



ATSA

Can sex offenders be cured?

Sexual offending, like many mental and medical conditions, can not be cured. Contemporary cognitive behavioral treatment, however, helps offenders learn to control their behavior. By recognizing and changing the thoughts that rationalize and justify sexually abusive behavior, sex offenders can become more aware of the harm caused to victims and view their own behavior differently. As well, sex offenders learn to identify their patterns of behavior, including the people, places, and things that put them at risk for offending. Through avoidance of certain situations, acquiring new coping skills, and learning to meet their emotional and sexual needs in healthy ways, motivated sex offenders can prevent future offending. Although some sex offenders may continue to be attracted to children, they can learn to avoid acting on their impulses. Consider this analogy: When adults get married, they do not stop being attracted to other people. They do stop acting on that attraction, because the way they think about the commitment of marriage helps them to control their behavior. Likewise, many chemically addicted persons continue to struggle with urges to use drugs or alcohol. Through treatment and recovery, however, they choose to change their behavior because they are committed to a new, healthy and productive lifestyle.

Does sex offender treatment really work?

Early studies, conducted in the 70's and 80's, were unable to detect differences in recidivism rates between sex offenders who had undergone treatment and those who had not (Furby, Weinrott, & Blackshaw, 1989). This finding was widely publicized, leading to skepticism about the benefits of treatment, and opening the door to punitive public policies. Actually, although the research is not unequivocal, treatment has been found to decrease sex offense recidivism. Recent, statistically sophisticated studies with extremely large combined samples have found that contemporary cognitive-behavioral treatment does help to reduce rates of sexual reoffending by as much as 40% (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, & Seto, 2002). However, treatment does not work equally well for all offenders (like any psychological or mental health treatment -- or medical interventions, for that matter). Some research indicates that comprehensive programs and length of time in treatment are also important factors in the effectiveness of treatment (Hall, 1995; Lowden, Hetz, Harrison, Patrick, English, & Pasini-Hill, 2003). Treatment failure is associated with higher recidivism rates, and some research indicates that sex offenders who successfully complete a treatment program reoffend less often than those who do not demonstrate that they "got it" (Marques, Miederanders, Day, Nelson, & van Ommeren, 2005).

Don't most sex offenders reoffend?

There is a perception that the vast majority of sex offenders will repeat their crimes. Research studies by the US Dept. of Justice and the Canadian Government have found, however, that sexual offense recidivism rates are much lower than commonly believed, averaging between 14 and 20% over 5-year follow-up periods. Studies that have tracked sex offenders over longer follow-up periods have found that pedophiles who molest boys, and rapists of adult women, were the types of offenders most likely to recidivate at rates of 52% and 39% respectively. Repeat offenders are more likely to reoffend than first-time offenders. Those who comply with probation and treatment have lower reoffense rates than those who violate the conditions of their release. Sex offenders who target strangers are more dangerous than those with victims inside their own family.

It is also important to recognize that official recidivism statistics are always lower than actual reoffense rates, because some sex offenders commit many sex crimes that go unreported and undetected. It is estimated that less than 10% of all sex crimes result in a criminal conviction. This means that there are many sex offenders in our communities who have not yet been identified.

Although extensive media attention is paid to child abductions, such cases occur relatively rarely, and less than 1% of sex crimes involve murder. Despite myths of stranger danger, the vast majority of sexually abused children (80-90%) are molested by family members and close friends or acquaintances.

How do we know who will reoffend?

Progress has been made in the science of risk assessment, which allows us to determine the likelihood that a sex offender will commit a new sex crime in the future. Although we cannot predict with certainty that any particular offender will act in a specific way, we can estimate, with moderate accuracy, whether or not an offender belongs to a high- or low-risk group. Using risk factors that have been correlated with recidivism, qualified practitioners can use scientific risk assessment tools to screen offenders into risk categories. These procedures are similar to the ways in which insurance companies assess risk and assign premiums, and how doctors evaluate a patient's risk for developing a medical illness. Risk assessment allows us to identify the most dangerous sex offenders, and apply the most intensive interventions to those who need the greatest level of supervision, treatment, and restriction.

What percentage of convicted sex offenders undergo treatment?

Most states require convicted sex offenders to participate in treatment while in prison or on probation. According to the Safer Society Survey (McGrath, Cumming, & Burchard, 2003) there are 1,549 sex offender treatment programs in the U.S. Most of them are community-based (80%) with about 40% of them treating adults, and the rest targeting adolescents and children with sexual behavior problems. Although numbers vary widely, on average, about 70 adult sex offenders are treated each year in each outpatient program.

Is sex offender treatment cost-effective?

It is estimated that whereas treatment of sex offenders costs about \$5,000 per year, incarceration costs more than \$20,000 per year per offender (www.csom.org). A study of the costs and benefits of treatment have found that treatment saves more money than it costs: about \$4 is saved for every dollar spent on treatment services (McGrath et al., 2003). The Preliminary Results from the Washington State Institute for Public Policy's Economic Analysis of Sex Offender Programs estimated that each taxpayer dollar spent on a cognitive-behavioral program for adult offenders returns between \$1.19 and \$5.27 in victim and taxpayers benefits. Because treated offenders reoffend at lower rates than untreated offenders, providing therapeutic intervention saves money on investigation, prosecution, incarceration, and victim services.

All sex offenders are not the same

Although virtually all pedophiles are child molesters, not all child molesters are pedophiles. Pedophiles are men with a clear sexual preference for children rather than adults. Child molesters are described as individuals who have committed a sexual offense against a child victim. There are, however, no "pure" types, and offenders are best conceptualized as closer to one end of the continuum or the other.

Pedophiles

- True pedophiles are motivated by their sexual attraction to children and are their offenses are directed toward vulnerable children whom they court or groom for the purpose of victimization.

- Offenders who seek out children to victimize by placing themselves in positions of trust, authority, and easy access to youngsters can have hundreds of victims over the course of their lifetimes. One study found that the average number of victims for non-incestuous pedophiles who molest girls is 20; for pedophiles who prefer boys, over 100.
- Predatory pedophiles, especially those who molest boys, are the sex offenders who have the highest recidivism rates. Over long follow-up periods, more than half of convicted pedophiles are rearrested for a new offense.
- Pedophiles frequently are uncomfortable with adult intimacy and may spend their lives maneuvering to be near children. They may be extremely charming and skilled at manipulating adults, and they will use adult relationships to gain access to children.
- The pedophile may spend years working his way up to a position of authority and trust within a church, school, or youth organization in order to have access to children.
- Their offenses are usually predatory—directed towards children whom they engage in relationships for the purpose of victimization. However, pedophiles may also sexually abuse children in their own families.
- Pedophiles are sometime referred to as “fixated,” “preferential,” “predatory,” “extrafamilial,” or “nonfamilial.”

Non-pedophilic Child Molesters

- The non-predatory molester tends to be a man whose primary sexual attraction is toward adults, but who may molest children in a maladaptive attempt to meet emotional needs.
- Incest offenders are more likely to be non-pedophilic molesters
- Research has found that many heterosexual incest offenders have sexual interests that are indistinguishable from those of normal males.
- However, there are many research studies that indicate, under conditions of anonymous survey, guaranteed confidentiality, or polygraph, that approximately 60% of incest offenders also molest non-relative children.
- Data suggest that incestuous offenders, regardless of the gender of the victim, have lower numbers of victims and are less likely to be rearrested for new sex crimes after they've been convicted.
- Non-pedophilic molesters may turn to a child for sex out of a perceived inability to be close with an adult partner, out of poor self-esteem, or to escape feelings of powerlessness and loneliness.
- This type of offender often has appropriate (but dysfunctional) relationships with peers and may be married.
- These child molesters are sometimes called “regressed,” “situational,” or “opportunistic,” and often are apprehended in incestuous situations.
- Outcome studies have demonstrated consistently low rates of recidivism for incestuous offenders. However, it is important to note that incest victims are among the least likely to report sexual crimes, and incest is one of the most damaging types of sexual abuse to victims.
- Intrafamilial offenders may be among those most likely to benefit from therapeutic intervention.

What is a sexual predator?

The definition of “predator” differs from state to state, but is generally reserved for the most dangerous sex offenders. Many states use nearly identical words to describe this type of sex offender and the offenses he perpetrates. In the words of the Kansas Sexually Violent Predator Act, “predatory acts” are those “acts directed towards strangers or individuals with whom relationships have been established or promoted for the primary purpose of victimization.” The state of California states: “‘Predatory’ means an act is directed toward a stranger, a person of casual acquaintance with whom no substantial relationship exists, or an individual with whom a relationship has been established or promoted for the primary purpose of victimization.” In some states, the definition includes criteria involving the use of violence, weapons, or causing injury during the commission of a

sex crime, or those offenders who have had multiple victims. Repeat offenders, and those who have committed abduction of children or adults for sexual purposes may also be considered predators.

It is important to remember that although recent media attention has been focused on child abduction and molestation, rapists of adult women can also be highly dangerous sexual predators. They often have many victims, and are more likely than child molesters to use violence or weapons to gain compliance from victims. The majority of victims of sexually motivated murders are adult women.

Will stricter laws and national registries make us safer?

COMMUNITY NOTIFICATION

In 1994, following the 1989 abduction of an 11 year old boy in Minnesota, a federal law was passed mandating sex offenders to register with local law enforcement agencies so that their current whereabouts are known ("Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act," 1994). In 1996, President Clinton signed "Megan's Law," which requires states to disseminate information to the public about sex offenders who live in close proximity.

About half of the states in the U.S. assign offenders to one of three risk levels and notify the public differentially according to the offender's risk. Other states employ broad community notification, publicizing the location of all sex offenders without regard for risk assessment (Matson & Lieb, 1996).

There is no evidence that community notification reduces sex offense recidivism or increases community safety. The only study to date found no statistically significant difference in recidivism rates between offenders who were subjected to notification in Washington (19% recidivism) and those who were not (22% recidivism). Sex offenders who were subjected to community notification were, however, arrested more quickly for new sex crimes than those not publicly identified. It was found that 63% of the new sex offenses occurred in the jurisdiction where notification took place, suggesting that notification did not deter offenders or motivate them to venture outside their jurisdictions (where they would be less likely identified) to commit crimes. Based on these findings, the authors concluded that community notification appeared to have little effect on sex offense recidivism (Schram & Milloy, 1995).

Interestingly, most results have indicated that citizens report increased anxiety due to notification because of the lack of strategies offered for protecting themselves from sex offenders (Caputo, 2001; Zevitz, Crim, & Farkas, 2000).

Research suggests that about one-third to one-half of sex offenders subjected to community notification experience dire events such as the loss of a job or home, threats or harassment, or property damage (Levenson & Cotter, 2005b; Tewksbury, 2005). Physical assault seems to occur in 5-16% of cases. About 19% of sex offenders report that these negative consequences have affected other members their households.

It has been suggested that notification may, ironically, interfere with its stated goal of enhancing public safety by exacerbating the stressors (e.g., isolation, disempowerment, shame, depression, anxiety, lack of social supports) that may trigger some sex offenders to relapse. Such dynamic factors have been associated with increased recidivism (Hanson & Harris, 1998; Hanson & Morton-Bourgon, 2004), and although sex offenders inspire little sympathy from the public, ostracizing them may inadvertently increase their risk.

RESIDENCE RESTRICTIONS

Fourteen states (Alabama, Arkansas, California, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Ohio, Oklahoma, Oregon, and Tennessee) have enacted buffer zones which prohibit sex offenders from residing within close proximity to a school, park, day care center, or school bus stop. The

least restrictive distance requirement is in Illinois (500 feet), but most common are 1,000 to 2,000 foot boundaries.

There is no research to support the idea that residence restrictions prevent repeat sex crimes.

In Colorado it was found that molesters who reoffended while on probation were randomly scattered throughout the geographical area, and did not seem to live closer than non-recidivists to schools or child care centers (Colorado Department of Public Safety, 2004).

In Minnesota, sex offenders' proximity to schools or parks was not a factor in recidivism, nor did it impact community safety (Minnesota Department of Corrections, 2003). In fact, the opposite was found to be true – a sex offender was more likely to travel to another neighborhood in which he could seek victims without being recognized.

Public safety and child protection are understandably the primary considerations when sex offender restrictions are imposed. Advocates of residence restrictions believe that such laws will diminish the likelihood that sex offenders will come in contact with children whom they might potentially victimize. However, concerns have been raised that such mandates might exacerbate the shortage of housing options for sex offenders and force them to move to rural areas where they would be increasingly isolated with few employment and treatment options (Minnesota Department of Corrections, 2003). The dispersal of parks and schools may lead to overlapping restriction zones, making it essentially impossible for sex offenders in some cities to find suitable housing. In some urban areas, offenders might be forced to cluster in high-crime neighborhoods. Such restrictions can lead to homelessness and transience, which interfere with effective tracking, monitoring, and close probationary supervision.

A survey of 135 sex offenders in Florida revealed that housing restrictions increased isolation, created financial and emotional stress, and led to decreased stability for sex offenders. Respondents also indicated that they did not perceive residence restrictions as helpful in risk management, and in fact, reported that such restrictions may inadvertently increase triggers for reoffense (Levenson & Cotter, 2005a).

Summary & Recommendations

Public Policy should be used to strengthen, not replace, other efforts designed to prevent sexual abuse. Sex offenders should be held responsible for their actions while receiving treatment to help them change their behavior. According to the Center for Sex Offender Management (operated under a grant from the U.S. Department of Justice), prevention of sexual violence requires a well-planned, comprehensive, interdisciplinary response that begins with developing clear goals and objectives, implementing strategies based on empirical research, and collecting and analyzing data on an ongoing basis. Emotionally charged reactions to sex crimes often lead to legislation that is not driven by data or science but rather by outrage and fear. Lawmakers and citizens should advocate for research-based social policies that protect women and children as well as rehabilitate perpetrators. Policymakers should advocate for the most efficient and cost-effective implementation of laws based on the limited empirical research that exists.

1. Some sex offenders are highly dangerous and require more intensive interventions.
2. Community notification and residence restrictions should employ evidence based risk assessment procedures and differential strategies concordant with the level of threat that an offender poses to a community.
3. Collaborative efforts should exist between citizens, law enforcement, offenders, and treatment providers to render management, probationary supervision, and rehabilitation services that promote community safety.
4. Educational efforts should be directed at the prevention of sexual abuse. Communities are entitled to factual and research-based information and education about sexual violence and sexual perpetrators.
5. Empirical inquiry is needed into the impact and effectiveness of public policies designed to prevent sexual violence. Funding for research investigating the impact and effectiveness of sexual violence policies should be a priority.

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