Sex Offender Treatment for Adult Males

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Sexual offending is a significant, complex and disturbing problem. Our communities deserve evidence-based laws, policies, public education and behavioral interventions that enhance community safety and minimize the risk of an individual sexually re-offending. Given the complexity of the problem, the prevention of sexual victimization necessitates coordinated efforts using multiple strategies.

Sex offense specific treatment is one component of a comprehensive approach to prevent sexual offending. Research over the last few decades has substantially improved our ability to identify those offenders who are at highest risk to re-offend. In addition, research has generated new insights as to how to customize treatment programs and allocate resources to most effectively reduce sexual offense recidivism and increase community safety.

DEFINITION OF SEX OFFENSE SPECIFIC TREATMENT

The objective of sex offense specific treatment is to prevent reoccurring sexually abusive/aggressive behavior by helping men at risk of sexually offending to: (a) effectively manage the factors that contribute to sexually abusive behaviors, (b) develop strengths and competencies to address needs, (c) identify and change thoughts, feelings and actions that may contribute to sexual offending, and (d) establish and maintain stable, meaningful and prosocial lives.

The ATSA Adult Practice Guidelines (2014) detail ATSA's recommendations based on contemporary theory, empirical research and promising practices. They are summarized below.

UNDERLYING PRINCIPLES OF SEX OFFENSE SPECIFIC TREATMENT

The assessment and treatment of adult males has many similarities to working with other populations of adult men. However, there are principles that are particularly salient to individuals who sexually offend. These include, but are not limited to the following:

I. Outcomes for communities, victims and their families, and sexual abusers — and resource utilization — are superior when policies and practices are grounded in empirical research.

II. Community safety and the rights and interests of victims and their families are important considerations when developing and implementing assessment, treatment and other strategies designed to reduce the risk posed by sexual abusers.

III. The process of change involves establishing and maintaining stable, prosocial lifestyles and effectively managing the factors that contribute to sexually abusive behaviors— not simply a series of generic, manualized tasks to be completed — for many individuals who have committed or are at risk of committing sexually abusive behaviors.

IV. Policies and practices should address the diverse nature of individuals who sexually abuse, taking into account individual differences, such as age, gender, culture, mental health functioning, trauma informed needs, developmental and cognitive functioning, intervention needs and recidivism risk.

V. The effectiveness of interventions is contingent on the fidelity of implementation through knowledge- and skills-based training, ongoing supervision, and quality assurance. Research-informed practice guidelines are an important first step for promoting quality and consistency.

EMPIRICAL FRAMEWORK

Based on the principles above, the most researched empirical framework indicates that interventions to reduce sexual reoffending are most effective and resources are maximized when guided by an evidence based model of change that follows the three principles of risk, need and responsivity (RNR):

Risk Principle – The risk principle defines the importance of matching treatment dosage to the risk level of the individual at risk of reoffending (i.e., greater intensity and dosage of treatment for higher risk clients).

Need Principle –The need principle specifies that treatment interventions should primarily target the characteristics of the individuals that are most closely linked to reoffending in general and specifically to sexual re-offending. Research on sexual offense behavior has increasingly identified factors that are statistically associated with an individual's risk for sexual re-offense and which serve as a focus for sexual offense treatment. Known as "**Dynamic risk factors**" these are aspects of a client's environment, lifestyle, or personality that are statistically associated with increased risk to re-offend and are amenable to change. Specifically with regard to sexual offense behavior, most dynamic risk factors appear to be associated with one of two broad categories: ***offense related sexual interests*** and an ***antisocial orientation***. Given their statistical relationship to recidivism and their amenability to change, dynamic risk factors are increasingly regarded as high-priority targets for treatment interventions in sex offense

treatment. Although research on dynamic factors is an ongoing process, current research provides us with a basic framework for using dynamic risk factors as an organizing principle in sex offense treatment.

Responsivity Principle – The responsivity principle specifies that to be maximally effective, treatment interventions should be matched to an individual's strengths, needs and abilities. Thus it is recommended that clinicians adapt treatment and therapist style to be responsive to and accommodate individual factors (e.g. level of functioning, cultural differences, mental health needs) and vary the ways in which information is presented (e.g. audio, visual.)

Because clients' risk, need and responsivity factors change over time and are unique to each individual, treatment should be based on empirically-informed assessment, both at the onset of and ongoing throughout the treatment process.

TREATMENT EFFECTIVENESS

Like any medical or psychological intervention, treatment interventions are most effective when provided along a continuum of care. In addition, some individuals receive more benefits from interventions than others. Research conducted over the past 30 years has demonstrated that individuals who receive treatment that follows the principles of RNR, uses cognitive behavioral methods and is delivered by well-qualified and informed practitioners re-offend at significantly lower rates (7%-13%) compared to those who do not (10-42%). The most recent large, systematic reviews and meta-analyses have found that on average, sex offense specific treatment is effective and can reduce recidivism rates significantly.

SUMMARY

ATSA strongly supports evidence-based policy and practice in the prevention and treatment of sexual harm. Programs that do not incorporate evidence-based treatment approaches are less likely to increase public safety by reducing sexual reoffending, resulting in the misallocation of resources and potentially increasing risk to our communities.

Research on treatment programs that follow an evidence-based model of change (such as cognitive behavioral), emphasize skill building and follow the three principles of risk, need and responsivity (RNR) have demonstrated greater reductions in recidivism compared to programs that do not. Importantly, the RNR model has been specifically applied to the treatment of sexual offense behavior and has also demonstrated increased reductions in sexual offense recidivism.

ATSA supports treatment programs that include the following research-informed RNR practices:

- Programs which allow clinicians to **tailor the level of services** to the level of risk of a given client, such that clients who are identified as higher risk receive more services than lower risk clients (addressing the risk principle);
- Programs which **explicitly incorporate dynamic risk factors** as the dominant framework for sexual offense treatment (addressing the need principle);
- Programs that allow clinicians the freedom to adapt service delivery **to meet the individualized treatment needs** of clients, thereby maximizing the therapeutic relationship, over manualized, "one size fits all" approaches to treatment (addressing the responsivity principle).

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