

Effectiveness of Treatment for Adult Sex Offenders

**October 19, 2015
2:00-3:30 pm ET**

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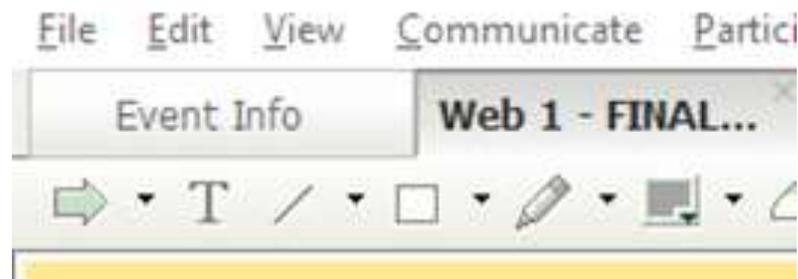
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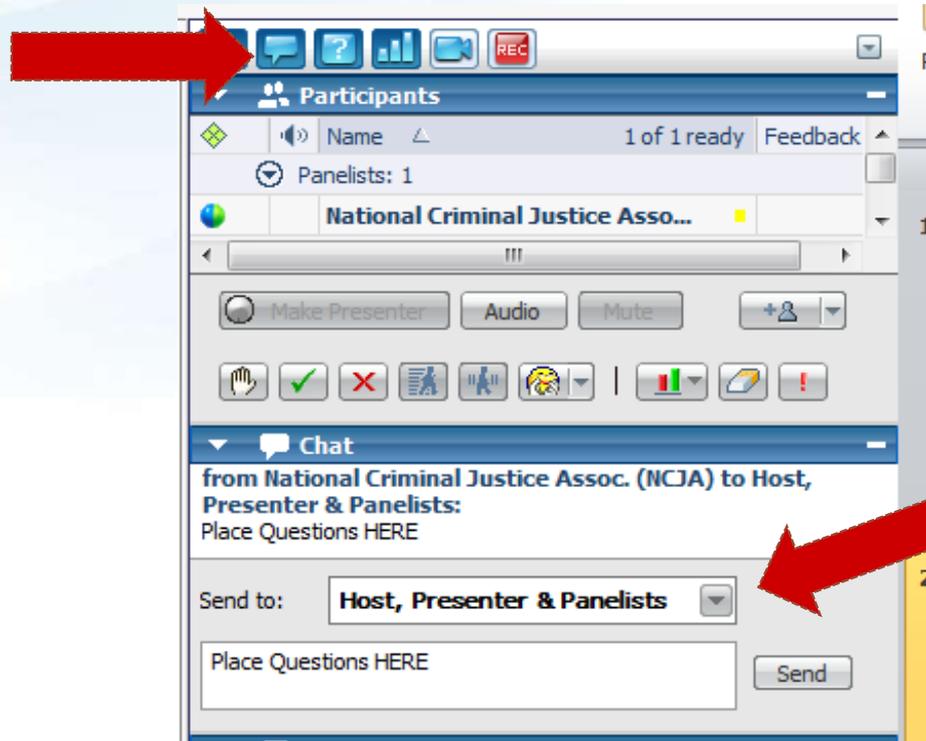
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Combatting Sexual Offending and Victimization



- Practitioners and policymakers have a common goal: to protect the public from sex offenders and prevent sexual violence
- A variety of policies and programs exist
- Little known about “what works”
- Programs are more likely to be effective when based on scientific evidence

U.S. Department of Justice, Office of Justice Programs (OJP) Role in Combatting Sexual Offending and Victimization



- Established in 2006 by AWA
- First federal office devoted solely to sex offender management-related activities
- Responsible for assisting with implementation of SORNA, and for informing about a broader scope of sex offender management activities needed to ensure public safety
- SOMAPI: identify evidence based practices, current gaps/needs of the field, and provide guidance to states and locals

SMART Office Sex Offender Management Assessment and Planning Initiative



- Goal is to identify research-supported programs for replication across the U.S.
 - Inform OJP funding decisions concerning sex offender programming and research
- Assess the state of research and practice of sex offender management
 - Work conducted by subject-matter experts through NCJA
 - Review of the literature on sexual offending and sex offender management
- 2012 Discussion Forum involving national experts

SMART Office Sex Offender Management Assessment and Planning Initiative



Literature reviews on 8 adult and 5 juvenile topics

Important to distinguish between adults and juveniles

Adult Topics

Incidence and prevalence
Etiology
Typologies
Risk assessment
Recidivism
Internet offending
Treatment effectiveness
Management strategies

Juvenile Topics

Etiology/typologies
Risk assessment
Recidivism
Treatment effectiveness
Registration and notification

SMART Office Sex Offender Management Assessment and Planning Initiative



- Key products:
 - Summaries of the research available online at:
<http://www.smart.gov/SOMAPI/index.html>
 - Findings, policy implications, future research needs
 - Research briefs
 - Targeted conference presentations
 - Webinars
 - National Symposium

Literature Review Methods

- Source materials identified using abstract databases, internet searches, outreach to relevant organizations and subject matter experts
- Primarily studies conducted within the past 15 years
- Emphasis on individual studies that employed scientifically rigorous methods, as well as on synthesis studies – such as systematic reviews and meta-analyses

Treatment Effectiveness Research: Key Considerations

- Effectiveness has been assessed in both single studies and synthesis studies
- Important to consider both the quality and consistency of the evidence
- Among single studies, well designed and executed randomized controlled trials (RCTs) provide the most trustworthy evidence
 - Few sex offender treatment RCTs have been conducted

Findings from Single Studies

- California Sex Offender Treatment and Evaluation Project (SOTEP) Study ¹
- One of few studies to use an RCT design
 - Examined recidivism reduction effects of a prison-based cognitive behavioral/relapse prevention program
 - Program participants (N=204) were serving prison sentences for child molestation or rape
 - Two control groups
 - 225 incarcerated sex offenders who volunteered for treatment but who were randomly selected not to receive it
 - 220 incarcerated sex offenders who did not want treatment
 - Follow-up period of approximately eight years

California Sex Offender Treatment and Evaluation Project (SOTEP) Study



- No significant differences in sexual or violent recidivism between treated sex offenders and the two untreated control groups
 - Due to RCT design, study is frequently cited as evidence that treatment is ineffective
- Study author's have pointed out that the treatment and control groups likely differed in important ways, and the treatment program itself did not fully adhere to the risk-need-responsivity (RNR) principles of effective intervention

California Sex Offender Treatment and Evaluation Project (SOTEP) Study

- However, some of the subgroup analyses did find a treatment effect
 - High-risk offenders who participated in treatment and demonstrated they “Got It” — meaning that they derived benefit from the program, or met specified treatment goals — recidivated at a significantly lower rate than offenders who “Did Not Get It”
-
- Treatment effectiveness can be dependent on a variety of factors, including program delivery and how the participant responds to treatment

Findings From Single Studies

- Canadian study of a prison-based cognitive-behavioral program for moderate- to high-risk sex offenders that followed RNR principles found reductions in sexual recidivism ²
 - Treated offenders had sexual reconviction rates of 11.1% after three years, 21.8% after 10 years
 - Untreated offenders had sexual reconviction rates of 17.7% after three years, 32.3% after 10 years

Findings From Single Studies



- Minnesota study found that participating in treatment significantly reduced the likelihood and pace of recidivism ³
 - Offenders who completed prison-based treatment had sexual, violent, and general rearrest recidivism rates of 13.4%, 29%, and 55.4%, respectively
 - Sexual, violent and general rearrest rates for sex offenders who did not participate in treatment were 19.5%, 34.1%, and 58.1%
- Study is important because it used propensity score matching (PSM) to create the comparison group
 - PSM is a sophisticated statistical technique for achieving greater equivalence between the treatment and comparison offenders.

Findings From Single Studies

- Colorado study of therapeutic community treatment found that participation in treatment was related to success on parole ⁴
 - Sex offenders who completed treatment and participated in aftercare had revocation rates 3 times lower than untreated sex offenders
-

The weight of the evidence from single studies of sex offender treatment effectiveness conducted within the past 10 years suggests that treatment—particularly cognitive behavioral approaches—can have a positive effect.

Findings From Synthesis Research



- Early reviews of treatment effectiveness produced inconclusive results
- Synthesis research conducted more recently has produced more positive, albeit qualified findings

Findings From Synthesis Research

- Meta-analysis of 43 studies of psychological treatment found small but statistically significant reductions in both sexual and overall recidivism ⁵
 - Newer treatment programs were found to have a positive treatment effect, while older treatment programs were associated with a small but non-significant increase in sexual recidivism
- Criticized by Rice and Harris (2003) for relying on poor quality studies ⁶

Findings From Synthesis Research

- 3 important meta-analyses that incorporated methodological quality considerations
 - Lösel and Schmucker (2005)
 - MacKenzie (2006)
 - Both studies employed the Maryland Scientific Methods Scale (SMS), criminology's most commonly used tool for assessing the quality of a study
 - Hanson, Bourgon, Helmus and Hodgson (2009)
 - Employed the Guidelines of the Collaborative Outcome Data Committee (CODC), which were explicitly developed to assess the quality of research on sex offender treatment outcomes

Lösel and Schmucker (2005)

- Meta-analysis of 69 independent studies; combined total of 22,181 study subjects
 - Found significant reductions in sexual, violent and any recidivism based on an average follow-up period of slightly more than five years

	Sexual	Violent	Any
Treated Sex Offenders	11.1%	6.6%	22.4%
Untreated Sex Offenders	17.5%	11.8%	32.5%

- Treatment effects were greater for cognitive-behavioral therapy and for sex offenders who completed treatment

MacKenzie (2006)

- Meta-analysis of 28 independent studies
 - Review protocol excluded studies that did not employ a no-treatment comparison group
- Treated sex offenders had a lower rate of recidivism than untreated sex offenders, 12% compared to 22%
- Based on the most rigorous studies, cognitive behavioral/relapse prevention treatment was found to be effective
 - The average recidivism rate for treated offenders was 9%, compared to 21% for untreated offenders
- Treatment worked regardless of whether it was delivered by a criminal justice agency or other organization, or whether it was delivered in an institution or in the community

Hanson, Bourgon, Helmus and Hodgson (2009)



- Meta-analysis of 23 studies
- Found significant reductions in sexual and overall recidivism based on an average follow-up period of 4.7 years

	Sexual	Any
Treated Sex Offenders	10.9%	31.8%
Untreated sex Offenders	19.2%	48.3%

- Adhering to the RNR principles increased treatment effectiveness
 - Treatment that adhered to all three principles was most effective

Importance of RNR Principles

- Ohio study found that *intensive* treatment was effective in reducing recidivism for all risk categories of offenders except low-risk offenders ⁷
 - High-risk offenders who completed intensive residential treatment were more than two times less likely to recidivate than high-risk sex offenders who did not receive intensive treatment
 - Conversely, low risk sex offenders who received intensive treatment were 21% *more* likely to recidivate than low-risk sex offenders who were released directly to the community
 - These findings lend further support to the importance of the principles of effective intervention in sex offender treatment programming

Findings From Synthesis Research

- Meta-analysis of six highly rigorous studies of adult sex offender treatment with aftercare found that these programs reduced recidivism, on average, by 9.6% ⁸
 - These programs produced a net return on investment of more than \$4,000 per program participant
- Prentky, Schwartz and Burns-Smith (2006) concluded that “the most reasonable estimate at this point is that treatment can reduce sexual recidivism over a five year period by 5 - 8%”

Emergence of Good Lives Model (GLM)

- Relapse prevention model has been criticized for emphasizing risk avoidance rather than individual strengths and goals
- GLM is grounded in the belief that offenders desist from criminal behavior when pro-social behavior provides a more fulfilling life
- While the GLM treatment approach has become more prevalent, research examining its effectiveness for reducing the recidivism of sex offenders is still in early stages

Conclusions and Policy Implications

- While the knowledge base is far from complete, the evidence suggests that treatment can and does work
- Cognitive-behavioral/relapse prevention approaches can achieve at least modest reductions in both sexual and nonsexual recidivism

Rationale for Concluding that Treatment Works



- A relatively consistent pattern of *positive* findings has emerged from recent research, and studies of treatment effectiveness conducted in recent years have generally improved in quality
 - More and more findings are based on studies employing matched comparison groups or statistical controls to achieve treatment and comparison group equivalence
- Systematic reviews and meta-analyses that employ more advanced and scientifically rigorous methods consistently indicate that treatment works
- Recent studies have found positive treatment effects for various sub-groups of treatment participants, even when positive treatment effects were not discovered for the entire treatment sample

Conclusions and Policy Implications (continued)



- Treatment may have a differential impact depending on the characteristics of the treatment participant and other contextual factors
- Rather than following a one size fits all approach, treatment is apt to be most effective when it is tailored to the risks, needs and offense dynamics of individual sex offenders
 - Adhering to the RNR principles of effective intervention appears to be important

Future Research Needs

- There is an acute need for more high-quality studies on treatment effectiveness
 - Both RCTs and highly rigorous quasi-experiments that employ equivalent treatment and comparison groups are needed
 - Systematic reviews and meta-analyses that are based on prudent exclusionary criteria and that employ the most rigorous analytical methods available are also needed

Future Research Needs (continued)

- Findings from quasi-experiments that examine treatment effects using *equivalent* treatment and comparison groups remain important
- Propensity score matching and other advanced techniques for controlling bias and achieving equivalence between treatment and comparison subjects can help enhance the credibility of evidence produced by studies that do not employ random assignment

Future Research Needs (continued)

- Future research should also attempt to build a stronger evidence base on the differential impact of treatment on different types of sex offenders
 - Specifying what types of treatment work, for which type of offenders, in which situations, is a research priority
 - Subgroup analyses are important because the positive effects of treatment for a particular subgroup of offenders can be masked in a finding that treatment failed to have a positive impact for the overall treatment sample
- Studies on the efficacy and effectiveness of the GLM approach also are needed

Notes

1 Marques, J.K., Wiederanders, M., Day, D.M., Nelson, C., & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Program (SOTEP). *Sexual Abuse: A Journal of Research and Treatment*, *17*, 79–107.

2 Olver, M., Wong, S., & Nicholaichuk, T.P. (2008). Outcome evaluation of a high-intensity inpatient sex offender treatment program. *Journal of Interpersonal Violence*, *24*, 522–536.

3 Duwe, G., & Goldman, R. (2009). The impact of prison-based treatment on sex offender recidivism: Evidence from Minnesota. *Sexual Abuse: A Journal of Research and Treatment*, *21*, 279–307.

4 Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., Harrison, L., & English, K. (2003). *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Denver, CO: Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety.

5 Hanson, R.K., Gordon, A., Harris, A.J.R., Mareques, J.K., Murphy, W., Quinsey, V.L., & Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, *14* (2), 169–194.

6 Rice, M. E. & Harris, G. T. (2003). The size and signs of treatment effects in sex offender therapy. *Annals of the New York Academy of Sciences*, *989*, 428–440.

7 Lovins, B., Lowenkamp, C.T., & Latessa, E. J. (2009). Applying the risk principle to sex offenders: Can treatment make some sex offenders worse? *The Prison Journal*, *89*, 344–357.

8 Drake, E.K., Aos, S., & Miller, M. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and Offenders*, *4*, 170–196.

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- MacKenzie, D.L. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York: Cambridge University Press.

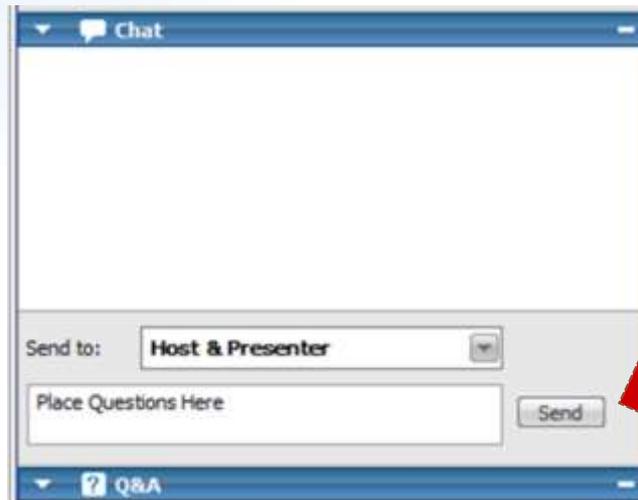
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Q & A

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Q & A



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