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prison sentence imposed. Thus, treatment is offered to the offender and if sufficient progress is not attained, incarceration remains an option. In some states, treatment programs are offered to prison inmates. Following the prison term, a correctional officer supervises and monitors the individual in the community. This post-prison monitoring is an important part of the total treatment program (Association for the Treatment of Sexual Abusers 2006).

Levels of Treatment

Offenders are treated differently according to the 'level' that they are ascribed. Level is determined by: types of crimes committed, legal status and case disposition, attitude toward treatment, and the accessibility of different types of treatment programs (Barnes 1994). *The Burlington Free Press* reported that in Vermont there are four tests used to predict the risk of reoffending which indicate the level in which an offender will be placed (Hallenbeck 2006).

The different level on which sex offenders are treated is based on the types of crimes committed, legal status and case disposition, amenability to treatment, and availability of treatment programs for sex offenders (Barnes 1994)

Types of Treatment

The Pennsylvania Department of Corrections sums up the lack of agreement on sex offender treatment programs:

"Research on the most effective methods of treatment for sex offenders is still in the very early stages of development... Even cognitive behavioral approaches, which have been widely supported as effective in the general rehabilitation literature, have produced mixed evaluation findings among groups of sex offenders (Gallagher, et al., 1999). While no evidence currently exists to definitively favor one treatment approach over another for sex offenders, several emerging principles should be considered when treating sex offenders."

The Pennsylvania department of Corrections stipulates that while there is considerable disagreement on the specific type of sex offender treatment, there are four basic tenets of sex offender treatment that are generally agreed upon. The first principle is that research clearly indicates that sex offenders are a very diverse group and must be treated individually because their individual characteristics have important implications for treatment. The second principle is that the need for careful assessment of level of offender is crucial, so that higher risk and low risk offenders are not in the same program. The third principle requires that sex offender treatment be long term, with follow up treatment for long after the offender has been released from state custody because some sex offenders can never be cured. The fourth principle is that sex offenders must complete treatment, because offenders who drop out of treatment are more likely to recidivate than those who complete treatment and those who have no treatment at all (Association for the Treatment of Sexual Abusers 2004).

The Center for Sex Offender Management (Association for the Treatment of Sexual Abusers n/d) reported that in the United States and Canada the majority of programs in place use "...a combination of cognitive-behavioral treatment and relapse prevention (designed to help sex

offenders maintain behavioral changes by anticipating and coping with the problem of relapse)." In addition, the CSOM adds that

"Offense specific treatment modalities generally involve group and/or individual therapy focused on victimization awareness and empathy training, cognitive restructuring, learning about the sexual abuse cycle, relapse prevention planning, anger management and assertiveness training, social and interpersonal skills development, and changing deviant sexual arousal patterns."

Some research has shown that "cognitive behavior" treatment approaches are the most promising. Proponents of this approach view sex offending as a result of a multitude of factors, including socioeconomic, cognitive, behavioral and emotional variables. The Cognitive Behavioral approach responds to this with multidimensional treatment (Barnes, 1994).

Relapse Prevention treatment is used to combat many different addictive behaviors, and its method varies for each. It is designed to control impulses in all situations (Barnes, 1994).

Psychotherapy was the first treatment used for sex offenders. Psychotherapy involves introspection by the sex offender to control undesirable behavior. Treatment models include: individual and group counseling, family therapy, milieu therapy, victim empathy, female identification, accountability, sexual education, reality therapy, psycho-drama, victim confrontation, value clarification and cognitive therapy. Evaluating the results of psychotherapy is complicated and there are no common standards of measurement (Barnes, 1994)

Behavior modification treatment applies learning theory in an attempt to extinguish undesirable behavior and replace it with socially approved responses through classical conditioning. Examples of behavior modification include: assertiveness training, aversive conditioning, biofeedback (plethysmography -instrument for measuring penile tumescence), coverts ensitization, masturbating satiation, modeling-roleplay, orgasmic reconditioning, relapse prevention, relaxation/anger management, social skills acquisition, systemic desensitization, thinking errors and thought stopping (Barnes, 1994).

Medical and Biological: The organic treatments tend to be the most controversial. These treatments manipulate hormone levels in order to alter the offender's libido. Examples of such treatment include selective inhibition of pituitary-gonadal with a long-acting agonist analogue of gonadotropin-releasing hormone which effectively reduces testosterone levels. Not all abusers are the same and anti-androgen therapy is not appropriate for use with all sexual abusers (Executive Board..., 2006). European studies have shown that castration significantly reduces recidivism. New interest in the procedure is also arising in the United States.

References

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U.S. Department of Justice: Center for Sex Offender Management. Section 4: Lecture Content and Teaching Notes Sex Offender Specific Treatment in the Context of Supervision. Accessed 4/17/06 from http://www.csom.org/train/supervision/long/04_02_02.html

Executive Board of Directors of Association for the Treatment of Sexual Abusers. *Reducing Sexual Abuse Through Treatment and Intervention with Abusers*. Association for the Treatment of Sexual Abusers. 1996. Accessed April 13, 2006.