

# Effectiveness of sex offender treatment



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In previous years, the fear of sex offenders has led the public to believe a fallacy regarding sex offender treatments. The public often start to view anyone who commits a sexual offence to be a high risk sex offender. Society need to understand that some sex offenders are low risk offenders who are very unlikely to re-offend again. The public believe sex offenders should be sent to prison indefinitely, however this is an inefficient way in helping offenders from re-offending. One of the most controversial debate and problem around the world is crime. Crime is a massive issue around the world and it brings up more questions than it answers. This essay will discuss the myth that sex offenders are untreatable by providing various successful programmes used for treatment and to reduce crime rates. Initially, this paper will briefly define what a sex offender is, what drives people to become one and how the government has tried to prevent sex delinquents from re-offending.

A sex offender is a person who has committed a sexual crime, an act which is prohibited by the jurisdiction. 'What constitutes a sex offence or normal and abnormal sexual behaviour varies over time and place' (Pakes & Winestone, 2007). Every country has different laws and perspectives on sex offences where age of consent to sexual acts vary from 9-21.

Sexual offending mainly relates to adult rape or child molestation (Pakes & Winestone, 2007), but there are many other types of sex crimes such as internet grooming, sexual harassment and incest. It is very different to distinguish between sex offenders with non offenders. It is presumed that many sex offenders have various sexual abnormal fantasies or an unusual high sex drive (Elsevier, 2007). People tend to believe most sexual offences

are committed by strangers but the truth is most victims know their attacker and also are not very different to normal people (CSOM).

Many theories try to explain why people commit sexual offences. ' Since sexual deviance takes several forms, no single theory maybe adequate to account for all aspects' (Blackburn, 1993). Ellis (1989) identifies two major theories which can explain as to why a person may want to become a sex offender. The first being the social learning theory that suggests people commit sexual deviant acts because they learn and get exposed to certain things, which the person starts to assume is the right way to live life. An example could be childhood experiences, getting victimised or being exposed to pornography at a young age. The second theory, Ellis supports is the Evolutionary theory which connects with genetics and male aggression.

Getting victimised by a sex offender can be traumatising and psychologically damaging. ' Sex offenders have been increasingly a focus of attention by the criminal justice system over the past decade' (Thomas, 2000). In recent years, many countries have started to change their laws regarding sex offenders. The Criminal Justice System is strengthening the legislation and revising punishments for the public's safety and to lower recidivism rates.

Before the Criminal Justice Act 1991, the laws on sex offences were very old; coming back from the Sexual Offences Act 1956 (Pakes & Winestone, 2007). The Sex Offenders Act 1997 was later introduced. This Act made it easier to manage and identify the offenders on community release. Sex offenders had to register their names and addresses with the police which helped manage and protect the public. In 1998 the Crime and Disorder Act (Section 58), paid

attention to 'extending the post release supervision of sex offenders to a maximum of 10 years for a prison sentence of any length' (REF) and Section 2 introduced the Sex offender Order. This order places a number of prohibitions against the offender by magistrates of the court. This can be used to prevent certain sex offenders from going to specific locations (Legislation. co. uk). Furthermore, the laws in 2003 changed which introduced longer sentences and also life sentences were put into effect (Pakes & Winestone, 2007). In 2003, the Sexual Criminal Act redefined the meaning of rape and internet grooming was also added into this Act as illegal.

What happens to those that are convicted? 'Nearly two-thirds of sex offenders immediately go to prison' (Homeoffice, 2003c), the rest are taken care by probation or supervision orders, fines and some are totally discharged. Those who are convicted or charged are often required to record their names in the sex offender registry. These names databases are classified into levels and are open to the public. A serious high risk offender must register for the rest of their lives whereas a low risk sex offender has to for a certain period of time. There are many advantages and disadvantages of the Sex offender Registry. Some of the advantages are that the public can easily access information about sex offenders on the internet and citizens have the right to know if there is a sex offender in their area. The disadvantages include records being inaccurate or not updated; this practice makes it hard for the offender to readjust back into the community (accommodation and employment). This could also lead to 'networking' within sexual offenders (FIND).

According to the Review of Sex Offender Treatment Programmes (1998) the highest risk sex offenders appear to be characterised by the following factors: criminal history, antisocial lifestyle, emotional loneliness, denial, psychopathic personality, low victim empathy and problem solving abilities. To manage these sex offenders the aim of each programme is to 'challenge offenders distorted thoughts and reasoning in relation to their victims and to help manage their impulses by providing alternative courses of action which they view as being more rewarding' (Worrall & Hoy, 2005). Many of the treatment programmes are taken place within a group format unless it is a high risk sex offender where it's on a one on one basis. Sex offender treatment programmes require at least 80 hours of treatment (Evenden, 2008). The British Prison Service introduced the Core Sex Offender Treatment Programme (SOTP) to reduce the crime rates, which is now the largest of its kind in the world (Thornton & Hogue, 1993). SOTP have made a criterion for all of the sex offenders in prison or attending programmes in the community. This criterion has ten characteristics which a SOTP should have to be successful and effective (Journal Site).

- 1) Explaining how the programme will bring a change
- 2) Including whom the programme is intended for and why
- 3) Underline the risk factors
- 4) Treatment methods
- 5) Teaching different types of skills to avoid re-offending

6) Inform them that there are links between the management and the programme

7) Enforce engagement of participants

8) Explaining the sequence and duration

9) Monitor if the programme is being delivered properly

10) Evaluate the efficiency of the programme

The main goal of the sex offender treatment programmes are that the person avoids committing another offence in the future. The offender must admit they are guilty for them to take part in the programme, not agreeing may lead the criminal to go back into prison. The programme expects the perpetrator to talk about his unacceptable behaviour, express their feelings, remorse for them and agree to apologize to the victim. To reduce reconviction rates it is suggested to also decrease the sexual arousal. Sexual arousal is one of the key factors which can lead to sex offending.

Psychiatrists also contribute to the treatment of offenders along with probation and prison officers. The medication prescribed by psychiatrists is shown to reduce crime (Grublin, 2007). Most sex offenders are let off and released within the community under supervision before their sentence is completed. Due to this, there is a great need of effective SOTPs which can help lower crime rates. ' One common therapeutic approach most countries use to treat sex offenders is the cognitive behavioural' (Perkins, 1998).

These treatment programmes involve individual and group therapy; victim understanding, future planning, identify emotions, solving problems, anger

management if needed, social and interpersonal skills development and changing sexual arousal patterns (Centre of Sex Offender Management, 2000). Recent studies have shown specific areas of SOTPs that need more attention such as attachment issues, low self esteem, confidence and loneliness. Other types of approaches many SOTPs provide are psychotherapy, skills therapy, the psycho-educational and the pharmacological approach (FIND). These approaches focus on increasing victim empathy, uses of medication, 'getting out secrets', and also learning about the law. Therapists and probation officers have daily routines to inspect offenders during treatment hours and visiting them at home, this also includes drug/alcohol use checkups. UK prisons, have groups sessions with about eight offenders and two tutors. Therapy in prison started in 1991 and these sessions also consist of cognitive behavioural approaches but there are many other people involved than just psychologists, such as police officers, teachers and also chaplains (Psychology Textbook – pg. 435). Some of the techniques the prison SOTP uses are brainstorming, role playing and thinking strategies (Textbook).

Many other types of SOTPs have been designed within America, Canada and the UK such as Community Sex Offender Group work Programme (C-SOGP) which pays attention to male offenders who have victimised children and Internet Sex Offender Treatment Programme (I-SOTP) is for offenders who have been convicted with internet only sex offences such as viewing indecent images of children (I-SOTP Site).

'The most effective way to manage and supervise potentially dangerous offenders in the community is for the relevant agencies to work together'

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(leicsprobation. co. uk). This work is managed and directed by the Multi Agency Public Protection Arrangements (MAPPA). MAPPA was developed nationally on 1st April 2001 and works with many different types of agencies like Youth Offending Teams, Children Services, Adult Social Services, Health Trusts, local housing authorities, Job Plus and electronic monitoring providers (MAPPA book). MAPPA uses these agencies to get police surveillance, specialised accommodation, drug/alcohol rehabilitation and ongoing management by other services. Who are the MAPPA offenders? There are three categories of MAPPA offenders. Category one consists of sexual offenders who are required to register their names and address to the police. Category two includes violent offenders who have been sentenced to imprisonment for 12 months or more. The last category is for dangerous offenders who are a risk to society but do not fit under the categories above (MAPPA BOOK).

In 2009, MAPPA collaborated with Circles of Support and Accountability (COSA) to encourage and develop this programme. COSA was first introduced in Canada about 15 years ago. The purpose of this programme is to support and reintegrate sex offenders who are about to be put back into the community. This idea was introduced to the UK by the Quakers. Sex offenders are lonely people who feel isolated once released into the community. These are the key reasons as to why an offender might want to re-offend. " COSA' take place weekly which pay attention to employment, financial difficulties, isolation and loneliness' (Print out).

There have been many debates about the rehabilitation process and success rates. SOTPs not only have a significant impact on medium risk offenders but <https://assignbuster.com/effectiveness-of-sex-offender-treatment/>



also are very successful in reducing crime with low risk sex offenders (Homeoffice, 2003). Treating high risk offenders is much more difficult as they have the most dropout rates and have no intention of recovering but it has been proven that many highly deviant offenders had a effective and successful treatment by joining long term therapy (160 hours) compared to short term (80 hours) (Homeoffice, no79). Sex offenders who attend and complete SOTPs overall have lower reconviction rates than those who don't receive treatment at all. This advice and support can change and save a person's life. Cognitive behavioural treatment and pharmacological treatment together have meant to be the most effective approaches to reducing crime and psychotherapy has been the most inefficient amongst sex offenders. A study was conducted for 2 years to see the reconviction rates, 133 offenders who had taken treatment had lower sexual crime rates compared to 191 offenders who had not received treatment at all (12). Also, a sample of 264 people who had been convicted of internet sexual offences were examined after treatment given by I-SOTP and the results proved that sex offenders were positively changing their attitudes (15). There have been many pros and cons regarding the use of Sex Offender Register. The main arguments for why the Registry is not effective is because the criminals who committed sexual offences before 1997 were not added into the registry, criminals who were an acute risk to the public were excluded from the registry and there is no national sex offender registry (Pakes & Winestone, 2007). MAPPA and COSA on the other hand give positive responses of effectiveness. Both programmes have been researched regarding their impact on crime rates. ' Offenders successfully completing these programmes are 3 times less likely to be re-convicted than offenders who

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have not completed this programme' (NOTA). COSA has reduced re-offending by 70% and out of 35 offenders researched upon, only 3 criminals have been found to re-offend (paper). Receiving effective treatment is a very important. However, two major downfalls with SOTPs is that research has shown that there is a high percentage of drop outs. Another problem which arises is that probation officers have admitted to not being able to communicate properly with sex offenders and have said they need more skills and training to be able to protect the public (FIND).

As new information comes available, the programmes are constantly being developed. Most sex offenders do get released into the community without having received any treatment in prison and reducing the risk of it happening outside within the community is a vital process. ' In order to assess and treat a sexual offender effectively, therefore, one needs to obtain a realistic account of his psychosexuality, something that is notoriously difficult to do' (Elsevier, 2007). Till today, we cannot predict as to why people commit these harsh crimes to innocent people. It has become a hot topic within the public and the government have changed and revised many laws to ensure they are doing the best they can for the public's safety. Everybody wants to see positive future outcomes of SOTPs. Society hope to see an increase in public safety, tracking and monitoring of offenders, awareness of sex offender laws, changing of the offenders view on SOTPs and lastly to decrease the sexual offence crime rates. The Cognitive behavioural approach is being used worldwide and has been proved most effective. Overall, there is evidence for a positive effect of sexual offender treatment. Categorising sex offenders and identifying the essential skills they need can help to what

works and for whom under which circumstances. Thus, what needs to be said about SOTPs, is that they must continue to have a strong presence in the criminal justice system, so that we reduce victimisation and make communities safer.