**Section 1905.80 Treatment Interventions**

a) Sexual abuser-specific treatment is designed to assist clients with effectively managing thoughts, fantasies, feelings, attitudes and behaviors associated with their potential to sexually abuse or their risk for sexual re-offense and to develop a prosocial lifestyle that is inconsistent with offending. Sexual abusers are a heterogeneous population, with risk levels and treatment needs that can differ markedly. Therefore, sexual abuser-specific treatment services are best offered and provided along a continuum of care (from correctional, institutional, inpatient or residential facilities to community settings) and are matched to the assessed recidivism risk and treatment needs of a given client.

b) Research indicates that treatment for criminal justice-involved populations, including adult sexual abusers, is most effective when it is delivered in accordance with the evidence-based principles of correctional intervention (risk, need and responsivity). As applied to treatment interventions for sexual abusers, this translates into the following:

1) Risk: Sexual abusers presenting a higher risk of reoffending receive a greater intensity and dosage of treatment services, while lower risk sexual abusers receive less. Providing an inappropriate intensity of services may negatively affect treatment effectiveness and recidivism risk.

2) Need: Treatment primarily targets research-supported dynamic risk factors that are linked to recidivism (i.e., criminogenic needs) over targets of intervention that are not empirically linked to recidivism.

3) Responsivity: To address general responsivity factors, evidence-based intervention models are broadly structured, cognitive-behavioral, and skills-oriented. Unstructured, insight-oriented models typically are less effective in reducing sexual recidivism and do not constitute primary interventions in the treatment of sexual abusers. To address specific responsivity factors, services are delivered in a manner that accommodates client characteristics, such as level of intellectual functioning, learning style, personality characteristics, culture, mental and physical disabilities, and motivation level. Services also build upon client strengths, which may include motivation, ability to read and write, lifestyle stability, prosocial support systems, and willingness to comply with supervision requirements.

c) Treatment effectiveness for sexual abusers is also enhanced when providers engage clients in the treatment process and interact with clients in a respectful, directive and empathic manner. For some adult sexual abusers, complementary interventions, such as psychiatric or mental health care, couples or family therapy, educational, housing or employment services, and risk management strategies such as community supervision, may contribute to public safety efforts and promote the overall stability and success of clients. Treatment providers often collaborate with other professionals who have various roles and responsibilities, agents, victim advocates, and other treatment providers, as well as positive community resources and supports. Treatment providers should remain abreast of current research and align practices accordingly. Recommended methods include structured, cognitive-behavioral, and skills-oriented treatment approaches that target dynamic risk factors. These methods have the greatest potential for reducing rates of sexual and other types of criminal reoffending in the male adult sexual abuser.