

► *Support for Treatment*

A final area for stakeholders to explore is the degree to which treatment is supported within the broader system of sex offender management. Indeed, while the effectiveness of interventions is largely a function of the structure and quality of the existing treatment programs, the potential impact of these programs cannot be fully realized in the absence of external support. In many jurisdictions, treatment is mandated for sex offenders, either through legislation, agency policies, or court orders. However, in and of themselves, treatment mandates are not necessarily indicative of support. Rather, support for treatment – and the ways in which that support is demonstrated – depends heavily upon an appreciation of its value in enhancing community safety.

One way to highlight the value of treatment is to engage key stakeholders in an open and ongoing dialogue about the current empirical evidence for ‘what works,’ what does not work, and what remains unknown with respect to sex offender management strategies. Providing an objective and user-friendly synthesis of the ever-expanding body of treatment effectiveness research can quickly illuminate the significant impact treatment has on reducing recidivism. In addition, it can highlight the diversity of the sex offender population and provide helpful insight into differential risk factors and their influence on recidivism rates, which ideally emphasizes the potential pitfalls of “one size fits all” strategies. Furthermore, when the known impact of treatment for adult and juvenile sex offenders is viewed within the context

of the limited research on other sex offender management strategies, the value of treatment is drawn into even sharper focus.

Another powerful strategy for demonstrating the value of sex offender treatment, and thereby garnering support for treatment, is through the use of cost-benefits analyses. Cost-benefits analyses within the sex offender treatment field compare the costs associated with providing sex offender treatment against the tangible costs associated with new reoffenses (e.g., medical and mental health services for victims, the investigation and prosecution of these cases, incarceration/placement) (see, e.g., Cohen & Miller, 1998; Donato & Shanahan, 2001; Prentky & Burgess, 1990; Shanahan & Donato, 2001). Researchers have repeatedly demonstrated that the cost of treatment programs is far outweighed by the benefits to victims, communities, the courts, and criminal justice systems (Aos et al., 2001; Cohen & Miller, 1998; Donato & Shanahan, 2001; Prentky & Burgess, 1990; Shanahan & Donato, 2001). In addition to tangible costs for victims, there are a number of intangible but nonetheless very real costs (e.g., emotional, psychological, and other internalized effects on victims, families, and communities). When factored into these analyses, the benefits of treatment increase dramatically (Donato & Shanahan, 2001; Shanahan & Donato, 2001).

Therefore, treatment providers, researchers, and others should ensure that legislators and key agency policymakers – particularly those who have responsibility for allocating resources – have access to this compelling data. And to bring the point closer to home, state and local agencies should collect treatment effectiveness data from in-state programs and conduct local cost-benefits analyses to examine the impact and implications of treatment specific to their own jurisdictions. This

ANOTHER POWERFUL STRATEGY FOR DEMONSTRATING THE VALUE OF SEX OFFENDER TREATMENT IS THROUGH THE USE OF COST-BENEFIT ANALYSES.

same data can be vital for public education efforts as a means of garnering additional support for treatment services and other necessary resources within the community.

As has been emphasized throughout this protocol, multidisciplinary collaboration and specialized understanding of research about victims, offenders, and management strategies are vital to supporting evidence-based policies and practices. The following are just a few examples of how multiple disciplines, entities, and individuals throughout the system can demonstrate the recognized value of and ongoing support for sex offender treatment as part of an integrated approach:

- *Court support.* Prosecutors can ensure that charging decisions and plea negotiations do not inadvertently undermine treatment, and defense attorneys can support the success of their clients by eliminating barriers to the kinds of treatment that can reduce their clients' likelihood of recidivating. Judges can become familiar with local resources and use the leverage of the courts to require treatment and support the involvement of family members. Court officials can serve as an educators and participants during treatment conferences, invite treatment providers and researchers to speak at judicial education events, craft individualized dispositions that are well-informed by the treatment and other sex offender management literature, and promote timely responses in instances of non-compliance with interventions. (For more information about the role that court officers can play in effective sex offender management, refer to the Investigation, Prosecution, and Disposition section of this protocol).
- *Agency support.* Corrections, juvenile justice, and community supervision administra-

tors can embrace a philosophy and culture that supports treatment and other rehabilitation efforts as a means of enhancing community safety. This means that administrators and other officials must secure necessary resources (e.g., staff, program capacity, ongoing funding) that allow programming to be delivered – and delivered well – by appropriately trained staff. Indeed, agencies can demonstrate support for quality treatment by ensuring that treatment staff are well-equipped through specialized pre-service training, routine on-site clinical supervision, and ongoing continuing education. Moreover, agency policies and procedures can be designed to promote information-sharing and collaboration within and across agencies so that all parties are able to make informed decisions based on complete information. This can also include the use of common assessment tools to drive treatment and other case management plans. Finally, as noted previously, when treatment services are contracted, agencies can use the leverage of the request for proposals and vendor selection process to require evidence-based and research-supported interventions, minimum qualifications for treatment providers, and formal expectations for program monitoring and evaluation.

- *Public support.* Well-informed community members can support treatment efforts by working with local government officials and agencies to expand community-based resources for victims and their families, influencing policymakers to enact rehabilitation-oriented legislation, serving as members of community support networks for sex offenders, and facilitating community reintegration by eliminating barriers to employment and housing so that they are able to access and pay for treatment services. In order to foster public support, treatment

providers and other partners must take active steps to dispel myths and misperceptions about sex offenders and victims through community meetings, media outreach, and prevention efforts.

- *Legislative support.* Policymakers can demonstrate support for treatment by prioritizing funding for prevention efforts and rehabilitative services within correctional, juvenile justice, and social services agencies, by allocating resources to fund treatment mandates, and by requiring agencies to implement evidence-based programs and document outcomes. Legislative bodies in some states have demonstrated support for treatment efforts by creating sex offender management boards, endorsing state guidelines, standards, or certification processes for treatment providers. In addition, they can partner with researchers and experts in the field of sex offender management to develop evidence-based policies that can maximize community safety and minimize the potential for unintended collateral consequences and other anti-therapeutic outcomes.

Beyond eliciting the support of external stakeholders, treatment providers themselves can ensure that treatment remains an influential component of a broader sex offender management strategy in multiple ways, including the following:

- Participating on multidisciplinary case management teams as a means of eliminating unnecessary barriers to critical information-sharing, increasing transparency regarding the treatment process for other professionals, and facilitating well-informed and collaborative case management decisions;
- Expanding graduate training capacity by providing didactic presentations, specialized coursework, field placements, and clinical supervision;

- Establishing networks or alliances to create cross-training activities, peer consultation venues, and informal and formal opportunities to keep abreast of current research and practices;
- Ensuring that facility-based and community-based treatment interventions are complementary of one another in order to facilitate continuity of care;
- Instituting quality assurance mechanisms and participating in treatment outcome evaluations; and
- Practicing ethically and responsibly, and ensuring the ethical and responsible practice of colleagues, thereby maintaining the integrity and credibility of the treatment community overall.

► *Summary*

The treatment of adult and juvenile sex offenders is a key component of a comprehensive approach. Its value and impact can be maximized when it is available and accessible on a continuum, driven by research-supported models of change, focused on variables that are likely to reduce recidivism, individualized based on assessed risk and needs, delivered by qualified providers in a way that facilitates engagement, and supported by key stakeholders throughout the system.

► Questions

Support for Treatment

- always/ typically generally never/
yes not no
289. Do the following policymakers/key stakeholders receive specialized training about contemporary research pertaining to adult and juvenile sex offenders, victims, and effective management practices (e.g., sex offender treatment outcomes, cost-benefit analyses):
- Legislators?*
 - Corrections administrators?*
 - Community supervision administrators?*
 - Juvenile justice agency administrators?*
 - Judges and magistrates?*
 - Parole boards?*
 - Child welfare administrators?*
 - Social services administrators?*
 - Prosecuting attorneys/district attorneys?*
 - Defense attorneys?*
 - Leaders from the victim advocacy community?*
290. Do key policymakers/agency administrators receive program data (e.g., recidivism, treatment outcomes, cost-benefit analyses) about statewide/local adult and juvenile sex offender treatment programs?
291. Are active steps taken to provide the public with specialized information about sex offenders, victims, and effective management practices (e.g., treatment outcomes, cost-benefit analyses)?
292. Do the courts and court officers demonstrate support for sex offender treatment in the following ways:
- Ensuring that charging decisions and plea negotiations do not inadvertently undermine sex offender treatment?*
 - Becoming familiar with local sex offender treatment resources?*
 - Attending/providing information at treatment conferences?*
 - Inviting treatment providers to speak about adult and juvenile sex offender management at judicial education events?*
 - Requiring/ordering specialized treatment when warranted?*

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 293. | | | | | Do criminal and juvenile justice agencies support sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Embracing a rehabilitation-oriented philosophy as a means of enhancing community safety?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Securing necessary resources to develop, maintain, or expand sex offender treatment capacity?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring ongoing specialized training is available for treatment staff?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Developing policies that promote collaboration and information-sharing?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Using the leverage of the contracting process to increase expectations and accountability for treatment providers (when sex offender treatment is contracted)?</i> |
| 294. | | | | | Do members of the public support adult and juvenile sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Working with local government officials to expand community-based resources for victims and their families?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Influencing policymakers to enact rehabilitation-oriented legislation as a means of enhancing public safety?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Serving as members of community support networks?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Eliminating barriers to employment and housing for sex offenders?</i> |
| 295. | | | | | Do legislators support adult and juvenile sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Prioritizing funding for prevention efforts and rehabilitative services as a means of enhancing public safety?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Requiring agencies to implement evidence-based programming?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Requiring agencies to demonstrate outcomes?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing sex offender management boards, endorsing guidelines or standards, or supporting certification processes for treatment providers?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Partnering with researchers and other stakeholders to develop evidence-based policies?</i> |

- | | <i>always/
yes</i> | <i>typically</i> | <i>generally
not</i> | <i>never/
no</i> | |
|------|------------------------|-----------------------|--------------------------|-----------------------|---|
| 296. | | | | | Do treatment providers facilitate the support of adult and juvenile sex offender treatment in the following ways: |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Participating on multidisciplinary case management teams as an equal and open partner?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Expanding graduate training capacity by providing didactic presentations, specialized coursework, field placements, and clinical supervision?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Establishing networks or alliances to create cross-training activities, peer consultation venues, and informal and formal opportunities to keep abreast of current research and practices?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Ensuring that facility-based and community-based treatment interventions are complementary of one another in order to facilitate continuity of care?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Instituting quality assurance mechanisms and participating in treatment outcomes evaluations?</i> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>Practicing ethically and responsibly, and ensuring the ethical and responsible practice of colleagues/peers?</i> |