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## Recidivism and Reoffense Rates of Adult Sex Offenders

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### Introduction

Scores of studies have examined the recidivism rates of adult sex offenders. Reported rates vary widely and have cited to be as low as 3% (*Minnesota Department of Corrections, 2007*) and as high as 88% (*Langevin, Curnoe, Federoff, Bennett, Langevin, Peever, Pettica, and Sandhu, 2004*). Recidivism rates may differ from study to study because investigators sample from different offender populations, employ different methods of calculating recidivism, or employ different follow-up periods. It is also important to note that recidivism rates (the rates at which new offenses are detected) are not identical to reoffense rates (the rates at which new offenses actually occur) because both victims and offenders under-report the occurrence of sex crimes.

### Recidivism Rates

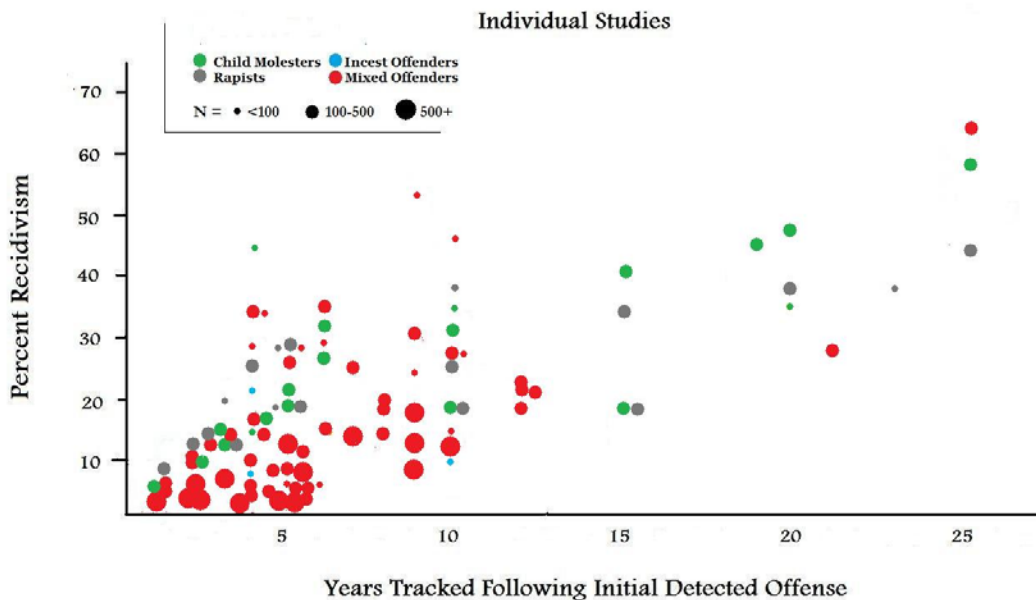
I surveyed 48 studies which examined recidivism rates of adult sex offenders. The studies were conducted between 1980 and 2009. They included 37 individual studies and 11 meta-analyses (summary analyses of individual studies). I do not claim to have reviewed all existing studies of recidivism but I reviewed all that I found through 2007 (when the original version of this paper was posted) and I have included a number of the most quoted studies which have appeared since. I have endeavored to report the findings accurately. It is important to note, however, that this survey is not, in and of itself, a structured research study and it has not been subjected to peer review; it is simply my attempt to survey the literature as best as I could.

The results of the survey are presented in the figures below. Figures 1, 2 and 3 represent recidivism rates reported in individual studies while Figures 4 and 5 represent recidivism rates reported in meta-analyses (some meta-analyses included a small number of adolescent offenders as well as adult offenders). Each dot on the graphs represents the recidivism rate of a group of offenders (child molesters, rapists, or a mixed group of offenders) as identified by a particular study. Some studies included both treated and untreated offenders, some did not. The dots are plotted according to the length of time the study tracked the group (for individual studies) or the average amount of time a group was tracked (for meta-analyses). The size of each dot corresponds to the number of subjects included in that group. Recidivism in these studies most commonly refers to re-

arrest or reconviction percentages but in some cases statistical procedures such as survival analyses were used (particularly in studies with long follow-up periods). I did not attempt to analyze the appropriateness of each measure but simply relied on the authors' judgments that the measures accurately reflected recidivism. A key for identifying which dots correspond to which studies is found at the end of this paper. (Many studies involve more than one group or report data from more than one tracking interval and so there are more dots than studies.)

Individual Studies

As illustrated in [Figure 1](#), many studies, though not all, find relatively low recidivism rates among adult offenders when the offenders are tracked for only a few years. For example, a study conducted by the Minnesota Department of Corrections found recidivism after one year to be 3% (*Minnesota Department of Corrections, 2007*) and the United States Department of Justice reported that recidivism after three years was 5% (*Langan, Schmitt, and Rose, 2003*). Another study found recidivism to range from 3% to 7% over an average follow-up period of five years depending on whether offenders participated in or completed a treatment program (*Schweitzer and Dwyer, 2003*; for a more detailed examination of treatment effectiveness studies, please see a separate survey, [The Effectiveness of Treatment for Adult Sex Offenders, Brake, 2012](#)). According to my calculations, a total of 26 groups of offenders out of 56 (46%) had recidivism rates of 10% or less if tracked for five years or less. However, 11 groups (20%) had recidivism rates of 21% or higher.<sup>1</sup>



**Figure 1**

<sup>1</sup> For offenders in one study, *Barbaree and Marshall, 1988*, both self-reports and official records were used in calculating recidivism and this “combined” percentage is used here since recidivism rates derived from official records alone were not reported.

Recidivism rates are found to be greater when researchers track offenders for longer periods of time. Only 11 of 56 groups of offenders (20%) had recidivism rates of 21% or greater when tracked for five years or less but 21 of 36 groups of offenders (58%) had recidivism rates of 21% or greater when tracked for six to 15 years.

Of the 18 groups of offenders I surveyed which were tracked for 11 years or more, none had recidivism rates below 10% and only four groups of offenders (22%) had recidivism rates of 20% or less. Nine of ten groups of offenders tracked for 16 years or longer had recidivism rates greater than 30%.

In the few individual studies in which offenders were tracked for over 21 years, recidivism rates are almost always higher than rates found after five or 10 years. One study found recidivism for a mixed group of offenders after 21 years to be 25% (*Cann, Falsbaw, and Friendship, 2004*); it is worth noting that these authors concluded that a 5-year follow-up period “was not indicative of levels of sexual conviction at 21 years”. Another study found recidivism (survival analysis failure rates) for a mixed group of offenders to be 48% after 28 years (*Hanson, Steffy, and Gauthier, 1993*), another found recidivism (failure rates) to be 39% for rapists and 52% for child molesters after 25 years (*Prentky, Lee, Knight, and Cerce, 1997*), and another found recidivism for a mixed group of offenders to be 61% after 25 years (*Langevin, et al., 2004*; the rate of recidivism was reported to be even higher - 88% - if self-reports of the offenders are included in the tally along with official records – see below).

Some studies had larger sample sizes than others (as represented by the size of the dot in the figure). Large sample sizes usually result in more accurate findings. The majority of the sample sizes of the studies surveyed ranged from 100-500 subjects per group although there were a greater number of large sample sizes in studies with shorter follow-up periods. Considering studies which tracked offenders for five years or less, 81% of the groups consisted of at least 100 subjects and 15% consisted of more than 500 subjects. Considering studies which tracked offenders for 11 years or more, 82% of the groups consisted of at least 100 subjects but no groups consisted of more than 500 subjects.

Five studies surveyed tracked offenders over prolonged periods of time and reported recidivism rates at various intervals. These studies are represented in [Figure 2](#). As can be seen, the aggregate recidivism rates increased over time in each of these studies.

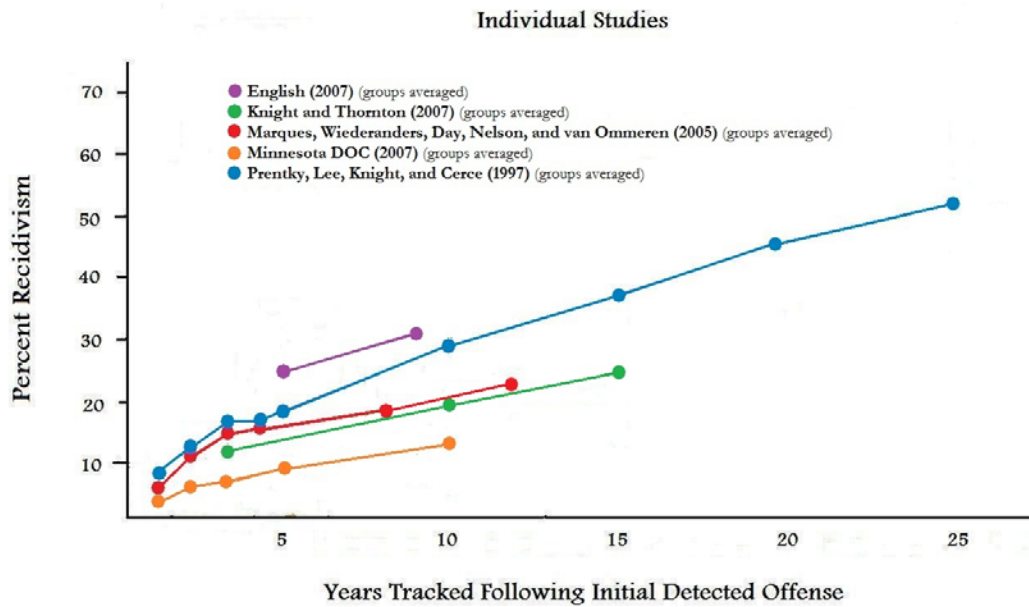


Figure 2

Figure 3 presents data from studies which directly compared, as best as I could determine, the recidivism rates of treated and untreated offenders. Although sometimes difficult to discern in the figure, the recidivism rates of 42% of the treated groups were lower than the recidivism rates of comparable untreated groups (see *The Effectiveness of Treatment for Adult Sex Offenders*, Brake, 2012, for a more detailed examination of treatment effectiveness).

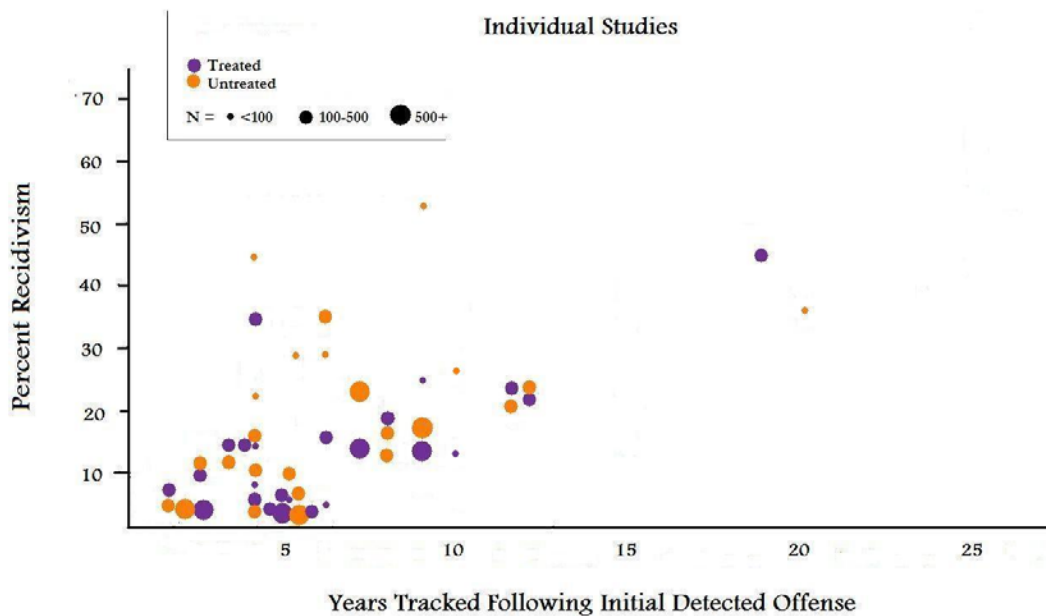


Figure 3

Meta-analyses

Meta-analyses are studies which combine data from several individual studies (and therefore all consist of a large number of subjects). As illustrated in [Figure 4](#), most meta-analyses find that recidivism rates range from about 10% to 30% over an average follow-up period of about five years. For example, one of the first and still most frequently cited meta-analyses reported a recidivism rate of 13% for a mixed group of offenders after a follow-up period which averaged four to five years (*Hanson and Bussiere, 1998*). The “update” of that meta-analyses found recidivism to be 12% over an average follow-up period of six years (*Hanson and Morton-Bourgon, 2009*). Another often quoted meta-analysis which compared treated to untreated offenders found recidivism rates to range between 13% (treated offenders) and 17% (untreated offenders) after an average follow-up period of four years (*Hanson, Gordon, Harris, Marques, Murphy, Quinsey, and Seto, 2002*). A more recent meta-analysis of treated and untreated offenders found recidivism rates to range between 11% (treated offenders) and 19% (untreated offenders) after an average follow-up period of four to five years (*Hanson, Bourgon, Helmus, and Hodgson, 2009*). Interestingly, one meta-analysis reported recidivism rates over several different follow-up periods (rather than averaging the follow-up periods) and found that the aggregate rates increased from 14% at five years to 27% at 20 years (*Hanson, Morton, and Harris, 2003*).

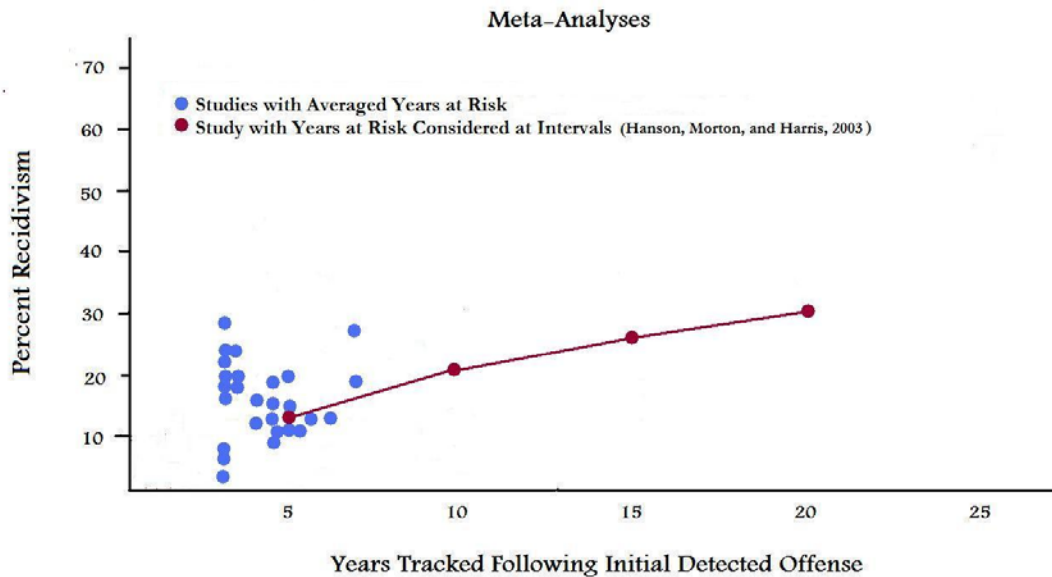


Figure 4

Figure 5 presents recidivism rates in meta-analyses in which direct comparisons were made between treated and untreated groups of offenders. The recidivism rates of 73% of the treated groups were lower than the recidivism rates of the comparable untreated groups (see The Effectiveness of Treatment for Adult Sex Offenders, Brake, 2012).

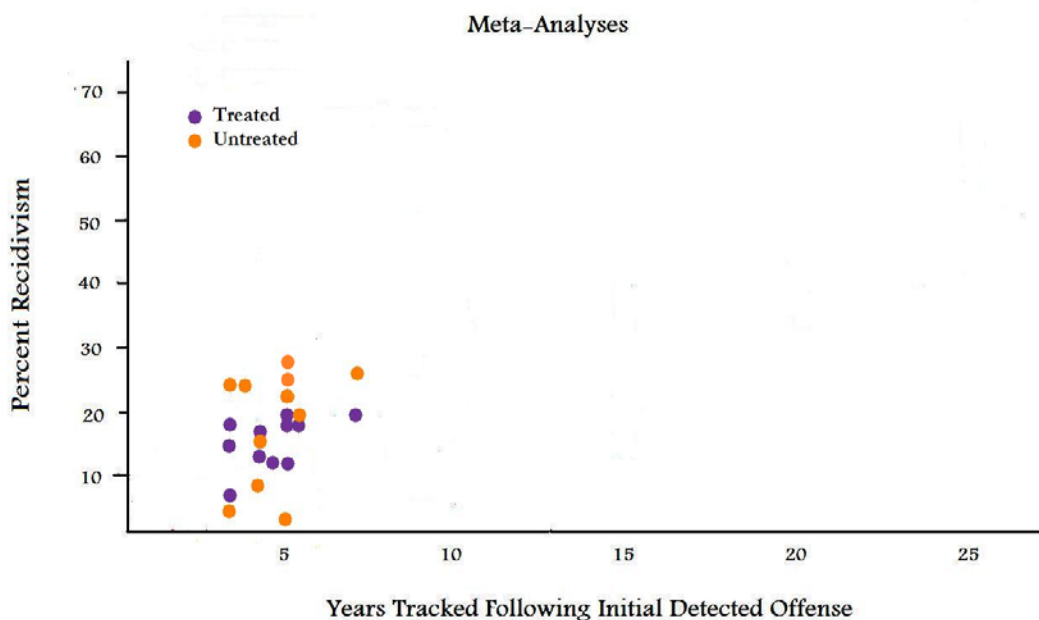


Figure 5

### Recidivism Rates vs. Reoffense Rates

As noted, the term recidivism refers to offenses which have been detected and reported while the term reoffense refers to offenses which have occurred whether reported or not. Reoffense rates can be expected to be higher than recidivism rates because both victims and perpetrators are reluctant to disclose sex crimes.

### Victims Under-Report

Both adult and child victims are reluctant to report that they have been sexually assaulted. This is understandable because they may be ashamed, intimidated, fear humiliation or persecution, or wish to keep the family together and protect family members.

Russell (1984) estimated that only 8% of adults report that they have been sexually victimized and Tjaden and Thoennes (2006) estimated that only 13 % of adult male and 19% of

adult females report that they have been victimized. Finkelhor and his colleagues found that 33% of women and 42% of men failed to report that they had been sexually assaulted until asked (*Finkelhor, Hotaling, Lewis, and Smith, 1990*).

Russell (1983) estimated that only 6% of extra-familial child victims and 2% of incest child victims report that they have been sexually assaulted. Lawson and Chaffin (1992) reported that 57% of children failed to disclose that they had been sexually assaulted when interviewed by hospital staff because they had STDs.

A number of other researchers report similar findings. They estimate that somewhere between 64% and 99% of sexual assaults are not reported to authorities (*Abel and Rouleau, 1990; Ahlmeyer, Heil, McKee, and English, 2000; Besserer and Trainor, 2000; Bolen and Scannapieco, 1999; Cardarelli, 1998; Colorado Department of Public Health and Environment and the Colorado Coalition Against Sexual Assault, 1998; Elliot, 1994; Fisher, Daigle, Cullen, and Turner, 2003; Freyd, Putnam, Lyon, Becker-Blease, Cheit, Siegel, and Pezdek, 2005; Kaplan, 1985, National Victims Center and Crime Victims Research and Treatment Center, 1992; Ringel, 1997; Snyder, 2000*).

### Perpetrators Under-Report

It is also understandable that offenders under-report because they wish to avoid prosecution and don't want to be shunned by society. Some may desire to keep offending. However, sometimes offenders eventually disclose in treatment or in anonymous surveys that they have committed large numbers of offenses before they were first caught.

One study reported that adult sex offenders who were known to have an average of two victims (or a median of one victim) at the time of their arrest subsequently reported having an average of 184 victims (or a median of 26 victims) after taking polygraph tests while in treatment (*Ahlmeyer, et al., 2000*). Another study found that child molesters in treatment eventually report having committed an average of 88 crimes each (*Underwood, Patch, Cappelletty, and Wolfe, 1999*). [Other researchers have similarly reported in studies of *adolescents* that the number of sex offenses disclosed by offenders in treatment increased by a factor of three (*Emerick and Dutton, 1993*) or five (*James, 1993*) following polygraph testing.]

Abel and his colleagues reported that adult sex offenders who were guaranteed anonymity disclosed having committed an average of 533 sex offenses over a 12-year-period before being detected (*Abel, Becker, Cunningham-Rathner, Mittelman, and Rouleau, 1988; Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, and Murphy, 1987*). These findings prompted the authors to conclude that "arrest records of paraphiliacs do not provide a reliable indication of the true scope of paraphilic acts". In another study, it was found that rapists given assurances that their responses would remain anonymous reported having six times more victims that were indentified from official records and that each of the child molesters in the study reported having hundreds of previously unknown sexual contacts with children (*Weinrott and Saylor, 1991*). The authors concluded that there is an "iceberg of undocumented offenses beneath the tip of official records".

### Time Between First Offense and First Arrest

Because offenses are under-reported, it may take years for offenders to get caught. It has been estimated that, on average, 10 to 16 years elapse between a sex offender's first offense and his first arrest (*Abel, et al., 1988; Abel, et al., 1987; Ahlmeyer, et al., 2000*). Others have found that between 10 and 20 years may elapse between the time that an incest victim is first assaulted and the time that he or she reports the abuse (*Lamb and Edgar-Smith, 1994; Resler and Wind, 1994*).

### Are Offenses More Likely to be Reported Following an Offender's First Arrest?

Most estimates of under-reporting by *perpetrators* focus on disclosures made about offenses which occurred prior to their first arrest. One might assume that the additional scrutiny afforded offenders once they have been arrested or placed under supervision (or in treatment) might make it harder for them to conceal new offenses and so increase the likelihood of detection.

Data pertaining to this assumption are scarce. Grubin and his colleagues reported that offenders undergoing polygraph tests disclosed that they had engaged in previously unknown "high risk" behaviors (though not new sex offenses) while in treatment and on probation (*Grubin, Madsen, Parsons, Sosnowski, and Warberg, 2004*). Tanner (1999) found that offenders in treatment and on probation disclosed both previously unknown high risk behaviors and new sex offenses during polygraph testing. These studies appear to suggest that problem behaviors and new offenses were more likely to be detected when the offender participates in treatment and probation which includes polygraph testing. Tanner also found, however, that 42% of offenders attempted to hide their high risk behaviors during the tests and over 80% tried to hide new contact sex crimes suggesting that their behaviors would likely have gone undetected in the absence of polygraph testing.

Perhaps the most pertinent data are provided by retrospective studies which include the self-reports of offenders in addition to official records when tabulating the number of offenses committed since their initial arrests. Barbaree and Marshall (1988) found that offenders self-reported that they had committed 2.7 times the number of reoffenses reflected in official records. Langevin and his colleagues (*Langevin, et al., 2004*) reported that offenders' self-reported over 25% more reoffenses than found in official records. These studies appear to suggest that under-reporting occurs even after an offender's initial arrest.

One might also assume that *victims* are more inclined to report subsequent offenses having seen that appropriate sanctions were applied to the perpetrators following their initial reports. Again, data are scarce. However, Marshall (1998) reported that almost 100% of child incest victims questioned by a child services caseworker said that they would not report if they were ever molested again. The children cited various reasons for not wishing to re-report including their feelings that they were not believed when they first reported or hostility they encountered from other family members for breaking up the family.



Estimated Reoffense Rates

While researchers generally agree that recidivism rates are underestimates of reoffense rates, there is some disagreement about the magnitude of the underestimation. As noted, Barbaree and Marshall (1988) suggested that recidivism rates are increased by 170% if one includes the self-reports of offenders in addition to counting officially recorded acts. Also as noted, Langevin and his colleagues (Langevin, et al., 2004) reported that offenders self-reported over 25% more reoffenses than found in official records. Others similarly suggest that reoffense rates may be 27-47% higher than recidivism rates (see Doren, 1998). Hanson and colleagues noted that recidivism rates observed in research studies are “minimal estimates” and suggested that a “reasonable” estimate would be “that actual reoffense rates are at least 10-15% higher than observed rates” (Hanson, et al, 2003).

In Figure 6, I have reproduced Figure 1 but re-labeled the vertical axis to show what reoffense rates would be if 15% is added to each of the data points (dots) on the graph. A horizontal line has been placed at the 50% mark. (It is worth noting that illustrating estimated reoffense rates in this manner is probably valid even when including studies which employ techniques such as survival analyses since such procedures do not directly address underreporting by victims and perpetrators, “under-charging” of offenses, or failures to convict guilty parties; see Doren, 1988).

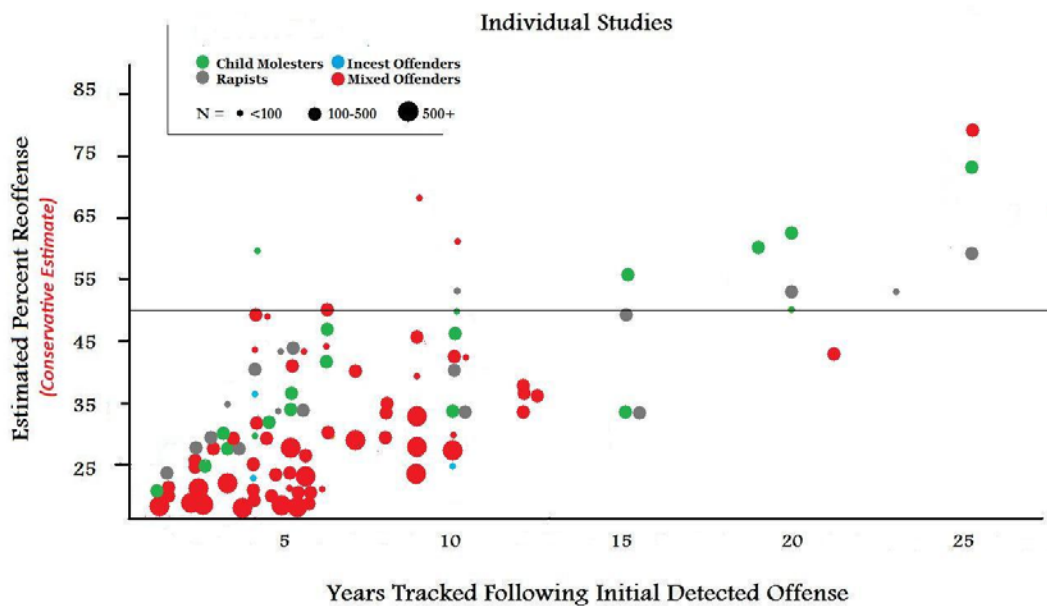


Figure 6

As has already been noted, one study represented in the figure is noteworthy because it employed a long follow-up period (25 years) and because it included the offenders’ self-reports of

re-offenses in addition to using official re-arrest and reconviction statistics (*Langevin, et al., 2004*; many of the self-reports appear to have been obtained through retrospective examination of hospital and probation records). The authors concluded that the aggregate recidivism rate of the offenders in their study was 61% if only “official” records are reviewed but was 88% if self-reports were included as well. Please note, however, that the dot on the graph in [Figure 1](#) and in [Figure 6](#) representing this study was placed at 61% not 88%.

## Conclusion

Reported recidivism rates vary widely depending on the length of follow-up period employed, the methods used to calculate recidivism, and, perhaps, the sample size of the study. The data as a whole do not support the contention that recidivism among adult sex offender is rare nor do the data support the idea that it is inevitable. The data as a whole suggest that aggregate recidivism rates are generally higher when longer follow-up periods are employed and that recidivism rates are underestimates of reoffense rates. It appears reasonable to conclude that most sex offenders do not reoffend within a relatively short period of time following their first conviction. It may also be reasonable, however, to conclude that most have reoffended by the time 20 years or so have passed. Whether treatment or supervision interventions can reduce reoffending is also a complicated issue which I have attempted to address in a separate survey (see see [The Effectiveness of Treatment for Adult Sex Offenders](#), *Brake, 2012*).

*(Data updated November 2011 and text revised September 2012)*

## References

(A letter code indicates that the study is represented in the Figures)

- Abel, G.G., Becker, J.V., Cunningham-Rathner, J., Mittelman, M.S., and Rouleau, J.L. (1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law*, 16(2), 153-168.
- Abel, G.G., Becker, J.V., Mittelman, M.S., Cunningham-Rathner, J., Rouleau, J.L., and Murphy, W.D. (1987). Self-reported sex crimes of nonincarcerated paraphiliacs. *Journal of Interpersonal Violence*, 2(1), 3-25.
- Abel, G.G. and Rouleau, J.L. (1990). The nature and extend of sexual assault. In W.L. Marshall, D.R. Laws, and H.E. Barbaree (Eds.), Handbook of Sexual Assault. New York: Plenum Press.
- Ahlmeyer, S., Heil, P., McKee, B, and English, K. (2000). The impact of polygraphy on admissions of victims and offenses of adult sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12(2), 123-138.
- A.** Alexander, M. (1999). Sex offender treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 100-116.
- B.** Aytes, K.E., Olsen, S.S., Zakrajsek, T., Murray, P., and Ireson, R. (2001). Cognitive/Behavioral treatment for sexual offenders: An examination of recidivism. *Sexual Abuse: A Journal of Research and Treatment*, 13(4), 223-332.
- C.** Barbaree, H.E., and Marshall, W.L. (1988). Deviant sexual arousal, offense history, and demographic variables as predictors of reoffense among child molesters. *Behavioral Sciences and the Law*, 6(2), 267-280.
- D.** Barnoski, R. (2006). Sex offender sentencing in Washington State: Does the prison treatment program reduce recidivism? Washington State Institute for Public Policy, document No. 06-06-1205.
- Besserer, S. and Trainor, C. (2000). Criminal victimization in Canada, 1999. *Juristat. Catalogue* no. 85-002-XIE, 20(10), Ottawa: Canadian Centre for Justice Statistics.
- Bolen, R.M. and Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective meta-analysis. *Social Service Review*, 73, 281-313.
- Brake, S.C. (2012). The effectiveness of treatment for adult sex offenders. Retrieved from [www.stephenbrakeassociates.com](http://www.stephenbrakeassociates.com).

**E.** Cann, J., Falshaw, L., and Friendship, C. (2004). Sexual offenders discharged from prison in England and Wales: A 21-year reconviction study. *Legal and Criminological Psychology, 9*, 1-10.

Cardarelli, A. (1998). Child sexual abuse: Factors in family reporting. *NIJ Reports*, No. 209, May/June.

Colorado Department of Public Health and Environment and Colorado Coalition Against Sexual Assault. (1998). Sexual assault in Colorado: Results of a 1998 statewide survey. Retrieved from [www.ccasa.org/statistics.cfm](http://www.ccasa.org/statistics.cfm).

Doren, D.M. (1998). Recidivism base rates, predictions of sex offender recidivism, and the "sexual predator" commitment laws. *Behavioral Sciences and the Law, 16*, 97-114.

**F.** Duwe, G. and Goldman, R.A. (2009). The impact of prison-based treatment on sex offender recidivism. *Sexual Abuse: A Journal of Research and Treatment, 21*(3), 279-307.

Elliot, D. (1994). The development course of sexual and non-sexual violence: Results from a national longitudinal study. Paper presented at the 13<sup>th</sup> Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, November, 1994.

Emerick, R.L. and Dutton, W.A. (1993). The effect of polygraphy on the self report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research, 6*, 83-103.

**G.** English, K. (2008). Colorado sex offender risk scale (SORS): Nine-year follow-up. *Elements of Change, 12*(1), May 2008.

**H.** Fazel, S., Sjostedt, G. Langstrom, N. and Grann, M. (2006). Risk factors for criminal recidivism in older sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 18*, 159-167.

Finkelhor, D., Hotaling, G., Lewis, I.A., and Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect, 14*, 19-28.

Fisher, B.S., Daigle, L.E., Cullen, F.T., and Turner, M.G. (2003). Reporting sexual victimization to the police and others: Results from a national-level study of college women. *Criminal Justice and Behavior, 30*, 6/38.

Freyd, J.J., Putnam, F.W., Lyone, T.D., Becker-Blease, K.A., Cheit, R.E., Siegel, N.B., and Pezdek, K. (2005). The science of child sexual abuse. *Science, 308*, 501.

**I.** Friendship, C., Mann, R.E., and Beach, A.R. (2003). Evaluation of a national prison-based treatment program for sex offenders in England and Wales. *Journal of Interpersonal Violence, 18*, 744-759.

**J.** Furby, L., Weinrott, M.R., and Blackshaw, L. (1989). Sex-offender recidivism: A review. *Psychological Bulletin, 105*, 3-30.

- Grubin, D., Madsen, L., Parsons, S., Sosnowski, D., and Warberg, B. (2004). A prospective study of the impact of polygraphy on high-risk behaviors in adult sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 16(3), 209-222.
- K.** Hall, G.C. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology*, 63, 802-809.
- L.** Hanson, K.R., Bourgon, G., Helmus, L., and Hodgson, S. (2009). A meta-analysis of the effectiveness of treatment for sex offenders: Risk, need, and responsivity. Public Safety Canada, Publication 2009-01.
- M.** Hanson, K.R., Broom, I., and Stephenson, M. (2004). Evaluating community sex offender treatment programs: A 12-year follow-up of 724 offenders. *Canadian Journal of Behavioural Science*, 36, 87-96.
- N.** Hanson, K.R. and Bussiere, M.T. (1998). Predicting relapse: A meta-analysis of sex offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348-362.
- O.** Hanson, K.R., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L., and Seto, M.C. (2002). First report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169-194.
- P.** Hanson, K.R. and Morton-Bourgon, K. (2004). Predictors of Sexual Recidivism: An updated meta-analysis. User report No. 2004-02), Ottawa, Ontario: Public Safety and Emergency Preparedness Canada.
- Q.** Hanson, K.R. and Morton-Bourgon, K. (2007). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis. (User report No. 2—7-01), Ottawa, Ontario: Public Safety and Emergency Preparedness Canada.
- R.** Hanson, K.R. and Morton-Bourgon, K. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 188 prediction studies. *Psychological Assessment*, 21(1), 1-21.
- S.** Hanson, K.R., Morton, K.E., and Harris, A.J.R. (2003). Sex offender recidivism risk: What we know and what we need to know. *Annals of New York Academy of Science*, 989, 154-166.
- T.** Hanson, K.R., Steffy, R.A., and Gauthier, R. (1993). Long term follow up of child molesters: Risk predictors and treatment outcome. *Journal of Consulting and Clinical Psychology*, 61, 646-652.
- U.** Harris, G.T., Rice, M.E., Quinsey, V.L., Lalumiere, M.L., Boer, D., and Lang, C. (2003). A multisite comparison of actuarial risk instruments for sex offenders. *Psychological Assessment*, 15(3), 413-425.

- V.** Heil, P., Harrison, L., English, K., and Ahlmeyer, S. (2009). Is prison sex offending indicative of community risk? *Criminal Justice and Behavior*, 36(9), 892-908.
- W.** Hildebrand, M., deRuiter, C., and deVogel, V. (2004). Psychopathy and sexual deviance in treated rapists: Association with sexual and on-sexual recidivism. *Sexual Abuse: A Journal of Research and Treatment*, 16, 1-24.
- Janes, B. (1993). Polygraph: A current perspective. *Interchange- Cooperative Newsletter of the National Adolescent Perpetrator Network*, Kempe National Center, June, 1993.
- Kaplan, M.S. (1985). The impact of parolees' perceptions of confidentiality on the reporting of their urges to interact sexually with children. Unpublished doctoral dissertation, New York University.
- X.** Knight, R. A. and Thornton, D. (2007). Evaluating and improving risk assessment schemes for sexual recidivism: A long-term follow-up of convicted sex offenders. U.S. Department of Justice, Document No. 217618.
- Lamb, S. and Edgar-Smith, S. (1994). Aspects of disclosure. *Journal of Interpersonal Violence*, 9(3), 3017-326.
- Y.** Langan, P.A., Schmitt, E.L., and Rose, M.R. (2003). Recidivism of sex offenders released from prison in 1994. U.S. Department of Justice, Bureau of Justice Statistics, November 2003, NCJ 198281.
- Z.** Langevin, R., Curnoe, S., Federoff, P., Bennett, R., Langevin, M., Peever, C., Pettica, R., and Sandhu, S. (2004). Lifetime sex offender recidivism: A 24-year follow-up study. *Canadian Journal of Criminology and Criminal Justice*, 46, 531-552.
- AA.** Langton, C.M., Barbaree, H.E., Harkins, L., and Peacock, E.J. (2006). Sex offenders' response to treatment and its association with recidivism as a function of psychopathy. *Sexual Abuse: A Journal of Research and Treatment*, 18, 19-120.
- Lawson, L. and Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental discovery by diagnosis of STD. *Journal of Interpersonal Violence*, 7, 532-542.
- BB.** Looman, J. (2006). Comparison of two risk assessment instruments for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 18, 193-206.
- CC.** Looman, J., Abracen, J., and Nicholaichuk, T.P. (2000). Recidivism among treated sexual offenders and matched controls: Data from the Regional Treatment Centre (Ontario). *Journal of Interpersonal Violence*, 15, 279-290.
- DD.** Losel, F. and Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1, 117-146.

**EE.** Maletzky, B.M., Tolan, A., and McFarland, B. (2006). The Oregon dep-Provera Program: A five-year follow-up. *Sex Abuse, 18*, 303-306.

Marshall, W.L. (1998). Information presented at the Annual Conference, Association for the Treatment of Sexual Abusers, November, 1998.

**FF.** Marques, J.K., Wiederanders, M., Day, D.M., Nelson, C., and van Ommeren, A. (2005). Effects of a relapse-prevention program on sexual recidivism: Final results for California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment, 17*, 79-107.

**GG.** McGrath, R.J., Cumming, G., Livingston, J.A., and Hoke, S.E. (2003). Outcome of a treatment program for adult sex offenders. *Journal of Interpersonal Violence, 18*, 3-17.

**HH.** Minnesota Department of Corrections. (2007). Sex Offender Recidivism in Minnesota, April, 2007. Document retrieved from [www.doc.sate.mn.us](http://www.doc.sate.mn.us).

National Victim Center and Crime Victims Research and Treatment Center. (1992). Rape in America: A report to the nation. National Victim Center, Arlington, Virginia, and Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, South Carolina, April 23, 1992.

**II.** Nicholaichuk, T., Gordon, A., Gu, D., and Wong, S. (2000). Outcome of an institutional sex offender treatment program: A comparison between treated and matched untreated controls. *Sexual Abuse: A Journal of Research and Treatment, 12*, 139-153.

**JJ.** Olver, M.E. and Wong, S.C.P. (2006). Psychopathy, sexual deviance, and recidivism among sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 18*, 65-82.

**KK.** Olver, M.E., Wong, S.C.P., Nicholaichuk, T., and Gordon, A. (2007). The validity and reliability of the Violence Risk Assessment Scale – Sexual Offender Version: Assessing sex offender risk and evaluation therapeutic change. *Psychological Assessment, 19*(3), 318-329.

**LL.** Prentky, R., Lee, A.F.S., Knight, R., and Cerce, D. (1997). Recidivism rates among child molesters and rapists: A methodological analysis. *Law and Human Behavior, 21*, 635-659.

**MM.** Quinsey, V.L., Khanna, A., and Malcolm, P.B. (1998). A retrospective evaluation of the Regional Treatment Centre sex offender treatment program. *Journal of Interpersonal Violence, 13*, 621-644.

**NN.** Quinsey, V.L., Rice, M.E., and Harris, G.T. (1995). Actuarial prediction of sexual recidivism. *Journal of Interpersonal Violence, 10*, 85-105.

Resler, T.A. and Wind, T.W. (1994). Telling the secret: Adult women describe their disclosure of incest. *Journal of Interpersonal Violence, 9*(3), 327-338.



**OO.** Rice, M.E., Harris, G.T., and Quinsey, V.L. (1990). A follow-up of rapists assessed in a maximum security psychiatric facility. *Journal of Interpersonal Violence*, 5, 435-448.

**PP.** Rice, M.E., Quinsey, V.L., and Harris, G.T. (1991). Sexual recidivism among child molesters released from maximum security psychiatric institutions. *Journal of Clinical and Consulting Psychology*, 59(3), 381-386.

Ringel, C. (1997). Criminal victimization 1996: Changes 1995-96 with trends 1993-96. *Bureau of Justice Statistics Bulletin*, NCJ 165812.

Russell, D.E.H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse. *Child Abuse and Neglect*, 7, 133-146.

Russell, D.E.H. (1984). Sex Exploitation: Rape, Child Sexual Abuse, and Workplace Harassment. Thousand Oaks, California: Sage

**QQ.** Schweitzer, R. and Dwyer J. (2003). Sex crime recidivism: Evaluation of a sexual offender treatment program. *Journal of Interpersonal Violence*, 18, 1292-1310.

Snyder, H.N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. June, 200, NCJ 182990.

**RR.** Sturgeon, V.H. and Taylor, J. (1980). Report of a five-year follow-up study of mentally disordered sex offenders released from Atascadero State Hospital in 1973. *Criminal Justice Journal*, 4, 31-63.

Tanner, J. (1999). Incidence of sex offender risk behavior during treatment. Research Project Final Report, retrieved from [www.kbsolutions.com](http://www.kbsolutions.com)

**SS.** Taylor, R. (2000). A seven-year reconviction study of HMP Grendon therapeutic community. Home Office Research, Development and Statistics Directorate, Research Findings No. 115.

Tjaden, P. and Thoennes, N. (2006). Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Study. United States Department of Justice, National Institute of Justice.

Underwood, R., Patch, P., Cappelletty, G., and Wolfe, R. (1999). Do sexual offenders molest when other persons are present? A preliminary investigation. *Sexual Abuse: A Journal of Research and Treatment*, 11(3), 243-247.

Weinrott, M.P. and Saylor, M. (1991). Self-report of crimes committed by sex offenders. *Journal of Interpersonal Violence*, 6(3), 286-300.



**TT.** West, M., Hromas, C.S., Wengler, P., and Suthers, J. (2000). State sex offender treatment programs: A 50-state survey. Colorado Department of Corrections, August, 2000, retrieved from [www.doc.state.co.us](http://www.doc.state.co.us).

**Studies Represented at Each Tracking Year  
(Individual Studies and Meta-Analyses)**

(\* - Studies comparing treated and untreated offenders)

Year	Study
1	FF*, HH, LL
2	I*, FF*, HH, LL
3	A*, X, FF*, HH, LL, NN
4	B*, C*, J*, N, O*, Y, FF*, MM*, NN, OO
5	A*, D*, G, L*, P, S, U, V, BB, DD*, EE*, HH, LL, NN, QQ*, RR, TT*
6	Q, R, AA, GG*, II*, NN, PP
7	K*, SS*
8	FF*, TT*
9	F*, G, H, CC*
10	S, X, HH, JJ, KK, LL, TT*
11	
12	M*, FF*
13	
14	
15	S, X, LL
16	
17	
18	
19	T*
20	S, T*, LL
21	E
22	
23	W
24	
25	Z, LL
26	
27	
28	T*