



## TREATMENT

- Stable, Occupied, Accountable, Plan (SOAP)
  - Cognitive-Behavioral Treatment
  - Risk Management
  - Plan for Building a Better Life

## TREATMENT CAN WORK

- Treatment completion brings average 40% reduction in re-offense
- Majority not known to re-offend even without treatment
- All treatment must be driven by individualized assessment
- Treatment is not psychoeducation or "sex offender class"; it's about building a balanced, self-determined life

## A BRIEF HISTORY OF TREATMENT...

- Furby, Weinrott, & Bradshaw (1989):
  - No significant treatment effect due to methodology variability.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
  - 17% untreated
  - 10% treated
  - Equivalent to a 40% reduction
  - Youth do best with community treatment
- Losel, F., & Schmucker, M. (2005).
  - Re-offense reduced by nearly 40%

## 2005: THE SOTEP STUDY

- Randomized clinical trial
- No overall differences between treated and untreated groups, but:
  - Clients who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they "got it" (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

## TREATMENT DOES GET PEOPLE TO MANAGE THEIR BEHAVIOR.

- Treatment does not result in long-term drastic changes to sexual interests. (i.e. managing sexual interest in children, not developing completely new sexual interests).

## THREE MAIN PRINCIPLES

- Risk principle:
  - target most intensive services to highest risk
- Need principle:
  - target treatment goals should be based in research
- Responsivity principle:
  - tailor services to characteristics of the offender

**EFFECTIVE PROFESSIONALS**

- ▶ Warm
- ▶ Empathic
- ▶ Rewarding
- ▶ Directive
- ▶ Marshall (2005)



**TREATMENT FOCUS**

- Self-regulation
- Abuse-supportive attitudes and beliefs
- Interpersonal competence
- Abuse-related sexual interests

**EFFECTIVE TREATMENT**

- Gets the client to argue on behalf of change
- Meets the client where they're at (i.e. brow-beating doesn't work)

**PARHAR, WORMITH, ET AL., 2008**

- Meta-analysis of 129 studies
  - Mandated/Coercive treatment ineffective
  - particularly in custodial settings whereas
  - voluntary treatment produced significant treatment effect sizes regardless of setting.



**2007-12**

- Wilson, Cortoni, et al.
- Collaborative risk management, RNR principles, & holistic community aftercare can contribute to reduced re-offense
- Motivation varied across subgroups
- Illustrates need for post-institution community follow-up
  - Goal of "balanced, self-determined lifestyle"
  - (Similar to NewStart program in Saskatchewan)



**WHAT'S OUR GOAL?**

- Stopping the behavior?
- Justice for the victim?
- Preventing re-offense?



# Sexual Assault: Assessment, Treatment, Prevention

Response Systems to Adult Sexual Assault Crimes Panel established by the United States Secretary of Defense

## THE SAFEST SEX OFFENDER

- Someone who has a place to live
- connected to support people to which he or she is accountable,
- has work
- has everything to lose by repeating a sexual assault.

• Gwenda Willis, August 2012/Doug Boer September 2012

## IMPORTANT

- Most people who sexually abuse want to prevent relapse



- Some don't



- Assessment matters

## PEOPLE'S BEST RESOURCE FOR PREVENTION

- Each other
- Culture matters:
  - No secrets
  - Talk about it

## WURTELE, 2012

Organizations as foundations for prevention

- Culture
- Screening and monitoring procedures
- Boundary education
- Policies



## END GAME

- Sexual violence can be prevented
- Punishment doesn't work
- Treatment can work