Initiating Programs for Sex Offenders: An Overview

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The Problem of Sexual Assault

- Every 2 minutes someone is sexually assaulted
- 207,754 victims over 11 each year
- 500,000 babies are born each year who will be abused
- 70% of all sexual assaults involve children
THE PROBLEM OF SEXUAL ABUSE

- 54% of sexual assaults are never reported to police
- 97% of rapists never spend a day in jail
- 8 out of 10 victims know their offender
- Rape has decreased 60% since 1993
Can Sex Offenders Be Successfully Treated?
Treated vs Untreated Sex Offender

[Bar chart showing the comparison between treated and untreated sex offenders in various locations.]
Studies

- Nicholaichuk, Gordon, Gu & Wong (2000)
  - 296 treated and 283 untreated
  - 6 year follow-up
  - 14.5% vs 33.2% sex offense recidivism
  - 28.3% vs 48% general recidivism

- Friendship, Mann & Beach (2003)
  - 647 treated and 1910 untreated
  - 4.6 vs 8.1

- Nagayama-Hall (1995)
  - Meta-analysis of 12 studies with 1313
  - 19% vs 27% overall recidivism
Hanson, Gordon, Harris, Marques, Murphy, Quinsey & Seto (2002)
- Meta-analysis of 43 studies of 9,454
- 12.3% v. 16.8% sexual recidivism
- 27.9% v 39.2% general recidivism

Zgoba, Sager, Witt ((2004)
- Committed v. uncommitted
- 8.6% (ADTC) v 12.7% (general prison)
- 25.8% (ADTC) v 44.1% (general prison)

McGrath & Cummings (2003)
- 56-treated, 49-some treatment & 90-no treatment
- 20% v 49% v 57.8% general recidivism
- 17.9% v 34.7% v 47.8%-sexual or violent
THE R.U.L.E. PROGRAM

- After 8 years with over 70 completers in the community, there have been no new convictions for a sex crime.
Issues to Consider in Treatment
If your agency decides to offer treatment to these individuals, there are a number of issues you should consider.

- This is a specialized field.
- It may open your agency to liability issues.
- It requires modification of confidentiality policies.
- It may require cooperation with other agencies.
- It may make other clients uncomfortable.
- If you are a nonprofit with a Board of Directors, it may be controversial.
- It is basically different from traditional mental health treatment in a number of ways.
<table>
<thead>
<tr>
<th>How is The Treatment of Individuals Convicted of Sex Offenses Different from Traditional Mental Health</th>
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<tr>
<td><strong>Sees patients as suffering from disease</strong></td>
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<td><strong>Trusts and believes client</strong></td>
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<td><strong>Patient sets agenda</strong></td>
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<td><strong>Respects client’s values</strong></td>
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More Differences

- Works to alleviate guilt
- Patient’s welfare is first concern
- Complete confidentiality
- Concerned how patient feels

- May encourage guilt but not shame
- Public safety is first concern
- Limited confidentiality
- Concerned with how participant acts
Assessing Individuals with Sexually Inappropriate Behavior

• Why assess?
  – Identify risk
  – Identify special needs
  – Treatment planning
    • Effective treatment should consider risk in determining kind and amount of treatment
Actuarial Instruments

- VRAG-predicts violence and so but difficult to administer
- SORAG-requires plethysmograph
- Risk-Matrix 2000-violence in SOs
- RRASOR-moderate accuracy
- MnSOST-R-research questionable, can’t be used with incest
- SACJ-Min-multi-staged, moderate
- Static-99R-most used
- Static-2002-still in development
- HCR-20-predicts general violence
- SRA-FV-dynamic factors to be used with the Static-99R
- LS/CMI-violence prediction
Mandated in California

- The SARATSO Committee recommended the following tools for use with sex offenders:
  - Static-99R
  - SRA-FV
  - LS/CMI
Specialized Instruments

- STABLE-2007-dynamic factors, can be used with the Static-99R to get a more comprehensive picture
- ACUTE-can be used for short term prediction
- ARMADILLA-special needs offenders
Other Assessment Techniques

- General personality evaluations
  - MMPI/MC/MI
  - Measures of depression, AD/HD, PTSD

- Measures of cognitive functioning

- Measures of sexual arousal patterns
  - Abel Assessment of Sexual Interest
  - Penile plethysmograph
Containment Approach

- Supervising Agent

Therapist

Polygrapher
Evidence-Based Treatment

- Basic Principles
  - Risk
  - Need
  - Responsivity
- Problems with EBT
  - Other than the above, no single approach has been shown to be superior
  - Insistence on EBT eliminates the development of new techniques
Domains to Consider
Physical Issues

- Structural-brain functioning as result of early trauma or lead exposure
- Neurotransmitters-related to depression, OCD
- AD/HD
- Hormonal-need for antiandrogen tx
Behavioral

- Conditioning
- Here-and-Now Behaviors
Cognitive Abilities
Cognitive Distortions
Affective

- Frozen Emotions
- PTSD
- The Man Box
Interpersonal

- Attachment disorders
- Desire for connectedness
- Hypersensitive to rejection
Familial

- Family of origin
- Current family and support system
Societal

- Socialization of males
- Cultural stereotypes
Spiritual

- Abuse by members of clergy
- Use of religiosity as reason not to deal with issues
- Sexual guilt related to religious teachings
TYPES OF TREATMENT
Treatment Approaches

- Cognitive Behavioral-based on the assumption that thoughts, beliefs and ideas influence emotions and behavior.
  - Assess cognitive distortions and encourage transformation of beliefs which support sexual abuse
• Self-Regulation/Relapse Prevention
  – Stresses identification of risk situations and develop interventions.

• Pathways-identifies four different paths which lead to offending and adapts RP to those.
Good Lives Model

- Assumes that every person has basic human needs and individuals can learn appropriate, rather than inappropriate, ways to meet their needs.

- Stresses what to do rather than what not to do.
Other Approaches

- Trauma-based
  - Dealing with the sexual abuse experienced by a significant number of offenders (60% of my program)
  - Male victims have special problems

- Attachment Disordered
  - Marshall has demonstrated that sex offenders show significant degrees of attachment disorders
- Behavioral treatments
  - Covert sensitization
  - Assisted covert
  - Olfactory aversion

- Experiential therapies
  - Art, music, dance and drama therapies
  - Very effective and responsive to different learning styles

● None of these models are mutually exclusive
Approaches Recommended by CCOSA (California Coalition on Sex Offending)

- Cognitive restructuring
- Relapse prevention
- Self-regulation
- Victim impact awareness
- Empathy development
- Healthy sexuality
- Disclosure of all offenses
- Social skills
- Anger management

- Arousal control
- Behavioral techniques for deviant arousal
- Medication
- Life enhancement training

- Additionally must refer for treatment of co-morbid conditions
Female Offenders

- Incarcerated female sex offenders usually about 3% of so population in prison but studies of victims show a much higher percentile
- No risk assessments for females
- Very few specialized programs
Types of Female Offenders

- My experience has shown three types
  - Females who are victims of male offenders and are forced into complying. Are chosen for vulnerable qualities.
  - Females who are introduced into sexually abusing by males but continue on their own
– Females who sexually abuse independently and are much like male offenders
– Females who are seriously mentally ill, often psychotic
Treatment Approaches

- Very often victims themselves PTSD
  DBT useful
  “Seeking Safety”

Need to help females become more assertive and independent so they do not involve themselves with abusive males.
- Respond well to Good Lives model
- Can benefit from standard approaches as long as treatment is gender responsive
How to Deliver

- Most outpatient programs use 90 minute group therapy with no more than 8 participants
- Skills are taught using locally produced workbooks or one of the commercially available workbooks
- Some practices use individual and group therapy
Stages of Motivation

- Precontemplation
- Contemplation
- Determination
- Action
- Maintenance
Therapist Styles

Treating sex offenders is difficult indeed. However, there are effective ways to accomplish this and ineffective ways. Research has indicated that the old highly confrontive, “in your face” approach is ineffective. What is the best style?
Three Style of Sex Offender Therapists

- Confrontational
- Unchallenging
- Motivational
Confrontational

- May induce aggression in self-confident clients
- At least 3 studies have shown this to be ineffective.
- Over-controlling leaders generate minimal change.
Unchallenging

- Not effective
- Easily manipulated
- Can be dangerous in terms of public safety.
Motivational

- Avoids shame
- Treats with respect
- Supportive.
- Most effective.
Research has shown that the most effective sex offender therapists are:

- Warm
- Empathetic
- Genuine
- Flexible
- Willing to model
- Not degrading
CCOSA’s Requirements for SO Therapists

- Licensed in a mental health profession
- 2000 hours of face-to-face clinical experience providing sex offender counseling. Will necessitate internship.
- 30 hours of bi-annual sex offender continuing education
Options for Addressing SO Needs

- Agency begins to offer SO treatment and trains existing staff.
- Agency recruits a qualified SO therapist
- Agency subcontracts with SO specialized agency
- Agency refers SO’s out.
California Sex Offender Management Board

- **California Coalition Against Sexual Assault**
- **California Coalition on Sex Offending and local chapters**
  - Bay Area-San Leandras
  - Central Coast-Coalinga
  - Central Valley
  - Inland Empire-Colton
  - Los Angeles
  - Orange County
- **Private Agencies**
  - Counseling and Psychotherapy Center
    - 12 in Southern Ca
    - 6 in Northern Ca
  - The Sex Offender Treatment Program-Downey, Ca
  - Lee Reid PhD-Simi Valley
  - Orange Psychological Services-Orange, Ca
  - Barry Levi, PhD-Long Beach
The bottom line is NO MORE VICTIMS