

SUCCESS

What do we do and how do we get there?

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MAIN MESSAGE

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

PUBLIC PERCEPTION



REALITY



THE PROBLEM

- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders, including juveniles

No form of punishment
reduced re-offense

Two other large-scale studies have since
confirmed

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.

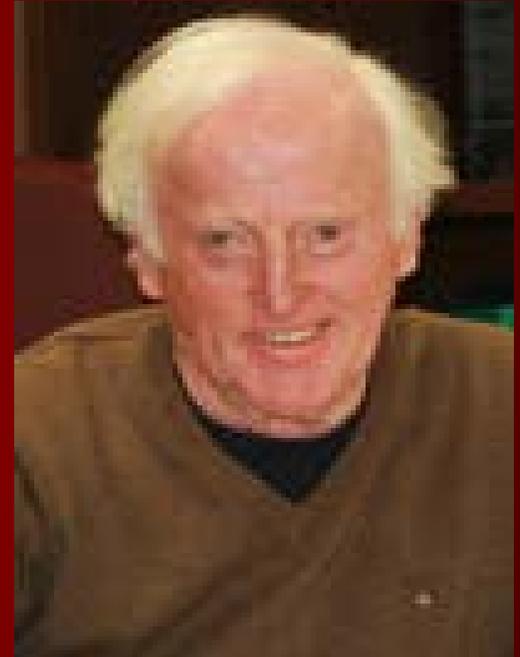
- Treatment does not result in long-term drastic changes to sexual interests. (i.e. managing sexual interest in children, not developing completely new sexual interests).

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?



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.
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- 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

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