

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

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ABSTRACT

This paper addresses the issue of sex offender recidivism and whether rehabilitation provided to that population of offenders has a positive effect. Specifically, what data and information indicate contributions to this issue in Washington State? There is no clear or obvious resolution to this problem, but researchers and policymakers seem to have a vested interest thus far. Results appear to show promising evidence that treatment offered for sex offenders has a positive effect on reducing recidivism rates. Meta-analyses conducted by scholars like Schmucker and Lösel (2017) show similar findings with mean reductions of approximately 25%. A crime analysis was conducted utilizing data from the National Incident-Based Reporting System, statistics from a Statistical Analysis Center report, and information from the Department of Corrections. Though the examination of these sources was inconclusive, it does give the impression that Washington State's treatment program effectiveness aligns with the available scholarly research.

Keywords: *Crime Analysis, Sex Offenders, Treatment, Recidivism, Washington State*

The following study seeks to analyze information on available sex offender treatments offered in Washington State, crime data on sex offenses, and the rates at which sex offenders re-offend after their initial prison sentence. There is a societal concern surrounding sex offenders being "dangerous" and at high risk for re-offending (1). The Department of Corrections provides rehabilitation for this category of criminal with the goal of reducing the risk to re-offend, as well as lessening the concerns of the community (2). Because sexual offending is often associated with mental illness and disorders there are often established assessment procedures that aim to diagnose pathological sexual behavior (3). The assessment procedures also include determining the intensity and frequency of treatment (6). Treatment is offered during incarceration and after release, though resources in Washington are limited, and not all offenders can receive treatment (2). Diagnosing pathologies and creating a rehabilitation plan embodies the premise of Positivist Theory (4).

This research project is a requirement for the Crime Analysis and Investigation certificate program at Pierce College District 11 and is conducted by a novice, non-Criminal Justice Researcher. The design is exploratory in nature and seeks to gain a comprehension of sex

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A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

offender assessment, diagnosis, and rehabilitation. This is a multifaceted review that covers the concepts of positivism, sex offenders, rehabilitation, utilization in Washington, recidivism, effectiveness, and offense categories. Crime data and findings from previous research studies will be analyzed to attempt to ascertain an answer to the inquiry of this study. The purpose of this research is to conduct a crime intelligence analysis on the types of treatment available to convicted sex offenders in Washington State and their effectiveness on recidivism rates utilizing secondary data.

LITERATURE REVIEW

Concepts of Positivism

The principle of Positivist Theory involves utilizing empirical investigation for the improvement of society (5). It has philosophical roots and the modern-day interpretation traces back to Auguste Comte, who considered social sciences as kin to natural sciences (5). It is this concept that helps solidify the notion that social problems can be studied utilizing an experimental method. There are things and entities that can be observed and verified, but they cannot be studied without their context within that society (5). This means looking for correlations between those social aspects and other factors that could show causal connections with criminal offense rates (5). Further, a criminological interpretation of Positivism focuses on the offender rather than the crime (4). The scientific approach within that interpretation involves the stance that an offender has a diagnosable pathological disorder, and with that diagnosis, a treatment plan for rehabilitation can be developed (4).

Sex Offenders

While sexual offending is not considered a mental illness, most sexual offenders have a diagnosable mental illness, and some have one or more paraphilic disorders (3). Sorrentino et al. (3) note that comorbidities exist with nonsexual psychopathology and paraphilic sexual offending. The DSM-5 introduced a change whereby paraphilias are considered disorders, and this helps to contribute to a better understanding of pathologic sexual behavior (3). Increasing the diagnostic aspects of sexual offending can only benefit the evaluation and risk assessments of convicted sex offenders. The assessment of offenders is important for identifying and separating their risk for reoffending (3).

Over the years, the term “dangerous” has been applied in sex offender legislation (1). The determination of the level of dangerousness corresponds to the risk of re-offending and they are sentenced accordingly. Rowlands et al. (1) discuss that laws were developed in response to societies' growing fear of the ‘sexual psychopath’ which aimed to hold offenders in facilities until they were rehabilitated. These laws also established the use of expert testimony to ascertain the risk of committing violence based on mental illness (1). These various aspects of assessment and diagnosis assist in settling on a treatment plan and the intensity of that intervention. Further, it is important to note that there are indications that the presence of both psychopathy and deviant sexual behavior is a prominent predictor of resistance and refusal of treatment (6).

Rehabilitation

Sorrentino et al. (3) believe that treatment should be continually updated to include new research regarding assessment and rehabilitation. Psychosexual assessments aim to identify treatment goals as well as any factors that could benefit or hinder progress. Treatment is often provided in a group setting and the persistence and length of treatment should mirror the risk level and factors identified in the initial assessment (3). A strong therapeutic

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

foundation predicates treatment success and treatment goals should evolve because of progress and reduction in risk throughout the course of the established therapy plans (3).

Offenders are typically separated into high- and low-intensity treatment plans based on identifying factors and similar characteristics that are comparable to risk factors identified in those that have a likelihood to re-offend (3). Separating offenders into groups based on their risk levels helps to determine the appropriate duration of treatment in tandem with the intensity of treatment to produce the best results (6). Placement in the correct high- or low-intensity group provides the most benefits when the risks, needs, and offense characteristics are examined on an individual basis (6). Depending on the evaluation of the offender, they may have a combination of group and individual sessions (6).

Day et al. (6) also make a point about what should be considered the beginning of treatment and to what extent it should continue throughout the course of rehabilitation. They posit that it may be best to establish the implementation of treatment with the assessment. Additionally, rehabilitation should continue well into reintegration into the community. This is important to strengthen the chances of positive outcomes for sexual offenders. Thus, rehabilitation timing could be more beneficial if it is considered as a start-to-finish model beginning with the assessment and ending with the offender transitioning successfully back into society with desistance (6).

Utilization in Washington

Per the Washington State Department of Corrections (DOC), they have two primary categories of Sex Offender treatment: prison treatment and community treatment. There are three primary goals for their Sex Offender Treatment and Assessment Program (SOTAP). The first is to assist the inmate in learning how to reduce and manage their risk to re-offend. The second is to gather information for the DOC as well as the community to monitor and manage these individuals effectually. The third, and final, is to be responsible to the Washington State community by consistently evaluating and aligning SOTAP with evidence-based practices (2). Those treated with the SOTAP initiative learn to refrain from sexual aggression and to gain skills needed for them to be a responsible member of the community (2). Assessments include psychological evaluation and clinical interviews to determine appropriate treatment strategies. Offenders work with a therapist to examine what influenced their offenses and then engage in forming pro-social attitudes, thinking, and skills to enhance pro-social lives and minimize the risk of re-offending (2). They participate in group and individual therapy with the goal of comprehending what steered them toward their sexual offending, understanding their risk factors based on cognitive and behavioral mediation, introducing relapse prevention for the offender to recognize risks, learn a pro-social attitude, and how to practice these skills while in the community (2). Overall, the configuration of the SOTAP program for the Washington State Department of Corrections aligns with the objectives discussed in the research reviewed on effective treatment for sexual offenders (3; 6).

Recidivism

It has been noted that the presence of psychopathy is a predictive factor for resistance and refusal of treatment, but it is also associated with higher risks of recidivism (6). Recidivism is when an offender commits another crime after having served a sentence and been released (7). This is a general definition and the length of time between the initial imprisonment and the additional offense varies. The Washington State Department of Corrections (2) defines

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

recidivism as any new felony offense committed within 36 months of release. Based on a Bureau of Justice Statistics study, the Washington State Statistical Analysis Center (7) expanded on the standard three-to-five-year periods that recidivism is typically analyzed, to a fifteen-year period. Expanding the time frame allowed for a more comprehensive analysis and enables a more robust observation of trends in the data. Overall, they discovered that records of re-arrest increased through the fifteenth year, but that risks to the public started to drop about the ninth year (7).

Effectiveness

Overall, research and meta-analyses indicate that the treatment of sex offenders produces encouraging results on recidivism rates (8; 9). Reviews thus far focused on different combinations of sex offenders, treatment, and recidivism but not studies that directly analyzed the effectiveness of treatment on recidivism rates. One of the most comprehensive meta-analyses of the reduction of recidivism rates as a correlation to the treatment of sex offenders was conducted by Schmucker and Lösel (9). They adhered to a thorough process of eligibility while locating articles that would build upon their previous meta-analysis published in 2005, which provided the most up-to-date information on the effects of sexual offender treatment (9). Results showed a statistically significant effect where the mean reduction of recidivism was 26.3%, but they noted that there is considerable disparity among the results to generalize the effectiveness of treatment for sex offenders (9). Kim et al. (8) found a significant reduction in recidivism within their meta-analysis and discovered that sex offender treatment appears to produce more successful results with adolescent offenders rather than adults. In their conclusion, they indicate that findings seem to denote that providing sex offender treatments in the community rather than institutional treatments could be more beneficial for reducing recidivism rates (8).

Offense Categories

One of the main national crime databases, the National Incident-Based Reporting System (NIBRS), is published electronically by the Federal Bureau of Investigation (FBI) in an annual format, though it can take some time for recent years to be provided to the public (10). Currently, the most recent year available to the public is 2019. Crime data is gathered from police jurisdictions across the United States and implementation of the system is voluntary but highly encouraged to provide greater insight for effective policing (10). It was created in the 1980s and provides detailed data with context that counts each crime committed in its reports (10). So, if there is a rape and murder that occurred at the same time and place, both the rape and murder are calculated in the statistical summary. The different categories and offenses reported are defined based on common-law definitions (10).

NIBRS reports have three different categories of Crimes Against Persons, Property, and Society (10). This study's purview will fall under the Crimes Against Persons, of which Sex Offenses is sub-categorized. Per NIBRS offense definitions, Sex Offenses are considered "Group A" Offenses and include any sexual act that involves rape, sodomy, sexual assault with an object, fondling, incest, and statutory rape (10). Rape, sodomy, sexual assault with an object, and fondling are all defined as situations where the victim is incapable of giving consent because of their age or due to a temporary or permanent mental or physical impairment (10). These are all sexual acts performed without the victim's consent: rape is sexual intercourse, sodomy is oral or anal copulation, sexual assault with an object involves penetration in the genital or anal orifice with an object or instrument, and fondling involves touching the sexual organs of another person for arousal (10). Incest and statutory rape are

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

both instances of non-forcible, consensual coitus between persons who are related or a person under the age of consent, respectfully (10).

Gaps in Literature

Due to the temporal limits of this research project, the aspects on which this study hoped to gather knowledge on were not all located. While enough information was compiled to establish a basic inquiry into the necessary topics, there are still some features that were not discovered or simply don't exist. To benefit the review, more details about the types of treatment would allow this analysis to be more thorough. This literature review did not delve into the types of therapies that are or could be utilized for sex offender rehabilitation. Studies reviewed did mention treatments like Cognitive Behavioral Therapy, Multisystemic Therapy, and medical interventions that could include surgical procedures or prescription medication (8). These specific treatment variations were not discussed but could provide a more methodical approach to determining which types of treatment are the most effective. Further, the Department of Corrections' available information on their SOTAP program does not outline the kinds of therapy they utilize in their prison and community treatment (2). If there were no time constraints for a researcher, one could expand on this study by doing more rigorous research and requesting information from sources that are not available to the public.

Key Terms

There are certain definitions that are important to recall throughout this analysis. Sex offenders are those that have been convicted of a crime that can include rape, sodomy, sexual assault with an object, fondling, incest, and statutory rape (10). These sex offense categories are tracked with the National Incident-Based Reporting System and fall under Crimes Against Persons in which the victims are individuals (10). Rape, sodomy, sexual assault with an object, and fondling all occur without consent and where the individual is incapable of giving consent because of age or mental or physical incapacity (10). Rape is sexual intercourse, sodomy is oral or anal intercourse, sexual assault with an object is penetration with an instrument or object, and fondling is touching private body parts (10). Incest and statutory rape are consensual but are crimes because they are between individuals who are related or where one is under the age of consent (10).

Frequently used acronyms and initialisms utilized throughout this paper include FBI, NIBRS, WSSAC, DOC, and SOTAP. These stand for Federal Bureau of Investigation, National Incident-Based Reporting System, Washington State Statistical Analysis Center, Department of Corrects, and Sex Offender Treatment and Assessment Program, respectively.

Summary

Based on the available literature, there seems to be an awareness and an interest in studying and determining the effectiveness of rehabilitation for convicted sex offenders. Though there are significant reviews of treatments' success there are still no definitive conclusions that can be drawn about how and why it is effective. Researchers also often note that is difficult to draw those conclusions because of the notable variations in methods conducted in the available studies (9). While there is a remarkable amount of literature available on the topics of sex offenders, rehabilitation, and recidivism it is clear this research inquiry is still in its infancy with regard to having concrete empirical evidence that can be generalized within the criminal justice community.

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

Rationale

Conception and Development

Utilizing the Positivist point of view that an offender has a diagnosable pathology or “sickness” which can be treated with therapy or corrections (4) provided the basis of my research inquiry. The type of offenders that first came to mind were those that commit sexually related crimes because there is a societal fear of this population of criminals where they are considered at high risk for reoffending (1). If this concern is potentially rooted in truth, then what are the treatment programs that may be available to help reduce this risk? I reside in Washington State and as such, decided to focus on what types of treatment plans are currently established. If treatment is actively being utilized, does it show a correlating improvement in recidivism rates? The examination of this study is reliant upon secondary data that is made available to the public. Any insights discovered about the research question could develop a beneficial knowledge of sex offender treatment programs in Washington State.

Inquiry

What types of treatment are currently available to convicted sex offenders in Washington State? What are the current recidivism rates for criminals convicted of sex offenses in Washington State? Does the type of treatments available have any correlating effect on those recidivism rates? The answers to these questions are important because a quick inquiry into this topic seems to indicate that treatment for sex offenders appears to show positive results (9). If this is the case, does the available data reflect similarly for Washington State? If sex offender rehabilitation seems to work in Washington, then that is excellent. If it doesn't seem to be reducing recidivism a meaningful amount, then perhaps the programs available should be scrutinized.

METHOD AND DESIGN

Design

This paper utilized an exploratory design with the hope of gaining insights for a preliminary stage of the investigation (11). This design allowed me to gather information about an issue that could be utilized for further research. There was a time constraint because of the project deadline, so this method enabled flexibility in the analysis of available data. The data included in the analysis is also limited to what is available to the public and able to be retrieved from open sources.

Variables

The variables being analyzed for this social science research are both qualitative and quantitative in nature. For this analysis, the variables that will be examined include the *Type of Treatment* and *Recidivism Rates*. The type of treatment will be nominally measured because it is a categorical variable that can be separated into different classifications (12). Recidivism rates will be numeric variables that are both continuous and ratio in measure. A variable is defined as a ratio in empirical research when it is a specific numerical value and can be statistically analyzed and a variable is considered continuous when a value can be imagined in-between the numerical values (12). While there may be control variables at play between the independent and dependent variables, these will not be postulated. This social science research from a positivist perspective only aims to observe a correlation.

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

Independent

Independent variables are typically regarded as the “cause” variable in research (12). For the research question being examined, the type of treatment would be the independent variable because the analysis seeks to determine if available treatment has any possible causal effect on recidivism rates. The type of treatment noted within the Sex Offender Treatment and Assessment Program include prison treatment and community treatment (2). Both utilize similar foundations and goals, but prison treatment is conducted while incarcerated whereas community treatment is incorporated into rules the sex offender must follow post-release (2).

Dependent

Dependent variables are considered the “effect” variable in research (12). In this analysis, the dependent variable is the recidivism rates for sex offenders. Recidivism rates are generally presented as a percentage rate of change reflected in either a decrease or increase in re-offending. Since recidivism data is not readily available via open source, a previous study conducted by the Washington State Statistical Analysis Center (7) will be included that encompasses the years 2000-2018.

Method

To analyze the variables as best as possible, information on the types of treatment available was found. According to the Department of Corrections (2), the Sex Offender Treatment and Assessment Program (SOTAP) began in 1989 and updated its policies and procedures in 2013. As mentioned previously, the programs available are prison and community treatment. Currently, about 250 clients are active in the program at any given time and approximately 400-600 are treated annually. Unfortunately, specific details on the number of clients participating in each type of program could not be located.

Data on recidivism rates also could not be located for my analysis, but a previous statistical analysis was located that focused on Washington State re-arrest records of sex offenders registered between the years 2000-2003 through the year 2018 (7).

For this study, the available data that I collected was downloaded from the National Incident-Based Reporting System (NIBRS) inclusive of the years 2015, 2016, 2017, and 2018. This is the primary data that was readily available from databases that were available to the public. This data will provide an additional facet of the number of sex offenses reported to the NIBRS database by Washington State jurisdictions. Though this does not reflect recidivism rates, it does represent the annual rates of arrests for sexual offenses and comparisons can be made between those years.

Data Collection

I conducted a secondary data collection process by gathering data from statistical databases open to the public and secondary sources such as previous studies and scholarly sources. The aim was to gather enough information to gain insights that could apply to future research and an exploratory form of investigation. The method of data collection involved downloading spreadsheets, finding categorical information, and extracting available statistics from studies conducted by academic researchers. Because of time constraints and database availability, the data collected was quite limited.

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

Spreadsheets were acquired via the FBI's NIBRS publications of only the Washington State data from the years: 2015, 2016, 2017, and 2018. Files were downloaded from separate web pages published for each year. The original spreadsheets included all NIBRS category offenses for Crimes Against Persons, Society, and Property and their subcategories. Each of these spreadsheets was reduced to focus on the columns of Population, Total Offenses, Crimes Against Persons, Sex Offenses, Rape, Sodomy, Sexual Assault With an Object, Fondling, Incest, and Statutory Rape. The information is further broken down by counties and other jurisdictions in Washington. Since the analysis is for the entire state each of the columns were summed for the total number of offenses reported regardless of county or jurisdiction designations. Those values were copied to a summary table for each of the four years. These totals are available in Table I. It should be reiterated that this data is based on voluntarily reported crime statistics and does not reflect precise totals of reported crimes. Further, as this data is only based on reported data it does not encompass the multitude of crimes that go unreported to law enforcement.

Table I. Total Reported Offences.

Categories	2015	2016	2017	2018
Population	3,776,810	4,153,779	4,503,816	4,524,964
Total Offenses	367,121	416,468	437,145	424,984
Crimes Against Persons	63,850	70,260	81,165	80,681
Sex Offenses	4,276	5,116	5,944	6,251
Rape	1,680	2,175	2,536	2,619
Sodomy	205	249	316	366
Sexual Assault with Object	66	93	154	67
Fondling	2,325	2,599	2,938	2,920
Incest	63	87	96	60
Statutory Rape	225	265	301	219

Additional data was reviewed from the Washington State Statistical Analysis Center's (7) analysis of sex offender recidivism. Their findings are utilized because I could not find this data via open source and there was not enough time to potentially request access to additional crime data.

Analysis

The analysis of data was based on the sums in Table I. Table II represents the percent increase or decrease of incidents calculated from 2015 to 2016, 2016 to 2017, 2017 to 2018, and finally, 2015 to 2018. Based on these figures, the categories of non-consensual sexual offenses all show some rate of increase over these four years examined.

Table II. Percentage Change.

Categories	2015 - 2016	2016 - 2017	2017 - 2018	2015 - 2018
Total Offenses	13%	5%	-3%	16%
Crimes Against Persons	10%	16%	-1%	26%
Sex Offenses	20%	16%	5%	46%
Rape	29%	17%	3%	56%
Sodomy	21%	27%	16%	79%
Sexual Assault with Object	41%	66%	-56%	2%
Fondling	12%	13%	-1%	26%
Incest	38%	10%	-38%	-5%
Statutory Rape	18%	14%	-27%	-3%

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

Also based on the data in Table I, the number of offenses per 100,000 persons was calculated based on the population specified for each year. These rates can be found in Table III. Considering this information, while the total number of sex offenses appears to show an increase, they still only represent 11-14% of crimes per 100,000 persons.

Table III. Rate per 100,000.

Categories	2015	2016	2017	2018
Total Offenses	9720.40	10026.24	9706.10	9391.99
Crimes Against Persons	1690.58	1691.47	1802.14	1783.02
Sex Offenses	113.22	123.16	131.98	138.14
Rape	44.48	52.36	56.31	57.88
Sodomy	5.43	5.99	7.02	8.09
Sexual Assault with Object	1.75	2.24	3.42	1.48
Fondling	61.56	62.57	65.23	64.53
Incest	1.67	2.09	2.13	1.33
Statutory Rape	5.96	6.38	6.68	4.84

This data represents the total number of reports and does not reflect recidivism rates, so while there has been an increase in total sexual offenses over these four years examined this is a combination of both re-offenses and new offenses.

According to Washington State Statistical Analysis Center's (7) review with a focus on sex offender re-offenses, there appears to be a decrease in recidivism per each year analyzed. Their study included 7,683 registered sex offenders; of this sample, they were re-arrested 30,538 times in the 15 years after their initial incarceration (7). They found that re-arrests were limited to a fraction of the total number of offenders that were examined. Approximately 40% of those in the study cohort had no arrests in the 15 years, while 14% were only re-arrested once (7). Further, they separately calculated those that committed new sex offenses versus those that committed a new non-sexual crime. Results were that 20.76% of offenders with re-arrests committed at least one new sex offense (7).

Further, the population that had higher rates of re-arrests were those categorized as the highest level of risk (7). According to the Department of Corrections (2), priority for treatment is given to sex offenders who are assessed as high-risk and often low-risk offenders are not able to receive treatment. So, primarily high-risk offenders are receiving treatment, but they appear to be the population more likely to re-offend. The DOC (2) does also make note that the high-risk offenders are also often the ones to refuse or drop out of treatment. So, if they are not receiving the prison treatment based on their own decisions, then they are likely also hesitant to participate in community treatment upon release.

Ethical Concerns

For this study, I did not run into any ethical issues because of the nature of the analysis of secondary data. I did not manipulate any data, but do acknowledge that there could be errors within the analysis calculations. All data reviewed and utilized did not include any personal information and as such, there is no risk of harm to the population examined. All information is presented honestly and any unoriginal ideas are cited. I am not compensated for this work, and the only thing to gain is a certificate in Crime Analysis and Investigation from Pierce College District 11.

A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

While this style of analysis did not pose any ethical concerns, if researchers were to conduct an experiment on the effectiveness of sex offender treatment some ethical concerns could arise. To maintain ethical principles if one were to observe and monitor sex offenders who obtain treatment while incarcerated and subsequently upon release, they would need to make sure to not make any questionable manipulations. Namely, if they want to observe a control group, they could not specify one and deliberately not provide treatment. They could potentially utilize the offenders who refuse treatment as a control group, and any that start treatment and drop out as another group. This would benefit the determination of whether obtaining treatment has a direct effect on recidivism compared to those who do not receive treatment.

Conclusion

Of the studies and data analyzed, there appears to be an increase in the total number of sex offenses committed in Washington State. However, despite the increase, the crimes occur within 14% or less of the population. Recidivism rates seem to be limited to a small fraction of sex offenders and are higher based on the level of risk for re-offending. Since the Department of Corrections (2) indicates that higher-risk offenders are given priority, the results on recidivism rates show potential flaws in how effective the policies, procedures, and types of treatment are for sex offender rehabilitation.

CONCLUSION

Due to the limited data analyzed, results are inconclusive. Given more time and resources this inquiry could be examined much more in-depth. There seems to be a vested interest in the treatment of sex offenders for the benefit and safety of the community, but those researching the issue are not aligned in their methods of determining the effectiveness of rehabilitation. For there to be a significant impact on success rates of assessment and therapy for sex offenders at a high risk of re-offending, standards, policies, and procedures must constantly monitor what works and doesn't work and evolve based on those observations.

Needs for Future Research

Overall, the research shows promising results but there is still much to consider moving forward. It could be assumed that Washington State does want to assure that there is a reduction in sex offender recidivism based on the Statistical Analysis Center being able to conduct their research after applying for and receiving a grant from the Bureau of Justice Statistics (7). If they are interested in analyzing recidivism rates at this level of depth, then perhaps there may already be plans to conduct research to determine what influences those recidivism rates.

As briefly discussed in the ethical concerns section, direct observation of sex offender treatment programs, what risk offenders are assessed as, which types of therapies they do or don't engage in, and follow-ups after their release of any re-offending would be the most ideal. An experimental design such as this would provide the most detailed information to answer the inquiries posed in this analysis.

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A Crime Intelligence Analysis of Sex Offenses in Washington State: Rehabilitation's Effect on Recidivism Rates

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Conflict of Interest

The author(s) declared no conflict of interest.

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