

2016 NATIONAL SYMPOSIUM

ON SEX OFFENDER MANAGEMENT AND ACCOUNTABILITY

JULY 26–27 | KANSAS CITY MARRIOTT DOWNTOWN, KANSAS CITY, MO

ADAM WALSH ACT

10th

ANNIVERSARY

The Sex Offender Management, Assessment and Planning Initiative (SOMAPI)



SMART

What is the Prevalence of Sexual Offending?

- Difficult to estimate
- Low levels of reporting
- Not typically observed by others

Despite these limitations...

- Statistics on incidence and prevalence of sex crimes
- Trend data
- Important information for policymakers and practitioners

Measurement Challenges

- No single definition of sexual offending
- Even national data subject to differences in law enforcement criteria to classify a crime
- Comparison difficult due to:
 - Different reference periods; and
 - Different length of study (Lifetime vs. annual)

Trend Data

- Sex assault rates, like other crime types, have substantially declined over the past 10-20 years
 - UCR rates of forcible rape down 14% between 1990 and 2009 (102,555 compared to 88,097)
 - Rate of rape reports to police also down 30% (41.1 compared to 28.7 per 100,000 residents)
 - NCSV rates of rape/sex assault down more than 30% between 2002 and 2011 (349,810 compared to 243,800)

Under-Reporting

- NCVS data: 1 in 4 rapes/sexual assaults reported to police over past 15 years
- NVAWS: 19% of female and 13% of male rape victims reported to police
- Likelihood of reporting decreases with the victim's age
- NWS: 84% of victims did not report to police
 - 2% of victims reported within 24 hours
 - 4% after 24 hours

Conclusions

- Incidence of sexual offending appears to be declining
- Policymakers should monitor key indicators and work with researchers to better understand data
- Need improved and expanded data with enhanced comparability
- Need to learn more about why victims do not report and how to provide a supportive environment for victim reporting
- Policies must acknowledge existence of unidentified sex offenders, and limitations of sex offender management strategies

SOMAPI

- A multi-phase initiative:
 - Literature reviews
 - Inventory of current practices and needs of the field
 - Discussion forum
 - Final report
 - Inform SMART/OJP funding efforts and policy recommendations

Literature Review

- Initial Process
 - Subcontract with the National Criminal Justice Association (NCJA)
 - Topics identified by SMART Office and multi-disciplinary panel of subject matter experts
 - Potential researchers/writers
 - Looked for subject matter expertise, neutrality, and availability

Literature Review Chapters

5 Juvenile Topics

Etiology/typologies
Risk assessment
Recidivism
Treatment effectiveness
Registration and notification

8 Adult Topics

Incidence and prevalence
Etiology
Typologies
Risk assessment
Recidivism
Internet offending
Treatment effectiveness
Management strategies

SOMAPI Discussion Forum

- February 2012
 - 60 participants representing variety of disciplines
 - Reviewed draft reports
 - Small group discussions about content of reports and needs of the field
 - Recommendations from Forum incorporated into final report

SOMAPI Dissemination

- SOMAPI Report released in October 2014 via website and hardcopy
 - <http://smart.gov/SOMAPI/index.html>
 - Summaries of the research
 - Findings, policy implications, future research needs
 - Updates to be published later in 2016
 - Executive summary-type briefs
 - Webinar series
 - Audio/visual available at www.ncja.org
 - Targeted conference presentations

Juveniles Who Sexually Offend

- **Etiology:** Addresses the causes or origins of juvenile sexual offending and the pathways related to the development, onset, and maintenance of sexually abusive behavior
- **Typology:** Addresses classification schemes based on types or categories of offenders or victims, and offense characteristics

Juveniles Who Sexually Offend

Etiology Research

- Provides conceptual frameworks and specific guidance that can be used to develop more effective prevention efforts across a broad continuum from primary to tertiary prevention
- Includes studies that focus on single factors and studies that focus on multiple factors
- Etiological factors typically both co-vary and interact with each other in the development and onset of sexual offending and nonsexual delinquency

Juveniles Who Sexually Offend

Typology Research

- Formulates a specific profile of offender, victim, and offense characteristics that reflect underlying psychological processes of the youth that are relevant to etiology, maintenance, treatment, and recidivism
- Identifies key **constructs for assessment**, possible **etiological factors** specific to each subtype or typology of juveniles, and **unique risks and needs** for each subtype that should be targeted in treatment

Juveniles Who Sexually Offend

Etiology and Typologies

- Clear need for individualized treatment and supervision strategies
- Evidence concerning prevalence of child maltreatment in early development offers support for continuing treatment aimed at **victimization and trauma resolution**
- **Developmental models**, which have included early childhood experiences and family functioning, should be broadened to include **larger social variables** such as exposure to sexually violent media and characteristics of social ecologies

Etiology of Adult Sexual Offending

- Many sex offenders have cognitive distortions or thinking errors, and these distorted thinking patterns appear to be involved in maintaining deviant sexual behavior
- Sex offenders appear to have a problem with self-regulation of emotions and moods, as well as with impulse control
- Ending sexual violence may require knowledge and change at the individual, social, and institutional levels

Challenges and Problems

- Traditional Typologies
 - Based on theories postulating specialization (victim type)
 - Heterogeneous but present with similar clinical characteristics and criminogenic needs
 - Crossover offending (polymorphism)
 - Inadequate definitions
 - Inconsistent findings
 - Fail to address treatment issues
 - Not been shown to predict recidivism

Crossover Offending

- Crossover offending has been reported in studies using guaranteed confidentiality, anonymous survey, or treatment with polygraphy (more recent clinical and official record combined)
 - Adult and child victims (age crossover): range from 29 to 73%
 - Males and females (gender crossover): range from 20 to 43%
 - Relationship (intrafamilial/extrafamilial): range from 64 to 66%
- Presents significant challenges to traditional typologies- multiple victim types
- Associated with sexual recidivism risk

Addressing the (Problem)

- Classifying using a comprehensive approach by assessing criminogenic needs and offense patterns (victim type, heterogeneity, definitions, needs, risk)
- Regard types on a continuum not discrete categories (crossover, inconsistency)
- Need for etiological research to provide an empirical basis for treatment interventions and risk management (clinical utility, reduce the incidence and prevalence of sexual violence)

Recent Advances

- Promising methods and models have been shown to be related to different trajectories of offending and able to identify criminogenic needs predictive of sexual recidivism
 - Developmental risk factors and offense trajectories
 - Self-regulation
 - Specialist/Generalist

Adult Risk Assessment

- Bonta's three generations of risk assessment:
 - First Generation: Unstructured professional opinion (Hanson's unstructured clinical judgment)
 - Second Generation: Actuarial methods using static factors (Hanson's actuarial approach)
 - Third Generation: Methods including both static & dynamic factors (i.e., criminogenic needs)

Adult Risk Factors

- Strongest risk predictors are related to sexual criminality:
 - Sexual interest in children
 - History of prior sexual offenses
 - Age of onset of sexual offending behavior
 - Committing a variety of sexual offenses
- Other significant factors are related to lifestyle instability/criminality
- Specific type of conviction crime unrelated to risk

Adult Risk Assessment Instruments

- No single “best” risk assessment
- Certain populations have no validated risk assessment instruments (e.g., child pornography offenders & female offenders)
- Clinical judgment still needed to choose the most applicable instrument

Juvenile Risk Assessment

- Keep in mind:
 - Ongoing controversy in the field about the best risk assessment model and the capacity of instruments to accurately predict risk for sexual recidivism
 - Existing knowledge base primarily based upon studies of average range IQ adolescent males
- Two general models: actuarial and clinical model
 - Actuarial model: Risk estimate based on statistical comparison between the characteristics and past behavior of the individual and of known recidivists
 - Clinical model: Risk estimate based on observation and professional judgment

Juvenile Risk Factors

- Most identified risk factors for juvenile sexual offending lack empirical validation.
- Worling & Långström
 - Among 21 commonly cited risk factors, only five are empirically supported through at least two independent research studies.
 - Two “promising” factors that have empirical support in at least one study
 - 14 factors that are either “possible” risk factors based on general clinical support, or “unlikely” as they lack empirical support or contradicted by empirically derived evidence

Juvenile Risk Assessment Instruments

- Most commonly used instruments in North America:
 - Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)
 - Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)
 - These are structured, empirically informed instruments designed for clinical assessment
- Sole actuarial assessment instrument available is the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II), which is normed and avail for use only in limited locations
- None of these instruments have demonstrated strong or consistently supported predictive validity

Recidivism of Adult Sex Offenders

- Measurement issues persist
- Sexual recidivism rates range from 5% after 3 years to 24% after 15 years
- Higher rates of general recidivism than sexual recidivism
- Different “types” of sex offenders have markedly different rates of recidivism
- Policies and practices that take into account the differential reoffending risks posed by different types of sex offenders are likely to be more effective and cost-beneficial than those that treat sex offenders as a largely homogenous group

Recidivism of Juveniles Who Sexually Offend

- Similar measurement problems exist
- Most research has focused on adolescents
- Best evidence suggests that sexual recidivism rates for juveniles are low

Recidivism of Juveniles Who Sexually Offend

- 79 studies from 1943-96
 - 5% sexual recidivism for 1 year follow-up studies
 - 7% sexual recidivism for 5 year follow-up studies
- 9 studies (n = 2,986)
 - 59 month follow-up
 - Recidivism (13% sexual, 25% non-sex violent, 29% non-sex, non-violent)
- Recent meta-analysis of 63 studies (n = 11,219); mean follow-up period of 59 months
 - 7% mean sexual recidivism rate
 - 43% mean general recidivism rate

Effectiveness of Treatment for Adults

- Evidence from single studies and synthesis research
 - Few RCTs of adult treatment effectiveness
 - Quality of research has improved
- Consistent pattern of findings from recent research that treatment works
 - Also produces a positive return on taxpayer investment
- Reduces both sexual and general recidivism
- Equally effective for those who enter treatment on a voluntary or mandatory basis

Effectiveness of Treatment for Adults

- Considerable heterogeneity in findings
 - Adherence to RNR appears to be important
 - One size does not fit all
- Need more high-quality studies
 - Which treatment works for which offenders, in which situations
 - Effectiveness of strengths-based approaches

“Instead of sweeping controversies about the effectiveness of sex offender treatment, more differentiated perspectives are needed.”

(Schmucker and Lösel, 2015)

Effectiveness of Treatment for Juveniles

- Most research has focused on programs for adolescents
- Consistent pattern of findings that treatment works
- Tailored rather than uniform treatment approaches are needed
- Although fewer studies have focused on interventions for children, those that are trauma-focused and that include behavior management skills for parents appear to be important in reducing sexual behavior problems in children

Supervision and Management Strategies

Circles of Support and Accountability (COSA)

- Research has produced promising findings
 - Two Canadian studies showed COSA effective in reducing sexual recidivism
 - MN DOC study showed reduction in any rearrest
 - U.K. study (n=60) showed favorable outcomes (e.g., 1 sexual recidivist, 5 reincarcerations)

Supervision and Management Strategies

Residence Restrictions

- No reduction in sexual reoffense
- No reduction in sex crime rate
- No deterrence for sexual reoffenses
- Most offenders meet victims (non-strangers) in private residence

Thank You

QUESTIONS for the PANELISTS

