

“New therapy seen to cut repeat sex crimes”

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A new generation of treatment programs for sex offenders is proving highly effective, dramatically reducing the percentage of cases in which offenders repeat sex crimes, research shows.

Recidivism rates declined from 9 percent for untreated offenders to 5 percent for those who underwent the new treatment in one study, and from 38 percent to 6 percent in another.

While there is no complete “cure” for sex offenders, the new findings indicate that many of them can learn to manage their aberrant sexual impulses without committing new crimes. The promising new treatments focus on helping these offenders control the complex cauldron of social inadequacies, distorted thinking, and deviant sex fantasies that prompt them to rape women, molest children or exhibit themselves in public.

Policy-makers in Massachusetts are focusing on the treatment issue in the wake of Michael Kelley's arrest for allegedly killing two women he had lured to his workplace. A paroled two-time rapist, Kelley spent 12 years at the Massachusetts Treatment Center for the Sexually Dangerous at Bridgewater. A review board decided last year that Kelley was no longer sexually dangerous, but a former staff psychologist at the Bridgewater center said Kelley should never have been released from there.

“Despite one’s best intentions at predicting someone’s dangerousness, there are going to be those cases where we will fail,” said psychologist Robert Freeman-Longo, associate director of the Safer Society Program and Press, a national clearinghouse on sex offenders in Orwell, Vt. “Unfortunately, no one writes about the successfully treated rapist who has his own bagel factory and is doing quite well in the community.”

The Weld administration says it opposes treating convicted sex offenders and in fact, the vast majority of sex offenders in Massachusetts and nationwide receive little or no treatment at present. The embattled treatment facility at Bridgewater, the only residential program for sex offenders in this state, is being phased out. Since 1990, it has accepted no new offenders and only about 200 men remain.

Yet given the new research findings, treatment advocates say, it would be far less expensive and far more protective of the surrounding community to treat as many incarcerated sex offenders as possible.

“The current figures to build a prison bed and incarcerate someone for 30 years is \$1.3 million, so lengthy sentences for these offenders are not going to happen because they're too expensive,” said Freeman-Longo. “If these people are going to get out of prison anyway and we know we can reduce the recidivism rate substantially through treatment, isn't it worth the effort?”

National and local studies show that it actually costs taxpayers less to treat convicted sex offenders than merely to imprison them for the same amount of time. In one cost-benefit analysis published in 1990, researchers found that the recidivism rate of offenders treated at the Bridgewater treatment center, who at that time were considered the most violent sex criminals in the state, was 25 percent compared to 40 percent for untreated offenders. Researchers compared these recidivism rates with the cost of treating offenders vs. imprisoning them for repeat offenses. And they found the state saved \$68,000 per convict per offense by treating even the most habitual sex offenders.

More recent research has revealed promising results. In perhaps the best-designed study on this subject to date, 110 prisoners who completed an experimental treatment program in California were matched with 110 other sex offenders who were comparable in age, background and the nature of their crimes. Both groups were assigned at random to either the comparison group or the treatment program.

The strongest findings were among the rapists, who are traditionally the hardest category of sex offenders to treat: Only one of the 26 rapists who underwent treatment had been rearrested for rape almost three years after being released, while seven of the rapists in the control group were rearrested in the same period.

Among the child molesters in the study, 5 percent of those who underwent treatment were rearrested for a new offense within three years of release, while the recidivism rate was 9 percent for those in the control group.

In another recent study of 473 sex offenders at a treatment program in St. Albans, Vt., researchers found a similar record. Thirty of the 473 offenders who had been treated committed another sex crime after being released, a recidivism rate of 6 percent. That can be compared to a recidivism rate of 38 percent for untreated sex offenders that has been reported in previous studies. Nineteen percent of the 53 rapists in this study committed repeat offenses, about half the rate for those who are not treated.

The programs in Vermont and California begin with the premise that sexual deviancy is a lifelong problem. Like alcoholism, it can be controlled but not cured. And some violent sex offenders never respond to treatment; such recalcitrants, experts say, should be locked up for life.

What these programs, commonly called “relapse prevention,” do is help offenders control their deviant impulses, which are often stirred up when they are in stressful situations.

These new behavioral techniques have been developed over the past 10 years as professionals searched for more effective approaches; they differ from more traditional psychotherapeutic techniques. While some of these techniques have been incorporated into treatment groups at Bridgewater in recent years, the intensive relapse prevention model that has proven successful in Vermont and California has never been implemented at the center because of a lack of expertise and funding, according to a psychologist who works there.

The first step in these programs is determining what chain of thoughts or fantasies leads up to an assault in a particular offender.

For one rapist, for example, the pattern began whenever he got into a heated argument with his wife and stormed out of the house to “cool off.” He would begin thinking about how good it would feel to get back at his wife by having sex with another woman and how much better it would feel if that sex were forced. He would go to a bar, approach a woman, and eventually rape her.

“To be effective, treatment must teach the offender various strategies to disrupt the chain at any and all points along it,” said William Marshall, director of the sexual behavior clinic at Queens University in Ontario and a recognized expert on sexual violence. Frequently, these programs ask the offender to think of a list of consequences he particularly fears might result from his crimes. For example, he might imagine that he is brutally raped in prison or that his children are harassed at school because of their father’s misdeed.

The rapist is then asked to imagine the sequence of thoughts that led to the initial rape, and once these are vividly clear he is told to imagine one of the feared scenes. This pairing of thoughts is repeated again and again until the offender becomes adept at using the negative consequences to disrupt his chain of deviant thoughts.

Some treatment programs also teach offenders to sniff unpleasant smelling salts whenever they have deviant fantasies, and when all else fails, some rely on a technique called “masturbatory satiation.” The offender is required to masturbate to the point of discomfort and boredom while verbalizing his deviant fantasies. The intent is to associate unpleasant feelings with deviant fantasies, while pairing acceptable sexual thoughts with pleasure.

In these new programs, offenders are also taught to better understand their victims’ suffering. In the Vermont program, the offenders read accounts and watch videotapes from the perspective of people who have been raped or sexually molested. Then they write about

the crime from what they imagine is the victim's own experience, and finally, the offender reenacts the crime in a treatment setting, playing the role of the victim.

“They learn that victims are seldom affected by the abuse in the way they imagine them to be,” said William Pithers, director of the Vermont Center for Prevention and Treatment of Sexual Abuse and author of the St. Albans study. “Many power rapists, for instance, imagine that the victim would like to date them after the rape is over. The reality is quite a departure from what they fantasize.”