

Basics of Sex Offender Treatment

Presented by: Jan M. Tate, MSW, LCSWA, MEd, CSOTP

Goal: Research aimed at developing effective treatment methods to address individuals convicted of sexual offenses has been expanding in recent years. A basic overview of sex offender specific treatment will be provided to address the need for increased understanding of this work for clinical social workers.

Learning Objectives:

- ❖ Identify characteristics of the sex offender population
- ❖ Describe the components of sex offender specific treatment
- ❖ Describe prevalent methods of sex offender-specific treatment methods
Understand the role of therapist in sex offender specific treatment

Characteristics of Population

- ❖ Research is based on data with adult males who have been convicted of a sexual offense as defined by their legal jurisdiction. This is a heterogeneous population and includes all classes, races, occupations, religions, and ages spanning a broad array of sex crimes.
- ❖ Data is based on detected sex crimes, and the number of unreported sex crimes is unknown. Approximately 1% of arrests are accounted for by sex offenses. The vast majority of these arrests are male and have a relationship of some kind with their victim. It is less common that perpetrators target stranger victims.
- ❖ Recidivism rates of sex offenders is lower than any other criminogenic population, including both violent and non-violent offenders.

The Risk, Need, Responsivity Model, Coupled with the Good Lives Model

The Good Lives Model: A positive, non-shaming, and empathetic clinician assists offenders in identifying and fulfilling their needs in a prosocial and non-harmful manner.

Coupled with...

Risk, Need, Responsivity Model is empirically supported to reduce recidivism and is the most recent model used in Sex Offender Specific Treatment Programs.

Risk: Treatment is tailored to the individual client's assessed level of recidivism risk. The greater the risk, the higher the level of intensity

Need: Treatment targets are focused on traits that are empirically supported to be related to recidivism risk. Dynamic Factors are highly correlated with reoffending and include an offender's lifestyle, sexual attitudes, emotion regulation. Static Risk Factors are taken into account with this principle, but are not empirically supported in relation to reoffending

Responsivity: Treatment development is built upon developing attainable treatment goals and interventions that are tailored to the offender's strengths, challenges, and needs. Therapist must account for the characteristics of the client and provide interventions that are appropriate, while building a strong therapeutic alliance

Treatment Targets: Dynamic Risk Factors

- ❖ Cognitive Behavioral Therapy
 - ❖ Dialectical Behavioral Therapy- effective with offenders with target areas related to emotion regulation, impulse control, and distress tolerance
 - ❖ Internal change within the offender is crucial because external prohibitions are time limited and, in some cases, counter to the goal of reducing recidivism
 - ❖ Cognitive Behavioral Therapy (CBT) is empirically supported to reduce recidivism risk of sex offenders who complete therapy.
 - ❖ Cognitive Restructuring addresses beliefs related to the offense, patterns of cognition, and psychoeducation.
 - ❖ Victim Empathy builds an understanding of the impact of the offense, along with setting the stage for in depth work with empathy
 - ❖ Full disclosure/accountability for all past sexual offenses
 - ❖ Behavior modification addressing sexual arousal control
- ❖ Targets Include:
 - ❖ Sexual Offense Responsibility Sexual Behavior ,Sexual Attitudes. Sexual Interests, Sexual Risk Management, Criminal and Rule-Breaking Behavior, Criminal and, Rule-Breaking Attitudes, Stage of Change, Cooperation with Treatment, Cooperation with Community Supervision, Emotion Management, Problem Solving, Impulsivity, Residence, and Social Influences
 - ❖ Sexual Interests/Attitudes: manage the factors that contribute of sexually abusive behavior
 - ❖ Distorted Attitudes: identify and change thoughts, feelings, and actions that contribute to offending
 - ❖ Interpersonal Functioning: establish prosocial lives with meaningful and stable relationships Behavior Management: develop strengths and skills to adaptively meet needs
 - ❖ Deviant Sexual Arousal: Address arousal and redirect sexual desires

Resources

- ❖ Association for The Treatment of Sexual Abusers (ATSA)
- ❖ Sex Offenders Restored through Treatment (SORT)
- ❖ Center for Sex Offender Management (CSOM)
- ❖ Stop It Now!

References

- ❖ Fauts, E., Bickart, W., Renaud, C., et al. (2014). Child pornography possessors and child contact sex offenders: A multilevel comparison of demographic characteristics and rates of recidivism. *Sexual Abuse* 24(5), 460-478
- ❖ Hanson R. K., Bourgon G., Helmus L., Hodgson S. (2009). The principles of effective correctional treatment also apply to sexual offenders. *Criminal Justice and Behavior*, 36, 863–891.
- ❖ Hanson, R.K., & Morton-Bourgon, K.E. (2004). Predictors of sexual recidivism: An updated meta-analysis.
- ❖ Hanson, R. K., & Yates, P. M. (2013). Psychological treatment of sex offenders. *Current Psychiatry Reports*, 15(3), 1-8. doi:10.1007/s11920-012-0348-x
- ❖ Ward, T., Mann, R. E., & Gannon, T. A. (2007). The good lives model of offender rehabilitation: Clinical implications. *Aggression and Violent Behavior*, 12(1), 87-107.
- ❖ Yates, P. M. (2013). Treatment of sexual offenders: Research, best practices, and emerging models. *International Journal of Behavioral Consultation and Therapy*, 8(3-4), 89-95. doi:10.1037/h0100989