

# Sex offender treatment for adults

## EVIDENCE BRIEF

While reported reoffending rates for sex offenders are low, research shows that sex offender treatment for adults results in even lower rates of recorded sexual reoffending.

### OVERVIEW

- This brief covers adult offenders aged 18 and over who offend sexually against children (child sex offenders) and/or against other adults.
- In New Zealand, the Department of Corrections (Corrections) provides treatment for child sex offenders in its special treatment units at Rolleston Prison (Christchurch) and Auckland Prison.
- Corrections also funds providers to deliver its child sex offender treatment programme in community settings.
- Eight international meta-analyses found that sex offender treatment for adults reduces recorded sexual reoffending against children and adults, as well as general reoffending, both of which are typically measured as rearrest or reconviction.
- New Zealand studies have found that child sex offender treatment is effective in this country. For example, a 2012 study found that fewer child sex offenders were charged with a new sexual offence (7%) than would be expected (10%) had they not received treatment.
- One challenge is that recorded reoffending is not an accurate measure of the extent of sexual reoffending because these offences are under-reported and many reported cases do not proceed to conviction.

- In New Zealand, sex offender treatment in prison and community settings is typically funded for child sex offenders. There might be scope to expand investment to cover those who offend against adults. Any expansion would need to keep pace with the supply of suitably trained professionals to do this highly skilled work.

### EVIDENCE BRIEF SUMMARY

Evidence rating:	Promising
Unit cost:	Prison-based programmes: approximately \$14,000 (2014/15) Community-based programmes: approximately \$18,000 (2014/15)
Recorded sexual reoffending:	A 2012 study found that, in New Zealand, 7% of child sex offenders were charged with a new sexual offence, which is less than the 10% that would be expected had they not received treatment
Current justice sector spend:	Prison-based programmes: approximately \$2m (2014/15) Community-based programmes: approximately \$800,000 (2014/15)
Unmet demand:	Low for child sex offenders who receive government funded treatment, but the true level of demand cannot be established due to the hidden nature of this type of offending

---

## TYPES OF SEX OFFENDER TREATMENT FOR ADULTS

Sexual offending is particularly harmful to victims. Reducing sexual reoffending will reduce the rate of victimisation and associated harm. This means it is important to treat sex offenders to reduce reoffending.

The four major types of treatment for sex offending by adults are:

- behavioural intervention: uses positive and negative reinforcement to help offenders learn appropriate sexual behaviour
- cognitive behavioural therapy: teaches offenders new ways of thinking and skills that help them stop harmful behaviour
- psychotherapy: helps offenders understand why they have inappropriate sexual preferences and to correct their behaviour
- hormonal treatment or voluntary physical castration: reduces offenders' sex drive.<sup>1</sup>

---

## DELIVERY OF SEX OFFENDER TREATMENT FOR ADULTS IN NEW ZEALAND

In New Zealand, sex offender treatment for adults is delivered in prison and community settings.

Most of this treatment is for adults who offend sexually against children. These offenders are referred to as 'child sex offenders'.

Corrections provides intensive group treatment for child sex offenders in its special treatment units at Rolleston Prison (Christchurch) and Auckland Prison. Corrections also delivers a short intervention programme for low risk child sex offenders.

Corrections funds providers to deliver its child sex offender treatment programme in the community. This programme is delivered to adult offenders who have offended against children aged under 16. The programme provides individual, group and family counselling and support, as well as advice for partners and/or whānau members.

The three main non-profit organisations that provide community-based treatment are SAFE Network Inc, WellStop and STOP Trust. These providers tailor their interventions to meet the needs of individual offenders.

Treatment is on a small scale. In 2014/15, 145 people started one of Corrections' child sex offender treatment programmes in prison and 46 started its community-based programme.

The main type of treatment offered is cognitive behavioural therapy that focuses on teaching offenders healthy ways to manage their behaviour and avoid relapse. Some offenders receive hormonal treatment on a strictly voluntary basis.

Corrections runs programmes for adults who offend sexually against adults, in three of its special treatment units for violent offenders.

Individual assessment and treatment is also undertaken with adults who offend sexually against children and/or adults.

---

## CURRENT INVESTMENT IN NEW ZEALAND

Corrections funds child sex offender treatment programmes in prison and community settings.

In 2014/15, Corrections spent approximately \$2m on prison-based programmes. These programmes consist of:

- a 12-month intensive programme for child sex offenders, delivered in special treatment units at Rolleston and Auckland Prisons
- a 12-week short intervention programme for child sex offenders with a low risk of reoffending; this programme is delivered by staff at Corrections' special treatment units.

In 2014/15, Corrections spent approximately \$800,000 on its community-based programme for child sex offenders.

There might be scope to expand investment to cover adults who offend sexually against adults. Any expansion of sex offender treatment would need to keep pace with the supply of suitably trained professionals to do this highly skilled work.

---

## DOES SEX OFFENDER TREATMENT FOR ADULTS REDUCE REOFFENDING?

### International evidence

International research on the effectiveness of sex offender treatment for adults found it reduces recorded sexual reoffending against children and adults, and general reoffending, amongst the subgroup of offenders who enter treatment programmes.

Reviewed meta-analyses found that sex offender treatment led to small reductions in recorded child and adult sexual reoffending, as well as general reoffending (see table on p.9).

An economic analysis of sex offender treatment in the community, found that the benefits-to-cost ratio for this treatment was \$6.36 in benefits for every \$1 spent. The researchers calculated that the treatment's benefits would exceed its costs 85% of the time. The equivalent results for sex offender treatment in prison were \$1.87 in benefits for every \$1 spent, with benefits exceeding costs 78% of the time.<sup>ii</sup>

### New Zealand evidence

Studies have found that child sex offender treatment for adults in New Zealand is effective.

- Three separate studies have assessed the child sex offender treatment programme provided by Corrections in its special treatment units at Rolleston and Auckland Prisons. The researchers found that child sex offenders who completed the programme, were significantly less likely to be charged or reconvicted for a sexual offence than untreated child sex offenders.<sup>iii</sup>
- The specific results from these three studies are:

- in 1998, Bakker et al.<sup>iv</sup> found the percentage of child sex offenders who completed the programme and had a reconviction for sexual offences was 8%, compared to 21% for the control group
- in 2003, Nathan et al.<sup>v</sup> found 5.47% of treated child sex offenders were reconvicted for sexual reoffending, compared with 21% of the control group
- in 2012, Moore<sup>vi</sup> found that fewer child sex offenders were charged with a new sexual offence (7.24%) than would be expected (10%) had they not received treatment.

- An evaluation of three community-based treatment programmes for child sex offenders, found the sexual offending reconviction rate for treated offenders was approximately half that of the comparison group.<sup>vii</sup>
- In 2015, Corrections reported that the rate of reconviction for child sex offenders who completed its treatment programme in its special treatment units, was 4.1% lower than for comparable untreated offenders.<sup>viii</sup>

### Other considerations

One challenge for researchers is the low reporting rate for sexual offences. This means that conviction data for sex offences is not an accurate indication of the true prevalence of this type of offending.<sup>ix</sup> For example, in New Zealand, the reporting rate to the Police for all offences has been estimated at approximately 32%, while that for sexual offences is approximately 9%.<sup>x</sup>

Low reporting rates are compounded by high attrition rates for those offences that do reach prosecution. In New Zealand, a 2009 study found that 31% of sexual violence incidents reported to the Police were prosecuted, while 13% of reported incidents resulted in a conviction. The researchers noted that attrition

during the trial process accounted for a large proportion of cases that failed to advance through the court process.<sup>xi</sup>

A 2011 study found that sex offenders in New Zealand were more likely to be reimprisoned for a subsequent general offence, than a subsequent sex offence.<sup>xii</sup>

---

## WHAT MAKES SEX OFFENDER TREATMENT FOR ADULTS EFFECTIVE?

While there are mixed findings in the meta-analyses, factors that seem to influence treatment effectiveness are:

- type of treatment: studies found cognitive-behavioural therapy, behavioural interventions and/or hormonal treatment reduce sexual reoffending<sup>xiii</sup>
- programme design: treatments designed specifically for sexual offenders are more effective than general programmes that include sexual offenders<sup>xiv</sup>
- risk of reoffending: treatment is more effective if the content and delivery is matched to offenders' level of risk; for low risk offenders, the untreated reoffending rate is so small that there is little scope for treatment to reduce reoffending further.<sup>xv</sup>

More specifically, Marshall et al.<sup>xvi</sup> state that the factors which increase treatment effectiveness are:

- targeting 'dynamic risk factors' (e.g. emotional loneliness, sexual preoccupation, low self-control)
- using appropriate interventions to treat these risk factors
- delivering treatment in a warm, empathic and nonjudgmental way.

We cannot draw conclusions about the effectiveness of treatment for different types of sex offenders because too few studies focus on subtypes of sexual offending (e.g. rape, indecent exposure, peeping).<sup>xvii</sup>

## WHAT OTHER BENEFITS DOES SEX OFFENDER TREATMENT FOR ADULTS HAVE?

Research on the effectiveness of sex offender treatment for adults has tended to focus on reoffending, so there is little information about any other benefits from this treatment.

Byrne et al.<sup>xviii</sup> studied a psychotherapeutic intervention designed to assist adults convicted of a sexual offence to describe their emotions. These researchers found that treated offenders' ability to describe their feelings increased significantly compared with the matched control group.

Given that sexual abuse is associated with a variety of psychological, social, behavioural and physical problems for victims, any reduction in sexual reoffending would be beneficial in terms of reducing the harm caused by sexual offending.<sup>xix</sup>

## EVIDENCE RATING AND RECOMMENDATIONS

Each Evidence Brief provides an evidence rating between Harmful and Strong.

Harmful	Robust evidence that intervention increases crime
Poor	Robust evidence that intervention tends to have no effect
Inconclusive	Conflicting evidence that intervention can reduce crime
Fair	Some evidence that intervention can reduce crime
Promising	Robust international <i>or</i> local evidence that intervention tends to reduce crime
Strong	Robust international <i>and</i> local evidence that intervention tends to reduce crime

According to the standard criteria for all Evidence Briefs<sup>1</sup> the appropriate evidence rating for sex offender treatment is Promising.

According to our standard interpretation, this means that:

- there is robust international or local evidence that interventions tend to reduce crime
- interventions may well reduce crime if implemented well; and
- further evaluation is desirable to confirm interventions are reducing crime and to support the fine-tuning of its design.

A high-quality randomised controlled trial, which found sex offender treatment for adults in New Zealand reduced reoffending, would raise the evidence rating from Promising to Strong. The ethics (e.g. withholding treatment from the control group) of conducting a randomised controlled trial would need to be considered.

<sup>1</sup> Available at [www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/](http://www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/)

**First edition completed:** May 2015.

**Second edition completed:** September 2016.

**Primary authors:** Tim Hughes and Sarah Talboys, Sector Group, Ministry of Justice.

---

## FIND OUT MORE

### Web

[www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/](http://www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/)

### Email

[whatworks@justice.govt.nz](mailto:whatworks@justice.govt.nz)

### Recommended reading

Schmucker, M. & Losel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11: 597-630.

Dennis, J., Khan, O., Ferriter, M., Huband, N., Powney, M. & Duggan, C. (2012). Psychological interventions for adults who have sexually offended or are at risk of offending (Review). *The Cochrane Library, Issue 12*. New Jersey: John Wiley & Sons, Inc.

Hanson, R., Bourgon, G., Helmus, L. & Hodgson, S. (2009). *A Meta-Analysis of the Effectiveness of Treatment for Sexual Offenders: Risk, Need and Responsivity*. Ottawa: Public Safety Canada.

Schmucker, M. & Losel, F. (2008). Does sexual offender treatment work? A systematic review of outcome evaluations. *Psicothema*, 20(1): 10-19.

## Citations

- 
- <sup>i</sup> MacKenzie 2006  
<sup>ii</sup> Washington State Institute for Public Policy 2015  
<sup>iii</sup> Bakker et al. 1998, Nathan et al. 2003, Moore 2012  
<sup>iv</sup> Bakker et al. 1998  
<sup>v</sup> Nathan et al. 2003  
<sup>vi</sup> Moore 2012  
<sup>vii</sup> Lambie & Stewart 2003  
<sup>viii</sup> Department of Corrections 2015  
<sup>ix</sup> Nadesu 2011  
<sup>x</sup> Ministry of Justice 2015  
<sup>xi</sup> Triggs et al. 2009  
<sup>xii</sup> Nadesu 2011  
<sup>xiii</sup> Hanson et al. 2002, Hanson et al. 2009, Schmucker & Losel 2008, Schmucker & Losel 2015, MacKenzie 2006, Hall 1995  
<sup>xiv</sup> Schmucker & Losel 2008  
<sup>xv</sup> Schmucker & Losel 2015  
<sup>xvi</sup> Marshall & Marshall 2015  
<sup>xvii</sup> Dennis 2012  
<sup>xviii</sup> Byrne et al. 2016  
<sup>xix</sup> Whitaker et al. 2008, Fergusson et al. 2013, Follette et al. 1996

## REFERENCES

- Alexander, M. (1999). Sexual Offender Treatment Efficacy Revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11(2): 101-116.
- Bakker, L., Hudson, S., Wales, D. & Riley, D. (1998). *And there was light... Evaluating the Kia Marama Treatment Programme for New Zealand Sex Offenders Against Children*. Wellington: Department of Corrections.
- Beech, A., Freemantle, N., Power, C. & Fisher, D. (2015). An examination of potential biases in research designs used to assess the efficacy of sex offender treatment. *Journal of Aggression, Conflict and Peace Research*, 7(4): 204-222.
- Byrne, G., Bogue, J., Egan, R. & Lonergan, E. (2016). "Identifying and Describing Emotions": Measuring the Effectiveness of a Brief, Alexithymia-Specific, Intervention for a Sex Offender Population. *Sexual Abuse: A Journal of Research and Treatment*, 28(7): 599-619.
- Dennis, J., Khan, O., Ferriter, M., Huband, N., Powney, M. & Duggan, C. (2012). Psychological interventions for adults who have sexually offended or are at risk of offending (Review). *The Cochrane Library, Issue 12*. New Jersey: John Wiley & Sons, Inc.
- Department of Corrections. (2015). *Annual Report 1 July 2014 – 30 June 2015*. Wellington: Department of Corrections.
- Fergusson, D., McLeod, G. & Horwood, L. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect*, 37(9): 664-674.
- Follette, V., Polusny, M., Bechtel, A. & Naugle, A. (1996). Cumulative Trauma: The Impact of Child Sexual Abuse, Adult Sexual Assault, and Spouse Abuse. *Journal of Traumatic Stress*, 9(1): 25-35.
- Hall, G. (1995). Sexual offender recidivism revisited: a meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology*, 63(5): 802-809.
- Hanson, R., Gordon, A., Harris, A., Marques, J., Murphy, W., Quinsey, V. & Seto, M. (2002). First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2): 169-194.
- Hanson, R., Bourgon, G., Helmus, L. & Hodgson, S. (2009). *A Meta-Analysis of the Effectiveness of Treatment for Sexual Offenders: Risk, Need and Responsivity*. Ottawa: Public Safety Canada.
- Lambie, I. & Stewart, M. (2003). *Community Solutions for the Community's Problem: An Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment Programmes*. Wellington: Department of Corrections.
- MacKenzie, D. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. Cambridge: Cambridge University Press.
- Marshall, W. & Marshall, L. (2015). Psychological Treatment of the Paraphilias: a Review and an Appraisal of Effectiveness. *Current Psychiatry Reports*. Issue 6, Article 47.
- Ministry of Justice. (2015). *NZCASS Reporting Crime Data Tables*. Wellington: Ministry of Justice.
- Moore, L. (2012). *A Comparison of Offence History and Post-Release Outcomes for Sexual Offenders Against Children in New Zealand Who Attended or Did Not Attend the Kia Marama Special Treatment Unit*. University of Canterbury: Unpublished Masters Thesis.
- Nadesu, A. (2011). *Reconviction Rates of Sex Offenders: Five year follow-up study: Sex offenders against children vs offenders against adults*. Wellington: Department of Corrections.
- Nathan, L., Wilson, N. & Hillman, D. (2003). *Te Whakakotahitanga: An evaluation of the Te Piriti Special Treatment Programme for child sex offenders in New Zealand*. Wellington: Department of Corrections.
- Schmucker, M. & Losel, F. (2008). Does sexual offender treatment work? A systematic review of outcome evaluations. *Psicothema*, 20(1): 10-19.
- Schmucker, M. & Losel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11: 597-630.
- Triggs, S., Mossman, E., Jordan, J. & Kingi, V. (2009). *Responding to sexual violence: Attrition in the New Zealand criminal justice system*. Wellington: Ministry of Women's Affairs.
- Washington State Institute for Public Policy. (2015). *What Works and What Does Not? Benefit-Cost Findings from WSIPP*. Olympia: Washington State Institute for Public Policy.
- Whitaker, D., Le, B., Hanson, R., Baker, C., McMahon, P., Ryan, G., Klein A. & Rice, D. (2008). Risk factors for the perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse & Neglect*, 32(5): 529-548.

## SUMMARY OF EFFECT SIZES FROM META-ANALYSES

Treatment type	Meta-analysis <sup>2</sup>	Type of offender	Outcome measure	Reported average effect size	Number of estimates meta-analysis based on	Assuming 10% untreated recidivism	
						Percentage point reduction in reoffending	Number needed to treat
Hormonal treatment	MacKenzie 2006	Adolescents and adults	Both child and adult sexual reoffending	OR=4.01*	4	0.07	14
Behavioural treatment	MacKenzie 2006	Adolescents and adults	Both child and adult sexual reoffending	OR=2.92*	3	0.06	16
Cognitive behavioural therapy	MacKenzie 2006	Adolescents and adults	Both child and adult sexual reoffending	OR=2.04*	7	0.05	21
Mix of psychological treatments	Alexander 1999	Adolescents and adults	Both child and adult sexual reoffending	ARR=0.05 NR	79	0.05	20
Mix of treatments	Schmucker and Losel 2008	Adolescents and adults	Both child and adult sexual reoffending	OR1.7*	74	0.04	26
Mix of psychological treatments	Beech et al 2015	Adolescents and adults	Both child and adult sexual reoffending	1.72*	50	0.04	25
		Adolescents and adults	General reoffending	1.85*	32	0.04	23
Mix of psychological treatments	Hanson et al 2009	Adolescents and adults	Both child and adult sexual reoffending	OR1.52*	22	0.03	31
		Adolescents and adults	General reoffending	OR1.64*	13	0.04	27
Mix of psychological treatments	Schmucker & Losel 2015	Adolescents and adults	Both child and adult sexual reoffending	OR1.41*	28	0.03	37
		Adolescents and adults	General reoffending	OR1.45*	14	0.03	35
Mix of treatments	Hall 1995	Adolescents and adults	Both child and adult sexual reoffending	d=0.24 NR	12	0.03	30
Mix of psychological treatments	Hanson et al 2002	Adolescents and adults	Child and adult sexual reoffending	OR=1.23*	38	0.02	58
		Adolescents and adults	General reoffending	OR=1.79*	31	0.04	24
Cognitive behavioural therapy	Dennis et al 2012	Adults only	Child sexual reoffending	RR=1.10 NS	1	(0.01)	NA

\* Statistically significant at a 95% threshold

OR=Odds ratio

d=Cohen's d or variant (standardised mean difference)

ARR=Absolute risk reduction

NA=Not applicable (no positive impact from treatment)

RR=Risk ratio

NS=Not significant

NR=Significance not reported

<sup>2</sup> The meta-analyses include studies of adolescents and adults who offend sexually against children and adults. The overall effect size averages out any differences in effect sizes for these groups of offenders.