

Title Treatment for Convicted Adult Male Sex Offenders

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Aim

This overview of reviews aimed to determine the most effective sex offender treatment (SOT) for reducing the likelihood of re-offending among convicted adult (18 years or older) male sex offenders at least 2 years after completing the program, and to ascertain which were the most effective psychotherapy and pharmacotherapy interventions provided within SOT programs.

Conclusions and results

All of the eight systematic reviews (SRs) that met the inclusion criteria focused on the use of psychotherapy for convicted sex offenders; one also included surgical castration and hormonal medication. There was considerable variability in the classification of interventions, the types of sex offenders involved, and the definition of outcomes.

The results from seven moderate to high quality SRs showed small, but statistically significant, reductions in sexual and general recidivism rates among convicted adult male sex offenders treated with cognitive behavioural therapy (CBT) delivered within SOT programs. The programs using CBT approaches that adhered to the risk/need/responsivity (RNR) model for offender assessment and rehabilitation were the most effective in reducing the risk of recidivism. On average, programs that followed all three RNR principles reported recidivism rates that were less than half the recidivism rates in the comparison groups. There was no effect on recidivism rates for programs that did not follow the RNR model. However, these results should be interpreted with caution as the available evidence largely comprised poor quality primary research studies. When

analysis was restricted to the few available randomised controlled trials, a comparable mean effect was shown, but it was not statistically significant.

Although one SR of moderate quality reported promising results on the use of hormonal treatments as an adjuvant to psychotherapy, well conducted and reported comparative studies are needed to establish the effectiveness of these treatments.

Overall, the SR evidence provided little direction on how to improve current treatment practices. It is still not clear whether all sex offenders require treatment, or whether all interventions are appropriate for every offender subgroup. Also, there are still uncertainties regarding the most useful components of an SOT program for convicted adult male sex offenders.

Recommendations

The evidence suggested that SOT can potentially reduce sexual and nonsexual recidivism in convicted male sex offenders, particularly programs that employ CBT approaches and adhere to the RNR model. However, given the methodological problems of the available primary research, it is difficult to draw strong conclusions about the effectiveness of SOT programs in such a heterogeneous population. Despite the inconclusive results, it is important to continue providing and evaluating SOT interventions because even small reductions in recidivism are significant for the community and potential victims.

Methods

Comprehensive searches of various electronic databases were conducted to identify relevant SRs published in English from January 1998 to June 2010. A grey literature search was also conducted. The methodological quality of the SRs was appraised independently by two reviewers using the AMSTAR quality assessment tool. Data extraction was performed by one reviewer and checked by a second. The data were synthesized qualitatively.

Further research/reviews required

Better designed, conducted, and reported primary research is warranted to resolve the uncertainties regarding the effectiveness of SOT programs.

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