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Sex Offender Treatment

Confronting "thinking errors" is central to success

Christopher S. Norris

Criminal offenses of a sexual nature especially those against children provoke a strong emotional reaction from most people. A common response is "lock them up and throw away the key." Such reactions are understandable; sexual abuse of the more vulnerable members of our society is an extremely grave wrongdoing.

Although getting tough makes the speaker feel good, such a response doesn't really address the problem.

Some statistics

The statistics are alarming. Abel et al. (1983) found that in a study of 89 adult rapists the average rapist had attacked 7.5 victims. Even more alarming is that child molesters are responsible for at least 10 times as many victims—an average of 75 per offender.

Sex offenders don't always fall into discrete offense groups; frequently, they are involved in multiple sexual deviances ("paraphilia"). In addition to rape and child molestation, sex offenders are also frequently involved in exhibitionism, voyeurism, and to a lesser extent in frottage (sexual rubbing) and making obscene phone calls. Often, non-touching offenses are precursors to contact offenses, used as substitutes when the consequences of a contact offense are feared (Knopp, 1984).

Across the Nation, correctional systems are reporting a marked increase in the number of incarcerated sex offenders (National Institute of Corrections, 1988). Upwards of 55,000 sex offenders are now being housed in State and Federal prisons. In some systems, sex offenders now represent one-third of the total offender population.



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Furthermore, 37 prison systems have reported an increase in the number of sex offenders in their system (National Institute of Corrections, 1988). Seven States have sex offender populations of around 2,000, two of around 3,000, and one (California) has more than 6,000 sex offenders in its prison system (National Institute of Corrections, 1988).

Because State courts prosecute most sex offenses in this country, the Federal Bureau of Prisons has proportionately fewer sex offenders in its population. However, as in all other correctional systems, the numbers are growing. A November 1988 study revealed that there were 686 prisoners within the Bureau of Prisons serving an active sentence for a sex offense (Bureau of Prisons, 1988); as of April 1990, there were 774—a 13 percent increase in 18 months.

Treatment vs. non-treatment

Over the years, a number of research studies have compared the recidivism rates of treated and untreated sex offenders. Although there have been a number of methodological problems with these outcome studies (Furby et al., 1989), overall the results reveal a significantly lower recidivism rate for treated sex offenders.

Two recent, methodologically sound outcome studies report encouraging results. Marques et al. (1989), of the California Sex Offender Treatment and Evaluation Project, report that among treated sex offenders in their program who have been released for up to 2 years, there has been an 8-percent recidivism rate. Comparably, the untreated group of sex offenders had a 20-percent recidivism rate. All of these programs help "control" sexual deviancy rather than try to produce a "cure." The treatment process is similar to that used in treating an addiction, but the responsibility for change is placed on the offender.

Marshall et al. (1988), in addition to reporting recidivism rates among those recently released, also looked at recidivism increases over time. An example revealed that treated child molesters had a 5.5-percent recidivism rate at the 2-year post-treatment point. At 4 years, their recidivism rate rose to 25 percent. Correspondingly, for untreated child molesters in this study, the rates were 12.5 percent at the 2-year point and 64 percent at the 4-year postrelease point.

Other sex offender recidivism studies conducted over the last 20 years were reviewed by the National Institute of Corrections in a 1988 publication. The range of recidivism rates for treated sex offenders in the 10 programs studied revealed a recidivism rate from 0-25 percent. Four studies on untreated sex offenders revealed a higher range of recidivism rates, from 10 to 37 percent.

Treatment models

In the spring of 1988, the author was the co-chair of a Federal Bureau of Prisons Work Group to investigate treatment techniques and success rates of the "state-of-the-art" sex offender treatment programs around the country. Our task force discovered that the best sex offender treatment programs rely upon a very comprehensive approach that employs cognitive-behavioral techniques in a relapse prevention model.

These programs have been in operation for (at most) 15 years, and their ability to keep most offenders from committing a new offense is very encouraging. All of these programs attempt to help the sex offender "control" his sexual deviancy rather than try to produce a "cure." The treatment process is similar to that used in treating an addiction, but the responsibility for change is placed on the offender.

At this point it is important to mention that a successful treatment program has multiple facets—its purpose is not just to help the offender gain "insight." Helping the incestuous offender to discover that he was molesting his daughter due to a poor relationship with his wife is only giving him another excuse for his behavior. Simply expressing his repressed feelings about his own possible molestation when he was a child is not adequate for the chronic pedophile.

The "state-of-the-art" treatment programs we surveyed relied heavily on confronting the offenders' "thinking errors" as well as helping them achieve a better sense of empathy with their victims. To counter the effects of treatment "wearing off," these programs also set up a comprehensive relapse prevention plan for the sex offender, to be implemented upon his parole in conjunction with local parole officers and community mental health providers. Offenders in these programs were also provided training in behavioral techniques that they could employ if they saw themselves slipping into their individual "deviant cycle," which could lead to a new offense.

A new BOP program

In August 1990, the Federal Bureau of Prisons initiated a Sex Offender Treatment Program (SOTP) at the Federal Correctional Institution in Butner, North Carolina. This 24-bed program continues to accept referrals from other BOP institutions and the Federal courts.

The SOTP has the following criteria for admission:

■ Participants must have a documented history of sex offenses, but it is not required that they currently be incarcerated for a sex offense.

■ All participants must be volunteers, with a maximum of 24 months and a minimum of 12 months remaining on their current Federal sentence.

■ Participants with detainers are not eligible for participation, nor are those who have committed psychotic or sadistic crimes, are mentally retarded, or have lengthy non-sex-offense histories.

It is important to understand why the SOTP focuses on sex offenders in the final stage of their incarceration. Since the obvious acid test for a sex offender is his release to the community, it is the consensus of state-of-the-art correctional sex offender treatment programs that intensive treatment should take place just before parole. Additionally, a coordinated effort is made with parole authorities, as well as community treatment providers, to supplement the offenders' new-found internal management with their own external management.

With regard to program research, the SOTP is closely associated with the

These programs also set up a comprehensive relapse prevention plan for the sex offender, to be implemented upon his parole in conjunction with local parole officers and community mental health providers.

research department of FCI Butner to enable an ongoing assessment of the treatment program, and to research the long-range effects of treatment on sex offenders' adjustment to the community. It is anticipated that comparison studies will be made using a control group.

The SOTP accepts referrals who meet these criteria from other Bureau institutions and from the Federal courts. Staff from other institutions who refer inmates to the SOTP work closely with program staff to properly screen sex offenders, thus limiting the number of referrals who would be accepted into treatment and then decide to opt out.

Participants who do opt out are promptly returned to the institution that made the referral. Federal court referrals who opt out of the program are promptly reported to the sentencing judge. The program has only 24 slots, but turnover is regular; there is a waiting list of candidates. Psychology Services staff at each BOP institution should determine who the sex offenders are in their population and when the length of their sentence may allow them to be eligible for participation. A referral package should include a Pre-Sentence Investigation report, a case management progress report, and a memo from the referring psychologist indicating why the referral is appropriate—all sent from the referring institution's warden to the warden at FCI Butner. ■

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