

COGNITIVE BEHAVIORAL THERAPY | AN EFFECTIVE AND ETHICAL THERAPEUTIC APPROACH TO REDUCE SEX OFFENDER RECIDIVISM

By Kelley Reece

INTRODUCTION

- » Sexual violence is a major public health concern. Survivors of sex offenders' attacks experience lifelong trauma after an attack (Pereida, Guilera, Forns, & Gómez-Benito, 2009).
- » Myths and misconceptions created the public's fearful perception of sex offenders. Public anxiety encourages legislators to develop increasingly punitive policies (Blasko, 2016; Hanson et al., 2018).
- » Sex offender registries alienate ex-convicts from engaging in pro-social, risk-reducing activities like finding a place to live, getting an education, or finding a job (Hanson et al., 2009).
- » Most sexual offenders do not inevitably re-offend; The sexual recidivism rate for sex offenders who received treatment is 10.9%. The sexual recidivism rate for comparison groups is 19.2% (Hanson et al., 2009).
- » Sex offender therapies are an economical investment of taxes. One act of sexual violence against a child on average costs \$159,610, \$110,937 for an adult. A 2009 Iowa-based study reported sexual violence cost the state \$4.7 billion (\$1,580/resident). Out of the \$100.6 million budget, half of the budget went to prosecution and incarceration and 1% went to treatments (Yang et al., 2014).

What is the most effective treatment to reduce recidivism in adult male sexual offenders?

METHODOLOGY

DATABASES

- Cochrane Library
- Congressional Publications
- Health and Psychosocial Instruments
- MEDLINE
- PsycARTICLES
- PsycBOOKS
- PsycINFO
- Psychology and Behavioral Sciences Collection
- SocINDEX
- Social Work Abstracts.

SEARCH TERMS

- "sex offender"
- "recidivism"
- "rehabilitation or therapy or treatment"

INCLUSION CRITERIA

- ONLY Peer reviewed articles
- Addressed adult male population
- Focus on meta-analyses
- Quantitative experimental research designs
- Longitudinal Studies
- Retrospective studies
- Governing institutions' publications and web material
- Cross referenced articles from included metanalyses

Of the 232 articles that met inclusion criteria, 24 articles were included in this research.

RECOMMENDED TREATMENT: CBT

- » Cognitive behavioral therapy (CBT) refers to several therapeutic approaches that aim to restructure the client's dysfunctional thought-feeling-behavior cognitions (APA, 2018).
- » CBT treatments last up to 16 weeks (Ford-Martin & Lerner, 2012).
- » CBT should only be implemented after a sex offender's criminogenic needs are assessed with a risk assessment instrument like RNR or STATIC-99 (Olver et al., 2018).
- » Treatment is administered by psychologists, clinical social workers, counselors, or psychiatrists in outpatient settings with individuals or groups (Ford-Martin & Lerner, 2012).
- » CBT treatments administered in community-based setting are more effective than institutional settings for recidivism reduction (Kim et al., 2016).

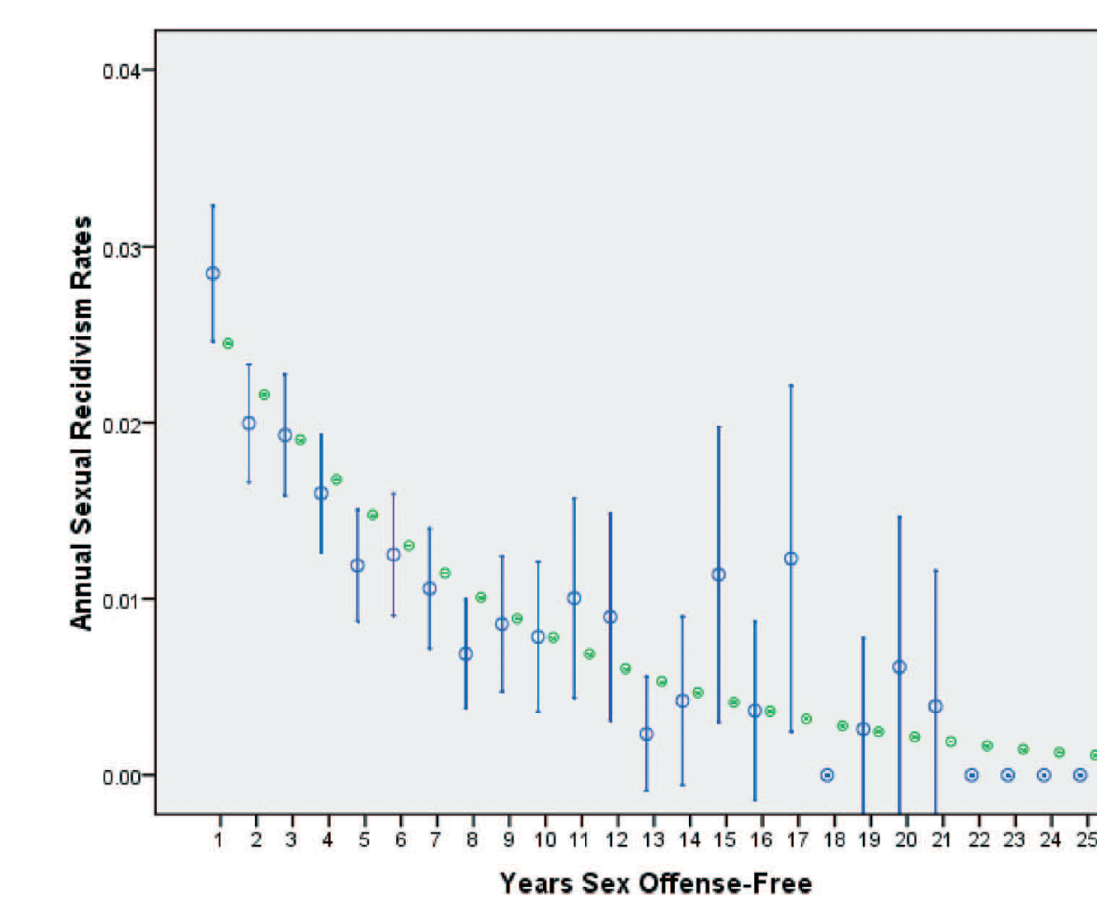
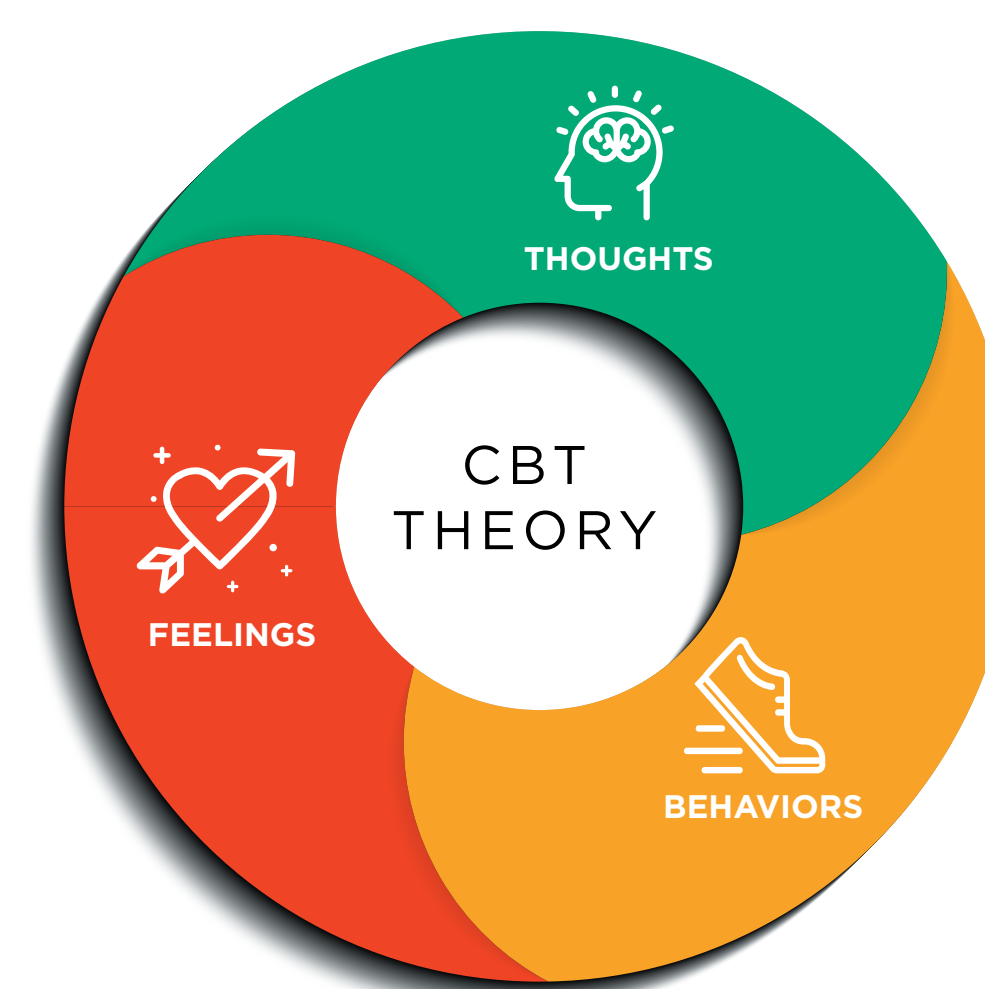


Figure 1. One-year based rates for sexual recidivism (n = 7,257); Observed with 95% confidence intervals (lines) and estimates from logistic regression (dots; Model 1). See the online article for the color version of this figure.

RECOMMENDED TREATMENT RATIONALE

- » When used with sexual offenders, the treatment focuses on reducing sexually deviant attitudes, improve self-control, enhance social skills, promote perspective taking, introduce coping skills, and prevent relapses (Lösel & Schmucker 2015; Mpofu et al., 2018).
- » A meta-analysis of sex offender treatments suggest a 22% recidivism reduction when CBT is used (Lösel & Schmucker 2015).
- » A cumulative sample size of 6,987 offenders who participated in a cumulative set of 22 studies found that 13.7% control participants sexually recidivated compared to 10.1% of treatment participants. The rates for any recidivism were 41.2% for the control group and 32.6% for the treatment cohort (Kim et al., 2016).
- » Research (Hanson et al., 2018) demonstrates the declining risk and eventual desistance of sexual offenses with the passage of time. Each "point" on the graph is represented as a box plot which shows the range of frequency of occurrences, and the middle point represents the mean.

ALTERNATIVE TREATMENTS

PSYCHOSOCIAL INTERVENTIONS

- » Multi-Systemic Treatment - works with families and offenders to disrupt the sexual assault cycle, identify risk factors, as well as improve monitoring, disciplining, and supervising the offender. MST is more effective with youth due to the restrictions a parent can enforce to support this treatment (Kim et al., 2016).
- » Psycho-dynamic treatment - A range of psychological therapeutic modalities that share a foundation in psychoanalysis. Therapy focuses on the subconscious development of deviant sexualization and sexual behaviors (Dennis et al., 2012).

"ORGANIC" INTERVENTIONS

- » Surgical Castration - refers to the surgical removal of sex organs from the offender to prevent them from reoffending. Although castration is proven effective in research, this treatment poses ethical problems regarding voluntariness versus coercion (Kim et al., 2016). This solution is also irreversible with implications of a life-long consequence especially when foisted upon a low-risk offender.
- » Hormone manipulation - This treatment alters the hormonal balance of the sex offender through pharmaceuticals. Hormone manipulation is used most frequently with offenders who are motivated by sexual drive and rather than dominance (Rea et al., 2017) and is used in addition to psychosocial therapies (Lösel & Schmucker 2015).

CONCLUSIONS

- » Further research is needed to definitively delineate which treatment or treatments are most effective with this population. The evidence available is not statistically robust and most studies were conducted abroad. More study should be dedicated to U.S. based samples of the sex offender population.
- » Sex offenders' threat levels need to be evaluated on an ongoing basis; Risk levels are dynamic and change over time.
- » More risk assessment instruments need to be developed and implemented. The "gold standard" of corrections, STATIC-99R, is only moderately accurate (Woodrow, 2011). Risk-Needs-Responsivity assessment model is less widely used but is more accurate (Dyck et al., 2018; Hason et. al, 2018).
- » Uniform policies waste resources on low-risk offenders that are less responsive to treatments while underfunding medium to high-risk offenders who would likely respond to treatment. Policies should act as a guideline for sex offender treatment rather than a mandate. Each offender's criminogenic needs are unique.