

The Minnesota Department of Corrections (DOC) recently completed a study that examined the impact of DOC sex offender treatment programming on recidivism. The study examined 2,040 sex offenders released from Minnesota prisons between 1990 and 2003. The average follow-up period to track recidivism for the 2,040 offenders was 9.3 years.

The DOC has provided sex offender treatment since 1978 when it opened the Transitional Sex Offender Treatment Program at the Minnesota Correctional Facility-Lino Lakes. Since its inception more than three decades ago, sex offender treatment programming has evolved to keep pace with changing practices in the field. Consistent with evidence-based practices, the DOC places priority on treating sex offenders who pose a moderate to high risk for reoffending and provides treatment designed to address the specific factors that place offenders at risk for offending.

To evaluate the effectiveness of its sex offender treatment programming, the DOC examined recidivism outcomes among 2,040 sex offenders released from prison between 1990 and 2003. Recidivism data were collected on the 2,040 offenders through the end of 2006; as a result, 9.3 years was the average follow-up period, with a minimum of 3 and a maximum of 17 years. Because it is important to know whether sex offenders commit new sex crimes, recidivism was distinguished by the type of reoffense (sex, violent, or general). Moreover, due to the relatively low baseline rate for sexual recidivism, the study attempted to use more sensitive measures of reoffending by including all three major offense levels (misdemeanor, gross misdemeanor, and felony) and focusing on rearrest rather than reconviction or reincarceration. Untreated and treated offenders were matched on commonly known risk factors, and multivariate statistical analyses were performed to control for other factors besides treatment that may have had an impact on recidivism. These measures were used to ensure that “apples were compared to apples.”

Key Findings

- ❑ Sex offender treatment provided within the DOC reduced the risk of rearrest for a *new sex offense* by 27 percent
- ❑ Participation in prison-based treatment lowered the risk of rearrest for a *violent crime* (both sex and non-sex offenses) by 18 percent
- ❑ Prison-based treatment decreased the risk of rearrest for *any offense* by 12 percent

Results

The data in Figure 1 show that treated sex offenders (i.e., offenders who had entered prison-based sex offender treatment) had lower recidivism rates than untreated sex offenders (i.e., offenders who did not participate in prison-based sex offender treatment). For example, 14.2 percent of the treated offenders had been rearrested for a new sex offense by the end of 2006 compared with 19.5 percent of the untreated offenders. As for violent offenses, 30.8 percent of the treated sex offenders had been rearrested versus 34.1 percent of the untreated offenders. Lastly, compared to untreated offenders, who had a rearrest rate of 58.1 percent for general recidivism, treated offenders had a slightly lower rearrest rate at 56.6 percent.

The results also showed that sex offenders who completed treatment or successfully participated until release had the best recidivism outcomes (see Figure 2). Of the 1,020 treated sex offenders, 70 percent (718) had a successful treatment outcome (completed

or successfully participated until release). The sexual recidivism rate for the treatment completers was 13.4 percent versus 16.2 percent for treatment dropouts (i.e., sex offenders who quit or were terminated from prison-based treatment), and 19.5 percent for the untreated offenders. Violent rearrest rates were 29.0 percent for treatment completers, 35.1 percent for treatment dropouts, and 34.1 percent for untreated offenders. Rearrest rates for any offense were 55.4 percent for treatment completers, 59.3 percent for treatment dropouts, and 58.1 percent for untreated offenders.

Results from the multivariate statistical analyses, which controlled for time at risk and other rival causal factors, revealed that entering prison-based sex offender treatment significantly lowered the risk of rearrest for a new offense by 27 percent for sexual recidivism, 18 percent for violent recidivism, and 12 percent for general recidivism. The effect size found for sexual recidivism is consistent with several recent meta-analyses of sex offender treatment literature.

Dropping out of treatment did not significantly increase the risk of recidivism, although completing treatment lowered it for sexual rearrest by 33 percent,

violent rearrest by 23 percent, and any arrest by 15 percent. Further, the analyses indicated that treatment was not significantly more or less effective for certain types of sex offenders. This suggests that treatment in the DOC was just as effective for adult rapists and child molesters as it was for incest offenders and those who victimize acquaintances or strangers.

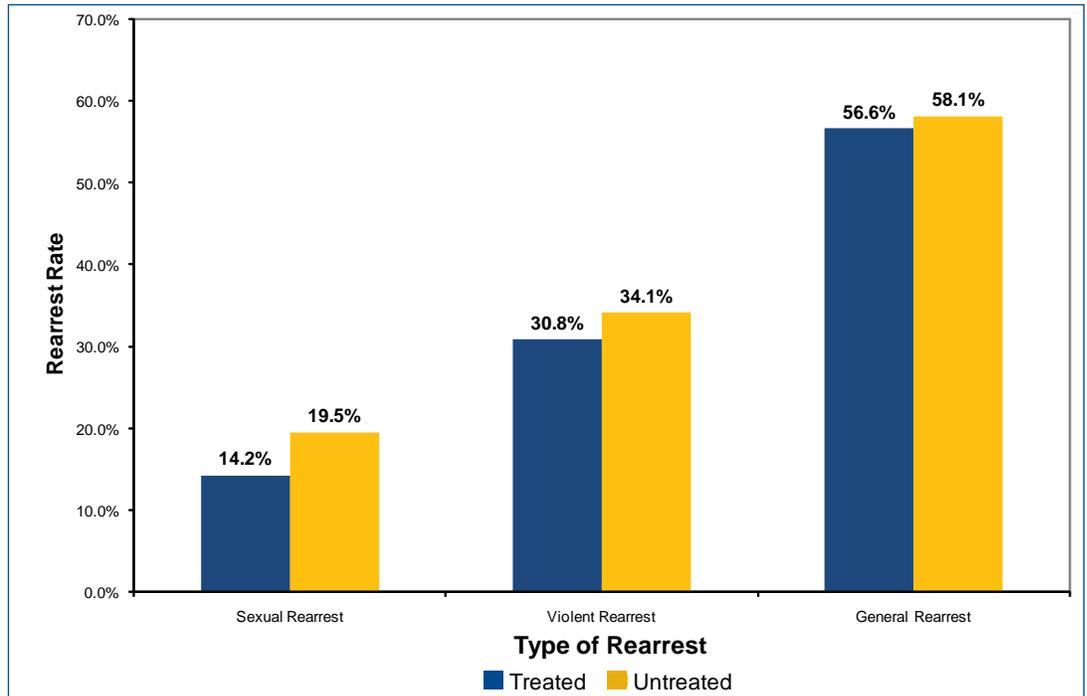


Figure 1. Recidivism Rates for Treated and Untreated Sex Offenders

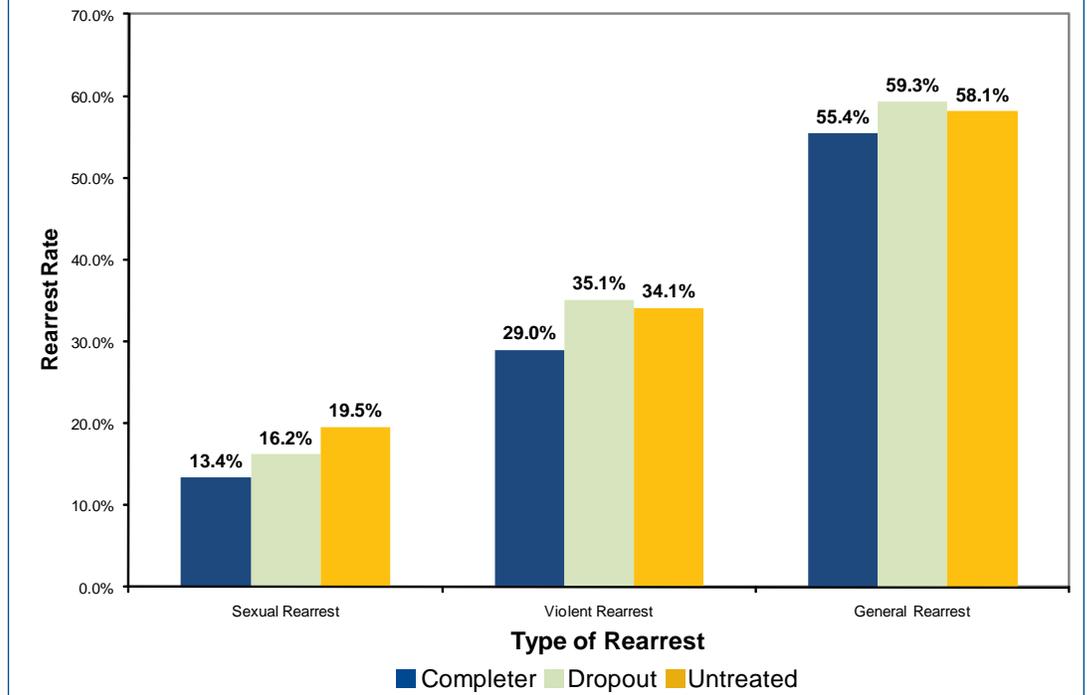


Figure 2. Recidivism Rates by Treatment Outcome