



Sex Offender Treatment, Management, and Reentry Literature Review

Implications for
American Indian/Alaska Native
Sex Offenders



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Sex Offender Treatment, Management, and Reentry Literature Review: Implications for American Indian/Alaska Native (AI/AN) Sex Offenders

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Introduction

As noted in the general introduction in a series of research briefs on sex offender management,

Sex offenders have received considerable attention in recent years from both policymakers and the public. This is due in part to the profound impact sex crimes have on victims and the larger community. Perpetrators of sex crimes have come to be viewed by policymakers, practitioners and the public as a unique group of offenders in need of special management practices. As a result, a number of laws and policies focusing specifically on sexual offenders have been implemented across the country in recent years, often with extensive public support.

There also has been a growing recognition in the criminal justice community that crime control strategies – including those targeting sexual offenders – are more likely to be effective when they are based on scientific evidence. Indeed, crime control policies and practices are increasingly being informed by research, and the demand for trustworthy evidence is rapidly increasing.

The U.S. Department of Justice, Office of Justice Programs (OJP) has played a key role in promoting evidence-based advances in sex offender management across the country. Since 1996, OJP has sponsored more than 100 research projects, publications, and training curricula related to sexual assault and sex offender management, and grant programs have provided funds to approximately 200 state, local, and tribal jurisdictions to enhance the management of sex offenders.

In 2006, the Adam Walsh Child Protection and Safety Act authorized the establishment of the Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) Office within OJP. SMART is responsible for assisting with implementation of the Sex Offender Registration and Notification Act (SORNA), and also for providing assistance to criminal justice professionals around the entire spectrum of sex offender management activities needed to ensure public safety.

Purpose

The purpose of this paper is to provide a review of the research and literature related to sex offender treatment, management, and reentry, and the implications of this research for American Indian/Alaska Native (AI/AN) adults and juveniles who commit sexual offenses. This paper will utilize the research identified in the work on the Sex Offender Management and Planning Initiative (SOMAPI) funded by the SMART Office as a starting point. The results of the SOMAPI literature reviews will be excerpted, and then the basis for conclusions related to AI/ANs will be highlighted. The goal of this paper is to discuss what is known about sex offender treatment, management, and reentry, and its applicability to the AI/AN population.

SOMAPI Project

As noted in the literature review chapters,

In 2011, the SMART Office began work on SOMAPI, a project designed to assess the state of research and practice in sex offender management. As part of the effort, the SMART Office contracted with the National Criminal Justice Association (NCJA) and a team of subject-matter experts to review the literature on sexual offending and sex offender management and develop summaries of the research for dissemination to the field. A national inventory of sex offender management professionals also was conducted in 2011 to gain insight about promising practices and pressing needs in the field. Finally, a Discussion Forum involving national experts was held in 2012 for the purpose of reviewing the research summaries and inventory results and refining what is currently known about sex offender management.

Based on the work carried out under SOMAPI, the SMART Office has published a series of Research Briefs, each focusing on a topic covered in the sexual offending and sex offender management literature review. Each brief is designed to get key findings from the literature review into the hands of policymakers and practitioners. Overall, the briefs are intended to advance the ongoing dialogue related to effective interventions for sexual offenders and provide policy makers and practitioners with trustworthy, up-to-date information they can use to identify what works to combat sexual offending and prevent sexual victimization.

Methodology

The chapters describe these –

Research in Brief(s) is (are) based on a review of the scientific literature addressing risk assessment for adult sexual offenders and juveniles who commit sexual offenses. Source materials for the literature review were identified using several methods. Abstract databases such as the National Criminal Justice Reference Service, the Social Science Research Network (SSRN), and JSTOR were searched using various sex offender and topic area keywords. Internet searches also were performed using common search engines and websites for organizations such as the Association for the Treatment of Sexual Abusers (ATSA) and the Center for Sex Offender Management were reviewed for potentially relevant research. Reference pages and bibliographies from both online and print documents also were reviewed for source material. Finally, experts in the field were contacted to obtain guidance and insight regarding the acquisition, relevance and interpretation of source material.

This process produced a number of published and unpublished documents deemed potentially relevant for this report. Documents written from 1990 to the present day that could be obtained with a reasonable investment of resources were collected and reviewed with a focus on study characteristics and findings. Because literature reviews on selected sex offender management topics have been undertaken in the past, this Brief focuses primarily on studies conducted within the past 15 years. The key criteria for discussing a particular study in this review were: the saliency of the research findings, the recency of the research findings, and the methodological characteristics of the study. With regard to the latter, emphasis was placed on individual studies that employed scientifically rigorous methods, as well as on synthesis studies – such as systematic reviews and meta-analyses – that examine the results of many individual studies.

Research and Evidence Supported Interventions

Per the SOMAPI chapters,

The effectiveness of treatment for sex offenders has been assessed in both individual studies and synthesis research. There is general agreement in the research community that among individual studies, well designed and executed randomized controlled trials (RCTs) provide the most trustworthy evidence about an intervention's effectiveness, but that findings from single studies must be replicated before definitive conclusions about the effectiveness of an intervention can be made. Synthesis studies examine the findings from many individual studies, and they are undertaken to make conclusions about an intervention's effectiveness based on an entire body of relevant research.

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Synthesis studies consist of narrative reviews, systematic reviews, and meta-analyses. A narrative review is a qualitative synthesis of findings from many individual studies, and conclusions are made by the reviewer using professional judgment. Narrative reviews were the most common form of synthesis research in the past, but today, researchers primarily rely on a more objective and quantitative process called a systematic review. Unlike a narrative review, a systematic review adheres to a pre-established protocol to locate, appraise, and synthesize information from all relevant scientific studies on a particular topic (Petrosino & Lavenberg, 2007). Methodological quality considerations are a standard feature of most systematic reviews today, and studies that fail to reach a specified standard of scientific rigor are typically excluded from the analysis.

Systematic reviews are increasingly incorporating a statistical procedure called meta-analysis, which helps to reduce bias and the potential for erroneous conclusions. In practice, meta-analysis combines the results of many evaluations into one large study with many subjects, thereby counteracting a common methodological problem in evaluation research — small sample size. When systematic reviews and meta-analyses are done well, they arguably provide the most trustworthy evidence about an intervention's effectiveness.

SOMAPI Research Papers Available

SOMAPI resulted in the following research literature reviews being completed:

Adult Sex Offenders

- The incidence and prevalence of sexual offending and victimization
- The etiology of sexual offending
- Adult sex offender typologies
- Internet sexual offending
- Recidivism
- Risk assessment
- Treatment effectiveness
- Sex offender management strategies

Juveniles Who Sexually Offend

- Etiology and typologies
- Assessment of risk for sexual re-offense
- Treatment effectiveness
- Registration and notification
- Recidivism

For more information related to these summaries, please access them at the SMART Office website (<http://www.smart.gov/SOMAPI/index.html>).

What Is Known about Sex Offender Assessment, Treatment, Reentry, and Management

Risk Assessment

Risk assessment is a process for estimating the likelihood that an offender will recidivate. The ability to accurately assess the likelihood of future criminal behavior is important to clinicians, policymakers, and the public alike. Indeed, the effectiveness of sex offender management policies relies on the ability of criminal justice professionals to accurately differentiate sexual offenders according to their risk for recidivism (Hanson & Morton-Bourgon, 2005).

Estimates of risk for sex offenders are used in a variety of decision-making contexts. Typical venues for sex offender risk assessment include—

- Sentencing and criminal adjudications, where the results of the assessment are used to ascertain appropriate levels and periods of confinement and/or community supervision.
- Determinations of treatment needs, settings, and modalities.
- Sex Offender Registration and Notification (SORN) proceedings, where the results of the assessment are used to classify (“level”) offenders based on their assessed risk.
- Civil commitment proceedings, where the results of the assessment are used to argue for and against indefinite confinement based on the assessed risk for sexual recidivism.

Methods of assessing sex offender risk can generally be categorized as follows (Hanson, 1998):

- Unguided (or unstructured) clinical judgment: The evaluator reviews case material and applies personal experience to arrive at a risk estimate, without

relying on a specific list of risk factors or underlying theory to prioritize or weight any of the information used.

- Guided (or structured) clinical judgment: The evaluator begins with a finite list of factors thought to be related to risk, drawn from personal experience and/or theory rather than from relevant empirical evidence.
- Research-guided clinical judgment: The evaluator begins with a finite list of factors identified in the professional literature as being related to risk. While these factors are given priority in the risk assessment, they are combined with other factors and considerations using the clinician's judgment.
- Pure actuarial approach: The evaluator employs an existing instrument composed of a finite, weighted set of factors (generally static, or relatively unchanging and historical in nature) identified in the literature as being associated with risk. The instrument is used to identify the presence or absence of each risk factor, and an estimate of risk is arrived at through a standard, prescribed means of combining the factors. This approach is the only risk assessment method that can be scored using a computerized algorithm or by minimally trained non-clinicians.
- Adjusted actuarial approach: The evaluator begins with the administration of an existing actuarial instrument, and then employs a finite list of considerations that can be used to raise or lower the assessed level of risk.

Criminologist James Bonta (1996) has identified three generations of risk assessment methods: unstructured professional opinion (corresponding to Hanson's {1998} unstructured clinical judgment), actuarial methods using static predictors (corresponding to Hanson's actuarial approach), and methods that include both static and dynamic factors (referred to by Bonta as criminogenic needs¹). By including dynamic risk factors in the assessment process, third-generation risk assessments can be used to both guide and evaluate the impact of intervention efforts.

Hanson and Morton-Bourgon (2009) concluded that empirically derived actuarial approaches were more accurate than unstructured professional judgment in assessing risk of all outcomes (sexual, violent, and any recidivism²). The accuracy of structured professional judgment methods fell in between these two methods. Finally, the current thinking in the field confirms the promise of third-generation

¹ Criminogenic needs are sometimes referred to as dynamic risk factors because they contribute directly to criminal behavior. Criminogenic needs provide targets for rehabilitative intervention.

² Recidivism was defined as a new conviction for a crime in this study. In other studies, different measures of recidivism are used including a new charge/arrest, technical violation of supervision, etc.

risk assessment methods, as research tells us more about the relationship between specific dynamic factors and risk for recidivism (Hanson, 2011; Mann, Hanson, & Thornton, 2010; A. Phenix, personal communication, May 10, 2011).

Adult Sex Offenders

Hanson and Morton-Bourgon (2009) found that for assessing the likelihood of sexual recidivism, the best-supported instruments were the Static-99 (Hanson & Thornton, 2000), Static-2002 (Hanson, Helmus, & Thornton, 2010), MnSOST-R (Epperson et al., 2000), Risk Matrix-2000 Sex (Kingston et al., 2008); and the SVR-20, specifically using the mechanical approach of adding the items (Boer et al., 1997). It is important to note, however, that currently there are no validated risk assessment instruments for certain subsets of sexual offenders, such as child pornography offenders and female offenders.

A number of instruments incorporating dynamic factors have been developed in recent years, including the Stable-2007/Acute-2007 (Hanson et al., 2007) and the Forensic version of the Structured Risk Assessment (Thornton & Knight, 2009). Neither of these instruments, however, has the research backing of the more established instruments of static risk, such as the Static-99R and Static 2002R. A recent meta-analysis (Mann, Hanson, & Thornton, 2010) provides the most complete understanding to date of the relationship between a host of dynamic factors and sex offender recidivism.

The use of third-generation risk assessment instruments that incorporate both static and dynamic risk factors is becoming more prevalent (Hanson & Morton-Bourgon, 2009; A. Phenix, personal communication, May 10, 2011). These instruments have the potential added benefit of providing targets for intervention. An example of a third-generation instrument is the Level of Service/Case Management Inventory (Andrews, Bonta, & Wormith, 2004), which provides a general assessment of risks and needs for criminal-justice-involved persons. Finally, the Violence Risk Scale: Sexual Offender Version (VRS:SO) is a recently developed instrument specifically designed to assess risks and needs among sex offenders.

Juveniles Who Commit Sexual Offenses

Worling and Långström (2003, 2006) contend that most risk factors commonly associated with juvenile sexual offending lack empirical validation. Describing 21 commonly cited risk factors, Worling and Långström (2006) argue that only five—deviant sexual arousal, prior convicted sexual offenses, multiple victims, social isolation, and incomplete sexual offender treatment—are empirically supported through at least two published, independent research studies, and that only two other factors—problematic parent-child relationships and attitudes

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supportive of sexually abusive behavior—have empirical support in at least one study, and thus can be considered “promising” risk factors (see table 1).

Table 1. Worling and Långström’s (2006) Typology of Risk Factors for Sexual Recidivism	
<p>Empirically Supported Risk Factors Empirical support in at least two published, independent research studies</p> <ul style="list-style-type: none"> • Deviant sexual arousal • Prior convicted sexual offenses • Multiple victims • Social isolation • Incomplete sexual offender treatment 	<p>Promising Risk Factors Empirical support in at least one study</p> <ul style="list-style-type: none"> • Problematic parent-child relationships • Attitudes supportive of sexually abusive behavior
<p>Possible Risk Factors General clinical support only</p> <ul style="list-style-type: none"> • Impulsivity • Antisocial orientation • Aggression • Negative peer group association • Sexual preoccupation • Sexual offense of a male • Sexual offense of a child • Use of violence, force, threats, or weapons in a sexual offense • Environmental support for reoffense 	<p>Unlikely Risk Factors Lack empirical support or contradicted by empirical evidence</p> <ul style="list-style-type: none"> • History of sexual victimization • History of nonsexual offending • Sexual offenses involving penetration • Denial of sexual offending • Low victim empathy

Table 1

It is important to recognize, however, that Worling and Långström’s (2006) typology of empirically supported risk factors has not been replicated. Further, both supporting and contradictory evidence regarding some elements of the typology can be found in other studies.

Although there are a number of juvenile sexual risk assessment instruments in use today, the two most commonly used instruments in North America are the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR), both of which are structured and empirically informed instruments designed for clinical assessment. The only actuarial assessment instrument currently available for use with juveniles who commit sexual offenses is the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II), but it is not used as extensively as either the J-SOAP-II or the ERASOR. Unlike the J-SOAP-II and the ERASOR—both of which are structured clinical instruments—the JSORRAT-II is a static assessment instrument. It has been validated by its designers for use only in Utah (where it

was initially developed) and Iowa, but it is also available for use in Georgia and California, where it is presently undergoing validation studies.³

Treatment

Adult Sex Offenders

This review examined the evidence on treatment effectiveness from both individual studies and synthesis research. While there is agreement among researchers that the knowledge base is far from complete, the evidence suggests that cognitive-behavioral/relapse prevention approaches can produce reductions in both sexual and nonsexual recidivism

Taken together, the overall pattern of positive findings from single studies and synthesis research, the positive findings that have emerged specifically from meta-analyses that are based on prudent exclusionary criteria and that employ advanced statistical tests, and subgroup analysis research findings that clearly align with empirically supported principles about effective interventions, all lend support to the conclusion that treatment for sex offenders can be effective.

Treatment, however, does not affect all sex offenders in the same way. The empirical evidence clearly demonstrates that treatment may have a differential impact depending on the characteristics of the treatment participant and other contextual factors. Sex offenders clearly vary in terms of their recidivism risk levels, criminogenic needs and pathways to offending. Hence, rather than following a one size fits all approach, treatment is apt to be most effective when it is tailored to the risks, needs and offense dynamics of individual sex offenders.

There also is mounting evidence that the RNR principles are important for sex offender treatment.⁴ Lovins, Lowenkamp and Latessa (2009) found that high-risk sex offenders who completed intensive residential treatment were more than two times less likely to recidivate than high-risk sex offenders who were not provided intensive treatment. Conversely, low risk sex offenders who were given intensive treatment were 21% *more* likely to recidivate than low-risk sex offenders who were not given intensive treatment. Hanson et al. (2009) found that treatment that adhered to the RNR principles of effective intervention showed the largest reductions in recidivism. In discussing the implications of their research findings

³ Juvenile is defined as ages 12-17 for the J-SOAP-II, ERASOR, and J-SORRAT-II. It should be noted that the use of risk assessment tools with juveniles are short-term rather than long-term measures of risk given the impact of the development process of adolescence.

⁴ RNR principles are risk, need, and responsivity. The Risk Principle indicates that higher risk offenders are more likely to benefit from treatment than lower risk offenders, and the intervention should be commensurate with risk. The Need Principle indicates that interventions should target criminogenic needs/dynamic risk factors that contribute to further offending. The Responsivity Principle indicates that the intervention must be tailored to the learning styles and capabilities of the offender.

for treatment providers, Hanson and his colleagues stated that “we believe that the research evidence supporting the RNR principles is sufficient so that they should be a primary consideration in the design and implementation of intervention programs for sex offenders” (p. 25).

Juveniles Who Commit Sexual Offenses

Given the prevalence of sexual offending by juveniles, therapeutic interventions for juveniles who sexually offend have become a staple of sex offender management practice in jurisdictions across the country. Indeed, the number of treatment programs for juveniles who commit sexual offenses has increased over the past 30 years, and the nature of treatment itself has changed as the developmental and behavioral differences between juvenile and adult sexual offenders have become better understood. Yet, despite the growth and widespread use of treatment with juveniles who sexually offend, uncertainty about the effectiveness of treatment in reducing recidivism is not uncommon. While inconsistent research findings and the fact that few high-quality studies of treatment effectiveness have been undertaken to date have contributed to the uncertainty, both the pattern of research findings and quality of the evidence have been changing in recent years.

This review examined the recent evidence on the effectiveness of treatment for juveniles who commit sexual offenses. While there is widespread agreement among researchers that the knowledge base is far from complete, the weight of the evidence from both individual studies and synthesis research conducted during the past 10 years suggests that therapeutic interventions for juveniles who sexually offend can and do work.

Rigorous studies have demonstrated the efficacy of MST (Multi-Systemic Therapy) in reducing the recidivism of juveniles who commit sexual offenses.⁵ Recent research—both single studies and meta-analyses—on other treatment approaches has also produced positive results. For example, Worling, Litteljohn, and Bookalam (2010) found that the juveniles who participated in a community-based treatment program had significantly better outcomes than comparison group members on several measures of recidivism. Based on a 20-year follow-up period, adolescents who participated in specialized treatment were significantly less likely than comparison group subjects to receive subsequent charges for sexual (9 percent compared to 21 percent), violent nonsexual (22 percent compared to 39 percent), or any (38 percent compared to 57 percent) new offense. The researchers also found that only a minority (11.49 percent) of the adolescent study subjects

⁵ MST is a community-based intervention that addresses the juvenile’s multiple systems (e.g., individual, family, school, community, etc.) to ameliorate the causes of offending behavior.

were charged with a sexual crime as an adult. Waite and colleagues (2005) found that incarcerated juveniles who received intensive treatment in a self-contained housing unit of the correctional facility had better recidivism outcomes than incarcerated juveniles who received less intensive treatment and who remained in the facility's general population. Also, meta-analyses conducted by Reitzel and Carbonell (2006), Winokur and colleagues (2006), and Drake, Aos, and Miller (2009) all found positive treatment effects. Winokur and his colleagues (2006) reported that cognitive/behavioral treatment is effective in both community and residential settings.

Juveniles who sexually offend are clearly quite diverse in terms of their offending behaviors and future public safety risk. In fact, they appear to have far more in common with other juvenile delinquents than they do with adult sexual offenders. Research is demonstrating that there are important developmental, motivational, and behavioral differences between juvenile and adult sexual offenders and also that juveniles who commit sexual offenses are influenced by multiple ecological systems (Letourneau & Borduin, 2008). Hence, therapeutic interventions that are designed specifically for adolescents and children with sexual behavior problems are clearly needed. Moreover, treatment approaches that are developmentally appropriate; that take motivational and behavioral diversity into account; and that focus on family, peer, and other contextual correlates of sexually abusive behavior in youth, rather than focusing on individual psychological deficits alone, are likely to be most effective. In addition, there is an emerging body of evidence suggesting that the delivery of therapeutic services in natural environments enhances treatment effectiveness (Letourneau & Borduin, 2008) and that the enhancement of behavior management skills in parents may be far more important in the treatment of sexually abusive behaviors in children than traditional clinical approaches (St. Amand, Bard, & Silovsky, 2008).

While the knowledge base regarding the effectiveness of treatment for juveniles who sexually offend is both expanding and improving, significant knowledge gaps remain. The need for more high-quality studies on treatment effectiveness has long been a theme in the literature, and both RCTs and well-designed quasi-experiments that examine treatment effects using *equivalent* treatment and comparison groups are greatly needed.⁶ Sound RCTs can provide the most trustworthy evidence about treatment effectiveness, but as Cook (2006) points out, they “are only sufficient for unbiased causal knowledge when” a correct random assignment procedure is chosen and properly implemented, “there is not

⁶ A randomized controlled trial is a research method that employs random assignment to the intervention or control (non-intervention) groups, and compares the outcomes between the two groups.

differential attrition from the study across the groups being compared,” and “there is minimal contamination of the intervention details from one group to another.” Propensity score matching and other advanced techniques for controlling bias and achieving equivalence between treatment and comparison subjects can help enhance the credibility of evidence produced through quasi-experiments. Following their study of treatment effectiveness for adults in California—one of the few treatment studies to employ a randomized design—Marques and colleagues (2005) emphasized the importance of including appropriate comparison groups in future treatment outcome studies, and they urged researchers who assess the effects of treatment “to control for prior risk by using an appropriate actuarial measure for both treatment and comparison groups.” Synthesis studies that are based on prudent exclusionary criteria and that employ the most rigorous analytical methods available are also needed.

Systematic reviews and meta-analyses that are based on the most rigorous studies that incorporate statistical tests to discover potential bias, and that explore how methodological and contextual variations impact treatment effects are well-equipped to provide policymakers and practitioners with highly trustworthy evidence about what works. Future research should also attempt to build a stronger evidence base on the types of treatments that work. Empirical evidence that specifies which types of treatment work or do not work, for who, and in which situations, is important for both policy and practice. There is a need for high-quality studies that help identify offender- and situation-specific treatment approaches that work. Trustworthy evidence on the treatment modalities and elements that are effective with juveniles who have committed sexual offenses was also identified as a pressing need.

Sex Offender Management, Supervision, and Reentry Strategies

Adult Sex Offenders

Specialized Supervision. The development and refinement of specialized legal supervision for sexual offenders has largely occurred over the past 25 years. Specialized supervision frequently involves specially trained probation and parole officers who manage a caseload of sexual offenders using sex-offender-specific supervision strategies that include special conditions of supervision, multidisciplinary collaboration with a treatment provider, and, if appropriate and permissible, the use of GPS and polygraph.

Several large-scale studies have assessed the effectiveness of intensive supervision used with criminal offenders. It is not known whether findings from these studies are generalizable to sex offender populations, but the findings provide important insights concerning the effectiveness of intensive supervision

overall. Results of these studies found no research support for the effectiveness of community-based Intensive Supervised Probation (ISP) with a primary surveillance orientation in reducing criminal recidivism (Aos, Miller, & Drake, 2006; Petersilia & Turner, 1993), but did find research support for the effectiveness of treatment-oriented ISP (Aos, Miller, & Drake, 2006).

Questions about the effectiveness of intensive supervision in the absence of treatment have led to the development of intensive supervision programs with a treatment orientation. A specific example is the containment approach, which includes collaboration on specialized supervision of sexual offenders provided by trained supervision personnel, sex-offense-specific treatment, and polygraph assessment. Research on the effectiveness of specialized supervision strategies such as the containment approach has been completed in a handful of jurisdictions across the country with some studies showing effectiveness, as measured by significant reductions in sexual recidivism, based upon the use of specialized supervision models (Aytes et al., 2001; Lowden et al., 2003; McGrath et al., 2003), while other studies found no recidivism reduction for the program (Boone et al., 2006; Stalans, Seng, & Yarnold, 2002)."

Circles of Support and Accountability (COSA). The COSA model is a supervision strategy involving the use of community volunteers to provide support to an individual sex offender. COSA assists offenders in garnering community resources while holding them accountable to their self-monitoring plan, typically following completion of legal supervision. The limited research to date has demonstrated that COSA participation is effective in reducing sexual recidivism (Wilson, Cortoni, & McWhinnie, 2009; Wilson, Picheca, & Prinzo, 2005).

Polygraph. The use of polygraph assessment with sexual offenders is a somewhat more controversial management strategy than the others described thus far. Three different types of polygraphs are used with sexual offenders: a specific-incident exam that focuses on the sexual offense conviction or other specific offenses or behaviors, a sexual-history exam that explores the offender's history of sexual offending behavior, and a maintenance exam that reviews the offender's compliance with supervision and treatment conditions.

Results of multiple research studies across a variety of jurisdictions indicate that the use of polygraph with sexual offenders leads to additional disclosures. Reported increases in offender disclosure based on polygraph include the number of victims, offenses, and offense categories (Ahlmeyer et al., 2000; English et al.,

2000; Heil, Ahlmeyer, & Simons, 2003; Hindman & Peters, 2001); high-risk behaviors (Buschman et al., 2010; Grubin et al., 2004); and age of onset, duration of offending, and frequency (English et al., 2003). However, in a study conducted by McGrath and colleagues (2007), no significant differences in sexual recidivism between polygraphed and non-polygraphed sex offenders were found.

Electronic Monitoring, including Global Positioning Systems (GPS). Another recent trend in sex offender management and supervision has been the use of GPS to monitor sex offenders. GPS is an updated, more technologically advanced form of the electronic monitoring techniques used with criminal offenders in the past. Research has been mixed on the use of GPS with general criminal offenders, with one systematic review showing no significant reduction in criminal recidivism for offenders subject to electronic monitoring techniques (Aos, Miller, & Drake, 2006), while another study indicated that criminal offenders on electronic monitoring had lower levels of criminal recidivism (Padgett, Bales, & Blomberg, 2006).

In studies on the use of GPS with sexual offenders, research studies have demonstrated no significant reductions in sexual recidivism for those on electronic monitoring (Bonta, Wallace-Capretta, & Rooney, 2000; Gies et al., 2012; TBPP, 2007; Turner et al., 2007), or in the rate of violent crime and rape in jurisdictions utilizing this strategy (Button, DeMichele, & Payne, 2009).

Juveniles Who Commit Sexual Offenses

Insufficient evidence exists to provide a written summary of sex offender management strategies for juveniles who commit sexual offenses.

Summary of the Research on Sex Offender Assessment, Treatment, Management and Reentry

In summary, there is an extensive body of literature on the assessment and treatment of adult sexual offenders and juveniles who commit sexual offenses, and on the management and reentry of adult sexual offenders. Based on this research, the field of sex offender treatment and management has evolved and is currently utilizing a variety of empirically-supported practices. However, the state of the field is far from consistently evidence-based, and it is expected that as further research emerges, additional adaptations to current practice will be necessary. That being said, there is still a relatively good blueprint available for the development of programming specific to the sexual offending population.

A critical component of working with adults and juveniles who commit sexual offenses is the ability to accurately assess risk for future sexual reoffending. Over the past 25 years, a number of risk assessment tools have been developed to address this risk, as the use of such actuarial or empirically-derived instruments have proven more effective than clinical judgment alone. In addition, static (historical and unchangeable) and dynamic (changeable and often referred to as criminogenic needs) risk factors specific to recidivism have been identified for both adult sexual offenders and juveniles who commit sexual offenses.

Specific to adult sexual offenders, a number of actuarial static risk assessment instruments have proven effective in identifying risk for sexual reoffending. In addition to what is referred to as this second generation of risk assessment instruments, a third generation of risk assessment instrument assessing dynamic risk factors or criminogenic needs has now been developed for adult sexual offenders, further enabling practitioners to identify risk for reoffense using both static and dynamic risk measures in combination.

For juveniles who commit sexual offenses, there are a number of unique challenges to accurate risk assessment including the ongoing developmental and maturational process that is taking place in the lives of youth. As a result, risk assessment is more difficult and the results more limited. However, a number of empirically derived and one actuarial juvenile risk assessment instruments have also been developed that predict sexual reoffending with moderate predictive accuracy.

In addition to risk assessment practices, there has been significant development in the ability to identify effective treatment strategies for adult sex offenders and juveniles who commit sexual offenses. While single research studies have helped identify promising practices, the onset of synthesis research has facilitated the combining of individual studies to provide greater evidence for effective practices and overcome the limitations of single studies including small sample sizes and the low base rate for sexual recidivism, which limits predictive accuracy. As a result of

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both single studies and synthesis research, empirical support for the treatment of sexual offenders has now been identified.

Related to adult sexual offenders, strategies that incorporate cognitive-behavioral and relapse prevention have been demonstrated effective, particularly those delivered within the framework of the Risk, Need, Responsivity (RNR) Principles. Treatment individualized on these factors has been found to be significantly more successful than a one-size fits all treatment models.

For juveniles who commit sexual offenses, cognitive behavioral strategies have also shown benefit, as well as family-focused interventions such as Multi-Systemic Therapy (MST). In addition, both community-based and residential treatment programs have demonstrated effectiveness. However, all of these studies have emphasized the importance of utilizing strategies unique to youth and not overlaying adult treatment strategies on a juvenile population. In summary, more research is clearly needed on what constitutes effective treatment for adults and juveniles, but there is an evolving body of research to suggest treatment is beneficial to those who commit sexual offenses.

In terms of sex offender management and reentry strategies, there is also developing body of research to identify what works for adult sex offenders, however, there is not much research for juveniles who commit sexual offenses. In terms of specialized intensive supervision, community corrections supervision (e.g., probation and parole) that also provides a rehabilitation/treatment component have been found to be effective, while supervision in the absence of treatment has not. One example of such a combination is the containment approach, which incorporates sex offense specific treatment, specialized supervision, and polygraph in a collaborative fashion, in a strategy that has been demonstrated to be effective in a limited number of studies.

Specific to a sex offender reentry approach, Circles of Support and Accountability (COSA) is also a promising practice, with relatively widespread support, based on early research support for this intervention that utilizes community support for offender reintegration. More controversial and less conclusive is the use of the polygraph, which has demonstrated the ability to collect additional offending information from offenders, but has not been correlated in and of itself with recidivism reduction. In addition, various stakeholders have raised concerns about the accuracy of polygraph assessment. Similarly, the research on electronic monitoring, which includes Global Positioning Systems (GPS), has shown limited ability to significantly reduce sexual reoffending on its own. As a result, polygraph and electronic monitoring are only recommended for use within a comprehensive supervision and treatment approach, and not as standalone interventions.

In summary, the field of sex offender treatment and management has evolved sufficiently to have developed tools to identify the risk of individual sex offenders with relative accuracy, treatment approaches that can reduce re-offense likelihood, and supervision and reentry strategies for

adults that can be effectively utilized as a part of an overall sex offender management approach. Not bad for 25 years of research growth, but there remains more work to be done.

Implications of the Research for American Indian/Alaska Native (AI/AN) Sex Offenders

The above-noted research studies highlight a number of research-supported practices for the assessment, treatment, management, and reentry of adult sexual offenders and juveniles who commit sexual offenses. However, there is a paucity of research related to American Indian/Alaska Natives (AI/ANs) who have committed sexual offenses or effective strategies for intervening with this population. Despite the often large sample sizes of the studies reviewed, very few include any AI/ANs in the sample and the ones that do have so few as to not be generalizable for the population. In particular, some of the international studies do include aboriginal or indigenous sexual offenders (e.g., Canada), but there is only a limited body of research comparing this group to non-aboriginal sexual offenders, so the cultural implications for aboriginal offenders remain largely unknown. The conclusions that have been made from the research to date must be considered speculative and preliminary, and in need of further verification. Therefore, it is not possible at this time to say whether any of the above-noted strategies are effective with AI/ANs who commit sexual offenses.

It has been hypothesized that cultural differences for AI/ANs may impact the way in which we assess and intervene with this unique population. Factors such as the level of historical cultural trauma, victimization rates, the importance of elders, the degree of familiarity between tribal members, alcohol and drug addiction, and level of co-occurring mental health disorders, among others, may have a significant impact on the development of strategies for AI/ANs in general and sex offenders in particular.

While it can be hypothesized that the identified best practices for adult sexual offenders and juveniles who commit sexual offenses may be effective with an AI/AN population, this is in need of verification via further study. Research studies should focus on the unique characteristics and dynamics of AI/ANs who commit sexual offenses, and the intervention strategies needed to be utilized with this population in clinical trials to determine effectiveness. In addition, given these potentially unique characteristics and dynamics, new or modified assessment, treatment and management strategies may need to be developed and employed to meet the needs of this population.

Until such time as a body of literature has been developed related to AI/ANs who commit sexual offenses, caution should be exercised in the application of any assessment or intervention strategy to this population, and care should be taken to individualize these strategies as much as possible to this population. The Risk, Need, Responsivity (RNR) principles have been found to be an effective paradigm for intervention with general criminal offenders, including sexual offenders, and this model may be applicable to AI/AN offenders as well. However, practitioners and policymakers must be certain that risk and need are being accurately quantified, given the

potential limitations of such risk and need assessment instruments to this population. Assessment instruments may over- or under-predict risk for AI/ANs based on a number of cultural factors that have been correlated with risk for non-AI/AN offenders. The notion of intervention responsibility appears to be relevant for application to any specific group of offenders, including AI/ANs who commit sexual offenses. This principle suggests that the intervention utilized should be geared to the unique cultural components of the population. In the absence of a robust body of research related to AI/ANs who commit sexual offenses, care must be taken to ensure that the assessment or intervention utilized is individualized to this population.

The current body of research on risk assessment, treatment, management, and reentry of adult sexual offenders and juveniles who commit sexual offenses is based on what is known about the population under study. The etiology of sexual offending, specific risk factors, and criminogenic needs are all based on the data provided on the population. It has been hypothesized that the unique experiences and cultural aspects of AI/AN life may identify other potential etiological, risk and need factors that may be salient for sexual offending, or conversely the prevention of sexual reoffending. It should also be emphasized that the term “American Indian/Alaska Native (AI/AN)” is utilized to describe a vast array of different people and communities, and doing research on AI/ANs may not assist with an adequate understanding of working with any given group. In addition, reentry programs will most likely need to be different depending on whether the AI/AN offender is returning to an urban center or a more remote tribal community. So while doing such general research on AI/ANs who commit sexual offenses would be a good first step, research will be needed on different groups of AI/ANs given the differences in culture, shared history, geography, etc.

So how best to proceed? It is recommended that tools, strategies, and programs that have shown effectiveness with adult sexual offenders and juveniles who commit sexual offenses be utilized with AI/ANs. Specific emphasis should be on any available culturally relevant programming, such as that identified by research on aboriginal and indigenous sex offenders in Canada, Australia, and New Zealand. However, the effectiveness of programming for these groups may not inevitably transfer to AI/ANs and caution must be exercised. Once these interventions are implemented, research should be conducted to determine their efficacy. As research becomes available, programming should be adjusted to incorporate the results of the available research.

It is suspected that the application of sex offense specific assessment, treatment, management, and reentry strategies to AI/ANs will ultimately look different than it does for non-AI/ANs. There is a shared responsibility on the part of practitioners and policymakers at the federal, state, and local level, along with AI/AN communities themselves, to ensure that effective strategies are developed to intervene in the problem of sexual violence by tribal members and within tribal communities. Only together, through collaboration, is there an opportunity to develop an AI/AN sex offender treatment and management system that can reduce the occurrence of sexual

victimization perpetrated by AI/ANs and the problem of sexual violence within tribal communities.

Summary and Conclusion

There is very little research available on AI/ANs who commit sexual offenses. The characteristics and dynamics of sexual offending by this population are complicated by unique cultural factors that both pre-date and follow European colonization of North America. Failure to account for these factors may lead to a misinterpretation of the risk and needs of AI/ANs who commit sexual offenses and the use of ineffective assessment, treatment and management strategies. As of this date, it must be recognized there is insufficient evidence to draw any conclusions about the nature of this population or what works as an intervention with this population to reduce future sexual recidivism.

Clearly, more research is needed on AI/ANs who commit sexual offenses. The Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) has recognized the need to enhance the knowledge base related to this population through the commissioning of this initial review of what is known about AI/ANs who commit sexual offenses. Next steps should include further funding for the development of programming, which includes a strong research component, to advance the field and develop an evidence base for future program development and replication. Currently, AI/AN tribes generally have few existing resources to provide sex offender treatment and management services within their communities. Therefore, outside of registry programs that are federally mandated, there is little in the way of such programs available, per a survey completed of tribes as a part of this project.

What appears evident anecdotally to observers is that the unique cultural components related to AI/ANs also impacts the etiology of sexual offending, and must be considered in any future course of action. Risk assessment instruments, treatment strategies, and management approaches must account for and address these factors. And while there is a start in terms of the research done by other countries with significant aboriginal and indigenous populations, the work is far from done and it cannot be reasonably concluded at this time that whatever is indicated by this research will apply to AI/ANs in the United States. There must be an investment of resources and study on AI/ANs who commit sexual offenses in order to have the strongest possible impact on this significant public health issue in Indian Country.

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