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# Identifying and Treating Sex Offenders



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**Current Approaches,  
Research, and Techniques**

Robert Geffner, PhD

Kristina Crumpton Franey, PsyD

Teri Geffner Arnold, MSSW

Robert Falconer, MA • Editors

# **Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques**

*Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques* has been co-published simultaneously as *Journal of Child Sexual Abuse*, Volume 12, Numbers 3/4 2003.

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***Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques***, edited by Robert Geffner, PhD, Kristina Crumpton Franey, PsyD, Teri Geffner Arnold, MSSW, and Robert Falconer, MA (Vol. 12, No. 3/4, 2003). *Address the assessment and treatment issues when working with adult sex offenders, exploring current issues, research, and theory behind sex offending, as well as the implications for new policies.*

***Misinformation Concerning Child Sexual Abuse and Adult Survivors***, edited by Charles L. Whitfield, MD, FASAM, Joyanna Silberg, PhD, and Paul J. Fink, MD (Vol. 9, No. 3/4, 2001). *“A thorough, intellectually stimulating, and compelling primer. . . . This collection of scholarly articles represents a comprehensive view of the issues. This is a must for everyone's bookshelf.”* (Ann Wolbert Burgess, RN, DNSc, CS, Professor of Psychiatric Nursing, School of Nursing, Boston College)

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Robert Geffner, PhD  
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# Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques

## CONTENTS

About the Contributors xiii

### INTRODUCTION AND THEORETICAL ISSUES

Adult Sexual Offenders: Current Issues and Future Directions 1

*Robert Geffner*

*Kristina Crumpton Franey*

*Robert Falconer*

Policy Interventions Designed to Combat Sexual Violence:  
Community Notification and Civil Commitment 17

*Jill S. Levenson*

Sexual Deviancy: Diagnostic and Neurobiological  
Considerations 53

*Fabian M. Saleh*

*Fred S. Berlin*

The Role of Theory in the Assessment of Sex Offenders 77

*Ray E. Quackenbush*

### ASSESSMENT AND FORENSIC ISSUES

Boundaries and Family Practices: Implications for Assessing  
Child Abuse 103

*Toni Cavanagh Johnson*

*Richard I. Hooper*

Practical Considerations in the Interview and Evaluation of Sexual Offenders <i>Clark R. Clipson</i>	127
The Current Role of Post-Conviction Sex Offender Polygraph Testing in Sex Offender Treatment <i>Ron Kokish</i>	175
TREATMENT ISSUES AND APPROACHES	
Treatment of Adult Sexual Offenders: A Therapeutic Cognitive-Behavioural Model of Intervention <i>Pamela M. Yates</i>	195
Sex Hormones, Neurotransmitters, and Psychopharmacological Treatments in Men with Paraphilic Disorders <i>Fabian M. Saleh</i> <i>Fred S. Berlin</i>	233
Enhancing Victim Empathy for Sex Offenders <i>Mark S. Carich</i> <i>Carole K. Metzger</i> <i>Mirza S. A. Baig</i> <i>Joseph J. Harper</i>	255
Index	277

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## About the Contributors

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# INTRODUCTION AND THEORETICAL ISSUES

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## Adult Sexual Offenders: Current Issues and Future Directions

Robert Geffner  
Kristina Crumpton Franey  
Robert Falconer

**SUMMARY.** Sex offender research is still in its infancy, but our knowledge about adult sex offenders has increased in the last several decades. However, public interest in the issues of assessment, treatment, and recidivism with respect to risk and safety has increased substantially during this time. This article provides an introduction to the significant issues involved in the assessment, treatment, and current state-of-the-science for adult sex offenders. Prevalence rates are discussed, but these are more difficult to narrow down due to definitional problems. In addition, controversial issues involving diagnoses, classification, public notification, and risk as-

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assessment are introduced, and the goals of this volume are described. The purpose of this volume is to provide current information regarding what is known about sex offenders so that appropriate assessment, treatment, and prevention techniques can be developed and utilized. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Sex offender assessment, sex offender treatment, risk assessment, sex offender policies

Sexual violence remains prevalent in today's society. Finkelhor (1994), in a review of studies in the United States and Canada, concluded that approximately 20-25% of women and 5-15% of men experienced some type of unwanted sexual contact in their lifetime. These figures are similar but somewhat lower than the estimates reported 10 years earlier by Russell (1984). Russell and others have estimated rates of sexual violence to be between 16-44% of women and 5-25% of men, depending upon definitions, sampling, and study methodology. In a review of research and methods for detecting adult rape prevalence, Koss (1993) found that 10-25% of adult women, depending upon methodology and definitions, report an adult rape experience. According to recent statistics and research, there are approximately 100,000 cases of child sexual abuse substantiated by various child protective services (CPS) agencies annually in the United States (U.S. Department of Health & Human Services, 2003). However, this only includes those cases that are reported to and investigated by CPS. There are also substantial numbers of women who are sexually assaulted by acquaintances and strangers (Bureau of Justice Statistics, 2002).

The above statistics may not include all of the recent reports of children and adolescents sexually abused by members of the clergy, as has been reported in recent months in several newspapers and television news shows. A recent report estimated that as many as 1,000 children were abused by priests during the past few decades in one state alone (Robinson & Rezendes, 2003). Further, since it has been widely known that most sexual assaults are never reported to official agencies, the statistics are estimated by the various criminal justice agencies to be grossly under-reported.

While the term “sex offender” typically conjures up an image of a stranger in a trench coat, in reality the offender is often known by the victim (Greenfield, 1997; Tjaden & Thoennes, 1998). Yet, even when the victim knows the offender, many times the abuse goes unreported and not prosecuted. An area of specific concern in this respect is marital rape. In their national sample, Tjaden and Thoennes (2000) found that 0.2% of men and 4.5% of women indicated that they had been forcibly raped by a current or former intimate partner. When this is extrapolated to the population of married or co-habiting couples at a national level, a large number of women and men are involved. Thus, we do not actually know how many women, men, boys, and girls are sexually assaulted each year, or during their lifetime.

Regardless of the exact numbers, it is clear that sexual offending occurs at high rates, is usually not reported to agencies or even friends/family members, and few of the offenders are actually prosecuted. In fact, Abel and colleagues reported that only 3% of any sexual offenses are ever criminally adjudicated (Abel, Becker, Cunningham-Rathner, Mittleman, Murphy, & Rouleou, 1987); Warshaw (1988) suggests in an investigative report for the media that an even lower percentage of cases are adjudicated since only 5% of rape cases are ever reported to law enforcement. In addition, it is clear that we know much more about the victims of sexual assault and their prevalence than we do about sex offenders.

### ***DEFINITIONS OF SEX OFFENDERS AND RECENT CONTROVERSIES***

The definition of a sex offender has been problematic. Legally, different jurisdictions define sexual assault in various ways, and these definitions usually involve such issues as consent, ages of the parties and age differences when minors are involved, marital or co-habiting relationships, and degree of force or pressure with acquaintances. The notion that all sex offenders are either “fixated” or “regressed” has become obsolete as we learn more about the variations in typologies, especially when dealing with a serial rapist on one hand and a single incident incest offender on the other. Some professionals believe that diagnoses may not even be appropriate in dealing with sex offenders (e.g., Doren, 2002). When discussing sexual deviations from a mental health/mental illness perspective, various distinctions are made.

Most sexual deviations come under the heading of paraphilias (American Psychiatric Association, 2000). When the offense involves an adult and a child, the subheading is pedophilia. However, the categories are further broken down by gender preference (attracted to males, attracted to females, or attracted to both; the latter is most common in pedophiles), specificity within the family unit only (i.e., incest) or non-specific, and exclusivity (i.e., exclusively attracted to children or nonexclusivity, where the offender is also attracted to or in sexual relationships with adults). These variations are important in classifying sex offenders so that appropriate interventions can be ascertained and implemented. Unfortunately, inexperienced or untrained individuals conducting sex offender assessments often appear unaware of the important distinctions in the types of offenders.

In addition, there is a recent movement that desires to have pedophilia and other paraphilias removed from the recognized psychiatric/psychological diagnoses (e.g., Green, 2002). This new movement suggests that paraphilias represent sexual behavior, not mental health problems. That is, the proponents argue that, like homosexuality, paraphilic behaviors represent sexual preferences or orientation, not a mental illness. According to this group, paraphilic behaviors, especially pedophilia, should be controlled by legal sanctions and not seen as an illness or a mental health issue (Green, 2002).

This is somewhat similar to the arguments being made in several arenas that there should not even be a diagnosis of pedophilia, but it should instead be called adult-child sex (e.g., Rind, Tromovitch, & Bauserman, 1998). This argument stems from two mistaken views: one, that minor children even as young as age 12 can consent to sexual interactions; and two, that sexual interactions between adults and children may not be harmful. This is not a new advocacy position, but has been put in more sophisticated terms under the umbrella of “research” and “academic freedom” issues (for a good review of the fallacy of these views and their distortion of the research findings, see Dallam, 2001; Whittenburg, Tice, Baker, & Lemmy, 2001). A recent book focuses on the above controversies relating to child sexual abuse as well as other areas of misinformation concerning sexual behavior and abuse (Whitfield, Silberg, & Fink, 2001).

### ***LEGAL ISSUES AND PUBLIC POLICIES***

Changes in laws and public policy attempt to address society’s growing concern about sexual violence. When an offender is caught and con-

victed of sexually offending, his or her average amount of time spent in prison varies depending upon the type of sexual assault, the specific victim(s) (i.e., adult or child), whether the offender has repeated incidents, the particular jurisdiction, and the pre-sentence investigation (for reviews of sex offender supervision, criminal justice issues, and systemic responses, see Flora, 2001; Holmes & Holmes, 2002; Kercher, 1998). While incarcerated, an offender may receive sex offense specific treatment. Yet society realizes that just as treatment is not completely effective in preventing future offenses, neither is incarceration (Malesky & Keim, 2001). What has been shown in the research is that treatment effectiveness (as measured by reoffense rates) is dependent on a number of variables. For instance, the method of treatment offered, the type of offender (e.g., adult rapist vs. child molester vs. incest offender), and the treatment settings are important factors (Crow, 2001; Flora, 2001; Freeman-Longo, 2000; Holmes & Holmes, 2002). Nonetheless, small treatment effects have been found when comparing recidivism rates between those who have received treatment versus those who have not (Blanchette, 1996; Hanson & Harris, 2000). However, it is not clear what percentage of offenders, incarcerated or on probation, receives the treatment that has been shown to be more effective in reducing reoffense rates (for reviews of the research and issues regarding recidivism in sex offenders, see Doren, 2002; Quinsey & Lalumiere, 2001; as well as the articles by Quackenbush and Clipson in this volume). It is also not clear how many victims most sex offenders abuse before being caught or stopped.

Lawmakers have attempted to address society's increasing concern by creating public policy called "sexually violent predator statutes." These civil commitment laws allow for those declared sexually violent predators to be held after they have completed their prison terms (for a review of civil commitment issues, see Levenson, in this volume). To date, 16 states have adopted these laws. Once declared a sexually violent predator, the offender is confined to a treatment facility until it is determined that s/he has benefited from treatment and is no longer dangerous. Whereas the laws have been challenged in the courts, to date no state's civil commitment legislation has been successfully overturned (Talbot, Gilligan, Carter, & Matson, 2002). However, once the appropriate authorities or program agree that the offender is rehabilitated, they are then freed. This often results in a public outcry (e.g., Moran, 2003). We still do not have adequate data that indicate whether the civil commitment laws decrease the recidivism rates once the offender is re-

leased, even though a variety of studies and reports raise these issues (for reviews, see Doren, 2002; Flora, 2001; Levenson, in this volume).

Upon release, most of those convicted of such offenses are required to register with local authorities and be listed as a sex offender. These registries have made public the names of more than 450,000 convicted sex offenders according to Megan's Law statutes (Hughes, 2001; Willing, 2003). The idea behind these laws is that the public may gain access to the names and general vicinity of the offender's residence by going to the local sheriff's department or, in some states, by gaining access to a Web site. It is commonly believed that knowing where an offender lives will assist the public in keeping their children safe (this of course does not apply to rapists who sexually assault other adults). Some have argued that such notifications are a form of community justice (for a past review of these issues, see Presser & Gunnison, 1999). However, recent lawsuits have challenged the legality of these registries based upon rights of privacy as well as cruel and unusual punishment. Since we do not have definitive research to support one position or the other, the debate of individual rights versus society's need to protect its children and citizens is likely to continue for many years.

In addition to registries, some states in the United States have attempted to decrease public anxiety by enacting laws that dictate where the offender can work and live. These so-called "child safety zones" prohibit an offender from living or spending time within 500 to 2,000 feet (depending on the state) of schools and day care centers. In the state of Oregon, for example, a convicted offender cannot go to areas where teens would normally spend time. The city of Albuquerque, New Mexico, is requesting that convicted sex offenders register with their landlords and employers in addition to their local law enforcement (Willing, 2003). The city and state statutes requiring registration are based upon the public's fear and outrage over sexual exploitation of children. However, it is again unclear whether the registries are effective in preventing future abuse of children.

In addition, a recent article by Curtis (2003) points out that these registries are not always enforced. In the newspaper article, Curtis reported that the State of California lost track of at least 33,000 sex offenders, or 44% of those who registered with the state at least once. The sex offenders, including child molesters, seemed to have "vanished" after registering with their local criminal justice departments (Curtis, 2003). The article also points out that the 44% does not represent the total number of sex offenders whose whereabouts are unknown. That is, this number does not include those offenders who failed to register after leaving

prison or those who were not required to register at all. The registry may give the public a false sense of security: People may assume that if no offenders are listed for their neighborhood, their children will be safe.

The situation has recently become more complicated with the U.S. Supreme Court ruling that California and other states cannot retroactively prosecute sex offenders for cases that had passed the original statute of limitations (see *Stogner v. California*, 2003). Many states enacted new laws extending the period during which those accused of sexual offending against children could then be prosecuted, especially after the scandals within the Catholic Church became publicly known. As a result of the Court's decision, California was forced to release hundreds of confessed or convicted sex offenders, 24 of whom were released in Los Angeles, CA, on one day alone (Guccione & Winton, 2003).

The public outcry against adult sex offenders suggests that changes in public policy should be made. However, policies should be based upon research data or a sound theoretical framework, not just public anxiety. It is important to ensure that those who commit sexual offenses are stopped and prevented from committing additional assaults, and that policies that will protect society are established based on the best research. By providing an underlying understanding of the assessment, treatment, and policies related to adult sex offenders, this volume seeks to inform those who make decisions regarding this population.

### ***THIS VOLUME***

The purpose of this volume is to provide current information regarding what is known about sex offenders so that appropriate assessment, treatment, and prevention techniques can be developed and utilized. Too much misinformation exists in this field, which can lead to policies that are based on ideology and myth rather than accurate information. In addition, too many people are treating or assessing sex offenders in various settings and contexts without having an adequate understanding of the research and appropriate protocols. This volume therefore first discusses the controversial public policies briefly mentioned above. Next, it looks at the importance of thorough assessment when attempting to determine who is a sex offender and whether s/he is treatable in various settings. Finally, we address treatment options, including therapy as well as medical intervention. The specific articles are described below.

The beginning articles of this volume explore theoretical issues regarding sexual offenders. The first article, "Policy Interventions Designed to Combat Sexual Violence: Community Notification and Civil Commitment" by Levenson, provides an updated review of the literature regarding community notification and civil commitment as interventions designed to combat sexual violence. The history and context of each policy are discussed, as is a review of available research evaluating the impact of each policy. Driving the new civil commitment laws are people's beliefs that sex offenders are not treatable, and therefore they are not willing to take the risk that an offender may re-offend. Levenson therefore presents the various legal statutes as well as a brief introduction to recidivism and risk assessment. These latter issues are then discussed in more depth in later articles.

Saleh and Berlin's article entitled "Sexual Deviancy: Diagnostic and Neurobiological Considerations" reviews the clinical and neurobiological characteristics of paraphilias. In addition to addressing basic information on paraphilias, Saleh and Berlin provide an examination of the most recent relevant research findings. The issue of diagnosis plays an important role in the ongoing debate about sex offenders. The public, as well as some mental health, social work, and criminal justice professionals, still seem to believe that an adult who molests a female child within a family setting could not do a similar act with a male child or a stranger. As stated above, the purpose of the differential diagnoses listed in the *Diagnostic and Statistical Manual of Mental Disorders-IV R* (American Psychiatric Association, 2000) was to distinguish among exclusive and nonexclusive, preferential and nonpreferential offenders. Thus, the assessment of paraphilias in sex offenders becomes a key aspect of sex offender assessment, which is covered in the next section.

Quackenbush addresses the challenges in risk assessment. Research on risk assessment with this population continues to grow, and yet researchers have yet to find a method of risk assessment that specifically predicts who will re-offend, or when. In his article entitled "The Role of Theory in the Assessment of Sex Offenders," Quackenbush asserts that there is no generally accepted theory of sex offender behavior that currently exists. He examines prominent theories of assessment and discusses the uses and limitations of each theory and various measures, based upon various research studies.

Moving from theory to practice, the articles then address practical issues regarding assessment and forensic considerations in working with adult sex offenders. This includes more specialized topics such as family boundaries. In their article, "Boundaries and Family Practices: Im-



plications for Assessing Child Abuse,” Johnson and Hooper interview mental health professionals to obtain their views of acceptable family boundaries, with the goal of establishing what clinicians believe is normal behavior versus abuse. Family practices related to bathing, expression of affection, and privacy are studied, including what age it is acceptable for parents and children of the same gender and mixed gender to engage in certain family practices. The article concludes by discussing the implications of the substantial differences of opinion found among these professionals. This is an important issue since assessment interpretations are usually based on comparisons to normative data. If the norms are not clear or not agreed upon, this impacts the assessment protocols and interpretation.

Clipson, in “Practical Considerations in the Interview and Evaluation of Sexual Offenders,” discusses the ramifications of sex offender assessment. He points out that most clinicians are not properly trained to complete evaluations and assessment of adult sex offenders. He contends that working with this population is unlike any other type of work. His article in this volume addresses the clinical and ethical issues particular to the interview, assessment, and evaluation of adult sex offenders. As Clipson and others point out, too often in forensic settings, clinicians licensed as psychologists, psychiatrists, or social workers evaluate a person accused of child sexual abuse using the typical intake questionnaires or assessment batteries that they use for their general clinical populations. After finding no significant pathology on standardized measures of personality, for example, these clinicians without sufficient training in sex offender dynamics or research conclude that the person is not a sex offender and/or is not at risk for sexual offending. It is clear that such absolute statements, even when an appropriate evaluation had been conducted, are not justifiable or appropriate.

It is important that sex offender evaluations include specific measures designed for this population, such as the Multiphasic Sex Inventory (Nichols & Molinder, 1984), the Abel-Becker Cognitions Scale (in Abel, Gore, Holland, Camp, Becker, & Rathner, 1989), the Clarke Sex History Questionnaire (Langevin, Paitich, Russon, Handy, & Langevin, 1990), or the Psychopathy Checklist-Revised (Hare, 1991), as well as other instruments and questionnaires, to specifically assess for attitudes, beliefs, and behaviors consistent with sexual offending (see Clipson in this volume, and for other recent reviews of such techniques and measures, see Doren, 2002; Quinsey & Lalumiere, 2001). Therefore, Clipson also reviews the various measures and inventories that can be used to specifically assess sex offenders.



However, it is important to note that even with the appropriate techniques and protocols administered and interpreted by someone specifically trained in sex offending dynamics and assessment, the state-of-the-science does not support a definitive ability to determine whether someone is or is not a sex offender based primarily on such an assessment (American Psychological Association, 1996, 1997). Methods of ascertaining certainty of sex offending behaviors include a confession, DNA matches, someone actually observing the behavior, or in the case of child sexual abuse, the evaluation of the child (for excellent reviews of the appropriate guidelines, techniques, and procedures involved in the latter, see Faller, 2003; Myers, Berliner, Briere, Hendrix, Jenny, & Reid, 2002; Righthand, Kerr, & Drach, 2003). Clipson (in this volume) also points out the ethical issues related to the assessment of those accused of sexual offending, and reviews the various actuarial and other risk assessment instruments that can be used (e.g., the VRAG, the SORAG, the RRASOR, etc.). An important issue in this process is psychopathy (e.g., see Hare, 1991; Porter, Fairweather, Drugge, Herve, Birt, & Boer, 2000). Both Quackenbush and Clipson include this issue and related research in their articles in this volume.

Continuing with forensic issues, the next article reviews the application of polygraph technology to the treatment of sex offenders. Kokish, in his article "The Current Role of Post-Conviction Sex Offender Polygraph Testing in Sex Offender Treatment," discusses clinical and ethical implications in the use of polygraphy. Overcoming denial plays a key role in the treatment of sex offenders (Barbaree & Cortoni, 1993). The use of polygraphy can assist in countering denial. Kokish also discusses the controversy surrounding the use of polygraphy in sex offender treatment. Rather than providing a definitive answer, Kokish completes his article by allowing readers to decide the wisdom and ethics of using polygraph testing in their own practices. It should be noted, however, that there is an important distinction between using polygraphy as part of treatment to determine whether relapses or additional offending has occurred, and as a major part of the assessment to determine whether someone is a sex offender. The former has support in the literature whereas the latter has not been shown to be sufficiently reliable to be used in court (also, see the past review by Cross & Saxe, 1992, and the rebuttal by Williams, 1995).

Once assessment and evaluation have been completed, treatment is usually warranted and recommended. Yet sex offender treatment programs are often under-funded and unpopular, even though one year of community-based treatment and close supervision is less expensive than

a year of incarceration without treatment (e.g., Freeman-Longo, 2000). Likewise, a meta-analysis of 43 studies showed sexual recidivism rates are lower among offenders who receive treatment (12.3%) versus those who go without treatment (16.8%), and that the same is true for nonsexual crimes after release from prison (Hanson et al., 2002). While 4.5% may not be a large difference, when percentages are translated into victims of crimes that may have been prevented, any difference becomes meaningful and suggests that additional research is warranted. A comprehensive meta-analysis that looked at recidivism of adult sexual offenders found a 13.4% sexual recidivism rate 4-5 years after treatment (Hanson & Bussiere, 1998). In their landmark study, Hanson and Bussiere reviewed 61 studies that met stringent inclusion criteria (longitudinal studies with comparison groups). In addition to reporting overall and sexual specific recidivism rates, the authors point out that not completing treatment (either while incarcerated or on an outpatient basis) is a moderate predictor of sexual recidivism. Therefore, the belief that sex offenders cannot be treated is a fallacy: Those who go without treatment are more apt to re-offend upon their release. This major study is discussed in more depth by many of the authors in this volume.

It should be noted, though, that there is also controversy about the definition of recidivism. Many studies, as the one above, rely on re-arrests as the main indicator of recidivism. This may underestimate the true incidence of repeat offending since many offenders may not have been caught. The very purpose of risk assessment and evaluation is to achieve estimates of the probability of re-offense as well as the circumstances under which an offender is most likely to re-offend (Hudson, Wales, Bakker, & Ward, 2002).

Therapists who work with this population face many obstacles, including changes in public policy, public perception of the "evil sex offender," as well as trying to find empirically based assessment and treatment tools. Accordingly, the next section of this volume addresses various aspects of treatment of adult sex offenders, including cognitive-behavioral treatment, medical treatment, and enhancing empathy for victims of sexual offense. Some believe that the mere presence of a paraphilia makes sex offenders untreatable (Tucker, 2003). As mentioned above, more recent meta-analyses suggest that treatment can be effective for some sex offenders. It is not yet clear which treatment approaches work best with which offenders, and under which conditions. Unquestionably, more research is needed. However, guidelines for treatment of this population have now been created by two organizations: the Association for Treatment of Sexual Abusers (ATSA; see their Web

site for more information: [www.atsa.org](http://www.atsa.org)) and the International Conference on the Treatment of Sex Offenders (Coleman et al., 2001).

Various treatment approaches have been described in the literature (e.g., Crow, 2001; Kercher, 1998). One common technique involves cognitive-behavioral intervention specifically geared toward sex offenders. In her article entitled "Treatment of Adult Sexual Offenders: A Therapeutic Cognitive-Behavioural Model of Intervention," Yates reviews components of cognitive-behavioral treatment with sexual offenders, including recent developments in intervention and the importance of therapist characteristics required for treatment.

Likewise, Saleh and Berlin, in "Sex Hormones, Neurotransmitters, and Psychopharmacological Treatments in Men with Paraphilic Disorders," provide a discussion of prominent medical treatments for sexual deviance. Their article begins with two case reports that reflect the benefit and effectiveness of pharmacotherapy in paraphilic clients. Subsequently, they review the key concepts of the serotonin and catecholamine systems, as well as the sex hormones. The article concludes with a review of the pertinent neurobiological and psychopharmacological studies relevant to the paraphilias.

Finally, Carich, Metzger, Baig, and Harper examine a treatment modality that seeks to increase empathy among offenders for the victims of sexual abuse. In their article, "Enhancing Victim Empathy for Sex Offenders," the authors assert that victim empathy can be learned and is a useful and necessary component of sex offender treatment. They define victim empathy as well as the key elements in the development of empathy. Writing from a clinically applicable approach, the authors next provide readers with the basic principles of empathy enhancement in addition to covering different techniques utilized to enhance victim empathy skills in sex offenders.

## CONCLUSION

The assessment and treatment of adult sex offenders is an emerging field. It is hoped that this volume will assist clinicians who assess or work with sex offenders, as well as those who set public policy and researchers interested in continuing work in the field. Ideally, future work can begin to focus on ways to prevent sexual abuse from occurring in the first place. Until that time, research must continue to focus on developing a more thorough understanding of the offender's choice to offend, as well as predictors of future violence and abuse. Sexual violence

continues to exist. Enhancing risk assessment and treatment effectiveness as well as developing public policies that emphasize accountability and rehabilitation will be crucial in lowering overall sexual abuse rates as well as actual recidivism.

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