As part of a comprehensive initiative, the Council of State Governments (CSG) Justice Center’s National Reentry Resource Center (NRRC) is leading a number of projects centered on changing the conversation about the reentry of individuals convicted of sexual offenses. The goal of the NRRC’s work in this area is to determine how evidence-based programming can help improve outcomes and better integrate individuals with sexual offense convictions into broader reentry strategies.¹

To that end, the NRRC is collaborating with the Center for Sex Offender Management (CSOM) to support practitioners’ efforts to enhance reentry and public safety outcomes for adults convicted of sexual offenses. To help guide the activities of this initiative, the NRRC and CSOM conducted a national survey of stakeholders invested in the successful reentry of this population. The national survey was designed to accomplish the following: (1) identify sex offense-specific strategies commonly used in jurisdictions; (2) gauge awareness of research about this population and the effectiveness of applied strategies; (3) identify barriers to successful reentry; and (4) explore stakeholders’ training and technical assistance needs.

Nearly 600 people representing a wide range of professions responded to the survey. Respondents included individuals from community supervision, law enforcement, corrections, and reentry services. Also represented were mental health and other treatment practitioners, social/human services professionals, clinical evaluators, victim advocates, educators, judges, legislators and policymakers, parole authorities, researchers, policy analysts, and vocation and training professionals. Close to half of respondents (48 percent) had more than 10 years of experience working in the criminal justice system. Almost one third (30.5 percent) reported having worked for more than 10 years with people convicted of sexual offenses, while more than one-fourth had 6 to 10 years of this experience.
Applied Reentry Strategies

Numerous policies and practices have been implemented nationwide to manage or reduce the risk posed by individuals who have been convicted of sexual offenses. Respondents of the national survey indicated that multiple strategies are used in their jurisdictions, such as probation or parole supervision (including specialized caseloads); GPS or electronic monitoring; sex offender registration and notification; residence restrictions; specialized sex offender treatment; and screening and assessment. In contrast to these specialized strategies employed to address the unique risk factors of and heightened concerns about individuals convicted of sexual offenses, only 40 percent of respondents indicated that programming is also provided in their jurisdictions to address “general” criminogenic risk factors such as antisocial behavior, attitudes and peers, and substance use. Given the research indicating that individuals convicted of sexual offenses are more likely to recidivate by committing non-sexual offenses than sexual offenses, providing this programming is considered an important component of intervention.

Understanding Relevant Research

Designing and implementing effective reentry policies and practices for adults convicted of sexual offenses requires a fundamental understanding of relevant research. This should include research about this special population and “what works” to reduce risk of reoffending and promote public safety.

The survey findings reveal variability regarding the extent to which respondents’ beliefs about various sex offender-related matters align with current research.

Recidivism. Seventy-three percent of survey respondents acknowledged that recidivism risk varies among adults convicted of sexual offenses, and that this population is more likely to recidivate with a non-sexual offense than a new sexual offense, and tends to recidivate at lower rates than other adults involved with the justice system. However, respondents were less aware that the risk of recidivism for individuals with sexual offense convictions is heightened in the first few years following their incarceration.

Risk factors. Many respondents accurately identified a number of risk factors shown by research to be linked to recidivism, such as self-regulation difficulties (e.g., impulse control, problem solving, and substance use); antisocial/pro-offending attitudes and values; sexual deviance and sexual self-regulation variables (e.g., deviant interests and arousal); and intimacy deficits.

However, the findings also revealed considerable variability regarding the extent to which respondents could correctly differentiate factors that are related to recidivism from those that do not predict recidivism among adult males who
have committed sexual offenses. These factors include victim empathy deficits, lack of remorse, social anxiety, depression, and denial.

**Principles of effective correctional intervention.** Consistent with evidence-based principles, many respondents recognized that strategies such as treatment and supervision are more likely to be effective when used for individuals convicted of sexual offenses who are assessed as being at a higher risk of reoffending. At the same time, approximately one-third of respondents also perceived that applying such interventions with low-risk rather than high-risk sex offenders is more likely to be effective in reducing recidivism.

**Sex offender-specific risk assessment tools.** While 63 percent of respondents agreed that empirically validated sex offender-specific risk assessment tools can provide reliable risk estimates, more than one-third of respondents did not feel confident about the effectiveness of such tools.

**Longer sentences.** Consistent with research, the majority of respondents recognized the minimal impact that longer periods of incarceration have on recidivism among individuals convicted of sexual offenses. Yet a significant percentage of respondents believed that incarceration is at least somewhat effective in reducing recidivism among these individuals.

**Community supervision.** The vast majority of respondents agreed that probation and parole supervision effectively reduces recidivism. Supervision is most effective when it targets criminogenic needs and incorporates strategies that promote behavior change, rather than focusing solely on monitoring compliance and sanctioning violations. Although evidence-based practices indicate that risk- and need-based supervision (e.g., more intensive supervision for higher risk offenders) is more effective than providing the same level of supervision for all offenders, nearly 50 percent of respondents nonetheless believed that intensive supervision is likely to be effective for most individuals convicted of sexual offenses.

**Violations of post-release conditions.** The majority of returns to incarceration for adults convicted of sexual offenses result from supervision violations—most of which are technical in nature—not new sexual offenses. Depending on the nature of the violation and other contextual factors, many supervision violations can be safely and effectively addressed in the community through additional risk-management safeguards, risk-reducing interventions, or other needed supports that can promote stability after release and maintain public safety. Though many respondents recognized that violations should not necessarily result in reincarceration, nearly 30 percent agreed that reincarceration should generally be the response to violations of supervision conditions for adults convicted of sexual offenses.

**Community supports.** The use of trained volunteer community supports, specifically designed for higher-risk sex offenders returning to the community, is a promising reentry strategy associated with lower recidivism. However, one-third of respondents considered this strategy most effective for low-risk offenders and more than one-third indicated it is effective for all sex offenders.

**Sex offense-specific treatment.** The majority of respondents believed that sex offense-specific treatment is effective in reducing recidivism, which largely aligns with current research. Two-thirds of respondents perceived that treatment
is effective for all adults convicted of sexual offenses, regardless of risk and need, although research indicates it is more effective when delivered differentially as guided by the risk and need principles.¹⁵

**Residence restrictions.** Perceptions were mixed regarding the effectiveness of residence restrictions. Generally, the majority did not regard residence restrictions as effective in reducing recidivism, which is consistent with current research.¹⁶ However, a substantial proportion of respondents believed that such restrictions are at least somewhat effective.

**GPS or Electronic Monitoring.** Seventy-three percent of respondents agreed that utilizing GPS or electronic monitoring with adults convicted of sexual offenses is at least somewhat effective at reducing recidivism. However, research findings supporting the effectiveness of this strategy are inconsistent.¹⁷

**Registration and Notification.** More than two-thirds of respondents expressed the belief that sex offender registration and notification effectively reduce recidivism. Studies attempting to explore the impact and effectiveness of these strategies have yielded mixed results.¹⁸

Collectively, these findings suggest that many reentry-related practitioners hold accurate perceptions in some areas pertaining to this population and the effectiveness of various sex offender management strategies. Yet there remains a need in the field for greater awareness and education about these issues, particularly in regard to the application of evidence-based principles.

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**FIGURE 1. PRACTITIONERS’ PERCEPTIONS OF REENTRY BARRIERS FOR ADULTS CONVICTED OF SEXUAL OFFENSES: MODERATE TO SIGNIFICANT (HIGH)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>92%</td>
</tr>
<tr>
<td>Employment</td>
<td>90%</td>
</tr>
<tr>
<td>Public Sentiment</td>
<td>86%</td>
</tr>
<tr>
<td>Residence Restrictions</td>
<td>81%</td>
</tr>
<tr>
<td>Specialized Conditions</td>
<td>72%</td>
</tr>
<tr>
<td>Treatment Access</td>
<td>50%</td>
</tr>
<tr>
<td>Registration/Notification</td>
<td>46%</td>
</tr>
</tbody>
</table>
Reported Barriers to Reentry

Nearly all respondents (92 percent) reported that when working with adults convicted of sexual offenses who are reentering the community, finding suitable housing is a considerable barrier to success. In addition, the vast majority of respondents (more than 80 percent) indicated that both negative public sentiment and employment pose significant reentry barriers. Also cited as challenges were high numbers of specialized supervision conditions and residence restrictions. To lesser degrees, registration and notification and accessing treatment were reported as barriers.

Survey respondents speculated that adults convicted of sexual offenses would report employment, housing, and negative public sentiment as the most significant barriers to reentry. They also believed that numerous specialized conditions of supervision, residence restrictions, and problems accessing treatment would be reported as moderate to significant (high) barriers to successful reentry.

Reported Priority Needs for Additional Training or Technical Assistance

Respondents were asked to select three priority areas for training and/or technical assistance, and the following emerged as the most pressing needs: (1) promising approaches to housing and employment for adults convicted of sexual offenses; (2) additional support and information regarding adults convicted of sexual offenses (e.g., who they are, why they commit sexual offenses, and factors linked to recidivism); and (3) risk assessment for adults convicted of sexual offenses.

Top-Ranked Priorities for Training and Technical Assistance

1. Promising approaches to housing and employment
2. Understanding adults convicted of sexual offenses
3. Risk assessment

Other identified needs include understanding the effectiveness of sex offender-specific laws and policies; additional information on understanding myths versus facts about individuals convicted of sexual offenses; understanding the rights, needs, and interests of victims of sexual offenses; supervision; responding to violations of supervision conditions; parole/release decision making; and treatment.

Moving Forward

Taken together, these findings indicate that additional training and technical assistance is necessary to support professionals’ efforts in promoting the successful reentry of adults with sexual offense convictions. In a collaborative effort, the NRRC, CSOM, and other experts in the field of sex offender assessment, treatment, and management have committed to supporting reentry professionals through activities (e.g. briefing reports, webinars, targeted technical assistance and training, and conference presentations and workshops) that facilitate a more informed approach of effective reentry strategies.

This survey and these findings were prepared by Kurt Bumby, PhD, senior associate with the Center for Effective Public Policy, and Shenique S. Thomas, PhD, senior policy analyst with the Council of State Governments Justice Center.
ENDNOTES

1. The Office of Sex Offender Sentencing, Monitoring, Apprehension, Registering and Tracking (SMART) provides funding for this work.


3. Andrew J. Harris, and R.K. Hanson, Sex Offender Recidivism: A Simple Question (Ottawa Public Safety and Emergency Preparedness Canada, 2004).


5. Langan et al., Recidivism of Sex Offenders Released From Prison in 1994.


12. Langan et al., Recidivism of Sex Offenders Released From Prison in 1994.


