

What we've learned in 20 years about sexual offenders

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Welcome!

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WELCOME NEWCOMERS!



IN MEMORY OF JAN HINDMAN

- ✘ "Sex Offender Therapists and their Costumes"



SUZANNE BROWN-MCBRIDE

- ✘ "We are all community safety advocates"



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



PPG A/K/A PHALLOMETRICS



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...

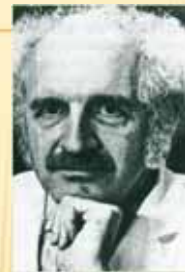
1986: WHAT MANY THOUGHT

- ✘ Sex 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 PPG
- + While at the U of Mississippi, meets Judith Becker



1990'S: THE RISE OF MANUALS

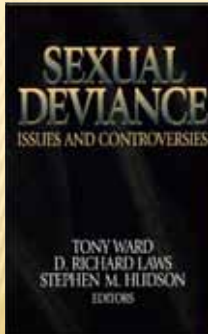


- ✘ Attempts to standardize treatment, inc. sequence
- ✘ Highly influential to many
 - + e.g. Kahn's *Pathways*
- ✘ Inadvertent “cookie-cutter” approach
- ✘ Inadvertent creation of investment in “there is a right way and a wrong way”
- ✘ None empirically tested

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.psepc-sppcc.gc.ca/res/cor/sum/cprsindex_1-en.asp

2003



- ✦ "Good Lives" model both augments and challenges Relapse Prevention
- ✦ Approach/Avoidance pathways
 - ✦ different in pathways to first and subsequent offense
- ✦ www.pacific-psych.com

WHAT WORKS?

- ❖ Do we want them to re-offend or not?
- ❖ What can we do?
- ❖ Who should we be?

CORE MESSAGE

We can make our communities safer by building healthier lives for all.

BEST RESULT

A balanced, self-determined lifestyle

(Wilson, 2009)

COLLEGE MEN

- ❖ Abbey, McAuslan, et al 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 (JIV, 2001, p. 799).
- ❖ Koss, Gidycz, & Wisniewski 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 (1987 - cited in White & Smith, 2004, CJB, p. 183)

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 . . . which found a perpetration rate of 12.5% between the 1st and 2nd year of 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.

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)

WHY RESEARCH IS IMPORTANT



THE PROBLEM: APPEARANCES



THE LESS APPARENT BACKGROUND



FOCUS

- ❖ Recidivism and treatment outcome
- ❖ Assessment strategies
- ❖ What works in treatment

TAKE-AWAY MESSAGE

- ❖ People change
 - + We have proof
- ❖ Punishment does not reduce recidivism
 - + We have proof
- ❖ When all else fails, get back to the basics
 - + Effective treatment gets young people to change the way they think and gets families to support those changes
 - + **We will never change the way they think; they have to**

EVALUATORS

- ❖ Arms-length distance
- ❖ Assessment-driven treatment

TREATMENT PROVIDERS

- ❖ Warm
- ❖ Empathic
- ❖ Rewarding
- ❖ Guiding

- ❖ Building willing partners in change

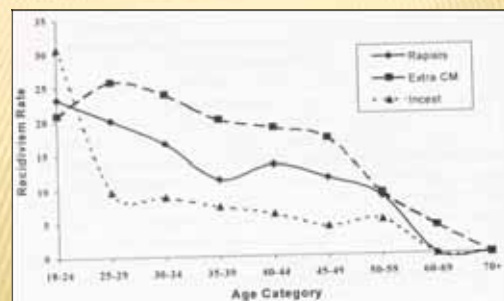
HOW DOLPHINS LEARN



AGING

- ❖ Reduced recidivism, but by how much?
- ❖ Magical cutoff age (e.g., 60)?
- ❖ Sexual deviance versus antisociality?
- ❖ Doren (Paraphrased): *Tell me your idea and I can provide a study that supports you. I can also show you several others that don't*

HANSON (JIV, OCT. 2002)



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

IN OTHER WORDS...

- ❖ People who have sexually abused are a heterogeneous population. There is research evidence to suggest that they do not represent similar levels of risk, e.g.
 - ✗ Pedophilia
 - ✗ Rape
 - ✗ Psychopathy
 - ✗ Treatment effects on each

HANSON AND BUSSIÈRE

- ❖ Meta-analysis, 1996
 - + Asked: "Compared to other sex offenders, which individual characteristics increase or decrease their chances of recidivism over the long term?"
 - + 61 data sets
 - + examined 28,972 sex offenders
 - + 1/3 of 165 predictor variables were significantly related to recidivism ($p < .05$)

HANSON & BUSSIÈRE

- ❖ Measured outcomes:
 - + sexual
 - + non-sexual
 - + generalused re-arrests, reconviction, self-report, etc.
- ❖ No single factor found that could be used in isolation



HANSON & BUSSIÈRE

- ❖ Results:
 - + 13.4% Sexual recidivism in 4-5 years (n = 23,393)
 - ✗ 18.9% for 1,839 rapists
 - ✗ 12.7% for 9,603 child molesters
 - + 12.2% Violent recidivism in 4-5 years (n = 7,155)
 - ✗ 22.1% for 782 rapists
 - ✗ 9.9% for 1,774 child molesters
 - + 36.3% any recidivism in 4-5 years (n = 19,374)
 - ✗ 46.2% for 4,017 rapists
 - ✗ 36.9% for 3,363 child molesters
- Caution! There were diverse methods, follow-ups, and concerns around undetected offenses in this study

HANSON & BUSSIÈRE

- ❖ Predictors of sexual recidivism:
 - + PPG sexual interest in children $r = .32$
 - + Any deviant sexual preference $r = .22$
 - + Prior sexual offenses $r = .19$
 - + Stranger victims $r = .15$
 - + Early onset $r = .12$
 - + Unrelated victims $r = .11$
 - + Boy victims $r = .11$

HANSON & BUSSIÈRE

- ❖ Predictors of sexual recidivism *continued*
 - + Diverse sexual crimes $r = .10$
 - + Antisocial Personality Disorder $r = .14$
 - + Any prior offenses (general) $r = .13$
 - + Age (young) $r = .13$
 - + Single (never married) $r = .11$
 - + Treatment drop-out $r = .17$

HANSON & BUSSIÈRE:

WHAT DIDN'T CORRELATE TO RECIDIVISM?

- ❖ History of sexual abuse $r = -.01$
- ❖ Substance abuse $r = .03$
- ❖ General psychological problems
 - + Didn't correlate to general or violent recidivism, either
- ❖ Education $r = -.03$
- ❖ Empathy $r = .03$
- ❖ Denial (without outlier) $r = .02$

PREDICTORS OF GENERAL RECIDIVISM

- ❖ Averaged correlations from:

Hanson, R.K. & Bussiere, M.T. Predicting Relapse: a Meta-analysis of sex offender recidivism studies. *Journal of consulting and clinical psychology*, 66, 348-362

Gendreau, P., Little, T. & Goggin, C. (1996) A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology*, 34, 575-607

Source: Hanson, R.K. (2000) "Risk Assessment". ATSA

PREDICTORS OF GENERAL RECIDIVISM, CONTINUED

- + Companions $r = .21$
- + Antisocial cognitions and personality $r = .18$
- + Adult criminal history $r = .17$
- + Juvenile delinquency $r = .16$
- + Minority race $r = .16$
- + Age (young) $r = .11$
- + Substance abuse $r = .10$
- + Low intelligence $r = .07$
- + Personal distress $r = .05$

WHAT'S MISSING?

Little, if any, research basis for:

- ❖ Remorse/Shame/Guilt
- ❖ Empathy
- ❖ Psychological Maladjustment
- ❖ Denial
- ❖ Clinical presentation
- ❖ In youth: Uncertain sexual arousal
Hunter & Becker, 1994

DEFINING RISK (HART, 2003)

- ❖ "A risk is a hazard that is incompletely understood and whose occurrence can be forecast only with uncertainty."
 - ✗ Nature of hazard
 - ✗ Frequency/duration
 - ✗ Seriousness
 - ✗ Imminence



ANDREWS & BONTA (2010)

Three Principles:

- ❖ Risk
- ❖ Need
- ❖ Responsivity

From *The Psychology of Criminal Conduct, 3d ed.*

"RISK" MARKERS

- ❖ Directly related to the recidivism process
 - + Early onset
 - + Persistence of criminal behavior
 - + Persistence of *specific* criminal behavior
 - ✗ Some criminals are specialists, others aren't
 - + Persistence despite detection and sanction
 - + Persistence despite treatment
 - + "The best predictor of future behavior is past behavior"

"RISK" MARKERS

- ❖ High levels of deviance (discussed below)
 - + Not "Counterfeit Deviance"
 - + Dynamic ("changeable") factors contributing to a re-offense process.
- ❖ Effects of age
- ❖ Male Victim (among youth)???
- ❖ Not necessarily referral offense

"NEED" MARKERS: TREATMENT TARGETS

- ❖ Sexual recidivism --
 - + Dynamic factors contributing to re-offense
- ❖ Other forms of recidivism:
 - + All treatment areas that could contribute to emerging criminal behavior

RESPONSIVITY:

INTERACTION OF PROVIDER AND CLIENT

- ❖ Factors effecting treatment response:
 - + Denial, empathy, psychological maladjustment, clinical presentation, arrogance, deception, manipulation
 - + Factors that drive providers and supervisors CRAZY, but are not necessarily related to the recidivism process
 - + Can get adults off the track of understanding kids

LEARNING DIFFICULTIES



HYPERACTIVITY



COMMUNICATION DIFFICULTIES



BASE RATES OF RECIDIVISM

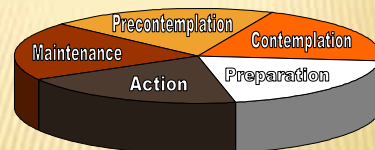
- ❖ Margaret Alexander (1999)
 - + meta-analysis, included juveniles
 - + N=1025
 - + Recidivism for treated (no data on untreated)
 - × Rapists - 5.8%
 - × Child molesters - 2.1%
 - × Unspecified - 7.5%
 - + Varying length of follow-up, but "Recidivism rates grew over time with juveniles..."

TREATMENT

- ❖ Cognitive-Behavioral
- ❖ Community-based

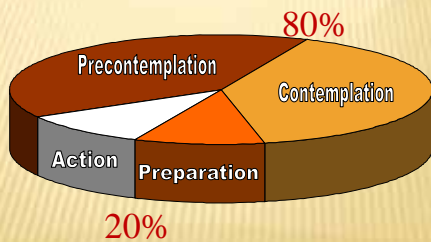
STAGES OF CHANGE

PROCHASKA & DICLEMENTE



STAGES OF CHANGE

PROCHASKA & DICLEMENTE



EFFECTIVE PROGRAMS

Based on meta-analytic research, Don Andrews and his colleagues have suggested four principles of effective correctional interventions.

HANSON, BOURGON, HELMUS, & HODGINS, 2009

- ❖ Examined sexual offender treatment and RNR principles
- + *Based on a meta-analysis of 23 recidivism outcome studies meeting basic criteria for study quality, the unweighted sexual and general recidivism rates for the treated sexual offenders were lower than the rates observed for the comparison groups (10.9%, n = 3,121 vs. 19.2%, n = 3,625 for sexual recidivism; 31.8%, n = 1,979 vs. 48.3%, n = 2,822 for any recidivism). Programs that adhered to the RNR principles showed the largest reductions in sexual and general recidivism.*

EFFECTIVE PROGRAMS

RISK Principle

- ❖ effective programs match the level of treatment intensity to the level of risk posed by the offender
- ❖ high risk = high intensity
- ❖ mismatching can result in increased risk

EFFECTIVE PROGRAMS

NEED Principle

- ❖ effective programs target identified criminogenic needs
- ❖ sex offenders require sex offender specific treatment programming
- ❖ other programs may result in some ancillary gain, but risk for sexual recidivism likely will not be reduced

EFFECTIVE PROGRAMS

RESPONSIVITY Principle

- ❖ effective programs are those which are responsive to offender characteristics
 - ✗ cognitive abilities
 - ✗ maturity
 - ✗ motivation
 - ✗ mode of intervention
 - ✗ scheduling concerns

EFFECTIVE PROGRAMS

PROFESSIONAL DISCRETION

- ❖ in every effective correctional intervention, there must be a coordinated plan which takes risk, need, and responsivity into consideration
- ❖ someone must be "driving the bus"
- ❖ sometimes, exceptions to the first three principles can be justified based on global perspectives

TREATMENT OF SEXUAL OFFENDERS

- ❖ Historically, many types of treatment interventions applied to sexual offenders
- ❖ Current effective practice:
 - + Adherence to principles of risk, need, responsivity
 - + Assessment of risk factors/criminogenic needs
 - + Cognitive-behavioral intervention
 - + Treatment that targets identified risk factors/criminogenic needs
 - + Post-treatment maintenance/follow-up programming

TREATMENT OF SEXUAL OFFENDERS

- ❖ Treatment is cognitive-behavioral:
 - + Change patterns of affect, cognition, behavior
 - + Development of pro-social/non-offending attitudes and beliefs
 - + Acquisition and rehearsal of skills
- ❖ Targets dynamic risk factors (e.g., deviant arousal/fantasy/preference, attitudes/cognitive distortions, intimacy deficits, etc.)
- ❖ Most common type of intervention presently is relapse prevention (RP), but..
 - + Professionals are increasingly adopting the good lives and self-regulation models