Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions
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CRD summary
The review concluded there was insufficient evidence of benefits and risks of cognitive behavioural treatment for adults and adolescents who sexually abuse children and for children with sexual behaviour problems. There was weak evidence that multisystemic therapy prevents reoffending among adolescent sexual offenders. The authors’ conclusions reflect the paucity of evidence presented and are likely to be reliable.

Authors’ objectives
To evaluate the effectiveness of current medical and psychological interventions for individuals at risk of sexually abusing children, both in known abusers and those at risk of abusing.

Searching
PubMed, PsycINFO, National Criminal Justice Reference Service Abstracts, The Cochrane Library and Campbell Library were searched up to June 2013 for articles in English or any Scandinavian language. Search terms were reported. Reference lists, books and relevant websites were searched to identify additional studies.

Study selection
Randomised controlled trials (RCTs) and prospective controlled observational studies of adult or adolescent perpetrators or potential perpetrators of child sexual abuse and studies of children with sexual behaviour problems were eligible for inclusion. Pharmacological, psychological or psychoeducational interventions could be included. Control groups could be treatment as usual or no treatment. “Outdated treatments” such as aversion therapy were excluded. Intervention and control groups had to include at least 20 people each and studies had to include a follow-up period of at least one year. Outcomes of interest were conviction on charges of sexual offences against children (including possession of child pornography), arrest by police on suspicion of the same offences, breaches of conditions while serving a sentence for sexual offending and self reported sexual abuse against children.

Interventions were usually manual based group therapy which followed cognitive behavioural therapy principles and aimed at lowering the impact of risk factors driving sexual offending. Control groups included no treatment, standard probation supervision, usual community service with CBT, family therapy, group play therapy with parental support or were unspecified. Study settings included prison, correctional centre, probation services or the community. The estimated baseline risk of reoffending varied between studies.

At least two reviewers independently selected studies for inclusion. Disagreements were resolved through discussion and reaching consensus.

Assessment of study quality
Study quality was assessed using GRADE criteria by at least two reviewers. Studies had to meet minimum requirements (reported in the review) for low or moderate risk of bias to be included in the analysis. Disagreements were resolved through discussion.

Data extraction
Data were extracted by at least two independent reviewers to calculate risk ratios and corresponding 95% confidence intervals for the risk of reoffending.

Methods of synthesis
Data were combined in a narrative synthesis.

Results of the review
Eight studies (1,291 participants) were included in the review: three RCTs and five observational studies. Sample sizes
ranged from 48 to 484 participants. Two RCTs were at low risk of bias and six studies were at moderate risk of bias. Follow-up ranged from three to 16 years.

There was weak evidence (one RCT) that multisystemic therapy could be effective in preventing sexual reoffending among moderate risk adolescent offenders compared with usual community services and CBT at nine-year follow-up (RR 0.18, 95% CI 0.04 to 0.73).

There was insufficient evidence to determine whether: CBT with or without relapse prevention reduced adult sex offending against children (one RCT, four observational studies); CBT prevented sexual reoffending among moderate risk adolescent offenders (one observational study); CBT with parental support prevented sexual offending for children under the age of 13 towards other children (one observational study). There were no significant differences between intervention and control groups reported for any of these studies.

No other psychological or pharmacological intervention studies were included. No information concerning adverse outcomes of treatment was found.

Authors' conclusions
There was insufficient evidence of benefits and risks of cognitive behavioural treatment for adults and adolescents who sexually abuse children and for children with sexual behaviour problems. There was weak evidence that multisystemic therapy prevents reoffending among adolescent sexual offenders.

CRD commentary
The review question was clear with well-defined inclusion criteria. Several relevant sources were searched and efforts were made to reduce the risk of language and publication biases. Study quality was assessed and results were reported. The authors made appropriate efforts to reduce the risk of reviewer error and bias throughout the review process (duplicate methods were used). A narrative synthesis was appropriate given the diversity of the included studies in terms of interventions and participants.

The authors’ conclusions reflect the paucity of evidence presented and are likely to be reliable.

Implications of the review for practice and research
Practice: The authors stated that until conclusive evidence was available, realistic clinical strategies might involve reduction of specific risk factors for sex crimes (such as sexual preoccupation) in abusers at risk of reoffending. Those developing model programmes should ensure that the model complies with the risk, need and responsivity principles of effective correctional treatment.

Research: The authors stated an urgent need for well designed and well executed trials of treatment for adults who commit sexual offences against children. Large multinational RCTs should be conducted and countries should initiate collaborative research. Rigorous evaluations of drugs to reduce sex drive should be conducted.

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