

Preventing abuse by understanding the abuser

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"Healthy lives, safe communities"

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Welcome newcomers!



Additional handouts

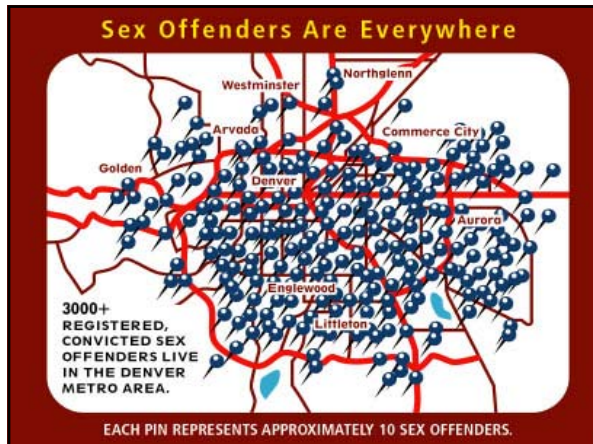
- Related to policy
- www.atsa.com/pubPArticles.html
 - Click on first two articles
- www.davidprescott.net
 - Click on publications

Focus

- Review myths and facts about offenders
- Review current policies and their shortcomings
- Recommendations for professionals' daily practice

Take-Away Message

- People change
 - We have proof
- Punishment does not reduce recidivism
 - We have proof
- Effective treatment of sexual offenders prevents further abuse
 - Particularly combined with supervision
- **We are all community safety advocates**



From the web site

- Convicted sex offenders live everywhere throughout our communities and we know that they continue to re-offend, even while on probation and in treatment. We want to create a facility to control adult repeat sex offenders who engage in hands-on assaults.



Kurt Freund

- Czechoslovakia, 1940's
- Designed penile plethysmograph
 - Use in detecting homosexuality/false claims of homosexuality in the military
 - Volumetric device
 - Early studies rarely translated into English
 - Would emigrate to Canada in 1968 and join the Clarke Institute in Toronto



1974

- Martinson
- Nothing Works*
- Later discredited
- Long since replaced by "what works"
- ... But the damage was done!
- Let's explore what's happened since that time...

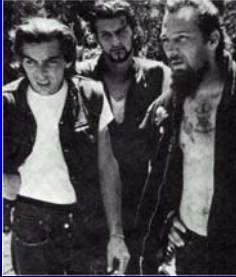
Faye Honey Knopp



1978

- In 1978, Ed Brecher's research found 20 SOTP in 12 states (only one was for JSA in Washington State).
- The Safer Society conducted national surveys beginning in 1986 and these surveys revealed the following growth patterns for JSA treatment programs.
 - 1986 = 346
 - 1988 = 573
 - 1990 = 626
 - 1992 = 755
 - 1994 = 684
 - 1996 = 539
 - 2000 = 291
 - 2002 = 937

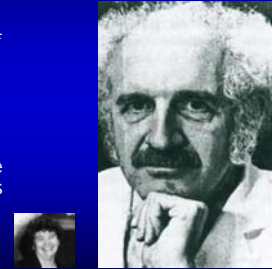
1986: What many thought



- Sexual offenders are destined to a lifetime of destruction and havoc
- Problem: prospective versus retrospective studies

Gene Abel

- 1960's- Behaviorist roots, becomes interested in study of sexuality. Begins research with circumferential PPG
 - Easier to use than volumetric, less prone to movement artifacts
- While at the U of Mississippi, meets Judith Becker



Problem

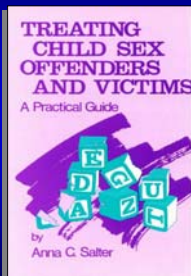
- Up to this point, treatment approaches very behavioral
- Little discussion of how sexual offender treatment can:
 - Assist survivors
 - Increase accountability
 - Improve lives

Meanwhile, in Oregon

- Robert Longo, James Haaven, Jan Hindman and others become increasingly concerned by:
 - Need for knowledge in assessment / treatment
 - Concerns around use of PPG
 - e.g. exams of 8 hours duration, use to "establish" guilt or innocence, etc.

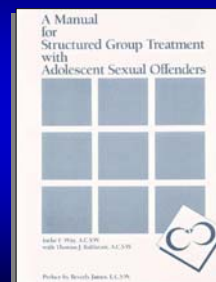


Anna Salter (1988)



- Sexual deviance versus sexual behavior to meet non sexual needs
- Clear understanding of victim impact
- Numerous appendices included scales often used with youth
e.g. Abel/Becker, BDHI, IRI

1990's: The rise of manuals



- Attempts to standardize treatment, inc. sequence
- Highly influential to many
 - e.g. Kahn's Pathways
- Inadvertent "cookie cutter" approach
- Inadvertent creation of investment in "there is a right way and a wrong way"
- None empirically tested

1992: "assessment"



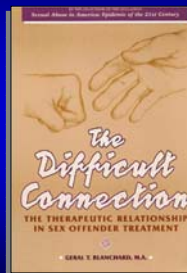
- Based on adult version
- Included numerous scales with no psychometric properties
 - e.g. Phase
- Covers numerous areas with little advice on drawing conclusions
- Still in print and unrevised

Mid-1990's: Ryan & Lane



- Keywords:
 - Developmental-Contextual approach
 - Continuum of care
- Accompanied National Task Force and its "Assumptions"

1995: Therapeutic engagement



- 1st book on topic for this population
- 55 pages of text (!)
- Not widely cited
- Observes: *"Many... want to believe there is a right way and a wrong way to treat sex offenders... Many times our own investment in a treatment program fosters competitive jealousy toward practitioners who use a different model."* (p. 51)

Smith, Goggin, & Gendreau, 2002

- Meta-analyzed 117 studies since 1958 (n = 442,471 criminal offenders)
- No sanction studied reduced recidivism (including juveniles)
- "Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behaviour."
 - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
 - Some indication of increased risk for low-risk criminals
 - www.ccoso.org

Myth: Treatment Doesn't Work Facts: Treatment can help

- Furby, Weinrott, & Bradshaw (1989).
 - Combined analysis of numerous studies that was unable to detect a significant treatment effect due to methodology variability.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
 - 17% untreated
 - 10% treated
 - Equivalent to a 40% reduction
- Losel, F., & Schmucker, M. (2005).
 - Recidivism reduced by nearly 40%
- SOTEP:
 - No overall differences between treated and untreated groups, but:
 - Sex offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they "got it" (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

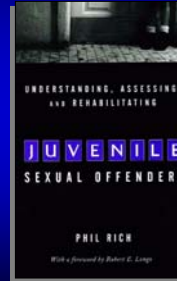
Can they be cured?

- Treatment won't work equally well for everyone, and 100% success should not be expected.
- Sex offender treatments, like many other types of medical and mental health interventions, don't focus on a cure but on a reduction of symptoms.
- Treatment for diabetes doesn't cure the disease, it manages the disease. Likewise, entering weight watchers with the expectation that simply being in the program will create weight reduction won't work. It takes collaboration and commitment.
- Appendix removal versus weight loss
- Auto Mechanic versus Home Depot manager (from Kevin Creeden)

Can they be cured?

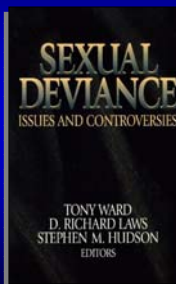
- Treatment for schizophrenia doesn't cure psychosis, it reduces symptoms and allows people to function more adequately.
- Chemotherapies may not ultimately prevent all cancer fatalities but may increase life expectancy and quality of life for many patients.
- Sex offender treatment teaches clients how to change their thinking and their behavior, and many are able and willing to do so and avoid reoffense.
- Treatment is just the road map; meaningful personal change is the goal (-- Sand Ridge patient)

2003: Phil Rich



- Most “juvenile sex offenders” not sexually deviant
- Assessment and treatment should target the entire youth
- Strong clinical focus; organized approach

2003



- “Good Lives” model both augments and challenges Relapse Prevention
- Approach/Avoidance pathways
 - different in pathways to first and subsequent offense

2003

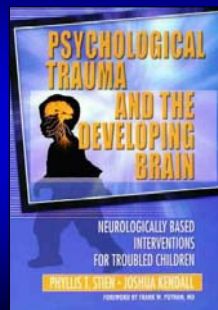
www.resourcesforresolvingviolence.com

- Joann Schladale, self-published
- Narrative-influenced, invitational stance
- Situates abusive behavior in “Trauma Outcome Process”
- Framework for including other treatment elements
- Invites youth to be the person they want to be

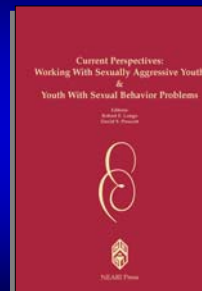


Stien & Kendall (2004)

- Haworthpress.com
- Easy reading for a professional text
- Covers developmental aspects
- Focus on understanding trauma
- “Healing the brain”

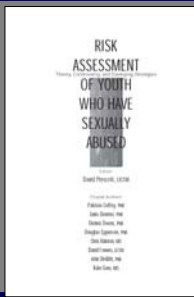


2006: Current Perspectives



- Longo & Prescott
- 29 Chapters
- Neari.com
- Increasing evidence base
- New approaches to therapeutic engagement
- 1st risk assessment scale for adolescent females

2006: Risk Assessment



- Woodbarnes.com
- Chapters by Douglas Epperson, Janis Bremer, Dennis Doren, Patricia Coffey, and others
- Contains the J-SORRAT – II, Protective Factors Scale, and a dynamic risk framework

The role of the media

Sample and Kadleck (2006)

- Themes of high recidivism rates were consistently apparent throughout news articles.
- Sex offenders were commonly portrayed as persistent in their behavior despite punishment and rehabilitation.
- An "increase in news accounts of sexually-motivated homicide [which] could well support public perceptions that sex offending is often synonymous with murder" (p. 20).
- The media can "affect public perception regarding the prevalence of sex crimes by over-reporting single incidents of behavior" (p. 8).

The role of the media (Sample & Kadleck, 2006)

- Interviewed 25 politicians in Illinois, who agreed that sex offenders were a "growing" problem.
- Most politicians described sex offenders as "sick," commonly characterizing them as compulsive, persistent, and irredeemable, and none thought that rehabilitation was possible.
- When asked how they customarily obtained knowledge regarding sex offenders, the politicians cited the media as – by far – their primary source.
- Thus, the media appears to play a leading role in shaping opinion both among politicians and their constituents. As a result, public policies are proposed which are designed ostensibly to protect the public but which are more likely to promote only an illusion of safety.

Sexual Aggression in College Men

- Abbey, McAuslan, et al (JIV, 2001) surveyed 343 college men. 33% reported having engaged in some form of sexual assault. 8% reported an act that met standard legal definitions of rape or attempted rape (p. 799).
- Koss, Gidycz, & Wisniewski (1987) found that 24.4% of college men reported "sexual aggression" since age 14, and that 7.8% admitted to acts that met standard legal definitions of rape or attempted rape (cited in White & Smith, 2004, CJB, p. 183)

Sexual Aggression in College Men

- Antonia Abbey & Pam McAuslan (2004, JCCP, p. 752):
- *In this sample of male college students, 14% reported that they had committed a sexual assault within a 1-year time interval. This is quite close to the rate presented in the only other study to our knowledge that examines sexual assault perpetration among adults longitudinally, which found a perpetration rate of 12.5% between the 1st and 2nd year of college (White & Smith, in press). These results further demonstrate the critical need for effective prevention programs for men in college.*
- Caution: "sexual assault" not clearly defined

White & Smith, (2004)

- Also found that exposure to violence and abuse predicted adolescent sexual assault, but not college sexual assault.
- The type of violence did not matter, sexual abuse, physical abuse, witnessing violence, all the same.
- Adolescent rape predicted new rape behaviors in the 1st year of college, but the connection got steadily weaker with later years.

Possible pathways

- Sexual Disorder - genuine, long-lasting deviant sexual preferences are unusual in adolescents
- Antisociality - Young people doing bad things with emerging sexuality
- Detachment - A lack of attachments and concern for others can contribute to offending behavior

Prevalence

- Bottom line = it's big
- We need a public health perspective over and above psychological and criminological perspectives
- Victim-to-victimizer hypothesis = wrong
 - Self report requires behavioral description...
 - See Simons (2007)

Progression of pedophilia

- Retrospective studies show that 40-50% of pedophiles report a juvenile onset to offending (Hunter, 1999)
- Earliest age of onset is found in same-sex pedophilia (Hunter, 1999)
- Boy-victim pedophiles are at elevated risk for recidivism (Hanson and Bussiere, 1996)

Progression of rape

- Recent research has suggested that adolescent rape is less likely to persist into adulthood (e.g. Weinrott, 1996)
- One study suggests that a large number of adolescent rapists discontinued the behavior by adulthood (Elliott, 1994)

Progression of psychopathy

- Associated with general and violent recidivism across the life span
- Early onset, often as young as age 6 or 7
 - (Hare, 1997)
- Associated with criminal diversity
 - (Hare, 1991)
- Associated with deceptive mating strategy
 - (Quinsey et al., 1998)

Quinsey et al., 2004; Moffitt, 1993

- 3 groups of delinquent adolescents:
 - Adolescence-limited
 - begins in adolescence; desists by adulthood
 - Early onset, life-course persistent with neuropathology:
 - pre/peri/post-natal problems, sometimes in combination with family and community adversity
 - Early onset, life-course persistent w/o neuropathology:
 - "...a discrete class of individuals, a taxon that is different in kind from other antisocial individuals..."

Testosterone (After Quinsey et al. 2004)

- Associated with high aggression and mating effort
- Some correlation between production and criminality across life-span
- Levels decrease after marriage and increase after divorce
- Married men with kids who spend lots of time with each have lower levels, etc.
- Decreases with impending fatherhood

Points to consider

- Behaviors which lay adults identify as high risk may not be the strongest indicators. In one sample of adolescents, recidivists were marked more by an antisocial domain (Prentky, 2000; Also see Zolondek et al. 2001)
- Some sex offenses may represent less a pattern of offending than a pattern of criminality (e.g. Hare, 1991)

Points to consider, *continued*

- Sex offender treatment has a long history of confrontational and punitive approaches
- Recent research shows that failure to complete treatment not only predicts re offense, but can elevate level of risk (Hanson and Bussiere, 1996)
- Confrontational style has in many cases filtered down to juvenile populations

Points to consider, *concluded*

- Recent studies show that confrontational style results in poorer treatment outcome (e.g. Marshall 2005)
- In juvenile populations a punitive treatment approach can increase shame, replicate abusive environments, create an identity of a "sex offender" and inhibit healthy sexuality

What's missing?

Little, if any, research basis for:

- Remorse/Shame/Guilt
- Empathy
- Psychological Maladjustment
- Denial
- Clinical presentation
- Uncertain sexual arousal

Hunter & Becker, 1994

Andrews & Bonta (2003)

Three Principles:

- Risk
- Need
- Responsivity

From The Psychology of Criminal Conduct, 3d ed.

Base rates of recidivism

- Margaret Alexander (1999)
 - meta-analysis, included juveniles
 - N=1025
 - Recidivism for treated (no data on untreated)
 - Rapists - 5.8%
 - Child molesters - 2.1%
 - Unspecified - 7.5%
 - Varying length of follow-up, but "Recidivism rates grew over time with juveniles..."

Base rates , continued

- Worling and Curwen (1999)
 - Followed two groups (treated and untreated) of youth who had sexually abused in Canada.
 - N=148; Follow up average of 6 years
 - Found that treated juveniles had a 72% reduction in sexual recidivism, 41% reduction in non-sexual violence charges, and 59% reduction in non-violent, non-sexual recidivism.
 - Untreated recidivism: 18%
 - Treated recidivism: 5%

Walker, McGovern, Poey, & Otis (2004)

- Meta-analysis of 10 studies (N=644)
- "Results were surprisingly encouraging"
- Effect size – $r = .37$
- Cognitive-Behavioral approaches most effective

Reitzel and Carbonell (2006)

- Summarized published and unpublished data from 33 studies on JSA recidivism
- Average 56-month follow-up period
- 9 studies contained a no treatment control group ($n = 4$) or a comparison treatment group ($n = 5$)
- Treated adolescents recidivated sexually at a lower rate (7.37%) than untreated adolescents (18.93%; Total $N = 2986$)

Reitzel & Carbonell (2006)

- Average weighted effect size of **0.43** ($N = 2986$, 9 studies, $CI = 0.33-0.55$)
- *Translated into practical terms, this result indicates that for every 43 sexual offenders receiving the primary/experimental treatment who recidivated, 100 of the sexual offenders in the comparison group (i.e., those receiving comparison/alternative treatment or no treatment) recidivated.*

Reitzel & Carbonell (2006)

- Average weighted effect size for studies with a cognitive-behaviorally-based treatment was 0.59 ($n = 819$, 5 studies, $CI = 0.13 - 2.71$)
- Average weighted effect size for other studies was 0.41 ($n = 2167$, 4 studies, $CI = 0.23 - 0.70$)

Reitzel & Carbonell (2006)

- Recidivism rates ($N = 5335$, 4805 male)
- 11.87% sexual recidivism
- 22.59% non-sexual violent
- 28.99% non-sexual non-violent
- 22.30% unspecified
- ($R =$ arrests, convictions)

Vandiver, 2006

- 300 registered male offenders; <18 at the time of their arrest (avg. was 15)
- 3-6 year follow-up
- $N = 13$ arrested for a sex offense
 - Of those, 4 arrested 2x & 1 arrested 3x
- More than 50% arrested for non-sexual crime

Worling et al, 2010

- Followed 148 juveniles for 12-20 years
- Prospective study
- 16.22% sexual re-conviction rate (24 of 148)
- More likely to commit other crimes
 - *"Relative to the comparison group ($n = 90$), adolescents who participated in specialized treatment ($n = 58$) were significantly less likely to receive subsequent charges for sexual, nonsexual violent, and nonviolent crimes."*

Other effect sizes

- Marshall & McGuire (2003) observe:
 - Bypass surgery for artery blockage = .15
 - Chemotherapy for breast cancer = .08
 - Aspirin for heart problems = .03

Other effect sizes

- Meyer, Finn, Eyde, Kay, Moreland, Dies, Eisman, Kubiszyn, & Reed (2001)
 - Antihypertensive medication and reduced risk of stroke has been found to be .03
 - Relapse prevention on improvement in substance abusers is cited as .14
 - Anti-inflammatory drugs have only a .14 correlation with pain reduction.
 - Nicotine patches demonstrate a correlation of .18 with smoking cessation

Other effect sizes

- Clozapine and its relationship to improvement in schizophrenia = .20
 - General knowledge is that only two thirds of patients with Schizophrenia respond to meds.
- Even Viagra, commonly thought of as a miracle drug, demonstrated only a moderate correlation with improved male sexual functioning ($r = .38$). Illustratively, the r squared (.14) indicates that Viagra accounts for only 14% of the variance in improvement in sexual functioning. Thus, statistical significance does not imply substantive significance.

Treatment

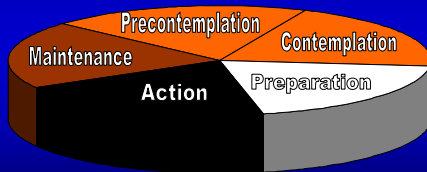
- Cognitive-Behavioral
- Community-based

Treatment Plan

- Problem: Coercive measures rarely work
 - Smith, Goggin, & Gendreau, 2002
 - Andrews & Bonta, 2003
- Goal: Efforts at change work best from within
 - Bem, 1972
 - Ryan & Deci, 2000; Deci, 1980
 - Miller & Rollnick, 2002
 - Jenkins, 1990; 1994; 2006
 - Cialdini, 2001

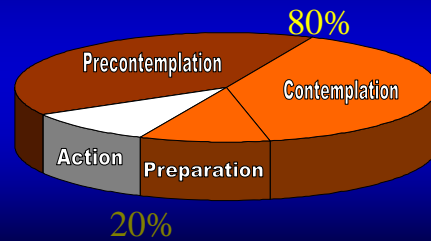
Stages of Change

Prochaska & DiClemente



Stages of Change

Prochaska & DiClemente



Case example

Meet Ethel

How Dolphins Learn



"Sexual Deviance"

- Understand sexual arousal in the broader context of emotional and physiological development.
- Understand the context of the harmful sexual behavior.
- Understand the developmental history of the youth, including harmful behaviors, as well as experiences with trauma or other developmental disruptions.
- Be careful with interventions targeting sexual deviance.
- Remember that all adolescents are sexual beings.

Polygraphy: some cautions

- Youth are different in their treatment needs and willingness to disclose information.
- More information is not always better information
- Polygraph examinations have the potential to be re-traumatizing and may contribute to dysfunctional beliefs
- Young people may have long-term treatment needs, but the polygraph may only have short-term utility
- Disclosure is not always the same as honesty

Peers (After Quinsey et al. 2004)

- Deviance training through ongoing exposure
- Long-term relationships as reducing exposure, competition among males

Robben Island



Hope Theory

- Agency Thinking
 - Awareness that a goal is attainable
- Pathways Thinking
 - Awareness of how to do it
 - See works by C.R. Snyder
- *"Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking."* (in Hubble, Duncan, & Miller, 1999)