Proposed Treatment Protocols for Sex Offenders Based on Sub Typology

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Abstract: Based on the findings of Robertiello and Terry (2007) this paper evaluates similarities in sex offender sub-types and proposes grouping similar sub-types together for the purpose of treatment. Those sub-types with similar characteristics or are found to have similar responses to treatment options can be grouped together either in prison, in-patient, or out-patient settings and may prove to be more effective treatment protocols than current "one size fits all" sex offender treatment programs. This paper reviews the past 30 years of research on treatment for specific sub-types and integrates it into a larger framework while offering suggestions for future research on the efficacy of grouping these sub-types together. Finally, this review offers the suggestion of providing sexuality training to sex offenders to promote more healthy sexual interactions post treatment.

Introduction

There is a general fear of sex offenders among many in the United States. This fear has resulted in mandatory notification, residency restrictions, Megan's Law, Jessica's Law, and the extension of involuntary civil commitments to include indefinite holding of sex offenders who exhibit a high likelihood to re-offend. Many feel that these additional punishments beyond the completion of the criminal sentence are fair and required, in no small part because of the prevalence of the notion that sex offenders cannot be cured or treated effectively. To be sure, there is at least a half-truth in that statement; the current treatment protocols of many Departments of Rehabilitation and Correction are a "one size fits all" approach that does not take into account the fact that sex offenders are a very heterogeneous population with a wide array of motivations, psychopathologies, and triggering events that lead them to offend. Recently, in 2007, Robertiello and Terry released a 5-typology classification of sex offenders based on their reading of the past 25 years of research. Each of these 5 types includes a number of sub-types, each with their own characteristics. It should be noted that this classification scheme only addresses violent sex offences, child pornography and statutory rape and does not address many non-violent forms of sexual offences. The list of sex offences not addressed includes: prostitution, solicitation, indecent exposure, public nudity, lewd acts in public, peeping, bestiality and a host of other offences of a sexual nature which have criminal penalties associated with them.

The purpose of this paper is to match treatment options to each of the sub-types of the 5 groups identified by Robertiello and Terry (2007). Specifically, it will evaluate which sub-types could be placed together to receive a given treatment, which sex

offender sub-types should be separated and receive different treatments, and if applicable – what treatments may be contraindicated for certain sub-types of sex offenders. This information will serve to better inform policy makers as to which sub-types could be grouped together to receive the most effective treatment for them.

Methodology

This paper is based on the assumption that the sub-types used by Robertiello and Terry (2007) for the 5 types of sex offenders are comprehensive and useful in providing a common language describing sex offender typology; and based on that assumption, will draw from the past 30 years of research to match treatments to sub-types of sex offenders based on their characteristics. As mentioned before, each of the 5 types has a number of sub-types and this paper will briefly describe the 20 sub-types described by Robertiello and Terry (2007). Following this description a section will provide an overview of 'Treatment Families' (types of treatment options), which can be drawn upon to provide treatment protocols for a majority of the sub-types. Descriptions of each of these treatment families include examples of sub-types for which that treatment can be effective with. From there, a matrix will be developed that references what treatments can work (as demonstrated by research or based on theoretical assumptions, i.e.: it works for another sub-type that exhibits similar characteristics) for which sub-types. The matrix developed in this study can be used by other researchers or clinicians to identify clusters of sub-types that can benefit from similar treatment protocols. These clusters, in turn, can be offered as a suggestion to policy makers to begin the process of overhauling the current treatment programs for sex offenders with the intent of providing more targeted and effective treatments.

Sex offender types

RAPISTS:

The rapist type is characterized by a male offender who commits a forcible act of rape against a victim who can be male or female and does not legally qualify as being a minor according to the statute in the jurisdiction responsible for prosecuting the offence. Legally the exact definition of a rapist varies widely (Gannon & Ward, 2008, p. 337) so the above definition is merely a broad definition for classification purposes. The rapist type has four sub-types, which can be classified by whether the motivation for the offence was sexual or non-sexual. The two sexual sub-types are compensatory and sadistic; while the two non-sexual types are power/control and opportunistic. The offenders in each sub-type show very different motivations for their offences with vastly different underlying pathologies.

Robertiello and Terry (2007) explain their classification of rapists as follows; rape classification is often based on the motivation for the offence. Groth (1979) was one of the first to divide rapists according to sexual or non-sexual motivation. Briefly, a sexual motivation would be exemplified by an adult male who cannot form an appropriate sexual relationship with a partner, so in order to fulfill his sexual needs he finds suitable victims and rapes them. A non-sexual motivation could be exemplified by a perpetually angry offender who seeks to subjugate and humiliate his victim through sexual violation – a sexual display of aggression, not the other way around (Groth, 1983). This was reiterated by Barbaree, Seto, Serin, Amos, and Preston two and a half decades later (1994). Elaborating on the 4 types originally developed by Groth (1979), Berger (2000) added a level of refinement to Groth's sub-types. Earlier in 1990, Freund created an in

depth profile focusing exclusively on the Compensatory Sexual sub-type (this type of rapist is characterized by a need for sex that cannot be met legitimately and results in the necessitation of rape to provide for their sexual needs).

In 1990, Knight and Prentky developed a new four type classification system similar to Groth's, but they posit that rapists are either opportunistic, pervasively angry, vindictive, or purely sexual rapists. Building on this foundation, Knight (1999) developed a 9-typology classification scheme of rapists. This level of classification may be too specific to create a treatment protocol encompassing all types of sex offenders (within the constraints outlined above). Because of this potential for over-specificity I will limit discussion of rapists to the four sub-types used by Robertiello and Terry (2007).

Robertiello and Terry (2007) settle on a 4 sub-type classification as being sufficient. For the purposes of developing a treatment protocol for a prison or other inpatient setting, it is important to avoid creating too many categories since it is not practical to develop a specialized program for every sub-type of offender. Rather creating 3-5 treatment protocols for groups of sub-types can be seen as more practical. This limiting will better allow individual practitioners to customize their sessions and treatments within guidelines developed for groupings based on the characteristics of the individual offenders they are working with at any given time.

Child Molesters:

The child molester type includes male offenders whose victims are minors, according to legal statute. In the United States, the age of consent is determined by the states and can vary from 14 to 18 and according to local statutes. As with rapists above, their victims can be male or female. This type has 2 sub-types based on whether the offender exhibits

a preference for minors throughout their lives – fixated offenders, or if offending against a minor is a departure from an otherwise normal history of sexual involvement with age appropriate partners – regressed offenders.

There are a number of classification schemes currently used, all of which make a distinction between the above defined fixated and non-fixated offenders. The FBI classification scheme utilizes 7 sub-types (4 situational sub-types and 3 fixated sub-types). In 1990, Knight and Prentky developed a two-axis classification system with Axis I representing the degree to which the offender is fixated while Axis II represents how the offender defines the meaning in their contact with children. Most basically, Terry and Tallon (2004) provided a chart depicting 2 sub-types (fixated and regressed) and outlined their basic characteristics. Groth, Hobson, and Gary (1982) were the first to suggest this 2-typology classification scheme, and to date this distinction remains the key criteria used to classify child molesters.

Female Sex Offenders:

The female sex offender type contains three sub-types exhibiting similarities to the above child molester and rapist typologies, with some significant differences: this typology is the only one where the perpetrator is female and when compared to male offenders there is a shortage of research on the female offender.

Typologies created for female offenders did not come into being until 1989 when Matthews, Matthews, & Speltz focused exclusively on female sex offenders and developed their 3 sub-typology classification scheme. This scheme was necessitated by the fact that female offenders do not have the same characteristics or motivations as male sex offenders. While the core motivations may differ from those of male offenders,

treatment options can be very similar. Further studies discussing each of the sub-types will be elaborated on below.

Juvenile (Adolescent) Sex offenders:

This is another type that exhibits a high level of heterogeneity; it includes offenders from a wide range of ages, socio-economic backgrounds, developmental stage, sexual knowledge, criminal and delinquency histories and characteristics of their victims. While it is true that rapists and child molesters comprise a very heterogeneous group of offenders and victims, Juvenile offenders can be even more so heterogeneous. As opposed to the offenders above who have specific victim types, characteristics, or preferences; when it comes to juvenile sex offenders their victims can be younger, older or the same age as the offender. Likewise these victims can be male or female and may be strangers or acquaintances.

One very unique characteristic of this group is the way that Robertiello and Terry (2007) addressed this type. In the other four types they looked at all available research for that type and integrated the research together to come up with a common language grouping similar sub-types identified by various researchers into their own terms and sub-types. For the Juvenile type however, Robertiello and Terry (2007) decided to list a summary of the sub-types found by other researchers without any attempt to integrate them into a common language, as was done with the other types, this results in a list of five papers indicating a potential number of sub-types ranging from three to seven. These studies include sub-type classification schemes by: Prentky, Harris, Frizzell, and Righthand's (2000) six typology scheme; Jacobs (1999), Becker, Cunningham-Rather, and Kaplan (1986), and Graves (as cited in Weinrott, 1996) all utilize a three-typology

scheme – but all three schemes utilize different characteristics to base their groups on. For the purposes of this paper, the seven sub-type classification designed by O'Brien and Bera (1986) will be used. This decision was made on the basis of Robertiello and Terry's statement that this classification is "one of the most sophisticated typology systems" (2007, p. 115) and the recommendation of one of my advisors Lisa Cravens-Brown, who has significant experience in the treatment of adolescent sex offenders.

Cyber offenders:

In many ways, the cyber offender typology bears resemblance to the characteristics of the child molester typology. The main difference between child molesters and cyber offenders involves the way that the victim is found (via the internet). Another characteristic of this type is that the offender may not physically have sexual contact with the victim (this will be further elaborated below). There are 4 sub-types of cyber offenders, based primarily on the research of McLaughlin (1998).

The 20 sub-types

This list is compiled based largely on the findings in the previously mentioned Robertiello and Terry article (2007). It is not important for the reader to recall which number refers to which sub-type, as all sub-types will be referred to by their full names in subsequent sections. Some of these sub-types are the product of a combination of studies by various authors, and are cited accordingly. However the Juvenile (Adolescent) Sex Offender sub-types numbered 10-16 lack individual citations as they all come from O'Brien & Bera (1986); likewise the Cyber Offender sub-types numbered 17-20 are all derived from McLaughlin (1998).

1. Compensatory Sexual Rapists: Groth (1979) first described this group as "Power – Reassurance" rapists, characterized by feeling inadequate, lacking proper social skills to pursue a romantic relationship with a peer, and unlike the sadistic sub-type – they do not want to hurt their victims. In 1990, Freund elaborated on Groth's characterization and referred to it as a "Courtship Disorder" further stating that as a result of their desire to not hurt their victim, they display significantly less aggression in all aspects of life when compared to impulsive sub-types, and use force only to gain victim compliance; so called "Gentleman Rapists". Budrionis & Jongsma (2003) went on to say that these rapists may retreat if the victim resists or fights back and drew attention to the fact that due to their lack of social skills – they often will not interact with the victim, although compliant victims may be viewed as someone they can talk with for a short time before departing after the rape.
2. Sadistic Sexual Rapists: again, this sub-type grew out of Groth's (1979) research where he termed them "Anger/Excitation Rapists". In this sub-type, it is the pent up rage expressed through overwhelming torture (that inflicts so much pain on their victims) that is the only means for them to become sexually excited. Groth goes into more detail as to how these sub-type members utilize a multitude of techniques for torturing their victims repeatedly, and how that can lead to sexual murder. Groth also touches on the fact that these rapists express virtually no remorse, which is elaborated on by Barbaree et al. (1994) who found that this group had significantly higher rates of psychopathy, weapon use, and higher arousal rates to rape cues. Knight and Prentky (1990) utilize the presence of

sexually violent fantasies to characterize the sadistic sub-type and then further differentiate by the level of sadism (whether it is overt or muted) and if their level of social competence is high or low.

3. Power-Control Non-Sexual Rapists: Groth (1979) characterized this group by their use of force, though noted it was well below the level used by the sadistic sub-type, their increased impulsivity, use of alcohol or drugs prior to the rape, and the likelihood of meeting the victim in public (often at bars) and rape them on the day of meeting them. A few years later, Groth (1983) elaborated on this sub-type and included anger-aggression characteristics into this sub-type. They can be characterized by utilizing sex as a weapon to punish women, premeditated against a specific target (as in marital rape) or blitz (opportunistic against someone who elicits a rage reaction from them. Finkelhor (1984) identified this power-control motivation as underlying many marital and acquaintance rapes. Struman (2000) addresses the opportunistic characteristics of using date-rape drugs (e.g. Rohypnol), and while the triggering characteristics may appear opportunistic, control of the victim is the true motivation and goal of this offender sub-type. Power Control motivations for rape can include rape committed in times of war. For example, in 1996, Lees addresses this power-control need as the impetus for much of the rape that occurs in time of war, the ultimate humiliation and subjugation of a defeated foe.
4. Opportunistic Rapists: this sub-type is not drawn directly from Groth's research, but rather comes from Knight and Prentky (1990). They characterize this sub-type as having very poor impulse control, leading an adventure seeking lifestyle,

and as being situational offenders. This is the type of offender who will often commit the rape during the commission of another crime, most likely a break and enter type of crime where they find a female in the dwelling who they then overpower and rape, usually for no more reason than 'she was there' or 'might as well, since I'm already committing another crime'.

5. Fixated Child Molesters: Groth (1979) said that this group wants to form a relationship with the child and have them accept the relationship. In 1983 Groth elaborated on this stating that their poor social skills lead them to favor relationships with dependant, passive minors rather than age appropriate peers. West echoed this assertion in 1987. Finkelhor (1984) addresses the fact that the Fixated child molesters' preference develops during their own adolescence and that they are often diagnosed with pedophilia (or ephebohilia). Conte (1991) states that they have virtually no age appropriate relationships and have little psychosexual maturity. Pryor (1999) addresses the ways in which a fixated may try to "groom" victims (See publication by John Jay College from 2004 for an elaboration of the definition of groom). In 2006, Terry went on to address some commonalities in this sub-type including, but not limited to: feelings of inadequacy, bad experiences in prior adult relationships, feelings of loneliness and isolation. Victims of a Fixated Child Molester are more likely to be extra-familial, while Regressed Child Molesters may be more likely to offend within the family (Terry & Tallon, 2004).
6. Regressed Child Molesters: again, originated as part of Groth's regressed/fixated dichotomy and was elaborated on by Schwartz (1995) who points to external

stressors as being the precipitating event for this type of offending, not a predisposition or preference towards minors. In 1992, Simon, Sales, Kaskniak, & Kahn stated that this offending is a temporary departure from normal adult attractions due to the stressors that undermine their confidence and results in their victimizing those they have easy access to. According to Robertiello & Terry (2007) highly fixated offenders with a large number of victims are among the hardest to treat, especially when combined with lower levels of social competence; whereas regressed offenders can often be treated more successfully because they feel remorse and are not fixated on minors.

7. Teacher-Lover Female Offenders: Matthews, Matthews, & Speltz (1989) characterize this type of offender as a female who uses a position of power (coach or teacher) to find their victims and view their actions as acts of love and not criminal. In 1993, Matthews et al. elaborated on their inclination to deny harm or negative consequences of their relationships with adolescent victims. For example, these women often speak of their victims as being in serious loving relationships with them and as a normal part of their development into manhood. Syed & Williams (1996) state that these women are more likely to have been in sexually abusive relationships themselves. However, in 1991 Matthews et al. found that this group can be treated with high success rates and their reaction to therapy can be very quick.
8. Male Coerced / Male Accompanied Female Offenders: according to Syed & Williams (1996) these women are often subordinate women with low self-esteem, low intelligence and a general sense of powerlessness. Matthews et al. (1991)

indicate that they may join a male partner who has abused them before in abusing their children. Matthews (1993) and Syed & Williams (1996) indicate that there are subtle differences in Male Coerced (participation is out of fear of repercussion) and Male Accompanied (more self-motivated to participate). Porter & Alison (2006) found that in instances of gang rape, there were sometimes female accomplices who either found or helped to reel in potential victims, with a limited number of those accomplices participating beyond the roles played in victim acquisition.

9. Predisposed Female offenders: based on Matthews et al. (1991) and Matthews (1993) these women often victimize children of their own or in their care, have been sexually abused themselves (often as children), and cannot develop appropriate sexual relationships with other adults. They often suffer from some sort of psychological disorder resulting in sadistic fantasies, increased levels of aggression, and chronically feeling suicidal.
10. Naïve Experimenter Adolescent Offender: are young and lack social skills and sexual knowledge. Their offences are often situational. These could be considered lower risk offenders or fall under emerging descriptions of Child Sex Offenders (characterized by young age and often a lack of sexual knowledge – see Keller, Theriot, and Dulmus, 2006 for a more in depth discussion of Child Sex Offenders).
11. Undersocialized Child Exploiter Adolescent Offenders: are often socially isolated, from a dysfunctional family, are insecure and have a poor self-image, while having no prior history of delinquent behaviors. This group may lack the proper

socialization to interact with peers in an age-appropriate manner and seek to alleviate their insecurity through offending those more vulnerable then themselves.

12. Sexual Aggressives Adolescent Offenders: are highly impulsive, most likely to use force and violence, come from a dysfunctional or violent household, and are more likely to have a history of delinquent behavior and or substance abuse problems. Their victims may be similar age peers or adults. Furthermore, these offenders may commit sexual offences as one example of a broader violent pattern of delinquency (Theriot, 2006, p. 25).
13. Sexual Compulsive Adolescent Offenders: exhibit compulsive deviant sexual fantasies, are often quiet or anxious, come from strict, rigid households, and may exhibit paraphilic behaviors. These individuals may be able to be diagnosed with a paraphilia (according to DSM-IV-TR guidelines), their behaviours could stem from observation of sexually explicit materials at an age that prevents full comprehension of those materials.
14. Disturbed Impulsive Adolescent Offenders: are highly impulsive and often have a concurrent psychological disorder. These offenders comprise a more diverse group and can come from individuals who exhibit a developmental disorder, conduct disorder, or ADHD comorbidly with their sexual offence.
15. Group Influenced Adolescent Offenders: often offend only while in group settings as a way to impress peers. These group offenders can be involved in formal gangs and offend as part of gang behaviour or can be members of an informal group (friends at a party taking advantage of an intoxicated fellow party-goer) or

even members of an athletic team (consider the recent Duke University Lacrosse team case, but apply it to a younger population such as high schoolers).

16. Pseudosocialized Adolescent Offenders: are frequently narcissistic, lack intimacy in relationships, peer relationships are superficial, and they may exhibit a high intelligence. Pseudosocialized offenders should not be confused with Undersocialized offenders. While an Undersocialized offender may not have any manner of socialization or only minimal socialization a Pseudosocialized offender is more on the level of an adult offender who exhibits characteristics of Anti-Social Personality Disorder (see the characteristics of Sadistic Sexual Rapists above).
17. Collector Cyber Offenders: collect and trade images online that have specific characteristics (poses, type of child, clothing, etc.). They are often single and socially isolated though they may have jobs that provide them with access to children. These offenders appear capable of relegating their behaviour to merely collecting images and do not physically contact their victims.
18. Traveler Cyber Offenders: may also be collectors who fit a fixated typology, but they utilize the Internet to groom victims and chat with them having the intention of meeting for sexual reasons. Grooming behaviours may include conversations designed to elicit victim trust, belief that they are "a good person who does not want to hurt them", and offering to make their travel arrangements and pay for them.
19. Manufacturer Cyber Offenders: these individuals are the ones who make child pornography to be distributed on the Internet; they often take suggestive

photographs of their own children and post them. Many have sexual relations with children and/or have been charged with sex offences in the past. Many of these offenders take advantage of the myriad of international laws that exhibit a wide array of ages of consent, distinctions between suggestive pictures and sexual pictures, and a lack of international agreement as to what constitutes child pornography.

20. Chatters Cyber Offenders: often collect erotica (not pornography) and chat with victims online. This may escalate into phone contact, attempts to convince their victims that they can be trusted, and may suggest meeting in person. This sub-type can be viewed as a bridge level between collectors and travelers.

Treatment "Families"

For the purposes of this paper I will refer to treatment "families", this concept is best illustrated by an example. Cognitive Behavioural Therapy – when CBT is mentioned, it refers not to any one specific type of CBT, but rather the whole array of CBT options, leaving the clinical practitioner the freedom to utilize the type of CBT they are most comfortable with or feel will be most productive for the specific sex offender(s) in their treatment group. It is no accident that CBT is the leading example here, according to Dean, Mann, Milner, & Maruna (2007, p. 117): "It is generally accepted that the most effective approach to treating adult male sexual offenders is cognitive-behavioural". Given this sounding endorsement and years of accepted research on the efficacy of CBT techniques in an array of settings, one can see how CBT will play a component in the overwhelming majority of treatment options. A few of the other treatment options that will be explored include group therapy and role-play, as well as pharmacotherapy, and

empathy training. Here, it is important to note that every offender in a treatment program should receive traditional one-on-one talk therapy in conjunction to all other treatments.

Cognitive Behavioural Therapy:

CBT can be used effectively in a variety of the above types, however it may not be equally effective for all types. Marshall (1993) points to the fact that many of the then current programs were developed to work with child molesters and that they may be more effective since they could be more empathetic and exhibit less ASPD characteristics that we may find in Sadistic Sexual Rapists or Pseudosocialized Adolescent offenders. On its most basic level – CBT should be targeted at some of the more global faulty cognitions: acceptance of interpersonal violence, distortions about women (views of women as purely sexual beings or inferior) and distortions about the appropriateness of relationships with minors (male and female offenders with both male and female victims). The clinician should use their judgment as to the implementation of a CBT regiment and should tailor it to the individuals in their groups (see text by Gannon, Ward, Beech, and Fisher; 2007, with particular attention to chapters 6 & 7, for more complete discussion of targeting CBT to Rapists and Child Molesters).

It is also worth noting that CBT should take into account the full range of cognitions motivating and rationalizing the offense as well as helping them to change behaviours that place them in the situations that cause them to offend. As discussed above, some offenders such as Opportunistic Non-sexual Rapists and Regressed Child Molesters are more prone to offend based on situational factors. A full discussion of all available varieties of CBT is impossible within the confines of this paper, however a few specific types will be mentioned.

- Sexual reconditioning or fantasy retraining, especially in offenders who cannot control their arousal or fantasizing, or feel compelled to coerce others into sexual behaviour with them (Johnston, Hudson, & Marshall, 1992). Denov and Cortoni (2006) suggest that female offenders (who would fall under the Male Accompanied / Male Coerced Female Offender sub-type above) "deviant arousal and fantasizing […] may appear more frequently in initiators or willing participants" (p. 85). For a more complete discussion of how to change deviant arousal, the practitioner should reference Marshall, Anderson, & Fernandez (1999). Behavioural components of this treatment can include snapping a rubber band on the wrist or breaking open a smelling-salts capsule and smelling it when an inappropriate thought enters the mind.
- Schema-focused therapy (see Dean, Mann, Milner, & Maruna, 2007, pp. 131-132 for a more complete discussion of this form of CBT). Schema-focused therapy can be integrated into group therapy settings and be used to help the offender challenge faulty belief patterns (p. 131). Teacher/Lover Female Offenders who deny or minimize harm of their offending or hold distorted cognitions about the appropriateness of their relationships with minors may also benefit from this type of treatment (see Grayston & De Luca, 1999; Nathan & Ward, 2002). Further research may flesh out the usefulness of this treatment in groups with faulty thinking patterns, especially Fixated Child Molesters, and Traveler Cyber Offenders who believe they are capable of having a relationship with a minor and that that relationship is or can be healthy. According to Padesky (1994), one of the keys to schema-change therapy is to help offenders "create alternative and

> more adaptive ways of thinking […] involv[ing] a simultaneous focus on weakening old schemas and strengthening new ones" (as cited in Dean, Mann, Milner, & Maruna, 2007, p. 131).

Group Therapy and Modeling:

According to Jennings & Sawyer (2003) group therapy can be a very important component of treating sex offenders. Intuitively, one may ask 'what good is it to put a dozen sex offenders in a group together, what are they going to learn from each other?' Echoing that sentiment, Dishion, McCord, & Poulin (1999) discuss the possible negative effect of having delinquent adolescents in groups with other delinquents or anti-social adolescents. Eccleston and Owen (2007) point to the importance of the modeled examples by group leaders and therapists. According to Eccleston & Owen (2007) an effective therapist is more likely to effect a change if they are capable of developing a successful therapeutic relationship and if:

- They can breakdown the hostility, distrust and suspicion in rapists
- They are supportive and engaged in the offenders' treatment
- They can effectively model appropriate interpersonal interactions

This view comes well supported from previous research including Anechiarico (1998), Blanchard (1995) and Marshall & Serran (2004) (as cited in Eccleston & Owen, 2007). Having a participant in the group who has overcome their problem, in this case a sexual offending behaviour such as child molesting, as well as individuals in various stages of the rehabilitation process, may provide support to those members of the group who think the therapist does not really understand them or their feelings; this has been shown to be an effective strategy (see Levenson & Macgowan, 2004 and Lothstein, 2001).

Furthermore, they may serve to point out current group members' faulty cognitions and provide a jumping-off point for the therapist to begin CBT.

Empathy Training:

According to Marshall (1993) and Marx, Miranda, & Meyerson (1999) empathy training is designed to increase the offender's awareness of harm to their victims and can prove beneficial. In 2003, Fernandez and Marshall discuss how the offender's ability to ignore and avoid the victim's reaction may allow them to continue offending; that is they do it because they cannot see that they are causing harm in their victim – they lack empathy. Also in 2003, Auburn and Lea suggested using videos of victims telling their stories of the harm inflicted as an educational tool to aide in building offender empathy.

Bear in mind that some offenders (particularly the Sadistic Sexual Rapist sub-type) find much of their arousal from feeling their victims' pain and fear, as a result this type of training may be a waste of resources since they already exhibit a high level of awareness of their harm to their victims. Extreme care should be taken when utilizing empathy training with sex offenders who exhibit ASPD characteristics since it is possible that they may utilize that training to be better enabled to victimize others upon release (Eccleston & Owen, 2007). In 1999, Seto and Barbaree indicated that psychopaths (those scoring high on the PCL-r measure of psychopathy) who did well in therapy were at an increased risk for recidivism, however in 2003, Langton (as cited in Barbaree, Langton, and Peacock, 2006) utilized a more broad based measure of recidivism and a different methodology and found that those psychopaths who did well in therapy were no more likely to re-offend than those who did poorly. For a more in depth review evaluating the providing of treatment to psychopaths see Barbaree, Langton, and Peacock (2006).

Sexuality Training:

Combining the recent increase of government funding for abstinence only sexual education, the limited attempts at media based messages promoting sexual health, the barrage of sexualized advertising and a general inability of parents to speak to their children about sexuality; it is difficult to find good sexuality training in 'normally developing' individuals, let alone in sex offenders. It should be noted that much of the research related to developing a sexuality training program is targeted towards adolescents or those with disabilites. However, since many sex offenders seem to lack many of the basics, a modification of the current guidelines for developing a program for adolescents may be a good place to start. Sexual education should involve an overview of the basics starting with anatomy and STD transmission information. Education should be an intentionally designed course that provides knowledge and understanding while socialization should encompass the integration of that knowledge into socially acceptable behaviour patters (Shtarkshall, Santelli, and Hirsch, 2007). Coleman (2002) provides a review of findings from programs around the world and addresses the importance of sensitivity to regional issues as well as global issues that need to be addressed. Of particular importance, consent issues need to be a major focus for any offender population receiving sexuality training; in addition to the usual topics covered including the anatomy basics, education pertaining to reproductive choices, safer sex, and STD / AIDS prevention.

Attention should also be paid to the range of healthy sexual expression, as well as the appropriateness of fantasy and the relegation of certain desires to fantasy only. This training should also include topics such as: how to discuss deviant fantasies with partners,

finding legal, safe outlets for those fantasies (perhaps including role-play), and how to address their history and labeling as a sex offender with potential partners following release. Other issues that should be discussed can be combined with CBT and addressing faulty cognitions of women as inferior or sexual objects. Ultimately, the design of this program must take into account the needs of the specific offender populations that are being treated as well as public health concerns and local customs and needs while encouraging healthy sexual behaviour and sexual expression post treatment.

Family Therapy:

Family therapy can be useful in treating minors, though extreme care must be taken, especially if the offender's victim(s) include member(s) of the household and family members feel powerless in the face of the offender's behaviours (Keller, Theriot, & Dulmus, 2006). Alexander, Barton, Gordon, Grotpeter, Hansson, Harrison, et al. (1998) suggest functional family therapy as an option with adolescent offenders. Additionally, family therapy may have a place with adult male sex offenders as well (Hilarski & Christensen, 2006). This type of treatment is designed to involve the entire family system and address issues that may exist system-wide (i.e. within the family). Another benefit of Family Therapy is that it provides a more extensive support system than just the therapist or group members.

Other measures:

Other, more drastic measures can remain an option for those offenders who seem to gain no benefit from the above treatments or are at a substantial risk of re-offending regardless of what interventions have already been provided. Two of these options include castration (chemical and physical) and involuntary civil commitments. Castration is

overwhelmingly chemical in nature, relying most frequently on antiandrogen medications. For a review of chemical castration medications from the 1940's to the present see Grubin's 2008 chapter on Medical Models and Interventions with particular attention to pages 604-605, though the complete chapter addresses pharmacotherapy in addition to, and less severe than, chemical castration. Levenson and D'Amora (in-press) provide a good overview of the evolution of involuntary civil commitments, residency restrictions and mandatory notification and discuss their effectiveness. One important highlight worth addressing is that new involuntary civil commitment laws allow for an indefinite holding of offenders at a high likelihood to re-offend after (and in addition to) their criminal sentence. The legality of this practice was upheld by the Supreme Court in the 1997 ruling *Kansas v. Hendricks*.

Treatment x Sub-type Matrix

See figure on pages 25-26.

Conclusion / Discussion

In reviewing the above studies, a variety of measurements of efficacy are discussed, however many feel to be lacking. Some of the existing measures need to be maintained, but additions should be considered. Recidivism must always be present although it does not fully capture post intervention offences and some offenders may not be caught or reported. A biologically based measurement should be considered utilizing a computer program that compiles the offender's self reported level of arousal (e.g. 1-10) to images with gaze duration and penile plethysmograph (penile strain gauge) measurements. In addition, measures including family reporting, offender self-reporting, and clinician

observation during treatment should be considered while measuring efficacy of the above treatments.

Policy makers should find it informative to see that many treatment plans can be used for the majority of sub-types. This finding allows clinicians to utilize a broad array of treatment options with a diverse set of offender populations so long as they make the necessary modifications taking into account the needs of the group they are currently working with. As an example, while a child molester and rapist may both benefit from Cognitive Behavioural Therapy, the approach and specific types of CBT used must reflect the needs of the individuals the clinician is currently working with.

The treatment families above are so broad that, to an extent, virtually all can be used in virtually all sub-types – however some of the caveats above need to be noted. Treatments designed to aid in increasing social competency and helping individuals to interact more easily with others (like those that would benefit Compensatory Sexual Rapists, for example) need to be utilized with extreme care in ASPD and narcissistic populations. Again, attention must be paid to the fact that even though all of the families above can be used with most of the sub-types above, they will not all be equally effective. The clinician working with each group must utilize their good judgment when implementing a program and take into account individual, group, and community needs and standards.

Further directions for research include looking at the suggested treatments for the above sub-types, measuring their efficacy, suggesting changes and evaluating which 'clusters' of sub-types can effectively be treated together. Based on similar characteristics, I would suggest a starting point to consider would be a cluster comprised

of Compensatory Sexual Rapists, Fixated Child Molesters, Teacher / Lover Female Offenders and Traveler Cyber Offenders. All could benefit from learning social skills in a group setting, modeled by a skilled leader as to how to begin interactions to form successful age appropriate relationships, address underlying faulty cognitions, and adjust their behaviour to reflect more appropriate displays of sexuality. However, I would be remiss if I did not address the fact that juveniles, females, and adult males are very infrequently at the same facility – especially in a prison setting. In an outpatient treatment setting it may be easier to combine these diverse groups that show similar characteristics, but future research surveying experienced clinicians serving these populations would be required to see how well such a set up could work. In the long run, this 'clustering' may prove to be more cost effective than current "one size fits all" programs – if these more targeted treatments can reduce recidivism. Future research on the efficacy of these programs will be necessary to demonstrate if this is in fact the case.

In sum, this paper was designed to show that sex offender sub-types can be clustered together and utilize similar treatment families. This may turn out to be more cost effective in the long run than current sex offender treatment programs. The design of these offender / treatment clusters takes into account the ability to add and subtract components based on current program, offender, clinician, and community needs. From a practical standpoint, most sex offenders will be released one day. And those who have completed a program targeted to their needs (based on sub-type) with focus on a more healthy understanding of sexuality and a better ability to control deviant fantasies and desires while being better enabled to interact with potential age-appropriate partners

should pose a lowered risk to the community as a whole than those who do not receive such targeted treatment.

Table 1 – Treatment X Sub-type

	One-On-One Talk Therapy	CBT	Group Therapy & Modeling	Empathy Training	Family Therapy	Sexuality Training
Compensatory Sexual Rapists	Y	X	X	X	X	Z
Sadistic Sexual Rapists	Y	?		?		Z
Power / Control Non-Sexual Rapists	Y	X	X	?	X	Z
Opportunistic Non-Sexual Rapists	Y	?	?	X		Z
Fixated Child Molesters	Y	X	X	X		Z
Regressed Child Molesters	Y	X	X			Z
Teacher / Lover F.O.[1]	Y	X	X	X		Z
Male Accompanied / Male Coerced F.O.[1]	Y	X	X	?	X	Z
Predisposed F.O.[1]	Y	X	X		?	Z
Naïve Experimenter A.O.[2]	Y	X			X, Z	Z
Undersocialized Child Exploiter A.O.[2]	Y	?	X	X	?, Z	Z
Sexual Aggressives A.O.[2]	Y		?	?	Z	Z
Sexual Compulsive A.O.[2]	Y	X	?		X, Z	Z
Disturbed Impulsive A.O.[2]	Y	A	A	A	X, Z	Z
Group Influenced A.O.	Y		X	X	X, Z	Z
Pseudosocialized A.O.[2]	Y	?		?	?, Z	Z
Collector Cyber Offenders	Y	X	X			Z
Traveler Cyber Offenders	Y	X	X			Z

Manufacturer Cyber Offenders	Y				?	Z
Chatter Cyber Offenders	Y	X	X			Z

[1] – A.O. – Adolescent Offenders
[2] – F.O – Female Offenders
A – Treatment is dependent on comorbid conditions
X – Supported by research (directly according to sub-type or based on similarities with other sub-types that have similar characteristics)
Y – Should be a portion of all therapy (according to convention)
Z – Author's suggestion
? – Conflicting research

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