Sex Offender Needs: Recommendations for a Successful Re-Entry Program

A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin – Platteville

In Partial Fulfillment

Of the Requirement for the Degree

Master of Science in Criminal Justice

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Spring 2015
Acknowledgements

Completing this master criminal Justice is bittersweet for me. I started this program in the fall of 2008. I took classes through spring of 2009 and then life got busy. I had a beautiful daughter, so I took a few years off. I started back with the program in summer of 2013. I knew I needed to finish the program for myself, for my daughter, and for my mom. Unfortunately my mom passed away in the fall of 2013. She always told me “education is something that can never be taken away from you” and this has always stuck with me. My mother was involved in early childhood, she was administrator for the public school system, and when she ‘retired’ she went on to teach college classes. She knew the importance of having an education. Completion of this program is bittersweet as I would love for her to be there watching me graduate. So, this is for you mom. I did it...finally!

Thank you to all the instructors that I had the opportunity to work with at University of Wisconsin - Platteville. The online learning environment is difficult, as the face-to-face interaction isn’t with the program in summer of 2013. I knew I needed to fying thoughtful assignments and discussion topics, and most of all for interacting in the discussions. I would also like to thank my fellow classmates. Thank you for sharing your life experiences, thank you for commenting on discussions and assignments, thank you for opening up to people you have never met. This interaction is what makes the online learning environment work. And as a bonus, I have made some great friends. A special thank you to Dr. Susan Hilal and her guidance through this final passage here at UWP.
Abstract

Sex Offender Needs: Recommendations for a Successful Re-Entry Program

Alicia Sturges

Under the Supervision of Dr. Susan Hilal

Statement of the Problem

Sex offenses have very much been a crime of public concern, and rightfully so. Of the roughly 1.5 million individuals incarcerated in state and federal prisons throughout the United States, it is estimated that approximately 150,000 are imprisoned for a sex offense conviction – 40% for rape, and 60% for other sexual assaults such as lewd acts with children, fondling, molestation, statutory rape, indecent practices, and other related offenses (Center for Sex Offender Management, 2007).

Sex offender recidivism can be difficult to measure. One can measure the recidivism rate by monitoring whether or not a convicted sex offender gets arrested for another sex crime. However, it is more difficult to monitor whether or not a sex offender is engaging in criminal acts if (s)he does not get caught. Reliance on measures of recidivism reflected through official criminal justice system data obviously omit offenses that are not cleared through an arrest or those that are never reported to the police, this distinction is critical in the measurement of recidivism of sex offenders (Center for Sex Offender Management, 2001). It is for these reasons a comprehensive, beneficial, and working re-entry program specifically tailored to sex offenders needs to be implemented prior to release from incarceration.
Methods of Approach

Information for this paper was collected from various sources, mainly gathered through qualitative and quantitative review of secondary sources. These sources include, but are not limited to: accredited journals, textbooks, agency websites, government reports, and on-line documentation of sources from .gov or.org sites. The key components of successful sex offender re-entry programs are compiled in order to provide accurate recommendations for the creation of a national sex offender re-entry program. Theoretical framework is introduced which will help to explain why certain adults engage in sex offenses. Biological occurrences, rational choice theory, and social learning theories are used to explain ones involvement in this type of deviant sexual behavior.

Findings

The findings of this research highlight what appears to be the most beneficial when it comes to the release planning, treatment, and supervision of the sex offender population. Despite the numerous studies into methods of treatment, there is no concrete, uniform, agreed upon approach. Recommendations in this research focus on the implementation of a uniform sex offender re-entry program. The recommended sex offender program will include treatment while in custody, the implementation of sex offender management programs, thorough and detailed release plans, and the modification of the sex offender registry. The program will be able to be used on local, state, and federal levels across the country. All recommendations made are geared towards a more successful partnership between all entities of the criminal justice system, the sex offender population, and the communities in which we reside.
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Section I - Introduction

Statement of the Problem

Sex offenses have very much been a crime of public concern, and rightfully so. People check sex offender registries before purchasing a home, people harbor negative feelings towards sex offenders, and there is generally a feeling of fear when learning about a convicted sex offender. Of the roughly 1.5 million individuals incarcerated in state and federal prisons throughout the United States, it is estimated that approximately 150,000 are imprisoned for a sex offense conviction have very much been a crime of public concern, and rightfully so. People check sex offender registries before purchasing a home, people harbor negative feelings toward Sex Offender Management, 2007). For any offender, successful reentry is always a challenging endeavor, but with sex offenders specifically, several unique dynamics and barriers make the transition even more difficult. Furthermore, the proliferation of legislation that specifically targets the sex offender population – including longer minimum mandatory sentences for certain sex crimes, expanded registration and community notification policies, and the creation of “sex offender free” zones that restrict residency, employment, or travel within prescribed areas in many communities – can inadvertently, but significantly hamper reintegration efforts (Center for Sex Offender Management, 2007).

Sex offender recidivism can be difficult to measure. One can measure the recidivism rate by monitoring whether or not a convicted sex offender gets arrested for another sex crime. However, it is more difficult to monitor whether or not a sex offender is engaging in criminal acts if (s)he does not get caught. Reliance on measures of recidivism as reflected through official criminal justice system data obviously omit offenses that are not cleared through an arrest or those that are never reported to the police, this distinction is critical in the measurement
of recidivism of sex offenders (Center for Sex Offender Management, 2001). It is for these reasons a comprehensive, beneficial, and working re-entry program specifically tailored to sex offenders needs to be implemented prior to release from incarceration.

**Purpose of Research**

The primary purpose of this paper is to provide recommendations for a comprehensive re-entry program specifically designed for sex offenders. Current sex offender re-entry programs from across the United States will be analyzed in order to determine what aspects of the programs are most beneficial to the sex offender population and therefore, should be implemented nationwide.

**Method of Approach**

Information for this paper comes from various sources, mainly gathered through qualitative and quantitative review of secondary sources. These sources include, but are not limited to: accredited journals, textbooks, agency websites, government reports, and on-line documentation of sources from .gov or .org sites. The key components of successful sex offender re-entry programs are compiled in order to provide accurate recommendations for the creation of a national sex offender re-entry program. Theoretical framework is introduced which will help to explain why certain adults engage in sex offenses. Biological occurrences, rational choice theory, and social learning theories are used to explain ones involvement in this type of deviant sexual behavior.

**Significance of Research**

Upon release from prison, sex offenders have different requirements than that of other types of offenders. Generally speaking, sex offenders in the United States are required to
register with law enforcement of any state, locality, territory, or tribe within which they reside, work, and attend school (Harrison & Beck, 2006). Each state has its own distinct sex offender registration and notification system. For example, in Illinois, the Illinois State Police maintains the statewide Sex Offender Database whereby a sex offender must register in person annually for a period of 10 years (Illinois State Police, 2015). The 10-year registration period starts upon conviction for those offenders sentenced to probation (Illinois State Police, 2015). Those offenders sentenced to the Illinois Department of Corrections, another state's department of corrections, or federal corrections must register for 10 years from final parole, discharge, or release (Illinois State Police, 2015). Furthermore, offenders classified as a sexual predator must register annually for his/her natural life. Re-entry can be a difficult time for any offender, but the unique requirements of a sex offender can make this time more difficult. The key to a successful re-entry is to provide the offender with various tools, resources, and support in order to assimilate into the community and not re-offend.

Limitations

The first limitation of this research project is in regards to statistical information. Although inmate statistics are compiled and available, specific information like the actual statute or crime committed for each offense is unavailable. Offense characteristics are generalized as either ‘sex offenses’ in the Bureau of Prisons (federal) database, or ‘rape/sexual assault’ in the Bureau of Justice Statistics (state) database. It was also difficult to locate information regarding the number of sex offenders released each year.

The second limitation is due to time constraints. More time would have allowed the usage of a human subjects committee. The use of human subjects would have been able to give a first-hand account of sex offender programs and their effects from offender’s perspective.
The third limitation comes from the fact that a sex offender is only supervised as long as the judge orders. Studies and available data account for the time an offender is incarcerated or on supervision but not beyond their release. The effect of sex offender treatment and programs is unknown once the offender is discharged from supervision. There is no available research concerning offenders actions once supervision has been terminated. This information would be valuable in measuring the true effectiveness of treatment.
Section II - Literature Review

The following literature review is divided into three sections. The first section will look at current sex offender legislation. Next, the impact of proper release planning will be discussed. The third section will look at the various methods of treatment options for sex offenders. The pros and cons for each treatment model will also be discussed. And lastly, the final section will explore each of these models of treatment and how they correlate to the recidivism rate of sex offenders.

Legislation

Laws related to sex offenders were created to ensure the future safety of the public as well as to establish a minimum sentencing guideline for offenders who have been convicted of a sex crime. These laws include: the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, the Pam Lychner Sex Offender Tracking and Identification Act, Megan’s Law, the Protection of Children from Sexual Predators Act, the Campus Crimes Prevention Act, Prosecutorial Tools and Other Tools to end the Exploitation of Children Today (PROTECT), the Adam Walsh Child Protection and Safety Act, and the Sex Offender Registration and Notification Act.

*Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act.*

In 1994, the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act established the first set of minimum standards for registration. It specifically established guidelines for states to track sex offenders by confirming their place of residence annually for ten years after their release into the community, or quarterly for the rest of their lives if the sex offender was convicted of a violent sex crime (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART), n.d.).
Megan’s Law.

Two years later, in 1996, “Megan’s Law” was passed as a set of minimum standards for community notification (U.S. Department of Justice, 2012). Megan’s Law provided for the public dissemination of information from states’ sex offender registries; provided that information collected under state registration programs could be disclosed for any purpose permitted under a state law; and required state and local law enforcement agencies to release relevant information necessary to protect the public about persons registered under a State registration program established under the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (SMART, n.d.).

Pam Lychner Sex Offender Tracking and Identification Act.

Also enacted in 1996, the Pam Lychner Sex Offender Tracking and Identification Act. This act required the Attorney General to establish a national database (the National Sex Offender Registry or ‘NSOR’) by which the FBI could track certain sex offenders (SMART, n.d.). This law also mandated certain sex offenders living in a state without a minimally sufficient sex offender registry program to register with the FBI, required the FBI to periodically verify the addresses of the sex offenders to whom the Act pertains, allowed for the dissemination of information collected by the FBI necessary to protect the public to federal, state and local officials responsible for law enforcement activities or for running background checks pursuant to the National Child Protection Act, and set forth provisions relating to notification of the FBI and state agencies when a certain sex offender moved to another state (SMART, n.d.).

Jacob Wetterling Improvements Act.

In 1997, the Jacob Wetterling Improvements Act was passed to amend provisions of the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, the
Pam Lychner Sex Offender Tracking and Identification Act, and other federal statutes (SMART, n.d.). It changed the way in which state courts make a determination about whether a convicted sex offender should be considered a sexually violent offender to include the opinions not just of sex offender behavior and treatment experts but also of victims’ rights advocates and law enforcement representatives; allowed a state to impart the responsibilities of notification, registration, and FBI notification to a state agency beyond each state’s law enforcement agency, if the state so chose; required registered offenders who change their state of residence to register under the new state’s laws; required registered offenders to register in the states where they worked or went to school if those states were different from their state of residence; directed states to participate in the National Sex Offender Registry, required each state to set up procedures for registering out-of-state offenders, federal offenders, offenders sentenced by court martial, and non-resident offenders crossing the border to work or attend school; allowed states the discretion to register individuals who committed offenses that did not include Wetterling’s definition of registerable offenses; required the Bureau of Prisons to notify state agencies of released or paroled federal offenders, and required the Secretary of Defense to track and ensure registration compliance of offenders with certain UCMJ (United States Code of Military Justice) convictions (SMART, n.d.).

**Protection of Children from Sexual Predators Act.**

In 1998 the Protection of Children from Sexual Predators Act was passed. This act directed the Bureau of Justice Assistance (BJA) to carry out the Sex Offender Management Assistance (SOMA) program to help eligible states comply with registration requirements, and prohibited federal funding to programs that gave federal prisoners access to the internet without supervision (SMART, n.d.).
The Campus Sex Crimes Prevention Act was passed in 2000 as part of the Victims of Trafficking and Violence Protection Act. The Campus Sex Crimes Prevention Act required any person who was obligated to register in a state's sex offender registry to notify the institution of higher education at which the sex offender worked or was a student of his or her status as a sex offender; and to notify the same institution if there was any change in his or her enrollment or employment status (SMART, n.d.). It also required that the information collected as a result of this Act be reported promptly to local law enforcement and entered promptly into the appropriate state record systems, and amended the Higher Education Act of 1965 to require institutions obligated to disclose campus security policy and campus crime statistics to also provide notice of how information concerning registered sex offenders could be obtained (SMART, n.d.).

**Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today Act.**

In 2003, the Prosecutorial Remedies and Other Tools to end the Exploitation of Children Today (PROTECT) Act was established. This Act required states to maintain a web site containing registry information, and required the Department of Justice to maintain a web site with links to each state’s web site, and authorized appropriations to help defray state costs for compliance with new sex offender registration provisions (SMART, n.d.).

**Adam Walsh Child Protection and Safety Act.**

The Adam Walsh Child Protection and Safety Act was signed into law in 2006, as a result of the 1981 kidnapping and murder of 6 year old Adam Walsh. This law created the following: a new baseline standard for jurisdictions to implement regarding sex offender registration and notification; expanded the definition of “jurisdiction” to include 212 federally-recognized Indian Tribes, of whom 197 have elected to stand up their own sex offender registration and notification systems; expanded the number of sex offenses that must be captured
by registration jurisdictions to include all State, Territory, Tribal, Federal, and UCMJ sex offense convictions, as well as certain foreign convictions; created the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART Office) within the Department of Justice, Office of Justice Programs, to administer the standards for sex offender notification and registration; administer the grant programs authorized by the Adam Walsh Act, and coordinate related training and technical assistance; established a Sex Offender Management Assistance (SOMA) program within the Justice Department; created the Applicability of the Sex Offender Registration and Notification Act in order to specify that SORNA’s registration requirements are retroactive; and developed the Keeping the Internet Devoid of Predators Act (KIDS Act), which amended SORNA to require registration jurisdictions to register Internet Identifiers, and exempted Internet Identifiers from disclosure on any registration jurisdiction’s public sex offender registry website (SMART, n.d.).

*Sex Offender Registration and Notification Act.*

SORNA refers to the Sex Offender Registration and Notification Act which is Title I of the Adam Walsh Child Protection and Safety Act of 2006 (SMART, n.d.). Once convicted of a sex offense, or non-parental kidnapping of a minor, offenders are required to register with law enforcement of any state, locality, territory, or tribe within which they reside, work, and attend school (U.S. Department of Justice, 2012). SORNA requires jurisdictions submit offender registration information to the National Sex Offender Registry (NSOR), and to submit fingerprints to the Integrated Automated Fingerprint Identification System (IAFIS), palm prints to the National Palm Print System (NPPS), and offender DNA to the Combined DNA Index System (CODIS) (U.S. Department of Justice, 2012).
Additionally, SORNA extends the jurisdictions in which registration is required beyond the 50 states, the District of Columbia, and the principal U.S. territories, to include also federally recognized Indian tribes; incorporates a more comprehensive group of sex offenders and sex offenses for which registration is required; requires registered sex offenders to register and keep their registration current in each jurisdiction in which they reside, work, or go to school; requires sex offenders to provide more extensive registration information; requires sex offenders to make periodic in-person appearances to verify and update their registration information; expands the amount of information available to the public regarding registered sex offenders; and makes changes in the required minimum duration of registration for sex offenders.

For example, in the state of Illinois, all convicted sex offenders are required to register with the chief of police in the municipality, or the sheriff of the county in which he or she resides or is temporarily domiciled for a period of time of 3 or more days, unless the municipality is the City of Chicago, in which case he or she shall register at the Chicago Police Department Headquarters, and with the public safety or security director of the institution of high education which he or she is employed at or attends (Illinois Penal Code 730 ILCS 150/3). Registration as required by this Article shall consist of a statement in writing signed by the person giving the information that is required by the Department of State Police, which may include the fingerprints and must include a current photograph of the person, to be updated annually (Illinois Penal Code 730 ILCS 150/8). If the sex offender is convicted of a sex crime against a minor, he or she shall sign a statement that he or she understands that according to Illinois law as a child sex offender he or she may not reside within 500 feet of a school, park, or playground (Illinois Penal Code 730 ILCS 150/8). The offender may also not reside within 500 feet of a facility providing services directed exclusively toward persons under 18 years of age unless the sex
offender meets specified exemptions (Illinois Penal Code 730 ILCS 150/8). The registration information must include whether the person is a sex offender as defined in the Sex Offender Community Notification Law (Illinois Penal Code 730 ILCS 150/8). Within 3 days, the registering law enforcement agency shall forward any required information to the Department of State Police (Illinois Penal Code 730 ILCS 150/8). The registering law enforcement agency shall enter the information into the Law Enforcement Agencies Data System (LEADS) as provided in Sections 6 and 7 of the Intergovernmental Missing Child Recovery Act of 1984 (Illinois Penal Code 730 ILCS 150/8).

**Sex Offender Registries**

While the public likes to be informed about a sex offender living in their community, research shows that communities are not protecting themselves any differently than they were prior to the implementation of the sex offender registry (Madden, et al., 2011). Most arguments supporting sex offender registries emphasize the assumed improvement of public safety, particularly the protection of children (Connor, et al., 2011). Internet databases reveal the identity of sex offenders to the community; supporters of criminal registries maintain that this information reduces the opportunity for recidivism (Connor, et al., 2011). Due to the public nature of the sex offender database, the registry itself and community notification have been effective in assisting with more rapid arrests of sex offenders (Combs, 2011).

On the other hand, empirical evaluations suggest little or no effect of registration and community notification on recidivism rates (Connor, et al., 2011). Research has indicated that current sex offender policies are no more effective at preventing sex offenders from committing subsequent sex offenses than previous policies not requiring notification (Madden, et al., 2011).
The challenges offenders face when reentering the community after release from prison have been well documented in research articles, news headlines, and the popular media (Willis & Grace, 2009). Without a doubt, the community re-entry process presents several stressors for sex offenders (Willis & Johnston, 2012). One of these stressors is the sex offender registry and community notification. Although designed as a means of increasing awareness within the public, sex offender registration and community notification have unintended effects on sex offenders (Center for Sex Offender Management, 2007). Members of the public may harbor feelings of fear, resentment, and hostility towards registered sex offenders, and also may place undue scrutiny and stigma upon the family of the offender. Community members may protest against group housing efforts put together by treatment providers and drive convicted sex offenders out of their neighborhood. These types of actions are extremely detrimental to the offender and his/her family. The offender may have feelings of anxiety related to going out in public because of a fear of being recognized (Willis & Johnston, 2012). Due to residency restrictions, families may be uprooted from their long time homes in order to move to an approved residence. Another unintended consequence of sex offender registration and notification is that it is expensive (Maddan, et al., 2011). Offenders are faced with the expenses of finding or relocating to an acceptable residence, securing and maintaining employment (or lack of), and the overall cost of sex offender registration.

Sex offenders coming out of the institution are not the only ones faced with incurring costs of the registration programs set up in their location. Costs can also be incurred at the state level, for example, if states do not comply with the Sex Offender Registration and Notification Act (SORNA), they will lose 10 percent of their Byrne law enforcement assistance grants
(Lyons, 2011). In Texas, state officials estimated it would cost $38.7 million to comply, and would lose about $1.4 billion in Byrne funds if it refused (Lyons, 2011).

While the studies on the efficacy of sex offender registration and notification policies are limited, the results seem to indicate that the public and law enforcement officials like the policy, but the policy itself seems to have no meaningful influence on sex offender recidivism (Maddan, et al., 2011). Research shows that communities are not protecting themselves any differently than they were prior to the implementation of the sex offender registry (Maddan, et al., 2011). Empirical evaluations suggest little or no effect of registration and community notification on recidivism rates (Connor, et al., 2011).

A 2011 study examined the effect of sex offender notification policies on sex offender recidivism patterns in the State of Arkansas (Maddan, et al., 2011). The findings of the research indicate that current sex offender policies are no more effective at preventing sex offenders from committing subsequent sex offenses than previous policies not requiring notification (Maddan, et al., 2011). It is noted that some states are pushing to include more offenses in a registry database. If sex offender registration and notification laws are not effective at controlling recidivism, and they create the unintended consequences expressed above, extending these requirements to other crimes only increases the problems of the criminal justice system while achieving no real reduction in crime (Maddan, et al., 2011). Despite these findings, general public approval for sex offender registries and community notification remains, and a belief that most sex offenders will offend again continues to be prevalent (Connor, et al., 2011).

**Release Planning**

Facilitating successful reentry is always a challenging endeavor, but with sex offenders several unique dynamics and barriers make that transition even more difficult (Bumby, Talbot, &
Carter, 2007). When it comes to the transition of sex offenders from prisons to the community, over one third of new arrests for any new crimes take place within the first six months of release, and by the end of that first year, well over half of all new arrests had already occurred (Bumby, et al., 2007). The process of sex offender release planning includes many facets, including such things as securing housing and employment, maintaining pro-social support networks, addressing drug and alcohol abuse, and other mental and physical health problems (Willis & Grace, 2009). Overall, positive reentry experiences appear to contribute to reductions in sex offender recidivism (Willis & Johnston, 2012). Positive reentry experiences are also associated with the attainment of personal values in ways that do not harm others, and it leads to the minimization of triggering events which reduces the incidence of acute dynamic risk factors (Willis & Johnston, 2012).

**Treatment and Release Planning in the Institution**

Sex offender treatment begins while incarcerated. Treatment programs are found on county, state, and federal levels. The Federal Bureau of Prisons (BOP) has established the Sex Offender Treatment and Management Services. The program objectives are as follows: to establish treatment programs that provide sexual offenders in BOP institutions the opportunity to change behaviors, thereby reducing criminality and recidivism; specialized correctional management practices to address behavior that indicates increased risk for sexual offenses upon release; evaluation services to appraise risk of sexual offenses upon release and provide recommendations for effective reintegration into the community; and transition services for sexual offenders releasing into the community (Federal Bureau of Prisons, 2013).

**Sex Offender Management Programs.** Sex Offender Management Programs (SOMP) are provided at designated institutions to assist in the effective management of the BOP’s population
of sexual offenders and to provide services that minimized this population’s risk for sexual re-offense (Federal Bureau of Prisons, 2013). A primary goal of SOMP institutions is to reduce the need to place sexual offenders in protective custody, and to create an institution climate conducive to voluntary participation in treatment (Federal Bureau of Prisons, 2013). Out of 121 total institutions, there are currently nine locations in the Bureau of Prisons where sex offender treatment programs are offered. The Bureau of Prisons offers sex offender treatment to offenders with a history of sexual offending and who volunteer for treatment (Federal Bureau of Prisons, 2013). There are two levels of treatment intensity: residential and non-residential, and eligibility for participation in a treatment program depends on an offender’s evaluated risk of future sexual offending (Federal Bureau of Prisons, 2013). Residential treatment is recommended for higher risk offenders and it involves high intensity programming for a period of 12 to 18 months, five days a week (Federal Bureau of Prisons, 2013). Participants benefit from a therapeutic community on a residential housing unit where they work to reduce their risk of future offending (Federal Bureau of Prisons, 2013). Non-Residential treatment is recommended for lower risk offenders, is 9-12 months in length, and consists of outpatient groups meeting 2-3 times per week for several hours (Federal Bureau of Prisons, 2013). This moderate intensity program is offered at several institutions. Participants learn basic skills and concepts to help them understand their past offenses and to reduce risk of future offending (Federal Bureau of Prisons, 2013).

Within 30 days of arrival at a SOMP institution, inmates with sexual offense histories will be interviewed by a SOMP Psychologist or Treatment Specialist (Federal Bureau of Prisons, 2013). This assessment will include a brief review of sexual offense history, a summary of risk classification based on actuarial instruments, a summary of any other relevant risk or clinical
data, and recommendations for sex offender treatment or specialized correctional management (Federal Bureau of Prisons, 2013). Within 12 months of release or transfer to a residential reentry center (RRC), a discharge evaluation is completed. Discharge evaluations are risk assessments performed on releasing sexual offenders with significant risk management issues (Federal Bureau of Prisons, 2013). This discharge evaluation is sent to either the RRC or the United States Probation Officer at least 30 days prior to the inmates release from BOP custody.

The Illinois Department of Corrections holds their Sex Offender Program (SOP) at the Big Muddy River Correctional Center (BMRCC). The SOP includes the Sexually Dangerous Person Program as well as the Volunteer Sex Offender Program. The Sexually Dangerous Person (SDP) Program addresses treatment for individuals civilly committed per the Sexually Dangerous Persons Act (725 ILSC 205) with custody given by statute to the Illinois Department of Corrections (Williams-Schafer, n.d.). The Volunteer Sex Offender (VSO) Program addresses the treatment for time-sentenced individuals convicted and incarcerated for sexual crime who volunteer for the treatment program (Williams-Schafer, n.d.). All sex offender program staff are licensed as SOMB Sex Offender Treatment Providers and/or Evaluators (Williams-Schafer, n.d.). Inmates are provided with cognitive based basic or advanced group therapy, along with didactic modules on a variety of themes (Williams-Schafer, n.d.). The treatment philosophy is evidence based, gearing towards the risk-needs-responsivity (RNR) model. The SOP has adopted “C.A.R.E.” as a treatment assessment acronym, which stands for commitment, accountability, remorse, and emotional/behavioral regulation (Williams-Schafer, n.d.).

The primary treatment modality is the group setting with both staff and peer-led group sessions; including 16 staff led groups per week, 2 staff led didactic groups per week, and 9 peer led groups per week (Williams-Schafer, n.d.). The program provides treatment/therapy groups,
which encourage individuals to address and resolve issues specific to their treatment process; and peer groups which include orientation (educate offenders about treatment), life history (offenders begin to tell their life story, access and identify relevant topics that need to be explored therapeutically, and become more accustomed to speaking in a group about private topics), relapse prevention (identify and use interventions to neutralize disowning behaviors, understanding the precursors of the offending pattern, identifying triggers for both high and low risk situations, identifying relapse cues, and exploring development of interventions based on offense patterns), cycle groups, social skills, current issues, and money management. Other staff and peer led groups include victim empathy, peer study groups, and rational emotive behavior therapy (Williams-Schafer, n.d.).

**Sex Offender Treatment Methods**

In the broadest sense, the primary goals of sex offender treatment are for individuals to take responsibility for their behaviors, develop the necessary skills and techniques that will prevent them from engaging in sexually abusive and other harmful behaviors in the future, and lead a productive and pro-social life (Bumby, 2006). Treatment practices range from individual therapy, group therapy, cognitive-behavioral treatment, implementation of the good lives model (GLM) (discussed in the next section), the risk-needs-responsivity (RNR) model (discussed in the next section), and high intensity inpatient treatment programs (discussed in the next section). At present, most programs for adult and juvenile male sex offenders report using cognitive behavioral and relapse prevention models as the foundation of treatment (Bumby, 2006).

Increased public knowledge of sex offenders and their presence in the community, as well as the growth of responses to sex offenses, has prompted the development of treatment programs designed specifically for those convicted of sex offenses (Connor, Copes,
&Tewksbury, 2011). The assessment and treatment of sexual offenders is an extremely important mandate served by correctional, forensic mental health, and criminal justice systems worldwide in order to reduce future sexual victimization, promote safer communities, and reduce the fiscal costs associated with re-incarceration from repeat offending (Olver & Wong, 2013). Over the years there have been many types of treatment methods applied to sex offenders. The basic idea of treatment can be 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 (Bumby, 2006). Those convicted of a sex offense are not given the option of whether or not to attend treatment, it is ordered by the court. This makes the treatment approach and methods a bit different than traditional because it is not driven by internal motivation. The manner by which treatment goals are determined often differs from other contexts (Bumby, 2006). Many of the broad goals of sex offender treatment are pre-determined; addressing denial, identifying and managing risk factors, enhancing empathy for victims, and developing pro-social skills (Bumby, 2006). The issue of confidentiality between therapist and patient is also breached when it comes to sex offender treatment. Due to the nature of the offense, and the routine involvement of the courts and multiple agencies often necessitates collaboration and critical information sharing in order to support accountability, enhance management strategies, and ultimately promote public safety (Bumby, 2006).

**Therapeutic Community Programs**

Therapeutic community programs, which emphasize group support in facilitating behavior change, have been shown to exert a beneficial effect on sex offender recidivism (Daly, 2008). It is also noted that sex offenders who participated in their prison-based therapeutic community programs were significantly less likely than sex offenders who did not participate in
the program to recidivate across a number of measures (Daly, 2008). A Colorado study found that longer periods of treatment in a therapeutic community led to lower recidivism rates upon release (Daly, 2008). A Canadian study set out to assess treatment change at both the group level and the individual level (Nunes, Babchishin, & Cortoni, 2011). Nunes and his colleagues found that generally, the results from the group-level analyses were more positive than those from the individual-level analyses. However, it is worth noting that individual-level analyses did indicate a modest gain in participants showing reliable change and reaching functional levels at post treatment.

Cognitive Behavioral Treatment

Cognitive behavioral treatment (CBT) models center around understanding the inter-relationship between thoughts, feelings, and behaviors, their impact on one’s conduct, and then developing more healthy thinking patterns and appropriate ways of managing emotions (Bumby, 2006). Cognitive behavior models believe the offender is a rational actor, with the potential to regulate his thoughts and thereby control his behavior, which is the ultimate goal of correctional intervention (Friestad, 2012). As previously mentioned, the primary goals of sex offender treatment are for individuals to take responsibility for their behaviors, develop the necessary skills and techniques that will prevent them from engaging in sexually abusive and other harmful behaviors in the future, and lead productive and pro-social lives (Bumby, 2006). It is critical to identify the risk factors or triggers that are associated with an individual’s sexually abusive behaviors and subsequently develop healthy coping skills to address those risk factors (Bumby, 2006). Researchers have identified the following risk factors that are associated with recidivism in sex offenders: deviant sexual arousal, interests, or preferences; sexual preoccupation; pervasive anger or hostility; emotional management difficulties; self-regulation difficulties, or
impulsivity; an antisocial orientation; pro-offending attitudes, or cognitive distortions; and intimacy deficits and conflicts in intimate relationships (Bumby, 2006). Cognitive behavioral therapy ideas can be applied to low-, moderate-, and high-risk offenders. Quantitative reviews seem to support the efficacy of treatment for reducing sexual offense recidivism and larger treatment effects have been reported for evidence-based interventions, such as cognitive-behavioral (Olver, Wong, & Nicholaichuk, 2009).

The prominent CBT model in the sexual offending area is that of relapse prevention (Ward & Gannon, 2006). This approach to treating offenders focuses on the management of dynamic risk factors, and aspects of the offender and his situation that predict reoffending (Ward & Gannon, 2006). Dynamic risk factors are those that have been associated with criminogenetic needs and are potentially malleable (Grady, Brodersen, & Abramson, 2011). The goal of relapse prevention is to help offenders understand their offense process and cope with the situational and psychological factors that place them at risk for reoffending (Ward & Gannon, 2006).

Two meta-analytic reviews of the sex offender treatment outcome show that providing treatment, specifically comprehensive CBT, to sex offenders reduces recidivism (Schaffer, Jeglic, Moster, & Wnuk, 2010). Additional evidence has been garnered suggesting that CBT reduces reoffending behavior over the long-term and that CBT proves a cost-effective means of curbing reoffending behavior (Schaffer, et al., 2010).

**Good Lives Model**

The good lives model (GLM) is a strengths based approach to offender rehabilitation which treatment aims to equip offenders with the skills and resources necessary to satisfy primary goods, or basic human values, in personally meaningful and socially acceptable ways (Willis & Ward, 2011). A core underlying and assumption of the GLM is that humans, by nature,
seek out experiences consistent with their personal values, and experience high levels of well-being in so doing (Willis & Ward, 2011). The aim of treatment according to the GLM is the promotion of primary goods or human needs that, once met, enhance psychological well-being (Willis & Ward, 2011). Ward and Gannon (2006) proposed the following 10 classes of primary goods: life, knowledge, excellence in play and work, excellence in agency, inner peace, friendship, community, spirituality, happiness, and creativity. Instrumental, or secondary, goods provide concrete means of securing primary goods and take the form of approach goals (Willis & Ward, 2011). Based on the GLM, criminal behavior results from attempts to secure primary goods using inappropriate secondary goods; accordingly, a core component of GLM-based treatment is the formulation of socially acceptable secondary goods (Willis & Ward, 2011). In applying the GLM, assessment begins with mapping out an offender’s good lives conceptualization by identifying the weightings given to the various primary goods (Willis & Ward, 2011). Once an offender’s conceptualization of what constitutes a good life is understood, future-oriented secondary goals aimed at satisfying an offender’s primary goods in socially acceptable ways are formulated collaboratively with the offender and translated into a good lives treatment plan (Willis & Ward, 2011). Treatment is individualized for each offender, to meet their particular needs.

Research on the good lives model (GLM) has shown positive results. Increasing attention and resources which promote strengths and release planning in sex offender treatment programs is likely to contribute toward reductions in recidivism (Scoones, Willis, & Grace, 2011). The GLM’s attention to the social ecology of offenders as well as its focus on offenders’ values and life priorities provide a positive and worthwhile treatment experience for sex offenders. Study participants have endorsed GLM’s use of primary goods as high importance,
supporting the premise that the GLM primary goods represent a set of universally sought-after human values (Willis & Ward, 2011). The GLM’s use of secondary goods has also been shown to serve as a protective factor against any type of recidivism for released sex offenders (Willis & Ward, 2011).

**Risk-Needs-Responsivity Model**

The underlying assumption of the risk-needs-responsivity (RNR) model is that offenders are bearers of risk for recidivism, and thus the primary aim of rehabilitation is to reduce this risk through adherence to the empirically derived RNR principles (Willis & Ward, 2011). The risk aspect of the RNR model states treatment levels are designed to address the level of risk associated with any particular offender. Criminal behavior can be predicted and intervention intensity should be matched to an offender the level of risk associated with extensive and extensive interventions being targeted at high-risk offenders while minimal or no interventions are targeted at offenders identified as low risk (Fortune, et al., 2012). The needs principle directs treatment to reduce the criminogenic needs for an offender. Interventions should target an offender to reduce the criminogenic needs (Fortune, et al., 2012). Criminogenic needs are identified as factors which are directly related to offending, for a given individual, and are changeable and should be immediately targeted through intervention (Bonta & Andrews, 2010). These dynamic risk factors/criminogenic needs include antisocial associates, antisocial personality pattern, aggression and pleasure seeking, and pro-criminal attitudes (Bonta & Andrews, 2010). In the case of sexual offending examples of dynamic risk factors include deviant sexual interests, intimacy deficits, and poor self-regulation skills (Fortune, et al., 2012). Lastly, the responsivity principle informs the actual delivery of interventions in order to maximize their efficacy (Willis & Ward, 2011). This also includes considering an offenders cognitive ability, personality
profile, culture, and other characteristics of individual offenders, and delivering treatment accordingly (Fortune, et al., 2012). The RNR model is a strong proponent of structured cognitive behavior therapy treatment. For groups such as sex offenders, structured cognitive behavior therapy interventions have found empirical support (e.g., Hanson, Gordon, Harris, Marques, Murphy, Quinsey, 2002) as the best treatment currently available (Fortune, et al., 2012).

The RNR model has been most criticized for its failure to motivate and engage offenders in the rehabilitation process (Fortune, Ward, & Willis, 2012). On top of that, treatment providers have found it difficult to adhere to the risk principle, which in turn defeats the goal of RNR (Fortune, et al., 2012). Essentially, RNR expects behavioral change by simply asking offenders to avoid activities in the past that have been rewarding (Willis & Ward, 2011). This is not to say the RNR model is completely useless, as some meta-analyses have found support for the efficacy of RNR-based treatment programs in reducing recidivism amongst general and sexual offenders (Fortune, et al., 2012).

**Pharmacological Approach**

The pharmacological approach is based upon the use of medication to reduce sexual arousal (Bynum, Carter, Matson, & Onley, 2001). A number of hormonal agents have been introduced as pharmacological treatments for reducing testosterone and sexual drive in individuals with paraphilias and/or who have engaged sexually abusive behaviors (Association for the Treatment of Sexual Abusers, 2012). Because testosterone is associated with sexual arousal, the use of these agents generally results in a reduction of sexual arousal, which is assumed to also reduce the motivation for sexually offending individuals (Association for the Treatment of Sexual Abusers, 2012). Various pharmacological agents can be used to achieve chemical castration; these include medroxyprogesterone acetate (MPA), cyproterone acetate
(CPA), and luteinizing-hormone-releasing (LHRH) agonists (Kutcher, 2010). MPA is the most commonly used and is also known as the contraceptive drug Depo-Provera. On September 17, 1996, California became the first state to enact a law subjecting child molesters to chemical castration (Bund, 1997). California. 17, 1996, California became the first state to enact a law subjecting child molmedroxyprogesterone acetate as a condition of parole (Bund, 1997). Florida, Georgia, Louisiana, Oregon, Montana, and Wisconsin followed California's lead and now allow treatment as punishment for certain sexual offenses (Norman-Eady, 2006). Florida, like California, makes treatment mandatory for repeat offenders (Norman-Eady, 2006). In all of these states treatment is a condition of release from custody and generally starts before the offender is released (Norman-Eady, 2006). In Louisiana, treatment is also a condition of sentence reduction or suspension (Norman-Eady, 2006). Castration laws in California, Georgia, Louisiana, Montana, and Wisconsin only apply to offenders convicted of sex offenses against minors (Norman-Eady, 2006). California, Florida, and Louisiana allow offenders who may or must undergo treatment to opt for surgical castration (Norman-Eady, 2006). Texas is the only state that currently allows certain repeat offenders to elect surgical castration without a treatment option (Norman-Eady, 2006). A bill out of Oklahoma that would have allowed the chemical castration of violent sex offenders failed to pass out of a state Senate committee in February of 2015 (Brewer, 2015).

The use of pharmaceuticals in the treatment of sex offenders has been shown to assist in reducing recidivism. The administration of pharmacological treatments along with other therapeutic treatment modalities, most commonly cognitive behavior based treatments, and involvement in community based interventions and supervised probation or parole show promise as one significant aspect of sex offender management (Association for the Treatment of Sexual
Abusers, 2012). The use of selective serotonin reuptake inhibitors (SSRI) has shown a response rate of 50% to 90% (Booth, 2009). It is noted that the use of SSRI reuptake inhibitor in low risk sex offenders. Androgen deprivation treatment (ADT), commonly called chemical castration, has been employed as a supportive measure in addition to psychotherapy for treatment of sex offenders (Koo, et al., 2013). A Korean study found that the use of ADT reduced sexual drive and fantasy (Koo, et al., 2013). These findings support the notion that the reduction in levels of testosterone will result in lower rates of recidivism in sex offenders.

**Conclusion of Treatment Methods and Effects of Treatment**

Generalizing from the results on sex offender recidivism is difficult because of the variety of outcome measures used to define recidivism, and also due to the fact that many studies rely on only a single outcome measure (Bench & Allen, 2013). Reliance on measures of recidivism as reflected through official criminal justice system data omit offenses that are not cleared through an arrest or those that are never reported to the police (Bynum, 2001). The goal of any sex offender treatment is to reduce the risk of recidivism. Analyses (Alexander, 1999; Hall, 1995; Marshall & Pithers, 1994) indicated that a treatment effect does in fact exist for specialized treatment programs for sex offenders, particularly when programs utilize more contemporary approaches to treatment, such as cognitive-behavioral and relapse prevention models (Bumby, 2006). Furthermore, it was also found that recidivism rates are lower for those who complete sex offender treatment than for those who do not receive or complete treatments (Bumby, 2006).

**Conclusion**

The release and supervision of sex offenders is not a new practice. However, through the years, research has shown the benefits of a well versed release plan. Positive re-entry
experiences appear to contribute to reductions in sex offender recidivism (Willis & Johnston, 2012). Some methods of treatment also prove to be more effective at reducing the rate of recidivism. Employing cognitive behavior treatment practices, like the Good Lives Model, to target criminogenic needs, reduce sexual violence risk, and promote the development of pro-social skills seem to be most effective in treating and supervising this population (Olver & Wong, 2013). Effective release plans, sex offender programs, and cognitive based supervision and treatment methods are advantageous to the sex offender population and the community all around.
The age old question of why someone would engage in criminal behavior, specifically a sex offense, is left to the interpretation of criminological theories. In applying a theory to an offense, it allows for insight into what would be the most beneficial treatment methods for the offender. Sex offenses can be explained using biological, psychoanalytic and criminological theories.

Some researchers have suggested that certain kinds of biological factors, such as hormones, contribute to why individuals engage in sex offending behaviors (CSOM, n.d.). Perhaps most common within this category is the role of high testosterone levels, which have been found to be associated with increased sex drive and aggression (CSOM, n.d.). Biological correlations have been found that suggest certain individuals may be predisposed toward problematic sexual behaviors because of physiologically or biologically predetermined sexual appetites or sexual preferences (CSOM, n.d.). Hormones and neurotransmitters in general have a significant effect on behavior. Pharmacological treatment programs aimed at sex offenders often prescribe drugs that alter the levels of neurotransmitters and hormones. The chemical bases of behavior include neurotransmitters and hormones, both of which play a role in communication between and stimulation of the cells of the nervous system (Funder, 2010). Neurotransmitters like dopamine and serotonin are in charge of impulse control, responding to rewards, and regulating emotions (Funder, 2010). Testosterone plays a role in sexuality, aggression and dominance while the hormone cortisol is an important part of the fight or flight response (Funder, 2010).

Psychoanalytic theories are based on the unconscious of the human mind. What decisions do we make without even realizing it? The first and most fundamental assumption of
the psychoanalytic approach is psychic determinism (Funder, 2010). Determinism is the idea that everything that happens has cause that can be identified; psychic determinism is the assumption that everything that happens in a person’s mind also has a specific cause (Funder, 2010). A second key assumption of psychoanalysis is that the mind has an internal structure made of parts that can function independently and which, in some cases, conflict with each other (Funder, 2010). In this approach, the mind is divided into three parts; the id, ego, and superego. These terms pertain to the irrational and emotional part of the mind, the rational part of the mind, and the moral part of the mind, respectively (Funder, 2010). Psychodynamic theory suggests that sex offenders have weak superegos (morals) and powerful ids (sexual impulses, libido) (MOSAC, 2015). Sexual offenders overly rely on the defenses of denial, displacement, and projection (Rosenberg, n.d.).

Criminological theories can include various aspects of psychoanalytic and biological theories, however, the focus shifts to looking at why crime occurs. Some criminological theories attribute crime to the individual; they believe that an individual weighs the pros and cons and makes a conscious choice whether or not to commit a crime (Tania, 2014). Others believe it is the community’s responsibility to ensure that their citizens do not commit crime by offering them a safe and secure place in which to live (Tania, 2014).

**Rational Choice Theory**

The rational choice theory was first introduced into criminology through the economic analysis of crime and was later linked with the deterrent model, establishing a link between deterrence and rational choice (Akers, 1990). The starting point of the rational choice perspective on criminal behavior is that criminal acts are never senseless but purposive (Cornish & Clarke, 1986; Clarke & Cornish, 2001). Situational factors, such as the resistance of the victim, are seen
as having an important role since it influences the decisions of the offender and consequently, the offender-victim interaction that follows when a crime is committed (Tedeschi & Felson, 1994).

Rational choice theory states that an individual makes a choice whether or not to engage in an act based on weighing the pros and cons, the benefits and consequences. A rational choice is made based on the interpretation of this reasoning. Offenders are seen as rational individuals who commit crimes in an attempt to satisfy their need for rewards such as money, sexual intercourse, elevated status, and excitement (Cornish & Clarke, 2002). The assumption that an offender views criminal behavior as benefiting him/herself provides the motivation for criminal behavior (Schroeder, 2009). Crime is seen as intrinsically rewarding (Cornish & Clarke, 1975; 1986). Offenders, like everyone else, seek money, material goods, status, excitement, sexual gratification, and so on (Cornish & Clarke, 1975; 1986). Quite simply, an individual chooses to engage in a criminal sexual act because the benefit, in this case sexual gratification, outweighs the consequence and/or chance of getting caught. Although these criminal choices may ultimately be self-defeating, such choices nevertheless represent the most desirable option in the immediate circumstances, at least as the offender sees it (Smallbone & Cale, n.d.). Rational choice theory does not assume that offenders always act completely rationally, nor that they necessarily possess the best information upon which to base their criminal decision-making (Smallbone & Cale, n.d.). Offenders’ decision making may be constrained by the limited relevant information available to them, by the limited time they have to weight up their options, and by their own cognitive biases and limitations (Smallbone & Cale, n.d.).
Rational choice theory as applied to sex offenders.

An individual is more likely to engage in behavior that will result in monetary gain, material gain, or other benefits, and at the same time is not likely to result in significant punishment in the form of decreased social status or formal (legal) sanctions (Schroeder, 2009). Wright, Caspi, Moffitt, and Paternoster (2004) state that offenders may attempt to decrease the potential costs of a criminal act by selecting targets that minimize risk.

Victims of sex offenses range from infants through adults. When an individual chooses to commit a crime against a child, this may be seen as targeting a victim that will minimize the risk of the offender getting caught. Approximately 60% of boys and 80% of girls who are sexually victimized are abused by someone known to the child or the child's family (Center for Sex Offender Management, 2000; Lieb, Quinsey, & Berliner, 1998). Relatives, friends, baby-sitters, persons in positions of authority over the child, or persons who supervise children are more likely than strangers to commit a sexual assault (Center for Sex Offender Management, 2000).

Oftentimes sex crimes committed against other adults requires profiling by the offender. An offender is not going to pick a target that appears intimidating or challenging, they will more likely go for an easy target. There is also a good chance the victim knows their attacker. Approximately 2/3 of rapes were committed by someone known to the victim, 73% of sexual assaults were perpetrated by a non-stranger, 38% of rapists are a friend or acquaintance (Rape, Abuse, & Incest National Network, 2009).
Social Learning Theory

Linked closely to the rational choice theory is the social learning theory. Proposed by Albert Bandura, he introduced a model of reciprocal determinism, stating that persons, their environments, and their behaviors all affect each other in a constantly ongoing series of interactions (Funder, 2010). In the social learning view, man is neither driven by inner forces nor buffeted helplessly by environmental influences (Bandura, 1971). Rather, psychological functioning is best understood in terms of a continuous reciprocal interaction between behavior and its controlling conditions (Bandura, 1971).

Social learning theory is just as it sounds, an individual learns a behavior by simply being exposed to the behavior, learning it. New patterns of behavior can be acquired through direct experience or by observing the behavior of others (Bandura, 1971). Most of the behaviors that people display are learned, either deliberately or inadvertently, through the influence of example (Bandura, 1971). If a child grows up in a sexually abusive household and engages in the same behavior when older, this is because it was a learned behavior. Another way in which theorists have attempted to explain the etiology of sex offending emphasizes the role of societal and cultural structures, norms, and messages (CSOM, n.d.). Examples include the ways in which women and children are sexualized or portrayed as submissive and passive through advertisements, television programs, and films; or the idea that men are socialized to be aggressive and to dominate, or “conquer” women and children, which some theorize encourages male violence (CSOM, n.d.). Either way, these again are learned behaviors. Does this also fall on the role of society to be more aware of setting better examples for children? After all, if the cycle is stopped, the learned behavior will stop.
Social learning theory as applied to sex offenders.

Offenders learn sexually abusive behavior from their environments, they have watched someone else model the behaviors or have been abused themselves, and they copy these behaviors (MOSAC, 2015). A large percentage of sex offenders do report being sexually abused as children (Becker, 1998; Craissati, McClurg, & Browne, 2002; Faupel, n.d.; Jonson-Reid & Way, 2001; Veneziano, Veneziano, & LeGrand, 2000). Certain types of offenders, such as those who sexually offend against young boys, have higher rates of child sexual abuse in their histories (Becker & Murphy, 1998; Burton, Miller, & Schill, 2002; Faupel, n.d.; Ryan, 2002). The victim may think this behavior is normal and it happens to everyone, or someone who loves me is doing it so it can’t be wrong (Faupel, n.d.). A child who internalizes these thought processes in reaction to his or her own abuse is more likely to grow into an adult who views sexually abusive acts as less harmful and more pleasurable to the victim (Faupel, n.d.). Other factors that can play an important role in the link between being sexually abused and later exhibiting sexually abusive behaviors include the age of victimization, the relationship between the perpetrator and the victim, the type of sex act and amount of force used, the sex of the perpetrator, the duration of the abuse, and the number of perpetrators (Burton, Miller, & Schill, 2002; Faupel, n.d.; Garland & Dougher, 1990). The younger the victim, the more violent and intrusive the sexual acts, the longer the duration of abuse, and the greater the number of perpetrators, the more likely it is that sexually deviant behavior will develop in victims (Burton, 2000; Burton, Miller, & Schill, 2002).

Another application of social learning theory suggests that pornography can serve as a model for sexually aggressive behavior for some individuals, encouraging them to engage in behaviors depicted in pornography that they viewed (Faupel, n.d.). Based on this theory, an individual who views sexually violent pornography can experience a change in attitudes toward
women and can internalize myths about rape (Faupel, n.d.). Evidence suggests that repeated exposure to sexually aggressive pornography contributes to increased hostility toward women, acceptance of rape myths, decreased empathy and compassion for victims, and an increased acceptance of physical violence toward women (Check & Guloien, 1989; Faupel, n.d.; Knudsen, 1988; Lahey, 1991).

Another type of pornography believed to play a role in the etiology of socially learned sexual aggression is child pornography—material that either uses children or uses technology that makes the participants appear to be children (Faupel, n.d.). Social learning theory suggests that individuals use child pornography, internalize this behavior as acceptable, and adopt it into their own behavior (Faupel, n.d.).

**Conclusion**

There are many different theories that can be applied toward an individual’s decision to engage in a sex crime. The field of sex offender management has yet to find a clear explanation or cause for sexual offending behavior (Faupel, n.d.). Could it be a chemical imbalance which increases sex drive? Perhaps it is based on the idea that the benefits of committing the sex act, fulfilling the immediate desire and need, outweigh the potential consequences. Or was the offender sexually abused as a child? Do they regularly watch pornography? The ideas and concepts behind the rational choice theory and social learning theory are important in learning to explain sexual offending.
Section IV – Recommendations

Current sex offender re-entry programs and treatment methods vary throughout the nation. There is not a single uniform approach when it comes to reintegration and treatment of sex offenders. At a minimum, release planning requires the meaningful partnerships between correctional, community supervision, law enforcement, mental health, social services, victim advocacy, educational and vocational, employment, and housing entities, as well as the community at large (Bumby, et al., 2007). The following is a list of recommendations in order to create a united and beneficial approach for the re-entry and treatment of this particular offender population.

Treatment While in Custody

Sex offender treatment should mandatorily begin as soon as the offender enters the institution. In the Federal Bureau of Prisons and the Illinois Department of Corrections, participation in sex offender programs and treatment is voluntary. In a study (Connor, Copes, & Tewksbury, 2011) conducted with incarcerated sex offenders, many sex offenders communicated their interests in learning about sex offenses and revealed their beliefs that treatment should be mandatory. Incarcerated sex offenders articulated positive experiences with participating in their sex offender treatment program (Connor, et al., 2011). The most common benefit described by sex offenders was that they were able to acquire knowledge about themselves and their behavior, which included the discovery of the underlying motivations for their sex offenses, a better recognition of who they were as individuals, and the acquisition of life skills (Connor, et al., 2011). Sex offenders also reported learning about coping and relapse prevention strategies, which are important skills to be able to apply once the offender has assimilated back into society.
Well-designed treatment, education, and other programs and services can have the desired effect of promoting positive outcomes for offenders and reducing recidivism (Bumby, et al., 2007). Many experts have pushed for reaffirmation of rehabilitative ideals within corrections and supervision agencies (Bumby, et al., 2007). By taking full advantage of the evidence-based opportunities that exist within prisons specifically, reentry efforts are more likely to be successful (Bumby, et al., 2007).

**Sex Offender Management Programs**

In the Federal Bureau of Prisons (BOP), offenders enrolled in Sex Offender Management Programs (SOMP) are provided specialized assessments, evaluations, and treatment services in order to address the needs of the sex offender population they house. The BOP’s sex offender treatment programs are stratified into two levels of intensity: the Residential Sex Offender Treatment Program (high intensity/high-risk offenders), and the Non-residential Sex Offender Treatment Program (moderate intensity/low- to moderate-risk offenders). The Sex Offender Treatment Program’s (SOTP) treatment model is built around the following elements: risk assessment, individualized treatment plan, monitoring treatment progress, targeting criminogenic need, clinical supervision, and cognitive behavioral therapy (Federal Bureau of Prisons, 2013). In addition to the elements previously mentioned, the following elements specifically apply to residential sex offender treatment programs: modified therapeutic community, and therapeutic activities outside of treatment sessions (Federal Bureau of Prisons, 2013).

An ideal time to begin to consider sex offender re-entry is during the intake, reception, and classification phase, as it provides the opportunity to identify critical intervention needs, unique risk factors, and potential barriers to re-entry, and to begin formulating individually-
tailored and comprehensive case management plans to address them (Bumby, et al., 2007). The use of various risk assessment tools aids in completing the full assessment of the individual offender. These risk assessment tools include the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR), STATIC-99, Sex Offender Risk Appraisal Guide (SORAG), Minnesota Sex Offender Screening Tool-Revised (MnSOST-R), and the Vermont Assessment of Sex Offender Risk (VASOR) (Bumby, et al., 2007). Correctional authorities also need to evaluate an offenders criminogenic needs, which are are dynamic (that is, changeable) risk factors that can serve as targets for intervention efforts (Baldwin, n.d.). An offender’s static risk factors also need to be identified. Static risk factors are unchangeable aspects of an individual’s history that indicate long-term propensities toward sexual offending, examples include the number of prior convictions for sexual offenses and preferences for stranger and male victims (Willis & Grace, 2009). In this aspect, the STATIC-99 is the most widely used and validated assessment tool for sexual offenders (Willis & Johnston, 2012). These assessments are critical for ensuring the collection of more comprehensive and accurate information, thus better informing the intensity and types of interventions that will be most effective in reducing recidivism and enhancing reentry outcomes (Bumby, et al., 2007). When institutional and community based partners, such as Probation and Parole Offices, agree to rely on the same kinds of assessment instruments to assess risk and needs, they offer a common and consistent language by which stakeholders can communicate about case management decisions during the period of incarceration, through the transition process, and upon return to the community (Bumby, et al., 2007).

Participation in sex offender treatment programs and therapy will allow the offender to make good decision when (s)he is released. The idea behind rational choice theory is that a decision is made in an attempt to satisfy a need. By participating in and completing sex offender
treatment, it is hopeful that an offender will learn to deflect those thoughts and ideas, and make a rational choice based on knowing the consequences. The offender will be more aware of his or her sexual urges, have the tools to suppress, and make a choice not to re-offend.

**Release Plans**

The community re-entry process presents several stressors for sex offenders. It is crucial to identify these factors in order to facilitate a smooth re-entry which, in turn, reduces the risk of re-offending (Willis & Johnston, 2012). These stressors include registering as a sex offender, finding an acceptable residence and employment, and the need for family and social support. The implementation of an organized, inclusive release plan will provide for less chance of recidivism. Positive re-entry experiences contribute to reductions in sex offender recidivism (Willis & Johnston, 2012). It is important for institutions to provide a release plan and discuss this release plan with the inmate/offender. A national release plan outline, able to be applied on local, state, and federal levels, would be ideal. Every release/re-entry plan needs to address the following: suitable housing, proper family and social support, employment, and supervision and treatment plans.

**Housing.** Prior to being released from prison, inmates need to provide the address for the residence where they plan to live. This residence must be approved by the proper authorities before the offender is allowed to reside there. There are various restrictions as to the location of the proposed residence; i.e. 500 to 2,500 feet from places where children/minors might congregate such as schools, playgrounds, day cares, parks, and recreation centers (Association for the Treatment of Sexual Abusers, 2014). Sometimes this restriction also includes bus stops or other areas where children may or may not be present (Association for the Treatment of Sexual Abusers, 2014). The unintended consequences of residence restrictions include
transience, homelessness, instability, and other obstacles to community re-entry that may actually compromise rather than promote public safety (Association for the Treatment of Sexual Abusers, 2014). Another significant factor that influences housing challenges for reentering sex offenders is negative public sentiment (Bumby, et al., 2007).

**Media.** The media represents the prominent means through which individuals acquire information about sexual offending (Brown, Deakin, & Spencer, 2008; Willis, Levenson, & Ward, 2010). The media tends to sensationalize sexual crime stories and focus almost exclusively on low base rate crimes such as abduction, murder, and high volume predatory behavior, it is hardly surprising that misperceptions about sexual offending are so pervasive in western societies (Willis, et al., 2010). Encouraging academics and other suitably qualified professionals to engage with the media through interviews or newspaper articles can dispel and correct commonly held misconceptions about sex offenders (Willis, et al., 2010). It is through education of the public that the prejudices and stereotypes can be broken, and offenders can assimilate back into society in a positive manner.

**Family and Social Support.** Family and social support is a major factor influencing positive re-entry experiences (Willis & Johnston, 2012). During the transition and release planning process, outreach efforts should also include a focus on non-offending partners, family members, and other persons who can serve as part of a community support network (Association for the Treatment of Sexual Abusers, 2005; Bumby, et al., 2007). A promising approach involves recruiting and training volunteers to develop community support networks (Bumby, et al., 2007). This model, known as Circles of Support and Accountability (COSA), is designed to target high risk sex offenders who are being released from prison following the expiration of their full sentence and who do not have existing natural supports or accountability structures in the
communities to which they are returning (Bumby, et al., 2007). The COSA model uses both professional and citizen volunteers to work closely with sex offenders following release to the community, matching them to needed supports and resources, and holding them accountable for their behaviors (Bumby, et al., 2007).

It should be noted that attention also needs to be paid to the offenders family and support network. The emotional, psychological, and social impact can be exceedingly difficult for the families of sex offenders; which can be worsened by some community notification practices, by placing undue public scrutiny and stigma upon the family, and by sex offender residency restrictions, especially when the impending return of the sex offender forces a family to relocate from an established home (Bumby, et al., 2007). It is important that families are linked to supportive resources as early as possible, and particularly during the transition and release planning phase (Solomon, Waul, Van Ness, & Travis, 2004).

**Employment.** Employment instability was identified as a significant predictor of sexual recidivism (Hanson & Morton-Bourgon, 2005). Identifying suitable employment can be more of a significant challenge for released sex offenders than for other offenders (Bumby, et al., 2007). An offender’s release plan should include preparation for employment. Educational and vocational services within the prison are among the evidence based interventions that reduce recidivism and can enhance job readiness following release (Aos, Phipps, Barnoski, & Leib, 2006; Bumby, et al., 2007). Common barriers to securing and maintaining employment include various probation/parole requirements (reporting to probation/parole, attending psychologist appointments, no internet access), and disclosure of offense to potential employers (Willis & Johnston, 2012). These topics should be discussed while incarcerated, and the inmate should be given the skills to address and deal with the issue should it arise. Probation and parole agencies
can collaborate with key community partners offering the potential to creatively build employment capacity for reentering sex offenders; examples include building a network of employers who are willing to hire released sex offenders (Bumby, et al., 2007).

**Supervision and Treatment Plans.** Effective reentry strategy relies upon the use of evidence-based interventions (Bumby, et al., 2007). Sex offenders will be sentenced to a term of parole or supervised release. Supervision of sex offenders commonly emphasizes the following: specialized training and knowledge about sex offenders and victims; the establishment of specialized caseloads or units; application of specialized supervision conditions and restrictions; the use of technology such as electronic monitoring, global positioning systems, and the polygraph; and lastly the close monitoring of risk factors unique to sex offenders (Bumby, et al., 2007). Probation and parole officers, along with treatment providers, need to take the same approach to the general supervision, and to psychological treatment plan of the offender. When it comes to supervision and treatment, the concept of cognitive behavioral treatment (CBT) methods have been found most suitable for the treatment of sex offenders. A recent large outcome study of sexual offenders found that CBT reduced sexual recidivism rates from 17.4 percent to 9.9 percent (Ward & Gannon, 2006). A component of CBT is the Good Lives Model (GLM). This is a strengths-based approach to offender rehabilitation in which treatment aims to equip offenders with the internal and external resources necessary to desist successfully from further offending (Willis & Ward, 2011). A core, underlying assumption of the GLM is that humans, by nature, seek out experiences consistent with their personal values, and experience high levels of well-being in doing so (Willis & Ward, 2011). The aim of treatment according to the GLM is the promotion of primary goods or human needs that, once met, enhance psychological wellbeing (Willis & Ward, 2011). So, a core component of GLM-based treatment
is the formulation of socially acceptable goods (Willis & Ward, 2011). This approach enhances the offender as a whole, changes his way of thinking. The GLM also focuses on the offender’s goals through encouraging the offender himself to make the changes in his life (Willis & Ward, 2011). The goals of the GLM are mutually agreed upon between the offender and his therapist, not by the therapist dictating what his goals should be. This focus on the offender enhances his engagement in treatment, thus leading to lesser chance of recidivism (Willis & Ward, 2011).

Setting forth positive experiences, positive role models, and positive social support networks will also attribute to educating the offender on acceptable behavior. As previously mentioned, the idea behind social learning theory is the learning of behavior through the observation of others. If an offender is surrounded by positive experiences and individuals, (s)he will begin to model this behavior.

**Sex Offender Registry**

The use of the public sex offender registry should be revisited and possibly modified. While the studies on the efficacy of sex offender registration and notification policies are limited, the results seem to indicate that the public and law enforcement officials like the policy, but the policy itself seems to have no meaningful influence on sex offender recidivism (Madden, et al., 2011). Research shows that communities are not protecting themselves any differently than they were prior to the implementation of the sex offender registry (Madden, et al., 2011). Empirical evaluations suggest little or no effect of registration and community notification on recidivism rates (Connor, et al., 2011). Research has indicated that current sex offender policies are no more effective at preventing sex offenders from committing subsequent sex offenses than previous policies not requiring notification (Madden, et al., 2011).
In 2012, there were 160,900 prisoners under state jurisdiction for rape and/or sexual assault (Carson, 2014). A total of 21,800 state level inmates convicted of rape and/or sexual assault were released in 2012 (Carson, 2014). As of February 21, 2015, a total of 13,581 or 6.9 percent of incarcerated federal inmates were convicted of sex offenses (Federal Bureau of Prisons, 2015). Released sex offenders require social and physical environments that, at bare minimum, support the process of re-entry and ultimately reintegration (Willis, et al., 2010). The available research (Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005; Hepburn & Griffin, 2004; Willis & Grace, 2008, 2009) indicates that if released sex offenders are provided with the resources to access stable housing, establish pro-social networks, create intimate relationships, and are presented with opportunities for employment, they are less likely to sexually reoffend (Willis, et al., 2010).

The overall goal of any criminal sanction is to reduce the rate of recidivism. While there are and should be custody sentences imposed on sex offences, using effective treatment and supervision methods while in custody and under supervision reduces the rate of recidivism and leads to a more positive re-entry experience. Studies show that offenders with better quality release plans had lower rates of sexual recidivism (Willis & Johnston, 2012). Treatment adhering to the Good Luck Model resulted in significantly higher rates of treatment completion, motivation, engagement, and within-treatment change as well as lower attrition rates (Schaffer, et al., 2010).

Successful reentry is always a challenging endeavor, but with sex offenders specifically, several unique dynamics and barriers make the transition even more difficult. An effective re-entry program for sex offenders benefits all, from the criminal justice system to the community.
Successful supervision and treatment leads to less recidivism, which in turn leads to less overcrowding in jails and prisons. The public can and should be educated on sex offenders, not be scared of them, which leads to positive outcomes for the community and the offender. And most importantly, the offender can assimilate into society in a positive manner with the tools he or she needs to succeed.

From the time of sentencing through release and eventual discharge of supervision, sex offenders should be presented with several paths on their road to rehabilitation starting with programming and therapy available at the institution level, followed by release planning and living arrangements mutually worked on between institution social workers and probation and parole officers. One final avenue of success towards the rehabilitation of sex offenders needs to be at the community level. Public outreach from law enforcement, treatment professionals, and scholars can work together to educate communities on the facts regarding sex offenders and how a positive re-entry and reintegration will benefit them. Community members need to know that the media sensationalizes these cases, which causes undue negative attention to the offenders and victims. This outreach and education can help avoid the stigmatism and cold behavior towards sex offenders once they are released and allow them to realize that they are among a community of individuals willing to help them reintegrate into society and assist with refraining from criminal deviancy in the future.
Section VI - Reference List


Association for the Treatment of Sexual Abusers. (2005). *Practice standards and guidelines for the evaluation, treatment, and management of adult male sexual abusers*. Beaverton, OR.


