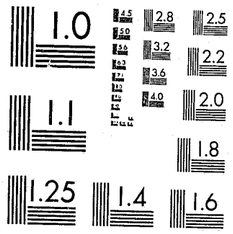

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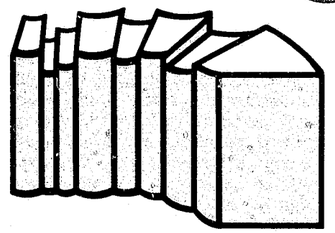

Retraining Adult Sex Offenders

Methods and Models

Introduction

This descriptive study of 10 treatment programs for adult sex offenders emphasizes that early and specialized treatment for males involved in rape, child molestation, and the nuisance offenses such as exhibitionism and voyeurism is crucial. The programs offer innovative and effective methods to teach adult male sex offenders to control their sexually aggressive behaviors and to create new lifestyles.

Section I of the study presents an overview of sex offenders and their treatment, and Sections II and III describe the treatment programs, which are both residential and nonresidential. Appendixes in the manual include a nationwide listing of identified adult male sex-offender treatment providers and programs; a checklist of sex-offender assessment and treatment services for adult offenders; samples of various treatment tools and procedural and consent documents; and a list of training and other sex-offender treatment resources. This summary focuses on the treatment programs described in Sections II and III.

Sex offender treatment has moved gradually from the traditional psychiatric model to a highly eclectic and multidisciplinary approach. The 10 programs interpret and apply methods for treating sex offenders differently, but have the following treatment goals in common:

- Each sex offender needs a complete, individualized assessment plan to determine needs and to select the appropriate treatment setting.
- Each sex offender must accept responsibility for his offense and understand the sequence of thoughts, feelings, events, and arousal stimuli he activates prior to offending.
- Each sex offender needs to learn to intervene in his offense pattern at its very first sign and use the procedures learned to manage and stop the behavior.
- Each sex offender must go through a reeducation and resocialization process to replace antisocial thoughts and behaviors with prosocial ones, acquire a positive self-concept, and learn social and sexual skills that help cultivate positive, satisfying, and nonthreatening relationships with others.
- Each offender in a residential program needs a prolonged and monitored period during treatment when he can test new insights and skills in the community without the danger of affronting or harming community members.
- Each sex offender needs a posttreatment support group and continued access to therapeutic treatment.

Nonresidential Programs

Because of concern for community safety, experienced treatment specialists are conservative in selecting candidates for nonresidential treatment. Generally, community-based programs treat nuisance sex offenders and some pedophiles and incest offenders. Community-based programs allow the offender to maintain his positive, law-abiding behaviors while learning to control his maladaptive sexual behaviors, help to keep families intact, and are considerably cheaper than residential care. Although the two models described are both in the private sector, the same services could be provided in the public sector.

Northwest Treatment Associates, Seattle, Washington. Operated by five practitioners, Northwest Treat-

Summarized from *Retraining Adult Sex Offenders: Methods and Models* by Fay Honey Knopp for Prison Research Education/Action Project (PREAP), a Safer Society Program of the New York State Council of Churches, with permission of Prison Research Education/Action Project, 1984. Summary published June 1985.

Retraining Adult Sex Offenders: Methods and Models is available from Safer Society Press, 3049 East Genesee Street, Syracuse, NY 13224. 315–446–6151. Price $20.00, including postage and handling in advance. Bulk discounts available.

ment Associates (NWTA) evaluates and treats about 200 men and a few women on a weekly or twice-weekly basis. Most clients are white, middle class, and under court order for treatment. The average time in treatment is 18 months. Most people accepted into the program complete it, due to a comprehensive screening process that includes psychological testing, physiological monitoring, and participation in an ongoing therapy group. NWTA has two components: an extremely confrontive guided-group model and a range of behavioral techniques to reduce and/or eliminate sexual arousal. Staff members teach offenders a range of impulse control methods beginning with the least intrusive and graduating to the most intrusive. These may include scheduled masturbation, spouse monitoring, and environmental manipulation with persons for whom impulse control is difficult. About 10 weeks of treatment focus on covert sensitization. A therapist tapes a conditioning session with the offender who is instructed to take the tape home and listen to it daily—the tape first links items feared by the offender to his sexual offense and then pairs appropriate behavior with cognitive and material rewards. NWTA also uses masturbatory reconditioning and boredom aversion, the Modified Aversive Behavioral Rehearsal Technique, and empathy training. The reoffending rate of NWTA graduates is about 10 percent.

Forensic Mental Health Services of Connecticut, New London, Connecticut. Forensic Mental Health Services (FMHS) serves 100 to 125 clients a year, providing weekly offense-specific therapy groups for child sexual abusers, rapists, and exhibitionists, and one group for adolescent sex offenders. It also conducts groups for victims and their families. FMHS believes that all offenders should be prosecuted and receive mandatory treatment. Criteria for acceptance are community safety and the client's motivation to accept responsibility. The evaluation does not include formal testing, but relies on interviews and a detailed history of the specific abuse case. FMHS terminates clients unconditionally if they reoffend. Group therapy is highly structured with a strong self-help, peer-oriented culture. A therapy team of both sexes leads all groups, except rapists. Adult groups are limited to eight clients, meet weekly for 90 minutes, and sometimes uses treatment veterans as facilitators. The average duration of treatment is 2½ years. Issues discussed are anger management, victimization, identifying oneself as a sex offender, safeguards and control of sexually abusive behavior, and self-esteem. The groups use videotapes of victims and book reports on child abuse and victim perspectives. A confrontive style is balanced with a strong feeling of support.

Residential programs

Most residential programs for sex offenders are in prisons or mental health facilities. Prisons are the least favored settings because of the labeling, value system, and lack of opportunities to assume responsibility. The eight programs described represent a variety of residential models, ranging from the optimum autonomous facility to ones housed within prisons and hospitals.

Alpha Human Services, Minneapolis, Minnesota. Alpha, a private, nonprofit corporation, provides housing and treatment for 20 convicted sex offenders, and also provides outpatient group sessions. The highly structured program creates an extended family atmosphere. The setting is intentionally noninstitutional, and staff members resist confrontational methods. Alpha carefully selects residents based on interviews, the Minnesota Multiphasic Personality Inventory, psychological reports, offense history, and the presentence investigation. Motivation is a key entrance criterion. Security methods include random bed checks, control over privileges, and constant monitoring of residents' movements. Alpha has four phases, with treatment totaling 1½ to 2 years. The first phase focuses on orientation and information gathering. An individual must take responsibility for his crimes, learn to process his fantasies, not use early childhood experiences as excuses for his crimes, and demonstrate real interaction with other residents. Therapists urge offenders to act out their crimes from the victim's perspective and teach cognitive aversive conditioning skills. In phase two, offenders learn to cope with fears, rage, and psychological pain. Residents can start going to school or work. The third phase of 3 to 4 months prepares residents to move into the community. In the final phase, offenders live with wives or relatives in the community. While about 50 percent fail to complete the program, no sex offenders who have graduated have been convicted of a felony since 1975.

Adult Diagnosis and Treatment Center, Avenel, New Jersey. The Adult Diagnosis and Treatment Center (ADTC), the only independent prison facility in the United States exclusively for sex offenders, has a well-trained treatment and custodial staff of 147. A classification committee representing a cross-section of all disciplines within the institution programs the treatment of all offenders, except for therapy, and reviews disciplinary infractions. The treatment staff interviews each new resident and prepares a plan to which he and his assigned primary therapist must agree. ADTC continually introduces new and expanded treatment approaches. It is completely equipped with a closed circuit video system that includes professional studios, control rooms, and playback capability in 28 areas. The sex offender's therapist assigns him to a 10-member therapy group that meets weekly for at least 1½ hours. ADTC also provides marital/couples therapy, sex education, and social skills classes. Residents trained and supervised by treatment staff offer supplemental therapy sessions. Relaxation groups, cathartic group experiences, and Alcoholics Anonymous are available, as are educational, vocational, recreational, and religious programs. The average length of stay is about 5½ years. Prerelease counseling is provided but aftercare services are insufficient. ADTC's recidivism rates of 10 to 14 percent compare favorably to those of the general prison population, and very favorably with released untreated sex offenders.

Sex Offender Program, Western State Hospital, Fort Steilacoom, Washington. This 19-year-old program is located in three, locked, minimum security wards housing 168 people in a general psychiatric hospital. Courts commit offenders to the program, but Western State Hospital (WSH) has the right to refuse individuals identified as inappropriate for treatment. The average time spent in inpatient treatment is 2 to 2½ years. Evaluation consists of a 90-day observation period at the hospital when the offender writes an autobiography, completes psychological tests, and is observed in a self-help group. Treatment focuses on stopping the individual's deviant sexual acting out, teaching him to understand his behavior and develop controls, and helping him to develop a positive self-concept and lifestyle that reinforces these new concepts. Each offender spends at least 25 hours per week in peer group therapy. The peer group's interactions attempt to break into the strongly defended, negative, "loner" lifestyle of the sex offender. Each therapy group has a weekly meeting for outpatient members, as well as for couples. Volunteers of both sexes work with the program. Each resident works 30 hours a week without pay in the hospital. During work release, the offender goes to school or works in the community and returns to the hospital at night to sleep and attend therapy sessions. Offenders must attend outpatient therapy groups for at least 18 months after moving back into the community. Data covering 1967 to 1982 indicate that only 23.3 percent of the 511 graduates of the inpatient phase reoffended.

The Sex Offender Unit and the Social Skills Unit, Oregon State Hospital, Salem, Oregon. The Sex Offender Unit (SOU), a voluntary program offered to sex offenders during the last 2½ to 3 years of their sentences, provides the widest range of treatment modalities offered at one institution. A cooperative effort between the State's corrections and mental health divisions facilitates the programming. If a sex offender is accepted into SOU, he can expect to spend 24 to 30 months in the secure ward setting, 3 to 6 months on community release, and 18 months in outpatient treatment. SOU uses various behavioral techniques, including covert sensitization, masturbatory satiation, olfactory aversion, and electric shock aversion. If these fail to reduce the offender's arousal sufficiently, SOU offers the hormonal drug Depo-Provera. An important therapeutic method is teaching offenders to recognize and change irresponsible thinking. Since its inception in 1979, SOU has graduated 20 sex offenders into aftercare and only 2 have reoffended, both for thefts. One component of the hospital's 33-bed Social Skills Unit (SSU) serves sex offenders who lack the basic skills necessary to function adequately in society. Treatment methods are similar to SOU, but are applied differently. SSU teaches conversation, communication, assertiveness, relaxation, and leisure skills in 36 classes grouped into 6-week modules. Therapy sessions focus on offenders' arousal cycles, past crimes, and experiences as victims of abuse. Of the 30 persons who have completed the SSU program, 6 were sex offenders. None has reoffended.

Intensive Treatment Program for Sexual Aggressives, Minnesota Security Hospital, St. Peter, Minnesota. The Intensive Treatment Program (ITPSA) has won national awards for its innovative treatment approaches. ITPSA assigns offenders committed by the courts to a regular treatment group. They complete several psychological and intelligence tests, write an autobiography, and are evaluated by the peer group and professional staff. ITPSA selects clients from the middle of the sex offender continuum.

Of the 19 staff, 12 are women—ITPSA sees women as essential to the social rehabilitation of men who typically have difficulties relating to women. All groups are led by a male-female team. The program is unique for its focus on positive sexuality, taught in Sexual Attitude Reassessment seminars (SAR) which run for 15 to 22 hours during a 2- to 5-day period. SAR seminars offer residents opportunities to understand and feel comfortable with their own sexuality and that of others, to deal with unexplored sexual issues, and to address the central role their sexuality has played in their offenses. Weekly classes deal with sex stereotyping.

ITPSA has solved structural and personal problems successfully through community meetings, but it ensures that residents do not assume powerful leadership roles as this can be exploitive and destructive for the offender. Of the 33 men who progressed to community living between 1977 and April 1984, three were convicted for felonies—one for assault and attempted kidnapping, one for attempted murder, and one for fourth degree criminal sexual assault. Five men reported sexual offending in the form of exhibitionism and window peeping and were returned for inpatient treatment.

The Community Access Program, Massachusetts Treatment Center, Bridgewater, Massachusetts. The Massachusetts Treatment Center (MTC) houses 190 patients on the grounds of the Massachusetts Correctional Institution. Persons committed to MTC spend an average of 5 to 7 years in treatment. There are three avenues for release from MTC; parole, petition, and the Community Access Program (CAP). An individual who has been in MTC for a year or more may apply to CAP, but the selection process is rigorous and about 75 percent of the applications are denied at some point. Once an offender is accepted, the administrator assigns a case manager who is a senior staff member and heads a clinical team working with the offender. Everyone begins the program by going on a brief outing—this outing can be as short as a 4-hour visit to his family and very gradually can expand to 6 days a week. An escort always accompanies the offender, for supportive as much as security reasons. Staff members adjust the length and quality of time spent in the community until various behavior patterns are established. CAP is currently making a concerted effort to reintegrate into the community sex offenders who have been at MTC for 15 to 20 years. The emphasis on very gradual monitored release is based on the belief that sex offenders are most likely to recidivate in the first 2 years after release. A community resource specialist helps offenders find housing, jobs, treatment, and support. Since 1976, the 120 persons involved in CAP made about 8,500 visits to the community without a sexual incident.

Transitional Sex Offender Program, Minnesota Correctional Facility, Lino Lakes, Minnesota. The 30-bed Transitional Sex Offender Program (TSOP) is housed in one of the five rambling cottages that comprise a 188-bed medium security prison near Minneapolis-St. Paul. It provides specialized treatment to sex offenders and their families during the last year of the offender's incarceration. To be accepted, the offender must be amenable to treatment, have a good record of institutional work and discipline, and be able to work a 40-hour week in the prison industries program. Patients with untreated chemical dependencies, severe mental disorders, retardation, or varied criminal patterns are excluded. The offender first moves into the cottage for a 30-day orientation period. He does not work, but strives to pinpoint problems that cause his sexually assaultive behavior and completes several psychological tests. Staff use confrontive tactics and try to sensitize offenders to the effect of their behavior on victims. At the end of the 30 days, the offender and the counselor write treatment goals. Treatment includes the core therapy group, family, and couples groups, and three educational groups that focus on assertiveness training, sex education and values, and social roles and relationships. The classes use an informational format with essay questions and group discussions led by offenders. About 6 weeks before release, the offender starts to attend a weekly outpatient group in downtown Minneapolis and, upon release, he lives in a halfway house in the metropolitan area and attends individual and group therapy sessions. Released men can call TSOP on a 24-hour crisis line. As of October 1983, 101 men had graduated from the combined TSOP inpatient and outpatient program; of these, three committed new sexual offenses and three committed other felonies.

The Sex Offender Program, Connecticut Correctional Institution, Somers, Connecticut. The Sex Offender Program (SOP), with only two staff members, treats 150 men—one-half the 300 convicted sex offenders confined in Connecticut's only maximum security prison for male felons. SOP copes with budget limitations by attracting qualified volunteers and trainees to augment staff roles. SOP is unique for its extensive outreach program and its policy of not excluding any sex offenders who want to participate. SOP views sexual assault as a behavioral problem rather than a symptom of psychiatric disorder. Treatment goals are to help a sex offender recognize he has a problem, accept responsibility for his actions, reevaluate attitudes and values toward sexuality and aggression, and realize that sexual assaultiveness is compulsive or repetitive behavior over which he must gain control. SOP offers a variety of focused groups in a semester format that coincides with the school year. The groups address reeducation, resocialization, and counseling often using sociodramas, role plays, and video feedback in sessions that last 1½ to 2 hours. Offenders spend an average of 4 hours a week in the SOP's groups. Short-term followup data show a lower sexual reoffense rate following release for SOP participants than for sex offenders not in the program.

Further readings:

Group Psychotherapy and Intensive Probation Supervision With Sex Offenders—A Comparative Study. By J.J. Romero and L.M. Williams. *Federal Probation*, V 47, N 4 (December 1983), pp. 36–42. Availability: free microfiche from NIJ/NCJRS.
NCJ 92866

Repeat Sexual Offenders in Madison—A Memorandum on the Problem and the Community's Response, Vol. 3. By H. Goldstein and D.E. Susmilch. Sponsored by the National Institute of Justice. 1982: 77 pp. Availability: free microfiche from NIJ/NCJRS.
NCJ 91294

Residential Treatment Program for Male Sex Offenders. By L.V. Annis. *International Journal of Offender Therapy and Comparative Criminology*, V 26, N 3 (1982), pp. 223–234.
NCJ 88118

Sex Offenses and Offending (From *Crime and Justice—An Annual Review of Research*). By D.J. West. Sponsored by the National Institute of Justice. 1983: 51 pp. Availability: University of Chicago Press, 5801 S. Ellis Avenue, Chicago, IL 60637. Price $25.00.
NCJ 92452

Sexual Aggression and the Law. By Simon Fraser University. Edited by S.N. Verdun-Jones and A.A. Kettner. Sponsored by the Law Foundation of British Columbia. 1983: 117 pp. Availability: Simon Fraser University, Continuing Studies, Burnaby, BC, Canada V5A 156. Price $20.00 U.S.—specify title.

Sources on this topic:

Massachusetts Treatment Center
Richard J. Boucher, Administrator
Box 554
Bridgewater, MA 02324
617–697–8161
Responds to written requests for information; answers specific inquiries by telephone; provides prepared reports.

Sex Offender Program
Dr. A.N. Groth
C.C.I.
Box 100
Somers, CT 06071
203–749–8391
Provides program description, information on treating adult sex offenders while incarcerated, and information on various modalities being used with in- and outpatient clients.

Sexual Disorders Clinic
Fred S. Berlin
Johns Hopkins Hospital
600 N. Wolfe Street
Baltimore, MD 21205
301–955–6292
Responds to written inquiries; provides listing of programs nationwide and brochures regarding medication prescribed for sexual offenders.

State Correctional Institution at Camp Hill
William J. Love
Sex Offender Program
P.O. Box 200
Camp Hill, PA 17011
717–737–4531
Provides program description; responds to telephone inquiries; will discuss available modalities.

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