

Evaluating ‘What Works’: Understanding the Complexities of Rehabilitating Sex Offenders

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RIT

**Rochester
Institute of
Technology**

Libnah Rodriguez
Research Assistant
Lyr1744@rit.edu

Introduction

Sex offenders are undoubtedly among the most stigmatized criminals in American society. Because of the repulsive nature of sex offenses, there is a strong antipathy against sex offenders in the public eye, a disposition that has translated to their treatment in the criminal justice system. Indeed, these individuals are often regarded as beyond repair. As a result, very few rehabilitative treatments are available, and those offered are rarely evaluated for their effectiveness. Despite this scarcity in evaluations, the existing literature suggests that treatment may produce positive outcomes for sex offenders, though its success is largely dependent on certain contextual conditions. Nonetheless, these findings indicate a need for a deeper consideration of ways in which sex offenders can be rehabilitated effectively.

Overview of Sex Offender Treatment

Though sex offender treatments often vary by jurisdiction, they largely consist of three key approaches: (1) psycho-therapeutic/psychosocial, (2) hormonal medication, and (3) surgical castration (Schmucker & Lösel, 2017, p.9). Perhaps the least physically invasive treatments are those that are psychosocial in nature, one being cognitive behavioral treatment. These interventions typically consist of individual and group therapy that emphasize “victim awareness and empathy training, cognitive restructuring, learning about the sexual abuse cycle, RP [relapse prevention] planning, anger management and assertiveness training, social and interpersonal skills development, and changing deviant sexual arousal patterns” (Moster, Wnuk, & Jeglic, 2008, p.110). Conversely, pharmacological interventions, such as hormonal medication treatments, seek to suppress the offender’s libido by reducing their levels of testosterone (Khan, Ferriter, Huband, Powney, Dennis, & Duggan, 2015, p.3). To diminish the risk of offending, hormonal medications must be administered consistently (Khan et al., 2015, p.3). Similarly,

surgical castration, though a more permanent approach, “involves the removal of the testes” to completely halt the production of male hormones (Batchoo, 2016, p.694-695). While these three approaches constitute the most common treatment options, the particular treatment of a given individual largely depends upon the governing laws and systems of the corresponding jurisdiction.

Effectiveness of Sex Offender Treatment

Despite the wide administration of these treatments, scholars have noted significant challenges to evaluating the effectiveness of these treatment methods. The first, and perhaps the most basic challenge, is the wide variation constituting sex offense literature. Indeed, the heterogeneity of these studies largely results from the wide array of sexual offense types (e.g. child molestation or exhibitionism), sex offender characteristics (e.g. paraphilia or antisocial personality), and approaches to offender treatment (e.g. psychosocial or hormonal treatments) (Schmucker & Lösel, 2017, p.9). An additional challenge to treatment effectiveness research is a lack of knowledge regarding “the origins and causal mechanisms” of sexual offending (Schmucker & Lösel, 2017, p.9). In other words, this dearth of research limits practitioners’ ability to correlate root causes of sexual offending to direct measures of success. Moreover, even when research opportunities are available, they are often overshadowed by the goals of the jurisdiction. For instance, it is often seen as unethical to leave serious sexual offenders untreated in control groups (Schmucker & Lösel, 2017, p.9). By adhering to this standard, the possibility of more rigorous research designs, such as randomized controlled experiments, is limited. Unfortunately, these factors have significantly hampered scholars’ ability to reach consensus or conclusions regarding the effectiveness of sex offender treatments.

Although there is limited research available, meta-analyses are conceivably the best method to survey the existing literature. The most recent meta-analysis examining the effectiveness of sex offender treatment was conducted by Martin Schmucker and Friedrich Lösel in 2017. Including 29 comparisons drawn from 27 studies, Schmucker & Lösel (2017) evaluated outcomes for 4,939 treated and 5,448 untreated offenders (p.5). Firstly, they found that treated sex offenders were 1.41 times less likely to reoffend compared to control groups (Schmucker & Lösel, 2017, p.8). This equated to a statistically significant difference of 26.3% in recidivism (10.1% for treated offenders and 13.7% for control groups). Moreover, psychotherapeutic approaches, particularly cognitive behavioral programs and Multi-Systemic Therapy (MST), clearly produced stronger positive outcomes when compared to other interventions. These effects were proven to be even stronger when practitioners tailored programs toward each individual (Schmucker & Lösel, 2017, p.23).

The environment in which the treatment was administered also seemed to impact the degree of effectiveness. In fact, treatments provided in the community or forensic hospital settings were more likely to produce positive results for participants (Schmucker & Lösel, 2017, p.22). Conversely, prisons, which are likely the most common setting, were not found to yield higher outcomes for sex offenders. Furthermore, concerning the risk level of offenders, there was “no significant treatment effect for low-risk participants”, while mid and high level treatment groups benefited from the intervention (Schmucker & Lösel, 2017, p.23). Positive outcomes were also consistent among adolescents compared to adults. Lastly, and interestingly enough, “it made no difference whether offenders entered treatment voluntarily or on a mandatory basis” (Schmucker & Lösel, 2017, p.23).

Considering Factors & Challenges to Implementing Sex Offender Treatment

In extending beyond the traditional “what works” discourse, realist scholars promote the need to understand how programs work in ‘real world’ settings. Through the employment of focus groups and interviews with service program providers in correctional facilities, scholars found that system-, program-, and individual- level factors were apparent moderators of success (Rayment-McHugh, Belton, McKillop, Christensen, Prenzler, and Hine, 2022, p.153). At the systemic level, custodial processes often interfered with the continuation of a program if a lockdown or incident occurred. Program staff also expressed concerns of privacy when correctional staff placed prisoners within the same unit, also called “double-ups.” There also existed conflicts in custodial culture, namely program staff being characterized as “care bears” by correctional officers, and officers interfering with participation through name-calling, removing participants from therapy without warning, and neglecting to call participants for their program. Program staff also noted a lack of communication and information sharing, forcing them to rely on participant self-reporting, an inaccurate measure for the individualization of programming (Rayment-McHugh et al., 2022, p.153-154).

At the program level, staff members observed a lack of cultural responsiveness in the curriculum, particularly towards Aboriginal or Indigenous populations. In addition, conducting therapy sessions with both short-term and long-term members presented a potential challenge, either by promoting mentor relationships among the two groups or leading to upskilling or collusion. Regarding individual level moderators, the complex personal challenges of participants, such as trauma pertaining to family violence and abuse histories, also seemed to affect the impact of the intervention. Inconsistent with Schmucker & Lösel (2017), program staff noted that the participants' motivation to change, particularly if they offended against their own

children or family members, were crucial factors that determined program effectiveness (Rayment-McHugh, 2022, p.156).

Rayment-McHugh et al. (2022) also identified various implementation considerations including program design and delivery as well as staff and resources. In accordance with Schmucker & Lösel (2017), they suggested providing more flexibility in program design and delivery by tailoring the treatment towards more culturally diverse populations like the Aboriginal or Indigenous people and extending treatment duration for those in need. Program staff also recognized the need to redefine success according to the particular circumstances of the offender. As it pertains to staff and resources, program staff expressed a dire need of resources (e.g., paper, markers, printers, etc.), more appropriate treatment locations (i.e., private rooms), and continuous training for staff members (Rayment-McHugh et al., 2022, p.158).

Policy Implications & Conclusion

Perhaps the greatest approach to rehabilitating sex offenders is seeking to further understand the origins, complexities, and best treatments for this population. In doing so, society ought to challenge its perceptions of sex offenders, and ultimately recognize that this population is capable of being rehabilitated, as Schmucker & Lösel (2017) were able to demonstrate. Moreover, additional studies similar to Rayment-McHugh et al.'s (2022) should be conducted to reveal the day-to-day realities of implementing treatment programs for sex offenders. Given what scholars have learned through these few studies, further treatment approaches should aim to provide individualized programs to account for the distinct cultural and offense-specific behavior of participants. Furthermore, training should be offered to correctional officers so they can better understand the importance of their role in rehabilitating offenders. Nonetheless, more extensive research is needed to understand this population fully.

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