

# **Another Look at Sex Offender Treatment Efficacy: A Within-Treatment Design**

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### Abstract

The purpose of this study was to fill an existing hole in the literature on sex offender treatment efficacy by measuring within-treatment changes in psychological and interpersonal adjustment in a sample of convicted sexual offenders. The sample consisted of 30 adult males convicted of sexual offences who were in group treatment for approximately 2 years. Results revealed statistically significant improvement in the offenders' emotional and cognitive maturity, ability to identify and process personal thoughts and emotions, and improved self-esteem and interpersonal interactions. Significant decreases were also observed in the offender's tendencies to distort reality in order to fit their wants and needs. Results also reveal a considerable reduction in the number of elevated personality scales from pre-test to follow-up. Implications of these findings and recommendations for treatment and further research are provided.

Key words: Sex offender treatment effectiveness, sex offender treatment efficacy, Jesness Inventory-Revised, and personality change.

## Introduction

The effectiveness of sex offender treatment has been extensively studied using a variety of methodological designs: Random assignment (Marques, Wiederanders, Day, Nelson, & Van Ommeren, 2005), descriptive (Bates, Falshaw, Corbett, Patel, & Friendship, 2004), risk band analysis (Barbaree, Langton, & Peacock, 2003; Yates & Langton, 2004), incidental cohort (Proctor, 1996), statistical control (Friendship, Mann, & Beech, 2003; Hanson, Broom, & Stephenson, 2004), matched comparison design (McGrath, Cumming, Livingston, & Hoke, 2003; Nicholaichuk, Gordon, Gu, & Wong, 2000), and meta-analysis (Hall, 1995; Hanson, Gordon, Harris, Marques, Murphy, Quinsey, et al., 2002; Losel & Schmucker, 2005). However, in spite of the over two decades of accumulated research, the effectiveness of sex offender treatment has not yet been conclusively demonstrated.

A review of the existing research reveals that the efficacy of sex offender treatment has primarily used recidivism as the ultimate outcome measure of treatment effectiveness (Harkins & Beech, 2007). Under this methodology, sex offender treatment is deemed “effective” based on whether or not an offender re-offended over a particular length of time. There are methodological flaws inherently associated with this type of research design, which would greatly hinder finding conclusive treatment effects when ultimately measuring rates of recidivism. First, base rates for sexual re-offending range between 20 to 30% (Hanson & Bussiere, 1998; Prentky & Lee, 2007). Given that this rate of sexual re-offense is relatively low, as compared with other types of offending behaviors, empirically identifying a significant treatment effect becomes difficult. Researchers would either need an exceptionally powerful treatment effect or a very

large number of comparable subjects to compensate for this low rate of re-offending. The second problem in measuring treatment efficacy through rates of re-offense is that realistically only a fraction of sexual offenses are reported, and of those reported only a small percentage are caught and prosecuted, causing a natural bias in the data. It is estimated that only about 40% of rapes and sexual assaults are reported to police, and of those reported, only about 50% of the offenders are arrested (U.S. Department of Justice, 2005). Therefore, based on these numbers, only about 20% of offenders will actually be reported and arrested for a sexual abuse, leaving 80% of the offenders unidentifiable through re-arrest or re-conviction records. This low rate of overall detection (i.e., low base rates and reporting) is a considerable confounding limitation to the existing research, and makes reconviction a poor barometer for the effectiveness of sex offender treatment.

Other researchers have proposed an alternative methodological approach to measuring the effectiveness of sex offender treatment –within-treatment designs (Beech, Erickson, Friendship, & Ditchfield, 2001; Friendship, Falshaw, & Beech, 2003; Hanson, 1997; Harkins & Beech, 2007). A within treatment design would allow researchers to evaluate a client's change within treatment, rather than measuring a time delayed outcome such as recidivism. Harkins and Beech write "Looking at whether or not the group members demonstrate changes in the areas that they are meant to demonstrate change in (i.e., areas targeted in treatment) is a useful way of examining the relationship between treatment effectiveness and reconviction" (p. 41). Evaluating within treatment change is also consistent with the current trend in sex offender risk assessment of dynamic risk factors. Dynamic risk factors consist primarily of

psychosocial characteristics that are somewhat stable, but can change over time (i.e., substance abuse, mental health issues, cognitive distortions, and impulsivity). Dynamic risk factors help determine the offender's risk to re-offend by assessing changes in the offender's recent psychological state, cognitions, and behavior. Although research has been conducted that uses a within treatment research design to measure change during sex offender treatment (Beech et al., 2001; Friendship et al., 2003; Hanson, 1997; Harkins & Beech, 2007; Hedderman & Sugg, 1996; Marques et al., 2005), the authors were unable to find studies that measure within treatment changes via standardized psychological instruments. We believe that this is a limitation and hole in the existing literature. Consistent with literature on sex offender dynamic risk factors, changes in an offender's psychological and interpersonal adjustment, such as their cognitive distortions, impulsivity, antisocial attitudes and beliefs, and ability to build and sustain healthy relationships are proximal links to, and significant predictors of, sexual recidivism (Hanson, Harris, Scott, & Helmus, 2007). Therefore, the purpose of this study was to fill an existing hole in the literature on sex offender treatment efficacy by measuring within-treatment changes in the offender's psychological and interpersonal adjustment. Two research questions drove this research: 1) Did offender Jesness-R personality scales significantly decrease in elevation between the pretest and follow-up Jesness-R administrations, and 2) If offenders had an elevation ( $T \leq 60$ ) on a particular Jesness-R personality scale at pretest, how many of those offenders continued to have elevated personality T scores at follow-up?

## Method

### Participants

Participants in the study originally consisted of 32 males on probation for sexual offenses and court ordered to participate in sex offender treatment. From the original 32 participants, two were excluded from the study. One participant experienced significant health problems and was hospitalized during the post-test administration. The second excluded participant was previously diagnosed with schizophrenia and was experiencing heightened delusions at the time of the post-test, rendering the post-test results invalid. Post-test evaluations occurred an average of 23.83 months after the offender's first meeting with their probation officer.

The final pool of 30 participants consisted of 29 Caucasian and 1 African American males. Twenty-five participants were convicted of sexual crimes against minor females, 1 against a minor male, 3 against adult females, while 1 was convicted of a sexual crime against an adult male. Participants ranged in age from 22 to 67 years of age, with a mean age of 39.5 (SD = 12.45) and median of 40.5. All 30 participants were involved in weekly sex offender treatment groups. Treatment groups followed the NAVCON BRIG treatment curriculum (Edel, Nelson, Arnold, & Marin, 1998), a cognitive behavioral treatment program developed specifically for sexual offenders. At follow-up, all participants successfully completed the Victim Awareness, Cognitive Restructuring, and Relapse Prevention chapters in NAVCON BRIG. Victim Awareness facilitates awareness for the effect their crime had on their victim(s), as well as others, and fosters the development of empathy for those victims. Cognitive Restructuring confronts cognitive distortions, denial, rationalizations, and justifications regarding their acting out

behavior. Relapse Prevention addresses preventative measures the offenders can take to identify high risk situations, safety plans for escaping from or dealing with high risk situations, and processing thoughts, feelings, and behaviors involved in their crime. In addition to sex offender treatment, each person participated in routine polygraph evaluations throughout their treatment, and had at least monthly one-on-one meetings with their probation officer.

### Instruments

Each participant completed the Jesness Inventory-Revised (Jesness-R; Jesness, 2003) when they started probation as a component of their initial amenability for sex offender treatment/risk evaluation. The Jesness-R is a personality inventory frequently used in correctional settings. The Jesness-R has acceptable internal consistency estimates for offenders and non-offenders, and validity, particularly by its classification accuracy through the use of the instrument's individual personality scales (Jesness, 2003). Research has also shown that the Jesness-R performs as well, if not better, than many other personality instruments at classifying offenders, distinguishing among various behavioral characteristics, and predicting recidivism (Carbonell, 1983; Haapanen & Jesness, 1982).

The Jesness-R is a 160-item instrument which uses a True-False, forced choice format, and provides users with an overall personality profile or "subtype" based on Integration Level (I-level) Theory (Sullivan, Grant, & Grant, 1957). I-level theory proposes that normal childhood development is characterized by more mature levels of perceptual interpretation. In addition to the I-level subtype profile, the Jesness-R also provides test users with 11 personality scales. While the subtype profiles provide a

more stable, enduring classification of how the examinee perceives the world around them, the personality scales provide more state-like information pertaining to a number of different psychological and interpersonal adjustment measures (Jesness, 2003). The Jesness-R personality scales consist of the : Social Maladjustment, Value Orientation, Immaturity, Autism, Alienation, Manifest Aggression, Withdrawal-Depression, Social Anxiety, Repression, Denial, and Asocial Index Scales. The Social Maladjustment Scale measures problematic social relationships, aggressive behaviors, and poor academic or job performance. The Value Orientation Scale measures the degree to which an individual maintains the “tough guy” persona, a gang mentality, the drive for excitement and stimulation, and at lower levels a fear of failure. Immaturity is the tendency for an individual to display attitudes and beliefs that are typical for a person of a younger age than the individual. Autism measures a person’s tendency to distort reality to fit their wants and needs. The Alienation Scale measures distrust and estrangement toward others, particularly toward authority figures. Manifest Aggression measures an individual’s propensity toward experiencing feelings of anger and aggression, and internal perceptions of those emotions. The Withdrawal-Depression Scale measures symptoms consistent with depression and sadness, dissatisfaction with him- or herself and others, and a tendency toward isolation. Social Anxiety is defined and measured by feelings of anxiety and discomfort in interpersonal relations. The Repression Scale measures difficulty identifying and labeling emotions. Denial assesses an individual’s reluctance to acknowledge unpleasant events or conditions within their life. The Asocial Index measures an individual’s disregard for social customs or rules. The Jesness-R



also utilizes a Lie Scale and Random Responding Scale to measure patterns in item responding that would invalidate the administration.

The STATIC 99 (Harris, Phenix, Hanson, & Thornton, 2003) and Level of Service Inventory-R (LSI-R; Andrews & Bonta, 1995) were used in this study to measure the offender's overall level of risk to re-offend. The Static-99 measures 10 risk factors based on criminal history, victim characteristics, and offender relationship history that have been empirically identified as reliable and valid in predicting risk to sexually re-offend (Hanson & Morton-Bourgon, 2004). The LSI-R measures 54 risk and need factors contained within 10 larger criminogenic domains designed to inform correctional personnel about offender's dynamic risk factors, criminogenic needs, and inform recommendations for levels of supervision. Research has generated an impressive body of literature supporting the LSI-R's predictive validity for institutional infractions (Bonta, 1989), probation failure (Flores, Lowenkamp, Smith, & Latessa, 2006; Andrews, Kiessling, Robinson, & Mickus, 1986), and overall recidivism (Andrews & Bonta; Goggin, Gendreau, & Gray, 1998).

## Results

Risk scores for sexual recidivism, as measured by the STATIC 99, averaged 2 points (Low Risk; SD = 1.51), and ranged from 0 (Low risk) to 4 (Medium-High risk). Four participants scored zero points on the STATIC 99, 7 scored 1 point (Low risk), 8 participants scored 2 points (Medium-Low risk), 7 scored 3 points (Medium-Low risk), 3 scored 4 points, while 1 scored 7 points (High risk). The offender's general risk to re-offend was measured with the LSI-R. This sample had an average LSI-R score of 15.67 (SD = 7.16). Ten participants scored within the Low Risk range (0 to 13 points) on the

LSI-R, 17 scored within the Medium Low Risk range (14 to 23 points), while 3 scored within the Medium Risk range (24 to 33 points). Zero offenders scored within the Medium High (34 to 40 points) or High Risk (41 to 47 points) ranges. Therefore, results indicate that this sample of sexual offenders were identified as being at a low to moderate risk to re-offend both sexually and non-sexually.

Results obtained to answer research question 1: *Did offender Jesness-R personality scales decrease in elevation between the pretest and follow-up Jesness-R administrations?* are provided in Table 1. Results from these paired sample T tests reveal statistically significant decreases in the Immaturity ( $t = 6.83$ ;  $p < .001$ ), Autism ( $t = 4.05$ ;  $p < .001$ ), Repression ( $t = 6.94$ ;  $p < .001$ ), and Withdrawal-Depression ( $t = 2.36$ ;  $p < .05$ ), Jesness-R personality scales over the approximately 24 months of participation in the sex offender treatment program. Although not the focus of this study, results also reveal significant T score increases in the Value Orientation ( $t = -2.85$ ;  $p < .01$ ), Manifest Aggression ( $t = -2.04$ ;  $p < .05$ ), and Alienation ( $t = -1.72$ ;  $p < .05$ ) personality scales.

The authors conducted a frequency analysis of offenders with elevated personality T scores to answer research question 2: *If offenders had an elevation ( $T \leq 60$ ) on a particular Jesness-R personality scale at pretest, how many of those offenders continued to have elevated personality T scores at follow-up?* Results (Table 2) reveal that at pre-test 69 personality scales were elevated, and that only 16 of those same elevations remained at follow-up, which accounts for a 76.81% decrease in the number of elevated personality scales. Seven of the offender's personality scales were observed to be elevated at follow-up that were not elevated at pretest. Therefore, taking

into account new cases of elevated scales, a total 66.67% decrease was observed in the number of elevated personality scales between pretest and follow-up.

### Discussion

The purpose of this research was to contribute to the existing literature on sex offender treatment efficacy by measuring personality changes during the course of treatment in a sample of adult male sexual offenders. Results of this study revealed that after approximately 24 months of intense outpatient sex offender treatment, significant improvement was observed in the offenders' emotional and cognitive maturity, their tendencies to distort reality in order to fit their wants and needs, ability to identify and process personal thoughts and feelings, and improved self-esteem and interpersonal interactions.

These findings are consistent with the content contained within the NAVCON BRIG treatment curriculum used with this sample. The NAVCON BRIG chapter Victim Empathy, for example, provides psychoeducation and exercises that teach and encourage empathy for the victims of the abuse, as well as respect and accountability for the results of the offender's actions as a whole. The content and purpose of this particular chapter is consistent with the elements comprised within the Jesness-R Repression scale, which addresses an offender's ability to identify and process personal thoughts and emotions. NAVCON BRIG also contains a chapter on Cognitive Distortions which addresses the impact such distortions had in the offenders' crime and other acting out behavior. The content contained within this specific chapter is consistent with the elements comprised within the Jesness-R Immaturity (i.e., the offenders cognitive maturity) and Autism personality scales (i.e., tendencies to distort

reality to fit their needs). Lastly, NAVCON BRIG also has a specific chapter entitled Relationship Skills, which devotes attention to enhancing healthy relationships and interpersonal communication. The content and purpose of this particular NAVCON BRIG chapter is consistent with elements comprised within the Jesness-R Withdrawal-Depression personality scale, in that the Relationship Skills chapter specifically confronts the problems associated with isolative behaviors, provides concrete exercises for healthy interpersonal communication, and promotes the emotional benefit in maintaining a positive, prosocial support network. These results provide compelling evidence that significant and beneficial growth occurred in this sample's psychological and interpersonal adjustment as a result of participation in the sex offender treatment program's NAVCON BRIG curriculum.

By evaluating changes within the Jesness-R personality scales, this study also simultaneously measured criminogenic factors known to predict sexual recidivism, primarily those regarding self-regulation (i.e., impulsivity, poor problem solving skills, and emotional instability or difficulties) and intimacy deficits (Hanson et al., 2007). In other words, the significant and positive changes observed in the offender's emotional / cognitive maturity, reduction of cognitive distortions, ability to identify and process emotions, and improved interpersonal skills are positive changes to personality and interpersonal factors known to predict sexual recidivism. Therefore, one could infer from these findings that the improvements seen in this sample's psychological and interpersonal adjustment is indicative of a significant reduction in the offender's risk of recidivism and suggestive of positive treatment effects.

Contrary to expected results, data generated in this study show that the Manifest Aggression, Alienation, and Value Orientation scales significantly increased. In terms of mean increases in the Manifest Aggression scale, individuals with elevations on Manifest Aggression tend to feel uncomfortable by their own emotions, think they tend to overreact to their emotions and are concerned about controlling their feelings (Jesness, 2003). When compared to this sample's significant improvement in their ability and tendency to identify and process personal thoughts and emotions (i.e., Repression scale) the increase seen in the Manifest Aggression T scores could mean that participants in this study became uncomfortable with the "new" feelings they were now able to identify and process within the group treatment setting. The implications of this finding could mean that sex offender group facilitators may have to integrate additional therapeutic exercises into NAVCON BRIG specifically, or sex offender groups in general, in order to help offenders become more comfortable and less threatened with the emotions they are experiencing. There is little value in therapy exploring old, painful memories, or teaching clients how to identify current emotions, if that same therapy does not simultaneously help teach the client how to sit with these emotions and become comfortable with this process of internal exploration.

It is plausible to assume that the significant increase in mean Alienation scores may be reflective of a larger, situational issue. Alienation "refers to the presence of distrust and estrangement in relationships with others, especially with authority figures" (Jesness, 2003, p. 17). Public notification statutes which alert the public to the presence of convicted sex offenders have been enacted in all 50 states, and a majority of states have begun enacting residency restrictions, such as the 2000 foot law. Research has

shown that many convicted sexual offenders lose employment, housing and experience physical vigilantism as a result of this public notification (Brannon, Levenson, Fortney, & Baker, 2007; Mercado, Alvarez, Levenson, 2008). As a result, these offenders become fearful of, or extremely hesitant, in interacting with others around them for fear of retribution. Although these statutes are enacted for public safety, the results of this study would support that these statutes appear to have detrimental and inadvertent affects on the offenders by negatively impacting their trust in authority figures, and resulting in problematic, isolative behaviors. This hypothesis would suggest that, although we as treatment providers can not change state legislation, sex offender treatment programs may have to address these probable fears and interpretations within the treatment context, and provide support and alternative ways of thinking and behaving in response to these statutes.

A significant mean increase in the Value Orientation T scores was also observed. Given that no scale was elevated at or above a T score of 60 during the pretest or follow-up, this increase in mean scores may suggest that participants in this study experienced more situationally-based feelings of frustration, negativity and fear of failure from the pre-test to follow-up. Although this may be due to the above referenced residency restrictions, public notification, and/or unease in dealing with newly found emotions, this finding and its cause needs to be evaluated further.

There are a couple limitations of this study that should be addressed. First, although this study revealed significant decreases in both the elevation of personality scale T scores, as well as the number of offenders with elevated ( $T \geq 60$ ) T scores, a conclusive treatment effect can not be determined without a comparable and randomly

selected control group. However, given the ethical and possibly legal ramifications for withholding needed treatment to convicted sexual offenders who end up recidivating for the purposes of research, the authors consciously decided against including a control group into this study. Marshall, Anderson, and Fernandez (1999) proposed that less scientifically stringent criteria is acceptable for research on sex offender treatment efficacy due to ethical restrictions, and can generate meaningful and valuable results in light of the alternative option of conducting unethical research by allowing untreated sexual offenders to return to public and continue their pattern of victimization. An alternative method to random assignment of sex offenders to a non-treatment, control group is to use a matched-pair design. However, despite attempts made by the authors a comparable group of adult males who have recently been convicted of a sexual offence who have been court ordered not to receive treatment could not be identified. A second limitation in this study is that this sample was comprised primarily of Caucasian, male participants. Although the ratio of Caucasian to non-Caucasian participants closely fits the natural ratio of clientele in the Iowa Department of Correctional Services' (DCS), as a whole, and DCS's Fifth Judicial District's Sex Offender Treatment Program, specifically, it may not be representative of settings and programs containing a greater concentration of minority offenders. Also, this sample was identified as being in the low to moderate risk range for recidivating. Therefore, the generalizability of the present findings may be restricted to adult, Caucasian male sexual offenders who are of low to moderate risk to re-offend until further study or replication of this research can be conducted.

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Table 1.

*Pretest and Follow-up Jesness-R Personality Scale Means, SD and T Scores*

Jesness-R Personality Scales	Pretest Mean & (SD)	Follow-Up Mean & (SD)	T statistic
Social Maladjustment (SM)	40.93 (11.2)	42.90 (5.60)	-.99
Value Orientation (VO)	39.59 (8.21)	43.76 (5.28)	-2.85**
Immaturity (Imm)	63.2 (10.5)	48.3 (6.67)	6.83***
Autism (Au)	52.57 (8.12)	46.3 (6.50)	4.05***
Alienation (Al)	41.77 (7.41)	44.03 (5.20)	-1.72*
Manifest Aggression (MA)	41.37 (9.28)	44.03 (5.98)	-2.04*
Withdrawal-Depression (Wd)	50.87 (9.49)	47.73 (9.09)	2.36*
Social Anxiety (SA)	49.57 (13.6)	50.17 (10.20)	-.39
Repression (Rep)	59.7 (9.40)	46.77 (9.72)	6.94***
Denial (Den)	54.33 (11.6)	53.63 (9.69)	.39
Asocial Index (Ai)	45.87 (9.78)	44.97 (5.32)	.56

\*  $p < .05$ \*\*  $p < .01$ \*\*\*  $p < .001$

Table 2

*Number and Percentage of Offenders who Maintained Elevated T scores From Pretest to Follow-up*

	Pretest # of Offenders (%)	Follow-up # of Offenders (%)	% Reduction from Pretest to Follow- up
Social Maladjustment (SM)	0	0	N/A
Value Orientation (VO)	0	0	N/A
Immaturity (Imm)	18 (60.0%)	1 (3.33%)*	94.44%
Autism (Au)	5 (16.67%)	0	100%
Alienation (Al)	1 (3.33%)	0	100%
Manifest Aggression (MA)	1 (3.33%)	0	100%
Withdrawal-Depression (Wd)	4 (13.33%)	2 (6.67%)**	50%
Social Anxiety (SA)	9 (30.00%)	4 (13.33%)	55.56%
Repression (Rep)	17 (56.67%)	4 (13.33%)	76.47%
Denial (Den)	10 (33.33%)	5 (16.67%)***	50%
Asocial Index (Ai)	4 (13.33%)	0	100%
<b># of elevated T scores</b>	<b>69</b>	<b>23†</b>	<b>66.67%</b>

\* In addition to the 1 offender who maintained his elevated IMM score, 1 offender's IMM score became elevated at follow-up.

\*\* In addition to the 2 offenders who maintained their elevated WD scores, 2 offender's WD scores became elevated at follow-up.

\*\*\* In addition to the 5 offender who maintained their elevated DEN scores, 4 offender's DEN scores became elevated at follow-up.

† Including new offender elevations