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Sex Offender Treatment

A 2015 review of sex offender treatment studies concluded that modern treatment of sex offenders lowers recidivism rates.¹ There is broad academic agreement regarding the overall benefits of sex offender treatment, especially cognitive-behavioral/relapse prevention approaches and treatment that follows risk-need-responsivity principles. However, several factors hinder effective sex offender treatment programs across states. These challenges include disagreement about the best method of treatment, how to classify offenders, and the lack of specific programming for each level of offender.²

Major Studies

A number of meta-analyses have shown that sex offender treatment lowers recidivism rates.³ A U.S. Department of Justice review of studies of the efficacy of sex offender treatment concluded that sex offender treatment reduced recidivism from 30% to about 20%.⁴ In 2015, Kim, Benekos, and Merlo concluded after a review of eleven meta-analyses that sex offender treatment can be considered as “‘proven’ or at least ‘promising.’”⁵ Kim et al. found treatment more effective in adolescents rather than adults. Sex offender treatments reduced recidivism rates in adolescents by 24%, whereas treated adults only had a 5% reduction. Compared to institutional treatments, community-based treatments have a larger effect in reducing recidivism. Sex offender treatment

¹ Roger Przybylski, “The Effectiveness of Treatment for Adult Sexual Offenders,” Sex Offender Management Assessment and Planning Initiative, US Department of Justice, July 2015, accessed September 16, 2024, <https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/theeffectivenessoftreatmentforadultsexualoffenders.pdf>.

² Przybylski, “The Effectiveness of Treatment for Adult Sexual Offenders.”

³ See F. Lösel and M Schmucker, “The effectiveness of treatment for sex offenders: A comprehensive meta-analysis,” *Journal of Experimental Criminology*, 1, (2005): 117–146; D. L. MacKenzie, *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents* (New York, NY: Cambridge University Press, 2005); and, R.K. Hanson, G. Bourgon, L. Helmus, & S. Hodgson, “A Meta-Analysis of the Effectiveness of Treatment for Sex Offenders: Risk, Need, and Responsivity,” (Ottawa, Ontario, Canada: Public Safety Canada, 2009).

⁴ Roger Przybylski, “The Effectiveness of Treatment for Adult Sexual Offenders,” Sex Offender Management Assessment and Planning Initiative, US Department of Justice, July 2015, accessed September 16, 2024, <https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/theeffectivenessoftreatmentforadultsexualoffenders.pdf>.

⁵ Bitna Kim, Peter J. Benekos, and Alida V. Merlo, “Sex Offender Recidivism Revisited: Review of Recent Meta-analyses on the Effect of Sex Offender Treatment,” *Trauma, Violence, & Abuse*, Vol 17 (1) (2016): 105-117, <https://doi.org/10.1177/1524838014566719>.

in the community produced a 17% reduction in recidivism compared to a 10% reduction with institutional treatments.⁶

One of the few studies conducted by a state government on sex offender treatment was produced by the Minnesota Department of Corrections (DOC).⁷ The Minnesota DOC conducted a study on the impact of prison-based treatment on sex offender recidivism and concluded that the treatment significantly reduced the hazard ratio by 27% for a new sex offense rearrest. This was evaluated by comparing recidivism outcomes between treated offenders and a matched comparison group of untreated offenders between 1990 and 2003. Just under fifteen hundred inmates (43%) participated in prison-based treatment before their release. Minnesota DOC found treatment lowered the risk of rearrest for a new offense by 12% for general recidivism, 18% for violent recidivism, and 27% for sexual recidivism.⁸

Vermont Circles of Support and Accountability (COSA)

Vermont is part of a restorative justice-based community reentry program, Circles of Support and Accountability (COSA), to help former high-risk sex offenders avoid re-offending. Vermont COSA, formed in 2005, is managed by the Vermont Department of Corrections and has expanded across the state with programs in 19 communities, reaching into rural parts of the state.⁹ The model originated in Canada in the 1990s and the program has expanded under the Second Chance Act to communities all over the U.S. including Vermont. The US Department of Justice's Office of Justice Programs administers Second Chance Act grants, and since 2009, more than 1,100 awards have been granted across 49 states.¹⁰ A body of literature from Canada has shown a substantial decrease in recidivism among high-risk sex offenders, with a reduction in re-offending rates as great as 70% for those who have a circle of support and accountability compared to those without one.¹¹ During a study from 2010-2013, only one out of twenty-one offenders in a Vermont COSA program received a charge for a new crime. Included in this study are testimonials from members of Vermont COSA programs who expressed that they would have been returned to jail without the help of COSA. Vermont COSA participants also indicated

⁶ Kim et al., "Sex Offender Recidivism Revisited."

⁷ Minnesota Department of Corrections, "The Impact of Prison-Based Treatment on Sex Offender Recidivism: Evidence from Minnesota," March 2010, accessed October 15, 2024, https://mn.gov/doc/assets/03-10SOTXStudy_Revised_tcm1089-271635.pdf.

⁸ Minnesota Department of Corrections, "The Impact of Prison-Based Treatment on Sex Offender Recidivism."

⁹ Kathryn J. Fox, "Circles of Support & Accountability: Executive Summary Prepared for the State of Vermont Department of Corrections" Department of Corrections, November 2013, accessed September 23, 2024, https://doc.vermont.gov/sites/correct/files/documents/Restorative_Justice/CJC/Fox%20CoSA%20Executive%20Summary.pdf?_gl=1*9fdkii*_ga*MTUxODQ5MzQxNS4xNzI0OTU2ODA0*_ga_V9WQH77KLW*MTcyNzEzOTM1OS40LjEuMTcyNzEzOTM3NC4wLjAuMA.

¹⁰ The Council of State Governments Justice Center, "Second Chance Act Grant Program," n.d., accessed October 2, 2024 https://csgjusticecenter.org/?post_type=publication&p=23589.

¹¹ Kathryn J. Fox, "Circles of Support & Accountability: Executive Summary Prepared for the State of Vermont Department of Corrections" Department of Corrections, November 2013, accessed September 23, 2024, https://doc.vermont.gov/sites/correct/files/documents/Restorative_Justice/CJC/Fox%20CoSA%20Executive%20Summary.pdf?_gl=1*9fdkii*_ga*MTUxODQ5MzQxNS4xNzI0OTU2ODA0*_ga_V9WQH77KLW*MTcyNzEzOTM1OS40LjEuMTcyNzEzOTM3NC4wLjAuMA.

they had a more positive sense of self as contributing members of society, a commitment to pro-social relationships, and a somewhat greater optimism for the future.¹²

Levels of Treatment

Offenders are treated differently according to the ‘level’ they are ascribed to. The level is determined by the types of crimes committed, legal status and case disposition, attitude toward treatment, and the accessibility of different types of treatment programs.¹³ The level assigned to specific offenders is meant to identify the risk for re-offending and amenability to treatment.¹⁴ According to VASOR, a guide for male sex offenders over the age of 18, there are three levels of scoring a sex offender. Offenders can be placed in either low, moderate, or high-risk categories. Low-risk offenders are often given community supervision and treatment. Moderate-risk offenders may or may not be given the choice of community supervision. High-risk offenders typically are not considered for community supervision or treatment and are generally recommended to be incarcerated.¹⁵

The principles of risk, need, and responsivity are essential in a successful treatment plan to reduce recidivism with correctional intervention.¹⁶ The risk principle explains how the level of treatment needs to match the level of risk posed by the offender. The need principle states that the treatment should be targeted at the specific risk factors that can be changed through treatments or interventions. The responsivity principle explains that in the interaction between the treatment and the offender, the treatment should be delivered in a way that the offender can easily interact with, making sure it is consistent with their language, cognitive ability, culture, etc.¹⁷ Depending on the level assigned to the offender, treatment can occur at different stages. Some examples of treatment schedules are directly after the crime is committed if they’re not sent to prison, during their prison sentence, or after their prison sentence is finished.¹⁸ Vermont COSA, described in the ‘Major Studies’ section, offers risk intervention services for typically high-risk offenders re-entering society after a period of incarceration.¹⁹

Types of Treatment

In 2015, the Department of Justice released a study that reviewed the effectiveness of treatment of sex offenders. Although there is still debate on the extent of success, there is a positive

¹² Fox, “Circles of Support & Accountability.”

¹³ Allan Barnes, Melanie Baca, Melody Dix, Shelly Flair, Cathy Goal, Max Whitaker, Samantha Moeglein, and Nicol Morgheim, “Sex Offender Treatment Project: Literature Review,” University of Alaska Anchorage Justice Center (1994) <https://scholarworks.alaska.edu/handle/11122/4160>.

¹⁴ U.S. Probation and Pretrial Services Office for the District of New Hampshire, “Sex Offender Treatment Services,” accessed October 2nd, 2024. <https://www.nhp.uscourts.gov/sex-offender-treatment-services>

¹⁵ Robert J. McGrath, and Stephen E. Hoke. "Research Edition 2001." (2002).

¹⁶ Pamela M. Yates, "Treatment of sexual offenders: Research, best practices, and emerging models." *International journal of behavioral consultation and therapy* 8, no. 3-4 (2013): 89.

¹⁷ Yates, "Treatment of Sexual Offenders."

¹⁸ Minnesota Department of Corrections, *The Impact of Prison-Based Treatment on Sex Offender Recidivism: Evidence from Minnesota*.

¹⁹ Vermont Department of Corrections, “Offender Services,” 2024, accessed November 6, 2024, https://doc.vermont.gov/offender-services?_gl=1.

correlation between some level of treatment (rather than no treatment) and recidivism prevention. There is a consensus that therapeutic treatments are beneficial for most sex offenders.²⁰

According to the National Institute of Justice, **cognitive behavioral therapy** (CBT) reduces recidivism rates in juveniles and adults.²¹ CBT is designed to target individuals' thoughts and resulting behavior and adjust them to create positive changes.²² A study from 2018 in the *International Journal of Offender Therapy and Comparative Criminology* states that CBT is an effective treatment to reduce the recidivism rate of sexual offenders.²³ A systematic review from 2023 in the *International Journal of Law and Psychiatry* also concludes that CBT has been the "most widely used therapy model with recognized effectiveness" for treating sex offenders.²⁴

Relapse prevention treatment is a specific cognitive behavioral approach designed to help patients identify events that would put them at a higher risk of recidivism. It is used to combat many different addictive behaviors, and its method varies for each.²⁵ It is designed to control impulses in all situations and allow the offenders to avoid situations where they would re-offend.²⁶

According to a literature review produced for the Alaska Department of Corrections, Barnes et al. that outlined levels of treatment that have been used when treating sex offenders, psychotherapy was the first treatment used.²⁷ **Psychotherapy** involves treatment that helps people identify and change unhealthy thoughts, emotions, and behaviors, usually through therapy.²⁸ Specifically, sex offender treatment involves introspection by the sex offender to control undesirable behavior. Treatment models include individual and group counseling, family therapy, victim empathy, female identification, accountability, sexual education, reality therapy,

²⁰ Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking "The effectiveness of treatment for adult sexual offenders," accessed November 5, 2024, <https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/theeffectivenessoftreatmentforadultsexualoffenders.pdf>.

²¹ Patrick Clark, "Preventing Future Crime with Cognitive Behavior Therapy," National Institute of Justice, May 28, 2010, <https://nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy>.

²² Clark, "Preventing Future Crime with Cognitive Behavior Therapy,"

²³ Elias Mpofo, James A. Athanasou, Christine Rafe, Scott H. Balshaw, "Cognitive-Behavioral Therapy Efficacy for Reducing Recidivism Rates of Moderate- and High-Risk Sexual Offenders: A Scoping Systematic Literature Review," *International Journal of Offender Therapy and Comparative Criminology*, 62 (2018): 170-186 <https://pubmed.ncbi.nlm.nih.gov/27117001/>.

²⁴ Isabella Carvalho Oliveira Rocha, Alexandre Martins Valenca, "The efficacy of CBT based intervention to sexual offenders: A systematic review of the last decade of literature," *International Journal of Law and Psychiatry*, 87(2023) <https://pubmed.ncbi.nlm.nih.gov/36599224/>.

²⁵ Recovery Research Institute "Relapse Prevention (RP) (MBRP)," June 14, 2019. <https://www.recoveryanswers.org/resource/relapse-prevention-rp/>

²⁶ Yates, "Treatment of Sexual Offenders"

²⁷ Barnes et al., "Sex Offender Treatment Project."

²⁸ Richa Bhatia, "What Is Psychotherapy?" American Psychiatric Associations, April 2023, accessed November 26, 2024, <https://www.psychiatry.org/patients-families/psychotherapy>.

psycho-drama, victim confrontation, value clarification, and cognitive therapy. Evaluating the results of psychotherapy is difficult, as there are no common standards of measurement.²⁹

Behavior modification treatment applies learning theory (a framework that explains how people learn, process, and retain information) to extinguish undesirable behavior and replace it with socially approved responses.³⁰ Examples of behavior modification include assertiveness training and aversive conditioning.³¹

Medical and biological treatments discussed in "The Use of Pharmacotherapy with High-Risk Sex Offenders" by Karen Harrison tend to be the most controversial because they affect the biological processes in the human body.³² These treatments manipulate hormone levels to alter the offender's libido.³³ It is also advised to use cognitive and psychotherapy in conjunction with medical and biological treatments.³⁴

Conclusion

Research shows that sex offender treatment reduces recidivism rates.³⁵ Depending on the level of the crime committed, and the offender's individual risk, need, and responsibility principles, different levels and types of treatments appear more effective than others.³⁶ Community-based treatment (such as Vermont's COSA programs) and institutional cognitive-behavioral therapy have the best results in reducing recidivism rates for sex offenders.³⁷ Vermont COSA has been implemented across the state and, from reports, has successfully reduced recidivism rates.³⁸

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²⁹ Barnes et al., "Sex Offender Treatment Project."

³⁰ Timothy Prestianni, "Learning Theories: Five Theories of Learning in Education." National University, October 25, 2022. <https://www.nu.edu/blog/theories-of-learning/>.

³¹ Barnes et al., "Sex Offender Treatment Project."

³² Omer Khan, Michael Ferriter, Nick Huband, Melanie J. Powney, Jane A. Dennis, and Conor Duggan. "Pharmacological interventions for those who have sexually offended or are at risk of offending," *Cochrane Database of Systematic Reviews* 2 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6544815/>.

³³ J. H Hoofnagle, "Gonadotropin releasing hormone (GnRH) analogues," *LiverTox: clinical and research information on drug-induced liver injury*, National Institute of Diabetes and Digestive and Kidney Diseases, <https://www.ncbi.nlm.nih.gov/books/NBK547863/>.

³⁴ Karen Harrison, "The use of pharmacotherapy with high-risk sex offenders," in *Managing High Risk Sex Offenders in the Community*, ed. Karen Harrison, (Willan, 2010), pp. 129-156, <https://www.taylorfrancis.com/books/edit/10.4324/9781843929697/managing-high-risk-sex-offenders-community-karen-harrison?refId=434aa6ef-be5e-4528-a17f-50084139d844&context=ubx>.

³⁵ Roger Przybylski, "The Effectiveness of Treatment for Adult Sexual Offenders," Sex Offender Management Assessment and Planning Initiative, US Department of Justice, July 2015, accessed September 16, 2024, <https://smart.ojp.gov/sites/g/files/xyckuh231/files/media/document/theeffectivenessoftreatmentforadultsexualoffenders.pdf>."

³⁶ Przybylski, "The Effectiveness of Treatment for Adult Sexual Offenders."

³⁷ Fox, "Circles of Support & Accountability"

³⁸ Fox, "Circles of Support & Accountability"

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