



## Is 'Sex Offender' Treatment Effective?

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### Summary

There are many factors that contribute to the efficacy of treatment for sex offenders, but it is important to understand that 'sex offenders' are a highly diverse group of people (mostly men) who have sexually offended in a variety of ways. Rather than asking whether treatment is effective, perhaps the better questions are what kind of treatment is indicated? Or perhaps how much treatment is enough? But when people ask, "Is sex offender treatment effective," what they typically want to know is, "Does treatment 'work'?" The short answer is, "Yes." The goal of treatment for sexual offending, as part of an overall intervention, is to hold clients accountable, help them to improve their lives, with the ultimate outcome of no more victims.

Based on the relatively consistent pattern of positive findings emerging from research, MnATSA finds treatment for those who have sexually offended to be an important tool for the prevention of sexual reoffending. Meta-analyses tend to confirm this, while also identifying treatment targets and types of treatment that appear to be promising.

Many hold the misconception that 'sexual offender' treatment, as part of an overall offender management strategy, is a futile exercise with criminals who cannot be rehabilitated. Fortunately, research tells us differently. Research indicates treatment is beneficial in reducing sexual reoffending.

When an individual is convicted of a sexual offense, he or she is often court mandated, as part of their sentence, to enter into and successfully complete sexual offender treatment. The goal of treatment might be simply stated: to reduce an individual's risk of committing further acts of sexual abuse. This is done by working with a client to determine the foundation of their sexually inappropriate or illegal behaviors, and helping clients to develop strategies to decrease their risk of reoffending.

Most incarcerated offenders eventually return to the community. Effective treatment is vital for an offender's successful reintegration into society. Treatment does not eliminate risk of reoffense, nor does it guarantee that any particular individual will or will not commit another offense. However, sex-specific treatment, along with other offender management strategies, balances community safety with addressing a client's needs.

Constraints of research methodology, realities of criminal sentencing, and ethics mean that offenders cannot be placed in "control" or "no treatment" groups. Additionally, studies define sexual recidivism



differently. Some define sexual reoffending as a reconviction, others a re-arrest, and still others offender self-report. Credible research challenging the effectiveness of sexual offender treatment exists and should be weighed against the information in this paper.

So how effective is 'sexual offender treatment' in reducing risk? Research, such as that done by Duwe and Goldman (2009) found that sexual offender treatment reduced both the risk and pace of sexual reoffending. Studying a sample of Minnesota offenders, they found a 13.4 percent sexual reoffense rate for treatment completers versus a 19.5 percent reoffense rate for offenders who did not participate in treatment.

Luong and Wormith (2006) found treated sexual offenders reoffended at a substantially lower frequency than offenders who did not receive treatment. In a strong summary, Prentky, Schwartz and Burns-Smith (2006) noted "the most reasonable estimate at this point is that treatment can reduce sexual recidivism over a 5-year period by 5-8%." Hanson, et. al. (2014) found that treatment mitigated recidivism and that even 'high risk' offenders are not high-risk forever, and determined that the risk of reoffending goes down with time, not up.

Researchers have been interested in the subject of treatment efficacy for over 30 years. A robust way in which to measure treatment efficacy is through meta-analysis. A meta-analysis is a "study of studies" using statistical techniques to combine the results from multiple studies in an effort to increase statistical accuracy (over individual studies). A 1995 meta-analysis of sex offender treatment outcome studies found an eight percent reduction in the recidivism rate for sex offenders in the treatment group. In 1999, Alexander's meta-analysis of nearly 11,000 sex offenders from 79 separate studies found that people who participated in treatment programs had a combined re-arrest rate of 7.2 percent compared to 17.6 percent. Hanson et al (2002) found that treatment produced a small but statistically significant reduction in both sexual and overall recidivism. In one of the largest meta-analyses conducted to assess sexual offender treatment effectiveness, Lösel and Schmucker (2005) found an average sexual recidivism rate of 11.1 percent for treated sex offenders and 17.5 percent for untreated sex offenders, based on an average follow-up period of slightly more than five years. A 2015 meta-analysis also by Schmucker and Lösel (2015) demonstrated a relative reduction in recidivism of 26% (10.1% for treated vs. 13.7% for untreated).

Lastly, a 2016 meta-analysis of previous meta-analyses (Kim, Benekos, & Merlo, 2016) found "that sex offender treatments can be considered proven or at least promising," while age of participants and intervention type may influence the success of treatment for sex offenders. This study also revealed that treatment in the community may be more effective than institutional (prison) treatment, "If community treatment is more effective than institutional treatment, then a review of existing sentencing statutes and policies might be appropriate."

Research has also addressed factors that enhance treatment efficacy. Factors which have historically been treatment targets, such as development of empathy or addressing distorted thinking patterns, have been found to be of less clinical utility than, for example, addressing an offender's criminogenic lifestyle. Hanson, et. al. (2009) found that treatment that focuses on the principles of an offender's risk, needs and responsivity to intervention showed the largest reductions in sexual and general recidivism.



Measuring treatment efficacy is a difficult task owing to the varied nature of sexual offenses and vast differences in characteristics between people who have sexually offended. It is also important to consider that treatment efficacy should not be only measured by sexual recidivism, but by other benefits from effective treatment. Because general “criminality” is present with some offenders, it may be important to assess and address, broadly, “criminogenic needs.” However sexual offender treatment occurs within the domain of psychotherapy, more often in the modality of group therapy, with individual therapy as necessary. For most offenders, community management and supervision is an essential adjunct, and generally improves outcomes.

Treatment is about helping clients to understand how sexual offending occurred, any presence or etiology rooted in sexual deviancy, compulsiveness, criminality or psychopathology, but also to explore unhealthy or individual characteristics or life circumstances that either contribute to risk or protective facts that mitigate risk. For example, about half of all sexual assaults occur under the influence of drugs or alcohol. For some offenders, treatment for drug or alcohol abuse is a presenting concern. Ideally, treatment includes identifying and building on a client’s strengths.

Based on the relatively consistent pattern of positive findings emerging from research, MnATSA finds treatment for those who have sexually offended to be an important tool for the prevention of sexual reoffending. Meta-analyses tend to confirm this, while also identifying treatment targets and types of treatment that appear to be promising.

In summary, sex offender treatment is part of a broad intervention intended to hold offenders accountable for the harm they have caused, through a comprehensive plan that typically includes assessment, rehabilitation, supervision, and when indicated, an opportunity to repair damaged relationships, and perhaps participate in restorative justice. The goal is to help clients improve their lives, with the ultimate outcome of **no more victims**.



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**Editor's Note:** 'Sex offenders' or those who have 'sexually abused' are generic terms for a highly diverse group of individuals who have been adjudicated or convicted of violating a wide range of laws related to sexual misconduct. MnATSA wants readers to know that this series of educational papers is written by colleagues who, for expediency, sometimes refer to 'sex offenders,' in its plural form, to refer to those who, as a class, have sexually abused. This might be a useful description of people who share a common characteristic such as 'drug addicts,' 'parolees,' or 'graduates,' however 'sex offender' in its singular form is a pejorative description of an individual who, at some point in the past, sexually offended. The term 'sex offender' should not be a life-long label, and will be avoided in this educational series. In contrast, the use of male pronouns in descriptions of sexual offenders is frequently found in the literature. Whereas more than 90% of convicted sex offenders are male, male pronouns are often used in literature regarding sexual offenders, and may be found in this series.

ATSA is an international, non-profit, interdisciplinary organization, with nearly 3,000 clinicians, scientists, and allied professional members. ATSA is dedicated to the prevention of sexual abuse through the advancement of research, professional knowledge, best practices, and support for public education. MnATSA is the state chapter of ATSA.

**This is one in a series of educational papers written by MnATSA colleagues to provide research, facts, and information to help educate the public and inform policymakers.**

Jon Brandt, MSW, LICSW - Editor

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