

Intensive programming for violent offenders: A comparative investigation

In 1990, the Correctional Service of Canada's Regional Health Centre (Pacific) implemented an intensive program for the treatment of violent male offenders. This specialized program emphasizes a cognitive-behavioural and psychosocial dynamic approach to changing the antisocial behaviour of these offenders. A group of 12 to 16 offenders is co-led by at least two professional staff members for eight months of intensive treatment.

This program helps offenders deal with patterns related to their crime cycle. While learning about the behavioural, cognitive, interpersonal and affective components of violent offending, the offenders focus on communication, addictions, thinking errors, human sexuality/relationships, anger management and empathy. Research suggests that offenders with significant problems in these areas are much more likely to recidivate after release than offenders without such difficulties.

However, an important question remains -- does specialized programming targeting these key needs have an impact on the criminal futures of violent offenders? This article examines this question within the context of this specific offender program.

Methodology

The study sample was drawn from a group of 169 federally incarcerated male offenders who had completed the Regional Health Centre (Pacific)'s intensive program for violent offenders. Of these offenders, 60 had been released from custody and were available for follow-up.

A matched sample of 60 similarly situated (under federal responsibility in the Correctional Service of Canada's Pacific region) male offenders who had not participated in the program was selected from the available offender release population. These offenders were matched with the treatment sample based on release date, age at release and sentence length.

No significant differences were found between the two offender groups. The offenders spent an average 6.9 years in custody before release, had an average age of 35 at release and had an average sentence length of 7.2 years (excluding the 14 lifers in each group). The groups could also not be distinguished as to risk (as measured by the Statistical Information on Recidivism Scale [revised]).⁽²⁾

Sample characteristics

Although there were no significant differences between the treatment and comparison groups as to history of violent offending, differences did emerge with respect to type of previous violent offending (see Table 1).

Table 1

A breakdown of the Treatment and Comparison Groups by Type of Violent Offence and Risk Level					
Offence type (n)	Risk level				
	Very poor	Poor	Fair	Good	Very Good
Homicide					
Treatment (23)	8.6%	13.0%	4.4%	34.8%	17.4%
Comparison (12)	14.6%	5.0%	16.7%	8.3%	33.3%
Sex offence					
Treatment (0)	0	0	0	0	0
Comparison (11)	9.1%	27.3%	9.1%	18.2%	36.4%
Robbery					
Treatment (25)	56.0%	20.0%	20.0%	4.0%	0
Comparison (26)	57.7%	19.2%	3.9%	15.4%	3.9%
Assault					
Treatment (9)	44.4%	0	33.3%	11.1%	11.1%
Comparison (3)	33.3%	33.3%	33.3%	0	0
Other offence					
Treatment (3)	33.3%	33.3%	0	33.3%	0
Comparison (8)	50.0%	0	0	0	50.0%

For example, the treatment group had roughly double the number of homicide offenders as the comparison group (23 versus 12). The treatment group also had no offenders with an official history of sex offences.

Overall, it appears that this intensive treatment program selects mostly homicide and robbery offenders as participants. These offenders account for four fifths of the treatment group.

Both the treatment and the comparison groups had the same proportion of offenders in the poorer risk categories (58%). However, nearly twice as many homicide offenders in the treatment group were assessed as a very poor risk as homicide offenders in the comparison group.

Similarly, nearly twice as many homicide offenders in the comparison group were assessed as a very good risk as homicide offenders in the treatment group.

This indicates that this program may be selecting relatively higher-risk homicide offenders (as suggested by previous convictions, incarcerations and parole revocations) as participants.

Post-release outcome

The recidivism rates calculated for this study refer to offender reconvictions. The average follow-up period was about two years, with a range from about three months to almost six years.

There was also an average one-year gap between the treatment and the treated offender's release from custody.

The overall recidivism rate for any offence was 40% for the treatment group and 35% for the comparison group. These numbers dropped to 18% and 15% for violent recidivism. Neither of these rates differed significantly between the groups.

To examine differences in the type of reconviction for a new violent offence, we again collapsed offence history (past and/or current) into five groups: homicide, sex offence, robbery, assault and other offence (see Table 2).

This analysis revealed that just one homicide offender in the treatment group recidivated, and that this offence was just a minor assault.

Further, although robbery offenders in both the treatment and comparison groups had convictions for new violent offences, the treatment offenders committed fewer serious personal injury offences. All of the robbery offenders' new homicides and sex offences were committed by comparison group offenders.

Level of risk and outcome

This study also reconfirmed that risk assessments (based mainly on the offender's criminal history) can predict post-release general recidivism. The risk levels of both the treatment ($r = -.35, p < .01$) and comparison ($r = -.27, p < .05$) offender groups were significantly related to their rates of reconviction for any new offence.

However, the risk levels were statistically unrelated to rates of reconviction for a new violent offence for both groups.

Treatment impact

The results of this comparative investigation indicate that participation in an intensive treatment program for violent offenders can positively affect offender post-release violent recidivism, particularly for homicide and robbery offenders.

Table 2

A breakdown of the Treatment and Comparison Groups by Type of Violent Offence and Type of Reconviction					
Offence type (n)	Type of Reconviction				
	Homicide	Sex Offence	Robbery	Assault	Total
Homicide					
Treatment (23)	0	0	0	1	1
Comparison (12)	0	0	0	0	0
Sex offence					
Treatment (0)	0	0	0	0	0
Comparison (11)	0	1	0	0	1
Robbery					
Treatment (25)	0	0	3	3	6
Comparison (26)	1	1	3	2	7
Assault					
Treatment (9)	0	0	2	0	2
Comparison (3)	1	0	0	0	1
Other offence					
Treatment (3)	0	0	1	1	2
Comparison (8)	0	0	0	0	0

The fact that homicide and robbery offenders appear to have benefited from this intensive programming and that the offenders chosen for the program tend to be categorized as "poorer risks" points to the importance of continuing to offer specialized services to these individuals.

It also emphasizes that research into program effectiveness must look deeper into the nature of recidivism before drawing hasty conclusions as to whether treatment has had any impact.

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(2) The Statistical Information on Recidivism Scale [revised] is based on 15 risk-related factors that are significantly associated with offender re-arrest after release from prison.