

North Carolina Department of Correction

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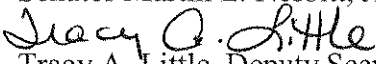
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Michael F. Easley
Governor

Theodis Beck
Secretary

MEMORANDUM

TO: Representative Verla C. Insko
Senator Martin L. Nesbitt, Jr.

FROM: 
Tracy A. Little, Deputy Secretary

RE: Mental Health Treatment for Incarcerated Sex Offenders
Preliminary Report
S.L. 2006-247 (H1896)

DATE: January 31, 2007

Pursuant to Session Law 2006-247 (H1896), please find attached a preliminary report on the Department of Correction's plan for offering mental health treatment for incarcerated sex offenders designed to reduce the likelihood of recidivism.

TAL/ea

Attachment

cc: Jim Mills
Sheryl Stephens

**DIVISION OF PRISONS
NORTH CAROLINA DEPARTMENT OF CORRECTION**

**Mental Health Treatment
for Incarcerated Sex Offenders**
Preliminary Report

January 15, 2007

Theodis Beck
Secretary

Boyd Bennett
Director of Prisons

Session Law 2006-247 (H1896)

SECTION 18. The Department of Correction shall study and develop a plan for offering mental health treatment for incarcerated sex offenders designed to reduce the likelihood of recidivism. The Department shall study appropriate and effective mental health treatment techniques and alternatives. Services must be best practices, as determined by the Department. The Department will consult various stakeholders from organizations dedicated to the prevention of sexual assault, victims' advocacy organizations, and experts in the field of treatment of sexual offenders. The Department shall consider the fiscal impact, if any, of implementing the plan developed pursuant to this study.

The Department shall make a preliminary report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services no later than January 15, 2007, and a final report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services and the General Assembly on or before October 1, 2007.

Introduction

The treatment of incarcerated sex offenders has become an important issue not just in North Carolina, but across the country. To address the need for appropriate treatment, the Department of Correction operates an intensive residential therapeutic program for incarcerated sex offenders. Although the program has shown promising results, funding and space limitations currently limit the availability of the program to adult males in medium or minimum custody.

As more and more sex offenders are released back into the community, appropriate treatment for all sex offenders becomes a critical component of public safety. The Department of Correction therefore is exploring ways to expand sex offender treatment programs for incarcerated individuals and to create a seamless continuum of treatment services after they are released.

Snapshot of Sex Offenders in North Carolina Prisons¹

As of December 2006, DOC prisons housed 5,026 sex offenders. Females represent only one percent of that number. The most frequent offenses were first-degree rape (23.4 %); second degree rape (20.9 %); indecent liberty with a child (19.3 %); and first degree sexual offense (11.1 %).

Approximately one-third (35 %) of sex offenders were convicted of offenses against a minor. The most frequent convictions involving minors are indecent liberty with a child (56 %); first-degree sexual offense with child (12 %); and rape of a child less than age 13 (9.5 %).

Nearly one-quarter (21.8 %) of sex offenders were serving a life sentence. For those sex offenders not serving a life sentence, the typical sentence was 270 months (22.5 years) in prison. The average age at admission for all sex offenders was 33 years.

¹ Sex offenders are those offenders convicted of offenses included in G.S. 14-208.6.

Current Sex Offender Treatment

In 1991, the Department of Correction established the Sexual Offender Accountability and Responsibility (SOAR) program, an intensive therapeutic treatment program for incarcerated sex offenders. The program uses psycho-educational modules, cognitive-behavioral and confrontational therapies and empathy training to help offenders learn to control and manage sexually abusive thoughts and actions.

Based at Harnett Correctional Institution in Lillington, SOAR graduates two groups of offenders each year. Each group completes a 20-week program that includes five days of therapy each week and requires completion of additional assignments on evenings and weekends. The participants all are housed in the same dormitory, although the dormitory also houses some inmates who are not sex offenders. Because of staffing and physical space limitations, SOAR can accommodate only 28 offenders at any one time. As a result, a maximum of 56 offenders can be admitted to the program in any given year.

Offenders admitted to SOAR must have a felony conviction for a sex offense, must admit guilt for the offense and must indicate a desire for treatment. In addition, participants must read on at least a sixth grade level, show no evidence of severe mental illness and demonstrate the ability to participate in confrontational therapy sessions. Because the program is housed at Harnett CI, offenders also must be males who are at least 21 years old and in medium or minimum custody.

An offender who wants to be considered for SOAR must meet with the unit psychologist at the facility where he is housed. The psychologist will interview the offender to determine if he meets the SOAR criteria and then will complete a clinical assessment report. If the unit psychologist finds that the offender is a suitable candidate for SOAR, the psychologist will forward the offender's assessment to the SOAR staff.

SOAR staff then selects participants for each SOAR group, giving priority to those offenders who are within a year of release or who are ordered to attend treatment by the court or referred by the Post-Release Supervision and Parole Commission. SOAR staff seeks to create therapeutic groups that are mixed in terms of offender race, offender age, age of victim (child and adult) and type of crime.

The SOAR staff consists of three full-time psychologists, one contractual psychologist, one processing assistant and 10 inmate peer counselors. The staff uses a cognitive-behavioral theoretical approach, along with experiential learning (i.e., role playing). Therapeutic groups teach self-awareness, empathy, decision-making and social skills, while giving the participants opportunities to practice the skills they are learning. The SOAR staff also conducts both preparatory and aftercare programs for sex offenders at Harnett CI.

Treatment Alternatives

Best Practices

In 2002, an international committee of experts studied the existing body of research data on the effectiveness of mental health interventions for sex offenders. The committee examined 43 published studies involving over 9,000 sex offenders who researchers followed for up to five years after release. The study found that sex offenders who received *appropriate* treatment were less likely to re-offend than offenders who did not receive appropriate treatment or any treatment. The most effective treatment for adult sex offenders was identified as Cognitive Behavioral Therapy (CBT), which focuses on habits, values, and social influences that contribute to offending, and teaches offenders the self-management skills to cope effectively with high-risk situations.²

Estimated re-offense rates nationwide for those without appropriate treatment range as high as 24 % within the first 24 months of release. With CBT, that rate can be cut to lower than 10 % according to some studies.³

Issues for Consideration

SOAR has shown promising results using CBT methods. From 2001-05, 57 inmates successfully completed SOAR at Harnett CI. Of that number, DOC statistics indicate that 16 (10.1 percent) since have been reconvicted of a nonsexual crime, while only two (1.2 percent) have been reconvicted of a sex crime--rates markedly lower than the national averages.⁴

The problem, however, is that there are more sex offenders in North Carolina prisons than there are allocated resources to treat them. The Department of Correction therefore will focus on two issues in developing a plan for the mental health treatment of sex offenders - (1) creating a triage system to match currently available resources with the offenders who most can benefit from them, and (2) identifying the best way to expand the availability of treatment to the majority of incarcerated sex offenders. With those goals in mind, the Department of Correction will evaluate and include the following issues in the final report due October 1, 2007:

- Expansion of the SOAR program;
- Development of an additional intensive, residential treatment program for offenders who do not admit guilt for the offense;
- Development of a less intensive, introductory program that can serve greater numbers;
- Availability of appropriate treatment for all populations, including women, youth, offenders with learning disabilities and offenders who do not speak English;
- Review of successful practices and programs in other states;

² A. Harris & R. Hanson. *Sex Offender Recidivism*. 2004. Available at <http://www.psepc-sppcc.gc.ca>.

³ R. Hanson, et al. *The Effectiveness of Treatment for Sexual Offenders*. 2002. Available at <http://www.psepc-sppcc.gc.ca>.

⁴For information about national recidivism rates, see *Recidivism of Sex Offenders Released from Prison*. Bureau of Justice Statistics. 2003. NCJ 198281.

- Evaluation of research and recommendations from experts and other stakeholders who treat sex offenders; and
- Funding needs for adequate treatment programs.

The Department of Correction will evaluate these issues with public safety as a top priority. The Department will seek to provide a cost-effective approach to reducing recidivism by combining prison-based programs with appropriate medication, risk assessment tools and post-release treatment and supervision.

Summary

Pursuant to the legislative mandate, the Department of Correction will study and develop a plan for offering mental health treatment for incarcerated sex offenders designed to reduce the likelihood of recidivism. That plan will include appropriate and effective mental health treatment techniques and alternatives as determined by information gleaned from current practices, research, other states, experts and stakeholders in the field. Details of the plan will be included in the report due to the General Assembly on October 1, 2007.