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Sex Offenders and Reentry in Missouri

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SEX OFFENDERS AND REENTRY

Sexual Abuse is defined as “unwanted sexual contact between two or more adults or two or more minors; any sexual contact between an adult and a minor; any unwanted sexual contact initiated by a youth toward an adult; or sexual contact between two minors with a significant age difference between them. Sex crimes can involve physical contact (e.g. unwanted sexual touching) or no physical contact (e.g. Internet crimes)”.¹

There is no such thing as a “typical” sex offender.² Sex offenders represent a diverse group of offenders in racial background, income, and educational attainment.³ They vary in gender, age, marital status, and prior criminal record including history of sexual and non-sexual offenses.⁴

Myths and Facts About Sex Offenders

- **“Myth:** Most sexual assaults are committed by strangers.

FACT: Most sexual assaults are committed by someone known to the victim or the victim’s family, regardless whether the victim is a child or an adult.”⁵ According to a 1998 National Violence Against Women Survey, 76% of women who reported being raped were victimized by a date, live-in partner, or a current or former husband.⁶

- **“Myth:** Most sex offenders reoffend

FACT: ... Reoffense rates vary among different types of sex offenders and are related to specific characteristics of the offender and the offense.”⁷

In their lifetime, approximately 40% - 45% of untreated sexual offenders will sexually re-offend. This is a significantly lower rate compared to other types of violent offenders.⁸ One

¹ CSOM. (2008). *Fact Sheet: What You Need to Know About Sex Offenders*. Center for Effective Public Policy.

² CSOM. (2008). *Fact Sheet: What You Need to Know About Sex Offenders*. Center for Effective Public Policy.

³ The Association for the Treatment of Sexual Abusers. (2001). *Ten Things You Should Know About Sex Offenders and Treatment*.

⁴ CSOM. (2008). *Fact Sheet: What You Need to Know About Sex Offenders*. Center for Effective Public Policy.

⁵ CSOM (2000). *Myths and Facts about Sex Offenders*.

⁶ Tjaden, P. and Thoennes, N. (1998). *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. U.S. Department of Justice, National Institute of Justice (Washington, DC).

⁷ CSOM (2000). *Myths and Facts about Sex Offenders*.

⁸ The Association for the Treatment of Sexual Abusers. (2001). *Ten Things You Should Know About Sex Offenders and Treatment*.

analysis found that of those reconvicted, child molesters had a higher reconviction rate for non-sex offenses (37%) than for sexual offenses (13%), while rapists also had a higher reconviction rate for non-sexual offenses (46%) than for sexual offenses (19%) over a five year period.⁹ A 1995 study found reconviction rates for child molesters and rapists to be approximately 20% and 23%, respectively.¹⁰

- **“Myth:** Sexual offenses rates are higher than ever and continue to climb.

FACT: Despite the increased publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years.”¹¹

- **“Myth:** The cost of treating and managing sex offenders in the community is too high – they belong behind bars.

FACT: One year of intensive supervision and treatment can range in cost between \$5000 and \$15,000 per offender, depending on treatment modality. The average cost of incarcerating an offender is significantly higher, approximately \$22,000 per year, excluding treatment costs.”¹²

Supervision of Sex Offenders in Missouri

In fiscal year 2010, St. Louis City and St. Louis County were the second and third highest sentencing counties in Missouri for sex offenses, representing 20.6% of state-wide sentences. In 2010, 15.4% of incarcerated individuals in the Missouri Department of Corrections were sex offenders, totaling 4,870. In that year, Missouri released 952 incarcerated sex offenders to the community.¹³

The “Containment Model”, promoted by the National Institute of Justice, is utilized by employing a triangle of supervision, monitoring, and treatment. Supervision is provided by trained Probation and Parole officers, assessment and treatment is attained through state “approved providers”, while monitoring is implemented with polygraph examinations and drug and alcohol testing.¹⁴ As a cohesive team, supervision officers, treatment providers, and polygraph examiners promote accountability and ensure victim safety by effectively “containing” sex offenders.¹⁵

Special conditions and specialized caseloads are used to manage sex offenders in the community. Special conditions placed on sex offenders include restrictions on contact with

⁹ Hanson, R. and Bussiere, M. (1998). “Predicting Relapse: A Meta-Analysis of Sexual Offender Recidivism Studies.” *Journal of Consulting and Clinical Psychology* 66: 348-364.

¹⁰ Quinsey, V., Rice, M., and Harris, G. (1995). “Actuarial Prediction of Sexual Recidivism.” *Journal of Interpersonal Violence* 10: 85-105.

¹¹ CSOM (2000). *Myths and Facts about Sex Offenders*.

¹² CSOM (2000). *Myths and Facts about Sex Offenders*.

¹³ Lomabardi, G. (2010). *A Profile of the Institutional and Supervised Offender Population on June 30, 2010*. Missouri Department of Corrections, 21-72.

¹⁴ Missouri Department of Corrections, Division of Offender Rehabilitative Services (2010). *Overview of Community Sex Offender Treatment*.

¹⁵ CSOM (2007). *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies*. U.S. Department of Justice, Office of Justice Programs.

victims and minors, sex offender-specific treatment, restricted Internet access, abstaining from alcohol or drugs, restrictions on places of residency and employment, and restricted movement within the community and across state lines.¹⁶ Specialized caseloads ensure that sex offenders are supervised intensively and increase department consistency.¹⁷ Specialized caseloads afford officers the expertise to assess and address the unique risks and needs of sex offenders.¹⁸

Sex offender treatment in the State of Missouri is facilitated by “approved providers” who are “professional mental health clinicians...who have specialized experience and training in the treatment of sexual abusers.”¹⁹ Current treatment utilizes cognitive-behavioral techniques to teach the control of thoughts and behaviors.²⁰ For sex offenders, this research-supported technique assists in the identification of specific thoughts that led to engagement in sex offending behaviors, while guiding them toward healthy alternatives through the use of skill-building, modeling, practice, and reinforcement.²¹

The Containment Model and Collaboration

The Containment Model emphasizes victim and community safety, interagency collaboration, sex offender-specific containment strategies, and consistent public policies.²² This approach promotes public safety by holding sex offenders more accountable for their behavior.²³ As sex offending behavior is characterized by secrecy, deception, and manipulation, those involved must continually share information and work together to evaluate the offender’s progress.²⁴

The literature on sex offender supervision recommends officers and case managers work closely with providers, members of community support networks, victim advocates and others. Through collaboration, this network supports offenders in maintaining a positive lifestyle, adhering to the requirements of supervision, and avoiding high risk situations and behaviors, ideally intervening at the occurrence of problem behaviors and communicating identified concerns.²⁵ Information exchanged should also include medical or mental health concerns, current case management, and reentry plans. By recognizing the value of meaningful partnerships and diverse perspectives, those involved can convey a unified message about sex offender accountability, public safety, and prevention of sexual victimization while minimizing the duplication of efforts and maximizing

¹⁶ Missouri Department of Corrections (2007). *Rules and Regulations Governing the Conditions of Probation, Parole, and Conditional Release for Sex Offenders*. MBRR-262.

¹⁷ Lane Council of Governments. (2003). *Managing Sex Offenders in the Community: A National Overview, 2003*.

¹⁸ CSOM (2007). *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies*. U.S. Department of Justice, Office of Justice Programs.

¹⁹ Missouri Department of Corrections, Division of Offender Rehabilitative Services (2010). *Overview of Community Sex Offender Treatment*.

²⁰ The Association for the Treatment of Sexual Abusers. (2001). *Ten Things You Should Know About Sex Offenders and Treatment*.

²¹ CSOM. (2008). *Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction*. U.S. Department of Justice, Office of Justice Programs.

²² English, K., Pullen, S., & Jones, L. (1996). *Managing adult sex offenders: A Containment Approach*. American Probation and Parole Association.

²³ Missouri Department of Corrections, Division of Offender Rehabilitative Services (2010). *Overview of Community Sex Offender Treatment*.

²⁴ Lane Council of Governments. (2003). *Managing Sex Offenders in the Community: A National Overview, 2003*.

²⁵ CSOM (2007). *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies*. U.S. Department of Justice, Office of Justice Programs.

existing resources.²⁶ In summary, network providers ideally assume a positive role in the sex offender's life, hold the offender responsible for the offense, recognize the offender's risk factors, disclose risky behaviors, and willingly discuss identified concerns with the supervision officer.²⁷

Other Promising Practices and Reducing Recidivism

The most responsible and comprehensive approaches focus on the safety and needs of potential and past victims of sexual assault.²⁸ The Comprehensive Approach to sex offender management is grounded by the principles of victim-centeredness, public education, specialized knowledge and training, collaboration, and evaluation and monitoring, moving beyond the triad of treatment, supervision, and polygraph to include a more extensive sphere of influence. Further, this approach highlights six core components including investigation/ prosecution/ disposition, assessment, supervision, treatment, reentry, and registration/ community notification.²⁹

Prosocial influences are a key factor in reducing recidivism in all types of offenders, including sex offenders.³⁰ A 2004 study of those placed on probation for child molestation found that offenders with strong support from friends and family were less likely to be revoked, and those with strong support systems who were revoked generally lasted on probation longer than those without such support.³¹ Open and routine communication with the support networks of sex offenders, including family, employers, mentors, and members of the faith community can provide valuable information and insights into the attitudes and adjustment of sex offenders.³²

On 04/21/2011, Sex Offender Officers participated in a tour of the Missouri Sex Offender Program at the Farmington Correctional Center and questioned offenders as to what they viewed as obstacles to successful supervision in the community. A common response was lack of financial ability to pay for treatment and its components, i.e. polygraphs, classes for supervised visits pertaining to safety plans. The other stumbling block to success was housing that meets state and federal requirements. Several St. Louis agencies provide much needed financial assistance to indigent offenders. Some agencies were granted funds specifically for sex offenders and their needs, providing wrap around case management services which include stipends for school, treatment funds, employment readiness programs, and transportation, while some agencies were granted funds to assist with polygraphs, transportation and sex offender assessments. Other

²⁶ CSOM. (2008). *Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction*. U.S. Department of Justice, Office of Justice Programs.

²⁷ Cumming, G.F. & McGrath, R.J. (2000). "External Supervision: How Can It Increase the Effectiveness of Relapse Prevention?" *Remaking Relapse Prevention with Sex Offenders: A Sourcebook*. 236-256. Thousand Oaks, CA: Sage Publications.

²⁸ Lane Council of Governments. (2003). *Managing Sex Offenders in the Community: A National Overview, 2003*.

²⁹ CSOM (2007). *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies*. U.S. Department of Justice, Office of Justice Programs.

³⁰ Hanson, R.K., Morton, K.E. (2005). "The Characteristics of Persistent Sexual Offenders: A Meta-Analysis of Recidivism Studies". *Journal of Consulting and Clinical Psychology, 73*, 1154-1163.

³¹ Daly, R. (2008). *Treatment and Reentry Practices for Sex Offenders: An Overview of States*. Vera Institute of Justice.

³² Bumby, K.M. & Talbott, T.B. (2007). "Treating Juveniles Who Commit Sex Offenses: Historical Approaches, Contemporary Practices, and Future Directions". *Working With Children and Youth Who Sexually Abuse: Taking the Field Forward*, 245-261. Lyme Regis, UK: Russell House.

agencies act as a broker for services for sex offenders, paying approved providers for services rendered.