



# Community based Management for Sex Offenders in the US: An Evidence based Evaluation

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## Abstract

*The last two decades have witnessed the enactment of sex offense legislation aimed at decreasing recidivism and keeping communities safe from dangerous sex offenders. Research shows that, in most cases, current sex offender policy in the US does little to actually achieve this intended goal. The current article discusses the limitations of current policy, offers promising evidence-based alternatives, and then discusses these alternatives in the context of social work practice.*

Keywords: Sex offender, registration, community notification, The Good Lives Model, public health, risk assessment, social work practice.

## Introduction

Social work practice with sexual offenders is not new. For example, the Philadelphia Child Guidance Clinic's Adolescent Sex Offender program has been an important training ground for graduate social work students in family therapy (Sefarbi, 1986). However, social work, as with society as a whole, has had an ambivalent relationship with the provision of care and community integration for Registered Sex Offenders (RSOs) (Lea, Auburn & Kibblewhite, 1999). As a profession that champions the rights and treatment of those who have been most oppressed and victimized, social work has, by and large, been more involved with victims' rights than with meeting the needs of RSOs. However, solely working with victims may not lead to social change and transformation, and does not decrease the likelihood that offenders will offend or reoffend. As such, the process of social change demands that social workers focus attention on the policy and practice issues regarding the perpetration of sexual offenses. This is especially true for community-based services, which clearly fall within the practice and policy domain of the profession.

Over the last two decades, the enactment of contemporary sex offender legislation has proliferated. Beginning in the early 1990s, sex offender registration and community

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notification (SORN) policies became the preferred state and federal level management tool for handling RSOs in our communities. Scholars argue that these laws were enacted despite the lack of evidence showing their effectiveness (Terry & Ackerman, 2009; Terry, 2011). However, research suggests that certain evidence-based practices may be effective in reducing recidivism and assisting former RSOs to live productive and meaningful lives.

In the following sections, we explore what is known about the provision of community based management, treatment, and support and services regarding RSOs. We present an exploration of various aspects of community based programming, not the evaluation of a comprehensive approach. While a handful of community based approaches for this population exist that utilize evidence-based practices, the vast majority of the literature on them focus almost exclusively on the need for and not the development of such programs and practices (Association for the Treatment of Sexual Abusers (ATSA), 2011; Center for Sex Offender Management (CSOM), 2000; 2009). For instance, CSOM (2009) and ATSA (2011) both provide frameworks for building community collaborations and list various important key players. This is an important first step, and elsewhere, Ackerman, Furman and Osborn (n.d.) address the nuanced approaches to building community collaboration. Though a few small collaborative community projects exist, the majority of current sex offender policy is limited in that it is broad in scope and potentially ineffective.

It is important to note that our claims regarding the paucity of research and evidence is based upon a comprehensive review of the literature. Toward this end, a thorough search of the literature, using relevant search terms was conducted. Search terms included Megan's Law, registration, community notification, sex offender, treatment, risk assessment, and community. Academic Search Complete, Google Scholar, PsychINFO, PsychARTICLES and Web of Science were utilized to conduct the search. The following section briefly discusses the limitations of current policies and explores why the collaborative framework is essential.

### **Legislative and Offender Based Limitations**

The last two decades has brought about significant changes to the way RSOs are managed in our communities. Primarily, SORN policies were created in response to a few highly publicized cases where recidivist sex offenders committed heinous crimes against young children with whom they had no previous relationship. To date, all 50 states have SORN; however, scholars contend that these policies were implemented without research or evidence of their effectiveness (Terry & Ackerman, 2009; Terry, 2011).

In 2006, the federal government passed the Adam Walsh Child Protection and Safety Act (AWA) (Pub.L. 109-248) as one of the most comprehensive and ambitious pieces of federal legislation regarding sex offenders (Terry & Ackerman, 2009; Terry, 2011). The AWA called for uniformity, consistency, and collaboration across jurisdictions. Terry (2011) argues that the AWA effectively limits states' discretion in policy implementation and the use of evidence-based risk assessments. States that comply with the AWA are required to institute an offense-based risk classification system instead of a risk-based system. This increases both the number of offenders listed on each registry and changes the risk level of thousands of people (Harris, Lobanov-Rostovsky, & Levenson, 2010), making it impossible for community members to discern risk (Terry, 2011). Scholars continue to caution the blanket acceptance of laws like the AWA because they fail to protect the majority of sex offenses from occurring.

Awareness about the unintended consequences of broad-based legislative mandates took hold in the latter half of the 2000s and most studies find that SORN is not effective in reducing recidivism. There are several cited reasons for this ineffectiveness. First, Eysen (2011) suggests that many sex offenders are not registered or are not re-registered upon a change of address. Similarly, Powers (2004) argues that much of the information contained within sex offender registries is out-of-date. For the most part, evaluations of registration and community notification find little effect on sex offender recidivism, but some of the findings provide mixed results (Ackerman, Sacks, & Greenberg, 2011; Barnoski, 2005; Drake & Aos, 2009; Duwe & Donnay, 2008; Letourneau, Levenson, Brandyptadhyay, Armstrong, & Sinha, 2010; Prescott & Rockoff, 2008; Shao & Li, 2006; Socia & Stamatel, 2010; Tewksbury & Jennings, 2010; Veysey & Zgoba, 2010). For example, both Drake and Aos (2009) and Socia & Stamatel (2010) conducted reviews of studies examining registration and community notification and found no significant effects on recidivism rates. Ackerman, Sacks, and Greenberg (2011) conducted a national study on the effects of SORN on rape rates and found no support for the legislation. However, Letourneau, et al (2010) found some support for the general deterrent effect of SORN, as did Prescott & Rockoff (2008) and Shao and Li (2006). Two studies, focusing on the specific deterrent effect of community notification have found promising results, but only in states that utilize evidence-based risk classifications where the highest risk offenders are subject to increased community notification (Barnoski, 2005; Duwe & Donnay, 2008). Duwe and Donnay (2008) even suggest that, given their results, states should not utilize community notification for lower risk offenders.

### **Unintended Consequences of RCNL - Access to basic social services and employment**

In addition to the lack of support for SORN, the laws may have far reaching consequences (Beck & Travis, 2004) and several studies have confirmed such consequences in various realms of life, including housing, employment, and interpersonal relationships (Burchfield & Mingus, 2008; Levenson & Cotter, 2005a; Levenson & Cotter, 2005b; Levenson & D'Amora, 2007; Mercado, Alvarez, & Levenson, 2008; Mustaine, Tewksbury & Stengel, 2006; Tewksbury, 2004; Zevitz & Farkas, 2000). Lack of access to suitable housing increases the likelihood that an RSO will live in a neighborhood characterized by instability and social disorganization (Mustaine, Tewksbury, & Stengel, 2006).

It has also been argued that the stress associated with SORN may be linked to increased risk factors that are linked to recidivism (Edwards & Hensley, 2001; Freeman-Longo, 1996; Levenson, 2003; Levenson & Cotter, 2005); to date only one study has addressed sex offender recidivism in the context of the strain associated with SORN. Ackerman and Sacks (in press) found that individuals with high levels of anger - often due to these unintended consequences - are more likely to act out in criminal, though not always sexual, ways. A recent quantitative review of the literature on the impact of community notification on sex offender reintegration found that, while only a minority of sex offenders experience vigilantism or, loss of a job or a home, the majority of offenders experienced negative psychological consequences as a result of notification (Lasher & McGrath, 2012).

### **Lack of access to services and employment**

Despite only a minority of sex offenders exhibiting loss of a job or a home, it is well documented in the literature that offenders returning to communities face serious problems and that lack of a home or job, as well as access to other social services makes it increasingly difficult for offenders to desist from crime (Hipp, Janenetta, Shah, & Turner, 2009). Given the research on residence restrictions and access to affordable housing for sex offenders (Mustaine, Tewksbury, & Stengel, 2006), it stands to reason that sex offenders are more likely to face issues with lack of access to the services most needed for successful reintegration. Hipp et al. (2009) found that, while sex offenders in urban counties lived close to the substance abuse, mental health, and health care providers, these providers exhibited the highest demand and as such, the providers closely situated to those most in need of services had limited capacity to serve them. Studies have also found that lack of access to viable transportation and limited information regarding the existence of community service providers encumbers offenders, including RSOs, from accessing the very services they need to reintegrate and desist from criminal behavior (La Vigne, et al., 2004; Visher, et al., 2007; Visher & Farrell, 2005). The same is true for lack of access to stable employment. Brown, Spencer, and Deakin (2007) found that additional barriers exist with regard to employment for sex offenders and Kruttschnitt, Uggen, and Shelton (2000) found that the combination of stable employment and sex offender treatment were the only factors linked to reduced recidivism. Similarly, in a large recidivism study, Hanson and Harris (1998) found that the sex offenders who were most likely to reoffend were those who lacked stable employment.

### **Community and Victim Based Limitations**

Aside from legislative and offender limitations and barriers, another avenue that impedes successful reintegration involves the community at large. Two areas of community limitations are worth noting. The first involves attitudes and myths about RSOs that stem, in large part, from the media over-amplification of deviance in general, and sex offenses in particular (McRobbie & Thornton, 1995; Spencer, 2009). The second focuses on victims' unwillingness to report their victimization and the various reasons why.

Media attention is often reserved for the most sensational sex crimes, leaving the public with a misunderstanding about typical forms of sexual abuse and assault (Sample & Kadleck, 2008). Public opinion surveys demonstrate a public that does not understand the nature of sexual offenses. For example, surveys suggest that people believe sex offenders will inevitably reoffend (Katz, Levenson, & Ackerman, 2008; Levenson, Brannon, Fortney, & Baker, 2007), while recidivism studies find that sex offenders actually have a low level of reported recidivism that ranges from 5.3 to 24% (Bureau of Justice Statistics, 2003; Hanson & Bussierre, 1998; Hanson & Morton-Bourgon, 2005; Harris & Hanson, 2004). Similarly, though the misconception about sex crimes is that strangers will abduct our children, in actuality, approximately 93% of victims know their offender (Berliner, Schram, Miller, & Milloy, 1995).

It is estimated that up to 60% of sex crimes are not reported to law enforcement (Bureau of Justice Statistics, 2010 Laws & Ward, 2011). Empirical studies have found that several variables are related to delays in reporting, including gender, relationship to the offender, offense severity, and stigmatization of both the victim and the offender. For example, females are far more likely to report sex crimes than are males (Bureau of Justice

Statistics, 2005). Similarly, Arata (1998) found that victims who knew their assailant did not report nor had significant delays in reporting and Rennison's work (2002) supports this finding. As for offense severity, some research finds that low-level offenses are more likely to result in reports (Arata, 1998; Gries, Goh, & Cavanaugh, 1996), while other studies suggest that more serious forms of abuse are more likely to be reported (DiPietro, Runyon, & Fredrickson, 1997; Hanson, et al., 1999).

Unfortunately, given the stigma associated with sexual abuse and assault, many people choose not to disclose. Hlavka (2008) notes that children often feel partially responsible for the abuse that occurs and, consequently, choose not to disclose. In addition, when the abuser is a family member, the reluctance to report grows, as the child fears the breakup of his or her family (Finkelhor & Wolak, 2003). Victim advocacy groups suggest that sexual victimization should be viewed through a public health lens. For example, Stop It Now! successfully lobbied the Center For Disease Control to conduct research into the causes and risk factors associated with the perpetration of child sexual abuse from a public health paradigm. After convening a panel of experts on the subject, it was concluded that one way to address the issue of child sexual abuse, particularly with those who do not report, is to break the "veil of silence" surrounding the issue.

Sex offender management and policy considerations can be discussed in two divergent, but equally important venues. In the first arena, there is a discussion surrounding the use of macro-level SORN policies and how they influence offenders and communities, while the second arena is focused more on community members themselves, and how communities can influence offender reintegration. Currently, the policy and management strategies most often utilized to address sexual offending lack evidence for reducing recidivism. SORN policies do not seem to provide a general deterrent, and the few studies that find a specific deterrent effect were conducted in jurisdictions with evidence-based risk classification systems in place. Concurrent to the research on the effectiveness of SORN systems, studies find that sex offenders experience negative psychological consequences of SORN and a minority of them experience the loss of a job or home, or have decreased access to the very services they need to successfully reintegrate into society.

With regard to the second arena, it is apparent that media over-simplification of crime, in general, and RSOs in particular, influences what people know about the group as a whole. Studies suggest that community members lack the necessary knowledge to make informed decisions of RSO policy. Similarly, the lack of understanding, the taboo nature of discussions surrounding sexual abuse, and other factors associate with the lack of or delay in disclosure, decreases one's overall likelihood of coming forward. The following section discusses the known evidence-based practices (EBP) with regard to reducing recidivism and changing the biases and erroneous ideas that exist within our communities.

### **Evidence-Based Practice**

Regardless of the population being served, EBPs have several notable benefits, the most important being reduced recidivism. With regard to sex crimes, much of the research on EBPs focuses almost exclusively on treatment and risk assessment protocols. The following section discusses the use of EBPs to reduce recidivism. In addition to a discussion about specific EBPs, we discuss how they pertain to collaborative community approaches to managing sex offenders and reducing sexual violence.

It is first important to note that the use of EBPs does not seem to be gaining popularity among lawmakers and community members, quite possibly because of the media attention

often afforded high profile sex crimes (Sample & Kadleck, 2008). The practice of using evidence based approaches in treatment and management is essential, though often difficult to implement (Seave, 2011). EBPs are only based on research and information currently available (Prendergast, 2011) and we note that the research on SORN still nascent. As such, researchers and practitioners should continually evaluate best practices to ensure the use of programs that are effective.

### **The Good Lives Model**

Treatment is an important aspect of reintegration. This is so for both sexual and non-sexual recidivism committed post-SORN. Imposition of SORN does not ensure treatment compliance, nor does it guarantee that all individuals in need of treatment receive it. Specifically this is so because the majority of individuals in need of treatment are not actually RSOs. Laws and Ward (2011), suggest that as many as 64% of sexual assaults/rapes never come to the attention of law enforcement. Of the cases that are reported, only about 11% of those successfully prosecuted are mandated to treatment (Laws and Ward, 2011). Some sex offenders receive some form of sex offender treatment while incarcerated; however, the transition into a community setting provides an opportunity to match the offender with specialized treatment crafted specifically for his/her needs. There are three EBPs that have shown significant progress in the desistance of sexual offending, The Good Lives Model (GLM), actuarial risk assessment protocols, and The Public Health Model (Stop It Now!, 2012).

The GLM is a strengths-based model that focuses on equipping offenders with both the internal and external resources necessary to desist from criminal behavior (Laws & Ward, 2011; Scoones, Willis, & Grace, 2012). According to Ward and Stewart (2003), crime occurs as a result of a maladaptive attempt to obtain life values. As such, Scoones, et al. (2012) suggest that rehabilitation efforts should focus on helping the offender secure the necessary skills to meet life's values without harming others. Research shows that offenders who are given proper release planning, one element of the GLM, are more likely to reoffend than offenders who receive proper release planning (Willis & Grace, 2008; 2009). GLM is utilized internationally as an important theoretical framework for treatment and a recent study found higher rates of completion among individuals participating in a GLM framework (Simons, McCullar, & Tyler, 2008). While full evaluations of the GLM in practice are currently underway, sex offender treatment programs are increasingly utilizing GLM in their rehabilitation programs (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010).

### **Risk Assessment Protocols**

Sex offender management can only be successful if the professionals tasked with differentiating risk can do so accurately (Hanson & Morton-Bourgon, 2007). Hanson & Morton-Bourgon (2009) examined the accuracy of various prediction tools and found that the pure actuarial approach produces the most accurate decisions about risk of recidivism. There appears to be growing consensus in the field regarding the actuarial approach (Barbaree, Seto, Langton, & Peacock, 2001; Hanson & Morton Bourgon, 2009; Jackson & Hess, 2007), as research has shown that when clinicians adjust the actuarial risk score, the accuracy of the prediction of risk is decreased (Gore, 2007).

Several states utilize actuarial risk assessment instruments to assess and assign risk, to determine who will be placed on the sex offender registry, and to create specialized

treatment (ATSA, 2011). Though the use of these tools is often required, there is little in the way of specific guidelines for the appropriate use of the scores (Quinsey, Harris, Rice, & LaLumiere, 1993). According to the Center for Sex Offender Management (CSOM, 2007) differences in training or theoretical orientation regarding offending can lead to differing assessments of risk on the same offender. As such, it is essential that clinicians and/or evaluators are properly trained on the use of each possible assessment tool.

Several assessment tools are available for use with the sex offender population. These tools are comprised of static, dynamic, or static and dynamic risk factors. Static factors include those variables that do not change, while dynamic factors can change over time. The STATIC-99 (Hanson & Thornton, 1999) is a scale comprised of 10 static factors. The Minnesota Sex Offender Screening Tool – Revised (MnSOST-R, Epperson, Kaul, & Hesselton, 2000) contains 16 items, including both static and dynamic factors, and can be scored using information typically found in an offender's correctional file. Finally, the Sex Offender Risk Appraisal Guide, or the SORAG (Quinsey, Harris, Rice, & Cormier, 1998) was developed to assess risk of violent and sexual recidivism. These are just three of several empirically validated tools that can be utilized to make determinations of risk. Studies have found that static risk factors, such as offense history and victim demographics, can moderately predict sexual recidivism (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004), but they do little to inform treatment needs or changes over time. One possible solution is to utilize a risk assessment protocol that encompasses both static and dynamic risk factors. As noted, states often mandate the use of a specific assessment tool for making determinations about risk level and placement on enhanced supervision in the community (Craig, Thornton, Beech, & Browne, 2007). This does not preclude local communities from utilizing risk assessment. However, there should be awareness around the importance of adherence to the actual score. Research suggests and sheds some concern about the use of scores in making actual decisions or judgments about offenders (Blasko, Jeglic & Mercado, 2011; Jackson & Hess, 2007; Watson & Vess, 2007). Blasko, et al. (2011) suggests that evaluators utilize factors with no established link to sexual recidivism in their decisions regarding risk. This may influence the release or lack of supervision of higher risk offenders in our communities. As such, we recommend the use of empirically based assessment protocols that utilize both static and dynamic factors related to risk to be used at the local level. In addition, training should be offered on an ongoing basis for all individuals responsible for the evaluation of risk.

### **The Public Health Model**

Stop it Now! is a child sexual abuse prevention organization that has been in operation since the mid-1990s. The organization works with survivors, offenders, and communities to prevent sexual abuse. By providing the public and especially potential offenders, with the proper educational materials and support, Stop It Now! believes child sexual abuse will decrease. The organization has created effective media campaigns and educational material to disseminate to the public. The agency runs a prevention helpline (1-888-Prevent) where callers, those at risk to offend, typically have access to professional staff who specialize in identifying treatment options, understanding problem behaviors, and recognizing warning signs of abuse (Ackerman & Terry, 2009).

This work is primarily based in a public health paradigm and research has shown that public health campaigns have been effective in drinking and driving, smoking, and HIV prevention (Holtgrave, 1995; Voas, 1997). Evaluations of the public health model show

that media campaigns do prevent child sexual abuse. In an early evaluation Vermont Stop It Now! media campaign, callers, including adults who thought they were in danger of abusing a child or parents/guardians calling for assistance for their adolescent child, requested help from the prevention hotline and voluntarily entered treatment and/or the legal system (Chasan-Taber & Tabachnick, 2001). In addition to individuals calling for assistance, public knowledge and awareness surrounding the issue of child sexual abuse increased in the two years following the start of the public media campaign (Chasan-Taber & Tabachnick, 1999). Shober and colleagues (2008) examined the Minnesota *Stop It Now!* program, evaluating three areas of change: community and system change, widespread behavior change, and population-level change. Findings suggest that *Stop It Now!* was successful in reducing the number of reported cases of child sexual abuse and in increasing the number of preventative reporting calls at a higher rate than “reactive” calls.

### **Overview of Evidence-Based Practice**

Evidence regarding reductions in sexual offenses shows promising results. The GLM suggests that equipping sex offenders with both the internal and external resources necessary to lead productive lives leads to decreases in recidivism. In addition to providing offenders with these skills, it is still important to understand the level of risk they pose to community; several actuarial risk assessment protocols have been shown to accurately predict risk of reoffending. However, the community can play an important role in reducing offending by understanding sexual offending, and by empowering people to talk openly about the topic. Stop It Now! has shown promising results in fostering a sense of understanding regarding sexual abuse and has even created a venue for those at risk of offending to seek help. These individuals, the ones who have yet to come to the attention of law enforcement, are an important group to reach because they likely have not yet committed a sexual offense. The first section of this paper discusses current sex offender policy and shows that it is ineffective in producing significant reductions in recidivism. The second section focused on evidence-based practices that have shown promise in delineating risk of reoffending, providing the necessary skills for ex-offenders to lead productive lives, to create empowered communities willing to engage in conversations about sexual abuse, and to seek help when needed. In the final section, we discuss implications for social workers and individuals in allied professions as their work pertains to RSOs.

### **Conclusion: Implications for Practitioners**

There are several important implications for social work, criminal justice and allied professions and practitioners. First, as with many other domains of practice, it is essential that a careful assessment of the evidence be explored in the context of values, and that value dilemmas are explicated and directly addressed. For instance, social work’s long-standing advocacy for victims’ rights and the protection of victims may make it hard for some to integrate some of the evidence presented here into their practice. Integrating and including RSOs into community life may be difficult for some community members; social workers and other practitioners establishing programs and practices based upon this evidence may suggest interventions that make some victims feel unsafe. In such situations, it is important that practitioners engage various constituents in a patient process of education, and be clear to validate the feelings of those who fear RSOs within their community. Similarly, practitioners must help to correct misconceptions that have been



advanced through the media's treatment of related issues. They can also help community members re-frame discussions from ones characterized by emotionality, to ones' which focus on what the evidence suggests is best for communities. Conversations like this can happen in various formats, from one on one discussion with key community partners to community forums. Changing perceptions regarding RSOs and what is best for the community will demand a variety of micro and macro level approaches.

Second, the evidence suggests the need for the development of community based services that do not conflict with current state laws, yet are based upon the use of best evidence. While long-term policy change is essential, practitioners must work for the betterment of the community within the context of current state policies and guidelines. As mentioned, approaches that seek to mobilize and educate various sectors of the community, such as victims, victim advocates, offenders, police, parole and probation, social service and educational providers should be considered. Exploring models of community organization or the implementation of wraparound approaches may prove beneficial. The development of community based approaches whereby various constituents can come together, assess and evaluate currently developed and tested practices and approaches would be an invaluable step in many communities. Such groups are not bound to only select tested approaches, yet being aware of the evidence can help communities and various constituents integrate community-based practices into their decision making. Meetings like this can allow various stakeholders and organizations to collectively develop outcomes in order to help facilitate the process of developing a body of evidence to help plan services and facilitate research and program evaluation (Kania & Kramer, 2011).

As implied, a third key implication is the importance of policy being informed by evidence. While the development of social policy is often based upon values rather than data and evidence (Caputo, 2005), the unintended consequences of ignoring evidence can be powerful, and can actually create value conflicts. Social policy regarding RSOs which, on the surface, appears to be guided by the need for safety can paradoxically create an increased risk for RSO recidivism. Practitioners should work to educate legislators on the impact of state policies, and help them explore how the use of evidence can lead to improved community safety. During these difficult economic times, legislators seem to be increasingly interested in exploring evidenced based approaches; social workers should take the opportunity to meet with state level lawmakers who make community safety an important part of their platform, or who serve on safety and law environment related committees.

Lastly, practitioners themselves must be willing to review the evidence on the integration of RSOs into the community, and assess the degree to which they have been susceptible to erroneous information about RSOs. Even for practitioners whose primary work is not with sex offending populations, those who work with forensic populations will have the opportunity to make decisions that will impact the lives of RSOs and the communities in which they reside. By critically examining this evidence and comparing it to their own perceptions, practitioners can engage in the type of critical reflection that increases their ability to become reflective practitioners.

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