



**Re-Offense Rates of Adult Sex Offenders**

**Evidence Pertaining to the Effectiveness  
and Ineffectiveness of**

**Treatment Programs**

# ***Neither perpetrators nor victims tend to report sex crimes.***

## ***Victims report only a fraction of sex offenses to authorities.***

- 78% of sexual assaults are not reported to authorities (Besserer and Trainor, 2000).
- Only 5% of sexual crimes are reported to authorities (Kaplan, 1985).
- 90% of sexual abuse cases are never reported (Freyd, Putnam, Lyon, Becker-Blease, Cheit, Siegel, and Pezdek, 2005).
- 73%-83% of female child sexual abuse victims are not identified (Bolen and Scannapieco, 1999).
- Only 2% of college females report their sexual victimization (Fisher, Daigle, Cullen, and Turner, 2003).
- 95% of sexual assaults are not reported to the police (Abel and Rouleau, 1990).
- Only 16% of sexual assaults are reported to the police (National Victims Center and Crime Victims Research and Treatment Center, 1992).
- An arrest is made in only 27% of reported child sexual assault victimizations (Snyder, 2000).
- 62% of child molestations in a New England study were not reported to the police (Cardarelli, 1998).
- 84% of sexual assault cases in Colorado are never reported to law enforcement (Colorado Department of Public Health and Environment and the Colorado Coalition Against Sexual Assault, 1998).
- Less than a third of sexual assaults against children are reported to authorities (Ringel, 1997).
- Only 1% of the victims and crimes reported by polygraphed adult sex offenders were ever reported to authorities (Ahlmeyer, Heil, McKee, and English, 2000).
- Only 1% of rapes perpetrated by juveniles result in an arrest (Elliott, 1994).
- Only 8% of adult rapes, 6% of extra-familial child sexual abuse cases, and 2% of incest cases are reported to authorities (Russell, 1983).
- On average, 10 years elapses between the time an incest victim is first assaulted and the time he or she reports abuse (Lamb and Edgar-Smith, 1994).
- On average, 20 years elapses between the time an incest victim is first assaulted and the time he or she reports abuse (Resler and Wind, 1994).

***Adult sex offenders self report only a fraction of their crimes at the time of their arrest. They have a long history of committing sex offenses prior to getting caught.***

- Adult child molesters eventually report, while in treatment, having committed an average of 88 crimes each (Underwood, Patch, Cappelletty, and Wolfe, 1999).
- Adult sex offenders who were known to have an average of 2 victims at the time of their arrest subsequently report having an average of 184 victims after taking polygraph tests while in treatment (Ahlmeier, Heil, McKee, and English, 2000).
- The number of sex offenses disclosed by sex offenders in treatment increased by 3-4x (Emerick and Dutton, 1993) or by 5x (Janes, 1993) following polygraph testing.
- Adult sex offenders guaranteed anonymity report having committed an average of 533 sex offenses over a 12-year period (Abel, Becker, Cunningham-Rathner, Mittelman, and Rouleau, 1988; Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, and Murphy, 1987). The researchers concluded that “arrest records of paraphiliacs do not provide a reliable indication of the true scope of paraphilic acts” and that “most paraphilic acts are not reported”.
- Adult sex offenders responding with assurances of confidentiality reported having an average of 7-11 more victims than could be identified in official records and reported committing hundreds and in some cases thousands of sex offenses not found in official records (Weinrott and Saylor, 1991). The authors concluded that there is an “iceberg of undocumented offenses beneath the tip of official records”.

## ***The re-offense rate for adult sex offenders is high.***

***Because sex crimes aren't reported, only a tiny fraction of sex offenses are reflected by arrest records. Recidivism rates derived from arrest records are gross under-estimates of the actual number of sex offenses committed by adult sex offenders.***

- When arrest records are examined over a 3-5 year period, researchers have found that recidivism among adult sex offenders is quite low. The United States Department of Justice found recidivism to be 5% (Langan, Schmitt, and Rose, 2003) and an often-quoted Canadian analysis put the figure at 13% (Hanson and Brussiere, 1998). It should be noted, however, that others put the figure as high as 28% even when records are examined only over a period of 5 years (Quinsey, Rice, and Harris, 1995).
- Since, on average, 10 to 16 years elapses between a sex offender's first sex offense and his first arrest (Abel, Becker, Cunningham-Rathner, Mittelman, and Rouleau, 1988; Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, and Murphy, 1987; Ahlmeyer, Heil, McKee, and English, 2000), we know that the recidivism statistics derived from studies lasting only 3-5 years are artificially low.
- Recidivism rates increase markedly when arrest records are examined for longer periods of time. For example, one study found recidivism after 15 years to be 24% (Harris and Hanson, 2004).
- Another study found sex-offense recidivism to be 34% after an average of 11 years even after participating in a treatment program; violent recidivism (offenses not limited to sex offenses) was 55% (Hildebrand, deRuiter, and deVogel, 2004).
- Another study found that 26% of rapists and 32% of child molesters re-offended during a 25-year follow-up period but, perhaps more significantly, the authors used a survival analysis to estimate that 39% of rapists and 52% of child molesters re-offend within 25 years once their actual time at risk is taken into consideration (Prentky, Lee, Knight, and Cerce, 1997). A leading researcher concluded that these survival analyses figures were reasonable estimates of recidivism and might even be too conservative; recidivism might be higher (Doren, 1998).
- Other experts estimate that re-offense rates for child molesters are over 50% (Harris, Rice, and Quinsey, 1998).
- Some experts have concluded that the often-quoted recidivism rates for adult sex offenders under-estimate actual re-offending by 240% (Marshall and Barbaree, 1988).
- Even the researcher most quoted as a source for the low recidivism rates of sex offenders states that most sex offenses are never reported to the police and that arrest records are an insensitive measure of actual re-offense (Hanson, 1997). He states that actual re-offense rates for adult sex offenders are probably closer to 40-50% (Hanson, Morton, and Harris, 2003; Hanson, Steffy, and Gauthier, 1993; Hanson also cited in Bower, 2002)
- Finally, a study which examined the histories of sex offenders retrospectively found that the recidivism rate among adult sex offenders after 25 years was 61% and it was estimated that the actual rate of re-offending might be as high as 80% (Langevin, Curnoe, Federoff, Bennett, and Langevin, 2004).

**There is limited and inconsistent evidence that time-limited sex offender treatment programs are effective in reducing re-offense rates among adult sex offenders once they have left treatment programs.**

**Many independent studies did not find any effect of short-duration treatment (generally 1-3 years) on lowering recidivism.**

- Findings from what is widely regarded as the best designed study of the efficacy of sex offender treatment, the Sex Offender Treatment and Evaluation Project in California, revealed no statistically significant differences in recidivism among offenders treated for 1-2 years and then released from treatment (with one year of parole supervision following treatment) and untreated sex offenders (Marques, 1999; Marques, Day, Nelson, and West, 1994).
- Findings from a prison-based treatment program in Australia revealed no statistically significant differences in recidivism among offenders treated for 45 weeks and then released from treatment and untreated sex offenders (Schweitzer and Dwyer, 2003).
- Findings from a prison-based treatment program in Canada revealed no statistically significant differences in recidivism among offenders treated for up to two years and then released from treatment and untreated child molesters (Hanson, Steffy, and Gauthier, 1993).
- Findings from a community-based treatment program in Canada revealed no statistically significant differences in recidivism among released treated offenders (length of treatment is unclear) and untreated sex offenders (Hanson, Broom, and Stephenson, 2004).
- Data from one large group of incarcerated sex offenders in Canada has been analyzed by three separate groups of researchers. One group reported that treatment (length of treatment is unclear) did significantly reduce recidivism when these offenders were released from treatment (Looman, Abracen, and Nicholaichuk, 2000), but two groups reported that treatment did not significantly reduce recidivism (Davidson, 1984; Quinsey, Khanna, and Malcolm, 1998), although one group reported that treatment was “associated with” a reduction in violent recidivism (Quinsey, et al., 1998). Two other researchers summarized these findings by stating that one cannot conclude that treatment lowers recidivism (Rice and Harris, 2003).
- Findings from a prison-based treatment program in England and Wales revealed no statistically significant differences in sex offense recidivism among offenders treated for 35-75 sessions and then released from treatment and untreated sex offenders although

the findings revealed a marginally significant effect of treatment in lowering recidivism for all violent crimes. (Friendship, Mann, and Beech, 2003)

- Findings from a study of aversion therapy (20 sessions) revealed no effect of treatment on recidivism (Rice, Quinsey, and Harris, 1991).

**Some independent studies have reported that short-duration treatment (generally 1-3 years) lowers sex offense recidivism. These findings are sometimes qualified or challenged by others because of their poor research design.**

- A study of a prison-based treatment program in Vermont revealed that treatment reduced recidivism among offenders treated for up to 30 months and then released from treatment (some with up to 30 months of parole supervision). The results may be confounded by “methodological difficulties” such as “the degree to which treatment groups were equivalent” although some of these variables were statistically controlled (McGrath, Cumming, Livingston, and Hoke, 2003).
- A study of incarcerated sex offenders in Canada indicates that sex offenders treated for 6-8 months were re-convicted significantly less often than non-treated offenders (Nicholaichuk, Gordon, Gu, and Wang, 2000) but the findings were later qualified because a “potential problem” in the design of the study was detected (Hanson and Nicholaichuk, 2000). The authors nevertheless concluded that there was a “small positive effect for treatment” after eliminating data in which “bias is most likely”.
- A study of the Sex Offender Treatment Program at the Department of Corrections in Colorado revealed that treatment for up to about 30 months (sometimes followed by a period of parole supervision) reduced violent recidivism although not sex offense recidivism specifically (Lowden, Hetz, Harrison, Patrick, English, and Pasini-Hill, 2003). The design of the study could not insure that comparison groups were equivalent although findings remained positive after many variables were statistically held constant.
- A study of a community-based treatment program in Oregon indicated that 2-3 years of treatment reduced recidivism among sex offenders although the design of the study could not insure that comparison groups were equivalent (Aytes, Olsen, Zakrajsek, Murray, and Ireson, 2001). As the authors noted, “This study carries some of the design flaws of earlier recidivism studies”.
- A study of a community-based treatment program suggested that treatment lowers recidivism but the number of participants in the study was very small (Barbaree and Marshall, 1988)

**In addition to conducting original and independent studies of sex offender recidivism (or in some cases, instead of conducting such studies), some researchers have conducted reviews of others' studies or "meta-analyses" which attempt to statistically summarize the findings of several separate original research studies. Some but not all meta-analyses suggest that treatment might be effective but most if not all meta-analyses are flawed by design problems, as noted by several independent researchers.**

- A review of 42 studies in 1989 concluded that "there is as yet no evidence that clinical treatment reduces rates of sexual re-offenses" in part because of "methodological shortcomings" in "virtually all" of the studies reviewed (Furby, Weinrott, and Blackshaw, 1989).
- A review of studies conducted in 1991 concluded that there is "an unequivocally positive answer" to the question of whether sex offender treatment reduces recidivism (Marshall, Jones, Ward, Johnston, and Barbaree, 1991). However, others criticized the review saying that this conclusion was not warranted because the review included too many studies that contained no adequate control groups and because the studies reviewed often could not insure that comparison groups were equivalent (Quinsey, Harris, Rice, and Lalumiere, 1993).
- The author of a meta-analysis conducted in 1995 which examined 12 independent studies stated that he found a small but statistically significant effect of treatment in reducing recidivism (Hall, 1995). But his analysis has since been criticized by others who stated the meta-analysis included studies in which comparison groups were shown not to be equivalent; when these studies were removed from the analyses, the effect of treatment was no longer found to be significant (Hanson, Morton, and Harris, 2003; Harris, Rice, and Quinsey, 1998).
- Another meta-analysis of 25 studies conducted in 1999 revealed a moderate but statistically significant effect of treatment in reducing recidivism (Gallagher, Wilson, Hirschfield, Coggeshall, and MacKenzie, 1999) but others have criticized this analysis for including studies with "significant threats to validity" including early reports of studies which were contradicted by later versions of the same studies (Hanson, Broom, and Stephenson, 2004).
- Alexander, in a review conducted 1999, suggested that treatment appeared to be effective in lowering recidivism but her results contained "anomalies" and employed comparisons that were seriously flawed (using non-equivalent comparison groups) such that the results she cited were not interpretable (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, and Seto, 2002).

- In what is the most recent and now the most quoted meta-analysis, a group of leading researchers from different institutions collaborated to complete a report entitled “First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sex offenders” (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, and Seto, 2002). The authors reported a small (8%) but statistically significant effect of treatment in lowering recidivism. But this meta-analysis, too, has been severely criticized. Most of the studies included in the meta-analysis had serious design flaws and the conclusions reached by the authors about the effectiveness of treatment are not supported by their data (Rice and Harris, 2003; Harris also quoted in Bower, 2002). Even the authors of the meta-analysis noted that the *only* study of adult sex offenders in their 43-study project that employed a truly scientific random design (the California SOTEP project) found that treatment had no effect on recidivism.

**Some research data is not published and available only on websites. The Colorado Department of Corrections conducted a 50-state survey of sex offender programs. Some states reported evidence that treatment programs were effective although much of the data was difficult to independently assess and most states did not report data.**

- Only 7 of 50 states responded to the survey with recidivism data (West, Hronas, Wengler, and Suthers, 2000). Data from Colorado indicated that treatment was effective in reducing recidivism and that longer treatment was more effective than shorter treatment but the data was not specific to sex offense recidivism. Of the 6 states who reported data pertaining specifically to sex offense recidivism, only 2 (Alaska and Minnesota) reported that treatment programs (varying in length from 9 months to 3 years) significantly lowered sex offense recidivism. Reports from the other 4 states (Kentucky, Massachusetts, New Hampshire, and Vermont) suggested that recidivism was lower (sometimes much lower) among clients who received treatment (varying in length from 3 months to 3 years), but no statistical analyses were offered. Further, it was unclear from the data of all respondents but one (Colorado) whether the comparison groups employed in the study were statistically equivalent.
- The most striking data of the survey came from Colorado which revealed that re-arrest rates for all violent and sexual crimes (although not specifically sexual crimes) were lower for offenders who remained in treatment longer and who were subsequently placed on parole supervision, and, Massachusetts which revealed that there were no new arrests for sex offenses for offenders who received treatment followed by structured supervision on parole following treatment.

**In summary, research has not consistently demonstrated that time-limited treatment lowers the re-offense rates of sex offenders once they leave treatment and supervision programs.**

- Many note that methodological concerns, such as the low reporting rates for sex offenses and difficulty in tracking offenders for years, hamper researchers and that one may be able to demonstrate the efficacy of treatment if these problems can be overcome (Barbaree, 1997; Hanson, 1997; Miner, 1997). At present, however, even after decades of research, it cannot be concluded that treatment works to lower sexual re-offending:
- There is “no convincing evidence” that treatment is effective in reducing recidivism (Rice and Harris, 2003).
- “We do not know what percentage of sex offenders can return to a non-offending lifestyle through treatment” (Prentky and Burgess, 2000).

**There is very little research on the effectiveness of treatment and supervision in lowering re-offense rates while offenders are in treatment or supervision programs.**

***Some research suggests that offenders receiving specialized monitoring and supervision while in treatment exhibit fewer high risk behaviors.***

- A study conducted in England indicated that 97% of sex offenders in community treatment programs initially engaged in some form of high risk behaviors while participating in the treatment programs but that successive polygraph testing resulted in a reduction in subsequent high risk behaviors (Grubin, Madsen, Parsons, Susnowski, and Warberg, 2004). It was concluded that polygraph monitoring deterred high risk behaviors.
- A study conducted in Colorado indicated that at least 86% of sex offenders in community treatment programs self-reported that they engaged in some form of high risk behaviors while in treatment but these behaviors were only were disclosed as a result of ongoing polygraph monitoring of the offenders (Tanner, 1997). The study also showed, however, that at least 41% committed some form of sex crime while in treatment.
- A study examining the deterrent effect of polygraph testing with sex offenders on probation supervision found that 69% of offenders were compliant when polygraph monitoring was employed during supervision while only 26% were compliant when supervised without polygraph monitoring (Abrams and Ogard, 1986).
- Although no statistical analyses were offered, a survey of 732 probation and parole officers indicated that “many” officers believed that specialized containment and supervision strategies (including use of polygraph tests) during treatment increased the likelihood that high risk behaviors can be detected before they escalate to sexual assaults (English, Pullen, and Jones, 1996).
- A study conducted in Colorado found that high-risk sex offenders who lived together and shared supervision and monitoring tasks while participating in treatment programs committed significantly fewer violations of their terms and conditions than did offenders who lived with family members or lived alone (Colorado Department of Public Safety, Division of Criminal Justice, 2004).

## There is also very little research on the effectiveness of more prolonged treatment programs.

### Some research suggests that re-offense rates may be lower for offenders who remain in treatment longer.

- A study of the Sex Offender Treatment Program at the Department of Corrections in Colorado revealed that re-arrest rates for all violent and sexual crimes (although not specifically sexual crimes) were lower for offenders who remained in treatment longer and who were subsequently placed on parole supervision (Lowden, Hetz, Harrison, Patrick, English, and Pasini-Hill, 2003).
- A study of a prison-based treatment program in Vermont revealed that treatment reduced recidivism among offenders treated for up to 30 months and that both the length of time in treatment and the degree to which offenders received aftercare and correctional supervision following treatment contributed to lower recidivism (McGrath, Cumming, Livingston, and Hoke, 2003). It should be noted, however, that the results may be confounded by "methodological difficulties" such as "the degree to which treatment groups were equivalent" although some of these variables were statistically controlled.
- A study of a community-based treatment program in Oregon indicated that 2-3 years of treatment reduced recidivism among sex offenders and that the effect of treatment was particularly strong for offenders who remained in the program for longer than a year. It should be noted, however, that the design of the study could not insure that comparison groups were equivalent (Aytes, Olsen, Zakrajsek, Murray, and Ireson, 2001).
- Data from Massachusetts, reported as part of a 50-state survey (West, Hronas, Wengler, and Suthers, 2000; see above), revealed that there were no new arrests for sex offenses among sex offenders who received treatment followed by structured supervision on parole following treatment.

**Since current research does not demonstrate that time-limited treatment is reliably or consistently effective in lowering the high re-offense rates of adult sex offenders once they have left treatment programs, then perhaps it is worth considering an alternative approach.**

**While research studies are limited and far from conclusive, some evidence suggests that prolonged treatment and supervision procedures might be effective in containing the risk of adult sex offenders provided that they remain in programs for longer rather than shorter periods of time.**

**It may be most beneficial for the community and sex offenders alike to require that repetitive adult sex offenders participate in long-term supervision and treatment programs which afford ongoing and intensive supervision.**

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