Quantitative Research on Sexual Abuse

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This essay will examine quantitative research into the phenomenon of sexual abuse and the implications of this for therapeutic program development. This will include sexual abuse of children and adults, both male and female. Sexual abuse will be used as the generic term, and includes sexual assault, rape and child sexual abuse. The major areas of research on this subject vary from those focusing on individual deviance to those that attributed the behaviour to cultural and societal influences, and various combinations of the individual and society (Finkelhor, 1984; Laws & O’Donohue, 1997). This essay will concentrate on the quantitative approaches used in the current research to study these influences, and the strengths and weaknesses of this type of research in this field.

Definition

Sexual abuse can take many forms, ranging from fondling, exhibitionism and voyeurism to sexual intercourse (oral, vaginal, anal) and involvement with pornography and prostitution (Koonin, 1995: 197) – the behaviour is abusive if it involves lack of consent. That is, it is not the mechanics of an activity, but rather the consent of both the participants that is important. In the case of children it is inferred that they do not have the capacity to consent if they are below a specific age (which may differ in different societies). The definition of sexual abuse need to be taken into account when examining the occurrence of sexual abuse and the effects on the victims. For example if an individual in a study does not understand what is defined
as abuse, their answers may be inaccurate (Briggs, 1995).

Child sexual abuse is typically defined as a sexual interaction between a child or adolescent and a person who is at least 5 years older (Rind et al., 1998). However this definition groups all forms of sexual activity involving minors together whether the activity is, or has been perceived, as abusive by the individual. This therefore masks the degree to which experiences can vary. For example, according to this definition incestuous and coercive sexual activity that involves a young child is not distinguished from consensual sexual activity between an adolescent and an unrelated adult. This diverts attention away from examining the nature and context of the sexual activity, which is an important weakness in this definition. This is an important distinction as it would seem that the characteristics of a sexual encounter are more likely to better predict and explain adjustment and maladjustment, and whether it was perceived as an abusive experience, rather than just the occurrence of a sexual encounter. It has frequently been highlighted in the literature on sexual abuse that the relationship with the perpetrator and the degree of coercion are related to the intensity of negative effects in later life for both men and women – that is whether it was perceived by the victim as abusive or not. (Stanley et al, 2004; Ketring et al, 1999).

There may also be variations between different cultures in what is considered abusive. Many cultures have now, or in the past, had a tradition of behaving in a way that today we would interpret as sexually abusive. For example Glover (2005:8) gives details of a Hindu tradition of castrating young boys by priests who then create an artificial vagina with a strip of flesh. These boys, called “hijras” are then put on the street as prostitutes. Jones (2000) details a number of historical cultures, such as Rome, Greece and China in which male child sexual assault was normalised in the
Ritualised homosexuality and child abuse has also been documented as a component of male initiation rites in some New Guinean societies (Korbin, 1990: 48-9). The rites reflect the belief that masculinity is acquired through the intake of semen, either by fellatio or sodomy with older males or by having semen rubbed on the body. In some societies fondling of children’s genitals is also considered part of daily child rearing practice (Korbin, 1990: 49). For example fondling, sucking and kissing the child King Louis XIII’s penis and nipples were common practices by everyone around him, including his parents, his nurses, and his servants. This began in his infancy and continuing throughout his childhood. It was done openly and without guilt, and sexual play with others became Louis's main topic of conversation, all of which was recorded in detail in the daily diary of Jean Héroard, his physician (deMause, 2002). Louis would have been very unlikely to have answered, “yes” to a questionnaire on whether he was sexually abused as a child! It has been estimated that definition error accounts for XXX% of the difference between studies (REFERENCE??)

**Features of Qualitative Social Research**

Social scientists investigate issue related to “individuals, groups, ideas, ideologies, attitudes and opinions, structures and processes, methods and practices and causes and effects of social events” (Sarantos, 1998:120). The research should also be ethical, feasible and relevant. Quantitative research methods in the social sciences arose from an attempt to copy the methods that had previously been used successfully in the natural sciences (Punch, 1998:68). Experimental method was first used in this research, but for practical and ethical reasons it was not possible to use this method in
many cases. This led to the use of quasi-experimental and non-experimental, or “natural” methods of investigation.

Research design is delineated from research method in that research design provides the “framework for the collection and analysis of data” (Bryman, 2001:29) while research method is the technique used for collection of the data (eg. questionnaire, interview etc) (Bryman, 2001:29). Research design is generally a cyclical process involving the advancing of a theory (often based on previous research), the design of a method to test the theory, data collection, analysis of the results and a proposal that the theory either is or isn’t supported by the results (Herborn, 2006).

Research design makes use of the term “variable” which is a technical term for looking at cause and effect. A dependent variable is the thing that is being tested (the effect), the independent variable is the variation that is being tested for (the cause), the control variable is a variable whose effects you want to remove or control for, and a confounding variable is something that might introduce complications into the research. For example, in relation to the question of whether smoking causes lung cancer the independent variable would be smoking and the dependent variable would be lung cancer. A control variable may be age (as cancer rates naturally increase with age) and a confounding variable could be exposure to other possible carcinogens (eg. asbestos).

Experimental design involves the artificial manipulation of variables in order to establish a “cause-effect” relationship (Punch, 1998:68). Generally 2 comparison groups are set up, one of which is given some form of “treatment” while the other is given a different or no “treatment” (the control group). The results of the treatment on
the behaviour of the 2 groups is compared and contrasted, with the aim of “proving” that the treatment “caused” the differing effects. (Punch, 1998:71). However in social sciences research the concepts of “proof” and “cause” are generally rephrased as a “strong correlation between” the treatment and the results. This is a difficult method to use for many practical and ethical reasons. Milgram’s “Obedience to Authority” experiment is a famous example of this, where participants were tested on whether they would do as they were told even if they thought another individual would suffer or even die as a result of this obedience – although this was an interesting study it would now be considered unethical.

Quasi-experimental design uses naturally occurring treatment groups. The researcher is not able to control the treatment or the groups but can decide when to measure the outcome variables (Punch, 1998:72). However it may be difficult to establish that the differences between the naturally occurring groups is due to the specific variable of interest. The response to this problem has been to remove the influence of possible extraneous influences by identifying them, measuring them and extracting their effects statistically (Punch, 1998: 75). An example of a quasi-experiment would be comparing the academic results of children in differing class sizes over the year.

In non-experimental design the comparison groups are not at all clear-cut and it is broadened to include “naturally occurring variation in the independent variable” (Punch, 1998:74). This is also known as a correlational survey or the study of the relationship between variables. Statistical techniques are also used widely in this form of research to remove the influence of extraneous variables. An example of this would be comparing the university results of students who had attended public versus private schools. These studies may be either cross-sectional, longitudinal, comparative or
When designing research it is considered that reliability, replication and validity are important aspects to consider in order to ensure that the research has meaning. Reliability is commonly used to indicate whether the measures used are consistent—that is, are they measuring what we think they are measuring (Bryman, 2001:29). In order for a study to be replicated, the procedures must be spelled out in detail so that other researchers may attempt to repeat the same procedure and the same experiment. Validity is concerned with the “integrity of the conclusions that are generated from a piece of research” (Bryman, 2001:30). There are a number of types of validity, including measurement, internal, external and ecological. There are many possible threats to these types of validity, depending on the type of research being undertaken. These should be acknowledged and remedies applied when possible.

**Qualitative Research of Sexual Abuse**

Studies vary widely on most issues related to the subject of sexual abuse. For example, Katz & Mazur (1979) suggests that the differences in study results in relation to rape may be due to differences in the type of sexual assault studied, the age of the victims studied, the definitions of rape, the source of sample selection, reported versus unreported cases, and lack of control groups and follow-up studies.

The research into sexual abuse has mainly been done in the fields of the social sciences (especially criminology), psychology and medicine. Researchers have used a number of different methods to study the phenomenon of sexual abuse. Some of the most frequently used methods include:
• Interviews with either a self-selected or “captive audience” (e.g. prison or university) participant group. These may include convicted offenders, victims and “normal” populations (that is, not convicted of a crime) and can cover a wide range of subjects including individual histories, especially childhood experiences, preferences, attitudes, behaviour etc

• Questionnaires that test of attitudes (e.g. attitude towards women, attitudes towards rape) using a range of different groups and measurement tools

• Tests of sexual arousal to different stimulus, often using penile plethysmography (e.g. sexual pornography, violent films or stories)

• Questionnaires of the above groups asking about their previous and/or current behaviour, personal histories etc (e.g. use of pornography; use or experience of coercion in their sexual relationships)

• Examination of police case files to determine similarities, differences or trends in relation to the characteristics of both victims and offenders

• Examination of published and unpublished criminal statistics with the aim of making comparisons, and examining trends over time

• Anthropological and historical comparisons – either from fieldwork or through examination of the anthropological and historical literature

• Laboratory tests of subject’s behaviour under various conditions that are manipulated by the researcher (e.g. gender of other participants, use of alcohol or anger to reduce disinhibition of behaviour)
• Investigating the use of pornography in different groups, either using interviews or questionnaires (e.g. normal versus convicted rapist versus convicted paedophiles)

• Physical tests, especially of brain function, testosterone levels, sex chromosomes

**Research Design Issues**

1. **Sampling Techniques**

A fundamental goal of quantitative research is to be able to generalise the results – that is to say something reliable about a wider population on the basis of the findings in a particular study (de Vaus, 2002: 69). One major problem encountered by researchers of sexual abuse relates to the reliability and validity of the sampling techniques that are often used in order to ensure that the results can be generalised. Some of the issues related to offenders include whether the subjects are convicted offenders of not, voluntary or involuntary subjects, and what will be the legal ramifications of admitting behaviours, how truthful they are, or are they in denial? Some issues in the sampling of victims may relate to shame, fear and denial and the effect these have on the truth of the reports (Briggs, 1995).

Abel and Rouleau (1990:10) highlighted a number of difficulties in using subjects who have been convicted or sexual assaults. These include:

• Sexual assailters who can afford good legal representation can sometimes avoid being incarcerated, so the sample may be biased in favour of the poor
• Offenders may try to distort the results in order to avoid further problems in the prison if the information about them is made available to others (eg. staff and/or inmates)

• Admitting to crimes may adversely effect their chances of leaving the prison earlier

Another important feature of these individuals is that they represent only those few offenders who have been accused, found guilty and incarcerated. Crime victimization surveys consistently report much higher rates of sexual abuse than are indicated by the crime statistics (Ellis, 1989:10). Many sexual crimes are not reported for many reasons, including shame, fear of the legal system, the police and/or the perpetrator, and a fear that they will not be believed (Crisma et al, 2004). A recent government taskforce on sexual violence in Aboriginal communities has found that some people who have reported report sexual crimes (against themselves or their children) have themselves been arrested over outstanding warrants (Pearlman, 2006b), so they are less likely to report. They may also be stigmatised and blamed by others in their family or the social group if they reveal the assault. “When victims have dared to speak out, it has led to inter-family warfare, ostracism and retribution, such as burning the victim's house. If [victims] do report, they are often made to feel as though they are betraying their community and culture," according to the findings of a NSW Government taskforce” (Pearlman, 2006a). In relation to child sexual abuse this is particularly a problem as an accusation of abuse may lead to the break-up of the family if, as often happens, the offender is a relative. The child risks being made a scapegoat by other members of the family as a result of the accusation (Gelinas, 1988: 25). Even when abuse is reported, the conviction rates are not high. Therefore
offenders who have been convicted of a sexual offence are a small subset of the actual offenders in the community – a small number who have been convicted from the small number who have been reported (Abel & Rouleau, 1990:10).

A major problem with doing research into any kind of sexual behaviour is that of self-reporting. Subjects may choose to lie, either to under-report or over-report, exaggerate or minimise, depending on what they think the researcher wants from them, and how safe they feel in revealing the information. They may be influenced by the nature of the research, and who is asking the questions, and for what reason. For example Kaplan (1985, cited in Abel & Rouleau, 1990:11) found that “in the criminal justice setting offenders reported only 5% of the sex crimes they admitted to in the mental health setting”. It would seem that this is also often influenced by the subject’s perception of the confidentiality of the information they are giving (Abel & Rouleau, 1990:11).

Another problem relates to the reliability of retrospective findings in quantitative research and is important because much of what is known about sexual abuse (e.g. incidence, details of the perpetrator, long-term effects) comes from retrospective studies. Depending on the research question, prospective studies can provide a number of significant advantages over retrospective designs. Researchers often consider prospective designs to be more rigorous, with less biased sample selection and better measurement of the natural history of a phenomenon. However this does not mean that findings from retrospective studies should be disregarded, as they may be all that is available (Kendall-Tackett & Becker-Blease, 2004). The uncertainties associated with retrospective research and the limited generalisability imposed by the sample selection methods require the results to be interpreted conservatively (Smith,
In many studies on sexual abuse there are also often difficulties with the sample size of the population studied. Many studies are done with quite small populations. Dorais (2002) for example had only 30 individuals in the sample population, and many other studies cite sample sizes of 50-60 individuals. The authors generally recognize that this limits the generalisability of the results (e.g. Dorais, 2002: 183). Those studies with larger sample sizes are often done either with “normal” populations (e.g. university students) or in a longitudinal cohort study.

2. Measurement Validity

Measurement validity is concerned with “whether a measure that is devised of a concept really does reflect the concept that it is supposed to be denoting” (Bryman, 2001:30). One method of measuring arousal to sexual stimuli is the penile strain gauge (Herman, 1990: 186) or penile plethysmography. This has been used extensively with many types of male populations (e.g. college students, rapists, paedophiles) to assess arousal to such things as pornography (adult and child) and violent and non-violent materials. The stimuli materials may be visual (e.g. movies, photographs, reading stories) or auditory (listening to a story). It has also been used to test the effect of drugs or other forms of treatment on penile responses to deviant stimuli (Quinsey & Earls, 1990: 285).

There are clear limits to the usefulness of penile measurement as a means of assessing response to sexual stimuli. As Barbaree (1990: 117) makes clear the human sexual response is not a simple physiological reaction and many subjects are able to fake the results. A number of studies have tried various methods to reduce the ability to fake
the results (cited in Barbaree, 1990: 177). This type of measurement should therefore be used with caution.

Other measures that have been used are psychological attitudinal surveys (see: Ryan, 2004). Various attempts have been made to assess the construct validity of a number of these survey instruments (e.g. Kenarr, 2003; Smith & Frieze, 2003; McDonel & McFall, 1991; Malamuth, 1989; Hall, 1982). Generally the survey instruments have been shown to have quite good construct validity. However, there are always subjects who are able to understand what are the “correct” responses to give in order to fool he researchers.

Published prevalence rates of sexual abuse in recorded statistics (usual criminal), are an inaccurate guide to actual prevalence rates because of the very high rate of under-reporting. They are therefore only a measure of reported offences, rather than actual offences. Another guide to prevalence rates is the amount of sexual abuse reported by respondents in retrospective surveys (e.g. Cunradi et al, 2005). The accuracy of these surveys will also be effected by the design of the survey (e.g. how much confidentiality is guaranteed for the respondents), and the definitions used in the survey instrument (i.e. what is defined as abuse may differ from one person to another unless it is clarified (Briggs, 1995: vii).

3. Internal Validity

Internal validity or credibility relates to the issue of causality. That is, “if we suggest that x causes y, can we be sure that it is x that is responsible for the variation in y and not something else that is producing an apparently causal relationship” (Bryman, 2001:30).
Causality is a very difficult area to establish in most areas of social and psychological research. One area that has frequently been studied is the relationship between the use of pornography and sexual abuse. This area has caused great disagreement between the researchers, often because of their preconceived ideas, which are evident in the design and interpretation of the results. For example, Murrin & Laws (1990) in an extensive study of the literature came to the conclusion that “it is not exposure to pornography per se that has an influence upon the incidence of sexual crime, but rather the nature of the person being exposed and the existing cultural milieu in which that exposure occurs” that is important (Murrin & Laws, 1990:89). However, other researchers have found evidence that rapists themselves agree that their use of pornography led to their offending behaviour (e.g. Walp, 2006). Kuchinsky (1992) makes some very interesting points about the politics that underlie much of the research in this field, concluding that researchers often ignore the temporal realities of the world (that is, what is actually happening) in their obsession with laboratory based studies.

Most research is focused on the cause of sexually abusive behaviour per se – is it nature (biological – related to brain structure, hormones, sex chromosomes) or nurture (social learning, family circumstances, previous abuse, societal mores) or some combination of these? The fact that the research continues unabated in this area illustrates the difficulties in establishing causation – it can only be said that there may be a correlation between x and y, but not that x causes y. Some specific examples of this problem for researchers include the following facts that:

- although some children who were sexually abused do become child sexual abusers themselves, this is not always the case, and not all child
sexual abusers were abused as children (Briggs, 1995:ix);

- although many rapists are users of pornography, not all users of pornography are rapists (Murrin, 1990: 89);

- although many college students express attitudes that would indicate they might commit rape, they don’t all actually commit rape (Gildner, 2006: 3947)

4. External Validity

External validity or transferability is concerned with the question of “whether the results of a study can be generalised beyond the specific research context” (Bryman, 2001:30). Kutchinsky (1992) believes that, at least in the area of pornography research, the researchers are so concerned with the laboratory research that they do not pay attention to results from the real world, which may contradict the laboratory results.

King et al (2004) studied the external validity of continually using undergraduate college students as participants in studies of psychological phenomena. It was thought that college samples drawn from psychology department subject pools may be disproportionately represented by psychology majors, which raised concerns that participant attributes and response tendencies might differ significantly from that of the average college student However, they found that psychology majors did not differ significantly from other college students on any of the remaining variables which included prior histories of mental health treatment (psychotherapy, chemical dependency, eating disorders, psychiatric hospitalization), physical or sexual abuse,
disruptive behavior (sexual harassment accusations, violence, arrest record), parental bereavement or depression (as measured by the Beck Depression Inventory). In most regards psychology majors were found to be similar to other students who are likely to be found in psychology department participant pools. Psychology department subject pools therefore would appear to provide participant samples that adequately represent the attributes and qualities of students within the broader college community. However how representative are they of the population as a whole? Eskridge (1986) found that college populations demonstrate deviant behaviour that is comparable with others in the general “law-abiding” society. For example, according to the survey, 65 percent of the students claimed to have stolen items worth less than $10, 80 percent said they had driven under the influence of alcohol, 18 percent of the females said they had been raped, and 6 percent of the males said they had committed a rape. Over half claimed they had used marijuana, and 83 percent said they had cheated on a test. Vandalism was reported by 61 percent, and 52 percent said they had stolen items from work. From this research it could be inferred that research on college populations could have good external validity, in relation to general criminal behaviour. However, it would have less validity in relation to offender populations, and those from lower socio-economic groups.

5. **Ecological Validity**

This form of validity is concerned with “whether social scientific findings are applicable to people’s everyday natural social settings” (Bryman, 2001:31). In the research on sexual abuse there is most concern with ecological validity in relation to interviews with young children about their sexual abuse and about recovered memories of sexual abuse. For example Bruck & Ceci (1996) considered the
ecological validity in interviewing children, especially regarding the use of anatomical dolls, drawing assisted interviews, and photo displays. Renner et al (1988) considered the ecological validity of rape research in their study of the social victimization process.

According to Larkey (1996) although the research on child sexual abuse, completed over the past twenty years, has significantly exceeded that done in preceding centuries, rather than overcome the methodological concerns and lack of ecological validity seen in earlier work, current literature is replete with contradictions in result interpretation and methodological consistency. The literature is therefore voluminous, but frequently emotionally charged, and controversial. It would appear therefore that little of the research on sexual abuse has good ecological validity.

6. Reliability

Reliability or dependability is concerned with whether the results of a study are repeatable. The research on sexual abuse illustrates a concern with the reliability of the research, especially in relation to the various rating scales used, including measures of abuse, diagnosis of sexual sadism, phalometric testing, and sexual abuse history questionnaires, to name but a few. There is also concern with the reliability of the self-reports of the study participants, as discussed above in the section on sample selection. The research reports generally have sufficient detail in them to repeat the study. However, the results are not always the same when attempts are made to repeat the research (REFERENCE)

**Implications of Research for Therapeutic Programs**
Therapeutic programs for sexual offenders are now designed on evidence based research whenever possible. These treatment programs have focused on a number of methods including modification of sexual preferences, hormonal treatment, enhancement of social skills, modification of cognitive distortions, relapse prevention and cognitive behavioural treatment programs (Marshall, Laws & Barbaree, 1990). Increasingly the focus of programs is based on the “What Works” philosophy.

“What Works” is a term used internationally by correctional agencies to refer to researched principles and practices common to effective public safety and offender programming. “What Works” research has also identified the offender attributes, known as criminogenic risks and needs, that successful correctional programs must target. (Gendreau & Andrews, 1990)

“What Works” programs are guided by the philosophy that public safety and offender change are accomplished by risk control and risk reduction through an integrated system of sanctions and interventions. Effective treatment based on “What Works” must address:

• Criminogenic Risk

• Criminogenic Need

• Responsivity

• Relapse Prevention Strategies

The Backbone of “What Works” is primarily based on social learning theory. The primary tenet of social learning theory is that people can learn new behaviours, attitudes and feelings by observing other people and events followed by individual
practice of appropriate thoughts and behaviours. Cognitive programs are based on the theory that how people think determines how they act and that all people are capable of changing their thought processes and thereby, their behaviours.

In relation to the “What Works” literature about child sexual abuse a few key messages emerge repeatedly from the evidence base as it currently exists (Hackett, 2004).

1. A rigorous approach to research evidence, combined with professional judgement, can provide the basis for effective practice in this field.

2. Considerable diversity exists among both children and young people with harmful sexual behaviours, including their backgrounds and experiences, and the motivations for and meanings of their behaviours and their needs.

3. Most child victims of sexual abuse do not go on to abuse. Indeed, being a sexual abuse victim appears to be no more significant in the aetiology of sexually abusive behaviour than other forms of abuse. Exposure to multiple interacting adversities appears to be more significant than any single trauma. As such, we should pay careful attention as to how we can reduce the net weight of negative factors in children and young people’s lives and in their families. This necessitates attention to the child’s broader social ecology and networks – a multimodal approach.

4. It is not inevitable, or even highly likely, that most children and young people with harmful sexual behaviours will go on to perpetrate sexual abuse in adulthood. Even those who are at higher risk of recidivism can be helped to reduce risk levels through appropriate intervention. A number of factors have been demonstrated to
be statistically significant in heightening risk of re-offence. Research also suggests that non-sexual re-offence is more common than sexual recidivism in this group. This stresses the need for intervention to focus on broad-based behavioural and developmental goals, not just on preventing further sexual abuse.

5. Interventions broadly based on a cognitive behavioural framework, with a strong relapse prevention element, are supported in the literature for work with children, young people and their carers. However, intervention should be tailored to the specific needs of the individual child and family, rather than applied mechanistically to all. The emphasis should be on supportive and empathic interactions. Dogmatic inflexible or aggressive approaches are unhelpful.

6. Younger pre-adolescent children who display harmful sexual behaviours often have extensive abuse histories and need a qualitatively different approach than adolescents who sexually abuse. The welfare of these children and the resolution of their own abuse experiences are primary concerns.

7. Engaging with the parents and families of children and young people who have shown harmful sexual behaviours is not a luxury to be tagged onto the end of programmes of individual work with their child. Intervention with families is at least as important as individual work with the child. Approaches to families should not allow the abuse to go unchallenged, but blaming and deficit approaches are not effective. Most families, even where there are multiple problems, have some strengths upon which professionals should build. Helping to raise parents’ self-esteem and their sense of self-efficacy is often the key to positive family change and good outcomes for children.
In relation to other sexual offenders the “What Works” literature calls attention to the research literature, and urges that new legislation on sex offenders, both criminal and civil penalties, be guided by this research and further expert consultation. Contrary to popular beliefs and common misperceptions, not all people who commit sexual offences are the same, and there are valid and reliable risk assessment methods that can inform which treatments may be most effective in reducing risk. Assessment, classification and treatment are the keys to public safety (Katsavdakis et al, 2006)

**Assessment**

A standardized, valid and reliable assessment method is the first step to accurately classify the risk a specific sexual offender poses to the community because the research is clear that not all offenders are the same. The overall goal of the risk assessment is to guide intervention and treatment, protect the safety of the public, protect the patient or inmate, and to manage liability.

**Classification**

The data are unequivocal that not all people who commit sex offences are the same. Some behaviours are less likely to be repeated and some individuals are more amenable to treatment. In order to accurately classify an offender, the evidence-based factors must be considered and irrelevant factors discarded.

**Treatment**

The public has a distorted view about the benefits of treatment for people convicted of sex offences. In contrast to the view that “nothing works”, there is evidence that some treatment approaches are effective for some people who commit sexual
offences. Researchers are beginning to identify the relevant factors associated with the risk for sexual re-offending, and identify what approaches work for which type of offenders. The assumption of a “one size fits all” treatment approach for sexual offenders is clearly contradicted by the assessment literature, which emphasizes how different risk factors increase or decrease sexual offence recidivism. Overall, there remain significant unanswered questions regarding the effectiveness of treatment, and only with accurate research into assessment and classification will reliable data be collected to develop evidenced-based treatment modalities.
