

Working with Sex Offenders in the Community

INTEGRATING EVIDENCE BASED PRACTICE

Learning Objectives:

1. Participants will understand the reason for the focus on evidence based practice
2. Participants will identify evidence based approaches to working with sex offenders in the community
3. Participants will define and identify factors to recognize and minimize risk as well as support treatment efforts of sex offenders in the community
4. Participants will develop strategies in working with sex offenders through experiential exercises

Participant safety (Take care of yourselves)

- ▶ Respect and heed your reaction
- ▶ Identify your supports (realistically)
- ▶ Periodically check in with your:
 - ▶ Breathing
 - ▶ Pulse
 - ▶ Overall feeling of anxiety
 - ▶ Cravings (adaptive OR maladaptive coping responses)

Pathways for Change
(Formerly Rape Crisis
Center of Central Mass.)
588 Main Street
Worcester, MA 01608-2014
Additional site in Fitchburg
Hotline: 800 870-5905
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Disclaimer / Warning

“How you treat sex
offenders isn't about
them, it's about you.”

Anna Salter, Ph.D.

Why evidence based practice?

A Little history about sex offender supervision:

Sex offenders are often the easiest offenders to supervise (If we're doing it wrong)

Specialized intensive sex offender supervision – intuitively, it feels right BUT we got that wrong, too.

When we start looking into the research, we realize we need to start working with sex offenders in a way that actually has an impact

Big surprises in sex offender land

▶ Intensive specialized supervision FEELS like it should impact recidivism. Nope. What needed to be tweaked?

Sex offender treatment has also evolved significantly over the last 25 years, in large part because of what the research has shown us.

Evolution

- ▶ From a Relapse Prevention model (similar to substance abuse treatment) – What was wrong with that?
- ▶ To the Self-Regulation Model - avoidance vs. pathway (Hudson, Ward and McCormack 1999) What was wrong with that?
- ▶ To the Good Lives Model (Ward & Stewart), (Ward & Syversen)

Risk Need Responsivity (Andrews & Bonta)

Implemented throughout different areas of criminal justice

Risk principle

What does that mean (and why does that matter?)

Risk: Intensity of services is matched to risk

ACCURATE ASSESSMENT OF RISK MEANS IDENTIFYING SOLID RISK
ASSESSMENT TOOLS

Need:
Targets for treatment are actually linked to reoffending

WHAT FACTORS ARE WE TARGETING IN TREATMENT AND WHY

Which of these are associated with recidivism

- ▶ Empathy
- ▶ Sexual self regulation
- ▶ Adverse Childhood experiences
- ▶ General self management (ie impulsivity and poor problem solving)
- ▶ Attitudes supportive of offending
- ▶ Denial of offense at intake

Responsivity

1. Use an approach that is effective (research shows us CBT most effective this far)
2. Treatment matched to learning style and ability of each offender and is delivered in a therapeutic manner

Sex Offenders – Child Molesters

Typologies (Groth)

Regressed – primarily have "normal" sexual interests and relationships with age appropriate partners

Fixated – Primary sexual preference for children (pedophile, hebophile, ephebophile)

Sex Offenders - Rapists

Typologies (Groth)

-Power Reassurance

-Power Assertive

-Anger Retaliatory

-Sexual Sadist

Static 99 – Identifies static risk factors (for male offenders >18yo)

Hanson and Thornton 1999

- ▶ Age at offense
- ▶ Ever lived with lover
- ▶ Any convictions for non-sexual violence
- ▶ Instant Offense non-sexual violence
- ▶ 4 or more sentencing dates
- ▶ Any convictions
- ▶ Prior sex offenses
- ▶ Any convictions for non-contact sex offense
- ▶ Any unrelated victims
- ▶ Any stranger victims
- ▶ Any male victims

Stable - Dynamic Risk Factors

- ▶ Sexual self-regulation
- ▶ General Self-management skills
- ▶ Attitudes supportive of offending
- ▶ Intimacy deficits
- ▶ Pervasive anger
- ▶ Deviant sexual interests

Acute – Dynamic Risk Factors

- ▶ Sexual preoccupation
- ▶ Substance abuse
- ▶ Access to victims
- ▶ Non-compliance with supervision

(Hanson & Harris, 2001; Hanson & Morton-Bourgon, 2005)

Risk assessments for Sex Offenders based on actuarial approach

- ▶ Rapid Risk Assessment for Sex Offense - RRASOR (Hanson 1997)
- ▶ Static 99 (Hanson & Thornton 1999)
- ▶ Sex Offender Risk Appraisal Guide – SORAG (Quinsey et al, 2006)
- ▶ Minnesota Sex Offender Screening Tool Revised - MnSOST-R (Epperson et al, 2000)
- ▶ Vermont Assessment of Sex Offender Risk – VASOR (McGrath & Hoke 2002)

LS RNR (Andrews and Bonta) & Sex Offenders

What is the same and what is different?

Criminal History – probe on fact pattern, not charge

Employment – reasons for moving around

Family – what does supportive look like, victim access, what do family members know and think about offense

Leisure – Victim access, patterns of age inappropriate interests, what does clergy know and understand about offense, victim access

Companions – Age inappropriate friends, what do friends know and think about offense

Attitude/Orientation – attitude/history with supervision

Practical Examples

Research, Reading & Bibliography

- ▶ Andrews, D.A. & Bonta (2010) *The Psychology of Criminal Conduct* (5th ed) Cincinnati, OH: Anderson Publishing.
- ▶ Hanson, R. & Thornton, D. (1999) *Static 99: Improving Actuarial Risk Assessment for Sex Offenders*. Prediction of Criminal Behavior Solicitor General Canada.
- ▶ Hudson, S.M., Ward, T., & McCormack, J.C. (1999). 'Offense pathways in sexual offenders'. *Journal of Interpersonal Violence*, 14 779-798.
- ▶ Groth, A.N. (1979) Sexual trauma in the life histories of rapists and child molesters. *Victimology: An International Journal*, 4, 10-16.
- ▶ Ward, T. & Stewart, C. (2003) Criminogenic needs and human needs: a theoretical model. *Psychology, Crime & Law* 9, 125-143.
