaults, then the use of reconvictions would be even less adequate in describing a sex offender population's return to crimes. Information pertaining to the disposition of the arrests for sex offenses for the recidivists was collected and analyzed and will be presented below.

Findings

For all 231 men, 148 in group psychotherapy and 83 on probation only, 26 (11.3%) were rearrested on a subsequent sex offense. Twenty men (13.6%) in group psychotherapy recidivated and six men (7.2%) in the probation only group recidivated. A comparison of these groups and subsequent sex offense recidivism reveals, however, no statistically significant difference for the two intervention strategies (table 4). As indicated (table 5) exhibitionists had the highest sex offense recidivism rate among the sex offenders studied, but no significant difference in sex offense recidivism by offense subgroup was found.

Analysis was conducted on the sex offender recidivists' criminal background and length of time on probation or in group psychotherapy. If either factor is associated with recidivism, then it has implica-

TABLE 4.—Analysis of Group Psychotherapy and Probation Groups by Subsequent Arrest for a Sex Offense

	No sex offense arrests	One or more sex offense arrests	Total
Group Psychotherapy	128 (86.5)	29 (13.5)	148 (64)
Probation	77 (92.8)	6 (7.2)	83 (36)
TOTAL	205 (88.7)	26 (11.2)	231 (100.0)

Corrected chi square = 1.52060
df = 1
significance = .2175
phi = .09541

TABLE 5.—Analysis of Subpopulation by Subsequent Arrest for a Sex Offense

	No sex arrest	One or more sex arrests	Total
Assaulter	129 (89.6)	15 (10.4)	144 (62.3)
Pedophile	45 (93.8)	3 (6.3)	48 (20.8)
Exhibitionist	31 (79.5)	8 (20.5)	39 (169)
TOTAL	205 (88.7)	26 (11.3)	231 (100.0)

Chi square = 4.65150
df = 2
significance = .0977

tions when measuring the impact of the intervention strategies. The current research found that the best predictor of a sex offense arrest post-intervention was rate of arrest for sex offenses per year prior to intervention (table 6). That is, past criminal behavior was the best predictor of future criminal behavior among the variables investigated. While overall 27 percent of the sample had two or more sex arrests prior to intervention, 38 percent (10 of the 26) of the sex offender recidivists had two or more sex arrests prior to intervention. This group is a highly recidivistic subgroup. To count a post-intervention arrest as a failure may be misleading, however, when evaluating the effectiveness of an intervention strategy. One should determine if the total number of arrests for sex related offenses and their rate of occurrence for this population is lower post-intervention. This reduced incidence or rate could be viewed as success. As an example, one individual in the current study was in group psychotherapy less

*J. Peters and R. Sadoff, "Psychiatric Services to Sex Offenders on Probation," *Federal Probation*, September 1971, p. 36.

TABLE 6.—Analysis of Prior Sex Arrest by Subsequent Arrest for a Sex Offense

Rate of sex offense arrests as an adult per year	Subsequent Arrest for a Sex Offense		
	No sex arrests	One or more sex arrests	Total
00-.30	174 (92.1)	15 (7.9)	189 (81.8)
.31 +	31 (73.8)	11 (26.2)	42 (18.2)
TOTAL	205 (88.7)	26 (11.3)	231 (100.0)

Corrected chi square = 10.69090
df = 1
significance = .0011
phi = .23319

than one month when he was arrested on a new sex offense, which was his third sex offense arrest within a 12-month period. The charge was dismissed. The individual remained in treatment and as of April 1979 he had no subsequent arrests for a sex offense. He was referred to treatment during a period of high antisocial behavior, which ceased following treatment. It is significant that in this study only one of the individuals with 2 or more sex offense arrests prior to intervention had more total sex offense arrests post-intervention than pre-intervention.

Analysis was conducted to determine if length of time in group psychotherapy or in intensive probation supervision was associated with sex offense recidivism. Overall 10 of the recidivists were not in therapy or on probation for the optimum 40-week period. Forty weeks is considered optimum because it has been noted that after this period clinical changes were observed in sex offenders in group psychotherapy.⁹ The most common reason for an offender not completing the 40-week period was a new arrest and subsequent incarceration while awaiting trial. Five offenders were arrested for a sex offense prior to the 40-week minimum period. Of these, three offenders were in the probation only group and two were in group psychotherapy. One of the men who was in group psychotherapy had 10 prior sex offense arrests and several convictions. The other 5 offenders who received less than 40 weeks of group psychotherapy or intensive probation supervision were arrested 2 to 3 years later on a sex offense. The average length of time in group psychotherapy or in intensive probation supervision for these 10 men was 12 weeks. Half of these 10 offenders received convictions for their subsequent sex arrests, and 3 were incarcerated.

Removing these 10, who were not exposed to an effective minimum period of intervention leaves 16 recidivists, 14 from group psychotherapy and 2 from

TABLE 7.—Analysis of Length of Time Exposed to Intervention by Subsequent Sex Offense Arrest for Both Groups

	Pre 40 Weeks	Post 40 Weeks	Total
Arrests for individuals on Probation only	4 (67.7)	2 (33.3)	6 (23.1)
Arrests for individuals in Group Psychotherapy	6 (30)	14 (70)	20 (76.9)
	10 (38.5)	16 (61.5)	26 (100.0)

Corrected Chi Square = 1.30
df = 1
significance = .27

the probation only group (table 7). For these 16 with sex arrests post-intervention, 10 were convicted on the charges and two were incarcerated.

Conclusion

The major finding of the 10-year followup study is that group psychotherapy in addition to probation does not significantly reduce sex offense recidivism when compared to intensive probation supervision alone. In fact, a smaller percentage of individuals in the probation only group were arrested for a subsequent sex offense. This difference was not statistically significant and no difference in outcome can be asserted. One cannot, however, rely on these findings and make what would be rash policy decisions in regard to the continuation or termination of group therapy intervention for sex offenders without consideration of the following factors:

First, there is the possibility that group psychotherapy delays the reoccurrence of or affects the rate of subsequent sex offenses. The data indicate that this is true, although the sample size is not large enough for standard statistical test confirmation. One third (33%) of the probation only sex offenders who recidivated did so in the first 10 months of the followup period, while 7 percent of the group psychotherapy subjects who recidivated did so during this time period. Also the majority of offenders who were arrested for fewer total sex crimes post-intervention than before intervention were in group psychotherapy. Confirmation of these trends and possible factors accounting for it must be studied and implications for policy planning determined.

Second, the use of recidivism as the sole outcome measure of the effectiveness of intervention strategies

⁹N. Groth, et al., "Undetected Recidivism Among Rapists and Child Molesters," *Crime and Delinquency*, July 1982.

is not without its drawbacks. Especially when recidivism is used as a single binary (success/failure) outcome measure which does not include the many possible gradations between the extremes. Future research needs to develop more exact and detailed baseline measures in order to predict sex offender recidivism and against which actual recidivism rates can be compared when examining intervention. For example, sex offenders with a history of sex offenses have a greater likelihood to continue their behavior than offenders with little sex offense history. A single arrest over many years for individuals with an extensive pre-intervention history of sex offenses, may not indicate failure when considered in the context of their entire criminal careers. Development of baseline measures for expected recidivism overcomes the limitations of using a single binary outcome measure, such as rearrest. With the development of baseline rates for sex offender recidivism, a measure can be made which can assess the percentage difference between observed and expected criminal behavior. The 231 sex offenders in this study accumulated 1,347 adult arrests for a wide range of charges, thus clearly documenting their potential for antisocial conduct. However, if expectancy rates for recidivism were available for sex offenders then that total could be evaluated as another means of measuring the impact of either of the intervention strategies for sex offenders. Even if the percentage difference between the observed and expected recidivism figure was only 10 percent less, that translates into approximately 150 fewer arrests for the population.

Third, the problems of using arrest data must be considered. These data do not depend solely on the behavior of the offender (the person about whom the prediction is made) but, also, depends on the behavior of others. Recidivism by arrest reflects in part the policy of the police, courts, parole agents, or administrators of the criminal justice system, and these policies may change. The reporting procedures and proactive policies may be altered significantly within a short time with a resultant effect on measures of recidivism. There may also be changes in categories of behavior which, in a changing social context, become defined as socially acceptable or unacceptable.

Fourth, there is evidence that undetected crime is quite extensive among sex offenders and that official data may only reveal a small percentage of total criminal activity.¹⁰ It may well be that the comparison groups had rates of recidivism which were dramatically different, but official sources, due to problems inherent in the criminal justice system, detected similar numbers of subsequent crimes for both groups. Thus care should be taken in interpreting the

officially reported criminal history of sex offenders, and efforts should be made to uncover undetected crime. This will increase the usefulness of criminal history information and make it more reliable as a measure of a program's effectiveness, and as a basis for predicting future criminality.

Finally, it should be stressed that the results and recommendations outlined above were generated from the recidivism findings of a population of pro-

bationed sex offenders. Care should be taken when applying these results to other populations (e.g., incarcerated or paroled sex offenders). This research has served to further confirm the conclusion that very little is known about what "works" with sex offenders and that any claims for success in treatment must be carefully scrutinized in light of the difficulties in formulating criteria for success which the authors have outlined here.

Counselling the Mentally Abnormal (Dangerous) Offender*

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THERE has been a general burgeoning of interest in the mentally abnormal (dangerous) offender in recent years, particularly in the United Kingdom; the historical development of this interest has been usefully charted by Bottoms.¹ Various committees of enquiry, Government review bodies and investigations by voluntary organisations have reported on this topic in the last decade.² Mentally abnormal offenders are dealt with in the community in England and Wales predominantly by members of the Probation Service and somewhat less frequently by the social workers employed by the Local Authority (Council) Social Services Departments. The statutory basis for the involvement of workers in this field is through the parole provisions of the Criminal Justice Act, 1967 (mainly through sections 60 and 61), and through the conditional release provisions of the Mental Health Act, 1959 (mainly section 65), as amended by the Mental Health Amendment Act, 1982. Not all such offenders or offender-patients will be under

*Since this article was written, the Mental Health Act of 1983 has passed into law. This consolidates the Mental Health Act of 1959 and the Amendment Act of 1982. It does not materially affect the matters referred to in this article. Insofar as the disposal of mentally abnormal offenders is concerned, it gives more opportunities for statutory supervision in some cases and provides Mental Health Review Tribunals with the power to order discharge direct rather than offering advice to the Home Secretary. Tribunals dealing with the most serious cases will, in the future, have to be presided over by a member of the judiciary instead of merely a qualified lawyer. Other powers (not yet implemented) provide more flexible provisions for the psychiatric examination of offenders waiting trial and before sentence.

statutory supervision, but most will be, particularly those released after serving periods of custody or hospitalisation for such serious offences as homicide, serious sexual assault, gross personal violence, and serious crimes against property such as arson. In general, those offenders having had a recent and relevant history of mental disorder are more likely to be dealt with through the mental health provisions. Some homicides, arsonists and perpetrators of serious sexual and other assaults, although awarded a penal as opposed to a hospital disposal (occasionally somewhat arbitrarily), will often have had a history of mental disorder, albeit insufficient for formal (statutory) disposal under the mental health legislation. Because of this, the two overlapping groups are treated together in this presentation. In this article, any reference to the legal framework for intervention relates only to that obtaining in England and Wales. The legislative provisions in Northern Ireland, Eire, and in Scotland differ in certain respects from those in force in England and Wales. The material is divided into three sections, as follows: *First*, something will be said about the knowledge base and the acquisition of skills needed for this field of work; *second*, something about teamwork and communication;

¹See A. E. Bottoms, "Reflections on the Renaissance of Dangerousness," *Howard Journal of Penology and Crime Prevention* 16 (1977): 70-86.

²See for example: Home Office and Department of Health and Social Security, *Report of the Committee on Mentally Abnormal Offenders*, (Butler Committee) Cmnd 6244 (London: H.M.S.O., 1975); Department of Health and Social Security, Home Office, Welsh Office and Lord Chancellor's Department, *Review of the Mental Health Act, 1959*, Cmnd 7320 (London: H.M.S.O., September, 1978); L. C. Gostin, *A Human Condition* (Vol. 2), (London: MIND, National Association for Mental Health, 1977); Department of Health and Social Security, Home Office, Welsh Office and Lord Chancellor's Department, *Reform of Mental Health Legislation*, Cmnd. 8405, (London: H.M.S.O., November, 1981).

third, some comment will be offered on the perennial problem of risk-taking and dangerousness. For purposes of this article the terms "mentally disordered" and "mentally abnormal" are used as they are in the Mental Health Act of 1959, the Mental Health Amendment Act of 1982, and in the Report of the Butler Committee. This enables us to consider a wide range of offender-patients without our needing to become too side-tracked with questions of definition of mental illness, abnormality, etc.³

Knowledge Base and Acquisition of Skills

(1) Knowledge Base

There is a range of subject matter that provides essential knowledge for the social worker having to deal with the mentally abnormal offender. One of the most important of these is clinical psychiatry. Though considerably less prevalent now, there is still a tendency for some social work students, and some social workers for that matter, to espouse uncritically the ideologically attractive tenets of "antipsychiatry" before they have acquired sufficient understanding of the basic subject matter of psychiatry itself. In addition to psychiatry, one should stress the need for sufficient teaching in, and practical experience of, modes of psychotherapy (in their widest sense), in psychology, in the sociology of institutions, in politics, in social policy, in law, in ethics and in some basic psycho- and neuro-physiology. The psychiatry teaching for social workers likely to be involved with the high risk and mentally disordered offender should also include some of the lesser known psychiatric conditions—such as the "Othello" and "Munchausen" syndromes; the former is met not infrequently in mentally abnormal offender populations. In a paper given in 1976 the present writer suggested that in order to understand and empathise with the mentally disordered *in general*, it is necessary to call upon literature, music, and the graphic arts as aids.⁴ This is no less true for the enrichment of our understanding of the dangerous or mentally abnormal offender. One authority on work with dangerous sex offenders—Cox⁵—makes compelling use of Marlowe's play, *Edward II*, to exemplify an important aspect of homosexual sadistic killing and the jarring incompatibilities frequently seen in the attitudes of those who kill in this way. The illustration he refers to is the use of the red hot spit used to penetrate the king

anally in combination with a table to stamp on him: "But not too hard, lest that you bruise the body." Shakespeare provides us with many examples of the murdering or potentially murdering mind. Who has bettered the description of pathological jealousy—the "Othello" syndrome—in all its irrationality?

But jealous souls will not be answered so;
They are not over jealous for the cause,
But jealous for they are jealous: 'tis a monster
Begot upon itself, born on itself. (Act III: iii)

And, what of the psychopath—particularly the so-called sadistic psychopath? Cleckley, in his classic text *The Mask of Sanity*, which must surely be compulsory reading for all those who wish to appreciate the *clinical* presentation of psychopathy, reminds us of the appositeness of Swinburne's poems. One illustration will suffice.

By the ravenous teeth that have smitten
Through the kisses that blossom and bud,
By the lips intertwisted and bitten
Till the foam has a savour of blood.⁶

Or we can turn to Julius Caesar for illumination:

Between the acting of a dreadful thing
and the first motion, all the interim is
Like a phantasma or a hideous dream.

Act III: (i)

The crucial need for a capacity to listen is well brought out in Biblical reference; for example, in the Book of Job: "If I cry murder, no one answers; if I appeal for help I get no justice." and, "Listen to me but do listen and let that be the comfort you offer me." Or, (in Job again), of the horror felt so often after the perpetration of a dreadful act (and, as we know so frequently repressed). "When I stop to think, I am filled with horror, and my whole body is convulsed."⁷

Each of us can, of course, find our own examples in our search for *imaginative empathy* with people whose behaviour is not only frequently bizarre but also has qualities that may frighten us and not infrequently fill us with revulsion. (Reference has only been made

³Section 4 of the 1959 Mental Health Act defines mental disorder as "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind." Mental illness itself is not further defined, but psychopathic disorder and mental subnormality are. The details of these definitions need not concern us here, but it is worth noting that the Mental Health (Amendment) Act of 1982 states that a person may not be classified as mentally disordered by reason "only of promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs" (Section 2(2)). Mental subnormality is now to be defined as mental impairment (Section 1(2)). The Butler Committee (see note 2 *supra*) used the term "abnormal" in order to include persons who could be said to be mentally abnormal in the sense of departing from the statistical norm of mental functioning, although not necessarily *mentally disordered*. Such usage they suggested also enabled reference to be made to persons who commit offences under the influence of alcohol and drugs without begging the question as to whether such offences involve mental disorder as such. (Butler Committee, p. 4.)

⁴H. Prins, *The Contribution of Social Work to the Treatment of the Mentally Disordered*. In M.R. Olsen (ed.), *Differential Approaches in Social Work with the Mentally Disordered* (Birmingham: British Association of Social Workers, 1977) pp. 21-26.

⁵M. Cox, *Dynamic Psychotherapy with Sex Offenders*. In I. Rosen (ed.), *Sexual Deviancy* (Oxford: Oxford University Press, 1979) p. 310.

⁶H. Cleckley, *The Mask of Sanity* (4th ed.) (St. Louis: C.V. Mosby Co., 1964) p. 331.

⁷The quotations are from J.H. Kahn, *Job's Illness: Loss, Grief and Integration—a Psychological Interpretation*. (Oxford: Pergamon, 1975) p. 47, p. 82, p. 83. This is a fascinating study of the use of Biblical allusion as an aid to psychological understanding.

END