

Bilaga 4 Exkluderade studier

Excluded studies	Reason
Abracen J, Looman J, Langton CM. Treatment of sexual offenders with psychopathic traits: recent research developments and clinical implications. <i>Trauma Violence Abuse</i> . 2008 Jul;9(3):144-66.	Review, no original data presented.
Alexander MA. Sexual offender treatment efficacy revisited. <i>Sex Abuse</i> 1999;11:101-16.	Review, a type of meta-analysis, no original data presented.
Allam JM, Browne KD. Evaluating Community-Based Treatment Programmes for Men Who Sexually Abuse Children. 1998. p. 13-29.	Discussion, no original data presented.
Ashman L, Duggan L. Interventions for learning disabled sex offenders. <i>Cochrane Database Syst Rev</i> 2002:CD003682.	Systematic review. No data presented.
Aytes KE, Olsen SS, Zakrajsek T, Murray P, Ireson R. Cognitive/behavioral treatment for sexual offenders: an examination of recidivism. <i>Sex Abuse</i> . 2001 Oct;13(4):223-31.	Proportion of child molesters not provided/ no stratification of results by offender subtype.
Barbaree HE, Marshall WL. Treatment of the Adult Male Child Molester. In: Christopher R Bagley and Ray J Thomlinson, eds., <i>From Child Sexual Abuse: Critical Perspectives on Prevention, Intervention, and Treatment</i> . 1991, p 217-56.	Review and discussion. No original data.
Barbaree HE, Seto MC, Maric A. Effective Sex Offender Treatment: The Warkworth Sexual Behaviour Clinic. <i>Forum on Corrections Research</i> . 1996, 8(3)13-15.	Dropouts inappropriately used as controls.
Beech A, Ford H. The relationship between risk, deviance, treatment outcome and sexual reconviction in a sample of child sexual abusers completing residential treatment for their offending. <i>Psychology, Crime & Law</i> . 2006;12(6):685-701.	No control group.
Beech AE, M. Friendship, C. Ditchfield J. A six-year follow-up of men going through probation-based sex offender treatment programmes. Home Office. http://rds.homeoffice.gov.uk/rds/pdfs/r144.pdf . 2001.	Proportion of child molesters not provided. No stratification of results by offender subtype. No control group.
Beier KM, Neutze J, Mundt IA, Ahlers CJ, Goecker D, Konrad A, et al. Encouraging self-identified pedophiles and hebephiles to seek professional help: first results of the Prevention Project Dunkelfeld (PPD). <i>Child Abuse Negl</i> . 2009 Aug;33(8):545-9.	Not an intervention study.

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Excluded studies	Reason
Berg J. Evaluating the SAYStOP Prevention Programme: Preliminary Findings August-October 2004. South African young Sex Offenders programme. A diversion programme for young sex offenders. University of Cape Town, Institute of Criminology. Cape Town. 2004.	No control group.
Berlin F, Hunt W, Malin H, Dyer A, Lehne G, Dean S. A five-year plus follow-up survey of criminal recidivism within a treated cohort of 406 pedophiles, 111 exhibitionists and 109 sexual aggressives: issues and outcome. American Journal of Forensic Psychiatry. 1991;12(3):5-28.	No control group.
Berliner L, Schram D, Miller L, Milloy C. A sentencing alternative for sex offenders: A study of decision making and recidivism. Journal of Interpersonal Violence. 1995;10(4):487.	Not an intervention study.
Bilby C, Brooks-Gordon B, Wells H. A systematic review of psychological interventions for sexual offenders II: Quasi-experimental and qualitative data. J Forens Psychiatry Psychol. 2006;17(3):467-84.	Review.
Bilby C, Ferriter M, Jones H, Huband N, Smailagic N. Psychological interventions for those who have sexually offended or are at risk of offending. SOURCE Cochrane Database of Systematic Reviews (2008):4 Article Number: CD007507. 2008.	Protocol.
Borduin CM, Schaeffer CM. Multisystemic treatment of juvenile sexual offenders: A progress report. J Psychol Human Sex. 2001 2001;13 (3-4):25-42.	Review and description of MST. No evaluation.
Bourgeois JA, Klein M. Risperidone and fluoxetine in the treatment of pedophilia with comorbid dysthymia. J Clin Psychopharmacol. 1996 Jun;16(3):257-8.	Letter to the editor, no original data presented
Bradford JM, Pawlak A. Double-blind placebo crossover study of cyproterone acetate in the treatment of the paraphilias. Arch Sex Behav. 1993 Oct;22(5):383-402.	Double-blind cross-over of 14 child molesters. No control group. Did not study predefined outcomes, specifically not sexual recidivism.
Briken P, Hill A, Berner W. Pharmacotherapy of paraphilias with long-acting agonists of luteinizing hormone-releasing hormone: a systematic review. J Clin Psychiatry. 2003 Aug;64(8):890-7.	Systematic review, no original data presented.

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Excluded studies	Reason
Brooks-Gordon B, Bilby C, Wells H. A systematic review of psychological interventions for sexual offenders I: Randomised control trials. <i>J Forens Psychiatry Psychol.</i> 2006;17(3):442-66.	Comment on systematic review Kenworthy 2004.
Brooks-Gordon B, Bilby C, Wells H. Psychological interventions for juvenile sexual offenders: a systematic review (Provisional abstract). NHS Research and Development Programme [serial on the Internet]. 2009: Available from: www.mrw.interscience.wiley.com/cochrane/cldare/articles/DARE-12009102585/frame.html .	Not yet finalized systematic review.
Brooks-Gordon B, Bilby C. Psychological interventions for treatment of adult sex offenders. <i>BMJ.</i> 2006 Jul 1;333(7557):5-6.	Summary of Cochrane review Kenworthy 2004.
Brown EJ, Kolko DJ. Treatment efficacy and program evaluation with juvenile sexual abusers: A critique with directions for service delivery and research. <i>Child Maltreatment.</i> 1998;3(4):362-73.	Narrative review, no original data presented.
Centers for Disease Control and Prevention. Evaluation of a child sexual abuse prevention program – Vermont, 1995-1997. <i>MMWR Morb Mortal Wkly Rep.</i> 2001 Feb 9;50(5):77-8, 87.	Evaluates the STOP IT NOW project on population level, not for individuals at risk.
Codispoti VL. Pharmacology of sexually compulsive behavior. <i>Psychiatr Clin North Am.</i> 2008 Dec;31(4):671-9.	Narrative review, no original data on specified interventions.
Cohn AH. Preventing adults from becoming sexual molesters. <i>Child Abuse Negl.</i> 1986;10(4):559-62.	Discussion. No evaluation of any specified individual intervention.
Coleman E, Dwyer SM, Abel G, Berner W, Breiling J, Eher R, et al. Standards of care for the treatment of adult sex offenders. <i>J Psychol Human Sex.</i> 2000;11(3):11-7.	No original data presented
Cooper AJ. A placebo-controlled trial of the antiandrogen cyproterone acetate in deviant hypersexuality. <i>Compr Psychiatry</i> 1981;22:458-65.	Outcome measures not any of those predefined, too short follow-up time.
Craig LA, Browne KD, Stringer I. Treatment and Sexual Offence Recidivism. <i>Trauma Violence Abuse.</i> 2003;4:70-89.	Narrative review, no original data.

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Excluded studies	Reason
Crolley J, Roys D, Thyer BA, Bordnick PS. Evaluating outpatient behavior therapy of sex offenders: A pretest–posttest study. Behavior Modification. 1998;22(4):485-501.	Proportion of child molesters too low (56 percent) and no stratification of results by offender subtype. No control group.
Czerny JP, Briken P, Berner W. Antihormonal treatment of paraphilic patients in German forensic psychiatric clinics. Eur Psychiatry. 2002 Apr;17(2):104-6.	Brief communication, describes treatment. No evaluation.
Davis MK, Gidycz CA. Child sexual abuse prevention programs: a meta-analysis. J Clin Child Psychol. 2000 Jun;29(2):257-65.	Meta-analysis, no relevant intervention for individuals at risk.
Di Fazio R, Abracen J, Looman J. Group versus individual treatment of sex offenders: A comparison. Forum on Corrections Research. 2001;13:56-9.	Proportion child molesters too low (ca 45 percent)/no stratification of results by offender subtype.
Doren DM, Yates PM. Effectiveness of sex offender treatment for psychopathic sexual offenders. Int J Offender Ther Comp Criminol. 2008 Apr;52(2):234-45.	Review. No original data.
Duwe G, Goldman RA. The impact of prison-based treatment on sex offender recidivism: evidence from Minnesota. Sex Abuse 2009;21:279-307.	Proportion of child molesters not provided/ no stratification of results by offender subtype.
Eliasov N. Evaluating the SAYStOP Diversion Programme: Findings from the third follow-up study, June–Nov 2003. South African Young Sex Offenders Project: a diversion programme for young sex offenders. Cape Town University. 2003.	Describes program. No data on outcome.
Fisher D, Beech A, Browne K. The effectiveness of relapse prevention training in a group of incarcerated child molesters. Psychology, Crime & Law. 2000;6(3):181-95.	Sexual behaviour not among outcomes. No control group.
Friendship C, Mann RE, Beech AR. Evaluation of a national prison-based treatment program for sexual offenders in England and Wales. J Interpers Violence. 2003;18(7):744-59.	Proportion child molesters not specified/ no stratification of results by offender subtype.

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Excluded studies	Reason
Gagne P. Treatment of sex offenders with medroxyprogesterone acetate. <i>Am J Psychiatry</i> . 1981 May;138(5):644-6.	Open study of 32 child molesters/men with paedophilia. Sexual reoffending not included among outcomes. No control group.
Gallagher A, Wilson DB, Hirschfield, P, Coggeshall, M.B. MacKenzie, D. L. A Quantitative Review of the effects of sex offender treatment on sexual reoffending. <i>Corrections Management Quarterly</i> . 1999;3(4):19-29.	Meta-analysis.
Gibson LE, Leitenberg H. Child sexual abuse prevention programs: do they decrease the occurrence of child sexual abuse? <i>Child Abuse Negl</i> . 2000 Sep;24(9):1115-25.	Does not evaluate any of the predefined interventions for individuals at risk.
Grossman LS, Martis B, Fichtner CG. Are sex offenders treatable? A research overview. <i>Psychiatr Serv</i> . 1999 Mar;50(3):349-61.	Narrative review.
Guay DR. Drug treatment of paraphilic and nonparaphilic sexual disorders. <i>Clin Ther</i> . 2009 Jan;31(1):1-31.	Narrative review, no original data on specified interventions.
Hagan MP, Gust-Brey KL. A ten-year longitudinal study of adolescent perpetrators of sexual assault against children. <i>J Offender Rehab</i> . 2000;31(1-2):117-26.	No control group.
Hagan MP, King RP, Patros RL. Recidivism among adolescent perpetrators of sexual assault against children. <i>J Offender Rehabil</i> . 1994;21(1-2):127-37.	No control group.
Hagan MP, King RP, Patros RL. The efficacy of a serious sex offender treatment program for adolescent rapists. <i>Int J Offender Ther Comp Crimin</i> . 1994;38(2):141-50.	No control group.
Hall GC. Sexual offender recidivism revisited: a meta-analysis of recent treatment studies. <i>J Consult Clin Psychol</i> . 1995 Oct;63(5):802-9.	Meta-analysis. No original data.
Hall GCN. The preliminary development of theory-based community treatment for sexual offenders. <i>Professional Psychology: Research and Practice</i> . 1995;26(5):478-83.	19 child molesters. Biased control group, treatment drop-outs included.

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Excluded studies	Reason
Hall RCW, Hall RCW. A profile of pedophilia: definition, characteristics of offenders, recidivism, treatment outcomes, and forensic issues. <i>Mayo Clin Proc</i> 2007;82:457-71.	Review. No original data.
Hansen H, Lykke-Olesen L. Treatment of dangerous sexual offenders in Denmark. <i>J Forens Psychiatry Psychol.</i> 1997;8(1):195-9.	Mostly descriptive. No control group.
Hanson RK, Broom I, Stephenson, M. Evaluating Community Sex Offender Treatment Programs: A 12-Year Follow-Up of 724 Offenders. <i>Can J Behav Sci</i> 2004;36(2):87-96.	Proportion of child molesters neither provided nor accessible. No stratification of results by offender subtype.
Hanson RK, Bussière MT. Predicting relapse: a meta-analysis of sexual offender recidivism studies. <i>J Consult Clin Psychol.</i> 1998 Apr;66(2):348-62.	Meta-analysis, no original data on treatment.
Hanson RK, Gordon A, Harris AJ, Marques JK, Murphy W, Quinsey VL, et al. First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. <i>Sex Abuse.</i> 2002 Apr;14(2):169-94; discussion 95-7.	Meta-analysis, no original data.
Harris DA. Child Molestation. In: Doris Layton MacKenzie, Lauren O'Neill, et al. eds., <i>Different Crimes Different Criminals: Understanding, Treating and Preventing Criminal Behavior.</i> 2006, p 83-102.	Book chapter, no original data.
Heller ML. Sex offender rehabilitation: educating correctional cadre. Available from www.thefreelibrary.com/ Sex offender rehabilitation: educating correctional cadre.-a0193145683. 2008.	No original data presented. No relevant control group.
Hoefnagels C, Baartman H. On the threshold of disclosure. The effects of a mass media field experiment. <i>Child Abuse Negl.</i> 1997 Jun;21(6):557-73.	Does not evaluate any of the specified interventions for individuals at risk.
Hollin CR. Treatment programs for offenders. Meta-analysis, "what works," and beyond. <i>Int J Law Psychiatry.</i> 1999 May-Aug;22(3-4):361-72.	No specific focus on sex offenders. Discussion, no original data or meta-analysis.

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Excluded studies	Reason
Hucker S, Langevin R, Bain J. A double blind trial of sex drive reducing medication in pedophiles. <i>Ann Sex Research</i> , 1988;1(2):227-42.	From 100 approached, 18 suspected or convicted child molesters involved in double-blind randomised trial. Only 11 (5 MPA, 6 placebo) completed three months. None of predefined outcomes studied.
Hudson SM, Wales DS, Bakker L, Ward T. Dynamic risk factors: the Kia Marama evaluation. <i>Sex Abuse</i> . 2002 Apr;14(2):103-19; discussion 95-7.	No control group.
Kelly RJ. Behavioral reorientation of pedophiliacs: Can it be done? <i>Clin Psychol Rev</i> . 1982;2(3):387-408.	Review. No original data.
Kenworthy T, Adams CE, Bilby C, Brooks-Gordon B, Fenton M. Psychological interventions for those who have sexually offended or are at risk of offending. <i>Cochrane Database Syst Rev</i> . 2004(3):CD004858.	Review.
Kenworthy T, Adams CE, Bilby C, Brooks-Gordon B, Fenton M. WITHDRAWN: Psychological interventions for those who have sexually offended or are at risk of offending. <i>Cochrane Database Syst Rev</i> . 2008(4):CD004858.	Update of record above. Cochrane review, withdrawn from publication.
Kilmann PR. The treatment of sexual paraphilias: A review of the outcome research. <i>J Sex Res</i> . 1982;18(3):193-252.	Review, no original data.
Kravitz HM, Haywood TW, Kelly J, Wahlstrom C, Liles S, Cavanaugh JL, Jr. Medroxyprogesterone treatment for paraphiliacs. <i>Bull Am Acad Psychiatry Law</i> . 1995;23(1):19-33.	22 child molesters treated with MPA plus group therapy. Non-blinded study of treated subjects only. No control group.
Lang RA, Pugh GM, Langevin R. Treatment of incest and pedophilic offenders: A pilot study. <i>Behav Sci Law</i> . 1988;6(2):239-55.	No relevant control group.
Langton CM, Barbaree HE, Harkins L, Peacock EJ. Sex offenders' response to treatment and its association with recidivism as a function of psychopathy. <i>Sex Abuse</i> . 2006 Jan;18(1):99-120.	Proportion of child molesters too low (51 percent). No stratification of results by offender subtype. No control group.

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Excluded studies	Reason
Lee JKP, Proeve MJ, Lancaster M, Jackson HJ. An evaluation and 1-year follow-up study of a community-based treatment program for sex offenders. <i>Aust Psychol.</i> 1996;31(2):147-52.	Drop-outs inappropriately used as controls.
Letourneau EJ, Borduin CM. The effective treatment of juveniles who sexually offend: An ethical imperative. <i>Ethics Behav.</i> 2008;18(2-3):286-306.	No original data presented.
Letourneau EJ, Chapman JE, Schoenwald SK. Treatment outcome and criminal offending by youth with sexual behavior problems. <i>Child Maltreat.</i> 2008;13(2):133-44.	No relevant control group.
Letourneau EJ, Henggeler SW, Borduin CM, Schewe PA, McCart MR, Chapman JE, et al. Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. <i>J Fam Psychol</i> 2009;23:89-102.	Not any of the predefined outcome measures.
Long CA. The impact of motivation on sexual offenders' progress in treatment. Unpublished PhD thesis. US: ProQuest Information & Learning; 2002.	No control group. 33 percent child molesters/ no stratification by offender subgroup. No outcome measures.
Looman J, Abracen J, Nicholaichuk TP. Recidivism among treated sexual offenders and matched controls: Data from the Regional Treatment Centre (Ontario). <i>J Interpers Violence.</i> 2000;15(3):279-90.	Too low proportion of child molesters (circa 40%)/no stratification of results by offender subtype.
Lösel F, Schmucker M. The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. <i>J Exp Criminol.</i> 2005;1(1):117-46.	Meta-analysis, no original data.
Mailloux DL, Abracen J, Serin R, Cousineau C, Malcolm B, Looman J. Dosage of treatment to sexual offenders: are we overprescribing? <i>Int J Offender Ther Comp Criminol.</i> 2003 Apr;47(2):171-84.	Proportion child molesters not specified/No stratification of results by outcome. No offending outcome.
Maletzky BM, Steinhauer C. A 25-year follow-up of cognitive/behavioral therapy with 7,275 sexual offenders. <i>Behav Modif.</i> 2002 Apr;26(2):123-47.	No relevant control group.
Maletzky BM, Tolan A, McFarland B. The Oregon Depo-Provera program: a five-year follow-up. <i>Sex Abuse.</i> 2006 Jul;18(3):303-16.	Too broad recidivism criterion.

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Excluded studies	Reason
Maletzky BM. Self-referred versus court-referred sexually deviant patients: Success with assisted covert sensitization. <i>Behavior Therapy</i> . 1980;11(3):306-14.	Aversive conditioning, no predefined intervention. No control group.
Mann RE, Thornton D. The evolution of a multisite sexual offender treatment program. In: Marshall WL, Fernandez YM, Hudson SM, Ward T, editors. <i>Sourcebook of treatment programs for sexual offenders</i> . New York.: Plenum Press; 1998. p. 47-57.	Overview. No original data presented.
Marques J, Nelson C, West MA, Day DM. The relationship between treatment goals and recidivism among child molesters. <i>Behav Res Ther</i> 1994;32:577-88.	Preliminary report of the Marques et al. RCT study (2005) included by us.
Marques JK, Day DM, Nelson C, West MA. Effects of cognitive-behavioral treatment on sex offender recidivism: Preliminary results of a longitudinal study. <i>Crim Justice Behav</i> . 1994;21(1):28-54.	Proportion child molesters not specified/no stratification of results by offender subtype. One of two preliminary reports of the Marques et al. RCT study (2005) included by us.
Marshall WL, Anderson D. An evaluation of the benefits of relapse prevention programs with sexual offenders. <i>Sexual Abuse: Journal of Research and Treatment</i> . 1996;8(3):209-21.	Narrative review, no original data presented.
Marshall WL, Barbaree HE. An outpatient treatment program for child molesters. <i>Ann N Y Acad Sci</i> . 1988;528:205-14.	Intervention includes substantial aversion therapy component.
Marshall WL, Barbaree HE. The long-term evaluation of a behavioral treatment program for child molesters. <i>Behav Res Ther</i> . 1988;26(6):499-511.	Intervention includes substantial aversion therapy component, not among predefined interventions.
Marshall WL, Eccles A, Barbaree HE. The treatment of exhibitionists: a focus on sexual deviance versus cognitive and relationship features. <i>Behav Res Ther</i> . 1991;29(2):129-35.	Not addressing child molesters. Aversive conditioning, not among defined interventions. No control group.
Marshall WL, Jones R, Ward T, Johnston P. Treatment outcome with sex offenders. <i>Clin Psychol Rev</i> . 1991;11(4):465-85.	Narrative review, no original data presented.

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Excluded studies	Reason
Marshall WL, Marshall LE, Serran GA, O'Brien MD. Sexual offender treatment: a positive approach. <i>Psychiatr Clin North Am.</i> 2008 Dec;31(4):681-96.	No control group.
Marshall WL, McGuire J. Effect sizes in the treatment of sexual offenders. <i>Int J Offender Ther Comp Criminol.</i> 2003 Dec;47(6):653-63.	No original data presented.
McGrath RJ, Cumming G, Livingston JA, Hoke SE. Outcome of a treatment program for adult sex offenders: From prison to community. <i>J Interpers Violence.</i> 2003;18(1):3-17.	Proportion child molesters not specified/No stratification of results by outcome.
Meyer WJ, 3rd, Cole C, Emory E. Depo-Provera treatment for sex offending behavior: an evaluation of outcome. <i>Bull Am Acad Psychiatry Law.</i> 1992;20(3):249-59.	Proportion child molesters 57.5 percent; that is below predefined level in protocol (70 percent). No stratification of results by offender subtype.
Meyers LC, Romero, J. A ten year follow-up of sex offender recidivism. Philadelphia, PA: JJ Peters Institute. 1980	Proportion child molesters too low/ no stratification of results by offender subtype.
Miller RD. Forced administration of sex-drive reducing medications to sex offenders: treatment or punishment? <i>Psychol Public Policy Law.</i> 1998 Mar-Jun;4(1-2):175-99.	No original data included.
Money J, Bennett RG. Post adolescent paraphilic sex offenders: antiandrogenic and counseling therapy follow-up. <i>Int. J. Ment, Health</i> 1981;10:122-33.	No control group
Myers BA. Treatment of sexual offenses by persons with developmental disabilities. <i>Am J Ment Retard.</i> 1991 Mar;95(5):563-9.	Not an effect study.

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Excluded studies	Reason
Nicholaichuk T, Gordon A, Gu D, Wong S. Outcome of an institutional sexual offender treatment program: a comparison between treated and matched untreated offenders. <i>Sex Abuse</i> . 2000 Apr;12(2):139-53.	Proportion child molesters = 43 percent but stratification of results by offender subtype. Used historical controls based on older records which included a disproportionate numbers of recidivists and hence inflated control recidivism. See Hanson RK, Nicholaichuk T. A cautionary note regarding Nicholaichuk et al. (2000). <i>Sex Abuse</i> . 2000 ct;12(4):289-93.
Olver ME, Wong SC, Nicholaichuk TP. Outcome evaluation of a high-intensity inpatient sex offender treatment program. <i>J Interpers Violence</i> 2009;24:522-36.	Proportion child molesters not specified/no stratification of results by offender subtype.
Paradise JE. Current concepts in preventing sexual abuse. <i>Curr Opin Pediatr</i> . 2001 Oct;13(5):402-7.	Narrative review of recently published literature. No original data.
Pelissier B. Treatment retention in a prison-based residential sex offender treatment program. <i>Sex Abuse</i> . 2007 Dec;19(4):333-46.	Inappropriate control group; included treatment dropouts and non-completers.
Perkins D, Hammond S, Coles D, Bishop D. Review of Sex Offender Treatment Programmes. Department of Psychology, Broadmoor Hospital. Available from www.ramas.co.uk/report4.pdf . 1998.	Review, no original data.
Pfafflin F, Eher R. What to do with sexual offenders? <i>Int J Offender Ther Comp Criminol</i> . 2003 Aug;47(4):361-5.	Guest editorial. No original data on specified interventions.
Pithers WD, Cumming GF. Can relapses be prevented? Initial outcome data from the Vermont Treatment Program for Sexual Aggressors. In: Laws DR, editor. <i>Relapse prevention with sex offenders</i> . New York, NY US: Guilford Press; 1989. p. 313-25.	No relevant control group.

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Excluded studies	Reason
Quinsey V, Khanna A, Malcolm P. A retrospective evaluation of the Regional Treatment Centre sex offender treatment program. <i>J Interpers Violence</i> . 1998;13(5):621.	Too low proportion of child molesters/no stratification of results by offender subtype.
Redondo I S, Garrido G V. Efficacy of a psychological treatment for sex offenders. <i>Psicothema</i> . 2008 Feb;20(1):4-9.	Proportion child molesters not specified/no stratification of results by offender subtype.
Reitzel LR, Carbonell JL. The effectiveness of sexual offender treatment for juveniles as measured by recidivism: a meta-analysis. <i>Sex Abuse</i> 2006;18:401-21.	Systematic review and meta-analysis, no original data.
Rice ME, Quinsey VL, Harris GT. Sexual recidivism among child molesters released from a maximum security psychiatric institution. <i>J Consult Clin Psychol</i> 1991;59:381-6.	Intervention includes substantial aversion therapy component, not among predefined interventions.
Richer M, Crismon ML. Pharmacotherapy of sexual offenders. <i>Ann Pharmacother</i> . 1993 Mar;27(3):316-20.	Review, no original data.
Romero JJ, Williams LM. Group psychotherapy and intensive probation supervision with sex offenders: A comparative study. <i>Fed Probat</i> 1983;47:36-42.	Proportion of child molesters only 20 percent/no stratification of results by offender subtype. Outdated treatment.
Rose KS. Navigators group: Group therapy for sexually reactive children. Unpublished PhD study. Louisville, Kentucky: Spalding University; 2008.	Controlled study, but too small sample (6 vs. 5 clients).
Rösler A, Witztum E. Treatment of men with paraphilia with a long-acting analogue of gonadotropin-releasing hormone. <i>N Engl J Med</i> . 1998 Feb 12;338(7):416-22.	Selected, motivated sample (n=30, 25 with paedophilia). Non-blinded treatment and no control group. Only responders followed up (83 percent). Of 24 who continued up to 12 months, no reoffence were reported by patient, relatives or probation officer.
Ryback RS. Naltrexone in the treatment of adolescent sexual offenders. <i>J Clin Psychiatry</i> . 2004 Jul;65(7):982-6.	Clients also provided with behaviour modification treatment. No relevant control group. Reoffending not studied as outcome.

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Excluded studies	Reason
Schmucker M, Lösel F. Does sexual offender treatment work? A systematic review of outcome evaluations. <i>Psicothema</i> . 2008 Feb;20(1):10-9.	Systematic review and meta-analysis.
Schober JM, Kuhn PJ, Kovacs PG, Earle JH, Byrne PM, Fries RA. Leuprolide acetate suppresses pedophilic urges and arousability. <i>Arch Sex Behav</i> . 2005 Dec;34(6):691-705.	Five men with paedophilia; blinded within-individual measurements. Group CBT also provided. No control group, actual offending not studied as outcome.
Schweitzer R, Dwyer J. Sex crime recidivism. Evaluation of a sexual offender treatment program. <i>J Interpers Violence</i> . 2003 Nov;18(11):1292-310.	Proportion of child molesters, ca 30 percent. No stratification of results by offender subtype.
Seabloom W, Seabloom ME, Seabloom E, Barron R, Hendrickson S. A 14- to 24-year longitudinal study of a comprehensive sexual health model treatment program for adolescent sex offenders: predictors of successful completion and subsequent criminal recidivism. <i>Int J Offender Ther Comp Criminol</i> . 2003 Aug;47(4):468-81.	Proportion of child molesters not provided/ no stratification of results by offender subtype. No control group.
Seager JA, Jellicoe D, Dhaliwal GK. Refusers, dropouts, and completers: measuring sex offender treatment efficacy. <i>Int J Offender Ther Comp Criminol</i> . 2004 Oct;48(5):600-12.	Proportion child molesters not specified/no stratification of results by offender subtype. Inappropriate control group; dropouts and refusers included.
Serran GA, Firestone P, Marshall WL, Moulden H. Changes in coping following treatment for child molesters. <i>J Interpers Violence</i> . 2007 Sep;22(9):1199-210.	Not any of the predefined outcome measures, too short follow-up time.
St. Amand A, Bard DE, Silovsky JF. Meta-Analysis of Treatment for Child Sexual Behavior Problems: Practice Elements and Outcomes. <i>Child Maltreat</i> 2008;13(2):145-66.	Meta-analysis, too broad outcome-measures used.
Stalans LJ, Seng M, Yarnold PR. Long-term impact evaluation of specialized sex offender probation programs in Lake, DuPage and Winnebago Counties. USA, IL: State of Illinois. 2002.	Adequate proportion of child molesters. Irrelevant, quite different control group. Data difficult to find and interpret.

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Excluded studies	Reason
Sturgeon V, Taylor J. Report of a five-year follow-up study of mentally disordered sex offenders released from Atascadero State Hospital in 1973. <i>Crim Just J.</i> 1980;4:31.	No control group.
Trowbridge B. Does Sex Offender Treatment Work? The Trowbridge Foundation. Available from www.trowbridgefoundation.org .	Review, no original data presented.
Veltkamp LJ, Martin CA, Lankster FM, Fosson AR, Wilson D, Engelberg J. Sexual child abuse: economic, psychosocial, ethical, preventive, and medical aspects. <i>South Med J.</i> 1984 Jul;77(7):879-85.	Review and discussion. No original data presented.
Walker DF, McGovern SK, Poey EL, Otis KE. Treatment effectiveness for male adolescent sexual offenders: a meta-analysis and review. <i>J Child Sex Abuse.</i> 2004;13(3-4):281-93.	Review and meta-analysis.
Walker DW. The treatment of adult male child molesters through group family intervention. <i>J Psychol Human Sex.</i> 2000;11(3):65-73.	Non-completers used as controls.
Weaver C, Fox C. The Berkeley sex offenders group: A seven year evaluation. <i>Probation Journal.</i> 1984;31(4):143.	No control group.
White P, Bradley C, Ferriter M, Hatzipetrou L. Managements for people with disorders of sexual preference and for convicted sexual offenders. <i>Cochrane Database Syst Rev.</i> 2000(2):CD000251.	Systematic review.
Wilson RJ, Picheca JE, Prinzo M. Evaluating the effectiveness of professionally-facilitated volunteerism in the community-based management of high-risk sexual offenders: Part Two – A Comparison of Recidivism Rates. <i>The Howard Journal of Criminal Justice.</i> 2007;46(4):327-37.	Too low proportion child molesters/no stratification of results by offender subtype.

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Excluded studies	Reason
Ethical and Health economic studies	
Brackenridge C. Review of 'Situational prevention of child sexual abuse: Crime prevention studies volume 19'. Journal of Sexual Aggression. 2007;13(2):182-3.	Book review
Conte JR, Wolf S, Smith T. What sexual offenders tell us about prevention strategies. Child Abuse Negl. 1989;13(2):293-301.	Irrelevant intervention, no control group, short follow-up time
Conte JR. Ethical issues in evaluation of prevention programs. Child Abuse Negl. 1987;11(2):171-2.	No intervention study
Cross TP, Walsh WA, Simone M, Jones LM. Prosecution of child abuse: a meta-analysis of rates of criminal justice decisions. Trauma Violence Abuse. 2003 Oct;4(4):323-40.	Meta-analysis.
de Chesnay M, Petro L. The accountability of incest offenders. Med Law. 1989;8(3):281-6.	Not an intervention study.
Donato R, Shanahan M. Economics of Implementing Intensive In-prison Sex-offender Treatment Programs. 1999.	No evaluation of intervention programs.
Kriminalvården. 12-Stegsprogram i Kriminalvården. Utvärdering av återfall i ny brottslighet för programdeltagare för åren 2003-2006.	Not the specified population
Pritchard C, King E. Differential suicide rates in typologies of child sex offenders in a 6-year consecutive cohort of male suicides. Arch Suicide Res. 2005;9(1):35-43.	No evaluation of intervention programs.
Resick PA. The Psychological Impact of Rape. J Interpers Violence. 1993 June 1, 1993;8(2):223-55.	Not an intervention study.
Steele N. Cost effectiveness of treatment. In: B. K. Schwartz, H. R. Cellini editor. The sex offender: Corrections, treatment and legal practice. Kingston, NJ: Civic Research Institute; 1993. p. 4.1-4.19.	Irrelevant study population. Health economic evaluation. No evaluation of intervention programs

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Excluded studies	Reason
Ethical and Health economic studies	
van Egmond M, Garnefski N, Jonker D, Kerkhof A. The relationship between sexual abuse and female suicidal behavior. <i>Crisis</i> . 1993;14(3):129-39.	Not an intervention study.
Weinstock R, Weinstock D. Clinical flexibility and confidentiality: effects of reporting laws. <i>Psychiatr Q</i> . 1989 Fall;60(3):195-214.	Not an intervention study.
Wilcox HC, Storr CL, Breslau N. Posttraumatic Stress Disorder and Suicide Attempts in a Community Sample of Urban American Young Adults. <i>Arch Gen Psychiatry</i> . 2009 March 1, 2009;66(3):305-11.	Irrelevant population