CHAPTER 12

Assessment and Treatment of Incarcerated Sex Offenders

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Introduction

Of all categories of criminal behavior, there are few, if any, offenses that have the potential to evoke more public concern and outrage than sexual crimes. Furthermore, crimes of a sexual nature cut across all cultures and have been documented, though not necessarily classified as such, as long as humans have been actively assessing and attempting to modify human behavior. Yet the empirical understanding of these complex phenomena is only in its infancy.

In a review of some 2,000 references, Soothill (2009) noted that 30% of the work in this area was from the 1990s, 15% from the 1980s and 1970s, and only 32 references related to work were published before 1970. Thus, despite the provocative nature and complexity of crimes involving sexual violence, the corresponding body of significant literature has only emerged within the past two to three decades.

Whereas other chapters (e.g., Chapter 5) focus on general treatment in correctional settings, this chapter will focus on the description, assessment, and treatment of persons committing sexual offenses.

Population Description

Prevalence Rates

The most current data on the sex offender population in federal prisons comes from the U.S. Sentencing Commission (USSC; 2009). Two offense categories, "sexual abuse" and "pornography/prostitution," comprise the defendants sentenced for sexual offenses in federal courts. Combined, these categories accounted for only 3.1% of all offenders ($N = 37{,}792$) sentenced during the study period. For the period from October 1, 2008,

to March 31, 2009, 219 individuals were sentenced for crimes within the category of sexual abuse, which includes "sexual abuse of a minor, sexual abuse of a ward, criminal sexual abuse, and abusive sexual contact" (p. A-7). Contact offenses are much more often handled in state courts.

Within the offense category of pornography/prostitution (a range of other offenses including the sexual exploitation of minors, e.g., through pornography and transportation of minors for prostitution/sex), crimes often transcend the jurisdiction of individual states, due, for example, to the use of the Internet or the transportation of minor and adult victims across state lines. Accordingly, more than 4 times as many defendants within this category were sentenced during the same period. Of these, 930 were sentenced to prison (only), 14 to split sentences (both incarceration and probation), 17 to probation plus confinement, and 5 to probation (only; USSC, 2009). Further data indicate that the majority of offenders in both categories were White (54.8% among those sentenced for sexual abuse, 85.3% for pornography/prostitution) and male (96.3% for sexual abuse, 98.3% for pornography/prostitution; USSC, 2009).

Motivans and Kyckelhahn (2007) reported data on federal prosecution of sexual offenses against children (i.e., child pornography, sex abuse, and sex transportation) in 2006. During that year, 3,661 suspects were referred to U.S. attorneys. About 7 in 10 of these were for child pornography. Nearly 6 in 10 defendants were prosecuted, and 9 out of 10 were convicted or pled guilty. Between 1994 and 2006, percentage increases in suspects referred were 82.1% for child pornography, 1.1% for sex abuse, and 16.8% for child transportation. Of all defendants arraigned in federal courts on the specific charge of sex abuse during 2006, nearly 3 in 4 were Native American or Alaska Native. (This is likely due to the fact that so many of these individuals live on federal government land.) However, they constituted only 1.3% of all child sex exploitation defendants. Whites accounted for 88.9% of child pornography defendants and 70.2% of those charged with sex transportation. Males constituted 97.0% of all defendants, and 95.8% were U.S. citizens.

Obtaining accurate information about the number of individuals incarcerated in state prisons or local jails is very difficult. There is the broad "funneling issue," which demonstrates that of all the sexual offenses that occur, only some are reported. Greenfeld (1997) stated reporting rates are so low that of all the offenders under some type of correctional authority in the United States, approximately 90% live in the community. Of those that are reported, only a fraction are indicted and possibly convicted. Even the concept of "conviction of a sexual offense" is skewed in that many sexual offenses are pled down to nonsexual charges (i.e., burglary instead of sexual assault in someone's home). Finally, for those individuals convicted of sexual crimes, there is great variability in how states use probation, county jail time, and state prison sentences.

Thus, data from state corrections typically only include adult inmates (juveniles convicted of sexual offenses are most often in other facilities) convicted of the most serious offenses with the longest sentences. Overall, most states are seeing an increase in the number of individuals incarcerated for sexual offenses against juveniles, though there does appear to be some discrepancy in the sentences conferred on offenders with adolescent victims, as opposed to victims 12 and younger, with the former receiving somewhat lighter sentences (Finkelhor & Ormrod, 2001). This is most likely related to the myth that adolescents are somehow more responsible for their own sexual assaults.

Characteristics of Sexual Offenders

Although general criminal offenders have traits in common with sexual offenders (e.g., antisocial traits), there are reasons to believe that the two groups are dissimilar in nature. Moreover, sex offenders themselves are a heterogeneous group. The dynamics, psychopathology, treatment approaches, and recidivism rates differ across individuals convicted

of incest, rape, sexual offenses against children, and noncontact offenses such as creation and distribution of child pornography and exhibitionism. As a result, traditional risk assessment instruments may not adequately predict sexual recidivism in some offenders (cf. Hanson & Bussiere, 1998). Whereas general risk assessment instruments may be adequate for the prediction of violent or nonviolent recidivism among sex offenders, unique instruments may be needed for the prediction of sexual recidivism (Hanson & Bussiere, 1998).

Sexual Offenses and Substance Abuse

The presence of co-occurring disorders or substance abuse concerns is seen with some frequency among the sexual offender population. Peugh and Belenko (2001) found that two thirds of incarcerated sexual offenders were substance-involved (defined as being under the influence of alcohol or drugs at the time of the crime, had committed a crime to get money for drugs, had histories of regular illegal drug use, had received treatment for alcoholism, or shared some combination of these characteristics). Långström, Sjöstedt, and Grann (2004) found alcohol abuse spectrum disorders were the most frequent co-occurring diagnosis in incarcerated sexual offenders, followed by drug abuse disorders, personality disorders, and psychosis. Additionally, they found that pathology requiring admission to a hospital was more common in rapists as compared to child molesters. Contrary to these findings, Marshall and Marshall (2006) found that sexual offender sex addicts were no more likely than sexual offender nonaddicts to report co-occurring addiction problems with drugs or alcohol. (The concept of sexual addiction will be discussed in more detail below.)

Sexual Offenses and Mental Illness

Berlin, Saleh, and Malin (2009) noted that although sexual offending and mental illness are often talked about together, this is inaccurate and misleading in most cases. In most incarcerated sexual offenders, there is no Axis I condition present. Sex offenders may commit their acts during an acute phase of a serious mental illness or an Axis I paraphilic disorder, an Axis II personality disorder, any combination of these conditions, or the absence of any Axis I or II condition. Major mental illnesses do not cause sexual offending, but they can predispose or set the stage for increased likelihood in some individuals. If offenders only participate in treatment designed to look at cyclical patterns of sexual abuse, Axis I conditions can be missed. Co-occurring disorders that are left untreated may contribute to increased risk of recidivism. In the cases of nonparaphilic mental disorders, the primary target needs to be the mental illness, without ignoring sexual offenses just because they occurred within the context of the active phase of mental illness.

Paraphilias are Axis I conditions (American Psychiatric Association, 2000). From a purely psychological standpoint, therefore, offenses involving paraphilias are not voluntary, in the sense that the person does not choose the paraphilic attraction. However, the criminal justice system considers them as volitional in the sense that the person can choose to act or not act on the attraction. This volitional component is often used in terms of juror sympathy and sentencing consideration. Interestingly, the presence of paraphilias often serves as the justification for civilly committing some persons for treatment at the end of their prison terms based upon the condition of volitional impairment. This complicated psycho-legal paradox presents offenders, clinicians, and courts with conflicting perspectives based more upon where the offender is within the criminal and civil justice processes (i.e., adjudication and sentencing vs. treatment amenability and consideration for civil commitment) than upon an actual clinical conceptualization (see Text Box 12.1).

TEXT BOX 12.1
LEGAL STRATEGIES FOR COMBATING SEXUAL VIOLENCE

Eric Janus, J.D.

Legal strategies for combating sexual violence have undergone important development over the past three decades. Reflecting a number of influences, the developments range from well-founded innovations that reject outmoded and harmful myths about sexual violence, to highly popular and politically attractive approaches that are counterempirical, misdirecting limited prevention resources, and, at times, undermining the methodical but less flashy approaches that have been shown to reduce sexual violence.

Feminist theorists and empirical researchers, beginning in the 1970s, helped define and expose key myths about sexual violence. Their work led to a series of positive changes in the law and justice system, often referred to as "rape reform." These reforms reflected the new knowledge that much sexual violence was perpetrated by intimates and that old-fashioned ways of thinking—myths about rape—had too often made the legal system a hostile experience for victims of sexual violence. As a result of the reforms, the legal system tended to take sexual violence more seriously across the range of its manifestations.

Beginning in 1990, a set of markedly less useful changes began to develop. These changes have come to be known as "sexual predator" laws. The common flaw characterizing these laws is their indifference to empirical knowledge and their rejection of the key teachings of the feminist movement. Based on a distorted view of sexual violence, these laws are alternately hugely expensive or vastly underfunded. Their chief flaw is that they concentrate resources and public attention at small fractions of the problem of sexual violence while undercutting proven approaches in other areas.

Sexually violent predator (SVP) laws adapt a venerable legal tool—mental health commitment—to incarcerate sex offenders who are deemed "too dangerous" to release at the completion of their criminal sentences. Though fundamental constitutional provisions prohibit extending the criminal sentence after it is imposed (this would violate the double jeopardy and ex post facto clauses), the Supreme Court has upheld these laws because they are limited to sex offenders whose mental abnormality makes it "difficult" for them to control their behavior. In practice, this "control" test is an elastic one, providing little legal constraint on the states' ability to circumvent the normal constitutional rules limiting physical detention.

Because SVP laws depend for their constitutionality on the concept that they are really mental health commitments, they are exceedingly expensive. States must provide treatment. In practice, once committed, individuals remain committed; thus, these residential populations grow without short-term limit. These programs, which are explicitly aimed at only the "worst of the worst," consume most of the resources for violence prevention, though they prevent only a small fraction of sexual violence.

In addition to resource misallocation, SVP laws also distort our ways of framing the problem of sexual violence. They define the "worst of the worst" as mentally disordered individuals who cannot control their sexual behavior. This strengthens the popular image of the "predator" as the archetypal sex offender and casts into the shadows the much more common experience of victimization by acquaintances and intimates whose abusive behavior is allowed to flourish because of societal norms and practices.

Similarly, community notification laws and residential restrictions embody the assumption that the solution to sexual violence lies in segregating offenders from potential victims. These laws are attractive because they seem to be cost-free while addressing in a highly visible manner community fear and outrage. Yet because these laws are based on counterfactual assumptions about the nature of sexual violence, they are of dubious utility. Worse, by impairing the reentry process for offenders, these laws may actually impede the efficacy of supervision and treatment, interventions that most experts agree can be effective in reducing recidivism.

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Sexual Offenses and Psychopathy

Although some sex offenders, especially those with a primary interest in child victims who have otherwise unremarkable criminal histories, may not be psychopathic, incarcerated sexual offenders occasionally do present with high levels of psychopathy. Psychopathy is a highly researched construct characterized by a deeply ingrained personality tendency to violate social norms without guilt, remorse, or the restraint of conscience. Individuals labeled as psychopaths often have a grandiose sense of self-worth and lack the ability to form genuine emotional attachments to others. People who are psychopathic prey on others using charm, deceit, violence, or other methods that allow them to get what they want. The symptoms of psychopathy also include a lack of empathy, egocentricity, pathological lying, disregard for the law, shallow emotions, and a history of victimizing others (Hare, 1999, 2006).

The construct of psychopathy and its relationship to offense type, recidivism, and sexual deviance have been studied extensively. Rates of psychopathy in sexual offenders have been estimated at anywhere from 10% (Serin, Malcolm, Khanna, & Barbaree, 1994) to 35% (Brown & Forth, 1997). Whereas some of these traits are evident across most sex offenders, those who prey on children are often actually seeking to form a type of emotional attachment to their victims beyond that which is typically seen in serial rapists of adults. Porter et al. (2000) found that 64% of mixed offenders (those who offended against both adults and children) and 35.9% of rapists met the definition of psychopathy, though only 6.3% of incest offenders and 9.4% of child molesters with any extrafamilial victims met the criteria for psychopathy.

The connection between psychopathy and sexual recidivism is less clear. A significant body of research (Hanson, 1998; Hanson & Harris, 2000; Hildebrand, de Ruiter, & de Vogel, 2004; Quinsey, Rice, & Harris, 1995; Rice, Harris, & Quinsey, 1990) suggests a link between psychopathy and sexual recidivism. However, others (Barbaree, Seto, Langton, & Peacock, 2001; Firestone, Bradford, Greenberg, Larose, & Curry, 1998; Långström & Grann, 2000; Sjöstedt & Långström, 2002) have not produced similar findings. It is most likely that these conflicting results reflect the complex and heterogeneous nature of sexual offenses.

Hare (1999) has postulated a connection between the presence of psychopathy and deviant sexual arousal and a subsequent increase in risk for sexual reoffense. Hare's notion was supported by Rice and Harris (1997) and Harris et al. (2003). Both of these studies found that rapists and child molesters who scored in the moderately high range

on the construct of psychopathy (above 25 on the Hare Psychopathy Checklist–Revised) and had a deviant sexual preference (assessed through penile plethysmography) tended to have higher and faster failure rates for both violent and sexual recidivism. Sexual deviance or sexual preferences considered to be deviant are defined as both statistically unusual and, when acted upon, likely to inflict unwarranted harm on oneself or others, such as child molestation, forcible sexual contact, exhibitionism, and sexual sadism. It is generally accepted practice that sexual deviance can only be confirmed through use of the penile plethysmograph. Hildebrand et al. (2004) found that deviant psychopathic offenders showed a significantly higher sexual recidivism failure rate than did nondeviant psychopathic offenders and nonpsychopathic offenders in general.

L. E. Marshall and Marshall (2006) found sexual offenders were significantly more likely than a comparison group to be classified as sexual addicts. Those sexual offenders who were also sexual addicts were more likely than nonaddicts to report a preoccupation with sex and having been a victim of childhood or adolescent sexual abuse.

Sexual Offenders and Their Victims

Many sexual offender treatment providers believe that offenders' preferred victim pools remain generally static across offenses. However, a growing body of literature supports the notion that many sexual offenders do not exclusively offend against a preferred victim type. These "crossover" offenses are defined as those in which victims are from multiple age, gender, and relationship categories (Abel & Osborn, 1992; English, Jones, Pasini-Hill, Patrick, & Cooley-Towell, 2000; Heil, Ahlmeyer, & Simons, 2003; Heil & Simons, 2008; O'Connell, 1998; Wilcox, Sosnowski, Warberg, & Beech, 2005). Research has established that sex offenders' victim preferences may not be age-, gender-, or relationship-specific (Levenson, Becker, & Morin, 2008). Heil et al. (2003) found that the majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationships and to sexually assaulting victims from both genders. Research completed using confidential questionnaires suggest that a significant number of offenders assault victims of both sexes, that some abuse acquaintances or strangers as well as family members, and that some commit both hands-on and noncontact offenses (Abel et al., 1987; Abel, Becker, Cunningham-Rathner, Mittelman, & Rouleou, 1988; Ahlmeyer, Heil, McKee, & English, 2000; English et al., 2000; Heil et al., 2003).

Assessment

When assessing the general psychological functioning (i.e., mood states, intellectual ability) of individuals incarcerated for sexual offenses, conventional psychological testing can be utilized. However, risk assessment (i.e., "Which offenders are most likely to reoffend?") is somewhat different from assessment for general psychological functioning and is the area of assessment about which the public is most concerned. Over the years, there has been significant controversy and evolving beliefs about what information is valid in predicting a person's risk for recidivism. The factors that contribute to sexual offender reoffense and recidivism are among the most extensively researched areas in the field. Numerous factors have been identified as contributing to the risk of sexual offender reoffense, though the development of a model, test, or statistically based instrument with anything but modest predictive validity has been elusive.

Meta-analyses such as those of Hanson and Bussiere (1998) and Hanson and Morton-Bourgon (2004, 2005) provide the foundation for what is known about risk factors for sexual recidivism. Risk factors are generally classified as static or dynamic. *Static risk factors* are unchangeable factors in the individual's history. Those most closely related to sexual offending include age at first offense (with younger being more strongly correlated with risk); single marital status; lifestyle instability; and histories of rule violations, alcohol and substance abuse, antisocial behavior, and the commission of violent crimes. Among these factors, those signaling an antisocial orientation and rumination on sexually deviant themes are most strongly correlated with recidivism (Hanson & Morton-Bourgon, 2005).

Dynamic risk factors, by definition, are amenable to change and may be further divided into two subcategories: stable and acute dynamic risk factors. *Stable dynamic risk factors* are relatively stable over time but have the potential to change. The most recognized stable dynamic factors associated with sexual offending are sexual deviance, sexual dysregulation, deviant social influences, attitudes supportive of sexual offending, intimacy deficits, and lack of cooperation with supervision. *Acute dynamic risk factors* are relatively fluid and include emotional collapse, increased hostility, substance abuse, sexual preoccupation, collapse of social support, victim access, and rejection of supervision (Hanson & Morton-Bourgon, 2005).

Often, this model of risk is thought of in terms of static factors providing information about *which* offenders are more likely to reoffend and dynamic factors predicting *when* an individual may be more likely to reoffend. There are several instruments for assessing violence and/or sexual risk; however, none have been normed for assessing risk of violence within correctional settings, so a full discussion of these instruments is not warranted here (see Chapter 4 for a review of assessment in correctional settings, including instruments specifically for prediction of sexual offending risk).

Other specific areas of assessment related to sexual offenders include sexual deviance, psychopathy, and sexual addiction. Sexual deviance is assessed in a variety of ways, including offender interview, a thorough examination of criminal history and sexual offense history, self-report paper-and-pencil measures, physiological measurements, and visual reaction time. Offender interviews and paper-and-pencil measures in which an individual is asked about his or her sexual fantasies, attraction patterns, and preferences may be quite transparent and subject to deception. Physiological measures of arousal, such as the penile plethysmograph, and measurements of sexual interest based on visual reaction time, such as the Abel Assessment of Sexual Interest, are seen as less susceptible to deception and, as such, powerful and valid adjunctive measurements in assessing sexual deviance.

The standard for assessing psychopathy is the Hare Psychopathy Checklist–Revised (PCL-R). This instrument involves a comprehensive record review and clinical interview to assess an individual in various domains related to the concept of psychopathy.

Sexual addiction is a more nebulous construct. It is not a recognized diagnosis found in the *Diagnostic and Statistical Manual of Mental Disorders–Fourth Edition, Text Revision* (American Psychiatric Association, 2000), the most recent edition of the diagnostic manual as of this writing. As such, many clinicians do not recognize sexual addiction as a mental disorder. Other clinicians have formulated their own theories regarding the etiology of sexual addiction and have constructed diagnostic criteria and procedures to assess sexual addiction. Current "diagnostic" frameworks follow various models borrowed from the chemical dependency field, an integrated chemical dependency/biological/social learning perspective (Goodman, 1998) and obsessive/compulsive models (Coleman, 1996; Irons & Schneider, 1996). Patrick Carnes, a leading proponent

of the construct of sexual addiction, suggests a 10-point behavioral criterion-based scale similar to those used to diagnose other, more accepted mental disorders. For example, Carnes (1983) lists as indicators of sexual addiction, in part, a recurrent pattern of failure to resist impulses to engage in extreme acts of lewd sex; frequently engaging in those behaviors to a greater extent or over a longer period of time than intended; persistent desire or unsuccessful efforts to stop, reduce, or control those behaviors; and an inordinate amount of time spent in obtaining sex, being sexual, or recovering from sexual experience.

Treatment

Sexual offender treatment is often ordered as a condition of sentence to reduce and, if possible, prevent risk of sexual reoffense. Sex offender programs/strategies represent various approaches used to prevent convicted sex offenders from committing future sex offenses. These approaches include different types of therapy, community notification, and standardized assessments. Sex offender programs/strategies are administered in prison and/or in the community to manage sex offenders.

Treatment targets are often offense-specific, meaning they can be directly linked to offense behaviors. These targets include self-esteem, life history, acceptance of responsibility, offense pathways, coping and mood management, social and relationship skills, sexual interests, and self-management plans. Targets may also be offense-related, suggesting they may not contribute directly to the commission of an offense but may set the stage for problematic or inappropriate interpersonal relationships. These target areas often include substance use and abuse, anger management, cognitive skills, and other psychological problems. The following summarizes the primary treatment approaches utilized within sexual offender treatment.

Relapse Prevention

In correctional settings, most prison-based sexual offender programs have historically focused on teaching relapse-prevention (RP) strategies. The RP model was adapted from the substance abuse field, the idea being that if substance abuse relapse could be prevented, perhaps the same approach could be applied to sexually deviant behavior. Conceptually, however, there is no precise correspondence. In the RP model for alcohol and drugs, lapses and relapses were viewed as expected and manageable. With sexual offending, lapses are viewed as willful returns to thinking or being in situations related to old offense cycles, but not engaging in any type of sexual offending behavior. Whereas lapses may be managed, relapses must never occur.

Furthermore, controversy exists in this area, as practitioners idiosyncratically apply variant forms of RP models, yielding results that have not been shown to be more effective than others in decreasing recidivism (Laws, Hudson, & Ward, 2000). This is particularly true when RP models are utilized in accordance with a zero-tolerance philosophy. Laws (1999a, 1999b) proposed utilizing constructs from the RP model within a harm-reduction model. Harm-reduction models acknowledge the limits of organized mental health's ability to eliminate sexual victimization, though affirming that this is a goal for which civilized societies ought to continue to strive. A harm-reduction approach to treatment maintains the philosophy that any steps toward decreased risk are steps in the right direction.

Cognitive-Behavior Therapy

Cognitive-behavior treatment focuses on changing thinking patterns related to sexual offending and changing deviant patterns of sexual behavior. This approach analyzes, challenges, and ultimately teaches an offender how to intervene on the distorted thoughts that allowed him or her to sexually offend. Typically, an offender is directed to detail his or her offending behaviors in an "offense grid" or "cycle," which graphically illustrates the behavioral components of the offense but also matches concurrent thoughts and feelings associated with each action. In this, it is expected that the offender will see links between his or her thoughts, feelings, and actions, and then work to modify them accordingly (Association for the Treatment of Sexual Abusers, 2005).

Risk-Needs-Responsivity Model

The Risks-Needs-Responsivity (RNR) Model was developed by Andrews and Bonta (2001) and has been discussed in a previous chapter (see Chapter 9). This is based on meta-analyses of what works in rehabilitation programs for all offenders. The risk principle maintains that treatment intensity should be adjusted according to each offender's risk level (low, moderate, or high). The most intensive treatment is offered to the highest-risk offenders, with less treatment or no treatment offered to low-risk offenders because they are at lower risk to reoffend anyway (Andrews & Dowden, 2006). The need principle requires treatment to be focused on individualized, modifiable factors (as contrasted with an approach in which everyone gets all aspects of treatment) shown to predict risk (i.e., dynamic risk factors, criminogenic needs). The responsivity principle suggests that treatment approaches need to be adjusted to the unique features of the individual (e.g., learning style, culture, motivation). Andrews and Bonta (2001) advocate using the RNR principles in determining the course of treatment for a particular individual.

Harkins and Beech (2007) echo the importance of assessing each patient's individual risk level so that treatment is effectively administered and criminogenic needs are addressed. However, they provide an expanded discussion of the principle of responsivity. Even if treatment is focused on dynamic risk factors and offered at the intensity commensurate with risk level, responsivity issues (including therapeutic environment and motivation to change) are considered pivotal in determining what change will occur within the individual.

Good Lives and Self-Regulation

The Good Lives Model (GLM; Ward, 2002; Ward & Brown, 2004; Ward & Gannon, 2006) is a humanistic/social-cognitive conceptualization of sexual offender motivation that suggests treatment must regard participants as whole beings in need of focus in many principal life areas. The GLM is based on the notion that all humans strive to achieve nine primary human "goods" (Ward & Stewart, 2003). Primary goods include (a) life, including healthy living, optimal physical functioning, and sexual satisfaction; (b) knowledge; (c) excellence in play and work; (d) excellence in agency, such as personal autonomy and self-directedness; (e) inner peace, as evidenced in freedom from emotional turmoil and stress; (f) relatedness and community, including intimate, romantic, and family relationships; (g) spirituality, particularly in the broad sense of finding meaning and purpose in life; (h) happiness; and (i) creativity (McMurran & Ward, 2004). The GLM agrees that traditional sexual offender treatment focusing on

risk factors and RP within a cognitive-behavioral framework is a worthwhile endeavor. However, the GLM also notes that this traditional treatment approach has lacked a broader focus on the positive human "goods," or goals all humans seek to live satisfying and good lives; therefore, it shifts the focus of their treatment to the positive pursuit of these goals.

Best Practice: A Comprehensive Treatment Model

From a theoretical standpoint, the above approaches are often portrayed in contrast to one another because of the emphasis on approach goals in Ward's (2002) GLM framework and the perceived similarity of RP models and RNR. However, in practice, the factors identified as salient dynamic risk factors for sexual recidivism are considered appropriate treatment targets in both the GLM and RNR approaches. As such, the best practice for treatment is currently viewed as a comprehensive model that includes elements of the above models but also includes motivational interviewing (i.e., assessing and engaging a person based upon intensity of desire to change) and an emphasis on therapeutic process (i.e., the use of therapeutic relationships to address interpersonal deficits; W. L. Marshall, Marshall, Serran, & Fernandez, 2006). To date, substantial variability has been found in outcome studies examining treatment effectiveness for sex offenders (Hanson, Broom, & Stephenson, 2004).

Management Issues

Institutional Infractions

Among incarcerated sexual offenders, there are modest correlations between psychopathy ratings and institutional rule infractions (Buffington-Vollum, Edens, & Johnson, 2002). Incarcerated sexual offenders can be a challenge within a correctional institution. Some lack the social skills of more streetwise offenders. Some are looked at with derision and scorn by other inmates and even correctional staff. It is commonly reported by incarcerated sexual offenders that they are considered "the bottom of the barrel" within the informal but nonetheless rigid prisoner social hierarchy. Sexual offenders within correctional institutions are often the target of verbal and even physical abuse. The extent of physical abuse is unknown due to the inherent underreporting of such acts within correctional institutions (see Text Box 12.2, pages 268–269).

Staff Perceptions

Weekes, Pelletier, and Beaudette (1995) studied the perceptions of sexual offenders by prison correctional staff within a Canadian institution. They found that correctional staff perceived sexual offenders, in general, to be more dangerous, harmful, violent, tense, bad, unpredictable, mysterious, unchangeable, aggressive, weak, irrational, and afraid when compared to nonsexual offenders. The authors also found that correctional staff perceived sexual offenders with child victims to be significantly more immoral and mentally ill than sex offenders against women. Sexual offenders against women were perceived to be more immoral and mentally ill than inmates without sexual offenses.

Management of Exhibitionism

Exhibitionism toward correctional staff is a relatively common occurrence. Offenders expose their genitals to correctional staff for numerous reasons. Whereas some offenders expose in service to anger, authority, and powerlessness, others expose in service to a deviant sexual urge, sexual arousal, or other sexual proclivity. Prison inmates often use exposure of their genitals as angry reactions to the regimentation of the correctional system or loss of perceived personal power. Offenders with poor coping skills and strategies will often use exposure as an indirect method of exerting power through forcing inevitable staff reactions to their actions.

In considering incarcerated exhibitionists it is necessary, though difficult, to discern the motives of their actions. It is helpful from a treatment and management perspective to differentiate exposing behavior that has an instrumental foundation (exposing that is goal-directed and purposeful, such as using exposure of one's genitals to force a move to a segregated unit) from exposing behavior that has a reactive foundation (exposing as a hostile response to perceived provocation and anger).

One strategy to reduce inmate exhibitionism is to remove incentives to its occurrence. Understanding an offender's motivation for exposing, especially in terms of gaining a desired outcome, will assist correctional staff in developing a plan to reduce such behavior. In this, utilization of behavioral psychology principles of extinction may limit repetition of the behavior. For instance, inmates who desire administrative segregation or another punitive sanction for their own reasons may use exposing behavior to force correctional staff to act. Conversely, an exaggerated staff reaction may result in an increase in exposing behaviors, especially if the subsequent sanction imposed was desired by the inmate. If correctional staff understand the offender's specific motives for exposing, sanctions other than those desired by the inmate may be instituted. Of course, if an inmate desires a significant punitive consequence, such as segregation, the inmate may ultimately commit an act that must result in segregation (see Chapter 14 for a more detailed discussion of behavioral treatment strategies).

Inmate-on-Inmate Sexual Assault

The Prison Rape Elimination Act (PREA) of 2003 established the need to protect incarcerated individuals from sexual abuse. The PREA called for a commission to study prison rape, including causes, consequences, and prevention. Congress affirmed the right of incarcerated individuals to be protected against sexual abuse (see Text Box 12.2 for further discussion of the PREA.)

Sexual abuse in correctional settings makes these environments less safe for everyone, consumes resources, undermines rehabilitation, and devastates the lives of the victims. Sexual abuse is not an inevitable feature of incarceration, nor should it be accepted as part of the penalty imposed on offenders. However, certain characteristics including youth, small stature, lack of correctional experience, mental disability or mental illness, nonheterosexual orientation, and transgender identity are correlated with higher risk for being sexually victimized while incarcerated (Fagan, Wennerstrom, & Miller, 1996).

TEXT BOX 12.2
INTERVIEW WITH ROBERT W. DUMOND

1. Based on post-PREA (Prison Rape Elimination Act of 2003) data, is sexual assault in prison as significant a problem as previously thought?

   Since the passage of PREA, the Bureau of Justice Statistics (BJS) has gathered data indicating that sexual assault in U.S. correctional settings is a serious and significant issue. For example, BJS (Beck, Harrison, & Adams, 2007) reported that in 2006, 6,528 sexual assault incidents were formally reported to correctional authorities. Of these sexual assault incidents, 961 (i.e., 15%) were investigated and substantiated, including 262 incidents of inmate-on-inmate rape, 158 incidents of nonconsensual sexual acts, 471 staff sexual misconduct incidents, and 70 staff sexual harassment incidents. For each of the 3 years of formal reports (Beck & Harrison, 2006; Beck et al., 2007; Beck & Hughes, 2005), the two primary types of prisoner sexual violence being reported have consistently involved incidents of staff sexual misconduct and inmate-on-inmate nonconsensual sexual acts (acts comparable to rape in most jurisdictions).

   Comparing anonymous community with correctional survey data (Beck & Harrison, 2006, 2007, 2008; Beck et al., 2007; Beck & Hughes, 2005; Rand & Catalano, 2007) has revealed substantially higher incident rates of sexual violence in prisons. Whereas the national rate of sexual assault in the community is 1.1 per 1,000 U.S. citizens (Rand & Catalano, 2007), the national rate of sexual assault in U.S. prisons is 123 per 1,000 U.S. prisoners (Beck & Harrison, 2007). More specifically, of the 146 federal and state prisons surveyed, 10 facilities had overall prevalence rates of 9.3% or greater and 11 facilities had rates of inmate-on-inmate nonconsensual sexual acts greater than 300 per 1,000 prisoners (Beck & Harrison, 2007).

   These results provide strong evidence that prisoner sexual violence is a serious, devastating crime which affects a large number of inmates in U.S. correctional facilities. Consistent with reporting problems noted in the collection of community data, some believe that reports of prison sexual assault are similarly underreported, suggesting that incidence rates may be even higher than those currently reported.

2. What have been some of the benefits of PREA?

   Recognition of a problem is often the first step in effectively crafting a solution. For decades, the issue of sexual threats, intimidation, and against the incarcerated, by other prisoners and staff, has remained unsubstantiated and often not reported. Despite potential problems in this area, few concrete steps had been taken to systematically address the problem. The advent of PREA and a national discussion about prisoner sexual violence has prompted a reexamination of all areas of correctional management and practice, including initial inmate assessment, orientation, classification, as well as staff selection, training and accountability, investigations and intervention. PREA has also been helpful in improving the initial and ongoing training received by all correctional staff. Additionally, PREA has fostered more collaboration between healthcare and correctional staff and has helped to strengthen the interdisciplinary intervention and care provided to victims/survivors.

PREA prompted a national review of corrections in the United States, including a reexamination of the difficulties faced by prisoners with mental illness; developmental disabilities; as well as juveniles; women; and those who are lesbian, gay, bisexual, and transgendered. All of these issues continue to challenge correctional authorities. However, the work of the National Prison Rape Elimination Commission and their proposed national standards has provided a forum in which to examine and discuss these issues and has resulted in a growing awareness of issues surrounding prison sexual assault.

3. Have there been any unintended consequences (positive and/or negative) resulting from the legislation?

   Some correctional practitioners have argued that one unintended negative consequence of PREA is that it has given inmates another "tool" to manipulate the system, by providing another reason to seek alternative housing, cell assignments, etc. This, however, can be managed effectively if agencies investigate and evaluate incidents with due diligence.

   Perhaps the most important unintended positive consequence has been that PREA has been the catalyst for a national discussion about correctional policies and practices in U.S. jails and prisons in general. As a result of PREA, many correctional agencies have rededicated themselves to the principles of "*care, custody, control, safety, security, and rehabilitation*." There has been a renewed emphasis on institutional safety and security, resulting in a safer environment for inmates, detainees, prisoners, and juveniles, and the staff responsible for their care.

Note: Robert W. Dumond was a consultant to Congress during their deliberations on PREA and is an international consultant on prisoner rape. He has nearly 40 years of experience involving criminal justice and mental health issues.

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All individuals must be informed of their rights to be safe, and specifically to be protected against sexual abuse during incarceration, and of how to report it if it occurs. Providing such information should be an ongoing process and made part of the institutional climate via posters, handbooks, and other means. These materials must take into account the inmate population, language diversity, and the wide variability in cognitive abilities when providing this information. Staff must be educated about the type of information they might hear or receive in writing, trained in how to respond to allegations of abuse, educated about clear signs that abuse might be occurring, and held accountable for not reporting incidents according to established procedures. Furthermore, all reports must be taken seriously and investigated. Once victims come forward, it is often common practice to place them in a segregation unit to "remove them" from further potential victimization. However, isolation can often cause additional psychological distress or be experienced as pejorative; thus, this intervention must be utilized with caution and additional support provided for the inmate.

Reentry Issues

Successful community reentry programs sort offenders by public safety threat level, adjust interventions according to dynamic risk factors, appreciate the benefits and limitations of technology, impose swift and certain sanctions, create incentives for success, and measure progress. Supervision for sex offenders should be structured like that of other offenders who are reintegrating, in the sense that it should be based on RNR. Evidence-based practices decrease crime 10% to 20%, whereas non–evidence-based practices show no decrease (Andrews & Dowden, 2006). Of course, "what works" is less clear with sexual offenders as compared to general offenders.

Electronic Monitoring

As early as 1996, electronic monitoring, along with other resources and strategies (such as intensive supervision, surveillance, and polygraphs), was found to enhance the quality of sex offender supervision (Cumming & Buell, 1996). Morgan and Glover (2008) replicated the findings of Cumming and Buell (1996). They found electronic monitoring to be enhanced when employed with additional tools, such as the utilization of a task force to assist personnel in surveillance, sharing of information between agencies (law enforcement, treatment providers, and supervision), regular face-to-face contacts, regular contacts with those associated with the offender, and unannounced home and work visits (Morgan & Glover, 2008). Additionally, they found electronic monitoring to be effective only when paired with trained supervisory staff. In this, the authors pointed out that it is trained staff monitoring GPS equipment that leads to effectiveness, not the GPS equipment working in isolation. Though much research has been done concerning the relative cost-effectiveness of electronic monitoring and even offenders' perceptions of its relative punitive value, there is not yet a significant body of empirical research demonstrating the effectiveness of electronic monitoring as it pertains to sexual offenders.

Other Community Programming Issues

Community corrections departments are vastly understaffed. Officers struggle with high caseloads, limited community sanctions, and repeated administrative hurdles as

they try to hold supervisees accountable. As a result, many wait until an offender has several violations before pursuing a sanction to ensure the time is worth the efforts (i.e., results in a penalty). Communities leading the way in this area have moved to systems of graduated sanctions including community service programs, day reporting centers, and short stays in jail without returning to court. Otherwise, these offenders may spend time in jail just waiting for a disposition hearing regarding their violations.

Rewards work better than punishments for motivating people. Some states, such as Arizona, have created performance incentives for offenders and the county-based supervision system. For every month the offender complies with terms of supervision (including community service assignments, abstinence, paying restitution, etc.), legislation authorizes the probation period to be reduced by 20 days. Slipups result in a loss of earned time. The county is then awarded 40% of the money the state saves by not having to house repeat offenders and probation rule violators in prison. The refund is used by the county to improve victim services and expand drug treatment and other recidivism-reducing programs. Even if revocations were reduced by 10%, the state could save about $10 million, with 40% of the money returning to the local level (Pew Center on the States, 2009).

Best practices in reentry suggest management of this transition is better accomplished through collaborative relationships and services through multiple agencies versus the traditional single agency management (Wormith et al., 2007). However, multiagency collaboration is challenging, especially when the political stakes are high (see Chapter 1 for a more detailed discussion of multiagency collaboration). There is little research on these programs for sex offenders.

Public Perception, Community Notification, and Sex Offender Registration

Laws and public policy are often greatly influenced by the public's perception of sexual offenders, regardless of the accuracy of these viewpoints. For example, one stereotype is of the sexual offender luring children at public parks or lying in wait in the bushes for child victims. These views have been formed as a result of a few rare but highly publicized cases and have served as the impetus for several sexual predator laws (e.g., community notification and registration laws). However, the reality is that most sex crimes involving children are committed by individuals known to the child, not by strangers (Lieb, Quinsey, & Berliner, 1998; Snyder, 2000).

Community notification and *sexual offender registration* are indistinct terms with meanings varying between states and municipalities. All states have some form of sexual offender registration. In general, sexual offender registration requires name, address, physical description, and other pertinent demographic and criminal history data to be retained in a database accessible to law enforcement and other authorized individuals. Offenders are required to keep their registration current. Many state sexual offender registration systems require an offender to register even after the expiration of his or her sentence. Failure to maintain registration is often prosecuted as a new offense and sometimes as a felony.

Community notification is different from sexual offender registration. Community notification involves making a sex offender's personal information, including such factors as location of residence and offense, available to the community in which the offender lives. Following their release from prison, sex offenders provide police with information such as their residence and employment for tracking/monitoring purposes. This type of registration typically accompanies community notification.

Interestingly, a cottage industry in community notification has grown in the past few years (see, e.g., http://www.sexoffender.com/, http://www.familywatchdog.us/ or https://www.neighborhoodscan.com/). Using publicly accessible (and usually free) data, Internet websites have appeared listing offenders by city or state. Such websites often offer the opportunity to search for registered offenders by zip code or city, and may charge a fee. There is even a downloadable application for the "iPhone" that offers a listing of registered offenders searchable by zip code. Such registration databases, whether maintained publicly or posted on the Internet, often possess flawed or incorrect data. Inaccurate addresses or lack of information on absconders can leave the public with a false sense of security or alarm the community. Additionally, many registration databases accessible to the public do not differentiate between offender type, risk of recidivism, or general dangerousness. As a result, the public tends to categorize all sexual offenders as similar in offense and victim type.

Policies that ostracize and disrupt the stability of sex offenders are unlikely to be in the best interest of long-term public safety, because housing and employment problems, social stigma, and a sense of vulnerability are factors commonly associated with recidivism (Mustaine, Tewksbury, & Stengel, 2006, as cited in Levenson, 2007). Empirically based risk assessment can assist in identifying the registered sex offenders who are more likely to reoffend, and this can be useful in determining specific offenders about whom to alert concerned citizens. This would utilize fiscal resources more responsibly and reduce collateral consequences experienced by sex offenders and their families during reentry while maintaining low probability of compromising public safety.

Sexual offender registration is a significant reentry issue. Public support for registration laws is strong. All states have sexual offender registration laws. The Pam Lychner Sex Offender Tracking and Identification Act of 1996 required the creation of a national database to ensure registration and address verification for sex offenders residing in states with insufficient registries. The Jacob Wetterling Act (1994) requires registration for persons convicted in federal and military courts, requires sex offenders who relocate to register in the new state of residence, and mandates sex offenders to register in the state in which they work or attend school. The Sexual Offender Registration and Notification Act (SORNA), Title I of the Adam Walsh Child Protection and Safety Act of 2006, requires states to adopt a uniform federal standard for sexual offender registration. The Adam Walsh Act standards of sexual offender registration include listing, on an Internet website, an offender's name, address, offense history, physical description, and automobile and employment information. To date, the federal government has not vigorously pursued the implementation of these standards.

Interface Between Treatment Providers and Supervision Agents

Another issue that often compromises the effectiveness of release plans is the interface between community supervision personnel and treatment providers (if an offender is required to enter or continue outpatient treatment postincarceration). McGrath, Cumming, and Holt (2002) found that probation officers and community-based sexual offender treatment providers value frequent and meaningful communication and see mutual benefit in it. However, these researchers found differing opinions about probation officers coleading or leading treatment groups, which is required in some states. The issue of cofacilitated groups (i.e., groups led in tandem between a treatment provider and a probation agent) is a contentious and controversial one.

Many corrections departments have found such groups invaluable in offender management. Corrections departments often cite the convenience of agents in cofacilitated groups being able to monitor dynamic risk factors on a regular and frequent basis, thereby ostensibly reducing the risk of reoffense. However, considering the general reluctance of many offenders to discuss their offending behaviors (Frost, 2004), many therapists believe that offenders will be reluctant to share issues in a group with a probation officer present for fear that their behavior will be constantly scrutinized for violations of probation. Many therapists also believe that a treatment group should offer the offender a place to discuss probation issues, and even possible probation violations, and strategize appropriate ways in which to broach the subject with their probation officer. Additionally, many probation agents do not possess the clinical skills or education required of a sexual offender treatment provider.

Housing

Mercado, Alvarez, and Levenson (2008) found that a high percentage of postrelease offenders perceived residence restriction and community notification legislation to negatively affect employment, housing, and social relations. These authors also suggested that residency restriction policies and community notification may actually hamper offenders' efforts toward community reintegration. Of course, it is arguable whether positive community reintegration and an offender's ultimate success are the goals of such policies. Instead, ostracism appears to be the unstated intent, leading to a de facto social stratification that a sexual offender may never be able to move past.

Jill Levenson and her colleagues (Levenson, 2007; Levenson, Brannon, Fortney, & Baker, 2007; Levenson & Cotter, 2005a, 2005b; Levenson & D'Amora, 2007; Levenson & Hern, 2007) have done extensive research in the area of residency restrictions pertaining to sexual offenders. They have argued that residency restrictions are popular, but ineffective, and may actually disrupt community reintegration (Levenson, D'Amora, & Hern, 2007). As a result, it has been suggested that poor community integration may actually serve to inflate rates of recidivism. Most studies fail to demonstrate any significant reduction in recidivism due to community notification, though a Washington study found that offenders subject to community notification were apprehended more quickly when new crimes did occur (Schram & Milloy, 1995). Research literature (Levenson & Cotter, 2005a; Levenson, D'Amora, et al., 2007; Tewksbury, 2002) has shown a significant amount of error on registry websites and has called into question the accuracy of sex offender registries. In many cases, address information for the offender was incorrect, with offenders living elsewhere, incarcerated, and in some cases, even dead. Thus, although the public may cite public notification and offender registries as important public safety measures, this perception is not based on actual recidivism rates or even current information in the registries.

Employment

Postincarceration adjustment is often a source of significant stress to offenders as they adjust to the less regimented aspects of daily living, while still conforming to the mandates of the court, supervised release, probation agents, and an often hostile social climate (especially in regards to sexual offenders). Poor reentry and reintegration planning may be a risk factor for recidivism (Willis & Grace, 2009). Offenders often have difficulty acquiring employment and suffer severe economic hardships. A criminal record

makes an offender a poor candidate for employment. Many employers, especially larger or national companies, have blanket policies that prohibit the hiring of felons. Some companies, though hiring felons, will not hire sexual offenders. As a result, the offender will very likely face tremendous difficulty obtaining and maintaining employment upon release. The offender may be prohibited from working in his or her prior field, especially if the work in that field was related to the sexual offense. For example, a released child molester will very likely be required to work in a vocation that does not involve children or supervision over children.

Many offenders also face restrictions on computer usage, further impeding the ability of the offender to search for employment or apply for jobs. Restriction on computer usage is often a blanket condition of probation or conditional release regardless of whether a computer was a factor in the sexual offense. Many employers have moved past the traditional paper job application and now only accept job applications via the Internet. Many employers only post employment openings on websites. If an offender is prohibited from using a computer or accessing the Internet, many, if not most, potential jobs are in effect unavailable. This even holds true, though to a lesser extent, in the temporary employment ("temp work") industry, an area of employment historically more available to felons. Many temporary services post openings on the Internet. An offender unable to access the Internet must personally appear at a temporary employment service daily and wait, often for hours, to obtain work. If no temporary work is available, he or she has effectively lost a day to search for other employment.

Summary and Conclusions

Legislative, correctional, criminal justice, and mental health professionals are tasked with making every dollar count and accounting for the use of every resource. This means determining which sex offenders should be incarcerated and for how long, integrating technology with appropriate expectations into effective supervision models, and reallocating money from prisons to community corrections where appropriate. They are also responsible for ensuring that public policy related to sex offender treatment is not painted as "preventing" sexual abuse.

Depending on their risk level, sex offenders require varying degrees and intensities of community supervision and treatment. Specialized supervision skills, monitoring or prohibiting computer use, understanding and working with offenders with regard to residency restrictions where they exist, interfacing with treatment providers, skill with dynamic risk assessment—all must be brought to bear to maximize the likelihood of successful return to the community.

Ward, Gannon, and Vess (2009) argue for a human rights perspective in the management of sexual offenders. They propose an integrative framework of codified ethical principles, including core values of human rights and allowing sexual offenders the opportunity to further their own valued personal projects without interference from others. This is consistent with the principles found in the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002) and the *Standards and Guidelines* of the Association for the Treatment of Sexual Abusers (2005). These principles do not argue against the legitimate curtailment of some basic rights as a response to an offender's behavior, but they promote a structure of ethical sensitivity and social responsibility to ultimately promote the core values of freedom and well-being.

KEY TERMS

Paraphilia
Classical conditioning
Sexual offender civil commitment
Risk-Needs-Responsivity Model (RNR)
Good Lives Model (GLM)
Community notification
Sexual offender registration
Dynamic risk factors
Stable dynamic factors
Acute dynamic factors
Static risk factors
The Adam Walsh Act
Prison Rape Elimination Act (PREA)
Electronic monitoring
Relapse prevention
Motivational interviewing
Penile plethysmograph (PPG)

DISCUSSION QUESTIONS

1. After reading this chapter, how has your understanding of sex offenders and the nature of their offenses changed?
2. Is progress being made in the assessment and treatment of sex offenders? Explain your answer.
3. What concerns, if any, do you have about the legal rights of sex offenders who are committed to treatment at the conclusion of their prison sentences?
4. Are sex offender treatment programs "designed to fail," in the sense of ensuring that sex offenders are either kept in secure settings or fail in the community and returned to prison? Is this what the public truly wants?
5. Which of the various treatment approaches—Risk-Needs-Responsivity, Good Lives Model, cognitive-behavior therapy, relapse prevention, or a combined approach—seems to you most likely to be effective in preventing further sexual offending? Why do you think so?
6. Imagine that you are a probation officer with a sex offender on your caseload. What advice would you give him or her about basic matters related to community reentry like finding housing or employment? How would this be different from advice you might give to someone else, perhaps a paroled drug dealer or other nonviolent criminal?
7. As is noted in the chapter, most sex offenses are never reported. Why do you think this might be, and how might this relate to the recidivism rates cited in the research literature?

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