

**What Do We Know and How  
Should We Use It?:  
Understanding Recent Research  
On Sex Offender Treatment and  
Supervision**

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**Workshop Goals**

- Attendees will learn concepts relating to the use of evidence based practices (EBP).
- Attendees will learn about recent research in the assessment, treatment, and community supervision of sexual offenders.
- Attendees will learn how to apply research findings to their work to ensure the use of best practices in correctional settings and in community supervision.

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**Persons that Provide Services to  
Sex Offenders**

- Administrators/managers
- Therapists/counselors
- Case Managers
- Probation and Parole
- Polygraph Examiners
- Corrections Officers
- Nurses

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### Sex Offender Service Provider's Dilemma

- Staying current on the findings relating to the assessment, treatment, and supervision of sexual offenders.
- Applying research findings to their everyday work with sex offenders to ensure the best outcomes and standards of care.

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### Use of Evidence Based Practices

- What are EBP's?
  - The Integration of the best available research with clinical expertise in the context of client characteristics, culture, and preferences.
    - American Psychological Association (2006).
  - Within the EBP trinity, research stands as the primary source of evidence

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### The EBP Trinity



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### Use of Evidence Based Practices

- Why use EBP's?
  - EBP's should increase the efficacy, efficiency, and applicability of mental health services provided to clients and/or client groups.
  - With sex offenders, the EBP's should result in lower recidivism rates, fewer victims of sexual abuse/violence, and more efficient use of state resources.

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### The Paradox of Research

- Research findings should guide practices used in the field.
- What constitutes a "research finding" that would warrant a change in practice?
  - Research findings should be based on systematic reviews, reasonable effect sizes, statistical and clinical significance, and a body of supporting evidence.

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### Sex Offender Characteristics

- Highly heterogeneous group with respect to sexual behavior, criminal history, risk for recidivism, and treatment needs
- Some similarities with general criminal population
- Although "Sex Offender Typologies" have been described for both rapists and child molesters, these should be used with extreme caution (problem of cross-over)

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**Sex Offender Assessment  
Research**

- Why Assess Sex Offenders?
  - Guides treatment decisions
  - Guides re-entry decisions
  - Guides community supervision decisions
- What Should be Assessed?
  - Recidivism risk
  - Treatment needs
  - Treatment motivation/responsivity

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**Sex Offender Assessment  
Research**

- Recidivism Risk Assessment
  - Static 99 (Hanson & Thornton, 1999)
    - High predictive accuracy
    - An actuarial instrument that scores static variables associated with recidivism (i.e., age, sexual criminal history, victim characteristics)
    - Compares known sex offenders with a large sample of other sex offenders that have recidivated

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**Sex Offender Assessment  
Research**

- Recidivism Risk Assessment
  - Stable 2007 (Hanson, et. al., 2007)
    - High predictive accuracy
    - Scores offenders on both acute and stable dynamic risk factors associated with recidivism
    - **Acute factors** (victim access, hostility, sexual pre-occupation, rejection of supervision)
    - **Stable factors** (significant social influences, emotional ID with children, hostility toward women, impulsive, negative emotion, **deviant sexual preference**, cooperation with supervision)

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**Sex Offender Assessment Research**

- Psychopathy
  - PCL-R (Hare, 2003)
- Assessing Deviant Sexual Arousal
  - PPG
    - Hanson & Bussiere (1998) found deviant sexual interests to be the single best predictor of sexual recidivism
- Assessing Truthfulness
  - Polygraph Examination
    - A valuable tool for use with sex offenders
    - Mixed research findings regarding validity/reliability

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**Sex Offender Treatment Research**

- What does not work?
  - Punitive and punishment based treatments (Gendreau, 2000).
  - Harsh, confrontational therapist style.
- Can sex offenders be cured?

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**Sex Offender Treatment Research**

- Does Treatment Work with Sex Offenders?
  - Research is now consistently demonstrating lower recidivism rates with treated sex offenders compared to untreated sex offenders (Hanson, Burgon, Helmus, & Hodgson, 2009).
  - Sex offenders that do not complete treatment have higher recidivism rates (Losel & Schmucker, 2005; Hanson et. al., 2002).

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### Sex Offender Treatment Research

- Which Sex Offenders Should We Treat?
  - Research supports using a risk, need, responsivity model, giving priority to those offenders with the highest risk and the greatest responsivity (Hanson, Morton, & Harris, 2003).
  - Some research suggests excess treatment for low risk offenders is related to an increase in recidivism (Lowenkamp & Latessa, 2004).

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### Sex Offender Treatment Research

- What Sex Offender Characteristics Are Related to Treatment Outcome?
  - Psychopathy (Looman, Dickie, & Abracen, 2005)
    - Arrogant/Deceitful less likely to complete treatment
  - Motivation/participation
  - Denial of offense (Levenson & Macgowan, 2004; Nunes, et. al., 2007).

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### Sex Offender Treatment Research

- What Therapist Characteristics Are Related to Treatment Outcome?
  - Interpersonal sensitivity, appropriate modeling of pro-social behavior, disapproval of anti-social behavior (Andrews & Bonta, 2003).
  - Empathic, Warm, Rewarding, Directive, and Non-confrontational (Marshall, 2005).

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### Sex Offender Treatment Research

- What Offender Behaviors Should Be The Targets of Treatment?
  - Stable, dynamic risk factors (Hanson & Burgon, 2004).
    - Sexual deviancy
    - Antisocial orientation/criminogenic beliefs
    - Intimacy deficits
    - Sexual attitudes/beliefs
    - Consider risk for treatment failure

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### Sex Offender Treatment Research

- What Treatment Methods Should Be Used?
  - Integrated models that focus on individual need likely to be most effective.
  - Cognitive-behavioral therapy (Loseel & Schmucker, 2005; Hanson, et. al., 2002).
  - Treatment should occur once or twice weekly over a period of 12-18 months (based on risk level and treatment needs).

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### Sex Offender Community Supervision Research

- The Containment Model
  - Five Components
    - Victim centered philosophy, emphasis on public safety
    - Multidisciplinary collaboration
    - Specific management tools
    - Consistent multi-agency policies and protocols
    - Program quality control mechanisms

(English, 1998)

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**Sex Offender Community  
Supervision Research**

- The Containment Model
  - Used in several jurisdictions since the early 1990's
  - Limited research on effectiveness
  - 2004 Study-130 offenders
    - 10% self reported new sexual offenses during the 15 month study
  - Maricopa County (AZ) – Of 419 probationers studied over an average of 36 months, 2.2% were arrested for new sex crime, and 13.1 were arrested for a new criminal offense.

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**Sex Offender Community  
Supervision Research**

- Circles of Support and Accountability
  - First developed in 1994 in Ontario, Canada
  - High risk sex offenders targeted
  - Volunteers
    - Inner Circle – Core member (offender) and his/her volunteer supports
    - Outer Circle – Volunteer professionals provide advice and guidance to the inner circle

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**Sex Offender Community  
Supervision Research**

- Circles of Support and Accountability
- 2005 (Wilson et. al.) study reported a 70% lower recidivism rate than a matched group that did not participate in COSA
- 2008 (Wilson et. al.) study (N=47) of COSA reported sexual recidivism of 2.1%, and general recidivism of 10.6% over a 2 year 9 month period.

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### Sex Offender Community Supervision Research

- Combining the Static 99 and Stable 2007 to increase predictive validity of recidivism risk for sex offenders in the community.

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### The INSOMM Program

- Implemented in 1999 by the Indiana DOC
- Phase I: Assessment
- Phase II:
  - Risk based treatment during incarceration
  - SOS Re-entry
- Phase III
  - Community based treatment with credentialed treatment providers
  - Regular Containment team meetings

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### The INSOMM Program

- Important Components
  - Regular Training
    - DOC facility staff
    - Parole agents
    - Treatment providers/polygraph examiners
  - Quality Assurance and Research
    - Utilization data
    - Program auditing
    - Recidivism studies

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