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Editorial

Sexual offender treatment

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INTRODUCTION

It is with great pleasure that I share the following editorial, "Sex Offender Treatment: Two Promising Approaches" published in the inaugural issue of Sociology and Criminology. This innovative open- access journal promises to appeal to a wide range of audiences interested in criminology and criminal justice. The OMICS Group Special features of the journal ensure rapid dissemination of high quality studies in the discipline. This commentary focuses on an important and controversial public policy issue in our field—sex offender treatment. It argues that in conjunction with punishment, treatment efforts should also be considered for sex offender management in the U.S.

The pronounced attention to sex offending in the U.S. is striking. To illustrate, the population of registered sex offenders nationally comprises nearly 740,000 individuals [1]. Given the expansion of registry laws, this number is on track to increase significantly in future years. Beyond registries, states have implemented a host of new laws designed exclusively for sex offenders. Residence restrictions, for example, have been enacted by over 30 states and may apply to a wide range of sex offenders [2]. These laws prohibit offenders from living near certain areas frequented by children, such as schools and daycare centers. States and the federal government have also implemented procedures that permit the detainment of sex offenders past their prison sentences via civil commitment. Notably, federal courts and the U.S. Supreme Court have upheld these initiatives. Without question, these initiatives are strongly supported by the American public [3]. As a result, legislating sex crime nationally has become a growth industry that has faced little judicial or public opposition. In turn, states and the federal government have had wide latitude in "getting tough" on sex offenders.

But, beyond these legal efforts, do promising treatment approaches exist? Put differently, I pose the age-old question, does sex offender treatment work? To be clear, a simple answer has yet to surface. Not all scholars are in agreement that treatment provides any significant benefit for sex offenders. For example, some observe that the current research base centered on understanding sex offender treatment has produced equivocal results [4]. These researchers point to significant research gaps in extant literature that need to be addressed. These arguments aside, however, I briefly review recent research indicating that two promising approaches potentially exist. This commentary discusses these innovations with a special emphasis on future directions for policy.

In recent meta-analyses, Cognitive Behavioral Therapy (CBT) and medical interventions, in the form of androgen deprivation treatment, have been evaluated to be the two most effective treatments for sex offenders [5,6]. CBT works by identifying "cognitive distortions", or erroneous beliefs that may have led to offending, or employed by offenders to justify their offenses. For example, some offenders may interpret benign cues—such as a child asking to be tucked into bed—as a sexual invitation or to rationalize their offenses post-hoc, may adopt the view that their crimes were not really harmful to victims, or that victims secretly wanted the offense to occur. Once these distortions are identified, CBT introduces offenders to new cognitive skills. Additionally, as Cullen et al. [7] note in their review, some offenders have minimal interpersonal skills that enable them to conform to Societal norms. Given these deficits, effective cognitive behavioral treatments also focus on the following: (1) help offenders define the problems that led them into conflict with authorities, (2) assist offenders with selecting goals, (3) motivate offenders to generate new alternative prosocial solutions, and then (4) assist with facilitating these solutions [7]. In short, CBT centers on assisting offenders with thinking differently about their actions and responding to stimuli in a legally permissible fashion.

To date, research has found CBT to be most effective at reducing sexual recidivism, compared to other psychological interventions. In their seminal meta-analysis, [5] analyzed results from 69 treatment studies. They identified seven broad categories of treatment, five of which were considered psychosocial interventions—cognitive-behavioral, classic behavioral, insight-oriented, therapeutic community, and "other" psychological treatment. Offenders who received cognitive behavioral therapy were significantly less likely to sexually reoffend compared to non-treated offenders and those who received other types of treatment. More recent studies have replicated these results. For example, in a large-scale meta-analysis (n=23 studies) demonstrated that treatment based on "risk-need-responsively", or RNR, such as cognitive behavioral programs performed the best in reducing sexual recidivism [6,8].

This is not to suggest that CBT has faced zero opposition. One of

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the most serious limitations is that rigorous evaluations of CBT are few and far between [9]. The need then for a larger knowledge base— studies relying on random design and including longer follow-up periods—is obvious. Other scholars claim that CBT alone is not likely to sufficiently motivate change in offenders. Ward and his colleagues, for instance, have called for incorporating the "good lives" model into CBT techniques to better enhance its effects. The good lives model provides offenders with "the necessary internal and external conditions (e.g., skills, values, opportunities, and social supports) for meeting their human needs in more adaptive ways," and so, "the assumption is that they will be less likely to harm others or themselves" [10]. A thorough review of this approach is beyond the current commentary, but interested researchers should consult Ward and colleagues' articles [11]. To be sure, CBT should not be looked at as a panacea to reduce sexual offending. Rather, notwithstanding methodological limitations—which undoubtedly plague any psychological or social intervention to effect change—it should be viewed as one of the most empirically-validated treatments currently available for sex offenders. Hormonal/ medical intervention is a second promising approach identified by extant research. Here again, meta-analysis of treatment effects is instructive [5]. In their study, collectively examining 22,181 offenders, those exposed to organic treatment—specifically, surgical castration and hormonal interventions—had lower odds of sexual recidivism. In particular, surgical castration evinced the strongest effect of any treatment examined in the meta-analysis. A later meta-analysis included these same studies but better controlled for confounding factors. Here again in this more sophisticated study, surgical castration and hormonal treatment exhibited the strongest effects on desistance compared to other treatments [6]. This is not to say that hormonal/ medical intervention for sex offenders is without controversy. For example, a number of methodological issues have been raised regarding evaluations of the treatment—including the potential for "self-selection" and placebo effects [12]. Moreover, legal and ethical concerns about the treatment exist [13]. Even so, the intriguing results produced by Lösel and Schmucker's albeit, preliminary—suggest that such interventions at the very least be further considered as another tool in the sex offender management arsenal [5].

To conclude, policymakers should take note of emerging research indicating a positive effect of sex offender treatment. The overwhelming majority of sex offenders—nearly 95 percent—will be released from our nation's prisons and jails and will return to the very same communities in which they offended [14]. Given this fact, sex offender management might be enhanced by a greater focus on promising treatment interventions for sex offenders. This is not to say that such course of action will be easy. The public and in some cases, policymakers hold strong views—many based on faulty assumptions of sex crime [3,15]. The challenge then lies in educating the public and lawmakers about the reality of sex offending, and the evidence-based responses to address it.

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