

DESISTANCE FROM SEXUAL AND OTHER VIOLENT OFFENDING AMONG CHILD SEXUAL ABUSERS

Observations Using the Sex Offender Treatment Intervention and Progress Scale

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Most sex offenders appear to desist from sexual and other violent offending; however, research on this population has historically focused more on the characteristics of individuals who persist offending versus those who desist from offending. The present study examined change patterns of 563 child sexual abusers' scores on the Sex Offender Treatment Intervention and Progress Scale, a dynamic risk measure, at three points of time over 2 years. Individuals who did versus did not commit a new serious offense, defined as a new sexual or other violent offense, at 5-year follow-up were contrasted. Desisters demonstrated most changes during their first year in treatment, whereas change among persisters more often occurred during their second year in treatment. All classes of offenders made gains in addressing dynamic risk related to sexually specific needs, whereas desisters made significantly greater gains in social stability needs. Findings are discussed in light of treatment dose allocation and community reentry needs.

Keywords: sex offenders; treatment change; desistance; SOTIPS; dynamic risk assessment

Those who are convicted of sexual crimes are not necessarily destined to continue offending. Most convicted sexual offenders actually appear to desist from committing new serious offenses, defined here as sexual and other violent crimes. Across large, aggregated samples of convicted sex offenders from diverse jurisdictions, observed recidivism rates for serious offenses are relatively low. For example, sexual recidivism rates are, on average, between 10% and 15% after 5 years (Hanson, Harris, Helmus, & Thornton,

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2014; Harris & Hanson, 2004). Rates of other types of violent reoffending are only slightly higher, ranging from less than 1% (Hanson & Morton-Bourgon, 2005) to 8%-9% (Hanson, Harris, Scott, & Helmus, 2007; McGrath, Hoke, & Lasher, 2013). Although serious reoffending rates are relatively small compared with rates of general reoffending among all offender populations (Hanson et al., 2014; Helmus, Hanson, Thornton, Babchishin, & Harris, 2012; Howard, 2011; Levenson, Brannon, Fortney, & Baker, 2007), the consequences of continued sexual and other violent offending are significant (e.g., Dube et al., 2005; Maniglio, 2009; Trickett, Noll, & Putnam, 2011). What distinguishes sexual offenders who persist in serious offending from those who desist from committing new serious crimes (i.e., desisters) has important implications for how we assess, treat, and manage this population to decrease rates of violence. Following Laws and Ward (2011), desisters are identified as those offenders who do not commit new serious offenses, and persisters are their recidivating counterparts.

Over the last two decades, the sex offender treatment and management field has embraced static risk assessment instruments to differentiate offenders according to likelihood to commit new offenses. These instruments include the Minnesota Sex Offender Screening Tool-3 (MnSOST-3; Duwe & Freske, 2012), Static-99R and Static-2002R (Harris, Phenix, Hanson, & Thornton, 2003; Helmus, Thornton, Hanson, & Babchishin, 2012), and the Vermont Assessment of Sex Offender Risk-2 (VASOR-2; McGrath, Hoke, & Lasher, 2013). More recently, sex offender risk assessments have integrated dynamic risk information into assessment schemes, using tools such as the Stable-2007 (Hanson et al., 2007), Violence Risk Scale—Sexual Offender Version (VRS-SO; Wong, Olver, Nicholaichuk, & Gordon, 2003), and Sex Offender Treatment Intervention and Progress Scale (SOTIPS; McGrath, Cumming, & Lasher, 2013). Risk assessment tools can be instrumental in allocating treatment and supervision resources (Hanson, Bourgon, Helmus, & Hodgson, 2009; McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010; McGrath, Lasher, & Cumming, 2012). Dynamic risk instruments, which focus on potentially changeable characteristics of an offender at a given time, can be useful for identifying treatment targets and illustrating progress (Lasher, McGrath, Wilson, & Cumming, 2015). Differentiation between desisters and persisters in contemporary research literature has been more in service of improving recidivism predictions than understanding the differences between these two groups' dynamic risk characteristics over time.

Research examining the process of crime desistance among sex offenders is limited, but considerable research has examined desistance among nonsexual offenders. Healy (2010) categorizes three main lines of research findings focused on desistance among general criminal offenders. First, natural desistance or maturation research identifies the well-established, consistent, and robust finding that criminal behavior rates decline as offenders age (Laws & Ward, 2011; Maruna, 2001; Sampson & Laub, 2003). Age-related decline in crime occurs independent of interventions such as treatment or correctional controls (Göbbels, Ward, & Willis, 2012; Laws & Ward, 2011).

A second research line highlights the impact of informal positive social controls on desistance from crime, most notably the influences of a stable marriage and meaningful employment (McAdams, 1993; Sampson & Laub, 1993). As well, successful educational and military service experiences have also been found to be positive change mechanisms, as has being an active parent (McAdams, 1993).

A third line of research focuses on the processes of cognitive transformations by which an individual realigns from a criminal lifestyle to a law-abiding one (Farrall & Calverley, 2006; Giordano, Cernkovich, & Randolph, 2002). Some cognitive transformations result from a single epiphany, which usually centers on facing and conceding the negative consequences of crime to oneself or others, but more commonly it is a gradual process (Healy, 2010). Gradual cognitive transformations typically involve constructing a new identity, often centered on a redemption theme. One's self-view changes to or emphasizes being a good person who has done bad things but is capable of remaking oneself (Giordano et al., 2002; Healy, 2010; Maruna, 2001).

Among the few explanatory models of sex offenders' desistance process, the Integrated Theory of Desistance From Sex Offending (ITDSO; Göbbels et al., 2012) is arguably the most comprehensive. ITDSO is a four-phase theory that builds primarily on work of Laws and Ward (2011), Maruna (2001), and Sampson and Laub (2003) and, as reviewed here, overlaps with Healy's (2010) categorization of research on desistance among general criminal offenders. The first phase, decisive momentum, postulates that certain life events, such as marriage, work, incarceration, and military service, can set the stage and be catalysts for either positive or negative change. The second phase, rehabilitation, involves the processes by which an offender, and ideally his family and significant others, identify problems to be solved, set rehabilitation goals, get rehabilitation services, and evaluate the effectiveness of these services. Rehabilitation may be self-determined, professional, or informal. The third phase, reentry, refers to reentry to society, such as release from prison, and reintegration into society. The fourth and final phase is normalcy, where the offender has assumed a prosocial identity and is no more likely to commit an offense than any other member of society. The ITDSO's four phases, as Göbbels and colleagues (2012) note, map closely to Prochaska and DiClemente's (1982) four states of change within their transtheoretical model of change theory, namely, preparation, contemplation, action, and maintenance.

Of the limited empirical research examining the mechanisms of desistance from sexual offending, perhaps the most robust findings concern the impact of offender age. Similar to general offenders, sex offenders' maturation is prominent in the ITDSO model (Göbbels et al., 2012), as well as other models of sexual (e.g., Laws & Ward, 2011) and general criminal desistance (Sampson & Laub, 2003). Simply put, sexual and general criminal behavior rates decline as offenders age. Among male sex offenders, decreased rates of sexual offending may be a result of reduced sexual drive related to age-related disease and decreases in testosterone (Barbaree & Blanchard, 2008; Hanson, 2002). As well, low self-control and impulsivity are related to risk of sexual and other types of criminal recidivism, and as individuals age, self-control increases and impulsivity decreases (Gottfredson & Hirschi, 1990; Hanson, 2002; Prentky, Knight, Lee, & Cerce, 1995).

In a qualitative study of 21 desisting sex offenders (D. A. Harris, 2014), most (86%) attributed a cognitive transformation process as the reason for desisting from sexual offending. A small percentage of offenders (14%) identified aging as a primary mechanism of change. Finally, and contrary to the general desistance literature, no offenders attributed making healthy prosocial connections in the community, such as stable employment and good relationships, as primary factors in desisting from sexual offending. In another qualitative study (Farmer, Beech, & Ward, 2012), desisters ($N = 5$) appeared to have an enhanced

sense of personal agency, had a stronger internal locus of control, found positive outcomes from negative events, identified treatment as having provided a turning point experience, and found a social support network.

Qualitative examinations of why offenders desist from criminal behavior have been invaluable in increasing our understanding of the desistance process. However, these studies are limited because they rely heavily on offender self-report (D. A. Harris, 2014; Farmer et al., 2012), and the nature of qualitative examinations makes replication and generalization difficult (Madill, Jordan, & Shirley, 2000). Fortunately, though, a number of empirical studies have used dynamic risk assessment instruments to examine the characteristics of men who desist from sexual offending. Notably, reductions in scores on the VRS-SO (Wong et al., 2003) have been associated with reductions in the likelihood of committing new offenses (Olver, Christofferson, Grace, & Wong, 2014; Olver, Nicholaichuk, Kington, & Wong, 2014). Similarly, change scores on the SOTIPS have been associated with changes in the likelihood of committing new sex offenses (McGrath et al., 2012). Examination of such data may help explain the process of desistance by examining when and what significant changes in specific criminogenic needs occur.

PURPOSE OF THE PRESENT STUDY

This study sought to illuminate the characteristics of child sex offenders who desist from committing new serious offenses, that is, sexual or other violent offenses. Quinsey, Harris, Rice, and Cormier (2006) have argued that serious offending is an appropriate outcome measure for predicting recidivism among sexual offenders in part because the sexual components of many violent offenses are not recorded in official criminal justice records. Thus, serious offending recidivists were chosen as the comparison group of persisters. As well, there was a high rate of attrition of sexual-only recidivists during the measurement period (McGrath et al., 2012).

Reanalyzed data from the SOTIPS development study (McGrath et al., 2012) examined change on dynamic risk factors among child molesters who had desisted from committing serious (sexual or nonsexual violent) offenses. As the SOTIPS development study established that persisters had relatively stable scores and desisters showed significant reductions in scores (McGrath et al., 2012), we hypothesized that, overall, there would be a larger effect size in overall changes for desisters in comparison with persisters. Beyond this hypothesis, the goal of this study was to examine what offenders' dynamic risk factors changed over time and when changes were observed, but not the possible reason for change. As such, the present study was primarily exploratory in nature.

METHOD

SAMPLE

Participants were all the adult male child sex offenders ($N = 563$; 74.2%) contained in the SOTIPS development sample ($N = 759$; McGrath et al., 2012). Sex offenders are a very heterogeneous population with differing treatment needs, and mixing offender types in studies can mask important findings (Schumucker & Lösel, 2015). We chose not to mix rapists ($n = 137$) and noncontact offenders ($n = 59$) in these analyses and instead focused only on incest offenders (individuals who sexually abused their biological children or stepchildren) and

TABLE 1: Sample Characteristics

Offender group	Desisters (<i>n</i> = 497)	Persisters (<i>n</i> = 66)	Total (<i>N</i> = 563)
Age at community placement (<i>SD</i>)	34.5 (13.8)	26.9 (9.6)	33.6 (13.0)
Ethnicity White (%)	96.8	92.4	96.3
Years education (<i>SD</i>)	11.6 (1.8)	11.1 (1.6)	11.5 (1.8)
Employed (%)	68.2	66.7	68.0
Primary offender type (%)			
Extrafamilial child molester	79.1	89.4	80.3
Incest offender	20.9	10.6	19.7
Months in treatment at 5-year follow-up (<i>SD</i>)			
Completed	24.6 (10.5)	18.7 (12.3)	24.3 (10.6)
Terminated/dropped out	17.2 (11.9)	15.5 (11.5)	16.7 (11.8)
Active	21.0 (25.0)	35.0 (31.2)	21.4 (25.2)
Risk scores <i>M</i> (<i>SD</i>) and level			
Initial SOTIPS	14.6 (8.2)	18.5 (9.3)	15.1 (8.4)
Low (%)	36.4	27.8	35.4
Moderate (%)	39.2	29.6	38.1
High (%)	24.4	42.6	26.5
Static-99R	2.1 (2.0)	3.2 (1.6)	2.2 (2.0)
Low (%)	33.8	10.6	31.1
Moderate-low (%)	45.5	53.0	46.4
Moderate-high (%)	17.5	27.3	18.7
High (%)	3.2	9.1	3.9
VASOR-2	6.0 (2.9)	7.3 (3.2)	6.2 (3.0)
Low (%)	48.5	21.2	45.3
Moderate-low (%)	34.6	50.0	36.4
Moderate-high (%)	11.7	21.2	12.8
High (%)	5.2	7.6	5.5

Note. SOTIPS = Sex Offender Treatment Intervention and Progress Scale; VASOR-2 = Vermont Assessment of Sex Offender Risk-2.

extrafamilial child molesters (individuals who committed contact sexual offenses against children age 15 and younger). Briefly, all participants were enrolled in community cognitive-behavioral sex offender treatment, which averaged 21.40 months (*SD* = 15.02; see Table 1 for more details) in duration. Sixteen treatment providers, as a protocol required, scored each participant on the Static-99R, VASOR-2, and SOTIPS risk instruments (described in “Measures” section) at intake and on the SOTIPS every 6 months thereafter.

Sample characteristics are detailed in Table 1. Participants were divided among those individuals who did not commit a new serious offense (desisters; *n* = 497) and those who did commit a new serious offense (persisters; *n* = 66) during the 5-year follow-up period. A *serious offense* was defined as a new charge for a sexual or other violent offense. The definition of *other violent offenses* followed conventions used in Static-99 scoring manual (see “Measures” section) and included offenses such as assault, arson, forcible confinement, kidnapping, violation of a Domestic Violence Order, and wounding. When compared against desisting offenders examined here, serious recidivists provide more data than sexual-only recidivists; sexual-only recidivists’ overall low recidivism base rate and high attrition during the follow-up period examined here (see McGrath et al., 2012) did not serve our intended goal for this study.

TABLE 2: Means and SDs

Offender group	Serious-offending desisters (<i>n</i> = 497)			Serious-offending persisters (<i>n</i> = 66)		
Scoring period	Intake	Year 1	Year 2	Intake	Year 1	Year 2
<i>n</i>	398	423	338	54	41	21
Individual item scores						
Offense responsibility	1.07 (0.87)	0.46 (0.65)	0.25 (0.52)	1.22 (0.95)	0.83 (0.86)	0.33 (0.58)
Sexual behavior	0.44 (0.68)	0.29 (0.57)	0.18 (0.42)	0.50 (0.80)	0.44 (0.74)	0.24 (0.44)
Sexual attitudes	1.01 (0.77)	0.64 (0.69)	0.59 (0.67)	1.31 (0.87)	0.93 (0.88)	0.52 (0.51)
Sexual interests	0.95 (0.80)	0.66 (0.68)	0.62 (0.67)	1.06 (0.86)	0.71 (0.72)	0.52 (0.68)
Risk management	1.23 (0.95)	0.67 (0.78)	0.51 (0.69)	1.35 (0.96)	0.83 (0.77)	0.57 (0.60)
Criminal behavior	0.54 (0.79)	0.40 (0.68)	0.31 (0.65)	0.81 (0.99)	0.78 (0.94)	0.62 (0.81)
Criminal attitudes	0.92 (0.90)	0.65 (0.80)	0.57 (0.73)	1.37 (0.96)	1.24 (0.97)	0.90 (0.83)
Stage of change	1.44 (0.74)	0.88 (0.77)	0.70 (0.63)	1.52 (0.72)	1.29 (0.78)	0.95 (0.59)
Treatment cooperation	0.74 (0.85)	0.55 (0.73)	0.43 (0.71)	1.04 (0.97)	1.22 (0.88)	0.57 (0.68)
Supervision cooperation	0.58 (0.81)	0.42 (0.73)	0.31 (0.63)	0.87 (0.99)	0.78 (0.91)	0.62 (0.59)
Emotion management	1.04 (0.74)	0.82 (0.69)	0.76 (0.69)	1.35 (0.85)	1.32 (0.82)	0.86 (0.73)
Problem solving	1.04 (0.75)	0.80 (0.73)	0.69 (0.69)	1.33 (0.85)	1.34 (0.86)	0.81 (0.75)
Impulsivity	0.82 (0.78)	0.61 (0.68)	0.54 (0.65)	1.17 (0.95)	1.10 (0.93)	0.71 (0.78)
Employment	0.99 (1.08)	0.71 (0.87)	0.63 (0.80)	1.11 (1.06)	1.07 (1.06)	1.19 (1.17)
Residence	0.75 (0.86)	0.52 (0.71)	0.46 (0.70)	1.06 (0.94)	0.85 (0.96)	1.10 (1.09)
Social influence	1.07 (0.84)	0.86 (0.77)	0.70 (0.72)	1.41 (0.74)	1.15 (0.69)	1.05 (0.81)
Factors scores						
Sexual deviancy	6.13 (3.56)	3.61 (2.99)	2.75 (2.56)	6.96 (3.75)	5.02 (3.95)	3.14 (2.57)
Criminality	3.59 (3.26)	2.63 (2.87)	2.16 (2.72)	5.26 (3.82)	5.12 (3.78)	3.43 (3.03)
Social stability	4.89 (2.87)	3.70 (2.60)	3.24 (2.47)	6.26 (3.23)	5.73 (3.30)	5.00 (3.67)
Total score	14.61 (8.23)	9.94 (7.26)	8.16 (6.75)	18.48 (9.28)	15.88 (9.75)	11.57 (8.43)

MEASURES

SOTIPS

The SOTIPS (McGrath, Cumming, & Lasher, 2013) is a provider-administered measure designed to score clients on 16 dynamic risk factors (see Tables 2 and 3) at intake and thereafter as often as every 6 months on a 4-point scale ranging from *minimal to no need for improvement* to *very considerable need for improvement*. Total scores range from 0 to 48 points and are organized into three risk groups: low (0-10), moderate (11-20), and high (21-48). As also shown in Tables 2 and 3, the 16 SOTIPS items can be divided into three factors: sexual deviance, criminality, and social stability. As detailed in initial factor analyses (McGrath et al., 2012), sexual deviance items include offense responsibility, sexual behavior, sexual attitudes, sexual interests, risk management, and stage of change. Criminality items include criminal and rule-breaking behavior, criminal and rule-breaking attitudes, cooperation with treatment, cooperation with supervision, and impulsivity. Social stability items are emotion management, problem solving, employment, residence, and social influences.

In the SOTIPS development study, from which the database for the present study was used, the SOTIPS was scored reliably (intraclass correlation coefficient [ICC] = .77, $p < .001$) and

TABLE 3: Mean Score Changes and Effect Size

Offender group	Serious-offending desisters (<i>n</i> = 497)						Serious-offending persisters (<i>n</i> = 66)					
	Intake–Year 1		Year 1–Year 2		Overall change		Intake–Year 1		Year 1–Year 2		Overall change	
Scoring period	Δ	<i>d</i>	Δ	<i>d</i>	Δ	<i>d</i>	Δ	<i>d</i>	Δ	<i>d</i>	Δ	<i>d</i>
Individual item scores												
Offense responsibility	-0.61	0.80	-0.21	0.35	-0.82	1.12	-0.39	0.43	-0.50	0.64	-0.89	1.03
Sexual behavior	-0.15	0.24	-0.11	0.22	-0.26	0.45	-0.06	0.08	-0.20	0.31	-0.26	0.36
Sexual attitudes	-0.37	0.51	-0.05	0.07	-0.42	0.58	-0.38	0.43	-0.41	0.53	-0.79	1.00
Sexual interests	-0.29	0.39	-0.04	0.06	-0.33	0.44	-0.35	0.44	-0.19	0.27	-0.54	0.66
Risk management	-0.56	0.65	-0.16	0.22	-0.72	0.86	-0.52	0.59	-0.26	0.36	-0.78	0.89
Criminal behavior	-0.14	0.19	-0.09	0.14	-0.23	0.32	-0.03	0.03	-0.16	0.18	-0.19	0.20
Criminal attitudes	-0.27	0.32	-0.08	0.10	-0.35	0.42	-0.13	0.13	-0.34	0.37	-0.47	0.51
Stage of change	-0.56	0.74	-0.18	0.25	-0.74	1.07	-0.23	0.31	-0.34	0.47	-0.57	0.83
Treatment cooperation	-0.19	0.24	-0.12	0.17	-0.31	0.39	0.18	0.19	-0.65	0.79	-0.47	0.52
Supervision cooperation	-0.16	0.21	-0.11	0.16	-0.27	0.37	-0.09	0.09	-0.16	0.20	-0.25	0.28
Emotion management	-0.22	0.31	-0.06	0.09	-0.28	0.39	-0.03	0.04	-0.46	0.58	-0.49	0.60
Problem solving	-0.24	0.32	-0.11	0.15	-0.35	0.48	0.01	0.01	-0.53	0.64	-0.52	0.63
Impulsivity	-0.21	0.29	-0.07	0.11	-0.28	0.39	-0.07	0.07	-0.39	0.44	-0.46	0.51
Employment	-0.28	0.29	-0.08	0.10	-0.36	0.37	-0.04	0.04	+0.12	0.11	+0.08	0.07
Residence	-0.23	0.29	-0.06	0.09	-0.29	0.37	-0.21	0.22	+0.25	0.25	+0.04	0.04
Social influence	-0.21	0.26	-0.16	0.21	-0.37	0.47	-0.26	0.36	-0.10	0.14	-0.36	0.47
Factors scores												
Sexual deviancy	-2.52	0.77	-0.86	0.31	-3.34	1.08	-1.94	0.51	-1.88	0.53	-3.82	1.10
Criminality	-0.96	0.31	-0.47	0.17	-1.43	0.47	-0.14	0.04	-1.69	0.48	-1.83	0.51
Social stability	-1.19	0.44	-0.46	0.18	-1.65	0.61	-0.53	0.16	-0.73	0.21	-1.26	0.38
Total score	-4.67	0.60	-1.78	0.25	-6.45	0.85	-2.60	0.27	-4.31	0.46	-6.91	0.76

showed moderate predictive accuracy on its own for sexual (area under the curve [AUC] = .70, $p < .001$) and other violent (AUC = .66, $p < .001$) offending, as well as in combination with the Static-99R (sexual AUC = .74, $p < .001$; violent AUC = .70, $p < .001$) and VASOR-2 (sexual AUC = .77, $p < .001$; violent AUC = .69, $p < .001$ (McGrath, Cumming, & Lasher, 2013; McGrath et al., 2012). The SOTIPS has also been used as a collaborative treatment planning tool (Lasher et al., 2015).

Static-99R

The Static-99R is a 10-item actuarial instrument designed to assess the recidivism risk of adult males known to have committed at least one sexual offense (Helmus, Thornton, et al., 2012). Items are identical to the Static-99, with the exception of updated age weights. The 10 items pertain to sexual and nonsexual offense history, victim characteristics, and offender demographics. Total scores range from -3 to 12 points and are organized into four risk groups: low (-3 to 1), moderate-low (2-3), moderate-high (4-5), and high (6-12). A meta-analysis of 22 studies found a moderate relationship (AUC = .70, $p < .001$) between Static-99R and sexual recidivism (Helmus, Hanson, et al., 2012).

VASOR-2

The VASOR-2 is an actuarial instrument designed to assess sexual recidivism risk and offense severity of adult males known to have been convicted of committing at least one sexual offense (McGrath, Hoke, & Lasher, 2013). The 12-item Reoffense Risk Scale total scores range from 0 to 22 points and are organized into four risk groups: low (0-5), moderate-low (6-8), moderate-high (9-11), and high (12-22). The Reoffense Risk Scale has good inter-rater reliability ($ICC = .88, p < .001$) and moderate predictive ability for sexual recidivism ($AUC = .74, p < .001$; McGrath, Lasher, Cumming, Langton, & Hoke, 2014). The VASOR-2 Severity Checklist inventories offense characteristics (McGrath, Hoke, & Lasher, 2013).

OUTCOME MEASURES

Recidivism data were coded for each study participant for all new charges for sexual and other violent offenses. The definition of a new sexual offense included a charge for a violation of supervision conditions if the incident could have been charged as a criminal sexual offense. Charges were counted based on criminal record checks in the states where each participant was known to have resided during the study period.

DATA ANALYSIS

First, desisters' and persisters' demographic characteristics were contrasted to establish differences between these two groups. *T* tests examined differences in offender age, years of education, and mean Static-99R and VASOR-2 scores. Chi-square tests examined the percentage of each sample used at treatment intake, White versus minority, and primary offender types. Kolmogorov-Smirnov tests examined differences in sample distribution in Static-99R and VASOR-2 risk groups between desisters and persisters.

Second, mean SOTIPS scores were compiled for desisters and persisters at three approximate time periods: (a) intake (within 3 months of beginning treatment), (b) 1 year in treatment (± 3 months), and (c) 2 years in treatment (± 3 months). As noted above, the typical length of stay in treatment for individuals in this sample was 24 months, which is similar to the average length of community treatment programs for adult male sex offenders in the United States (24.7 months; McGrath et al., 2010). Changes in SOTIPS scores between each time period were examined by calculating the effect size between two mean scores. Following Cohen (1988), effect sizes were qualified as small ($0.2 < d < 0.5$), medium ($0.5 < d < 0.8$), and large ($d > 0.8$). In addition, effect sizes were calculated for changes in individual SOTIPS item and factor scores, and the total score.

Post hoc analyses further examined the change scores of desisters and persisters. First, *t* tests examined the differences between intake scores of those persisters who reoffended during the first year in treatment and those who reoffended after the first year in treatment. A second set of *t* tests tested score differences of remaining persisters after the first year in treatment between those who reoffend within the second year in treatment and those who reoffended after the second year. A stepwise logistic regression of factor change during the first year in treatment established where significant change during this time affected desistance.

RESULTS

Differences in demographic characteristics between desisters and persisters are shown in Table 1. Desisters were significantly older at community placement, $t(561) = 4.53, p < .001$,

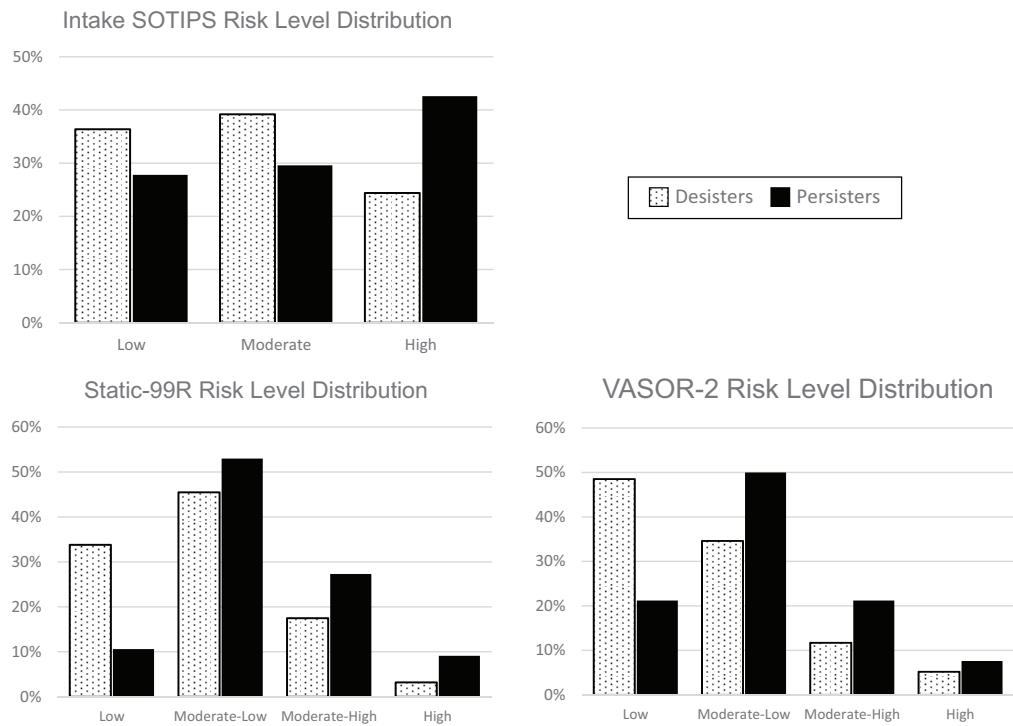


Figure 1: Distribution of Risk Scores for Intake SOTIPS, Static-99R, and VASOR-2

Note. SOTIPS = Sex Offender Treatment Intervention and Progress Scale; VASOR-2 = Vermont Assessment of Sex Offender Risk-2.

$d = 0.59$; had significantly more education, $t(561) = 2.23, p = .03, d = 0.29$; and more often committed offenses against family members, $\chi^2(1, N = 563) = 3.92, p = .05, d = 0.41$; but showed no significant difference from persisters with regard to ethnicity, $\chi^2(1, N = 563) = 3.08, p = .08, d = 0.23$, or employment, $\chi^2(1, N = 563) = 0.06, p = .80, d = 0.04$.

At intake, desisters scored lower on the SOTIPS than persisters, $t(450) = 3.19, p = .002, d = 0.21$, as well as on the Static-99R, $t(561) = 4.50, p < .001, d = 0.59$, and VASOR-2, $t(561) = 3.36, p < .001, d = 0.44$. Figure 1 displays the distribution of intake SOTIPS, Static-99R, and VASOR-2 risk levels contrasted between desisters and persisters. The distribution of persisters' intake SOTIPS risk levels was not significantly different from the distribution of desisters' risk levels ($D = 1.26, p = .09, d = 0.16$). However, significant differences were present between desisters and persisters in the distribution of Static-99R risk levels ($D = 1.77, p = .004, d = 0.23$) and VASOR-2 risk levels ($D = 2.08, p < .001, d = 0.27$), with more desisters evaluated as lower risk and more persisters evaluated as higher risk.

Table 2 presents mean SOTIPS scores for individual items, factor scores, and the total score for persisters and desisters at intake, 1 year in treatment, and 2 years in treatment. Sample sizes across time periods are not equal. Although reasons for attrition over time were not detailed in the original data set and thus are not available, it is assumed that the major cause of attrition among persisters was incarceration for any new offenses, including technical violations of community supervision, and in an unknown number of instances of dropping out of or being terminated from treatment.

Table 3 shows the change in mean SOTIPS scores between intake and Year 1, between Years 1 and 2, and overall between intake and Year 2. Negative values indicate decreases in mean scores over time, and positive values indicate increases in mean scores over time. Table 3 also shows the effect size for the difference between the mean scores between two times.

CHANGE PATTERNS AMONG DESISTERS

As also shown in Table 3, during the first year of treatment, desisters showed reductions in SOTIPS item and factor scores, and the total score. Individual item scores decreased with a small mean change of -0.29 ($SD = 0.15$; mean $d = 0.38$, $SD = 0.19$). In terms of factor scores, the sexual deviance factor showed a medium degree of change ($d = 0.77$), whereas the criminality and social stability factors changed to a small degree ($d = 0.31$ and $d = 0.44$, respectively). Total SOTIPS scores showed a moderate degree of change ($d = 0.60$).

During the second year of treatment, desisters continued to show decreases among all measured categories. Mean score change among individual items was -0.10 ($SD = 0.05$); however, the size of this change was insignificant (mean $d = 0.16$, $SD = 0.08$). Among factors scores, the sexual deviance factor showed a small degree of change ($d = 0.31$), whereas no significant changes were seen among criminality ($d = 0.17$) and social stability ($d = 0.18$) factors. Total SOTIPS scores showed a small reduction ($d = 0.25$).

Overall, across the three time periods, desisters' scores on individual items decreased by 0.40 points ($SD = 0.19$), which represented a medium degree of change (mean $d = 0.53$, $SD = 0.25$). The sexual deviance factor showed a large degree of overall change ($d = 1.08$), the social stability factor showed a moderate degree of change ($d = 0.61$), and the criminality factor showed a small degree of change ($d = 0.47$). Total SOTIPS scores showed a large degree of overall change ($d = 0.85$).

CHANGE PATTERNS AMONG PERSISTERS

As shown in Table 3, during the first year in treatment, persisters showed, on average, a small decrease on individual items (mean score change = -0.16 , $SD = 0.18$; mean $d = 0.22$, $SD = 0.19$). Changes were evident on the sexual deviance factor ($d = 0.51$); however, no significant changes were evident among the criminality factor ($d = 0.04$) and social stability factor ($d = 0.16$). Changes in total scores at these times did show a small degree of change ($d = 0.27$).

During the second year in treatment, persisters continued to show small reductions average across individual items (mean score change = -0.27 , $SD = 0.24$; mean $d = 0.39$, $SD = 0.20$). The sexual deviance factor showed a moderate degree of change ($d = 0.53$). A small degree of change was present among the criminality factor ($d = 0.48$), social stability factor ($d = 0.21$), and total SOTIPS scores ($d = 0.46$).

As also shown in Table 3, overall, individual item scores decreased by an average 0.43 points ($SD = 0.27$). The mean effect size for individual items showed a medium degree of change (mean $d = 0.54$, $SD = 0.30$). The sexual deviance factor showed a large degree of change overall ($d = 1.10$), the criminality factor showed a medium degree of change ($d = 0.51$), and the social stability factor showed a small degree of change overall ($d = 0.38$). Total SOTIPS scores showed a medium degree of change overall ($d = 0.76$).

Post hoc analyses showed that intake SOTIPS scores of persisters who reoffended in the first year of treatment did not differ from those who reoffended after the first year—total score: $t(52) = 1.27, p = .21, d = 0.25$; sexual deviance factor: $t(52) = 1.40, p = .16, d = 0.27$; criminality factor: $t(52) = 1.26, p = .21, d = 0.24$; social stability factor: $t(52) = 0.54, p = .60, d = 0.10$. SOTIPS scores of persisters who reoffended in the second year of treatment did not differ from those who reoffended after the second year—total score: $t(39) = 0.54, p = .60, d = 0.12$; sexual deviance factor: $t(39) = 1.24, p = .22, d = 0.27$; criminality factor: $t(39) = 0.18, p = .86, d = 0.04$; social stability factor: $t(39) = 0.08, p = .94, d = 0.02$. Finally, stepwise logistic regression shows that changes in social stability factor scores is the only factor during the first year in treatment which significantly differentiated between persisters and desisters, $\beta = .16, \chi^2(1, N = 363) = 5.62, p = .02$.

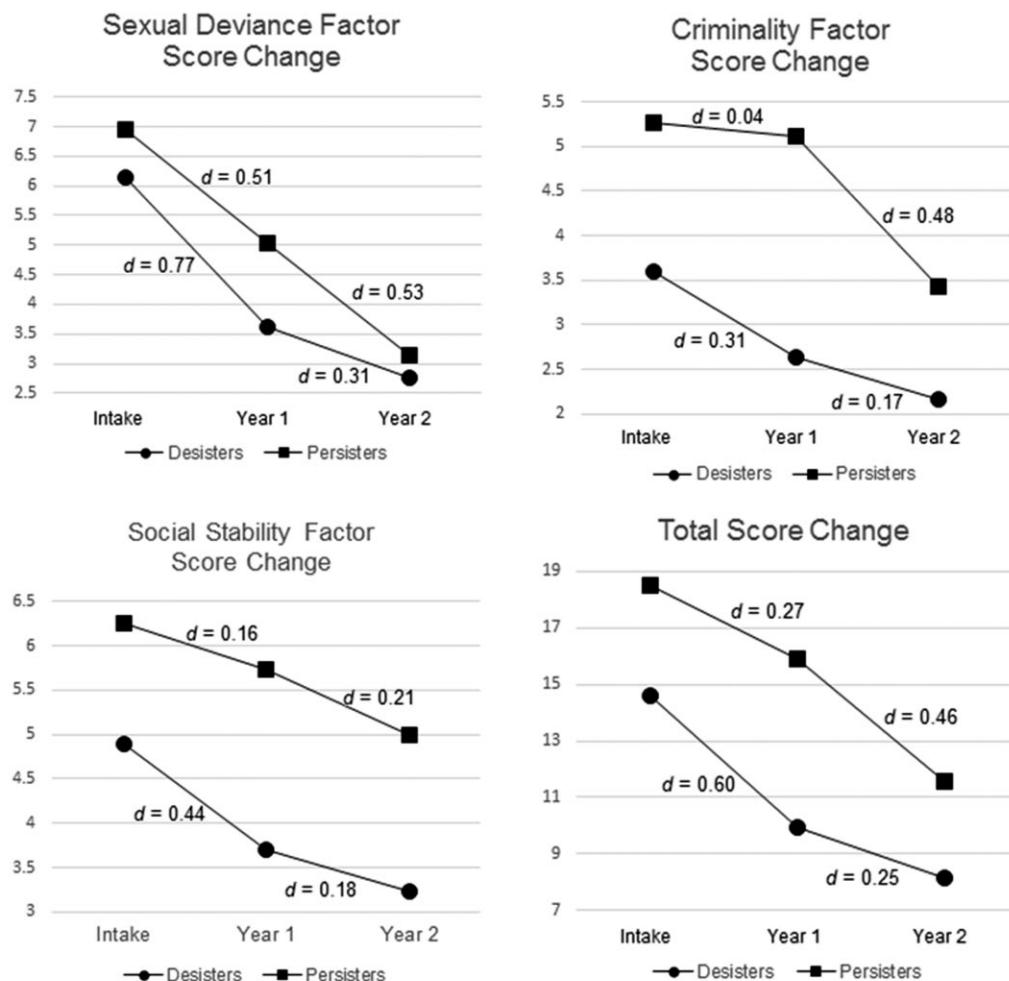
DISCUSSION

The present study examined change patterns of child sexual abusers' scores on the SOTIPS, a dynamic risk measure, at three points of time over the course of 2 years in sex offender treatment. Furthermore, this study contrasted the change patterns of individuals who did versus did not commit a new serious offense, defined as new sexual or other violent offense, at 5-year follow-up. The study extends findings from the SOTIPS development study (McGrath et al., 2012), which examined change scores over only 1 year.

The SOTIPS scores between desisters and persisters show a modest difference. Although desisters showed a large degree of change overall, the difference between desisters' and persisters' overall score change effect size did not reflect a practical distinction. In fact, the only practical difference in change over the 2-year period pertained to the social stability factor, which was composed of the emotion management, problem solving, employment, residence, and social influences items. The effect size for desisters on social stability items was more than 60% greater than the effect size for persisters.

The negligible difference between persisters' and desisters' overall change is surprising, given the differences seen in the SOTIPS development study (McGrath et al., 2012). However, consistent with the original SOTIPS analyses, offenders who do not commit further sexual or other violent crimes showed greater degrees of change during their first year in treatment than those offenders who did commit further offenses (see Figure 2). The degree of change desisters made during their first year in treatment is about double the amount of changes made in the second year. In contrast, persisters made small or negligible changes during their first year in treatment, with the majority of their progress being made during their second year. Additionally, the reduction in their scores does not appear to be due to progressive attrition from recidivism during the 2-year observation period.

For both desisters and persisters, overall, changes in sexual deviance factor scores were quite similar. This may be because programs "specialized" in treating sex offenders and, therefore, may have focused more on these areas. Surprisingly, persisters showed improvements in this area despite committing further offenses. Thus, promoting desistance may require addressing more factors than sexual deviance. The significantly greater gains in social stability needs among desisters may reflect this. For example, desisters did show small positive changes in employment needs whereas persisters did not. Persisters, owing to their overall higher risk and needs compared with desisters, may have more difficulty

**Figure 2: Changes in SOTIPS Factor and Total Scores**

Note. SOTIPS = Sex Offender Treatment Intervention and Progress Scale.

securing and maintaining employment. The need for social reintegration (Griffiths, Dandurand, & Murdoch, 2007; Lasher & McGrath, 2012) and a prosocial identity and environment (Farmer et al., 2012; Göbbels et al., 2012; Kruttschnitt, Uggen, & Shelton, 2000; Zevitz, 2006) have been well-established in other literature. Therefore, a child sexual abuser who desists from sexual and violent offending behavior may first develop or reinforce prosocial attitudes and behaviors, and, second, secure a stable and prosocial living environment, and, third, solidify these gains within the first year of treatment.

Current best practice in sex offender treatment suggests that outcomes are improved when the amount of treatment services is matched to the level of offenders' risk and needs. Among individuals who commit sexual and other crimes, recommended treatment dosages are approximately 100 hr or less for lower risk individuals, 200 hr for moderate risk individuals, and 300 or more hr for those at high risk (e.g., Bourgon & Armstrong, 2005; McGrath, Cumming, & Williams, 2014). In the present study, individuals received on

average about 160 hr of community treatment over 2 years, which was likely a reasonable treatment dose for moderate risk offenders in the sample but not higher risk offenders. High risk sex offenders were overrepresented among persisters, and treatment gains for this group of offenders may require a higher treatment dose and longer period of time to take hold than examined in this study. Conversely, desisters who scored lower risk on risk scales and showed good progress during the first year of treatment likely did not need a full 2 years of treatment.

A study limitation is that participants' change scores cannot be attributed to specific interventions provided, such as treatment, supervision, or other factors that were not the focus of the study. For example, a higher percentage of persisters than desisters scored high risk on the Static-99R and VASOR-2, so the two groups were likely subject to differential registration and community notification requirements. Furthermore, offenders were sampled from multiple sites, so variability was likely present in treatment and supervision approaches. Subsequently, persisters' documented improvements during the second year of treatment could not be accounted for based on available data, and these observed changes could be a reflection of superficial, adaptive changes made by offenders to appear more like their desisting counterparts (e.g., Fernandez, 2006), the limited utility of dynamic change assessment (e.g., Hart, Michie, & Cooke, 2007), or a failure to sufficiently differentiate individuals who reoffend shortly after community placement from those who reoffend near the end of the 5-year follow-up period.

Another limitation is that recidivism events were based on criminal arrest data, which underrepresents the true rates of recidivism. As in other sex offender studies, the unknown rate of undetected reoffenses limits the ability to draw conclusions (Abel et al., 1987; Rice, Harris, Lang, & Cormier, 2006; Schaefer et al., 2010; Weinrott & Saylor, 1991). Despite its limited scope, this study highlights the characteristics of individuals who desist from sexual and other violent offending rather than focusing just on the characteristics of those who continue to commit offenses. Although serious recidivism may be a relatively low-incidence event (Hanson et al., 2014; Helmus, Hanson, et al., 2012; Levenson et al., 2007), it has severe consequences for victims (Dube et al., 2005; Maniglio, 2009; Trickett et al., 2011). Examining intervention targets that focus on goal achievement, rather than risk avoidance, may benefit treatment outcomes (Mann, Webster, Schofield, & Marshall, 2004; Ward & Gannon, 2006; Yates & Prescott, 2011). Here, individuals who desisted from reoffending did more than address their sexual offense-related needs; they appeared to achieve some degree of lifestyle stability and this highlights the importance of social reintegration among this population.

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