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Allocating Treatment Resources for Sex Offenders

The National Institute of Corrections recently published a remarkable guide to treating incarcerated sex offenders that summarizes a vast literature on offender typologies and treatment approaches. But conspicuous in its absence is any general claim of treatment efficacy. The author, Barbara Schwartz, Ph.D., can cite only two serious controlled studies, both of which have yet to yield results. Sadly, she is forced to conclude that "outcome evaluation for sex offender programs is in its infancy."

Our society is thus faced with the disturbing dilemma of whether to support or oppose expensive treatment programs for sex offenders in prison. Most sex offenders are eventually released. Many seem genuinely disturbed not only by their arrest and incarceration but also by the deviant arousal patterns that led to their crimes. These inmates sincerely seem to want treatment. To deny them the chance to change is to guarantee that there will be future victims, since reported recidivism rates of untreated sex offenders are high.

Yet unsuccessful treatment programs could actually increase the incidence of sex offenses by accelerating the release of unsuccessfully treated sex offenders. Parole boards are under tremendous pressure to relieve overcrowding, and the so-called "successful completion" of sex offender treatment programs, despite disclaimers by treatment staff, are one peg on which parole boards could hang early release.

There is, fortunately, a way to avoid the perils of premature release without eschewing treatment altogether. First, treatment programs should be targeted to the individuals who pose the greatest risk to the public: those who are free. Many of the thousands of sex offenders on parole request treatment, yet it is unavailable. Similarly, many probated sex offenders are themselves children who may be embarking on even more violent and damaging careers.

Second, states should make it impossible for treatment programs to lead to premature release by excluding treatment attendance from consideration by parole boards making release decisions. Treatment can still be required as a condition of parole as long as it applies to all offenders convicted of specific crimes and does not accelerate release.

As for those who are incarcerated, until there is a dramatic increase in treatment resources, treatment programs in prison (except those offered for research purposes) should be limited to sex offenders whose release dates have been set, with the goal of preparing them to participate in the community-based programs offered to parolees.

If the rewards for pretending to participate are removed, the only benefit of treatment will be the treatment itself. This approach can only help to make the community safer.—JOEL A. DVOSKIN, PH.D., *associate commissioner for forensic services, New York State Office of Mental Health, Albany*

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