

Introduction to Section on Sexual Offenders

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With many recent high-profile sex-offense cases (such as Philip Garrido's reported abduction of 11-year-old Jaycee Lee Dugard, allegedly holding her captive for 18 years), considerable attention has been paid to the topic of how to assess the risk a convicted sexual offender presents upon release to the community. With this increased attention to the risk assessment of sexual offenders, one might think that this is the only important topic related to their assessment and treatment. However, those dedicated to preventing future sexual abuse through the treatment of offenders know that risk assessment is just one component in this complex specialty area.

For example, the question of whether or not sex-offender treatment works has been a longstanding issue for decades. Most recently, there have been research studies (Olver, Wong, & Nicholaichuk, 2009; Duwe & Goldman, 2009; Lösel & Schmucker, 2005) that offer support for what treatment providers had long intuited. That is, that treatment can significantly lower offenders' risk for re-offending. However, it is still not entirely clear for which individuals the treatment will be most effective. In addition, the decrease in recidivism, while significant, has still been found to be modest. Recent and current recommendations favor treatment that is planned based on the Risk-Needs-Responsivity Model (Andrews & Bonta, 2006); that treatment begin with a thorough assessment of specific treatment needs (Schlank, in press-A), including an assessment of the need to refer to special tracks of treatment programs for those with cognitive deficits (Haaven & Coleman, 2000), and implementation of individualized treatment plans.

The level of denial and minimizations used by sexual offenders has always presented a challenge to treatment providers, although there has been much debate about this since meta-analyses have been unable to prove that these issues are clearly related to risk for recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). Despite this finding, treatment providers believe that denial and minimizations do relate to many other factors that have been found to be clearly related to recidivism risk (Schlank, in press-B), so efforts to address them continue to be important.

Planning for community reintegration following completion of treatment in prison or in a residential setting is just as important as the quality of the treatment program itself

(Willis & Grace, 2009). This area includes many controversial issues, such as the use of electronic monitoring (Button, Demichele, & Payne, 2009) registration, community notification (Harris & Lobanov-Rostovsky, 2009), and residency restrictions (Zgoba, Levenson, & McKee, 2009). The occurrence of sex offenders being forced to live under a bridge (Saylor, in press), residency restrictions that effectively ban sex offenders from entire counties, restrictions banning sexual offenders from Halloween activities despite no proven connection to risk or recidivism (Chaffin, Levenson, Letourneau, & Stern, 2009), and concerns about the potential for juveniles to be forced to register for life have brought these issues to the forefront of the media. Activists for the civil rights of offenders have united with sexual abuse victims' advocates in an unexpected partnership, attempting to fight against these unrealistic laws.

Sexual offenders who also demonstrate many psychopathic traits are an especially challenging group to treat. Although initially treatment providers feared that providing treatment to this subgroup would be ineffective (Reid & Gacono, 2000), or possibly even cause them to be a higher risk for reoffense (D'Silva, Duggan, & McCarthy, 2004), more recently researchers have become more optimistic about these offenders' ability to respond in a positive manner to treatment (Looman, Abracen, Serin, Marquis, & Maillet, 2004). Now attention is directed toward how to best meet the specialized needs of this population while limiting the negative influence they might exert over other participants.

Perhaps no topic related to sexual offenders has triggered a stronger emotional reaction than their civil commitment following completion of their prison sentences (Friedland, 1999; Schlank & Harry, 2003). Opponents of these statutes have suggested that they are unconstitutional (Janus, 2006; Janus & Bolin, 2008) and have pointed to the lack of accuracy in identifying which sexual offenders truly present the highest risk for reoffending (Wollert & Waggoner, 2009; Langstrom, 2004). Providers working with offenders committed under these statutes have struggled with finding ways to develop a high-intensity treatment program for individuals usually considered to have the longest history of sexual deviance and who usually have been the most resistant to prior treatment efforts. Since these statutes show no signs of disappearing, the latter may be the best use of research efforts.

These are only a few of the many important topics related to this highly challenging area, and continued research is needed. This section of the journal will address these and other issues related to the assessment and treatment of sexual offenders.

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