Community Based Sex Offender Treatment:
The Uniform Approach to Sex Offender Treatment

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Community Based Sex Offender Treatment: The Uniform Approach to Sex Offender Treatment

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Kim Chapman

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ABSTRACT

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Kim Chapman
Under the supervision of Dr. Cheryl Banachowski—Fuller

Statement of the Problem

Sex offenders have been a hot issue in the United States criminal justice system for many years. Some people feel harsh penalties and incarceration for all sex offenders is warranted, even though it is very costly to the nation. Others feel treatment fails in curing these individuals and our communities will always be at risk of being victimized. A literature review has found several studies that have explored the effects of treatment on sex offenders. The Washington State Institute for Public Policy conducted a comprehensive review and evaluation of some evidence-based adult treatment programs (2006). Of the sex offender treatment programming that was audited, the study showed that Cognitive-Behavioral Treatment (CBT) significantly reduced recidivism of lower risk sex offenders who were on community supervision (Washington State Institute for Public Policy, 2006). In addition, a study conducted by the VERA Institute of Justice indicated CBT was a component in the reduction of overall recidivism (Daly, 2008). After reviewing this literature it became apparent the key component to reducing recidivism in sex offenders is CBT. A portion of the problem with community based treatment results from jurisdictions having the liberty to elect the type of programming they utilize for their sex offender population. With the varying types of sex
offender treatment being offered in the community, there is no guarantee CBT based programming will be introduced to sex offender populations. The other part of the problem is the effectiveness of the programs being utilized by jurisdictions has not been validated. If these issues are not addressed jurisdictions are limiting the chances of reducing this population's risk to the communities in the nation.

Method of Approach

The data for this research project will be retrieved from secondary sources. The review of those sources will yield empirical and theoretical data which will be used to broach the topic of the various sex offender treatment approaches available in the community and support the recommendation to implement uniform programs nationally. In addition, a review of the community based sex offender treatment made available in the State of Wisconsin and the State of Minnesota will be conducted. A comparative analysis of the programming offered in these states will be conducted to determine if the programs are evidence-based and utilize the CBT approach to treatment. Lastly, a review of available recidivism data will be conducted to determine if the programming in these states drastically reduces the recidivism rates of their sex offender populations. The idea for this analysis would be to find a successful evidence-based program that could provide a treatment foundation for the uniform programs.

Results of the Study

The purpose of this research will be to provide recommendations for the implementation of uniform sex offender treatment programs across the nation. The current state of how our nation handles sex offender treatment depicts an immediate need for reform. To reform sex offender programs, the programs must be evidenced
based and designed according risk level. In addition, the treatment curriculum must contain the most effective components to reducing the risk of recidivism. Incarceration is no longer the only resolution to addressing the deviant behaviors of sex offenders. To properly address the issue, the appropriate treatment programs have to be implemented nationally.

Current literature reports the criminal justice system has continuously implemented harsh punishments for sexual offenses over the last century. In 2004, more than 150,000 people were incarcerated in state prisons for sex offenses, compared with 142,000 in 2002 and 110,000 in 1999 (Daly, 2008). Literature by Reagan Daly (2008) posited that sex offenders were spending two times the amount of time in prison compared to other criminal offenders.

To address the growing numbers in the sex offender population, the nation needs to complete a comprehensive review of the various sex offender treatment programs offered. Currently, there are scants amounts of literature to provide an overview of the variety of programs offered nationally. After a comprehensive programmatic review, it is recommended that uniform programs be implemented, based on risk level. The structure of the program curriculum should be based on the CBT approach, since evidence depicts this approach produces the most drastic change in the recidivism rate of this population.
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A. Review of Approaches to Treatment

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C. Implementation of National Treatment Programs

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VI. SUMMARY and CONCLUSIONS

A. Effective uniform sex offender treatment programs to address the various levels of sex offender risk. The recommendations aid in reducing the recidivism rate of the sex offender population.

VII. REFERENCES
I. INTRODUCTION: Community Based Sex Offender Treatment:

The Uniform Approach to Sex Offender Treatment

Sexual offending has been an increasingly hot issue in the United States. Current literature reports the criminal justice system has continuously implemented harsh punishments for sexual offenses over the last century. Literature composed by Reagan Daly (2008) posited that sex offenders were spending two times the amount of time in prison compared to other criminal offenders. As the practice of implementing harsh penalties continues, states are seeing dramatic increases in the costs to incarcerate these offenders. While the likelihood and length of incarceration for sex offenders has increased in recent years, the majority of offenders will eventually be released to probation or parole (CSOM, 2001). Research states the most common disposition for sex offenders is probation with mandated treatment and perhaps some period of incarceration in jail (Wakefield and Underwager, 1991). A reentry report compiled by the Center for Sex Offender Management (CSOM) (2007), noted that based on the incarceration and release trends, anywhere from 10,000 to 20,000 sex offenders exit the nations’ prisons annually and return to the community.

The impact that sexual victimization can have on victims and families, the fear these crimes generate in members of the public, the unique risks and needs posed by sex offenders have led to more concerted efforts to develop specialized ways to manage known offenders as a means to prevent future sexual victimization (CSOM, 2008a). Some people feel the harsh penalties for sex offenders are warranted. Many question the effectiveness of the treatment programs offered. Researchers in corrections have posited that the reliance on punish-oriented approaches have a limited
impact on improving community safety (CSOM, 2006). Also, simply providing treatment does not mean it will be effective (CSOM, 2008b). While treatment has been a consistent feature in the management of sex offenders, the structure, delivery, and philosophies of the treatment approaches have been less consistent (CSOM, n.d.b). The study produced by the Vera Institute of Justice (2008) indicated the content and structure of sex offender treatment programs varied considerably from one jurisdiction to the next. It also stated few if any resources provide criminal justice officials and policymakers an overview of these programs or a comparative assessment of their effectiveness (Daly, 2008). Therein lies the problem, treatment programs vary from jurisdiction to jurisdiction and their effectiveness is not validated. There are several different approaches available when treating sex offenders. Jurisdictions have the option of electing to use psychotherapy/counseling, CBT, or simply behavioral treatment. Psychotherapy/counseling is insight oriented and is administered in an individual or group setting (Perkins et al, 1998). CBT focuses on behavioral reconditioning to deter deviant arousal patterns, as well as addressing ways to avoid relapsing (Laudenberger and Lipsey, 2005). Behavioral treatment places emphasis on decreasing deviant arousal patterns while attempting to increase lacking social skills (Perkins et al., 1998).

A literature review has found several studies that have explored the effects of the various treatment methods on sex offenders. A study conducted by R. Karl Hanson et al. (2002) stated that based on a review of papers and other reviews from 1990 to 2002, researchers and policymakers had yet to agree on whether treatment effectively reduced sexual recidivism. The Washington State Institute for Public Policy (WSIPP)
conducted a comprehensive review and evaluation of some evidence-based adult
treatment programs offered throughout the country (2006). Of the sex offender
programming that was audited, the study showed CBT was effective in reducing
recidivism, but the other types of sex offender treatment, behavioral and
psychotherapy/counseling, failed to demonstrate significant effects on further criminal
behavior (WSIPP, 2006). Another study conducted by the VERA Institute of Justice
indicated CBT was a component in the reduction of overall recidivism (Daly, 2008).

How sex offender management is handled in our nation presents major
challenges as the notorious cases are never far from exposure by the media (Evenden,
2008). CSOM developed a comprehensive protocol in an effort to provide guidance to
jurisdictions with the management of sex offenders (CSOM, n.d). The comprehensive
approach encompasses collaboration, a victim-centered approach, sex offender specific
treatment, along with clear and consistent policies (CSOM, 2000).

Sex offender specific treatment is one of the critical components of the
comprehensive approach (CSOM, 2000). The primary goals of treating sex offenders
are for the offenders to accept responsibility for their actions, develop the skills and
techniques to deter them from participating in future deviant acts, and to lead productive
and pro-social lives (CSOM, 2006). Evidence-based practices in corrections indicate
treatment that is sex offense specific can be the effective when the programs use the
cognitive-behavioral approach to treatment, the targets of intervention are research
based, treatment is individualized and guided by reliable and valid assessment tools,
the treatment providers’ styles and techniques are in line with the research, the
providers are properly trained and supervised, and monitoring and evaluations are
conducted on the programs (CSOM, 2008b). CSOM also suggests for jurisdictions to identify specific criteria in their contracts, for example the minimum provider qualifications, the program model that should be utilized, the expectations for quality assurance, and the criteria for monitoring treatment outcomes (CSOM, n.d.b).

After reviewing this literature it appears a major component to reducing recidivism in sex offenders is utilizing CBT. Of all the treatment approaches discussed, the CBT approach appears to be a key component in reducing the recidivism rates of sex offenders. The study conducted by WSIPP (2006) focused on completing a comprehensive review of correctional programs to ascertain whether any adult corrections programs were effective and sought to obtain statistical information regarding the programs’ impact on the recidivism rates. The findings of the study indicated that of the 18 sex offender treatment programs evaluated, the psychotherapy/counseling and behavioral programs failed to depict notable reductions in the recidivism of sex offenders (WSIPP, 2006). The programs utilizing the CBT approach were the only programs evaluated that showed a momentous curtailment in recidivism rates. Besides the study by WSIPP, there have been several well conducted meta-analyses that have identified CBT as an effective method of reducing recidivism in the juvenile population, as well as in the adult population (Laudenberger and Lipsey, 2005).

The purpose of this research paper is to review the current state of how community based sex offender treatment is administered in the nation. The comprehensive review will also allow for the collection of data in the area of sex offender programming, since currently there are scant amounts of literature available
to provide an overview of the programs being offered. While the scant literature serves as a limitation to this study, the comprehensive review and evaluation of the sex offender treatment program offerings in Wisconsin and Minnesota will afford the opportunity for contrast and comparison. A contrast and comparison of these states treatment offerings will yield any strengths and weaknesses to their oversight in the administration of community based sex offender treatment. After reviewing the results, recommendations will be made to improve the programming on a national level. The intent of the recommendations is to ensure the effectiveness of the programming being offered. The programming has to be effective in order to be beneficial to the offenders and aid in the reduction of the recidivism rates. The review will also provide insight into whether treatment serves as a cost effective alternative to addressing sex offenses than incarceration. Lastly, the results of the report will help arm criminal justice professionals and communities with information regarding the most appropriate methods of treating sex offenders to provide the best level of community protection.
II. LITERATURE REVIEW

This section of the paper will cover a variety of topics related to the increase of sex related offenses experienced in the United States. The first section will discuss the evolution of legislation used to address sex related offenses and the impact the legislation has had on the nation. The following section will examine various methods used to treat sex offenders in community based settings. Additionally, the successes and failures of the treatment methods will be analyzed. Lastly, this section will explore recidivism and the correlation between treatment and recidivism rates.

A. Evolution of Harsh Punishments for Sex Offenders and Effects

As sex crimes became prevalent in the United States, the response by the media and politicians to these revelations took the form of harsh punishments for the offenders (Marshall, n.d.). For the purposes of this paper sexual offenses/sex crimes are defined as follows: unwanted sexual contact between two or more adults or two or more minors, any sexual contact between an adult and a minor, any unwanted sexual contact initiated by a youth toward an adult, or sexual contact between two minors with a significant age difference between them (CSOM, n.d.a). It should be noted that the sexual offenses can involve physical contact or no physical contact (CSOM, n.d.a). Sexual offenses are viewed as acts that cause tremendous harm to the victims, their families, and the community. It is estimated that 1 in every 5 girls and 1 in every 7 boys are victims of sex crimes before they reach adulthood (CSOM, n.d.a). It is also estimated that 1 in every 6 adult women and 1 in every 33 adult men experience an attempted or completed sexual offense (CSOM, n.d.a). The harm caused includes the financial costs associated with the victimization. In 1996, it was estimated that child sexual abuse crimes cost victims
and society $99,000 per victimization, and an estimated $87,000 per rape/sexual assault victimization (Heil and English, 2007). Those numbers were expected to increase by 50% in 2007. 90% of the costs associated with victimizations are due to the significant reduction in the quality of life for the victims of these crimes (Heil and English, 2007). The heinousness of the sexual offenses coupled with the harm to the victim resulted in increasingly harsh punishments for the perpetrators of these crimes. Across the United States, legislation was enacted specific to sexual offenders that included longer periods of incarceration, modifications to registration and community notification policies, and the establishment of restrictions on where sex offenders could live, work, and travel within communities (CSOM, 2007).

As a result of the legislative mandates, the sex offender population in prisons increased dramatically. Between 1980 and 1994, the number of incarcerated sex offenders increased by more than 300%, largely a function of incarcerations for the broad category of sex crimes involving children and other offenses outside of forcible rape (CSOM, 2007). In 2004 more than 150,000 people were incarcerated in state prisons for sex offenses, compared with 142,000 in 2002 and 110,000 in 1999 (Daly, 2008). Though statistics differ from state to state, sex offenders represent anywhere from 10% to 30% of the prison population (CSOM, 2007). Despite the implementation of harsh penalties, a large number of sex offenders are in the community under probation or parole supervision. According to the United States Department of Justice approximately 265,000 adult sex offenders are under the care, custody or control of correctional agencies in the nation (CSOM, 2000). Most of these offenders will be placed under some type of community supervision before the expiration of their
sentence. While incarcerating sex offenders became a popular option, most sex offenders avoided prison by being placed on probation. A term of probation coupled with mandatory treatment and/or a period of incarceration in jail is the most common method used to dispose of sex cases.

B. Review of Community-Based Treatment Methods

The population’s (sex offenders) growth out in the community caused states to invest money into alternatives to prison, which included community-based sex offender treatment programs (Daly, 2008). Jurisdictions were faced with the responsibility of locating sex offender treatment programs that could be used in conjunction with community supervision, to effectively manage sex offenders to ensure community safety. For the purposes of this paper, treatment is defined as the delivery of prescribed interventions as a means of managing crime producing factors and promoting positive and meaningful goal attainment for participants, all in the interest of enhancing public safety (CSOM, 2006). The general purpose for the treatment of sex offenders is to prevent further victimization by sexual offenders through the use of treatment. To treat this population, providers utilize one of the following approaches psychotherapy, behavioral therapy, or the cognitive behavioral approach also referred to as CBT. Psychotherapy focuses on the offenders gaining insight into the cause of their sexual offending (Perkins et al., 1998). Psychotherapy was the most widely used approach when dealing with sex offenders until the significance of risk factors on future sexual offending arose. The behavioral approach places emphasis on increasing social skills and reducing deviant arousal patterns (WSIPP, 2006). Offenders taking part in this type of programming are exposed to techniques to reduce tension for those who experienced
anger or anxiety prior to their offense (John Howard Society of Alberta, 1997). Lastly, the cognitive behavioral approach utilizes the multi-modal functional analyses of individual offenders' patterns of offending, which helps tailor treatments to each offender’s pattern of offending (Perkins et al., 1998). This approach focuses on reducing deviant arousal patterns, increasing social skills, identifying and increasing appropriate sexual appetites, and correcting cognitive distortions (Song and Lieb, 1994). Additionally, this approach to treatment is cognizant of the fact that offenders cannot be cured through the use of treatment techniques only managed (Evenden, 2008).

C. Successful and Failed Methods of Treatment

There is a substantial amount of literature regarding the successes and failures of sex offender treatment. A portion of the literature indicates that the cognitive behavioral approach to treatment is the most effective. The comprehensive review by WSIPP designed to evaluate the effectiveness of treatment programs, evaluated 18 sex offender treatment programs. The 18 programs were composed of treatment offered in the prison setting and in the community. The study found that on an average cognitive behavioral treatment approaches were more effective at reducing recidivism than psychotherapeutic and behavioral approaches (WSIPP, 2006). Three programs utilizing the psychotherapeutic approach were examined and the results indicated the approach did not reduce the recidivism rates in sex offenders (WSIPP, 2006). Two programs utilizing the behavioral approach were examined and the results also failed to show a reduction in the recidivism rates (WSIPP, 2006). When evaluating the cognitive behavioral programs, the group studied five programs in the prison setting and six programs that were community based. It should be noted the community based
programs were classified as programs for low risk offenders, but the program descriptions indicate they were designed for sex offenders who were sentenced to probation. The evaluation of the treatment programs within the prisons depicted a 14.9% reduction in the recidivism rates (WSIPP, 2006). The community-based cognitive behavioral programs that were evaluated demonstrated the largest reduction in the recidivism rates, reporting a reduction of 31.9% (WSIPP, 2006). Literature composed on treatment and reentry practices by the Vera Institute of Justice also refers to the effectiveness of CBT programs for sex offenders. Within the document, the author discusses a number of studies that have been conducted, in one particular study from 2002; it was found that CBT was more effective than previously used treatments (Daly, 2008). Another study conducted in 2003 examined 195 sex offenders from a prison-based CBT program in Vermont. The results of the study found the prisoners who successfully completed the program were less likely to be charged with new sexual offenses during the follow-up period in comparison to the prisoners who refused to participate in or dropped out of the programming (Daly, 2008). The study also found that the continuation of treatment in the community also attributed to the reduction in the recidivism rates. Outside of the studies, CSOM has identified CBT as a key component to successfully managing sex offenders in the community.

D. Sexual Recidivism

The various studies contained within this paper correlate the effectiveness of treatment with the reduction in the recidivism rates of sex offenders. Recidivism rates vary among the different types of sex offenders (Song and Leib, 1994). For example, rapists tend to have higher recidivism rates than child molesters, while incest offenders
tend to have the lowest recidivism rates (Song and Leib, 1994). It’s important to define recidivism as it relates to this paper. Because this paper is being developed utilizing information derived from various studies, there is a need to define all the aspects of recidivism. Recidivism can occur in one of the following three instances: a subsequent arrest, a conviction, or re-incarceration. Depending on the study, the researchers may use arrest or new charge information as a criterion for recidivism which will yield a higher recidivism rate among the treatment group. Researchers could also utilize the more restrictive criterion of measuring new convictions, this will generally result in a lower recidivism rate compared to the arrest data (CSOM, 2001). Lastly, studies may use a person's reentry into prison, through the commission of a new offense or the violations of the conditions of their release (CSOM, 2001). When this criterion is used to determine recidivism, one needs to decipher whether the cause is for a new conviction, a technical violation, or both. Researchers have found there are relationships between the offender’s characteristics and criminal histories, which can help predict sexual reoffending. Such predictor variables can be classified as:

- Static – historical and unchangeable, such as previous offense history
- Dynamic (stable) - potentially changeable but relatively stable, such as personality characteristics
- Dynamic (acute) - features which can change rapidly such as mood or intoxication (Perkins et al, 1998).

In addition there are several predictive factors that are relevant based on the type of sex offense the offender has committed. For example, if an individual sexually assaults minor children the factors include: the gender of the child(ren) assaulted, whether the
assault involved physical contact or not, what relationship the child(ren) were to the perpetrator, lack of interpersonal skills with adults, and recent separation from spouse or partner. Overall, the measurement of sexual recidivism helps criminal justice professionals to gain perspective on the performance of the sanctions and interventions put in place to rehabilitate offenders.

To conclude this section it is important to reiterate while there are a significant number of sex offenders in prison, there are also a significant number in the community. In collaboration with community supervision, sex offender treatment is an integral part to managing sex offenders in the community. The most effective methods of treatment must be used to treat this population and the above literature review has depicted CBT as being a promising and effective means of treating sex offenders. Effective treatment programs will help reduce the risk these offenders pose to the community and promote community safety.
III. THEORETICAL FRAMEWORK

There are several theories that exist to explain how people gain knowledge, which are called learning theories. In this section the cognitive and the social cognitive theory will be examined as it relates to sex offending and the treatment of sex offenders. Sex offender interventions are targeted predominantly at those offenders who have already been convicted of a sexual offense with the objective of preventing or reducing future sexual recidivism (Collins & Nee, 2010). This section will also discuss cognitive distortions and schemas. Among sex offenders, cognitive distortions refer to the inaccurate thoughts and thought processes that support offending behavior, and schemas refer to the beliefs that support these problematic cognitions and thought processes (Schaffer et al, 2010).

A. Cognitive Theory

When people sexually offend, it is not uncommon for others to question why such deviant behavior has occurred. In addition, criminal justice professionals and external stakeholders are responsible for trying to rehabilitate these offenders so they question why such behavior has occurred, as well. The professionals are employed or contracted to locate the root cause of the behavior and utilize investigative skills to gain insight into the offenders' lives. Once the information has been obtained, the professionals correlate one or more learning theories with the deviant behavior. The cognitive theory places emphasis on the links between mental processes (such as perception, memory, attitudes, or decision making), and social behavior (Marshall, 1998.). A person's thoughts and perceptions of the world can be distorted, thus resulting in cognitive distortions. Sex offenders distort their perceptions in a self-serving way in order to
reduce feelings of shame about their offensive acts (Marshall, n.d.). A variety of schemas, including beliefs that children are sexual beings, that individuals are entitled to sex, that sexual activity does not harm children, that society’s rules and norms may be disregarded, and that women are game-playing, deceitful, and/or hurtful individuals, have been linked, either theoretically and/or empirically, to sex offending (Schaffer et al, 2010). Meanwhile, specific cognitions and thinking errors have been associated with sex offending schemas, and hence, have been directly linked to sex offending behavior, including mistaken beliefs that a victim desires sex, minimization of one’s own responsibility for the act, mind reading, and victim blaming errors (Schaffer et al, 2010).

For example, an offender, age 23, has been convicted of having sexual intercourse with a 16 year old female. The offender was placed on probation and ordered to see a community supervision agent. During the first appointment, the agent conducts an interview asking a myriad of questions in an effort to gain insight on the offender’s outlook on appropriate sexual conduct, to help determine why the offender sexually offended. The offender responds with information that alerts the agent to the offender’s perception that engaging in sexual activity with an underage teen is appropriate, based on relationships from his familial history. From the example, the offender has developed an incorrect thought process or perception regarding sexual contact with minors, which is a cognitive distortion. This cognitive distortion can possibly be associated with the following schemas sexual activity does not harm children, the rules and norms of society can be overlooked, and/or children are sexual beings. The agent will attempt to identify any schemas and will disseminate the information gained during the interview to the respective sex offender treatment provider. This information will be
a great asset to the treatment provider in determining or utilizing techniques to treat the offender.

B. Social Cognitive Theory

The social cognitive theory narrows the focus of the cognitive theories. There are several beliefs associated with this theory. The first tenet is that human functioning is the product of interaction between three factors:

- Environmental
- Behavioral
- Personal (i.e., biological/physical, affective/emotional, and cognitive factors) (Chisholm-Burns & Spivey, 2010).

The theory suggests the above factors impact a person’s behavior. Social cognitive theory further suggests that an individual should use his/her capabilities (for example, forethought and self reflection) to cultivate beliefs in his/her ability to perform a behavior and to perceive a benefit to this behavior (Chisholm-Burns & Spivey, 2010). The social cognitive theory argues that it is on the basis of efficacy beliefs that people choose what challenges to undertake, how much effort to expend in the endeavor, how long to persevere in the face of obstacles and failures, and whether failures are motivating or demoralizing (Webb et al, 2010).

Treatment programs prioritize the prevention of crimes in the context of enhancing the lives of offenders by improving their socialization skills and thereby strengthening their stakes in conformity (Prescott & Levinson, 2010). The treatment approaches utilized today to treat sex offenders is dependent upon the provider and the contractual terms agreed to by the respective jurisdictions. Early practitioners utilized
various methods to address the variety of sex offenses. However, limited information existed about the long-term effects on the overt behavior of these techniques (John Jay College, 2004). Treatment providers utilizing the cognitive based treatment approach incorporate a variety of techniques to address sex offending behavior. Using the cognitive restructuring model, clients examine and challenge their thought patterns in an effort to clarify that they can control only themselves and their own behavior rather than trying to change others (Prescott & Levinson, 2010). Specifically, the following techniques have been found to be effective in changing maladaptive cognitions, and hence, in reducing recidivism among sex offenders: completion of daily thought records to identify those distortions that contribute to deviant sexual behaviors, labeling of maladaptive thoughts, and the generation of more adaptive thoughts in a group setting (Schaffer et al, 2010). Some cognitive treatment programs incorporate behavioral techniques to treat sex offenders and these programs are referred to as cognitive-behavioral programs or CBT. This treatment approach is based on the premise that cognitive and affective processes and behavior are linked, and that cognitions, affect, and behavior are mutually influential (John Jay College, 2004). An associated objective through the cognitive behavioral lens centers around understanding the interrelationship between thoughts, feelings, and behaviors, their impact on one’s conduct, and then developing more healthy thinking patterns and appropriate ways of managing emotions (CSOM, 2006). To accomplish the CBT objectives cognitive techniques are coupled with behavioral techniques to help address deviancy. Deviant sexual behavior, including deviant sexual preoccupation, preferences, and arousal, has long been associated with sexual offending behavior (Schaffer et al, 2010). Addressing deviant
sexual arousal by employing behavioral techniques has been found to be an effective means of reducing sexual behavior, and in turn, reducing recidivism (Schaffer et al, 2010). The behavioral techniques commonly incorporated into treatments are covert sensitization and masturbatory satiation. Covert sensitization is the aversive conditioning during which an individual is taught to imagine unpleasant or aversive consequences while engaging in an unwanted habit (FreeDictionary.com, 2012). Masturbatory satiation is an exercise in which the provider wants the offender to correlate deviant sexual thoughts and sexual acts that are not gratifying. Then helps the offender to associate sexual gratification with appropriate sexual behavior (John Jay College, 2004).

The social cognitive theory has been used to develop successful interventions for addictive behavior (Webb et al, 2009). Since sexual offending is viewed in some therapeutic areas as an addictive behavior, treatment providers may use techniques guided by the social cognitive theory to treat sex offenders. In an article by Thomas Webb et al, (2009) about using sets of theories to change behaviors, the authors describe how the social cognitive theory is used to change behaviors. The social cognitive theory focuses on the correlation between a person’s beliefs and behavior as a reciprocal learning process in which people select, react to and learn from their experiences (Webb et al, 2009). The reciprocal learning process is posited to occur through a process of self monitoring, self guidance via personal standards and corrective self actions (Webb et al, 2009). Sex offender treatment providers may use the technique of developing a contract with offenders when using this theory in treatment. Behavior contracting, a behavior modification technique guided by the social
cognitive theory is a promising approach to adherence intervention as it incorporates behavioral, personal, and environmental components and promotes progression of adaptation and change capabilities to address a target behavior (Chisholm-Burns & Spivey, 2010). Using this approach to aid in restructuring this populations’ mindset is tedious but the consequences of failing to take on the task is disastrous.
IV. EVALUATION OF SEX OFFENDER PROGRAMMING

This section will examine the components of various sex offender treatment programs that are offered in the community. In addition, there will be a review of the components determined to be necessary for a program to be deemed effective. Lastly, there will be an examination of the sex offender treatment programmatic offerings in Minnesota and Wisconsin. This review will help highlight any strengths and weaknesses in the states’ oversight in the administration of the community based sex offender treatment offered.

A. Necessary Components of Effective Programs

Despite the public demand for the strict management of sex offenders, recent studies have shown better outcomes, such as lower recidivism rates, are realized when sex offender management includes a treatment component (Schaffer et al, 2010). Because many professionals in the field consider deviant sexual behavior to be a lifelong problem, it has been argued that the current goal of psychological treatment is to manage or control rather than to cure (Song and Lieb, 1994). Sex offender treatment aims for offenders to acknowledge their responsibility for their deviant acts, attain the tools and techniques to refrain from reoffending, and to encourage offenders to live crime free lifestyles. Regardless of whether treatment is designed to address sex offending behaviors or other types of psychosocial, mental health, or psychiatric needs, the shared number of principles and practices across treatment settings exist, including the following:

- All clients should understand the interventions and procedures that will be utilized and any associated risks and benefits;
• Treatment interventions should be driven by formal assessments and appropriately individualized to the needs of the client;
• Rapport must be established and maintained;
• Treatment goals should be specific and measurable;
• Progress or lack thereof must be accurately and thoroughly documented (CSOM, 2006).

States typically have criteria for how programming should be administered, which is referred to as treatment standards. The standards for the treatment of sex offenders vary by state and the authors of these standards also vary. In some states individuals independent of the state have composed the standards and in others, government agencies or politicians have the responsibility for compiling the standards. Some states have developed statewide standards or formal certification processes, and professional membership organizations and other interested entities that have proposed guidelines for treatment (CSOM, 2012). The existence of treatment standards is significant because it creates a system of accountability among criminal justice agencies and providers and encourages them to use evidence-based techniques (Daly, 2008). The term evidenced based can be defined two ways:

• an approach to therapy emphasizes the pursuit of evidence on which to base its theory and techniques, as well as encourages it patients or clients to consider evidence before taking action; or
• an approach to therapy supported by research findings, and those findings provide evidence that it is effective (Pucci, 2005).
For the purposes of this paper, the latter definition of evidenced based will be utilized. Evidenced based practices in corrections, including research with sex offenders, indicate sex offense-specific treatment is most likely to be effective when following conditions are present:

- Programs use a cognitive-behavioral model
- Targets of intervention are research-based
- Treatment is individualized and guided by reliable and valid assessment instruments
- Treatment providers’ styles and techniques align with research
- Providers are well trained and well supervised
- Programs are monitored and evaluated (CSOM, 2008).

**B. Components of Sex Offender Treatment**

Although a number of different approaches are potentially effective, sex offender treatment providers have increasingly put their faith in some version of cognitive behavioral treatment (Hanson et al, 2002). In reviewing studies pertaining to the efficacy of a particular type of treatment, there is significant evidence that CBT has emerged as the principle type of sex offender treatment targeting deviant arousal, increasing appropriate sexual desires, modifying distorted thinking, and improving interpersonal coping skills (John Jay College, 2004). Furthermore, additional evidence has been garnered suggesting CBT reduces reoffending behavior over the long term and that CBT proves a cost effective means of curbing reoffending behavior (Schaffer et al, 2010). CBT places emphasis on deviant sexual behavior and interests by using various techniques, such as behavioral techniques, to interrupt deviant behavior. Next,
CBT zeroes in on social inadequacies of the clients. CBT seeks to enhance the offender’s interpersonal functioning, which includes enhancing relationship skills, appropriate social interaction, and empathy (John Jay College, 2004). Another way CBT is used to treat sex offenders is by addressing cognitive distortions. The use of cognitive therapy to change cognitive distortions and maladaptive beliefs in sex offenders has received empirical support (Schaffer et al, 2010). Therefore, it is paramount that an offender’s cognitive distortions are challenged so that he can comprehend his faulty thinking and recognize it’s distorted, self-serving nature (John Jay College, 2004).

Other techniques that are intertwined with CBT are relapse prevention techniques. More recently, the cognitive behavioral model has adopted relapse prevention techniques from drug and alcohol research, and applied it to sex offender intervention through the development of individually tailored programs (Perkins et al, 1998). Relapse prevention involves providing training on strategies to recognize and cope with high risk situations and halt the relapse cycle before lapses turned into full lapses (Laudenberger and Lipsey, 2005). These situations are defined as a set of circumstances that threaten the offender’s sense of self-control (John Jay College, 2004). Though there are several variations to the relapse techniques utilized, all have common components designed to assist offenders in situations where reoffending may be imminent.

Depending on the programmatic framework it is also possible for treatment programs to incorporate other CBT techniques to address issues with anger management and substance abuse, and victim impact. In addition, surgical or chemical
castration may be utilized during the treatment process because both have been deemed effective in the reduction of sexual recidivism. Chemical castration, the use of pharmaceuticals to reduce the offenders’ sex drive, has shown to be effective in reducing sex offense recidivism in some sex offenders, especially when combined with psychological treatment (Song and Lieb, 1994). A review of four major studies on castration in Europe compared the recidivism rates after surgical castration with the recidivism rates of non-castrated comparison groups and found that the sex recidivism rates among castrated sex offenders were significantly lower, ranging from 1.1 to 4.1% after five or more years of follow-up (Song and Leib, 1994).

C. Review of Wisconsin Sex Offender Programs

To illustrate how states oversee the administration of the community based sex offender treatment offered, I interviewed key personnel in Wisconsin and Minnesota to gather data. Community based treatment for individuals on community supervision in Wisconsin, is overseen by the Department of Corrections. I interviewed a Psychology Sex Offender Treatment Specialist with the Department of Corrections regarding the agency’s oversight of the programming. The psychologist reported the Department’s preferred approach to the treating sex offenders is the use of the CBT approach coupled with relapse prevention techniques. The doctor indicated this approach was selected because evidence suggests it is effective in the treatment of sex offenders. He further indicated, while this is the ideal approach to the treatment of sex offenders in the state, there may be contracted providers that utilize other treatment approaches. He indicated the Department does not mandate the providers, as part of their contract, to use a specific approach. He went on to say that bids for treatment are published and in
the bid specifications the standards for treatment are noted. He stated the standards of treatment note the required monthly treatment contacts, the necessary qualifications and certifications for the providers, and the forms approved by the Department of Corrections to be utilized while providing service to its offenders. Treatment providers interested in bidding for a contract will submit a bid proposal with a description of their treatment program and information about the training and experience of the providers who will be facilitating the treatment. The selection of the providers is not conducted in a central location. It should be noted the Department of Corrections field services is divided into eight regions. An identified employee or group of employees in the regions review the bids and select the providers based on how well they perceive the provider to be able to treat this population of offenders. The psychologist reported that after the contract has been awarded, there is not a monitoring tool in place to verify the treatment providers are providing the services they identified in their bid proposal. He went on to say that the Department could implement such a tool but has not done so as of yet. The psychologist did state that if problems arose, the regional appointees could address any issues. In addition, he stated providers are required to keep the Department apprised of the offenders’ progress while in the treatment program. When asked if the Department of Corrections had any information on the recidivism rates of the offenders, the psychologist indicated the agency does not have any information regarding recidivism rates. He said the agency is going to start a project looking at the recidivism rates of sex offenders but the commencement of this project has been hindered due to budget issues. The doctor did say the project would research the recidivism rates of offenders going back to 1990 and conduct follow up on the two years following their
release from prison. When asked how they would define recidivism in their project, he stated the Department would look for the return to prison on revocations, for rule violations and/or the commission of a new crime. He also indicated the new crime could be a general crime or the return to prison on a new sexual charge. Lastly, he reported they wanted to conduct research on the survival statistics. Survival statistics represent the amount of time a person is in the community with the opportunity to reoffend. He indicated obtaining these statistics would be difficult because the couple of agencies within the Department that are responsible for collecting the data to compile the survival statistics don’t communicate.

D. Review of Minnesota Sex Offender Programs

The administration of community based treatment in Minnesota is slightly different from Wisconsin. To collect data on how Minnesota oversees the community based treatment for sex offenders, I interviewed the Minnesota Department of Corrections, Corrections Program/Policy Monitor. This person is responsible for personally monitoring the community based sex offender treatment programs in the State of Minnesota. Minnesota’s community supervision structure differs greatly from Wisconsin. Depending on the county an offender resides in, their supervision can be administered by the county probation personnel and/or the Department of Corrections. The Department of Corrections supplies private and non-profit organizations with grant money to provide treatment to the individuals on community supervision. The Policy Monitor stated the Department of Corrections does not require any treatment provider to utilize a specific approach when treating sex offenders. He stated that treatment providers wanting to obtain grant funding submit their program descriptions in a grant
request and he approves them for funding. He indicated the State of Minnesota does have treatment standards in place that providers must adhere to in order to receive grant funding. The Policy Monitor could not identify all of the treatment standards mandated by Minnesota, but he was able to direct the author to a legislative report with the requested information. He indicated it is his responsibility to monitor that the treatment standards are being adhered to and he conducts audits on the community based treatment providers statewide. The Policy Monitor reported there are minimal compliance issues since the providers’ performance is tied to grant funding. When asked about the recidivism rates for Minnesota sex offenders, the Policy Monitor could not supply any data specific to the sex offender population but did say their recidivism rates were low. The Policy Monitor posited that the low recidivism rates were evidence the state’s approach to treating the sex offender population was effective.

As a result of my interview with the Policy Monitor, the author was directed to review a legislative report compiled related to sex offender management in the State of Minnesota. The report (Minnesota Sex Offender Management, 2007) was compiled by a workgroup after an independent audit of the management of sex offenders was conducted and noted issues that the Department of Corrections needed to address. The workgroup was composed of correctional and treatment professionals from the different community supervision delivery systems in Minnesota. They were tasked with addressing issues which included issues specific to treatment such as: establishing standards for community based sex offender treatment. The standards include minimum qualifications for the individuals who work for the agency and with the offenders, the components necessary in the treatment process ie. Assessments,
treatment plans etc., maintaining documentation of case management and services provided to offender, each provider must have manual documenting their policies and procedures, the frequency of service necessary for offenders, and the objectives for the treatment.
V. RECOMMENDATIONS

This section will be divided into four sections. The first section will review the various treatment approaches discussed in this paper. The next section will discuss the effective treatment approaches as depicted by the research. The last two section sections will discuss the recommendations for the administration of sex offender treatment and how to address the programming for the various risk levels of offenders.

A. Review of Approaches To Treatment

As discussed earlier in the paper, there are several different approaches to treating this population. Providers can utilize one of the following approaches psychotherapy, behavioral therapy, or the cognitive behavioral approach also referred to as CBT. Psychotherapy focuses on the offenders gaining insight into the cause of their sexual offending (Perkins et al., 1998). Psychotherapy was the most widely used approach when dealing with sex offenders until the significance of risk factors on future sexual offending arose. The behavioral approach places emphasis on increasing social skills and reducing deviant arousal patterns (WSIPP, 2006). Offenders taking part in this type of programming are exposed to techniques to reduce tension for those who experienced anger or anxiety prior to their offense (John Howard Society of Alberta, 1997). Lastly, the cognitive behavioral approach utilizes the multi-modal functional analyses of individual offenders’ patterns of offending, which helps tailor treatments to each offender’s pattern of offending (Perkins et al., 1998). This approach focuses on reducing deviant arousal patterns, increasing social skills, identifying and increasing appropriate sexual appetites, and correcting cognitive distortions (Song and Lieb, 1994).
B. Effective Treatment Approaches

Of the treatment approaches utilized by sex offender treatment providers, evidence suggests that the CBT approach is the most effective when treating sex offenders. The comprehensive review by WSIPP designed to evaluate the effectiveness of treatment programs, evaluated 18 sex offender treatment programs. The 18 programs were composed of treatment offered in the prison setting and in the community. The study found that on an average cognitive behavioral treatment approaches were more effective at reducing recidivism than psychotherapeutic and behavioral approaches (WSIPP, 2006). Three programs utilizing the psychotherapeutic approach were examined and the results indicated the approach did not reduce the recidivism rates in sex offenders (WSIPP, 2006). Two programs utilizing the behavioral approach were examined and the results also failed to show a reduction in the recidivism rates (WSIPP, 2006). When evaluating the cognitive behavioral programs, the group studied five programs in the prison setting and six programs that were community based. The evaluation of the treatment programs within the prisons depicted a 14.9% reduction in the recidivism rates (WSIPP, 2006). The community-based cognitive behavioral programs that were evaluated demonstrated the largest reduction in the recidivism rates, reporting a reduction of 31.9% (WSIPP, 2006).

Besides the study by WSIPP, there have been several well conducted meta-analyses that have identified CBT as an effective method of reducing recidivism in the juvenile population, as well as in the adult population (Laudenberger and Lipsey, 2005). Literature composed on treatment and reentry practices by the Vera Institute of Justice also refers to the effectiveness of CBT programs for sex offenders. Within the
document, the author discusses a number of studies that have been conducted, in one particular study from 2002; it was found that CBT was more effective than previously used treatments (Daly, 2008). Another study conducted in 2003 examined 195 sex offenders from a prison-based CBT program in Vermont. The results of the study found the prisoners who successfully completed the program were less likely to be charged with new sexual offenses during the follow-up period in comparison to the prisoners who refused to participate in or dropped out of the programming (Daly, 2008). Furthermore, additional evidence has been garnered suggesting CBT reduces reoffending behavior over the long term and that CBT proves a cost effective means of curbing reoffending behavior (Schaffer et al, 2010).

C. Implementation of National Treatment Programs

Researchers in corrections have posited that the reliance on punish-oriented approaches have a limited impact on improving community safety (CSOM, 2006). Since the focus has shifted to treatment for this population, there has to be some reforms regarding the oversight of treatment nationally. The intent of the recommendations that will be made is to ensure the effectiveness of the programming being offered. The programming has to be effective in order to be beneficial to the participants and aid in managing the sex offender population and the reduction of the recidivism rates.

The recommendation for reforms mirrors those posited by the CSOM in a report designed to provide guidance to states on sex offender management. Evidence-based practices in corrections indicate treatment that is sex offense specific can be the effective when the programs use the cognitive-behavioral approach to treatment, the targets of intervention are research based, treatment is individualized and guided by
reliable and valid assessment tools, the treatment providers’ styles and techniques in line with the research, the providers are properly trained and supervised, and monitoring and evaluations are conducted on the programs (CSOM, 2008). CSOM also suggests jurisdictions identify specific criteria in their contracts, for example the minimum provider qualifications, the program model that should be utilized, the expectations for quality assurance, and the criteria for monitoring treatment outcomes (CSOM, n.d.). To expand on the reforms put forth by CSOM, it is recommended that the Federal Government mandate the implementation of uniform sex offender treatment programs to be used nationally. Evidence suggests that cognitive behavioral treatment is the most effective approach to treating this population but states are not requiring this evidenced based practice to be used. While states like Wisconsin acknowledge this is the best treatment approach because it is evidence based, the state is not mandating providers to use this approach when treating its sex offenders. Not only is the state allowing treatment providers to use any treatment approach, they don’t have any data suggesting the methods being utilized are effective. To ensure states are utilizing evidence based practices, a national committee needs to be established composed of corrections and treatment professionals from every state. This committee should use the current research and develop programs using the cognitive behavioral approach to treatment since evidence cites it yields the greatest result in reducing sex offender recidivism. The committee should also develop some national minimal treatment standards that providers have to adhere to in order to obtain a contract or any grant funding from their respective state. The treatment standards created by Minnesota are a great example for the committee to mimic. Minnesota’s treatment standards are not
too restrictive and they contain enough information so treatment providers know what is expected of them. In addition, the committee must identify individuals responsible for the oversight of the treatment programs in each state. These individuals would be responsible for auditing providers to ensure they are utilizing evidenced based practices and are adhering to the standards established. Minnesota’s monitoring program serves as a good example for the national committee to look at when considering how states should monitor community treatment programs. Minnesota employs someone to personally audit the treatment programs across the state to check for compliance with the standards established. The national committee should also ensure a study is conducted regarding the recidivism rates in each state. The frequency of the study should be determined by the committee and they should review the statistical data regularly to ensure the treatment approach is yielding the great results expected. Lastly, the committee should investigate how to implement different versions of the national program to address the various risk levels of offenders.

**D. Addressing Various Risk Levels**

There is limited information about sex offender treatment programs offered across the country and even more scarce information about the treatment of sex offenders according to risk level. In the report composed by WSIPP (2006), it referenced evaluating community programs which were designated for low risk offenders but the programs’ descriptions indicated they were designed for sex offenders who were on probation. The committee has to determine how to treat sex offenders according the risk they pose to the community. This may be a difficult task since states have established their own methods of classifying sex offenders according to risk level.
The committee may be able to establish risk related programming which coincides with the classification levels of the offenders created with the Adam Walsh Act. This classification level established by the Adam Walsh act classifies offenders based on the crime committed (Office of Justice Programs, 2008). It also discusses the type of treatment needed but because states elect whether they want to be covered under the Adam Walsh Act, not every state follows the guidelines established by this Act.

The recommendations made will solve the problems related to the administ of sex offender treatment and its effectiveness. It will also provide a more consistent approach to administering this type of treatment, thus ridding the criminal justice system of the various approaches to choose from. Also, the states will be using an evidence based treatment method that has been validated by research. Lastly, approaching the treatment of sex offenders in this manner will ensure a reduction in the sexual recidivism numbers in our country and provide a more cost effective alternative to incarceration.
VI. SUMMARY AND CONCLUSIONS

The United States has seen an influx in sexual offenses over the last 20 years. The heinousness of the sexual offenses coupled with the harm to the victim resulted in increasingly harsh punishments for the perpetrators of these crimes. Across the United States, legislation was enacted specific to sexual offenders that included longer periods of incarceration, modifications to registration and community notification policies, and the establishment of restrictions on where sex offenders could live, work, and travel within communities (CSOM, 2007). Between 1980 and 1994, the number of incarcerated sex offenders increased by more than 300%, largely a function of incarcerations for the broad category of sex crimes involving children and other offenses outside of forcible rape (CSOM, 2007). Incarceration was soon discovered not to be a viable option due to the rising costs. In addition, researchers in corrections have posited that the reliance on punish-oriented approaches have a limited impact on improving community safety (CSOM, 2006). The focus shifted from incarceration to treatment. But, simply providing treatment does not mean it will be effective (CSOM, 2008). While treatment has been a consistent feature in the management of sex offenders, the structure, delivery, and philosophies of the treatment approaches have been less consistent (CSOM, n.d).

There are many approaches that can be used to treat these offenders but with the increased focus on evidence based practices in corrections, cognitive behavioral techniques appear to yield the greatest results as it relates to sexual recidivism. A study conducted by WSIPP showed that Cognitive-Behavioral Treatments (CBT) were effective in reducing recidivism, but the other types of sex offender treatment failed to
demonstrate significant effects on further criminal behavior (WSIPP, 2006). Another study conducted by the VERA Institute of Justice indicated CBT was a component in the reduction of overall recidivism (Daly, 2008). Within the same document the author discusses a number of studies that have been conducted, in one particular study from 2002 it was found that CBT was more effective than previously used treatments (Daly, 2008). Also, in reviewing other studies pertaining to the efficacy of a particular type of treatment, there is significant evidence that cognitive behavioral treatment has emerged as the principle type of sex offender treatment targeting deviant arousal, increasing appropriate sexual desires, modifying distorted thinking, and improving interpersonal coping skills (John Jay College, 2004). The data collected makes it clear that a key component to treating sex offenders is the use of cognitive behavioral therapy techniques. These cognitive behavioral techniques should be used in conjunction with relapse prevention techniques and other techniques proven to be effective, such as chemical castration. Chemical castration has shown to be effective in reducing sex offense recidivism in some sex offenders, especially when combined with psychological treatment (Song and Lieb, 1994). The chemical castration should be used in certain situations, particularly in the treatment of serial rapists or child sex offenders with multiple victims, since the results of the treatments have been positive. The utilization of these techniques is necessary when using CBT to address an individual's sexual deviance.

To conclude, the recommendations made are an integral part of addressing the current issues with how sex offender treatment is managed in the country. There needs to be some effective reforms implemented and the recommendations are just that. The
recommendations include evidence based practices to address the treatment effectiveness issue and require states to ensure these practices are utilized. The recommendations also provide a cost effective alternative to incarceration and solves the issues of program inconsistency. It also provides mandates for treatment providers, which include using techniques that are effective and validated. A sex offender program of the magnitude posited will ensure all sex offenders receive evidenced based treatment, thus making the community safer.
VII. REFERENCES


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