

This Just In: Sex Offender Treatment Is Beneficial for One in 28 Patients

http://www.civicrosearchinstitute.com/online/article_abstract.php?pid=7&aid=7768&iid=1192

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Source: Volume 17, Number 04, June/July 2016, pp.49-51(3)



Abstract:

Based on recent data sex offender treatment (SOT) is associated with a 26.3% reduction in recidivism; benefits 1 in 28 SOT patients; and new and improved SOT will likely not reduce detected sex offending by more than 5%. Although seemingly contradictory statements this article will summarize the findings of this meta-analysis, and then explain how it is that each of these three statements is true.

Keywords: detected sexual recidivism; psychosocial treatment; cognitive-behavioral programs; risk reduction; measure of treatment effectiveness; previously convicted of a sex offense

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This Just In: Sex-Offender Treatment is Beneficial for 1 in 28 Patients

by Gregory DeClue and Denis L. Zavodny

Based on the results of a recent meta-analysis involving over 10,000 sex offenders, one could declare any, or indeed all, of the following. (Martin Schmucker & Friedrich Lösel, "The Effects of Sexual Offender Treatment on Recidivism: An International Meta-analysis of Sound Quality Evaluations," 11 (4) Journal of Experimental Criminology 597 (2015).)

- 1. Sex-offender treatment is associated with a relative reduction in detected sexual recidivism of 26.3%.***
- 2. Sex-offender treatment appears to benefit about 1 in 28 sex-offender-treatment patients.***
- 3. New-and-improved sex-offender-treatment methods probably will not further reduce overall detected sex offending by more than 5%.***

No, those are not contradictory statements. Yes, they all are consistent with the results of that same recent meta-analysis. Such different-sounding statements would likely lead to different decisions regarding policy and law. Decision makers should understand and appreciate not just one, but all three, of these statements. We will summarize the findings of this meta-analysis, and then explain how it is that each of these three statements is true. We promise that the math will not be overwhelming.

The results of the recent meta-analysis

In this recent meta-analysis, Schmucker and Lösel restricted their analysis to comparisons with equivalent treatment and control groups, and to studies with official measures of detected sexual recidivism (such as arrest, conviction, or incarceration) as outcome criteria. They identified 29 comparisons containing a total of 4,939 treated and 5,448 untreated sex offenders. Twenty-eight of the 29 comparisons reported on sexual recidivism outcomes. These comparisons were predominantly reported in the last two decades, and nearly half of the research reports appeared since 2000. All treatment programs involved psychosocial treatment, mainly cognitive-behavioral programs, with a median duration of about 37.5 weeks.

With an average follow-up period of nearly six years, they found that 10.1% of the treated offenders were detected as sexual recidivists. Based on their data, they found that “without treatment the recidivism rate would have been at 13.7%, that is, treatment reduced [detected sexual] recidivism by 3.6 percentage points” (page 14). The difference in outcome rates between the treatment and control groups, the absolute risk reduction, is 3.6%.

Sex-offender treatment is associated with a relative reduction in detected sexual recidivism of 26.3%.

Where does that 26.3% number come from? The *relative* reduction in risk comes from dividing the absolute risk reduction (3.6%) by the detected-sexual-recidivism rate of the untreated offenders (13.7%). The result is 26.3%. So, one could use the results of this meta-analysis to declare, truthfully, that the detected-sexual-recidivism rate for

these offenders is 26.3% lower than for the people who did not receive sex-offender treatment.

Sex-offender treatment appears to benefit about 1 in 28 sex-offender-treatment patients.

It is useful to analyze research regarding the efficacy of sex-offender treatment not only from a public-health-and-safety perspective (Does treating a large group of convicted sex offenders reduce the rate at which those people commit new sex crimes?) but also from the perspective of individual sex offenders (Does sex-offender treatment benefit most sex offenders?). For this consideration, it is helpful to calculate the Number Needed to Treat (NNT). The NNT is a useful measure of treatment effectiveness. (Gregory DeClue & Denis L. Zavodny, "Forensic Use of the Static-99R: Part 4. Risk Communication," *Journal of Threat Assessment and Management*, 1 (3) 145 (2014).) (Jay Singh, "Predictive Validity Performance Indicators in Violence Risk Assessment: A Methodological Primer," 31 (1) *Behavioral Sciences & the Law* (2013).) See also <http://www.thennt.com/> and <http://www.cebm.net/number-needed-to-treat-ntt/>

Calculated as the inverse of the absolute risk reduction, the NNT is the average number of patients needed to be treated to prevent one bad outcome; that is, the number of patients that need to be treated for one patient to benefit, compared with a control group. For sex-offender treatment, the NNT can be operationalized as the average number of sex offenders needed to be treated to prevent one bad outcome (re-arrest or re-conviction for a sexual offense).

Using standard calculation procedures, the obtained NNT is 28. That means that, on average, about 1 in every 28 patients will benefit from the treatment. This becomes

perhaps less surprising when we break it down a bit. Most sex offenders will not become detected sexual recidivists whether they are treated or not. And sex-offender treatment does not result in the elimination of all sexual reoffending by all of the treated offenders.

From the point of view of an individual sex offender, the odds are 1 in 28 that the treatment will provide him any benefit, in the sense of changing him from someone who would have committed a new sex offense to someone who will not.

New-and-improved sex-offender-treatment methods probably will not further reduce overall detected sex offending by more than 5%.

This limit comes from considering the results of another study. (Jeffrey C. Sandler, Naomi J. Freeman, and Kelly M. Socia, "Does a Watched Pot Boil? A Time-Series Analysis of New York State's Sex Offender Registration and Notification Law" 14 (4) *Psychology, Public Policy, & Law*, 2008, 14, 284 (2008).) Freeman and colleagues found that, in the State of New York, over 95% of all arrests for sexual offenses were of people who had not previously been convicted of a sex offense. For our analysis, we will assume that this finding can be generalized to other jurisdictions. Therefore, anything further that is done to treat or manage the risk of people who have been convicted of sex offenses would only cause some reduction to the 5% of new solved sex crimes that are committed by people who were previously convicted of a sex offense.

There may be some things that could be done to reduce detected sexual offending by first-time sex offenders, but improving sex-offender treatment (which is provided to people known to have committed a sex offense) is not one of them.

Notes of Caution

All sexual-recidivism studies focus on *detected* sexual offending. This analysis is no exception. As always, we do not know how many sex offenses went undetected.

It is a truism that no scientific study tells the whole story. No study, even a well-done meta-analysis of 28 comparisons comprised of 10,000 subjects, should be considered to be the final word.

Due to the nature of these data, we are unable to report a meaningful confidence interval for the NNT. With regard to mathematical elegance, it would be preferable to calculate the NNT from a single, large study of 10,000 subjects, because there could be less variability in subject variables, treatment duration, and length of follow up. That might tell us more about the effectiveness of a specific treatment program. Although less mathematically elegant, the analysis presented here addresses the overall effectiveness of multiple sex-offender treatment programs as they were actually delivered in recent years.

Some Thoughts about Implications for Law and Policy

We consider all three of the statements introduced at the beginning of this paper to be true. Each could be used to inform decisions about law and policy, but we recommend that all three (and more) be considered for each such decision. For example, the 26.3% relative reduction in detected sexual re-offending could be presented within a plea for public funding to support sex-offender treatment. In fairness, though, it should also be mentioned that it would appear to be impossible to expect that even perfect sex-offender treatment could further reduce overall detected sex offending by more than about 5%.

The NNT provides a systematic means of distilling the likelihood of benefit from sex-offender treatment into a summary statistic. It should be considered whenever a law or policy that would require sex-offender treatment is being considered, or re-considered. For example, once we recognize that sex-offender treatment only benefits about 1 in 28 patients, does it make sense to *require* that a person complete sex-offender treatment, or be considered to have made progress in sex-offender treatment, before allowing him to move back home with his wife and children? If we do not consider sex-offender treatment to be punishment, then is it fair to require that the 27 people who will not benefit from treatment have to pay for the treatment program that will benefit the 28th person? These questions cannot be resolved by empirical means alone; they involve value judgments that would be made while considering all of the stakeholders and weighing competing tangible and intangible costs and benefits.

In this paper, we do not attempt to tell decision makers how to decide such issues. Our goal is to encourage them to make more informed decisions by carefully considering all three statements presented at the beginning of this article, not just one of them.

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