

**SOMB Position Paper: Defining “No Known Cure” with Regard to  
Adult Sex Offenders  
Approved on August 19, 2011**

**Purpose:**

The Sex Offender Management Board (SOMB) has reviewed the considerable body of research concerning the treatment of adult sexual offenders. The purpose of this paper is to define and clarify that “no known cure” is a treatment and management philosophy which recognizes that there is currently no way to ensure that adult sex offenders will not re-offend. However, with effective treatment and supervision certain offenders can internalize changes that decrease their likelihood of re-offense.

**Opening Statement:**

Sex offenders present a risk to community safety and their crimes cause significant trauma to victims. The phrase “no known cure” reflects the current known research about adult sex offenders.<sup>1</sup> It emphasizes the importance of ongoing long-term management and containment of adult sex offenders.

It is generally recognized in the sex offender management field that sexual offending is a complex problem for which there are no simple solutions.<sup>2</sup> We cannot accurately predict who will or will not re-offend. Treatment and supervision teaches offenders cognitive-behavioral interventions to manage their risk. It is up to the offender to take responsibility for his or her behavior and continually manage the behaviors that led to his or her offense(s) in order to prevent future offenses and enhance community safety.

The Guiding Principles from the *Standards & Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* states:

**1. *Sexual offending is a behavioral disorder which cannot be “cured.”***

*Sexual offenses are defined by law and may or may not be associated with or accompanied by the characteristics of sexual deviance which are described as paraphilias. Some sex offenders also have co-existing conditions such as mental disorders, organic disorders, or substance abuse problems.*

*Many offenders can learn through treatment to manage their sexual offending behaviors and decrease their risk of re-offense. Such behavioral management should not, however, be considered a “cure” and successful treatment cannot permanently eliminate the risk that sex offenders may repeat their offenses.*

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<sup>1</sup> Lowden, K., English, K., Harrison, L., Pasini-Hill, D., & Lounders, P. (2007). *Crime and justice in Colorado*. Denver, CO: Office of Research and Statistics, Division of Criminal Justice.; Heil, P. (2010). Sex Offender Recidivism Meta-Analysis. Presentation to the Colorado Sex Offender Management Board on September 17, 2010 and November 19, 2010.

<sup>2</sup> Marshall, W., Laws, D.R., & Barbaree, H. (1990). *Handbook of Sexual Assault: Issues, theories, and treatment of the offender*. New York and London: Plenum Press

**“No Known Cure” means:**

- Behavioral change cannot be guaranteed; it may be managed.
- While “cure” implies that a problem no longer needs to be addressed, “no known cure” emphasizes that the propensity for an adult sex offender to engage in sexually abusive behaviors cannot be permanently eradicated through treatment.<sup>3</sup> Offender vigilance regarding the potential to re-offend and the ongoing need to manage risk factors is a life-long task.
- Offenders are less likely to re-offend if they continue to monitor and manage lifestyle choices and attitudes that put them at risk to re-offend.<sup>4</sup> The concept of “cure” can set offenders up to fail and increase the probability of re-offense by implying either during or after completion of treatment that they do not have to worry about monitoring and managing lifestyle choices and attitudes.
- Lifetime commitment to no more victims is possible when an offender commits to change, takes responsibility for his/her behavior, and continually manages the risk factors and behaviors that led to his/her offense.

A “no known cure” philosophy appropriately validates the immense trauma inflicted on victims and the victim’s experience by emphasizing that certain sexual offenders have deeply internalized behaviors and thought patterns that are difficult to change. In order to honor the victim’s experience and to ensure that reporting the victimization was not in vain, offenders must be held accountable and commit to manage this extremely serious and harmful behavior for life. Treating offenders in a manner that minimizes the harm perpetrated on victims or the risk the offender poses to society undermines the very core of the judicial system. Research strongly indicates that most victims never report sexual assault, therefore recidivism data is a dramatic underestimate of the actual sexual offense and re-offense rate. When victims do report these crimes, they should be able to trust that the offender will be managed with the primary goal of community safety.

**“No Known Cure” does not mean:**

- All sex offenders will re-offend.
- All sex offenders should remain in prison indefinitely or be removed permanently from society.
- Treatment is ineffective.
- Sex offenders are incapable of making positive changes that lower their risk of re-offending.
- Sex offenders are hopeless and can never be positive contributing members of society.
- All sex offenders are high risk.
- All sex offenders demonstrate the same risk over time.

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<sup>3</sup> Marshall, W. & Laws, D.R. (2003). A brief history of behavioral and cognitive behavioral approaches to sex offender treatment: Part 2. The modern era. *Sexual Abuse: Journal of Research and Treatment*. 15(2). 93-120.

<sup>4</sup> Hanson, R.K., & Harris, A. (1998-1). *Dynamic predictors of sexual recidivism*. Ottawa, Ontario: Department of the Solicitor General Canada.

- No sex offender can live safely in the community.
- Sex offenders cannot complete treatment and supervision.

### **Treatment and Supervision Implications of “No Known Cure”:**

- Treatment is one aspect of managing sexual offenders and should be in conjunction with monitoring and supervision in the community.
- Supervision includes behavioral intervention to monitor the offender’s use of treatment strategies to prevent re-offending.<sup>5</sup>
- Sex offending is not a disease, it is a highly complex and varied pattern of behavior. Unlike a disease, which primarily affects the person with the disease, sexual offending behavior is notable for its extremely negative effect *on others who are the victims of the sex offender’s behavior*. According to Yates, Prescott, and Ward (2010), sexual offending is a “behavior that has been maintained through reinforcement and an activity that results in entrenched habitual responses to certain specific situations that facilitate sexual offending.”<sup>6</sup> Thus, sex offenders often require long-term extensive treatment, management/supervision, and monitoring for the safety of others.<sup>7</sup>
- Risk is dynamic. Treatment and supervision systems must be flexible enough to impose greater external interventions during periods of high risk and reduce interventions as offenders internalize and demonstrate risk management skills.
- The presence of certain character or personality disorders is a risk factor for sexual re-offense.<sup>8</sup> Mental health science has no identified cure for personality disorders. As a result, long-term treatment and supervision may benefit adult sex offenders with personality or character disorders to maintain changes and refrain from sexual re-offense.<sup>9</sup>

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<sup>5</sup> Gendreau, P., Goggin, C. & Fulton, B. (2000). Intensive supervision in probation and parole. In C.R. Hollin (ed.). *Handbook of Offender Assessment and Treatment* (pp. 195-204). Chichester, UK: Wiley; McGrath, R., Cumming, G., & Holt, J. (2002). Collaboration among sex offender treatment providers and probation and parole officers: The beliefs and behaviors of treatment providers. *Sex Abuse: A Journal of Research and Treatment*, 14(1), 49-65; Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., & Harrison, L. (2003). *Evaluation of Colorado’s Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.; Hepburn, J.R., & Griffin, M. L. (2004). *An Analysis of Risk Factors Contributing to Recidivism of Sex Offenders on Probation*. National Institute of Justice. Grant No. 96-CE-VX-0014; England-Aytes, K., Olsen, S.S., Zakrajsek, T., Murray, P., & Ireson, R. (2001). Cognitive/Behavioral Treatment for Sexual Offenders: An Examination of Recidivism. *Sexual Abuse: A Journal of Research and Treatment*. 13, 4, 223-231.; Stalans, L.J. (2004). Adult Sex Offenders on Community Supervision: A review of recent assessment strategies and treatment. *Criminal Justice and Behavior*. 31, 5. 564-608; Boone, D.L., O’Boyle, E., Stone, A., & Schnabel, D. (2006). *Preliminary evaluation of Virginia’s sex offender containment programs*. Richmond, VA: Research, Evaluation and Forecasting Unit, Virginia Department of Corrections.

<sup>6</sup> Yates, P., Prescott, D. & Ward, T. (2010). *Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment: A practical guide to clinicians*. Brandon, VT. The Safer Society Press.

<sup>7</sup> Hall, G.C.N. (1995) Sexual Offender Recidivism Revisited: A Meta-Analysis of Recent Treatment Studies. *Journal of Consulting and Clinical Psychology*. 63, 802-809.

<sup>8</sup> Hanson, R.K., & Bussiere, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348-362; Hanson, R.K. & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis*. (User Report No. 2004-02) Ottawa: Public Safety Canada;

<sup>9</sup> Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., & Harrison, L. (2003). *Evaluation of Colorado’s Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.

- Deviant sexual arousal or interest is also a major risk factor for repetitive adult sex offenders. Sex offenders can be taught methods for managing deviant arousal; however, depending upon their willingness to use these methods voluntarily over time (i.e., outside of the accountability provided by ongoing treatment and supervision) is unreliable and dangerous.
- Effective treatment and supervision enhances public safety and can benefit society by potentially decreasing re-offense. Sex offenders, and by extension their families, also benefit from the offender receiving a combination of effective specialized treatment, supervision, and polygraph testing.<sup>10</sup>
- Treatment and supervision should promote the development of prosocial and informed support systems as a component of long-term stabilization.<sup>11</sup>
- Treatment guides offenders to become self-aware and to learn how to manage their behaviors by offering offenders tools that may help prevent their re-offending behavior. Ultimately it is up to the offender to use the tools learned in treatment.
- Response to treatment is a process that unfolds over time and involves progression through stages of change. Some individuals never move through the stages, and yet others may progress and regress multiple times through the stages. A cycle is one way to conceptualize this process. Since relapsing into another sex offense is unacceptable, long-term treatment and supervision affords an opportunity to intervene when an offender begins to exhibit high risk behavior.<sup>12</sup>
- It is common for individuals to make progress in treatment and under supervision and then encounter difficulties. Since risk level fluctuates throughout an offender's life, he/she may need connections to treatment and a continuum of services or safety nets for an extended period of time.

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<sup>10</sup> Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., & Harrison, L. (2003). *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.; Hepburn, J.R., & Griffin, M. L. (2004). *An Analysis of Risk Factors Contributing to Recidivism of Sex Offenders on Probation*. National Institute of Justice. Grant No. 96-CE-VX-0014; England-Aytes, K., Olsen, S.S., Zakrajsek, T., Murray, P., & Ireson, R. (2001). Cognitive/Behavioral Treatment for Sexual Offenders: An Examination of Recidivism. *Sexual Abuse: A Journal of Research and Treatment*, 13, 4, 223-231.; Stalans, L.J. (2004). Adult Sex Offenders on Community Supervision: A review of recent assessment strategies and treatment. *Criminal Justice and Behavior*, 31, 5, 564-608; Boone, D.L., O'Boyle, E., Stone, A., & Schnabel, D. (2006). *Preliminary evaluation of Virginia's sex offender containment programs*. Richmond, VA: Research, Evaluation and Forecasting Unit, Virginia Department of Corrections.

<sup>11</sup> Colorado Division of Criminal Justice (2004). *Report on safety issues raised by living arrangements for and location of sex offenders in the community*. Colorado Division of Criminal Justice, Colorado Department of Public Safety. Denver, Colorado., available at [http://dcj.state.co.us/odvsom/sex\\_offender/SO\\_Pdfs/Full\\_SLAFinal01.pdf](http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/Full_SLAFinal01.pdf) ; Hanson, R. K., & Harris, A. (1998). *Dynamic Predictors of Sexual Recidivism..* Public Works and Government Services. Canada. Cat. No. JS42-82/1998-01E. ; Hanson, R.K., Harris, A.J.R., Scott, T., & Helmus, L. (2007). *Assessing the Risk of Sexual Offenders on Community Supervision: The Dynamic Supervision Project*. User Report No. 2007-05. Ottawa: Public Safety Canada.; Dowden, C., Antonowicz, D., & Andrews, D.A. (2003). *The effectiveness of relapse prevention with offenders: A meta-analysis*. International Journal of Offender Therapy and Comparative Criminology, 47, 516-528. ; Bonta, J. & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation*. (User Report No. 2007-06). Ottawa: Public Safety Canada.

<sup>12</sup> Prochaska, J.O., & DiClemente, C.C. (1986). Toward a Comprehensive Model of Change. In: Miller, W.R., & Heather, N. (eds.) *Treating addictive behaviors: processes of change*. New York: Plenum Press; 3-27. ISBN 0306422484.

- Treatment and supervision should be based upon individual risk, need and responsivity, and be of sufficient duration to allow the offender to learn and demonstrate new skills and non-offending behaviors.<sup>13</sup>
- Individualized risk management plans should be directed by ongoing risk assessment.
- Some offenders may be able to sustain change with reduced levels of supervision while others are more appropriate for lifelong management.
- Research indicates that sex offenders who view themselves as little risk for committing new sexual offenses and take few precautions to avoid high-risk situations pose a higher risk to re-offend.<sup>14</sup>

#### **Offender Statements Related to “No Known Cure”:**

- “I will always have struggles no matter how well I do by progressing and advancing in treatment. I will always need to apply appropriate relapse prevention plans with active support interventions. I’m encouraged that my thoughts are changing from “me first” to thinking of others first. This is a turning point in my life. I don’t get it right all of the time but I’m committed to remaining teachable, open, honest, and being accountable. For the first time in many years I believe that I don’t have to re-offend, and that there is real hope for me and others.” Anonymous
- “I am still going to group. That’s hard also. Sometimes the guys in group say things to me that I don’t want to hear. But that’s nothing new. But I keep going. Sometimes I wonder why. I am the only one in group that does not have to be there. When new men enter the group and they find out I am not on paper but I still come to group they sometimes get shocked. I tell them I like coming to group. . . Sometimes I can’t believe how well my life is going. Don’t get me wrong. Things are not perfect. I have a lot of ups and downs. I still go into my cycle, but with help I am able not to cross the line and victimize. It is my group and the men in it that help me stay in check. Sometimes I think that things are going to fall apart because my life has not be (sic) this good. But then I remember it is up to me.” Anonymous

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<sup>13</sup> Hanson et al, (2009); Bonta, J. (1997) *Offender Rehabilitation: From research to practice*. Canada: Solicitor General Canada.

<sup>14</sup> Hanson, R.K., & Harris, A. (1998-1). *Dynamic predictors of sexual recidivism*. Ottawa, Ontario: Department of the Solicitor General Canada.