

Resources for the Prevention of Sexual Abuse



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“The Impact of Treatment on Whether a Sexual Offender Will Reoffend”

AUTHORS:

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QUESTION:

Does sex offender treatment reduce recidivism?

RESEARCH:

In 2005, Friedrich Lösel and Martin Schmucker conducted an influential meta-analysis of the evaluation of sexual offender treatment. This 2015 study provides an update with more recent primary research and focuses on those higher-quality studies that have comparison/control groups as well as documented measures of recidivism rates as a program outcome. After reviewing more than 3000 documents, the authors identified 29 studies which included 4,939 (mostly) adult men in treatment and 5,448 men with no treatment. They found that the recidivism rate for those with treatment (10.1%) was 3.6

percentage points lower than those without treatment (13.7%) which translates to a 26.3% reduction in recidivism with treatment.

They also identified a number of elements which seemed to produce larger effects. For example, cognitive-behavioral and multi-systemic treatment programs for adolescents (which takes place in the community and emphasizes family involvement) seemed to have more positive effects, as well as adult programs targeting medium to high-risk offenders. Importantly, programs offering more individualized treatment programs also showed larger positive effects on treatment. Treatment programs in the community showed a larger effect on recidivism compared to treatment in prison. Treatment seemed to have a larger impact on adolescents than adults. However, the authors acknowledge a number of complications in this kind of research. These complications include the fact that there are very different types of people who abuse, with different ages and developmental stages, and that sexual offending is a very broad category of crime. Other complications include that we still know little about the causal factors for this behavior, that there is tremendous variety of treatment approaches in the field, and finally, the ethical challenges involved in research (e.g., leaving some sexual offenders untreated as part a study control group).

The majority of programs in this meta-analysis addressed adult men. Nearly half of the studies included both men who rape adult women and those who sexually abuse children. No women were included in these 29 studies and the largest number of adolescents was within the two studies that explored the impact of MST, which showed the largest treatment effect of any of the studies.

Given the historical focus of the NEARI Newsletter on adolescents, it should be noted that the results showed a trend that younger boys gained the most from treatment. Findings from this study indicate that treatment of adolescents is particularly worthwhile and they can also benefit more from building on the protective factors in their social circles and in their family.

Although the findings are promising, the authors are clear that additional research is needed and specifically note that there was not enough information on treatment approaches and therefore this variable could not be adequately tested. The questions noted by the authors were to address the wide diversity of those who offend and explore what kind of treatment works with whom, in which situations, and the impact of specific conditions.

BOTTOM LINE: Providing individualized treatment for those who sexually abuse significantly reduces their risk to reoffend. This effect is particularly strong when working with adolescents.

IMPLICATIONS FOR PROFESSIONALS:

Among the many findings in this study, there is one that stands out for professionals at the front lines: individualized treatment outperforms treatment that is only offered in a group setting. This group-versus-individual debate has existed for some time. These results suggest that the truly evidence-based program must be prepared to offer more than one modality or approach and matches that to the needs and strengths of the individual.

The findings in this study again highlight the importance of understanding that people who sexually abuse, like abuse itself, appear in many forms. Re-offense rates for adults and adolescents continue to be different from one another by any measure. It is vital that our programs (and society's policies beyond them) take this diversity into account. Age, developmental aspects, community supports, relationship capacity, and the presence or absence of mental illness can all play a role in abuse, culpability, and amenability to treatment.

IMPLICATIONS FOR THE FIELD:

There is a certain irony to this study that we should bear in mind. On one hand, we now have another meta-analysis that tells us that providing treatment to people who sexually abuse can reduce re-offense; this paper is therefore an important resource. On the other hand, this single analysis may inadvertently hide the rich diversity of offending and offenders that the public tends to ignore.

In other words, the study acknowledges the diversity and yet still offers results describing a single recidivism rates for all who abuse. One wonders whether we are contradicting ourselves by offering this kind of summary – a single recidivism rate for all sex offenders and giving the wrong message to the public? After all, a single recidivism rate or effect size can lead to a single image of this diverse group in the minds of professionals and policymakers alike; an image that is hard to erase once it is formed.

Clinicians certainly need to understand the data within this meta-analysis. Policies makers need to understand this data, as well. The authors call for more research that will allow for a more nuanced approach to these conversations. As mentioned earlier, for clinical practice, the data supports the importance of an individualized approach for all people who abuse. The ultimate importance of this study is in its many findings and we caution our field to continue to move towards a deeper understanding of the population and not just utilize or talk about a definitive global re-offense rate.

Abstract:

Objectives Sound evaluations of sexual offender treatment are essential for an evidence-based crime policy. However, previous reviews substantially varied in their mean effects and were often based on methodologically weak primary studies. Therefore, the present study contains an update of our meta-analysis in the first issue of this journal (Lösel and Schmucker Journal of Experimental Criminology, 1, 117–146, 2005). It includes more recent primary research and is restricted to comparisons with equivalent treatment and control groups and official measures of recidivism as outcome criteria.

Methods Applying a detailed search procedure which yielded more than 3000 published and unpublished documents, we identified 29 eligible comparisons containing a total of 4,939 treated and 5,448 untreated sexual offenders. The study effects were integrated using a random effects model and further analyzed with regard to treatment, offender, and methodological characteristics to identify moderator variables.

Results All eligible comparisons evaluated psychosocial treatment (mainly cognitive behavioral programs). None of the comparisons evaluating organic treatments fulfilled the eligibility criteria. The mean effect size for sexual recidivism was smaller than in our previous meta-analysis but still statistically significant ($OR=1.41$, $p<.01$) This equates to a difference in recidivism of 3.6 percentage points (10.1 % in treated vs. 13.7 % in untreated offenders) and a relative reduction in recidivism of 26.3 %. The significant overall effect was robust against outliers, but contained much heterogeneity. Methodological quality did not significantly influence effect sizes, but there were only a few randomized designs present. Cognitive-behavioral and multi-systemic treatment as well as studies with small samples, medium- to high-risk offenders, more individualized treatment, and good descriptive validity revealed better effects. In contrast to treatment in the community, treatment in prisons did not reveal a significant mean effect, but there were some prison studies with rather positive outcomes.

Conclusions Although our findings are promising, the evidence basis for sex offender treatment is not yet satisfactory. More randomized trials and high-quality quasi-experiments are needed, particularly outside North America. In addition, there is a clear need of more differentiated process and outcome evaluations that address the questions of what works with whom, in what contexts, under what conditions, with regard to what outcomes, and also why

Citation:

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