

ASSESSMENT OF SEX OFFENDER TREATMENT

GENERAL RECIDIVISM RATES

HANSON, R.K., SCOTT, H., & STEFFY, R.A. (1995). A COMPARISON OF CHILD MOLESTERS AND NONSEXUAL CRIMINALS: RISK PREDICTORS AND LONG-TERM RECIDIVISM. *JOURNAL OF RESEARCH IN CRIME AND DELINQUENCY*, 32 (3), 325-337.

This study compared the recidivism rates of a sample comprised of 191 child molesters and 137 nonsexual offenders over a 15 to 30-year period. During this time period, 83.2% of the nonsexual criminals recidivated while only 61.8% of the child molesters reoffended. In analyzing the characteristics of the offending behavior, the authors reported that when the child molesters reoffended the crime was of a sexual nature whereas the nonsexual criminals were responsible for the majority of nonsexual violent crimes.

PRENTKY, R.A., LEE, A.F.S., KNIGHT, R.A., & CERCE, D. (1997). RECIDIVISM RATES AMONG CHILD MOLESTERS AND RAPISTS: A METHODOLOGICAL ANALYSIS. *LAW AND HUMAN BEHAVIOR*, 31 (6), 635-659.

The authors attempted to evaluate the inconsistencies involved in recidivism research through the examination of various methodological applications. A data set of 251 sex offenders (136 rapists and 115 child molesters), which spanned a time period of 25 years, was analyzed in an attempt to understand differences in recidivism rates. The authors postulated that these changes in recidivism rates resulted from differences in the operationalization of recidivism, criminal offenses, and follow-up period. In analyzing this data, the researchers found that figures were underestimated when the definition of recidivism was based on conviction or imprisonment. It was also concluded that sexual offenders are at risk of reoffending for a long period of time.

RICE, M.E., QUINSEY, V.L., HARRIS, G.T. (1991). SEXUAL RECIDIVISM AMONG CHILD MOLESTERS RELEASED FROM A MAXIMUM-SECURITY PSYCHIATRIC INSTITUTION. *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY*, 59 (3), 381-386.

Recidivism rates for 136 extrafamilial child molesters were evaluated during a follow up period of 6.3 years. Of the 136 participants 31% were convicted of a new sexual offense, 43% committed a violent or sexual offense, and 58% were arrested or returned to the penitentiary. In analyzing these recidivism rates, the researchers looked at the following variables: sexual assessment measures, treatment variables, and outcome variables. Of these variables, marital status, previous time spent in a penitentiary, previous property convictions, previous sexual convictions, diagnosis of a personality disorder, and sexual age preference as indicated by phallometric responses were found to be the strongest predictor variables of sexual recidivism. Fifty percent of the child molesters in the sample had participated in behavioral therapy. However, therapy did not affect recidivism with this sample.

OVERVIEW OF TREATMENT OUTCOMES

ABRACEN, J., & LOOMAN, J. (2001). ISSUES IN THE TREATMENT OF SEXUAL OFFENDERS: RECENT DEVELOPMENTS AND DIRECTIONS FOR FUTURE RESEARCH. *AGGRESSION AND VIOLENT BEHAVIOR*, 1, 1-19.

This article discussed what constitutes effective treatment through evaluation of the Regional Treatment Centre Sex Offender Treatment Program (RTCSOP) and the California Department of Mental Health's Sex Offender Treatment and Evaluation Project (SOTEP). In addition, it included a discussion about in-treatment changes on dynamic variables that entails looking at the treatment of minimization and denial, as well as reviewing individual versus group treatment. The article also presented data from several studies that frequently discussed the association of alcohol and sexual offending. In summary, the authors concluded that cognitive-behavioral treatment geared to the principles of risk/need/responsivity can be effective at reducing recidivism in sex offenders.

BECKER, J.R. (1994). OFFENDERS: CHARACTERISTICS AND TREATMENT. *THE FUTURE OF CHILDREN: SEXUAL ABUSE OF CHILDREN*, 4 (2), 176-197.

This article reviewed what is known about offenders and treatment. First, the role of paraphilias in child molestation is discussed. Second, the article looked at what is known about offenders, including data on juvenile offenders and incest offenders. Third, the article discussed recidivism and the difficulty of determining recidivism rates, with a summary of what is known about recidivism of untreated offenders. Fourth, the article looked at treatment, including mechanisms for getting offenders into treatment, goals and types of treatment, the efficacy of treatment, and the need for post-incarceration monitoring and long term treatment. Low recidivism rates have been reported with cognitive-behavioral treatment.

BURDON, W.M., & GALLAGHER, C.A. (2002). COERCION AND SEX OFFENDERS: CONTROLLING SEX-OFFENDING BEHAVIOR THROUGH INCAPACITATION AND TREATMENT. *CRIMINAL JUSTICE AND BEHAVIOR*, 29 (1), 87-109.

This article examined the dual roles that coercion has played in treating sex offenders and controlling their behavior. In addition, the article suggested a theoretical explanation for the apparent effectiveness of cognitive-behavioral approaches to treating sex offenders. The authors suggested that coercion has served two primary and important roles: incapacitation and ensuring entry into and retention in treatment. However, the authors reported that as efforts to assess the overall effectiveness of sex offender treatment continue, self-determination theory and organism integration theory offer some possible insight into the apparent effectiveness of cognitive-behavioral therapy and suggest a number of alternative dependent measures that can be used to assess overall effectiveness of sex offender treatment. Although the current reliance on dependent measures such as recidivism and reoffending may speak to the overall effectiveness of treatment, it does not reveal much about the treatment process itself. According to the authors, this knowledge is essential in terms of ongoing efforts to further improve treatment effectiveness.

CRAIG, L.A., BROWNE, K.D., & STRINGER, I. (2003). TREATMENT AND SEXUAL OFFENSE RECIDIVISM. *TRAUMA, VIOLENCE, & ABUSE*, 4 (1), 70-89.

This article points out that cognitive-behavioral treatment has emerged as the principal type of sex offender treatment targeting deviant arousal, increasing appropriate sexual desires, modifying distorted thinking, and improving interpersonal coping skills. The authors indicated that since 1995, 19 treatment studies have been published, and a third demonstrated positive treatment effects and used sound methodological principals to establish the most effective way of reducing sexual reoffending. This article reviewed such studies and concluded that meta-analytical studies of treatment efficacy provide conflicting viewpoints. Furby et al. (1989) and Quinsey et al. (1993) previously found no convincing evidence that treatment reduces recidivism, whereas W. L. Marshall and Barbaree (1988) and W. L. Marshall, Eccles, et al. (1991) demonstrated positive treatment results in reducing sexual offense recidivism. Further, the meta-analysis by Hall (1995) reported a small but robust treatment effect. The authors contend that although sex offender treatment programs appear to reduce sex offense recidivism, what is not clear is whether this is specific to particular types of sex offenders (adult or adolescent offenders, exhibitionists, child molesters, adult rapists, personality disordered), which may in turn be limited to specific modalities of treatment (cognitive-behavioral, MST, chemical castration, and behavioral therapy). Further, the authors suggested that treatment efficacy may be better served by exploring which dynamic factors affect recidivism in order to facilitate the forensic practitioner when assessing if the offender is released back into the community. Research on those dynamic factors associated with the environment, opportunity to offend, and changes in criminogenic factors, once integrated into treatment programs, would contribute to reducing the recidivism rates. One reason some studies fail to find significant treatment results is that the base rates for sexual reoffending are relatively small. By virtue of the sample, programs that target lower risk offenders are likely to have difficulty in demonstrating treatment effects in already low rates of recidivism.

THE EFFECTIVENESS OF TREATMENT OF SEXUAL OFFENDERS: REPORT OF THE ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, COLLABORATIVE DATA RESEARCH COMMITTEE, NOVEMBER 3, 2000.

This report outlined the treatment effectiveness for reducing sexual offense recidivism and general recidivism through evaluation of studies used in the meta-analysis. The studies evaluated were predominantly cognitive behavioral. Found that reductions in both sexual recidivism (17% to 10%) and general recidivism (51% to 32%) are possible when current treatment programs are evaluated with credible designs.

HALL, G.C.N. (1995). SEXUAL OFFENDER RECIDIVISM REVISITED: A META-ANALYSIS OF RECENT TREATMENT STUDIES. *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY*, 63 (5), 802-809.

Hall performed a meta-analysis on 12 studies of treatment with sexual offenders (N=1,313). A small, but robust, overall effect size was found for treatment versus non-treatment. Cognitive-behavioral treatment and hormonal treatment reduced recidivism by approximately 30% (from 27% to 19%). He also found that studies with longer follow-up periods that included outpatients in their samples had larger effects as did those with higher base-rates. Cognitive-behavioral treatment was found to be superior to behavioral treatment and as effective as hormonal treatment.

HANSON, K., & BUSSIÈRE, M.T. (1998). PREDICTING RELAPSE: A META-ANALYSIS OF SEXUAL OFFENDER RECIDIVISM STUDIES. *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY*, 66 (2), 348-362.

Even though this article primarily reviewed recidivism studies, it does discuss treatment effectiveness with regard to recidivism. Evidence from 61 follow-up studies was examined to identify the factors most strongly related to recidivism among sexual offenders. With regard to treatment, examination of these studies found that offenders who failed to complete treatment were at increased risk for both sexual and general recidivism. The article stated that reduced risk could be due to treatment effectiveness; alternatively, high-risk offenders may be those most likely to quit, or be terminated, from

treatment. The current review suggested that treatment programs can contribute to community safety through their ability to monitor risk. Further, there is reliable evidence that those offenders who attend and cooperate with treatment programs are less likely to re-offend than those who rejected intervention.

HANSON, K.R., GORDON, A., HARRIS, A.J.R., MARQUES, J.K., MURPHY, W., QUINSEY, V.L., & SETO, M.C. (2002). FIRST REPORT OF THE COLLABORATIVE OUTCOME DATA PROJECT ON THE EFFECTIVENESS OF PSYCHOLOGICAL TREATMENT FOR SEX OFFENDERS. *SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT*, 14 (2), 169-194.

This meta-analytic review examined the effectiveness of treatment by summarizing data from 43 studies (combined n = 9,454). Most of the studies in the review were produced after 1995 and 23% were only available after 1999. Forms of treatment operating prior to 1980 appeared to have little effect. When averaged across all studies, the sexual offense recidivism rate was lower for the treatment groups. Current treatments were associated with reductions in sexual recidivism and general recidivism. The recidivism rates for treated sex offenders were lower than the recidivism rates of untreated sex offenders. Studies comparing treatment completers to dropouts consistently found higher recidivism rates for the dropouts, regardless of the type of treatment provided.

HANSON, R.K., STEFFY, R.A., & GAUTHIER, R. (1993). LONG-TERM RECIDIVISM OF CHILD MOLESTERS. *JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY*, 61 (4).

This study examined the long-term recidivism rates of male child molesters who were released from a maximum-security Ontario provincial prison between 1958 and 1974. The treatment group in this study included child molesters who were treated between 1965 and 1973. The treatment program aimed to increase the social competence of the offenders through individual and group counseling and by creating a therapeutic milieu that encouraged the men to recognize and correct social and sexual adjustment problems. The offenders also received aversive conditioning training to decrease their sexual interest in children. Because the

program was designed in the 1960s, it was not informed by the subsequent developments in the field, such as relapse prevention and various cognitive-behavioral techniques. Results of this study found that the child molesters who were enrolled in the treatment program showed clinically significant improvements on almost all of the mental health and personality measures used in this study. Forty-two percent of the sample engaged in another sexual or serious offense and ten percent of the participants were reconvicted. The factors found to have an effect on recidivism include previous sexual offenses, never having been married, and victim preference. Incest offenders were the least likely to recidivate whereas those who selected only male victims were at the greatest risk of recidivism. However, the lack of equivalent measures on a control group limited the extent to which these changes could be attributed to the treatment program itself. The authors concluded that sexual offense recidivism is most likely to be prevented when interventions attempt to address the life-long potential for re-offense and do not expect child molesters to be permanently "cured" following a single set of treatment sessions.

LOOMAN, J., ABRACEN, J., & NICHOLAICHUK, T.P. (2000). RECIDIVISM AMONG TREATED SEXUAL OFFENDERS AND MATCHED CONTROLS: DATA FROM THE REGIONAL TREATMENT CENTRE. *JOURNAL OF INTERPERSONAL VIOLENCE*, 15 (3), 279-290.

Follow-up data are reported on 89 sexual offenders at the Regional Treatment Centre in Ontario and 89 untreated sex offenders matched for pretreatment risk. The average time at risk was 9.9 years. It was found that the treated group had a sexual recidivism rate of 23.6%, whereas the untreated group had a sexual recidivism rate of 51.7%. The treated participants were less likely to be convicted for either sexual or nonsexual offenses, and those who were reconvicted spent significantly less time incarcerated than the untreated participants at the time of follow-up. These data suggested not only that treatment resulted in fewer incarcerations but also that when the treated participants were convicted, they tended to receive shorter sentences than the untreated group. The authors suggested that if shorter sentences reflect less severe offenses, then treatment had an impact not only on the number of offenses but also on the

severity of these offenses. The data concerning the actual number of offenses indicated that treatment was effective in reducing the number of new offenses when offenders do recidivate.

MALETZKY, B.M. (2002). A 25-YEAR FOLLOW-UP OF COGNITIVE-BEHAVIORAL THERAPY WITH 7,275 SEXUAL OFFENDERS. *BEHAVIOR MODIFICATION*, 26 (2), 123-148.

Outcome data is presented, grouped into five year cohorts, for 7,275 sexual offenders entering a cognitive-behavioral treatment program. The assessment variables included treatment completion, self-admission of covert and/or overt deviant behaviors, the presence of deviant sexual arousal, or being recharged for any sexual crime (regardless of plea or conviction). It proved possible to follow 62% for the cohort at five years after initiating treatment, but follow-up completion rates decreased with time. Outcomes were significantly different based on offender subtype, with child molesters and exhibitionists achieving better overall success than pedophiles or rapists. Prematurely terminating treatment was a strong indicator of committing a new sexual offense. Of interest was the general improvement of success rates over each successive five year period of many types of offenders. Unfortunately, failure rates remained comparatively high for rapists (20%) and homosexual pedophiles (16%), regardless of when they were treated over the 25-year period.

MARQUES, J.K., NELSON, C., ALARCON, J.M., & DAY, D.M. (2000). PREVENTION RELAPSE IN SEX OFFENDERS: WHAT WE LEARNED FROM SOTEP'S EXPERIMENTAL TREATMENT PROGRAM. IN D.R. LAWS (ED.). *REMAKING RELAPSE PREVENTION WITH SEX OFFENDERS* (PP. 321-340). CALIFORNIA: SAGE PUBLICATIONS.

The authors provided an overview of the Sex Offender Treatment and Evaluation Project (SOTEP), which is housed at Atascadero State Hospital in California. The SOTEP is a longitudinal research program (1985-1995) that was designed to evaluate the effectiveness of an innovative relapse prevention program for sex offenders who are under civil commitment as sexually violent predators. The project is now in the follow-up phase, in which recidivism data are being collected on both treated and untreated study participants. The article

described some of the lessons learned from SOTEP, particularly those that highlighted the strengths and weaknesses of the Relapse Prevention model as was applied in the treatment program. It is acknowledged that some of the information is based on preliminary analyses of the recidivism data, as well as informal and qualitative data sources. In addition, the authors indicated some specific ways that the model could be improved and describe their newest application of the RP model.

MARQUES, J.K. (1999). HOW TO ANSWER THE QUESTION "DOES SEX OFFENDER TREATMENT WORK?" *JOURNAL OF INTERPERSONAL VIOLENCE*, 14 (4), 437-451.

The author focused on the Sex Offender Treatment and Evaluation Project (SOTEP), which is a longitudinal research program that the author and her colleagues have been conducting in California for the past ten years. The overall design of the study is discussed as well as some of the problems that the researchers encountered when conducting treatment outcome studies. In conclusion, a summary of the preliminary findings is given which suggest that treating the more serious offender is worthwhile and that their relapse prevention program seems to be teaching some skills that can be important to high-risk offenders.

MARSHALL, W.L. (1993). THE TREATMENT OF SEX OFFENDERS: WHAT DOES THE OUTCOME DATA TELL US? A REPLY TO QUINSEY, HARRIS, RICE AND LALUMIERE. *JOURNAL OF INTERPERSONAL VIOLENCE*, 8 (4), 524-530.

Marshall agreed with Quinsey et al. (1993) that the application of rigorous methodological standards needs to be applied to a well developed field of sex offender treatment outcome studies; however, this field is still in its early stages. On the other hand, Marshall disagreed with these authors' conclusion regarding controlled, random-design study, and meta-analytic approaches to evaluation because there is little data on which to base our inferences about effectiveness.

MARSHALL, W.L., & ANDERSON, D. (2000). DO RELAPSE PREVENTION COMPONENTS ENHANCE TREATMENT EFFECTIVENESS? IN D.R. LAWS (ED.). *REMAKING RELAPSE PREVENTION WITH SEX OFFENDERS* (PP. 39-55). CALIFORNIA: SAGE PUBLICATIONS.

This article attempted to evaluate the effectiveness of the Relapse Prevention (RP) model by discussing achievement of within-treatment goals, issues in evaluating treatment (i.e., indices of reoffending and duration of follow-up), features to be evaluated (i.e., the components of RP and the effects of adding RP components to standard cognitive-behavioral treatment), and looking at programs without RP. The authors concluded that this review offered strong support for the idea that sexual offenders can be effectively treated. Cognitive-behavioral programs utilizing an internal self-management RP component that is not too elaborate appear to be the most successful.

MARSHALL, W.L., ANDERSON, D., & FERNANDEZ, Y. (1999). *THE DEVELOPMENT OF COGNITIVE BEHAVIORAL TREATMENT OF SEX OFFENDERS* (PP. 146-163). ENGLAND: JOHN WILEY & SONS, LTD.

The authors discussed ways to evaluate treatment programs. They concluded that treatment with sex offenders can be effective and that the balance of the evidence weighs in favor of a positive treatment outcome. Cost-benefit analyses are discussed but they exclude the cost of therapy for the victims. Cohen and Miller (1998) derived data relevant to this issue from various American organizations. Based on means for 1991, the total cost of treatment for victims of recent child sexual abuse exceeded \$600 million. For victims of historical childhood sexual abuse, the total was over \$4 billion whereas for adult victims of attempted or completed rape, the cost of their treatment exceeded \$800 million. The value of treatment with sex offenders far exceeds the obvious benefits of reduced recidivism. From these types of analyses, it appears that out of every 100 sex offenders treated, we only have to prevent 3 or 4 who would otherwise have offended from reoffending in order to cover the costs of treatment.

MARSHALL, W.L., & BARBAREE, H.E. (1990). OUTCOME OF COMPREHENSIVE COGNITIVE-BEHAVIORAL TREATMENT PROGRAMS. IN W.L. MARSHALL (ED.). *HANDBOOK OF SEXUAL ASSAULT: ISSUES, THEORIES, AND TREATMENT OF THE OFFENDER* (PP. 363-385). NEW YORK: PLENUM PRESS.

This article outlined the nature of comprehensive cognitive-behavioral treatment programs for the treatment of sex offenders. It discussed the content of these programs and outlined the major treatment targets that included (1) sexual behaviors and interests, (2) a broad range of social difficulties, and (3) cognitive distortions about the offensive behavior. Further, the article discussed how cognitive-behavioral treatment programs are evaluated and included a revision of both institutional and outpatient programs. The article concluded that cognitive-behavioral programs for the treatment of sex offenders offer encouragement for the continued application and development of such programs. However, according to the article, there are some inconsistencies in observed outcome across studies. For instance, some programs are very effective in treating exhibitionists, while others are not. Similarly, some programs seemed to be relatively more effective with men who molest boys than with men who molest girls, while the reverse seems to be true for other offenders. The authors surmised that the future of cognitive-behavioral approaches to the treatment of sex offenders appears to be positive, although there is much work still to be done.

MARSHALL, W.L., & ECCLES, A. (1991). ISSUES IN CLINICAL PRACTICE WITH SEX OFFENDERS. *JOURNAL OF INTERPERSONAL VIOLENCE*, 6 (1), 68-93.

This article addressed issues that the authors believed to be the most relevant to clinical work with sex offenders, including: Assessment (Diagnosis & Evaluation) and Treatment (Antiandrogens, Non-behavioral Psychotherapy, & Cognitive-Behavioral Therapy). The authors concluded that assessments are essential because they allow us to define the individual's problem, determine his risk for reoffending, specify his treatment needs, and evaluate the effectiveness of treatment. The authors asserted that the treatment of sex offenders is effective. Overall, cognitive-behavioral

programs seem to offer the best hope, with antiandrogens having a valuable adjunctive role for some individuals.

MARSHALL, W.L., JONES, R., WARD, T., JOHNSTON, P., & BARBAREE, H. (1991). TREATMENT OUTCOME WITH SEX OFFENDERS. *CLINICAL PSYCHOLOGY REVIEW*, 11 (4), 465-485.

The article discusses the methodological stances that guide the review of the effectiveness of sex offender treatment in the literature. In determining the value of treating sex offenders, the authors followed in the tradition of reporting failure rates that are typically derived from official records, re-arrest or reconviction, and that report the percentage of men who re-offend (recidivism rates). They stated that the most common criticism of treatment studies is the failure to provide a controlled comparison with untreated offenders. When reviewing outcome studies, the authors considered: physical treatments (psychosurgery, castration), pharmacological interventions (MPA and CPA), non-behavioral approaches (programs considered were offered within prisons, or at least with maximum security settings), cognitive behavioral programs, institutional based programs, and outpatient programs. The article concluded that the most effective treatment approaches are a combination of pharmacological and psychological treatment and cognitive behavioral treatment.

MARSHALL, W.L., & PITHERS, W.D. (1994). A RECONSIDERATION OF TREATMENT OUTCOME WITH SEX OFFENDERS. *CRIMINAL JUSTICE AND BEHAVIOR*, 21 (4), 10-27.

This article presented an optimistic view of the literature, asserting that recent, relatively well-controlled evaluations have shown that treatment can be effective. To be maximally effective, according to this appraisal of the literature, treatment must be comprehensive, cognitive-behaviorally based, and include a relapse prevention component. According to the article, earlier outcome research that produced either treatment failure, or at best equivocal results, did not meet these criteria. The article reviewed two sets of publications – Furby, Weinrott, & Blackshaw, 1989, and reports by the

Penetanguishene Group – concerning therapeutic efficacy with sex offenders that in both cases present “gloomy” conclusions. The authors outlined the limitations of the studies considered by both sets of publications. With regard to Furby et al, they discussed such issues as including outdated programs in their review, potential biases against treatment effects, and duplication of data. With regard to the reports by the Penetanguishene Group, the authors discussed methodological problems such as the limited scope of the Penetanguishene treatment program, the problem of matching treated with untreated subjects, and the fact that subjects were not randomly assigned. The article also discussed more recent evaluations of treatment efficacy and concluded that even though these studies converge on the conclusion that sex offenders who have engaged in specialized treatment re-offend at lower rates than offenders who have not participated in treatment, the authors noted that many of the evaluations do not include comparison with an untreated group. However, they referred to a study conducted by Marques et al. (1993), which was able to compare three groups of sex offenders. Their research design matched volunteers who were randomly allocated to treatment or no treatment, and non-volunteers who were matched with the volunteers.

McGRATH, R.J., CUMMING, G., LIVINGSTON, J.A., & HOKE, S.E. (2003). OUTCOME OF A TREATMENT PROGRAM FOR ADULT SEX OFFENDERS: FROM PRISON TO COMMUNITY. *JOURNAL OF INTERPERSONAL VIOLENCE*, 18 (1), 3-17.

The study, which is a retrospective study wherein random assignment was not possible, was an evaluation of a component of the Vermont Treatment Program for Sexual Aggressors (VTPSA). It is a prison-based treatment program for adult male sex offenders that include a community aftercare component. The study extended a preliminary evaluation of the program presented by increasing the sample size and lengthening the follow-up period. The purpose of this study was to identify the characteristics of men who completed treatment and compare them with those who refused or dropped out of treatment and then to compare the re-offense rates among these three groups. Treatment was cognitive-behavioral and relapse-prevention in nature. The results of this study had several implications

for how to manage sex offenders. The data from this study highlighted the importance of considering sex offender treatment completion as a factor in making release decisions. In this study, the reduction in the sexual recidivism rate among participants who completed treatment was statistically as well as clinically significant. Treatment completers were almost six times less likely to be charged for committing a new sexual offense than were participants who refused, dropped out, or were terminated from treatment. The authors acknowledged that these results were consistent with other recent outcome results, however, they caution, that despite the fact that treatment completion was strongly associated with reductions in sexual recidivism, inferences about the meaning of this association are confounded by some methodological difficulties. The difficulties included the degree to which treatment groups were equivalent and the trouble involved in sorting out the relative effects of the three interventions (prison treatment, community treatment, and community supervision).

NICHOLAICHUK, T., GORDON, A., GU, D., & WONG, S. (2002). OUTCOME OF AN INSTITUTIONAL SEXUAL OFFENDER TREATMENT PROGRAM: A COMPARISON BETWEEN TREATED AND MATCHED UNTREATED OFFENDERS. *SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT*, 12 (2), 139-153.

Data from a sex offender treatment program operated by the Correctional Service of Canada at the Regional Psychiatric Center in Saskatoon supported the conclusion that cognitive behavioral treatment with high risk/need offenders can reduce sexual offense recidivism. The study compared 296 treated and 283 untreated offenders followed for a mean of six years after their release. An untreated comparison subject was located for each treated offender on three dimensions (1) age at index offense, (2) date of index offense, (3) prior criminal history. Convictions for new sexual offenses among treated offenders were 14.5% versus 33.2% for untreated offenders. During the follow-up period, 48% of treated offenders remained out of prison compared to 28.3% of untreated offenders. Time series comparisons of treated and comparison samples also showed that treated men reoffended at significantly lower rates after ten years. This article stressed that a necessary step in evaluating treatment outcomes is to

ensure that proper comparison samples are identified rather than relying upon samples of convenience.

NICHOLAICHUK, T., & YATES, P. (2002). TREATMENT EFFICACY: OUTCOMES OF THE CLEARWATER SEX OFFENDER PROGRAM. IN B. SCHWARTZ (ED.). *THE SEX OFFENDER: CURRENT TREATMENT MODALITIES AND SYSTEMS ISSUES* (CH. 3). NEW JERSEY: CIVIC RESEARCH INSTITUTE, INC.

This chapter discussed the controversy over the effectiveness of cognitive-behavioral intervention with sexual offenders and provided both qualitative and quantitative reviews of sex offender treatment efficacy with particular attention devoted to the methodological limitations of treatment effectiveness research. Further, the authors described the "Clearwater Study," which supports the findings of prior research that postulated that cognitive-behavioral treatment, when applied to appropriate subjects, can reduce the occurrence of post treatment sexual offending. This article highlighted the importance of addressing responsivity in treatment. Specifically, findings indicated that risk for post-treatment recidivism is differentially associated with age, sexual offense history, type of offender, deviant sexual arousal, psychopathy, and severity of pre-treatment offense history.

QUINSEY, V.L., HARRIS, G.T., RICE, M.E., & LALUMIERE, M.L. (1993). ASSESSING TREATMENT EFFICACY IN OUTCOME STUDIES OF SEX OFFENDERS. *JOURNAL OF INTERPERSONAL VIOLENCE*, 8 (4), 512-523.

The authors provided a critique of a study by Marshall et al. They argued that the treatment literature does not support the conclusions of Marshall et al., and that the approach taken in Marshall et al.'s review is unable to provide scientifically satisfactory answers to questions concerning treatment efficacy. The article discussed the methodological issues of the Marshall et al.'s review and enumerated the principle threats to the validity of the conclusions. The authors endorsed Marshall et al.'s view with regard to cost-benefit analyses; however, the authors recognized that it is completely dependent on whether the recidivism associated with treatment is statistically significant. The authors concluded that

outcome research with sex offenders has so seriously failed to demonstrate effectiveness that a controlled, random-design study is demanded and that meta-analysis is the best evaluative approach.

QUINSEY, V.L., KHANNA, A., & MALCOLM, P.B. (1998). A RETROSPECTIVE EVALUATION OF THE REGIONAL TREATMENT CENTRE SEX OFFENDER TREATMENT PROGRAM. *JOURNAL OF INTERPERSONAL VIOLENCE*, 13 (5), 621-644.

The purpose of this study was to examine the relationship of psychological assessment data, provision of treatment, and progress in treatment to subsequent recidivism among inmates treated in the Regional Treatment Centre (RTC) Sex Offender Treatment Program between the years 1976 and 1989. The program employed behavioral and cognitive-behavioral approaches to treatment while utilizing both individual and group therapy in three to four month cycles. The follow-up period ended in 1992 and a total of 483 inmates were followed. Of these men, 213 received sex offender treatment, 183 were assessed for the program but were judged as not requiring it, 52 refused to be assessed, 27 were assessed but judged to be unsuitable, and nine were considered to require treatment but did not receive it for various reasons, such as being released before they could enter the program. Outcome data were gathered from the Royal Canadian Mounted Police computerized arrest and convictions records. Sexual and violent offenses were defined as mutually exclusive. Of 483 inmates who were referred to the sex offender treatment program and followed for an average of 44 months of opportunity to re-offend, 38% were arrested for new violent or sexual offenses. The treated offenders were the most frequently rearrested for sex offenses. Inmates judged unsuitable for treatment were rearrested less frequently, particularly for sex offenses. Inmates judged to not require treatment and those who refused treatment also had fewer re-arrests for sex offenses than did treated participants, although they had more re-arrests for violent offenses. After statistically controlling for the static variables that predicted reoffending, the treatment program was associated with a higher rate of sexual re-arrests but had no effect on the composite variable, which was violent or sexual re-arrests. Among treated offenders,

clinical assessment of treatment gains was not significantly associated with recidivism. Overall the results of this study mirrored the state of the literature on sex offenders. According to the authors, we are much better at measuring risk than we are at modifying it, although substantial changes can be made in proximal measures of treatment change. The study found that the best prerelease predictors were static historical variables.

SWAFFER, T., HOLLIN, C., BEECH, A., BECKETT, R., & FISHER, D. (2000). AN EXPLORATION OF CHILD SEXUAL ABUSERS' SEXUAL FANTASIES BEFORE AND AFTER TREATMENT. *SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT*, 12, 1.

This study looked at the content, type, and frequency of deviant fantasies, both pre- and post psychotherapy, of 30 males with an average age of 43 years and seven months. Subjects were selected at random from a larger group who participated in the Sex Offender Treatment Evaluation Program (SOTEP). Sixty percent of the subjects had been convicted of an extra familial act of abuse. Sixty percent of the victims were female, and 83.3% were 12 years old or younger when the abuse first began. The men had been convicted of a range of sexual offenses, including indecent assault (57%), incest (10%), and anal intercourse (7%). The study used both qualitative and quantitative methodologies and described the frequency, content of, and triggers for child sexual abusers' deviant fantasies as reported both pre- and post therapy. Of the eight questions asked on a semi-structured interview, a significant difference in the offenders' responses were found on three of the items. A significant difference was found on pairing sexual fantasies with masturbation directly after offending, fantasy triggers associated with the offender, and age of child in sexual fantasies. A significant difference was not found in time spent fantasizing about children before the offense, fantasy triggers associated with children, developmental factors associated with sexual fantasies, and gender of child in sexual fantasies. The authors outlined the limitations of this study, which included the issue that it was conducted on a small number of participants who were

being treated in the community, excluded a measure of social desirability, and excluded questions about other types of sexual fantasies. The article does not, however, specify what treatment approach was used with the participants.

WEISS, P. (1999). ASSESSMENT AND TREATMENT OF SEX OFFENDERS IN THE CZECH REPUBLIC AND IN EASTERN EUROPE. *JOURNAL OF INTERPERSONAL VIOLENCE*, 14 (4), 411-421.

The author described the experiences with the comprehensive therapeutic program for sexual offenders in the Czech Republic. Since 1976, specialized departments for the treatment of sex offenders were established in psychiatric hospitals. The treatment is imposed by the court as per the recommendations of forensic experts. As a rule, inpatient therapy is followed by treatment in outpatient "sexological" departments. The therapeutic goals are as follows: adjustment of behavior, acquisition of information, overcoming defensive mechanisms and creating insight, strengthening of conscious control, changes in attitudes and values, sexual adaptation, and social reintegration. These goals are achieved by means of a set of diagnostic, psychotherapeutic, pharmacotherapeutic, and social measures including penile plethysmography, individual and group psychotherapy (in their psychodynamic and cognitive-behavioral forms), antiandrogen suppression, and social interventions. After 20 years (1976-1996), the author claimed that the recidivism rate of 953 treated offenders is 17.1%. He reported that this rate compares very favorably with the observed relapses of those offenders who did not receive comprehensive treatment (approximately 80% during one-year after release). The author acknowledged that the low recidivism rate might not be entirely the effect of the therapy per se and postulated that it may also be attributed to the lengthy period of outpatient aftercare and the close supervision by social workers given to the offenders after discharge from the program. According to the author, of all the ex-communist countries, only the Czech Republic has developed a special model of sex offender treatment.

CLERIC OFFENDERS AND TREATMENT OUTCOMES

FONES, C.S.L., LEVINE, S.B., ALTHOF, S.E., & RISEN, C.B. (1999). THE SEXUAL STRUGGLES OF 23 CLERGYMEN: A FOLLOW-UP STUDY. *JOURNAL OF SEX & MARITAL THERAPY*, 25, 183-195.

Researchers followed 19 clergymen (17 Roman Catholic priests) for a period of one to six years after their evaluation in the Program for Professionals sex offender treatment program. It was found that 39% of the sample had offended against adolescents. Of that percentage, 52% characterized their sexual behavior as being of a deliberate nature. Through clinical interviewing and administration of the MCMI-III and PPG/Abel

Assessment it was found that the majority of subjects returned to previous or higher levels of vocational functioning and felt that the treatment had been beneficial. It was found that the clerics in this sample struggled with loneliness, masturbatory conflicts, and displayed a desire to have others perceive them beyond their vocational roles. Those priests identified as homosexual engaged in the following sexual behavior that was initially labeled as compulsive: frequent, occasional, or self thwarted procurement of anonymous sex, attempts to begin a relationship with a rejecting individual, entitled, defiant, rebellious sexual relationships with a gay man, and use of pornography. Upon follow-up it was found that these behaviors thought to have been compulsive had subsided and none of the clerics had relapsed.