Sex Offender Treatment for Adult Males

Definitions (in brief)

**Sex Offender Treatment**: specialized treatment to prevent reoccurring sexually abusive/aggressive behavior by (a) helping offenders identify and change thoughts, feelings, and actions that may lead to sexual offending, (b) developing strategies and plans to avoid, control, or productively address risk factors before a re-offense may occur, and (c) developing offender strengths and competencies to address needs appropriately.

**Sex Offender Management**: Management is typically multidisciplinary. It can include mental health professionals, treatment providers, law enforcement officers, probation or parole agents, child welfare caseworkers, and victim advocacy groups. It incorporates psychological/psychiatric assessment and treatment, polygraph monitoring, criminal sanctions, and social policies.

Common Programs

There is a variety of accepted treatment and behavior management programs, and many programs blend theoretical approaches or perspectives. These approaches include cognitive behavioral therapy, relapse prevention, behavior modification, harm-reduction, self-regulation, principles of risk, need and responsibility, and medical intervention. The type and length of treatment depends on a variety of factors including the program or practitioners’ approach and the offenders’ characteristics, offense patterns, level of risk to recidivate, and community support.

Although treatment for sexual offending is based in part upon traditional therapeutic models, there are significant differences, such as a focus on the harm caused to the victims, the protection of future victims and the prevention of re-victimization. Treatment providers typically work collaboratively with probation or parole officers. Group treatment is a common modality, as it offers group confrontation, as well as support and encourages offenders to model for each other ways to overcome denial, minimization, thinking errors, and manipulation. In addition to group treatment, adjunct individual and family treatment are also commonly used.

Treatment Considerations

Current trends regarding treatment/management effectiveness suggests the benefits of cognitive behavioral therapy. However, regardless of treatment approach, treatment considerations may include:

- treatment and/or management should be driven by formal evaluation/assessments, targeting the needs of the individual and the offending behaviors,
- establishing, encouraging, and maintaining rapport is essential,
- treatment should commence with a discussion on informed consent to ensure that the client and practitioner have a common understanding about the interventions, procedures, benefits, and risks,
- treatment goals should be specific, measured objectively, attainable, realistic, and timely,
- treatment and management of sex offenders should be provided by professionals with specialized training and experience, and
- progress, or lack thereof, and treatment adaptations should be thoroughly documented in a timely manner.
Current Research Highlights

Multiple approaches to sex offender treatment, however, make the question ‘does treatment work’ difficult to answer. Research results are mixed and professional opinion is varied. Perhaps a better question is ‘what helps stop sexual re-offending?’ Some studies have suggested that sexual offenders can benefit from sex offender therapy. ATSA members are committed to studying how to best develop, refine and apply treatment of sex offenders to enhance community safety, and support the need for funding of ongoing research to study the effectiveness of these interventions.

Currently, there is an interest in investigating the many factors that can influence the ability of a treatment program and its practitioners to provide effective treatment. These factors include whether an offender is ready to engage in treatment and his/her level of motivation, whether there are additional mental/physical health concerns, the quality of the alliance between offender and treatment provider, program and offender support, and community management strategies.

What Promotes Successful Completion of Treatment?

Current thinking regarding treatment/management effectiveness suggests (in brief) that:

- some sexual offenders can benefit from treatment and that treatment completion is associated with lower levels of recidivism;
- sexual offenders require supportive environments that focus on addressing mental health, developmental, and behavioral issues in order to reduce the likelihood of recidivism (support includes access to housing, employment opportunities, and transportation);
- social and family stability, and positive support increases the likelihood of successful reintegration.

What Hinders the Successful Completion of Treatment?

Unemployment, unstable housing, and lack of prosocial relationships are associated with criminal recidivism. Additional situations that can hinder effective treatment are transience, loss of family support, harassment, instability, and poor access to specialized treatment and probationary supervision.

Summary

Recent research suggests that specialized treatment, as one aspect of an overall approach to managing sex offenders, can be effective but more research is needed to determine the exact degree of effectiveness and to identify the therapeutic components that best reduce recidivism. A comprehensive approach to treatment includes appropriate assessment, individualization, and therapeutic rapport. Collaboration between practitioners and researchers, addressing all aspects of sexual violence, can further advance the field, improve treatment effectiveness, and support preventative measures.

Additional Resources

- [http://www.apa.org/monitor/julaug03/newhope.html](http://www.apa.org/monitor/julaug03/newhope.html)
Risk, recidivism, and treatment effectiveness
An Abridged Bibliography*


**Recommended Reading:**

[http://sax.sagepub.com/cgi/reprint/17/1/79?ijkey=9b5xWu4rCl2vQ&keytype=ref&siteid=spsax](http://sax.sagepub.com/cgi/reprint/17/1/79?ijkey=9b5xWu4rCl2vQ&keytype=ref&siteid=spsax)

[http://sax.sagepub.com/cgi/reprint/14/2/169?ijkey=VYlxfXt2oaNxFxg&keytype=ref&siteid=spsax](http://sax.sagepub.com/cgi/reprint/14/2/169?ijkey=VYlxfXt2oaNxFxg&keytype=ref&siteid=spsax)