Components of Mental Health Treatment of Sex Offenders

- **Sex Education** = Often, sex offenders lack a basic understanding of human sexuality and therefore must learn this material. Occasionally, individuals offend out of a sense of curiosity and exploration. Other offenders have significantly distorted understandings of human sexuality. Developmentally appropriate sex education can confront these distortions and facilitate a healthier understanding of sexuality. One goal of sex offender programs is to help an individual make the transition from deviant to healthy sexual behavior, which can only be accomplished if basic human sexual physiology is understood. Sex education is usually facilitated through a didactic group and includes a mechanism of assessing the mastery of information.

- **Social Skills Building** = Many sex offenders lack basic interpersonal skills and therefore find it very difficult and emotionally frightening to interact with their peers in an appropriate fashion. The building of social skills teaches basic interpersonal skills and basic communication patterns. This includes basic issues, such as personal hygiene, listening skills, and social customs. This is frequently taught in a skills-building approach with a behavioral checklist used to measure mastery of skills. This component is effectively taught in a “hear and now” approach, taking advantage of “teachable moments.”

- **Relationship Building** = Even if a sex offender is socially competent, s/he frequently lacks the ability to develop lasting and intimate relationships. This component focuses on developing these skills, which are essential for dating and/or marital relationships. This includes developing the skills necessary to become vulnerable, to develop intense empathy, and to explore a partner in an appropriate fashion through communication. This component may include basic dating skills as well as more advanced commitment skills.

- **Fantasy Management** = Some sex offenders have a history of deviant sexual fantasy and compulsive masturbation. This component focuses on establishing fantasy management skills through thought stopping, sensate refocusing, “natural and logical consequence” fantasy management techniques, and other imagery techniques. This component often relies on the use of fantasy/masturbatory logs in order to help establish a baseline understanding of the current level of behavior and monitor the effectiveness of fantasy management skills.

- **Victim Empathy** = Many theorists believe that sex offenders would not act out on their impulses if they were only able to understand the amount of pain their victims experienced. Other theorists believe that some sex offenders, particularly sadistic offenders, offend because of their understanding of the pain that they inflict upon their victims. In either case, it is commonly believed that offenders need to establish a basic understanding of the impact of their behaviors on others. This is usually accomplished through exercises that increase the offender’s understanding of the impact of her/his actions at various points in the victim’s life, ranging from immediately following the abuse to adulthood. Imagery exercises are also frequently used in order to help the offender experience, in a limited fashion, the experience of being abused. This component might also help offenders address their own issues of victimization appropriately.
• **Relapse Prevention** = Although relapse prevention is the goal of all sex offender intervention, it is also considered a specific treatment modality. Relapse prevention is a cognitive-behavioral approach to modifying behavior. As a treatment modality, relapse prevention identifies patterns of thoughts, feelings, and behaviors that precipitated the offending behavior. The offender should have learned which emotional, situational and environmental factors were triggers for his/her abuse cycle and how his/her thinking errors contributed to her/his offenses. S/he should further understand how s/he targeted and groomed children, set up sexually abusive situations, and ensured the victim would not disclose.

The relapse prevention plan identifies specific coping skills to intervene with these patterns (cycle). For older juveniles, this is usually accomplished though a series of workbook assignments, which break down the offending patterns. Specific mechanisms are established for intervening in these patterns; these intervention strategies are implemented over time. A critical element of relapse prevention training is the ability to generalize these very specific skills into everyday living. This plan should also include general guidelines for the sex offender’s activities and behaviors, which will prevent her/him from encountering potential victims and resolve ongoing emotional problems that may have triggered thoughts of sexual abuse. For example, if alcoholism was a factor in her/his abuse in that s/he used it to lower inhibitions about sexually abusing a child, s/he should attend Alcohol Anonymous (AA) meetings. Alternatively, if s/he targeted children by “cruising” the shopping malls, s/he must stay away from shopping malls and any other location where s/he might practice the same behaviors. The belief is that, if an offender can recognize and interrupt behaviors that led to abuse in the past, s/he can refrain from abusing in the future.

• **Restitution** = The final component should be to have the sex offender make amends to the victim(s), either concretely or symbolically. Restitution can be in the form of paying for victim treatment, supporting victim assistance programs financially, or with in-kind support such as by helping other offenders in treatment programs.

Adapted from Cumming & Buell, 1997