

The Myths and Truths of Sensible Risk Management for Persons Who Sexually Offend

Brattleboro, VT / Montpelier, VT / June 9-10, 2011

Robin J. Wilson, Ph.D., ABPP

dr.wilsonrj@verizon.net

www.robinjwilson.com

Sexual offending is at
epidemic levels.

MYTH

Sexual offending is NOT new

1981

nobody knew what a pedophile was...

2011

...everybody knows what a pedophile is

Or do they?

Sexual Offending

The past 10-15 years has been witness to a flurry of research into the nature and consequences of sexually offensive behavior.

- ❖ Isn't it odd that the focus has come so late in the game?
- ❖ There is no doubt that there has been sexual offending since there were people to be offenders and others to be victims—thousands and thousands of years.
- ❖ Why has the attention shifted only recently?

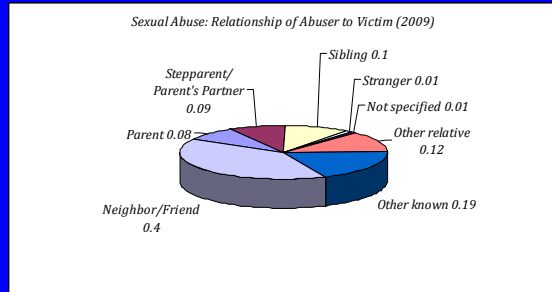
Most people are sexually
abused by strangers.

MYTH

Victims

- ❖ As many as 90% of reporting victims know their offender
- ❖ 2/3 or more of known offenses occur in the victim's own home
- ❖ As many as 90% of victims fail to report their abuse to authorities or others in a position to help

Vermont



Is Sexual Abuse Really that Big a Problem?

Statistics show that child sexual abuse occurs at an alarming rate. As many as one in three girls and one in five boys will be sexually abused at some point in their lives, according to many reliable studies of child sexual abuse, although most suggest that these are underestimates. At a minimum, that means that if you attend a social event (like a concert, for instance) of 100 people, between 30 and 40 of those in attendance were sexually abused.

Consequences for Victims

- ❖ Maladaptive sexuality (either hypersexuality or hyposexuality)
 - Prostitution
 - Promiscuity
 - Inability to express one's sexuality
 - Genital disfigurement
 - Sexual addiction
- ❖ Eating disorders
- ❖ Personality disorders (antisociality, borderline features)
- ❖ Dissociative disorders
- ❖ Suicidality and self-harming behaviours
- ❖ Interpersonal problems (e.g., trust, loneliness, inability to link with others)
- ❖ Loss of relationships with significant others (due to the abuse or secondary victimization)
- ❖ Substance abuse
- ❖ Violence and aggression

Protection Tips

- ❖ Always know where your child is, what he/she is doing, and who is supervising.
- ❖ Make it a point to introduce yourself to any person who will have more than passing contact with your child.
- ❖ Keep the lines of communication open with your children. Scare tactics generally don't work. Remember that an offender can be a respected and loved member of the family.

Protection Tips

- ❖ Talk to your children about "good touches" and "bad touches", and about not talking to strangers, but remember that they're children. They won't understand this distinction the way you will want them to. No matter how well you "street proof" your child, you need to know that they will still be vulnerable to people who make it their business to manipulate children.

Protection Tips

- ❖ Consider the pros and cons of being relatively open about sexuality with your children. Teaching kids that sex is dirty will prevent them from telling you about sexual things that happen to them—they won't want to let you down by being involved in something that you've told them is "dirty".

Protection Tips

- ❖ Actively parent your children so that you know when something is different or when they're struggling with something. Give them the space to tell you what's going on in their own words.
- ❖ Remember only 1 in 10 persons sexually abused as children have the courage to tell someone.

Sexual offenders come from
all walks of life.

TRUTH

My caseload has included...

- ❖ labourers
- ❖ doctors
- ❖ lawyers
- ❖ men
- ❖ homeless persons
- ❖ mentally ill persons
- ❖ mothers and fathers
- ❖ teachers
- ❖ hockey coaches
- ❖ women
- ❖ police officers
- ❖ professors
- ❖ skilled tradespersons
- ❖ psychologists
- ❖ children
- ❖ etc. etc. etc.

Inconsistency

One of the greatest hurdles to defining sexual deviance is a lack of clarity as to what actually constitutes offensive sexual behavior.

What do you consider to be sexually offensive?

DSM-IV

- ❖ recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving
 - nonhuman objects
 - the suffering or humiliation of oneself or one's partner
 - children or other nonconsenting persons
- ❖ at least 6 months duration
- ❖ the behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational or other important areas of functioning

Paraphilic vs. Opportunistic

- ❖ DSM IV: paraphilias are disorders of sexual behavior and preference that include "recurrent, intense sexually arousing fantasies, sexual urges, or behaviors"; at least 6 months duration
- ❖ many offenders are not paraphilic--they offend for reasons other than sexual preference (e.g., "date" vs. paraphilic rape; incest vs. pedophilia)
- ❖ diagnosis facilitated by phallometrics

Only men commit sexual offenses.

MYTH

Male vs. Female Perpetrators

- ❖ under-reporting affects estimate
- ❖ male >> female
- ❖ females more often charged for aiding males in their offenses
- ❖ female offenders are more likely to have concomitant mental health diagnoses
- ❖ rates of reoffending in females is between 1% and 3%, depending on the study you read

The risk posed by sexual offenders to the community is unmanageable.

MYTH

Stakeholders

- ❖ victims
- ❖ citizens
- ❖ law enforcement
- ❖ legal and correctional personnel
- ❖ mental health personnel
- ❖ the media

- ❖ offenders

Today's Situation

- ❖ Upon release, many sexual offenders are subject to public notification, vilification and, sometimes, vigilantism.
- ❖ As a result, some are eventually driven out of one community into another and, often, go "underground".

This does not help.

Official Control

There are several "official" means by which to control offenders in the community ...

- ❖ 3 Strikes / Civil Commitment
- ❖ Long Term Supervision Orders / Lifetime probation
- ❖ Court Orders / Orders of Prohibition
- ❖ Specialized Peace Bonds
- ❖ Electronic/GPS Monitoring
- ❖ Sex Offender Registries
- ❖ Community Notification
- ❖ 1000/2000 feet rules

Dangerousness

BAD: "This person is dangerous."

GOOD: "If the following risk factors are present, then there is a high/medium/low probability that the person will engage in a specific behavior within a specific period of time that may place specific victims at risk for a specific type and severity of harm."

Holes in the System

However ...

- ❖ many statutory measures are often more helpful for investigation and prosecution of breaches after the fact
- ❖ other measures are required to increase client accountability and to prevent further victimization
- ❖ no matter how good various levels of law enforcement may be, officers cannot be held solely responsible for the totality of public safety
- ❖ community engagement is crucial to ensuring that there are no more victims

Risk Management

- ❖ effective risk management involves the collaboration of many different service providers
- ❖ varying the mode of contact allows for greater monitoring of activities and attitudes
- ❖ greater contact and monitoring increases the reliability of information leading to case management and treatment decisions and initiatives

Stakeholders

- ❖ victims
- ❖ citizens
- ❖ law enforcement
- ❖ legal and correctional personnel
- ❖ mental health personnel
- ❖ the media
- ❖ offenders

Once a sexual offender,
always a sexual offender.

MYTH

Nothing Works?

Martinson (1974)

- ❖ Large-scale study of correctional treatment outcomes
- ❖ Found no clear evidence that efforts to rehabilitate offenders were "working"
- ❖ Led to considerable research into aspects of treatment/counseling/interventions that would lead to lower recidivism

Effective Programs

Based on that same meta-analytic research, Don Andrews and his colleagues have suggested remarkably simple principles that, when followed, substantially increase the effectiveness of correctional interventions. This is now generally known as the Risk, Needs, Responsivity—or RNR—Model.

Effective Programs

RISK principle

- ❖ effective programs match the level of treatment intensity to the level of risk posed by the offender
- ❖ high risk = high intensity
- ❖ mismatching can result in increased risk

Effective Programs

NEED principle

- ❖ effective programs target identified criminogenic needs
- ❖ sexual offenders requires treatment programming targeted at the assessed needs of sexual offenders
- ❖ other programs may result in some ancillary gain, but risk for sexual recidivism likely will not be reduced

Effective Programs

RESPONSIVITY principle

- ❖ effective programs are those which are responsive to offender characteristics
 - cognitive abilities
 - maturity
 - motivation
 - mode of intervention
 - scheduling concerns

Treatment can reduce reoffending.

TRUTH

Is Treatment Effective?

In the USA, costs of sexual assault are enormous. This situation is certainly paralleled in other western nations. The cost associated with each sexual offender has been estimated as being in excess of \$1.5 million.

Therefore, a reduction in recidivism of merely 1%, while not likely statistically significant, is certainly significant in terms of cost and harm reduction.

Outcome Data

Hanson & Bussiere (1996)

- ❖ 28,972 offenders, followed over 4-5 years
 - 13.4% sexual recidivism (N = 23,393)
 - best predicted by measures of sexual deviance
 - 12.2% non-sexual violent recidivism (N = 7,155)
 - 36.3% any recidivism (N = 19,374)
 - non-sexual recidivism was best predicted by those variables associated with recidivism in non-sexual offenders (e.g., young, single, unmarried, antisocial orientation, member of a minority group, history of violent and non-violent offending)
 - In general, incest-type offenders were a less risk for all reoffense categories

California Sex Offender Treatment & Evaluation Project

The results of the SOTEP study showed no differences in sexual reoffending between treatment participants, volunteer controls, and non-volunteer controls. Follow-up was just over eight years and rates of sexual reoffending were in the 20% range for all groups. However, those offenders who “got” treatment were less likely to reoffend.

Effective Programs

- ❖ The consistency of the outcome studies accentuates the need to move beyond simple questions as to whether treatment works (Abracen & Looman, 2004).
- ❖ There are a number of significant questions which have yet to be answered with reference to sex offender treatment.
- ❖ For example, do higher risk clients receive more treatment programs than lower risk clients?

Treatment of Sexual Offenders

- ❖ Historically, many types of treatment interventions applied to sexual offenders
- ❖ Current effective practice requires...
 - Adherence to principles of risk, need, responsibility
 - Assessment of risk factors/criminogenic needs
 - Cognitive-behavioral intervention
 - Treatment that targets identified risk factors/criminogenic needs
 - Post-treatment maintenance/follow-up programming

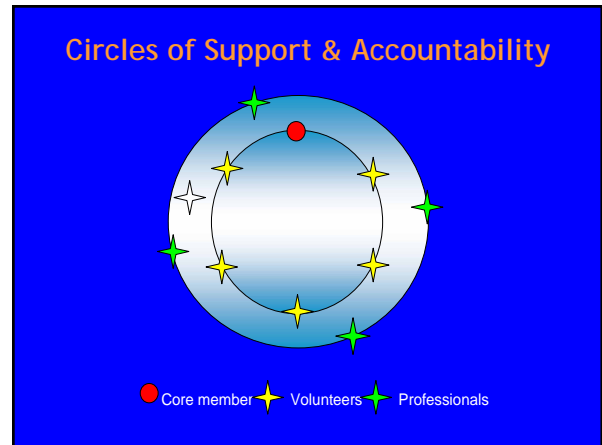
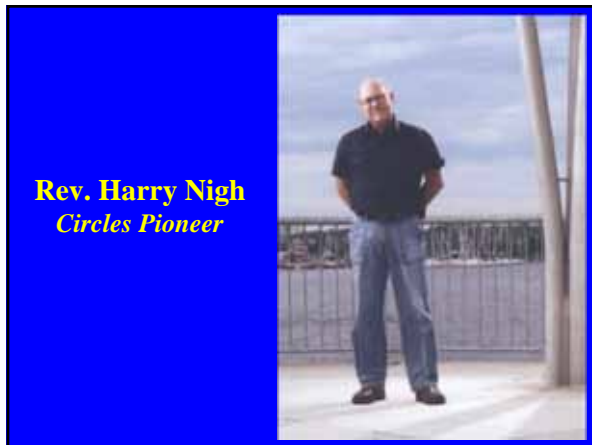
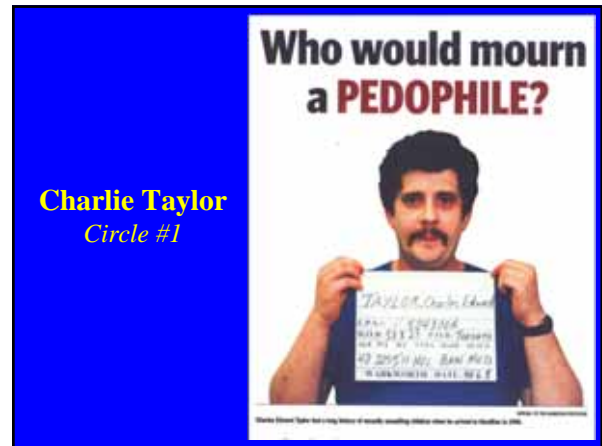
The community can contribute to public safety.

TRUTH

Consider this...

Jane Jacobs (1961) *The Death and Life of Great American Cities*

The first thing to understand is that the public peace—the sidewalk and street peace—is not kept primarily by the police, necessary as police are. It is kept primarily by an intricate, almost unconscious, network of voluntary controls and standards among the people themselves and enforced by the people themselves. No amount of police can enforce Civilization where the normal causal enforcement of it has broken down.



- ### Volunteer Recruitment and Training
- ❖ Volunteers are screened and familiarized with CoSA principles and practices before they are placed in a Circle
 - ❖ Training is provided on a wide range of topics, including
 - overview of the criminal justice system
 - restorative justice
 - the circle model
 - human sexuality and sexual deviance
 - risk assessment
 - boundaries and borders
 - crisis response and conflict resolution
 - collaboration with professionals
 - group and Circle dynamics
 - closing a Circle

- ### Volunteer profile
- ❖ most volunteers are motivated by a “need to be involved” in their community
 - at this point, majority are from the faith community
 - ❖ one-third of volunteers have been in 2 or more Circles
 - ❖ almost all had prior volunteer experience
 - ❖ almost half have been in a Circle for more than 2 years

Circles work.

TRUTH

Effective Programs

Remember the RNR principles of effective correctional interventions:

- ❖ risk
- ❖ need
- ❖ responsivity

Why do Circles Work?

Offender Social Support

Released sexual offenders who have positive, pro-social support in their community are at less risk of re-offending than those who have no such support, or whose supports are anti-social in nature.

The Shadow Cast by Formal Justice

Community is made from conflict as much as from cooperation; the capacity to solve conflict is what gives social relations their sinew. Professionalizing justice "steals the conflicts," robbing the community of its ability to face trouble and restore peace. Communities lose their confidence, their capacity, and, finally, their inclination to preserve their own order. They instead become consumers of police and court "services" with the consequence that they largely cease to be communities.

Nils Christie (1977). Conflicts as Property. *British Journal of Criminology*.

Agents of Change

In COSA, our goal is to assist all core members in the development of a balanced, self-determined lifestyle. Contemporary research in offender treatment and risk management suggests that learning to live a "good life" is inconsistent with a return to offending and other antisocial behavior.

Formal evaluation

Two part undertaking:

- ❖ Process Evaluation
 - data regarding impact of Circles on participants, their families and, most importantly, the community-at-large
 - evaluate the confidence levels of the professional community
- ❖ Quantitative Evaluation
 - recidivism rates vs. control

Core member experience

Without my Circle, I may have ...

- ❖ had difficulty adjusting
- ❖ had difficulty in relationships with others
- ❖ become isolated and lonely
- ❖ turned to drugs or alcohol
- ❖ reoffended

Matching Criteria

- ❖ Detained until WED and released to same general jurisdiction
 - *de facto* risk assessment (NPB detention)
- ❖ Sex offender
- ❖ Date of Release
- ❖ GSIR Score
- ❖ Groups are not different on treatment history

Outcome - Recidivism data

Ontario Pilot Sample
(Wilson, Picheca, & Prinzo, 2007)

	Circles (60)	Control (60)
M(SD) age	47.47 (12.27)	43.62 (10.84)
M(SD) STATIC-99	5.60 (2.22)	5.00 (1.96)
M(SD) RRASOR*	3.18 (1.65)	2.12 (1.31)
M(range-mos) follow-up	54.67 (3-123)	52.47 (3-124)
M(mos) until 1 st failure	22.10	18.54
Recidivism		
Sexual*	5.00% (3)	16.67% (10)
Expected sexual	28.33% (17)**	26.45% (16)
Violent*	15.00% (9)	35.00% (21)
General †	28.33% (17)	43.44% (26)
Dispositions	38	49

* $p < .05$ ** $p < .01$ † $p < .10$

Outcome - Recidivism data

Canadian National Replication Sample
(Wilson, Cortoni, & McWhinnie, 2009)

	Circles (44)	Control (44)
M(SD) age	42.6 (9.6)	42.9 (8.4)
M(SD) STATIC-99**	4.9 (2.1)	6.1 (1.5)
M(SD) RRASOR	2.7 (1.5)	2.7 (1.3)
M (mos; range) follow-up	35.8 (9-86)	38.6 (8-96)
M (mos) until 1 st failure	9.59	16.72
Recidivism		
Sexual*	2.27% (1)	13.67% (6)
Any Violent **	9.09% (4)	34.09% (15)
Any **	11.36% (5)	38.64% (17)
Total # (conv + chgs)**	17	73

* $p < .05$ ** $p < .01$

A growing concern

The Canadian COSA model has garnered considerable international attention.

Circles projects exist in ...

- ❖ England, Ireland, and Scotland
- ❖ California, Minnesota, Colorado, Washington, Ohio, Oregon, Vermont, with more on the way
- ❖ All Canadian provinces
- ❖ Interest generated in Latvia, Netherlands, New Zealand, and other international jurisdictions

Closing Thoughts

Research has clearly shown that a collaborative approach which includes representation from all stakeholders can assist considerably in enhancing public safety and offender accountability. Working together, we can manage the risk.

*Teamwork is the key,
and the community has an integral role
to play in public safety!!*

Contact Information

Robin J. Wilson, Ph.D., ABPP

Wilson & Associates
Clinical and Forensic Psychology

941-806-9788

dr.wilsonrj@verizon.net

www.robinjwilson.com

