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## Improving Adult Sex Offender Rehabilitation with Strength-Based Approaches

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### Cover Page Footnote

Thank you to Dr. Andrew Welsh whose instruction, guidance, and feedback allowed for the completion of this paper.

## **Introduction**

Even as research continues to make strides forward for sex offender rehabilitation, debates and knowledge gaps continue to persist in academia. As a population, sex offenders have a long and varied history in terms of treatment and rehabilitation, but a new understanding has begun to rise in popularity. This forces the need for analysis, criticism, and exploration, which is the goal of this literature review. It is important to understand the topic, new research, and treatment directions as sex offenders continue to represent a portion of Canadian inmates and are shown to require specialized programs.

The research question guiding this literature review looks to understand, despite the relative recency and popularity of strength-based treatment approaches as a rehabilitation method for sex offenders, how and why these strength-based approaches provide more efficient programs and reduced recidivism rates as compared to the traditional models. For the purposes of this literature review, sexual recidivism will be understood as the rate of sexual re-offending which includes both outstanding charges before court, those who have been convicted, and those who have gone undetected.

This literature review will establish the history and current practices in sex offender rehabilitation and compare its effectiveness and implications to the new strength-based approaches which are beginning to be discussed in the research. The review will posit that strength-based approaches, like the good lives model, can be used as an extension/addition to current sex offender treatment programs to ensure humanistic principles are protected. A brief understanding of sex offenders as a sub-group of offenders in Canada will be explained from both legal and profiling perspectives. A history of sex offender rehabilitation will be provided as context for the current debate and shift in research towards strength-based alternatives. Finally, this literature review will compare historically common approaches to the new strength-based approaches.

## **Understanding Sex Offenders**

Sexual crimes typically cause the most severe reaction and concern from the public (Hanson & Morton-Bourgon 2005). In Canada, a sex offender is any individual who has been convicted of any of a variety of sexual crimes including sexual touching, sexual exploitation, sexual assault (levels 1, 2, and 3), exposure, accessing and/or using/viewing child pornography, incest, bestiality, etc. (Royal Canadian Mounted Police 2020). Though general recidivism and sexual recidivism (and their predictive factors) are similar, there are marked differences for this population of offenders (Hanson & Morton-Bourgon 2005) which highlights the need for specific

knowledge. Sex offender statistics specific to Canada can help to further explain this topic.

### **Sex Offender Statistics in Canada**

In the 2015/2016 fiscal year, there were 120,568 adult offenders in custody or in community programs across the country (Reitano 2017). On average, the federal inmate population is declining at a rate of approximately 1% each year with 2015/2016 seeing 22,956 adult offenders (Statistics Canada 2018). The number of sex offenses and offenders are hard to calculate as only a portion are reported to the police (Statistics Canada 2018). So, while the population may be gradually declining, sex offenders remain a relevant sub-population for research and clinical focus.

A study by Rotenberg (2017) found that, from 2009 to 2014, there were 117, 238 sexual assaults reported to police in Canada, most of which occurred in major cities or in the Northern Territories on private property. In 2018, 8% of all assaults reported to the police were of a sexual nature with most being classified as Level 1 Sexual Assault (Statistics Canada 2018; Rotenberg, 2017). Furthermore, Rotenberg (2017) found that police-reported sexual assaults occur at a rate of about 62.1 assaults for every 100,000 people with victims being, on average, 18 years old, female, and known to their offenders prior to the crime. The study continues to note that children are four times more likely to be victims of sexual assault (26%) rather than physical assault (4%). In addition, police-reported crime statistics identify that most female victims have a male offender, and most male victims also have a male offender (Rotenberg 2017).

Self-reported sexual assaults reveal a similar pattern in victims – young females (Conroy & Cotter 2017; Department of Justice Canada 2019). Young females (15-24 years old) who identify as having a disability, Indigenous, single, and members of the LGBTQ+ community are at an increased risk of being sexually assaulted in Canada (Conroy & Cotter 2017; Department of Justice Canada 2019). These self-report victims also commonly knew their offender as a friend or neighbour (Department of Justice Canada 2019). According to self-report surveys, the rate is about 22 sexual assaults per 1,000 people (Department of Justice Canada 2019). When combining all levels of sexual assault in 2017, there were 24,672 sexual assaults reported, and in the 2016/2017 fiscal year, according to the Department of Justice Canada, 59% of the adults found guilty of these crimes were sentenced to custody (2019).

## Who Are Sex Offenders?

Statistically speaking, sex offenders are mostly males with an average age of 33 years (Conroy & Cotter 2017; Rotenberg 2017). There have been a variety of profiles and typologies developed to help answer the question of who sex offenders are and provide clarification for treatment programs because sex offenders are not a homogenous group. Correctional Service of Canada (CSC) has their own sex offender profile that categorizes offenders based on their common characteristics, such as previous criminal behaviours including convictions, criminogenic needs (especially for Indigenous offenders), histories of substance abuse, employment issues, mental health disorders, and learning disabilities (Stewart, Nolan, & Rubinfeld 2016).

Other researchers have attempted to create mutually exclusive and exhaustive typologies for sex offenders, which include rapists, child molesters, female sex offenders, juvenile sex offenders, and cyber offenders. Rapists typically have negative views of women and low self-esteem, are violent, and can be further categorized based on sexual desires depending on whether they have sadistic sexual fantasies or are motivated by anger, power, and control (Robertiello & Terry 2017). There have been further attempts to sub-classify rapists in the research, but there is agreement that these offenders are aggressive, display mood disorders, come from broken homes, and typically have substance abuse issues (Robertiello & Terry 2017). Child molesters commonly lack social skills and have low self-esteem after experiencing failure in adult relationships, so they seek comfort in relationships with children (Robertiello & Terry 2017). A common sub-typology for these offenders is fixated versus regressed, where fixated offenders have a compulsive attraction to children and regressed offenders offend due to external stressors (Robertiello & Terry 2017). Robertiello and Terry (2017) go on to explain that the FBI further breaks down this typology based on other motivations, including sexual fantasies and elements from their crimes. Juvenile and cyber sex offenders will not be discussed in this literature review because they maintain their own separate and distinct research. Female sex offenders will be discussed theoretically later in the review where their profile will be explained.

Recent research has been working towards developing a new typology distinguishing sex offenders from their high-risk peers. Research suggests that most sex offenders have a 7% risk of recidivism for the first five years post-release; however, sex offenders identified as high risk by the Violence Risk Scale – Sexual Offense Version have a significantly higher risk at 41% for five years (Kaseweter et al. 2016). Kaseweter et al. identified several new categories for high-risk sex offenders based on their crimes: coercive child molesters, sexually sadistic rapists, and stranger-focused offenders (2016). The authors suggest that this new typology carries the implication that sex offender treatments need to be just as varied as the

types of sex offenders (including high-risk) that exist; treatments should be tailored to the specific paraphilias and unique criminogenic needs of the offender. For example, coercive child molesters usually have histories of being sexually abused themselves which requires different treatment strategies than stranger-focused offenders who are opportunistic in nature (Kaseweter et al. 2016).

For this literature review, unless specified, the discussion of sex offenders refers to adult male sex offenders who meet the criteria of child molesters, rapists, and/or high-risk classifications. Much of the research discusses sex offenders in this general sense, which is why this literature review will take on a similar perspective. Again, female sex offenders will be discussed in their own section. Cyber and juvenile sex offenders will not be discussed in this literature review. The analysis of sex offenders will begin with a discussion on how rehabilitation for this population has worked in the past.

### **A Brief History of Sex Offender Rehabilitation**

It is a common belief that sex offenders cannot be rehabilitated, but this is too simplistic an understanding. Contrary to public beliefs, most sex offenders do not reoffend (Harris & Hanson 2004). On average, in a five-year follow-up period, the typical male sex offender has a 10-15% risk of sexual recidivism (Hanson & Morton-Bourgon 2005). In Harris and Hanson's (2004) study, 73% of the sex offenders in their sample did not reoffend 15 years post-release, which matches with similar studies on sexual recidivism. The study also notes that, despite these encouraging numbers, not all sex offenders are equally likely to avoid reoffending, which creates the need for efficient treatments.

To ensure respect, the only understanding through which society should start the process of rehabilitation and treatment, is that all human beings are equal, but this is particularly difficult to accomplish and maintain for sex offenders due to moral panics (Ward & Laws 2010). Even Canada – which supposedly embodies the principles of rehabilitation in their legal codes – has increased the punitive measures inside all institutions due to the “get tough on crime” philosophy (Andrews & Bonta 2010). The “get tough on crime” attitude was the result of the “nothing works” movement of the 1970s where rehabilitation was replaced with punishment (Andrews & Bonta 2010), but there is no research to suggest that sex offenders would not follow a similar path as most other offenders and desist from their criminal behaviours (Ward & Laws 2010). Hanson and Morton-Bourgon also note that sex offenders who do continue to reoffend display persistent attractions to illegal sexual behaviours and antisocial personality traits (2005). Such traits include the offender's cognitive justifications and rationalizations of their sexual behaviours onto their victims, which is a significantly predictive trait for sexual recidivism (Hanson & Morton-Bourgon 2005). Thus, given the cognitive nature of

that trait, most sex offender treatment programs use risk-need-responsivity principles and cognitive behavioural therapy/relapse prevention guides (Ward & Laws 2010).

### **Risk-Need-Responsivity (RNR) Model**

The RNR model is the primary approach used in North America, the UK, New Zealand, and Australia for general rehabilitation, which includes sex offenders (Ward & Stewart 2003). The RNR model is effective in reducing recidivism risk across all different sub-populations of offenders (Andrews & Bonta 2010). The authors of this model proposed it as a response to the call for psychological perspectives to be brought back into criminal rehabilitation where offenders' individual risks, needs, and responsivity levels are considered (Andrews & Bonta 2010).

The risk principle guides who should be treated; treatment services should be tailored to the level of risk each individual offender presents, where the highest risk offenders receive the most rigorous services (Andrews & Bonta 2010; Ward & Stewart 2003). The need principle establishes what should be treated, called the criminogenic needs or dynamic risk factors of the offender (Andrews & Bonta 2010; Ward & Stewart 2003). Criminogenic needs for general offenders include pro-criminal attitudes, substance abuse, lack of prosocial activities, etc. (Andrews & Bonta 2010), but sex offender specific criminogenic needs include deviant sexual interests, pro-criminal attitudes, lack of emotional regulation skills, impulsivity, poor decision-making skills, lack of social supports, intimacy issues, and others (McGrath et al. 2010). The implication that general offenders' criminogenic needs should be targeted works with sex offenders as well and identifies goals for sex offender specific treatments (McGrath et al. 2010). However, McGrath et al. (2010) posits that it is important to note that some factors (e.g., self-esteem) are not necessarily considered criminogenic, but through the process of targeting them, program engagement improves and so do the actual criminogenic needs of the sex offender. Finally, the responsivity principle describes that treatment programs should be responsive to individual learning styles and abilities (Andrews & Bonta 2010; Ward & Stewart 2003). It is important to remember for further discussion in this literature review that the responsivity principle is divided into two levels: general and specific responsivity.

General responsivity highlights the importance of a strong therapeutic alliance, and the model does appreciate that this requires the use of principles from cognitive-behavioural therapy (Andrews & Bonta 2010). Specific responsivity requires that treatments be personalized to the offender based on their strengths, needs, and motivations (Andrews & Bonta 2010). Due to this perspective, the RNR model is explained as an alternative treatment approach because it can address the

specific and individual criminogenic needs of any offender (Ward & Marshall 2004). With the RNR model's goal of eliminating dynamic risk factors and thus lowering recidivism risk, Ward and Marshall (2004) agree that the model can be applied successfully to sex offenders.

The majority of research suggests that the RNR model works well in reducing the risk of recidivism for offenders, specifically sex offenders (Andrews, Bonta, & Wormith 2011; Ward & Laws 2010; Ward, Mann, & Gannon 2007). Ward and Laws argue that RNR's success in reducing sexual recidivism would be even greater if research accounted for desistance (2010). Unfortunately, only 3.1% of community programs and 10.1% of correctional programs in North America efficiently follow the RNR principles in their sex offender treatment programs, which makes it hard to evaluate the model further (McGrath et al. 2010). The authors of the model, Andrews and Bonta, mention that issues with the RNR model arise when treatment programs do not apply the principles accurately or adequately (2010). This is a common challenge because the principles are hard to implement and maintain in non-ideal, real-world settings (Andrews & Bonta 2010). Despite the challenge, the most common RNR treatment program for sex offenders is Relapse Prevention (RP), which is used in conjunction with cognitive-behavioural therapy (Ward & Marshall 2004).

### **Cognitive-Behavioural Therapy (CBT)**

CBT is also considered the most common approach for sex offender treatment in Canada and the US because cognitive distortions are recognized as a common treatment target for this specific sub-group of offenders (Helmus et al. 2013; McGrath et al. 2010). CBT works efficiently to reduce sexual recidivism and has been seen to reduce sexual risk from 17.4% for untreated sex offenders to 9.9% for those treated with CBT (Ward & Gannon 2006; Ward & Laws 2010). Most CBT programs use RP, which addresses dynamic risk factors and works under the assumption that recidivism represents the offender's failure to avoid sexually reoffending, which frames rehabilitation as an avoidance goal (Ward & Gannon 2006; Ward et al. 2007).

CBT programs, used in combination with RP, believe that sex offenders are deficient in their cognitions (Ward, Hudson, & Laws 2000; Ward & Marshall 2004). Sex offenders exhibit faulty cognitions, such as a child molester believing that children want a sexual relationship with an adult (Ward et al. 2000) or a rapist justifying their rape by believing that their victim desired them. These schemas are reinforced when the offender achieves their goal, turning the behaviour and offence into a positive experience (Ward et al. 2000). CBT with RP works to address these types of cognitions to prevent further criminal activity (Ward et al. 2000) because sexually supportive cognitions and their corresponding attitudes are a strong and



reliable predictor of sexual recidivism (Helmus et al. 2013). Research also suggests that this holds true for sex offenders who have an intellectual disability – a population that Jones and Chaplin note as overrepresented in the sex offender sub-population (2017).

CBT experiences similar criticisms as the RNR model. The approach is not applied in real-world settings accurately or adequately, and there is great variety in which programs are classified as CBT for sex offenders creating evaluation challenges (McGrath et al. 2010). As well, cognitive distortions, as a concept, have been used too broadly in research to describe a wide range of behaviours (Helmus et al. 2013). Research has also identified that programs that address developing offenders' skills are more effective than CBT alone (McGrath et al. 2010) because CBT does not work to improve quality of life after release from prison (Ward & Marshall 2004).

### **The Current State of Sex Offender Rehabilitation Research**

There has been a recent push in sex offender rehabilitation research to move towards new approaches. The attrition rate of traditional methods like the RNR model and CBT were high, so some researchers sought out new approaches (Craig, Gannon, & Dixon 2013). RNR and CBT programs like RP are important, but some researchers do not consider them enough for rehabilitation (Ward & Gannon, 2006). Instead, a recent group of researchers have suggested that there is a present need to incorporate approach goals through strength promotion and risk management (Ward & Gannon 2006).

Current research has taken great efforts to report the failings of the RNR model and CBT when used with adult male sex offenders. There are too many different definitions and applications of CBT for sex offenders complicating treatment evaluations (Olver et al. 2018). Ward and Marshall (2004) criticize the RNR model for its weakened and limited ability to consider positively improving the life of offenders through direct routes as opposed to assuming that indirectly eliminating dynamic risk factors will improve quality of life. RP has had significant results in reducing sexual recidivism for adult males, but despite following RNR principles and CBT, it does not allow for enough personalization, which is suggested to increase motivation, participation, engagement, and program completion (Ward et al. 2007). This new move in the research suggests that the traditional RNR model does not consider offenders' quality of life or psychological well-being because it is not necessary for the model to work (Ward & Stewart 2003). Essentially, the RNR model is criticized as not being responsive enough on its own (Ward & Stewart 2003).

If this new research is valid and traditional RNR and CBT do not adequately engage/motivate the offender, help them identify and develop a personal identity,

consider human needs, develop strong therapeutic alliances, or consider individualism, then there needs to be another approach for sex offenders. Based on Olver et al.'s (2018) evaluation, it is understood that the most effective programs currently in practice in North America are those that combine the RNR model with CBT. This new method suggested in research is to use strength-based approaches, specifically the Good Lives Model, for bridging the RNR model, CBT, and their shortcomings (Ward et al. 2007; Ward & Marshall 2004; Ward & Stewart 2003). These researchers argue that as a rehabilitation theory, contrasted against the RNR model's and CBT's treatment approaches, strength-based approaches can illuminate the bigger picture necessary to understand the entirety of an adult male sex offender and still allow for specialized treatment (Ward et al. 2007).

### **Strength-Based Approaches (SBAs)**

SBAs originate from positive psychology in that they are focused on building offenders' prosocial strengths (Olver et al. 2018). In a study conducted by Olver et al. (2018), they found there are several factors that make SBAs different from other approaches: the way treatment is viewed, the emphasis on strengths, the inclusion of traditional methods of treatment, and the maintenance system that is developed for each offender. The research article also notes that SBAs posit that treatment should be considered an opportunity for strength building, which is a chance for improving offender' prosocial domain. Furthermore, programs should help offenders identify their strengths prior to entering the program. CBT is included to manage any deficits, and the program must consider ways to help the offender maintain these newly improved strengths as they re-enter society in the long-term (Olver et al. 2018).

SBAs can be implemented efficiently in a correctional setting by balancing the improvement of the offender's quality of life with their risk management (Ward & Beech 2017). Research on SBAs suggests that the approach works in improving offenders' coping skills and increases the support system which is vital for successful re-entry (Craig et al. 2013). This allows for a more holistic case formulation where sex offenders are treated as human beings who deserve warmth and respect, ultimately promoting prosocial autonomy (Ward & Beech 2017). This type of humanistic approach works with sex offenders who have different histories and are classified as high-risk offenders and/or reluctant offenders (Craig et al. 2013). Alas, based on an original exploratory study, this type of positivistic approach is hard to encourage within society post-release (Kewley 2017).

During a focus group with English Management of Sexual Offenders and Violent Offenders (MOSOVO) police officers, officers reported that they do not use SBA skills (Kewley 2017). Instead, the officers recommended even more severe punishment methods for sex offenders (Kewley 2017). Said officers reported

that they do not trust sex offenders and view them as non-human citizens who are always committing harmful behaviours, which Kewley found is then reinforced by the hostile and emotionally distant attitudes of the officers (2017). The study also suggests that police forces adopting SBA attitudes could help sex offenders maintain their successful re-entry (2017).

In the Canadian correctional setting, there is only one SBA program currently being used with adult male sex offenders (Olver et al. 2018). A study done in Manitoba's Rockwood Institution, a federal minimum-security facility, compared CSC's standard sex offender treatment program (SOTP) and Rockwood's SBA program alongside a control group of untreated sex offenders (Olver et al. 2018). Olver et al. found that both SOTP and Rockwood's SBA program follow RNR principles and CBT, but the SOTP stopped progressing with the research, whereas Rockwood's SBA program continued to adapt as new research findings were made (2018).

Rockwood's SBA program implemented the rule that new participants can only enter the program when another participant has completed and left the program; however, all participants must participate in all group sessions, even if they have already covered that topic (Olver et al. 2018). The study notes that this forms the foundation for offenders who are further ahead in the program to provide advice and educated opinions to offenders who have just begun the program.

When accounting for the study's sampling limitations, several key findings were discovered. Both the SOTP and Rockwood's SBA program showed a lowered sexual recidivism rate than the untreated group based on an eight-year follow-up (Olver et al. 2018). The distinctions between the two programs are highlighted in the research findings that offenders in Rockwood's SBA program demonstrated a decreased amount of treatment refusal and an increased amount of treatment commitment, which is important when attempting to engage medium- and high-risk sex offenders (Olver et al. 2018). The authors' main conclusion is that Rockwood's SBA program suggests that SBAs can be successfully implemented in a correctional environment.

### ***Good Lives Model (GLM)***

GLM cannot be used to explain sexually abusive behaviour or sexual crimes; it is only a theory of rehabilitation (Ward & Marshall 2004), but GLM has recently been the most impactful theory in sex offender rehabilitation (Marshall 2018). It is presented to ensure that correctional services focus on rehabilitation rather than punishment (Ward & Beech 2017; Ward & Laws 2010). GLM is also based in positive psychology because it is derived from SBAs (Marshall 2018; Ward et al. 2007), specifically Maslow's hierarchy of needs (Marshall 2018). GLM is proposed to resolve the failings of the RNR model which fails to consider the social

environment of the offender, neglects personal autonomy by placing too much emphasis on criminogenic needs, and promotes a standardized approach that GLM proponents argue does not work effectively with sex offenders (Ward & Gannon 2006). GLM is founded on the belief that if programs could help sex offenders achieve their needs as humans, then their risk of recidivism would correspondingly decrease; as both Ward and Gannon (2006) and Ward et al. (2007) explain, better lives create less crime. Many general offender rehabilitation programs have been made based on GLM, but the model is specifically relevant for sex offenders (Marshall 2018). For sex offenders, these strength-based programs, like GLM, use RNR principles, but also look beyond them to capture the larger picture (Craig et al. 2013). GLM not only uses social-cognitive programming to address offenders' criminogenic factors, but also looks to teach offenders how to find and maintain prosocial skills (e.g., employment) which is important for successful re-entry as a sex offender (Craig et al. 2013). Despite these positives – and its popularity in the research –, Marshall (2018) found that only one sex offender rehabilitation program was found to concretely follow the principles of GLM accurately in a survey of North American sex offender rehabilitation programs that previously stated that they used the model. Optimistically, GLM is considered to work effectively within different countries and cultures because of its consideration for social environment, which allows for generalizable and personalized cultural definitions to be applied (Ward & Stewart 2003).

### **Good Lives Model – Original (GLM-O)**

There are several key assumptions that provide the foundation for GLM-O (Ward et al. 2007). The first assumption serves as a reminder to program staff that sex offenders are still human and therefore have human-like goals, which GLM-O (and GLM-C) call 'primary human goods' (Ward et al. 2007; Ward & Gannon 2006). GLM-O believes that an offenders' self-concept is based on their quality of life, and that well-being should form the basis for rehabilitation where strengths, social environment, and primary goods are considered (Ward et al. 2007; Ward & Laws 2010; Ward & Marshall 2004; Ward & Stewart 2003). This model is supposed to remind therapists that sex offenders are not different from other human beings because they want the same goals but tried to achieve them in an illegal manner (Pryboda 2015; Ward et al. 2007), hence why GLM, in general, is focused on improving the quality of life through life goal attainment (Pryboda 2015).

Generally, GLM considers what the RNR model deems criminogenic needs as indicators of obstacles blocking sex offenders from obtaining their primary human goods, such as a healthy life, knowledge, autonomy, inner peace, relationships, spirituality, happiness, and creativity (Craig et al. 2013; Ward et al. 2007; Ward & Gannon 2006; Ward & Marshall 2004; Ward & Stewart 2003).

Conceptualized as the development of a personal identity, offenders can exercise their autonomy by deciding on the weightings (or valuing) of the goods (Ward et al. 2007; Ward & Stewart 2003). Marshall (2018) explains that these primary goods are the domains that are valued as sex offender rehabilitation moves beyond deficits and faulty cognitions, and towards improving existing strengths.

GLM-O (and GLM-C) work by strengthening the skills that sex offenders have already developed so they can live a better life, which reduces their chances of sexually reoffending; the model works in combination with other theories like the RNR model and CBT (with RP) as a connection between the different approaches (Craig et al. 2013; Pryboda 2015; Ward & Marshall 2004). GLM-based programs increase offender engagement and address the limitations of programs that focus solely on risk prevention by introducing goals beyond the RNR model, which Craig et al. (2013) found carries considerable benefits. GLM-O works well with CBT because GLM-O views sexually deviant cognitive distortions as indicative of a lack of (or inaccurate) knowledge on acceptable sexual relations and behaviour (Ward & Marshall 2004). Through this approach, sex offenders are seen as attempting to pursue the primary good or life goal of sexual fulfillment in the wrong way (Ward & Marshall 2004). Whether the sex offender learned the sexually inappropriate information (which is specific to whether they are child molesters or rapists) from another source or they are relying on their own feelings, CBT fits within the framework of this model (Ward & Marshall 2004).

Ward et al. (2007) explains that GLM-O research recognizes that sex offenders have typically experienced adverse events in their childhood that blocked them from developing a healthy Good Lives Plan. The research articles also notes that this model also follows a positivistic philosophy which means it can work with psychopathic and antisocial sex offenders – although they represent a minority of the sex offender population. The authors further explain that psychopathic sex offenders are open to receiving help through this model because GLM-O is presented as a technique for achieving personal goals which peaks their self-interest.

Sex offender rehabilitation programs that have switched to treatments modeled after GLM-O appear to work best in terms of reducing the risk of recidivism (sexual and general) (Craig et al. 2013). Programs that focus on the offenders' goals lowers the attrition rate, make staff feel more effective in helping their offenders, and offenders report feeling a greater level of autonomy during both six- and nine-month programs (Craig et al. 2013). Even programs that are not following GLM-O exactly but do use its assumptions seem to work effectively (Craig et al. 2013). Craig et al. (2013) reported that SBA programs that incorporate elements of GLM-O significantly increase offenders' motivation to complete their programs by moving away from avoidance goals and towards approach goals. The authors suggest that this means that emphasizing approach goals and integrating

previously learned materials and cognitions into sex offender training is important to create meaning in their everyday lives. When combined with RP, GLM-O sees even more significant results in the development of these primary goods, which also creates meaning for these offenders (Craig et al. 2013).

It is worth noting that this is seen in Rockwood's program which is based on GLM-O assumptions as well as general SBAs (Craig et al. 2013). Despite an actuarial risk assessment tool classifying Rockwood's sex offenders as having a 16.8% chance of reoffending, the treated sex offenders show a sexual recidivism risk of 3.2% after 5.4 years in the program (Craig et al. 2013). Unfortunately, every program and model have their limitations, including GLM-O. Craig et al. (2013) report that low-intelligence sex offenders find it difficult to make the connections between the prosocial domains and their sexual risk factors; these offenders cannot see the link between the SBA and RNR criminogenic needs. As well, the research article explains that GLM-O is criticized for focusing too much on the prosocial domains and not adequately considering sex offender risk factors.

### **Good Lives Model – Comprehensive (GLM-C)**

GLM-O is no longer used by SBA researchers because its definitions and treatment recommendations required a great deal of clarity (Ward & Gannon 2006). GLM-C is based on GLM-O with the addition of the integrated theory of sexual offending (Ward & Gannon 2006). The integrated theory of sexual offending combines biological, ecological, and psychological factors into its explanation of criminal behaviours (Ward & Gannon 2006). From this perspective, different dynamic influences identified by the RNR model are mixed with proximal influences, which influence the offenders' criminal behaviours (Ward & Gannon 2006). GLM-C very clearly states that its programs are not supposed to be focused on eliminating deficiencies in the offenders, but rather highlighting and increasing their strengths which will indirectly address their deficiencies (Ward & Gannon 2006).

GLM-C looks to change the language surrounding sex offender rehabilitation but still uses traditional RNR and CBT ideas (Ward et al. 2007; Ward & Gannon 2006). For example, RP is now labelled self-regulation and deficits in emotional regulation are now labelled emotional regulation building (Ward et al. 2007). The researchers describe that this change in the language is to reflect positivism and increase program engagement as it becomes framed as a method to add to offenders' skills, not for taking things away.

GLM-C has three distinct levels, which separates it from GLM-O: general assumptions, assumptions about sexual offending, and where the model situates itself (Ward & Gannon 2006). The general assumptions define the therapeutic goals of the treatment, emphasizing the need for a strong therapeutic alliance (which is also considered important to CBT) (Ward & Gannon 2006). These assumptions

about sexual offending can help explain why the offending occurred and GLM-C emphasizes that these programs should provide the offender with a meaningful experience. GLM-C still recalls that sex offenders are humans and share the same human needs and desires, labelled primary human goods, but GLM-C can also help explain sexual offending as well as treat it (Ward & Gannon 2006). The goal of GLM-C is to give offenders more than just ways to manage their risk factors, but to also develop the skills to help manage those factors and develop meaning in their lives, all of which requires a holistic understanding of each offender (Ward & Gannon 2006). GLM-C stresses the importance of balancing structured programs with individualization; every sex offender in the program goes through the same module but receives specialized homework specific to their sexual fantasies, paraphilias, and/or victim type (Ward et al. 2007). GLM-C proposes that there is no standardized approach to sex offender rehabilitation because there is no such thing as a general ideal human life, so each offender must exercise their autonomy and decide the weightings of their own goals as individuals (Ward & Gannon 2006).

According to GLM-C, there are two pathways to sexual offending: direct and indirect (Ward & Gannon 2006). The direct pathway is when offenders commit illegal sexual behaviours to achieve a primary good and the indirect pathway is when offenders commit illegal sexual behaviours out of frustration at previous failed attempts to achieve a primary human good (Ward & Gannon 2006). The articles describe an example of an indirect pathway as if an offender broke up with their partner (representing the loss of the relationship primary good) which led to alcohol ingestion leading to the sexual offence. These pathways are addressed through five phases of treatment that work to strengthen existing skills, which will indirectly resolve the offenders' criminogenic needs (Ward & Gannon 2006).

GLM-C can also be used effectively to strengthen other traditional methods of sex offender rehabilitation such as the RNR model and CBT; GLM-C grounds these other theories (Ward & Gannon 2006). Like GLM-O, GLM-C views RNR's dynamic risk factors as red flags that should indicate to the therapist that one of the primary human goods is not being met (Ward & Gannon 2006). By addressing the missing or frustrated primary human good, Ward and Gannon (2006) posit that the risk factor is indirectly addressed as well. As research continues to support the efficacy of GLM-C, a discussion of applying this new model to female sex offenders, a distinct sub-group, has begun to occur.

### **Female Sex Offenders**

Female sex offenders represent a challenge to sex offender rehabilitation models and approaches and make up a small portion of the corresponding research (Pflugradt, Allen, & Marshall 2018). Female sex offenders are significantly different than male sex offenders, specifically in how they are viewed in society,

the media, and how they commit their offences (Pflugradt et al. 2018). The existing typologies for sex offenders cannot be applied to female sex offenders because they commonly use less force and typically work with other people to commit their crimes (Robertiello & Terry 2007). Robertiello and Terry (2007) explain that female sex offenders are also more prone to admitting to their crimes than their male counterparts. The same general female sex offender typology categorizes them into teacher/lover, male coerced/male accompanied, or predisposed.

Teacher/lover female sex offenders are those who are in a position of authority and abuse their power (Robertiello & Terry 2007). Their victims are usually their male students, but they consider their actions as being kind to the child (Robertiello & Terry 2007). The researchers go on to explain that male coerced/male accompanied female sex offenders are normally submissive women who are under the control of a dominant male; they likely are victims of domestic violence and participate in the sexual offence due to a fear of consequences for themselves. Finally, the predisposed female sex offender sexually abuses their own children, who are, on average, 6 years old when victimized, and have a history of mental illness and being sexually abused (Robertiello & Terry 2007).

As sex offender rehabilitation research continues to expand, the need to address female sex offender rehabilitation must be considered, especially as society begins to move away from female criminal stereotypes and believes that these offenders are culpable for their sexual behaviours (Pflugradt & Allen 2019). Due to the differences female sex offenders present, Pflugradt et al. (2018) argue that gendered theories are best for this specific population, but recent research suggests that SBAs in general and GLM theoretically work well with female sex offenders. Although there has been no research study that applied SBAs or GLM to female sex offenders, theoretical research argues that the GLM used in combination with CBT and RP could address the unique strengths and risks female offenders maintain (Pflugradt & Allen 2019; Pflugradt et al. 2018; Ward et al. 2007).

Gendered SBAs could work for female sex offenders because they allow for the consideration of individual environments which creates the space necessary for thinking about the unique female environment (Pflugradt & Allen 2019; Pflugradt et al. 2018). As SBAs and GLM are not focused on the offenders' deficiencies, but rather on developing strengths, Pflugradt et al. (2018) also argue that it should theoretically be successful if applied to female sex offenders because it makes room for gendered strengths to be worked on. This is especially important for female sex offenders because they commonly experience a severe level of abuse and victimization that a deficiency-focused approach may exacerbate through implicit or explicit victim blaming (Pflugradt et al. 2018). The researchers also note that female offenders in general do not respond well to programs that are founded on the idea that they are missing something as a human; they require a strong and positive therapeutic relationship/approach.



A positive relationship between the therapist and offender is specifically important for female sex offenders, which is another reason why SBAs and GLM are assumed to work well with this sub-population (Pflugradt & Allen 2019; Pflugradt et al. 2018). Such an alliance also teaches and emphasizes autonomy, another key factor for rehabilitating female sex offenders (Pflugradt & Allen 2019). Addressing autonomy, responsibility, antisocial behaviours, and previous experiences of trauma/victimization are vital to gendered theories for rehabilitating female sex offenders and they are similarly defined as goals within SBAs (Pflugradt et al. 2018).

It is important to note that that there will never be a theory or model that works for everyone, so individual therapy remains important; however, using SBAs and GLM with female sex offenders makes theoretical sense according to gendered theories of crime (Pflugradt et al. 2018). Traditional models like RNR are particularly limited in their application to female offenders because there are no risk assessment tools developed from and for a female population (Pflugradt & Allen 2019), yet female sex offender researchers suggest that GLM could be an effective way to implement the RNR model and CBT principles while also targeting gendered needs through the GLM principles (Pflugradt & Allen 2019).

### **RNR and CBT vs SBAs and GLM**

Looking at the history of the RNR model, it is possible to understand why there has been a sudden interest in SBAs and the GLM; both the RNR model and the GLM were created and published during times when corrections were focused on severe punishment (Andrews et al. 2011). They are both non-punitive options, where the RNR model originated from the “nothing works” era and the GLM is seen as the alternative to society’s extremely punitive views on sex offenders (Andrews et al. 2011). The authors of the RNR model suggest that the debate in the efficiency and effectiveness between these methods comes from the GLM being marketed as an alternative for those not happy with the RNR model (Andrews et al. 2011). To those same authors, GLM is viewed as a positive change for those who are unhappy working in a prison environment; GLM has re-motivated therapists into seeing the potential for happy endings, successful rehabilitation, and making a meaningful change in someone’s life.

The research paints the general picture that traditional methods of sex offender rehabilitation (i.e., the RNR model and CBT) work well, but work better with SBAs, specifically with GLM (Marshall 2018). GLM-C proposes that the RNR model should add a ‘P’ for Priorities to help define which goals are important to the offender, ultimately promoting personal autonomy (a primary human good) (Ward et al. 2007). The creators of the RNR model, Andrews et al. (2011), however, argue that the treatment plans developed in published case studies using the GLM

represent an RNR model treatment plan with the simple addition of explicitly stating that the plan pays attention to theories of human needs.

In terms of CBT, Ward et al. (2007) acknowledge that strengthening the primary human good of knowledge still requires help from CBT due to the presence of faulty cognitive distortions. The research article explains that GLM-C looks to explain to offenders where their thoughts come from and how it has influenced their offending, framing this learning process as thinking critically about their own cognitions. CBT is required because many of those cognitions and schemas are based on false ideas (e.g., women deserve to be raped) which the researchers suggest can be challenged through GLM-C-framed CBT.

GLM proponents argue that the model uses the RNR model but places it in the context of offender engagement and motivation where the main goal is not RP or risk management, and instead is human well-being (Ward & Stewart 2003). This is combined with RNR's dynamic risk factors or criminogenic needs which, as discussed previously, are viewed as obstacles to accessing the primary human goods (Ward & Stewart 2003). Andrews et al. argue that despite the research on GLM, the RNR model motivates offenders towards rehabilitation because the RNR principles allow the therapist to share the offenders' personal information and classification with the offender themselves (2011). This feedback loop is mirrored in motivational interviewing without the need for GLM (Andrews et al. 2011).

The creators of the RNR model also argue that the Rogerian principles described in an SBA-derived therapeutic alliance are also used in the RNR model because they are recognized as important to the clinical success of a program (Andrews et al. 2011). Issues arise when the RNR model is applied too broadly with no accountability and too much standardization; Andrews et al. (2011) note that the RNR programs that are currently in practice for rehabilitating sex offenders are not the RNR programs they originally wrote about; therefore, the criticism is misplaced. The research is relatively clear that despite the RNR model's shortcomings, the RNR model should not be abandoned nor should sex offenders' risk factors remain unmanaged by staying away from places that increase their risk of encountering their victim type (Ward & Stewart 2003). Instead, SBAs promote sex offender rehabilitation through positivistic well-being (Ward & Stewart 2003), but without differentiating between the RNR model written in the original research and the RNR model which has been implemented in large warehouse institution settings, Andrews et al. continue to argue that the criticisms are misguided (2011). They suggest that perhaps the true question is not about which treatment approach is best, but rather how institutions should be fixed.

## Conclusion

Research indicates that SBAs, specifically the GLM, can improve already beneficial programs for sex offender rehabilitation. The RNR model and CBT work well in rehabilitating this population, but SBAs can make the programs function even better and reduce general and sexual recidivism by promoting approach goals through strength development. As a heterogeneous group of offenders, sex offenders do seem to require the individualization that SBAs allow for. Theoretically, adapting current sex offender rehabilitation programs based on the RNR model, CBT, and RP, to incorporate SBAs should not present any obvious challenges, but this is an area missing from the research presently.

There are several gaps in SBA research (and GLM) for sex offender rehabilitation that require further attention. Importantly, research studies should be conducted to gain an understanding of the true effectiveness of applying gendered SBAs and GLM to female sex offenders, so the academic conversation can move beyond theoretical considerations. Research on the topic is also missing how SBAs and GLM may work or be influenced by sex offenders with mental disorders. This is an important consideration because it is understood that mental illness is disproportionately represented in prison populations. In a Canadian context, it would also be beneficial to understand SBAs specifically with the Indigenous population because they are a minority and substantially overrepresented in Canadian corrections.

Integrating and practicing SBAs with Canadian sex offenders has been demonstrated with Manitoba's Rockwood program. Despite criticisms about SBAs being too harsh on the RNR model, there is a great deal of research which suggests that the addition of SBAs to currently implemented RNR programs improves already decent recidivism rates. As such, there are currently no glaring reasons to not adopt this approach in Canada.

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