

Long Version

Section 4: An Overview of Sex Offender Treatment for a Non–Clinical Audience

A National Perspective on the Current State of Practice

30 minutes



TOPIC: INTRODUCTION AND OVERVIEW (5 minutes)

Learning Objectives

At the end of this section of the curriculum, participants will be able to:

- Describe trends in treatment program prevalence for adult sex offenders and sexually abusive youth;
- Identify several sex offender treatment approaches currently in use in North America; and
- Describe recent trends in sex offender treatment.

Current Sex Offender Treatment Practice Patterns in North America

This section highlights information drawn from a survey of treatment programs conducted by the Safer Society Foundation, Inc. Current Practices and Trends in Sexual Abuser Management, The Safer Society 2002 Nationwide Survey (published in 2003). This survey is updated periodically.

Use Slide #1: A National Perspective on the Current State of Practice: Learning Objectives

Use Slide #2: Current Sex Offender Treatment Practice Patterns in North America

The Safer Society Foundation, Inc., a nonprofit agency, is a national research, advocacy, and referral center on the prevention and treatment of sexual abuse. Founded in 1964 as the Prison Research Education Action Project (P.R.E.A.P.) by Fay Honey Knopp, P.R.E.A.P. evolved into the Safer Society Program in 1985, and became the Safer Society Foundation, Inc. in 1995. The Safer Society Foundation, Inc., provides a variety of services related to the prevention and treatment of sexual abuse including training and consultation, responding to research requests, and a treatment referral service.

We will look at current sex offender treatment practices in North America, that is, the number of treatment programs for adult and juvenile offenders; community–based and residential programs; treatment programs for men and women; treatment for adults, adolescents, and children; the most frequently used types of treatment; and recent trends in sex offender treatment.

Programs for Adults, 1986–2002

First, let's look at the total number of programs serving adults. As you can see from the graph, over the past 15 years or so, the total number of sex offender treatment programs for adults in North America grew between 1986 to 1992, when there were more than 700 programs responding to the survey. However, in 2000, the trend has reversed itself and the number of programs has actually declined to under 500. Since 2000, however, the number of programs has increased to 951.

Programs for Adolescents, 1986–2002

A similar trend has occurred in the number of sex offender treatment programs for adolescent during the same time period. There was an increase in the number of treatment programs from 1986 to 1992, after which the number of programs decreased in 2000. This decrease is so great that there actually were fewer treatment programs for sexually abusive youth in 2000 than there were at any time since the survey began in 1986—fewer than 300. Since 2000, the number of programs for adolescents has increased to 937. Note that these data are counting the number of programs, not the number of people being treated in programs.

Use Slide #3: Total Number of Programs for Adult Males, 1986–2000

Use Slide #4: Total Number of Programs for Adolescent Males, 1986–2000

Why were there fewer programs in 2000 than in earlier years? Although we don't have enough information to answer this question conclusively, there appear to be several contributing factors. Chief among these are a reduction in the amount of funding available to treat sex offenders over the past decade and an apparent decrease in the incidence of sexual violence over this period. Another possible explanation is a decrease in response rates to the survey because of methodological problems (e.g., recent surveys have gotten longer and more complex). The large increase from 2000 to 2002 may be due in part to a higher response rate to the survey.

Although we do not have comparable data available on the number of individuals being treated in these programs, certainly the decrease in the number of programs themselves is a troubling occurrence. As we have been discussing, sex offender-specific treatment for offenders being supervised in the community is rapidly becoming viewed as essential for the prevention of future victimization. Any indicator of a downward trend in the availability of these programs is an unwelcome sign.



TOPIC: COMMUNITY SEX OFFENDER TREATMENT (5 minutes)

Community vs. Residential Treatment Programs for Adult Males

As you can see from this next slide, more than four out of five sex offender treatment programs for males in North America are community-based rather than residential. Further, while residential programs comprise only a fraction of all treatment programs, most residential programs are located in prisons.

It should be noted that most states do offer some form of treatment in their institutions. In a study that focused on institutional sex offender treatment programs, the Colorado Department of Corrections surveyed the 50 states to find out about their prison-based programs. Responses were received from 43 states and the District of Columbia. Findings indicated that in the year 2000, 39 states had sex offender treatment programs in their institutions and 30 of these had wait lists for program entry. The number of sex offenders that could be treated in these programs ranged from 70 to 1,200. Most of these programs' duration lasted longer than one year. Additionally, 12 states require treatment for some categories of sex offenders.

Use Slide #5: Community vs. Residential Treatment Programs for Adult Males

Use Slide #6: State Correctional Treatment Programs

Use Slide #7: Sex Offender Treatment Approaches Utilized for Adult Males in the Community

Sex Offender Treatment Approaches for Adult Males in the Community

Treatment Approach	Percentage of Programs
Cognitive-behavioral	92%
Relapse prevention	80%
Psycho-socio educational	47%
Family systems	18%
Multi-systemic	16%
Psycho-dynamic	13%

On this next slide, we've listed the most frequently-identified treatment approaches reported by survey respondents. Although categories are broad and not always clearly delineated, you can see that the cognitive-behavioral approach is the most frequently occurring method of treatment for adult males in the community. Other commonly-used approaches are indicated, including relapse prevention, psycho-socio educational, family systems, etc. The categories used in the survey do not

directly correspond with the treatment areas discussed in the previous section of this training curriculum, so it isn't possible to know, for example, how often a method such as covert sensitization is used. It is striking, however, that such methods as cognitive-behavioral and relapse prevention are so widely used. These are methods to which community supervision agencies can certainly provide support, encouraging a collaborative approach to sex offender management.

Adult Male Sex Offender Community and Residential Treatment

This next slide highlights the survey findings relating to community and residential-based sex offender treatment programs.

Use Slide #8: Adult Male Sex Offender Community Treatment

Not surprisingly, the most frequently used intervention method in community-based sex offender treatment is cognitive-behavioral treatment. Treatment duration averages two to three years, with treatment sessions typically lasting just under an hour for individual treatment and 90 minutes for group treatment. The cost of treatment in 2002 was \$45-\$87 per hour for individual therapy and \$23-\$43 per hour for group therapy. Two-thirds of the treatment providers offered a sliding fee scale for those who could not afford full fees.

The following is information about treatment setting for adult males:

Community Programs	Adult Male Programs (N=528)
Private practice	73%
Community mental health	19%
Other	13%

Residential Programs	Adult Male Programs (N=92)
Prison	55%
Civil commitment center	15%
Residential treatment	13%

Number of Adult Community Treatment Programs for Males Compared to Programs for Females

This pie chart shows the relative proportion of community treatment programs for male sex offenders compared to those for females. The number of programs for female sex offenders may seem surprisingly large given the small proportion of female sex offenders relative to males. But note this is a chart of programs, not numbers of offenders being treated in programs. The programs that treat males almost always have many more sex offenders in treatment than do those who treat

females. Shortly we'll look at people, not programs, to see how many females are treated compared to the number of males. But first let's look at the number of treatment programs for adults compared to those for adolescents and children.

Use Slide #9: Number of Adult Community Treatment Programs for Males Compared to Programs for Females

Use Slide #10: Number of Community and Residential Treatment Programs for Adults Compared to Programs for Adolescents and Children

Number of Community and Residential Treatment Programs for Adults Compared to Programs for Adolescents and Children

When looking at both community and residential treatment programs, there were 410 such programs for children with sexual behavior problems, 937 programs for adolescents who committed sexual assaults, and 951 programs for adult sex offenders.



TOPIC: TOTAL NUMBER OF OFFENDERS IN COMMUNITY TREATMENT; TRENDS IN TREATMENT (20 minutes)

Number of Sex Offenders Treated in 2001

Let's now look at the data another way. Instead of counting programs, let's look at the number of offenders treated, according to age and gender. As you can see, 60% of all sex offenders in treatment in North America in 2001 were adult males. Females of all ages comprised 11%, adolescent males accounted for 25%, and male children under the age of 12 comprised 4 percent of all persons who were in treatment for having committed sex offenses. Females in sex offender treatment have increased in percentage from only 4% in 2000 to 11% in 2002.

Use Slide #11: Number of Sex Offenders Treated in 1998

Trends in Adult Male Sex Offender Treatment and Community Supervision

Sex offender treatment and community supervision are rapidly evolving specialties. As such, there are changes from year to year in how these services are delivered. Noteworthy among these are the increases (from 1986–1992) and the decreases in the number of treatment programs since 1992, and the increase from 2000 to 2002. As we've discussed before, there are very little hard data to explain these changes, although we've speculated about a number of possible explanations.

Use Slide #12: Trends in Adult Male Sex Offender Treatment and Community Supervision

Another key shift in treatment approach is the increasing importance of the victim. There has been a seismic shift in recent years toward a victim-centered approach to sex offender management where the focus and direction of treatment is influenced strongly by the needs, rights, and protection of victims (see, e.g., Carter, Bumby, and Talbot, 2004; Center for Sex Offender Management, 2000; D'Amora and Burns-Smith, 1999; English, et al., 1996). This is probably reflective of the broader emergence of victim advocacy across all types of crimes.

Emerging practice in the field of sex offender management also places critical importance on the collaborative relationships of supervision officers and treatment providers, as well as others involved in the management of sex offenders in the community (e.g., victim advocates, police officers, and polygraph examiners).¹ A recent survey on the collaborative relationship among sex offender treatment providers and probation and parole officers indicates that communication between these individuals is valued, common, and frequent (McGrath, Cumming, & Holt, 2002). In fact, 94% of program respondents (N=190) indicate that they require sex offenders to sign confidentiality agreements, allowing treatment providers to share information with probation and parole officers.

Other current trends in sex offender treatment include an increase in the use of the polygraph with sex offenders and a decrease in the use of the penile

plethysmograph. The increase in the use of the polygraph with sex offenders is likely related to its acceptance among supervision agencies as well as treatment providers, and a growing sense among those involved in sex offender management that it is a valuable treatment and supervision tool (see, e.g., Ahlmeyer, et al., 2000; Blasingame, 1998; Center for Sex Offender Management, 2000; English, et al., 1996; O'Connell, 2000). Its use is certainly not universal, and there are many jurisdictions where supervision and treatment are provided without it. The decrease in the use of the penile plethysmograph is likely related to such factors as its intrusiveness, questions about its validity, and its cost (see, e.g., Konopasky and Konopasky, 2000; Laws, 2003; Marshall and Fernandez, 2000 (in Clinical Psychology Review)).

Refer to Handout: Learning Activity 4–1: Participant Observations of Practice in Their Own Jurisdictions.

Note: You may want to consider putting participants into smaller groups for this discussion, if you have enough trainers/facilitators so that each group can have a knowledgeable person available to guide the discussion. Allow no more than 15 minutes for this discussion.

Note: If the group was divided into smaller groups, ask one person from each group to comment on the predominant theme that emerged in the group's discussion. Maybe group members discussed the fact that cognitive–behavioral treatment is less common than the national survey described, or that medications are widely used in conjunction with therapy. To manage the time, each reporter should be asked to limit his or her remarks to a minute or two. If the group was not divided into smaller groups, simply summarize the discussion before moving on to the Summary portion of this section of the curriculum.



Learning Activity

This has been a rather quick and cursory overview of practice patterns in sex offender treatment in North America. Now we'd like to take a few moments to get your reactions and observations about sex offender treatment practices in your own jurisdiction(s).

- First, with respect to the now increasing number of sex offender treatment programs, have you observed such changes in your own community?
- What about the treatment methods?
- Would you say that relapse prevention and cognitive-behavioral treatment methods are the most commonly in use in your own jurisdictions?
- What about a victim–centered approach to treatment?

Processing of Learning Activity

I know that we could spend a great deal of time discussing the type of treatment available in each of your communities, the types of treatment provided, whether there is sufficient residential capacity for sex offenders, and the like. Since we have only a limited amount of time, let's take a minute to summarize the discussion before we conclude this section of the training.



TOPIC: SUMMARY

The total number of sex offender treatment programs for adult males in North America grew from 1986 to 1992 when there were more than 700 programs. However, in 2000, the trend has reversed itself and the number of programs declined to under 500. Since 2000, however, the number of programs has increased to 951.

Use Slide #13: Summary

The most frequently-identified treatment approaches that are currently used include cognitive-behavioral, relapse prevention, psycho-socio educational, and family systems.

Other characteristics of treatment programs include:

- Typical duration of treatment is 2–3 years;
- Typical session length ranges between 50 and 90 minutes;
- Typical cost of treatment ranges between \$23 and \$87—67% of programs offer sliding fee scale;
- Increase in victim-centered approaches;
- Strong emphasis on collaboration;
- Increase in use of polygraph; and
- Decrease in use of penile plethysmograph.

TOPIC: REFERENCES AND RESOURCES

Burton, D.L. and Smith–Darden, J. (2001). *North American Survey of Sexual Abuser Treatment and Models: Summary Data 2000*. Brandon, VT: The Safer Society Foundation, Inc.

McGrath, R.J., Cumming, G. and Burchard, B. (2003). *Current Practices and Trends in Sexual Abuser Management, The Safer Society 2002 Nationwide Survey*. Brandon, VT: The Safer Society Foundation, Inc.

McGrath, R.J., Cumming, G., and Holt, J. (2002). Collaboration among sex offender treatment providers and probation and parole officers: The beliefs and behaviors. *Sexual Abuse: A Journal of Research and Treatment*, 14 (1), 49–65.

Wenger, P. (2000). *State Sex Offender Treatment Programs: 50–State Survey Conducted by the Colorado Department of Corrections*. Longmont, CO: Colorado Department of Corrections.

NOTES

1. Association for the Treatment of Sexual Abusers, 2005; Carter, et al., 2004; Center for Sex Offender Management, 2000; English, et al., 1996, 2003.