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The Effectiveness of Treatment for Adult Sex Offenders

Introduction

Treatment and supervision programs which effectively decrease the recidivism rates of sex offenders can be of benefit to both the community and the offender. Evaluating the effectiveness of treatment programs for adult sex offenders, however, is a difficult task. Designing research studies with adequate control groups is challenging and executing them is even more so. The fact that sex crimes are under-reported lowers the (apparent) base rate of sex offending and limits conclusions that can be drawn about the significance of treatment effects. In addition, individual research studies require years to complete and so data about treatment effectiveness are very slow in coming. Meta-analyses of studies already completed are complicated by difficult decisions that must be made about what studies to include and how to compare treatment effectiveness among the disparate individual studies.

Because of these difficulties, conclusions about the effectiveness of treatment for adult sex offenders are difficult to reach. Yet it is important to know what the research tells us.

I examined 38 research studies concerning treatment outcome (30 individual studies and 8 meta-analyses) published since 1984. The studies were accessible in peer-reviewed journals (or in some cases as government reports on websites). I relied on the authors' conclusions about whether a finding was significant. I have also included here critiques of some of the research studies which were published by various authors in peer-reviewed journals. I have attempted to categorize study results according to whether programs were effective or not based on the reported findings and, in some cases, critiques of the studies by others. It is possible I have misinterpreted findings or conclusions as represented by the authors of the studies or critiques but I have attempted to reproduce them accurately. My survey is not intended to be a review of all articles ever written about the effectiveness of treatment for adult sex offenders; I have, no doubt missed some but I have included all I could locate with reasonable effort and excluded none I found (other than a very few which clearly lacked adequate control groups). It is important to note that this survey is not, in and of itself, a research study and it has not been subjected to peer review; it is simply my attempt to survey the literature as best as I could. I have attempted to provide few interpretive statements so that readers can draw their own conclusions; those that are offered reflect only my opinion.

The form of treatment most commonly offered sex offenders in the studies I surveyed is cognitive/behavioral or relapse prevention therapy (although other forms of treatment were sometimes the focus of the studies). The duration of treatment provided to offenders in the studies surveyed varies from just a few weeks to 4 years although 1-2 years was most common. The amount of time an offender was at risk following treatment ranged from 2 years to 28 years. (In some studies, the duration of treatment and amount of time at risk were difficult to determine.)

About half of the individual studies surveyed demonstrated that treatment can be effective in reducing recidivism and about half indicated that treatment had no statistically significant effect in reducing recidivism.

Table 1 summarizes the findings of the individual studies surveyed.

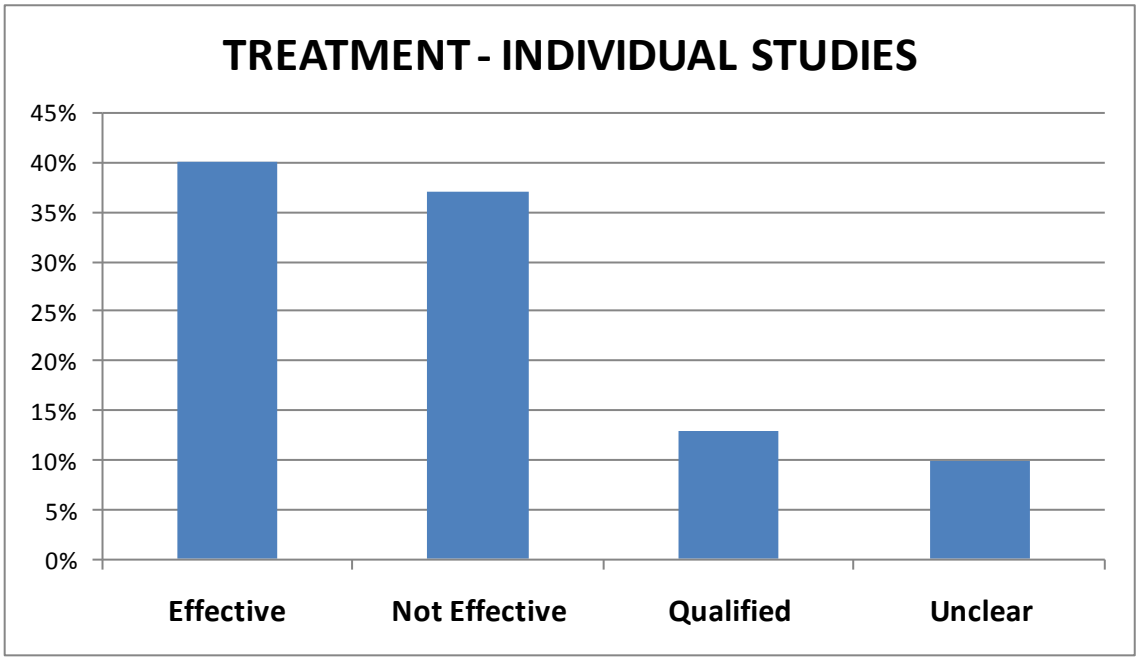

Table 1

Of the 30 individual studies surveyed, 12 (40%) concluded that some form of treatment significantly reduces recidivism *(Aytes, Olsen, Zakrajsek, Murray, and Ireson, 2001; Duwe and Goldman, 2009; Hildebrand, deRuiter, and deVogel, 2004; Looman, Abracen, and Nicholaichuk, 2000; Maletzky, Tolan, and McFarland, 2006; Marshall and Barbaree, 1988; Marshall, Eccles and Barbaree, 1991; McGrath, Cumming, Livingston, and Hoke, 2003; McGrath, Hoke and Vojtisek, 1998; Nicholaichuk, Gordon, Gu, and Wong, 2000; West, Hromas, Wengler, and Suthers, 2000 - data from "Alaska"; Wilson, Picheca and Prinzo, 2005).*

11 of the 30 studies (37%) concluded that treatment did not statistically reduce recidivism *(Barnoski, 2006; Davidson, 1984; Friendship, Mann, and Beech, 2003; Hanson, Broom, and Stephenson, 2004; Hanson, Steffy, and Gauthier, 1993; Harris, Rice, Quinsey, Lalumiere, Boer and Lang, 2003; Marques, Wiederanders, Day, Nelson, and van Ommeren, 2005; Quinsey, Khanna, and Malcolm, 1998; Rice, Quinsey, and Harris, 1991; Ruddijs and Timmerman, 2000; Schweitzer and Dwyer, 2003).*

One study (3%) provided qualified and partial evidence that treatment reduces recidivism *(Taylor, 2000).* One study (3%) found that treatment reduced violent recidivism but not sex offense recidivism specifically *(Lowden, Hetz, Harrison, Patrick, English, and Pasini-Hill, 2003).* Two studies (7%) suggest that changes in dynamic risk factors during treatment (and presumed to be the result of treatment) are correlated with reductions in recidivism *(Olver and Wong, 2009; Olver, Wong, Nicholaichuk and Gordon, 2007).* I have categorized all four of these studies as "Qualified".

Three studies (10%) did not offer statistical analyses of their findings *(West, et al., 2000 - data from "Kentucky", "New Hampshire", and "Vermont").* I have categorized these three studies as "Unclear".

Three of the studies cited above may be particularly notable because they are relatively recent, large-scale, and well-designed. The findings of what many regard as the best designed study of the efficacy of sex offender treatment, the Sex Offender Treatment and Evaluation Project in California, revealed no statistically significant differences in recidivism between offenders who were treated for 1-2 years and then released from treatment (with one year of parole supervision following treatment) and untreated sex offenders *(Marques, et al., 2005).*

The recent large scale study conducted by the Washington Institute for Public Policy *(Barnoski, 2006*) revealed that there was no reduction in sex offense recidivism for participants in the Washington Department of Corrections treatment program compared to those who did not participate in the program.

On the other hand, another recent and well designed study conducted in Minnesota *(Duwe and Goldman, 2009)* found that treatment produced "a significant albeit relatively modest reduction in sex offender recidivism".

The methodologies of many of the individual studies have been questioned making it even more difficult to reach definitive conclusions.

The conclusions of some of the individual studies suggesting a positive treatment effect are qualified by (sometimes unavoidable) design flaws (even though I have included these studies in the "Effective" category). For example, two studies *(Looman, et al., 2000; Nicholaichuk, et al., 2000)* were criticized for having inadequate control groups *(Hanson and Nicholaichuk, 2000; Rice and Harris, 2003).* Two other studies *(Aytes, et al., 2001; Hildebrand, et al., 2004*) included as control groups sex offenders who had failed to complete treatment when it might have been equally appropriate to consider the failure of those offenders to be a poor outcome of a treatment endeavor rather than consider them as similar to offenders who never received treatment.

Another study showed a robust treatment effect *(Maletzky, et al., 2006)* but it should be noted that the treatment employed was hormonal/pharmacological, not the standard cognitive behavioral treatment employed by most sex offender treatment programs.

As already noted, one study which found no significant effect of treatment on sexual recidivism did find a significant positive effect of treatment on violent recidivism and overall recidivism *(Lowden, et al., 2003).* The authors concluded, in part, that sex crimes were the least

commonly reported offenses making it difficult to compare groups using only measures of sexual recidivism.

A Published Review Reinforces the Inconclusive Findings of Individual Studies.

Polizzi, MacKenzie, and Hickman *(1999)* surveyed 21 sex offender treatment programs. They deemed only 13 of high enough scientific merit to warrant attention and of those "approximately half showed statistically significant findings in favor of sex offender treatment programs" and half did not.

Several meta-analyses concluded that there is a small but significant effect of treatment on recidivism. Two concluded no effect of treatment could be identified and two others are difficult to assign to either category. The methodologies of many of the analyses have been subject to criticism.

Table 2 summarizes the findings of the meta-analyses surveyed

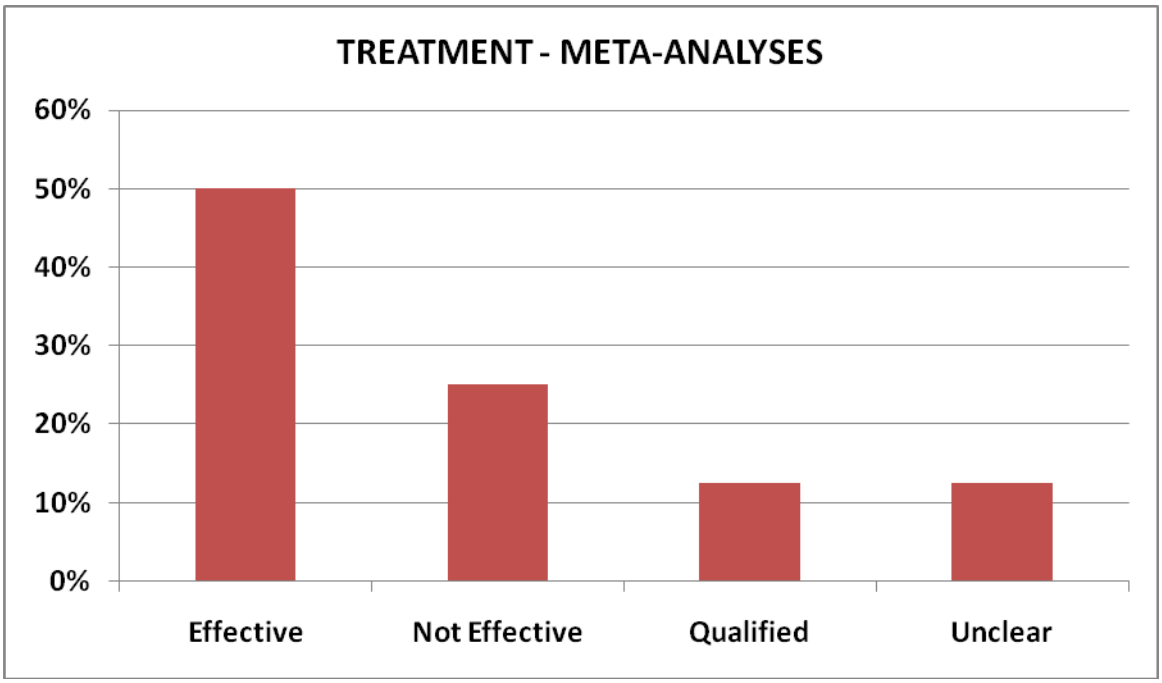

Table 2

Of the 8 meta-analyses I reviewed, 4 (50%) concluded that treatment had a small but significant positive effect on lowering recidivism *(Gallagher, Wilson, Hirschfield, Coggeshall, and MacKenzie, 1999; Hall, 1995; Hanson, Gordon, Harris, Marques, Murphy, Quinsey, and Seto, 2002; Losel and Schmucker, 2005).* Two (25%) concluded that there was no such effect *(Furby, Weinrott, and Blackshaw, 1989; Kenworthy, Adams, Bilby, Brooks-Gordon, and Fenton, 2004).* One (12.5%) concluded that treatment had small but significant effects on recidivism but that the authors also cautioned that the findings must be "tempered" by the fact that

most of the studies analyzed used weak (poor) research designs *(Hanson, Bourgon, Helmus and Hodgson, 2009);* I categorized this as a "Qualified" finding. One (12.5%) provided no statistical analysis *(Alexander, 1999)*; I categorized this as an "Unclear" finding.

Two of the meta-analyses which reported positive findings *(Gallagher, et al., 1999; Hall, 1995)* have been critiqued about the particular studies which were chosen for inclusion. The Gallagher et al. meta-analysis has been criticized for including studies with "significant threats to validity" including early reports of studies which were contradicted by later versions of the same studies *(Hanson, et al., 2004).* The Hall meta-analysis has been critiqued for including studies in which comparison groups were shown not to be equivalent; when these studies were removed from the analyses, the effect of treatment was no longer found to be significant *(Hanson, Morton, and Harris, 2003; Harris, Rice, and Quinsey, 1998).* Even so, I have included these analyses in the "Effective" category.

The authors of another meta-analysis (*Losel and Schmucker, 2005*) concluded that there is a significant effect of treatment on recidivism and that cognitive-behavioral treatments considered separately had a small but significant effect but much of the overall treatment effect appears to have come from studies in which treatment consisted of surgical castration. This analysis, too, is included in the "Effective" category.

Perhaps the most frequently cited recent meta-analysis is the ATSA Collaborative Outcome Data Project *(Hanson, et al., 2002).* The authors concluded that there was a small but statistically significant effect of treatment on sexual recidivism (12% recidivism for treated offenders and 17% recidivism for untreated offenders). It should be noted that the authors of one critique suggested that the findings of the Collaborative Outcome Data Project are weakened by the fact that many of the studies included in the meta-analysis had serious design flaws and so the authors concluded that there is "no convincing evidence" that treatment is effective in reducing recidivism *(Rice and Harris, 2003).* Even so, I have included this meta-analysis in the "Effective" category.

Alexander's meta-analysis *(1999)* is sometimes cited as concluding that treatment is effective, probably because recidivism percentages derived from the analysis for treatment groups are somewhat lower than recidivism percentages for control groups, but, as noted, Alexander offered no statistical analysis of these findings.

The two meta-analyses in which it was reported that no significant treatment effect could be demonstrated have been critiqued as well. The Furby, et al. analysis *(1989)* has been criticized because many of the studies included in the analysis focused on outdated treatment modalities. The Kenworthy, et al. analysis *(2004)* was withdrawn in 2008 pending an update.

It should also be noted that some other reviewers, while not conducting a formal meta-analysis, have concluded that treatment is effective. For example, a review of studies conducted in 1991 by Marshall and colleagues concluded that there is "an unequivocally positive answer" to the question of whether sex offender treatment reduces recidivism *(Marshall, Jones, Ward, Johnston, and Barbaree, 1991).* However, others criticized this review saying that the authors' conclusion was not warranted because the review included too many studies that contained no adequate control groups and because the studies reviewed often could not ensure that comparison groups were equivalent *(Quinsey, Harris, Rice, and Lalumiere, 1993).*

In summary, it appears the research on treatment effectiveness is mixed and it is not entirely clear whether time-limited treatment has been shown to lower sex offense recidivism in adults once they leave treatment and supervision programs.

Some individual research studies suggest that treatment lowers recidivism but others (including the only study to date employing randomized subject assignment) do not. The findings of many meta-analyses seem more encouraging but they are not without criticism. The findings are summarized in Table 3.

Is Treatment Effective?

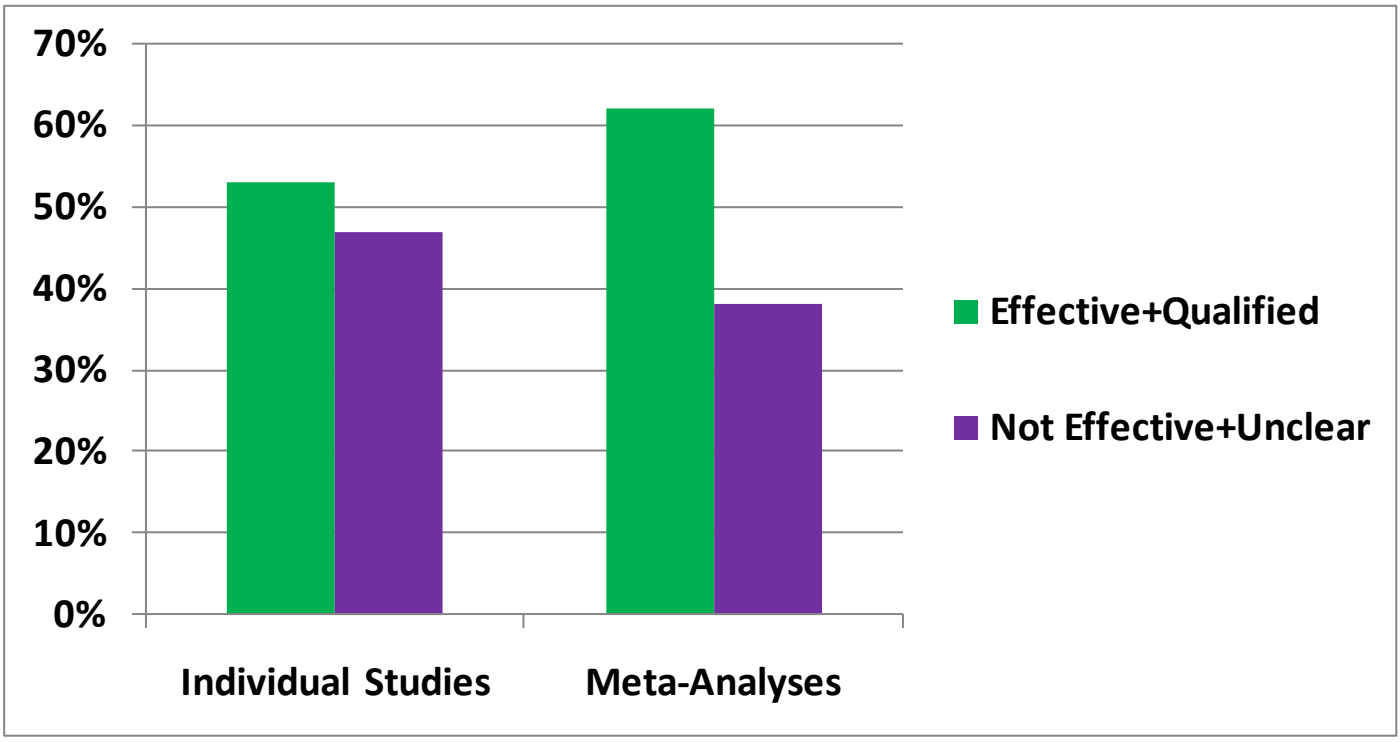

Table 3

Some approaches show promise, particularly those which target specific groups of offenders, or provide intensive treatment and supervision for longer periods of time, or adhere to "Need" and "Responsivity" principles.

Marques et al. *(2005)* indicated that a combination of treatment response measures was found to be a significant predictor of sexual re-offense in high risk offenders suggesting that some form of

treatment might eventually be effective with these offenders. The authors also reported that offenders who demonstrated better understanding of therapeutic concepts during treatment had better outcomes.

Prolonged treatment and intensive supervision ("containment") may be important in lowering recidivism. The study of the Sex Offender Treatment Program at the Department of Corrections in Colorado revealed that re-arrest rates for all violent and sexual crimes (although, again, not specifically sexual crimes) were lower for offenders who remained in the DOC treatment program longer and who were subsequently placed on intensive parole supervision which included polygraph testing when released *(Lowden, et al., 2003).* It is interesting to note that Marques, et al. *(2005)* mentioned that this "containment" approach *English, 1998)* might have improved the outcome of offenders in their study.

A study of Virginia's sex offender containment programs indicated that recidivism was lower in "containment" probation units than in "non-containment" units (*Boone, O'Boyle, Stone, and Schnabel, 2006*); this study is not included in the Tables above because it compared different forms of treatment and intervention and apparently did not include a "no treatment" group).

The study of the prison-based treatment program in Vermont revealed that both the length of time in treatment and the degree to which offenders received aftercare and correctional supervision following treatment contributed to lower recidivism *(McGrath, et al., 2003).* Another study found that providing offenders with increased support and opportunity to be accountable (through Circles of Support and Accountability Program) lowered recidivism following their release into the community *(Wilson, et al., 2005).*

The study of the community-based treatment program in Oregon indicated that the effect of treatment in lowering recidivism was particularly strong for offenders who remained in the treatment program for longer than a year *(Aytes, et al, 2001*).

A study conducted by the Colorado Department of Public Safety Division of Criminal Justice *(2004*) showed that high risk adult sex offenders living in a quasi-milieu setting which typically provides increased supervision and monitoring ("shared living arrangement") had significantly fewer violations of probation than adult offenders with other living arrangements.

Hanson, et al., *(2009)* found in their meta-analysis that treatment programs which better targeted criminogenic needs and delivered treatment in a manner that was more likely to engage offenders were more effective in reducing recidivism.

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