



Sexual Offenders



Sex Offenders: An Introduction

By Dresden Jones, MNCASA

Key Learning Points:

- Sex offenders come from varied economic backgrounds; they are gainfully employed and unemployed, they are religious and non-religious, and they are all different races and ethnicities.
- "Sex offender" is a generic term for all persons convicted of crimes involving sex.
- It is important to distinguish between an adult who sexually molests or abuses a child and someone whose primary attraction is to children.
- Sex offenders know their victims 90 percent of the time.
- There are many reasons why someone might commit a sex offense and they differ depending on the individual.
- While sex offenders should absolutely be held responsible and accountable for their actions, they can also benefit from treatment to lessen their chances of reoffending.

There are many preconceived notions the general public have regarding sex offenders. We see images in films and on television of suspicious looking strangers in trench coats, living in run-down trailers, surrounded by child pornography. He is the man lurking in the bushes in a ski mask, waiting for children at the bus stop, and laboriously planning his next attack on an innocent victim. These images are meant to scare us into caution, but they are false. The truth is, sex offenders come from varied economic backgrounds; they are gainfully employed and unemployed, they are religious and non-religious, and they are all different races and ethnicities. And, in most cases, they know their victims.

So what do we really mean when we say "sex offender"? "Sex offender" is a generic term for all persons convicted of crimes involving sex, including statutory sexual assault, rape, molestation, sexual harassment, and certain forms of pornography production or distribution. Sex crimes are forms of human sexual behavior that are crimes. Someone who commits these crimes is said to be a sex offender. The term sex offender can apply to someone who molests children, a father who is engaged in sexual activity with his child, a college student who forces sexual intercourse on a classmate, or anyone else committing acts of sexual violence.

Sex Offenses Against Children

A "child molester" is described as an older person, male or female, who experiences any type of sexual act with another person who is a child. The majority of child molesters, more than 95 percent, are male.



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A "pedophile" is someone whose primary attraction is to prepubescent children.



A "pedophile" is someone whose primary attraction is to prepubescent children. Pedophilia is an actual psychological diagnosis, most often given to males, although females can also be diagnosed with the disorder. In order for someone to be diagnosed with pedophilia, they must have the following characteristics:

- Over a period of at least six months, recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 or younger).
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The person is at least 16 years old and at least five years older than the child or children they are having fantasies, urges, or behaviors towards (excludes an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13- year-old).

Individuals diagnosed with pedophilia must receive on-going treatment designed to control their urges. Treatment is usually conducted in prison, unless the pedophile seeks treatment before acting upon his/her urges.

It is important to distinguish between an adult who sexually molests or abuses a child and someone whose primary attraction is to children. Many people use the word "pedophile" to describe anyone who sexually abuses children; that is inaccurate. While almost all pedophiles are child molesters, all child molesters do not meet the criteria for diagnosing pedophilia.

Other Facts about Sex Offenders

Sex offenders know their victims 90 percent of the time. They may be a family member, neighbor, student, co-worker, classmate, friend, intimate partner (such as a boyfriend, girlfriend, or spouse) or known to the perpetrator in some other way.

Someone who is a "sexual predator" is considered a dangerous sex offender, such as someone who uses a weapon when committing sexual violence, or injures their victim. Although the definition differs from state to state, most sexual predators commit sexually violent acts with the primary goal of victimizing individuals.

Most states require convicted sex offenders to go through treatment while in prison or while on probation. Recent studies show that cognitive behavioral therapy can help reduce the rates of sexual reoffending by as much as 40 percent.

Most sex offenders are male and identify as heterosexual. They range in age from adolescent to middle age on average. Some sex offenders are married, some are single or in long-term relationships. Adult male sex offenders who offend against male children are not necessarily gay.

Most sex offenders are not violent, and many do not have any prior history of criminal behavior.

There are many reasons why someone might commit a sex offense and they differ depending on the individual. In some cases, someone with no prior sexual behavior issues may "act out" due to extreme distress, or a feeling of hopelessness or powerlessness may lead them to a one-time isolated incident that is sexually abusive.

Many sex offenders offend multiple times in their lifespan, however. Sexual violence is rooted in the need to have power and control - to dominate someone weaker. This is why most sex offenders are male and most victims are female or children.

The most important things to remember are that not all sex offenders can be lumped into the same category, and sex offenders come from all kinds of backgrounds and experiences. While sex offenders should absolutely be held responsible and accountable for their actions, they can also benefit from treatment to lessen their chances of reoffending. We tend to think of sex offenders as sick monsters. Seeing them as human beings is important because it reminds us that sex offenders are not living in some alternate society that occasionally intersects with "normal" society. They are our friends and family members, and they need to face the consequences of their actions.

Resources

The Pennsylvania Board of Probation and Parole

www.crimelibrary.com

www.medem.com

Bringing it Home:

- Is your organization informed about community notification meetings, and do you or someone else attend them when you can?
- Are you comfortable answering questions regarding sex offenders?
- Has your organization connected with an agency providing sex offender treatment so that you can better understand the subject?



Myths and Facts About Sex Offenders

By Center for Offender Management, August 2000

Established in June 1997, CSOM's goal is to enhance public safety by preventing further victimization through improving the management of adult and juvenile sex offenders who are in the community. A collaborative effort of the Office of Justice Programs, the National Institute of Corrections, and the State Justice Institute, CSOM is administered by the Center for Effective Public Policy and the American Probation and Parole Association.

There are many misconceptions about sexual offenses, sexual offense victims/survivors, and sex offenders in our society. Much has been learned about these behaviors and populations in the past decade, and this information is being used to develop more effective criminal justice interventions throughout the country. This document serves to inform citizens, policy makers, and practitioners about sex offenders and their victims/survivors, addressing the facts that underlie common assumptions both true and false in this rapidly-evolving field.

Myth: "Most sexual assaults are committed by strangers."

Fact: Most sexual assaults are committed by someone known to the victim/survivor or the victim/survivor's family, regardless of whether the victim/survivor is a child or an adult.
Adult Victims/Survivors

Statistics indicate that the majority of women who have been raped know their assailant. A 1998 National Violence Against Women Survey revealed that among those women who reported being raped, 76 percent were victimized by a current or former husband, live-in partner, or date (Tjaden and Thoennes, 1998). Also, a Bureau of Justice Statistics study found that nearly 9 out of 10 rape or sexual assault victimizations involved a single offender with whom the victim/survivor had a prior relationship as a family member, intimate, or acquaintance (Greenfeld, 1997).


Child Victims/Survivors

Approximately 60 percent of boys and 80 percent of girls who are sexually victimized are abused by someone known to the child or the child's family (Lieb, Quinsey, and Berliner, 1998). Relatives, friends, baby-sitters, persons in positions of authority over the child, or persons who supervise children are more likely than strangers to commit a sexual assault.

MYTH: "The majority of sexual offenders are caught, convicted, and in prison."

FACT: Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. Most convicted sex offenders eventually are released to the community under probation or parole supervision.

Many women who are sexually assaulted by intimates, friends, or acquaintances do not report these crimes to police. Instead, victims/survivors are most likely to report being sexually assaulted when the assailant is a stranger, the victim/survivor is physically injured during the assault, or a weapon is involved in the commission of the crime.



There are several factors that influence the likelihood of reporting to law enforcement, including whether the perpetrator is a stranger, physical injury, or involvement of a weapon.

A 1992 study estimated that only 12 percent of rapes were reported (Kilpatrick, Edmunds, and Seymour, 1992). The National Crime Victimization Surveys conducted in 1994, 1995, and 1998 indicate that only 32 percent of sexual assaults against persons 12 or older were reported to law enforcement. (No current studies indicate the rate of reporting for child sexual assault, although it generally is assumed that these assaults are equally under-reported.) The low rate of reporting leads to the conclusion that the approximate 265,000 convicted sex offenders under the authority of corrections agencies in the United States (Greenfeld, 1997) represent less than 10 percent of all sex offenders living in communities nationwide.

While sex offenders constitute a large and increasing population of prison inmates, most are eventually released to the community. Some 60 percent of those 265,000 convicted sex offenders noted above were supervised in the community, whether directly following sentencing or after a term of incarceration in jail or prison. Short of incarceration, supervision allows the criminal justice system the best means to maintain control over offenders, monitor their residence, and require them to work and participate in treatment. As a result, there is a growing interest in providing community supervision for this population as an effective means of reducing the threat of future victimization.

MYTH: "Most sex offenders reoffend."

FACT: Reconviction data suggest that this is not the case. Further, reoffense rates vary among different types of sex offenders and are related to specific characteristics of the offender and the offense.

Persons who commit sex offenses are not a homogeneous group, but instead fall into several different categories. As a result, research has identified significant differences in reoffense patterns from one category to another. Looking at reconviction rates alone, one large-scale analysis (Hanson and Bussiere, 1998) reported the following differences:

- Child molesters had a 13 percent reconviction rate for sexual offenses and a 37 percent reconviction rate for new, non-sex offenses over a five year period; and
- Rapists had a 19 percent reconviction rate for sexual offenses and a 46 percent reconviction rate for new, non-sexual offenses over a five year

period.

Another study found reconviction rates for child molesters to be 20 percent and for rapists to be approximately 23 percent (Quinsey, Rice, and Harris, 1995).

Individual characteristics of the crimes further distinguish recidivism rates. For instance, victim/survivor gender and relation to the offender have been found to impact recidivism rates. In a 1995 study, researchers found that offenders who had extrafamilial female victims/survivors had a recidivism rate of 18 percent and those who had extrafamilial male victims/survivors recidivated at a rate of 35 percent. This same study found a recidivism rate for incest offenders to be approximately 9 percent (Quinsey, Rice, and Harris, 1995).

It is noteworthy that recidivism rates for sex offenders are lower than for the general criminal population. For example, one study of 108,580 non-sex criminals released from prisons in 11 states in 1983 found that nearly 63 percent were rearrested for a non-sexual felony or serious misdemeanor within three years of their release from incarceration; 47 percent were reconvicted; and 41 percent were ultimately returned to prison or jail (Bureau of Justice Statistics).

It is important to note that not all sex crimes are solved or result in arrest and only a fraction of sex offenses are reported to police. The reliance on measures of recidivism as reflected through official criminal justice system data (i.e., rearrest or reconviction rates) obviously omits offenses that are not cleared through an arrest (and thereby cannot be attributed to any individual offender) or those that are never reported to the police. For a variety of reasons, many victims/survivors of sexual assault are reluctant to invoke the criminal justice process and do not report their victimization to the police. For these reasons, relying on rearrest and reconviction data underestimates actual reoffense numbers.

MYTH: "Sexual offense rates are higher than ever and continue to climb."

FACT: Despite the increase in publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years.

The rate of reported rape among women decreased by 10 percent from 1990 to 1995 (80 per 100,000 compared to 72 per 100,000) (Greenfeld, 1997). In 1995, 97,460 forcible rapes were reported to the police nationwide, representing the lowest number of reported rapes since 1989.

More recently, when examining slightly different measures, it appears that rates have continued to drop. The arrest rate for all sexual offenses (including forcible rape and excluding prostitution) dropped 16 percent between 1993 and 1998. In 1998, 82,653 arrests were logged for all sexual offenses, compared to 97,955 arrests in 1993 (Federal Bureau of Investigations, 1997 and 1998).

MYTH: "All sex offenders are male."

FACT: The vast majority of sex offenders are male, but females also commit sexual

crimes.

In 1994, less than 1 percent of all incarcerated rape and sexual assault offenders were female (fewer than 800 women) (Greenfeld, 1997). By 1997, however, 6,292 females had been arrested for forcible rape or other sex offenses, constituting approximately 8 percent of all rape and sexual assault arrests for that year (FBI, 1997). Additionally, studies indicate that females commit approximately 20 percent of sex offenses against children (ATSA, 1996). Males commit the majority of sex offenses, but females commit some, particularly against children.

MYTH: "Sex offenders commit sexual crimes because they are under the influence of alcohol."

FACT: It is unlikely that an individual who otherwise would not commit a sexual assault would do so as a direct result of excessive drinking.

Annual crime victim/survivor reports indicate that approximately 30 percent of all reported rapes and sexual assaults involve alcohol use by the offender (Greenfeld, 1998). Alcohol use, therefore, may increase the likelihood that someone already predisposed to commit a sexual assault will act upon those impulses. Excessive alcohol use is not a primary precipitant to sexual violence, however.

MYTH: Children who are sexually assaulted will sexually assault others when they grow up."

FACT: Most sex offenders were not sexually assaulted as children and most children who are sexually assaulted do not sexually assault others.

Early childhood sexual victimization does not automatically lead to sexually aggressive behavior.



Early childhood sexual victimization does not automatically lead to sexually aggressive behavior. While sex offenders have higher rates of sexual abuse in their histories than expected in the general population, the majority were not abused. Among adult sex offenders, approximately 30 percent have been sexually abused. Some types of offenders, such as those who sexually offend against young boys, have still higher rates of child sexual abuse in their histories (Becker and Murphy, 1998).

While past sexual victimization can *increase the likelihood* of sexually aggressive behavior, most children who were sexually victimized never perpetrate against others.

MYTH: "Youths do not commit sex offenses."

FACT: Adolescents are responsible for a significant number of rape and child molestation cases each year.

Sexual assaults committed by youth are a growing concern in this country. Currently, it is estimated that adolescents (ages 13 to 17) account for up to one-fifth of all rapes and one-half of all cases of child molestation committed each

year (Barbaree, Hudson, and Seto, 1993). In 1995, youth were involved in 15 percent of all forcible rapes cleared by arrest— approximately 18 adolescents per 100,000 were arrested for forcible rape. In the same year, approximately 16,100 adolescents were arrested for sexual offenses, excluding rape and prostitution (Sickmund, Snyder, Poe-Yamagata, 1997). The majority of these incidents of sexual abuse involve adolescent male perpetrators. Prepubescent youths also engage in sexually abusive behaviors, however.

MYTH: "Juvenile sex offenders typically are victims/survivors of child sexual abuse and grow up to be adult sex offenders."

FACT: Multiple factors, not just sexual victimization as a child, are associated with the development of sexually offending behavior in youths.

Recent studies show that rates of physical and sexual abuse vary widely for adolescent sex offenders; 20 to 50 percent of these youths experienced physical abuse and approximately 40 to 80 percent experienced sexual abuse (Hunter and Becker, 1998). While many adolescents who commit sexual offenses have histories of being abused, the majority of these youth do not become adult sex offenders (Becker and Murphy, 1998). Research suggests that the age of onset and number of incidents of abuse, the period of time elapsing between the abuse and its first report, perceptions of how the family responded to the disclosure of abuse, and exposure to domestic violence all are relevant to why some sexually abused youths go on to sexually perpetrate while others do not (Hunter and Figueredo, in press).

MYTH: "Treatment for sex offenders is ineffective."

FACT: Treatment programs can contribute to community safety because those who attend and cooperate with program conditions are less likely to re-offend than those who reject intervention.

The majority of sex offender treatment programs in the United States and Canada now use a combination of cognitive-behavioral treatment and relapse prevention (designed to help sex offenders maintain behavioral changes by anticipating and coping with the problem of relapse). Offense-specific treatment modalities generally involve group and/or individual therapy focused on victimization awareness and empathy training, cognitive restructuring, learning about the sexual abuse cycle, relapse prevention planning, anger management and assertiveness training, social and interpersonal skills development, and changing deviant sexual arousal patterns.

Different types of offenders typically respond to different treatment methods with varying rates of success. Treatment effectiveness is often related to multiple factors, including:

- The type of sexual offender (e.g., incest offender or rapist);
- The treatment model being used (e.g., cognitive-behavioral, relapse prevention, psycho-educational, psycho-dynamic, or pharmacological);
- The treatment modalities being used; and
- Related interventions involved in probation and parole community supervision.

Several studies present optimistic conclusions about the effectiveness of treatment programs that are empirically based, offense-specific, and comprehensive (Lieb, Quinsey, and Berliner, 1998). The only meta-analysis of treatment outcome studies to date has found a small, yet significant treatment effect—an 8 percent reduction in the recidivism rate for offenders who participated in treatment (Hall, 1995). Research also demonstrates that sex offenders who fail to complete treatment programs are at increased risk for both sexual and general recidivism (Hanson and Bussiere, 1998).

MYTH: "The cost of treating and managing sex offenders in the community is too high—they belong behind bars."

FACT: One year of intensive supervision and treatment in the community can range in cost between \$5,000 and \$15,000 per offender, depending on treatment modality. The average cost for incarcerating an offender is significantly higher, approximately \$22,000 per year, excluding treatment costs.

As noted previously, effective sex offender specific treatment interventions can reduce sexual offense recidivism by 8 percent. Given the tremendous impact of these offenses on their victims/survivors, any reduction in the re-offense rates of sex offenders is significant. Without the option of community supervision and treatment, the vast majority of incarcerated sex offenders would otherwise serve their maximum sentences and return to the community without the internal (treatment) and external (supervision) controls to effectively manage their sexually abusive behavior. Managing those offenders who are amenable to treatment and can be supervised intensively in the community following an appropriate term of incarceration can serve to prevent future victimization while saving taxpayers substantial imprisonment costs (Lotke, 1996).

Statistics and Characteristics of Adult and Juvenile Sex Offenders

Sexual assault statistics:

- 1995 estimates indicate that 260,300 rapes and attempted rapes and nearly 95,000 sexual assaults and threats of sexual assault were committed against persons 12 years of age or older (Greenfeld, 1997).
- In 1998, 20,608 arrests were made for forcible rape and 62,045 arrests were made for other sexual offenses (FBI, 1998).
- 43 percent of all rapes/sexual assaults occur between 6 p.m. and midnight.
- Six out of every 10 rapes/sexual assaults occur in the homes of victims/survivors, family members, or friends (Greenfeld, 1997).
- Sexual assault victimizations are highest among young adults between the ages of 16 and 19, low income individuals, and urban residents (Greenfeld, 1997).
- Criminal history characteristics of adult sex offenders:
 - In 1994, it was estimated that 12 percent of imprisoned violent sex offenders had a prior conviction for rape or sexual assault, while 61 percent had a prior felony conviction for other crimes (Greenfeld, 1997).
 - In 1997, approximately 234,000 convicted sex offenders were under the care, custody or control of corrections agencies on an average day. Nearly 60 percent were under conditional supervision in the community (Greenfeld, 1997). By

1998, this number grew to 265,000.

Characteristics of juvenile sex offenders:

- Juvenile sex offenders are typically between the ages of 13 and 17.
- They are generally male.
- 30-60 percent exhibit learning disabilities and academic dysfunction.
- Up to 80 percent have a diagnosable psychiatric disorder.
- Many have difficulties with impulse control and judgment.
- 20-50 percent have histories of physical abuse.
- 40-80 percent have histories of sexual abuse.

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Grooming of Victims

By Dreseden Jones, MNCASA

Key Learning Points:

- Grooming is how sex offenders gain trust and confidence with their potential victims.
- Sex offenders groom their victims with gifts, friendship, and threats.
- Since most victims/survivors know their perpetrator, they may feel trapped once the abuse begins.
- Grooming potential victims over the internet is happening more frequently.
- Perpetrators can find out personal information on the internet about their potential victims.

We tell children to never keep secrets. If someone asks you to keep something a secret, you should tell a trusted adult right away. Of course, as children get older, they distinguish between harmless secrets their friends tell them in giggling confidence, and secrets that they are asked to keep that involve someone getting hurt or someone hurting someone else. These days, because of media attention surrounding sexual abuse and better informed parents, children are more aware of “good touch, bad touch.” It is not enough for a sex offender to tell a child “don’t tell anyone, it’s our secret.” Very few sex offenders will offend against a child they do not know; most victims/survivors know their perpetrator. But beyond just knowing the victim/survivor, sex offenders take their time to gain the child’s trust, confidence, and gain a position of power. This is called grooming.

Sex offenders not only groom potential victims but also their parents and caregivers, in order to get into the child’s inner circle. Once the child views the perpetrator as someone to be trusted, the perpetrator will begin introducing the child to different types of sexual touch. This is done slowly to desensitize the child as the inappropriate behavior escalates. Some perpetrators also use pornography, sometimes involving children in sexual situations with adults, as a way to normalize what they are doing. During the grooming process, the perpetrator might buy the child gifts that will allow them to have contact with the child that parents/caregivers will not find out about, such as a cell phone or a webcam.

Once the abuse has begun, the child may feel trapped because the abuser is a family member or friend whom everyone loves. The abuser may constantly remind the child of this, claiming no one will believe them if they come forward or using guilt (“If you tell anyone, I’ll get in trouble and go to jail.”). The abuser may also bribe them with gifts (“I’ll buy you that new iPod if you let me do this.”), or threaten them or their family (“If you say no, I’ll do this to your little sister.”). This further traps the victim



Young victims/survivors who have been groomed by their offender may express guilt for coming forward because of the close relationship they have with their offender.



Victims/survivors who have received gifts as a part of being groomed by their offender may blame themselves for taking the gifts.



If the perpetrator has made threats as a part of grooming, the victim/survivor may be fearful that they or a family member or friend could be harmed as a result of their coming forward.

Bringing it Home:

- Does your agency include information about grooming techniques when doing educational sessions in the community?

into cooperating and accepting the abuse.

With new technology, perpetrators are now able to groom victims over the internet. By chatting with an underage child in a chat room, the perpetrator can ask the right questions to create a feeling of familiarity and trust. The internet allows the perpetrator to see whenever the child is online, so they can make contact at any time. Many children are not aware how easy it is for sex offenders to find out information such as addresses and which school they attend. Some adult perpetrators even pretend to be adolescents themselves online so that the child they are grooming trusts them even more easily.

Resources

King County Sexual Assault Resource Center: www.kcsarc.org



Issues in Treating Adults Who Commit Sexual Crimes

By Steven Sawyer, MSSW, LICSW, Project Pathfinder, Inc.

Key Learning Points:

- Understanding men who commit sex crimes is helpful for advocates so they can advocate for treatment and legal consequences in an effort to prevent further victimization.
- In the majority of cases, these men know that they are committing a sex offense and they know that it is wrong.
- Many offenders feel victimized by the consequences of their actions. Part of the treatment process is to help them see how they have hurt other people.
- Many, but not all, men who commit sexual offenses were victims of some kind of abuse or neglect in their childhood.
- There is no single profile of a man who commits a sex crime. While there are some similarities, each person must be assessed and treated as an individual.

It is important for those who assist victims/survivors of sexual assault to have an adequate understanding of adults who commit sex crimes and their treatment needs. That knowledge will allow them to advocate for those forms of treatment and/or legal consequences which will best assure that more crimes are not committed. We hope that it will provide a basis of understanding that will assist in providing an atmosphere that protects and heals victims/survivors as well as the community, produces as much change as possible in the offenders and, when change is not possible, provide adequate safeguards for the community.

Understanding Men Who Commit Sex Crimes

First of all, the label "sex offender" tells us nothing about the person, their history, the nature of their offense, other medical conditions or relevant circumstances, nor does the label give us guidance about effective intervention or management. This label is only a legal term with a legal or social definition. To truly understand these individuals we must look at the person, his (we will use the male pronoun as most people who commit sex crimes are men) history, his personality, his social environment, and many other factors. Hence, we refer to them as men who commit sex offenses and do not rely on the label. Second, to treat these men, we first need to understand how they perceive themselves and their offense. Without that understanding, it is like trying to unlock a door without a key - it simply will not work. Third, there are many myths and misunderstandings about this group of men, and the effective methods of assessing and treating them. We will address some of those misunderstandings in this section. At the end of the section is an excerpt from a publication from the Center for Sex Offender Management that explains some myths and facts about sex offenders.

A sexual offense is comprised of behaviors and psychological dynamics, much of which most men deny, avoid, or suppress. Only in the rare case of mental illness or an alcohol- or chemically-induced blackout is the offense truly outside conscious awareness; in the majority of cases men know they are committing the offense, and they know it is wrong. Many men do not identify with their own psychological forces, however; they feel alienated, or disown their own traits and desires as though these belonged to someone else, or in rare cases, they do not feel remorse for their actions. This type of psychological defensiveness is not unusual; defenses are common in many people and must be overcome in order to increase self-understanding. Consequently, the impact and consequences of the offense are often a devastating (though deservedly so) reality check, and many men initially focus more on the "unfairness" (of getting caught and prosecuted) than on the actual offense and its impact on others. In the eyes of the offender, he has suffered many losses. He loses his freedom, experiences public humiliation, and may lose his job or family. He has to pay out money for treatment, fines, lawyers, and court costs. He may have to move out of the family home. He may not be allowed contact with his children, grandchildren, or others. In the midst of feeling victimized by the consequences of the offense, he also must learn to genuinely recognize how he has harmed others.

Many but not all men who commit sex crimes were victims of some form of abuse or neglect earlier in life. It is not true that they all were sexually abused, however, nor is it true that childhood sexual abuse causes men to become sexual abusers. Taking responsibility for his offense in adulthood means that he must finally come to terms with the effects of his abuse - a task some men avoid. Because he has avoided it, he may carry the long-term effects of victimization: the damage to self-worth or feelings of anger, rage, and vengeance. Some men choose to maintain a victim stance - never consciously coming to terms with their anger and hatred toward their own perpetrators. Those who carry these dangerous residues chose early in life whether to resolve the impact of their own abuse experience, or direct their pain and anger outwards against others or inwards against themselves.

As adults in treatment they learn to take full responsibility for all the psychological issues they have studiously avoided. This is one of the major areas of attention in treatment. They cannot, however, do that alone. It is the responsibility of treatment providers to assess, at each step of the process, the degree to which each man can hold up his end of the bargain. All of these men need the support and involvement of family and friends in treatment process and accountability to the corrections system and society.

What Makes These Men Difficult to Assess and Treat

Having a better understanding of men who commit sex crimes helps advocates to refrain from demonizing the offender; this is important, considering most victims know their perpetrator.



No two men who commit a sex crime are the same. Their motives, personality dynamics, choice of victims, degree of assault, level of developmental integrity, and support system vary immensely. They can be lawyers, doctors, entrepreneurs, clergy, teachers, childcare providers, family members, friends of the family, strangers, etc. Another complicating factor is that there are many different kinds and degrees of offenses: rape, child molestation, exposing, window-peeping, internet-related offenses, or obscene phone calls. Some men are compulsively focused on one offense behavior, while others behave on a continuum, increasing their level of aggressiveness and harm over time, thus becoming increasingly dangerous.

For these reasons assessment is critical. Those who assess and treat offenders use a

variety of instruments and procedures that assess personality traits, strengths and weaknesses, thought processes, intellectual ability, sexual history, and arousal patterns. Assessment seeks information on the presence of other sexual disorders, relationship problems, history of being a victim of abuse, degree of ownership of behavior, degree of victim empathy, status of sexuality, history of compulsive or obsessive behaviors, and degree of criminal thinking. Recent research has also provided additional tools to assess patterns of sexual interest and risk for recidivism. Therapists also review police reports, criminal history, Pre-Sentence Investigation reports, victim impact statements, and information from family or friends. All this is used to determine whether an individual is treatable and what strategies will need to be employed to create fundamental change. Several factors are crucial to understanding these men:

- A sex offense hurts others and for most men is shameful to admit. Normal psychological defense mechanisms often protect men from the uncomfortable feelings underneath. A goal of treatment is to reveal these emotions, and learn to express and manage them in productive effectively.
- There is no single profile of a man who commits a sex crime. There are similarities among some groups of offenders such as: some pedophiles are sexually attracted to young boys and not adults while others are attracted to both boys and adult women. Or, a man can molest a young girl or boy and not meet the diagnostic criteria to be called a pedophile; in that case we use the term child sex abuser. Therefore, each must be assessed and treated in a manner that addresses those unique characteristics.
- A thorough understanding of history, psychological dynamics, medical conditions, other psychiatric disorders, capacity for self-control, and support system is essential to manage and treat them effectively. For some men medication is essential for recovery. For others, close monitoring and supervision is necessary.
- Many men can be rehabilitated if they have the motivation to change. A sexual offense is most often the result of a build up of behaviors, thoughts and emotions that can be identified and understood. This understanding serves as the foundation for understanding and changing abusive behavior.
- Many men who commit sex crimes are shame-based. Treatment is not shame-based, but educates men and holds them accountable while providing support for the changes that are necessary.
- Except for a very few who are mentally ill or in some form of chemically-induced blackout, these men know they are committing a behavior that is wrong, harmful, or that is offensive. Because this behavior is a choice, they must be able to take responsibility for their actions.

What Does Treatment Include?

Effective treatment has many dimensions, and most programs include the following elements:

Ongoing monitoring and supervision. The majority (about 70 percent) of men convicted of sex crimes in the last 20 years in Minnesota were placed on probation in the community for a period typically ranging from 1-30 years. While on probation

they must report regularly to their probation officers. Some are on intensive supervision, a newer option that requires frequent face-to-face visits, as well as visits to home and work sites. Failure to comply with treatment expectations is usually considered to be a violation of the conditions of probation. Probation officers stay in close contact with treatment staff and clients to verify progress and discuss issues of concern.

It's important to understand that there are treatment options out there for men who have committed or are struggling with the desire to commit a sex offense.



Supportive friends and family. Many programs include family and supportive adults in the treatment process. Men in treatment are often required to obtain a sponsor who will attend individual sessions on a regular basis. Family members are often informed of the offense and may become involved in the treatment process as well. A support network is developed to provide guidance, support, and a safe person to lean on it tough times. Educational and support groups are offered for partners and family.

Structured program expectations and goals. Treatment programs are structured, usually around group therapy and individual therapy. Most programs have specific goals that each client must complete. In addition, programs often use written materials such as workbooks and videos that are useful adjuncts to treatment. The workbooks are filled with exercises and readings that allow treatment participants to take more initiative in their treatment process

Objective measures. The use of Polygraph and Phallometric Assessment. Programs are increasingly utilizing these technologies to gather additional information about self reports and sexuality. These procedures provide objective information that helps increase accountability and understanding.

Self report. Weekly reporting of all sexual behavior and fantasy, ongoing journaling and practice of relaxation exercises, weekly monitoring of degree and quality of participation in the treatment group. This reporting activity includes periodic progress reports to the courts.

A sex positive approach. Teaching clients that they are sexual beings with needs for touch, sensuality, and intimacy, and that these needs must be met responsibly.

Individual and group therapy. Usually clients attend weekly therapy groups and individual, marital, or family therapy sessions on a regular basis.

Goals and Issues in The Treatment Process

Most treatment programs utilize a series of goals and expectations which must be met in order to complete treatment. Working within a goal-oriented program allows the client to see whether he is making steady progress, and holds him accountable for a roster of vital and specific issues related to abusive behaviors. Below we describe a common course of treatment.

In the very beginning of treatment, it is clearly established that illegal or abusive sexual behaviors are not tolerated. Clients need to report ongoing urges or sexual fantasies. It is expected that he be able to admit to others that he committed the offense. Treatment does not work with those men who are in complete denial of the offense. Usually, clients in denial are given a limited time

to take responsibility for their actions. If they fail to take responsibility for their offense within the time limit they are remanded back to the judicial system for disposition by the court.

Treatment begins with an orientation to treatment procedures and expectations, including commitments and obligations, expectations about involvement of family and sponsors, basic sexuality information, relaxation exercises, journaling, use of fantasy, and treatment materials.

Before looking into underlying issues, he is asked go back into his offense in a very specific way and be able to present to others the story and details of that offense, both in the therapy group and to people brought in from his life. This includes providing a history of all illegal behaviors, sexual and otherwise, going back to childhood. This exercise puts his current offense and life circumstances in perspective and provides a deeper understanding of what led up to the offense. This will help him see possible patterns that led up to the offense and must be done with such authenticity that those listening to it are convinced it happened as it is being recounted. If he does this autopsy-like work his sponsor and /or family will get a different picture of him and his problems. Most men hate this part of the process. They often want to "take care of it" themselves, without exposing the reality of their actions. Up to this point, their wives or family members have usually gotten a whitewashed version of the offense - a version which makes the offense seem more accidental, less serious, and less intentional.

Until he gets through this part, he often does not take treatment seriously or thinks he has much to gain from it. He does not recognize yet what was underlying the offense, and thinks he can just decide to not do it again, ignoring the deep and resistant roots of the problem. He also has to acknowledge and recognize that he actually chose to offend, that the offense involved a decision-making process that he could have stopped at any number of points along its progression. A sex offense is not an accident. It is usually a long time in the making and if he committed previous crimes, then he has given himself permission to keep moving in a certain direction and reinforce a sense of entitlement.

At this point he starts working on underlying issues - those long-standing problems which, if worked upon seriously enough, will change the kind of person the offender is and make him capable of choosing not to offend again. These include shame and guilt and the sense of worthlessness and inferiority. It can also mean tackling family of origin issues or having to inventory the experiences of his own victimization and determine whether be resolved the effects of those victimizations or not. He also has to figure out how he misused sexuality in his offense - using sex to get other psychological needs met.

These men often lack communication and relationship skills, and are unable to interpret the signals of other people accurately. Many have to become more direct with others and learn how to handle conflict. Most importantly, they need to develop empathy - to put themselves in the victim's shoes and experience the offense from the other end. This is incredibly difficult for most men. Tapping into inner feelings and seeing what impact their offense had on the victim usually requires digging inside themselves and acknowledging for the first time how deeply and negatively they have been affected by circumstances in their own lives. It is important that he do this without slipping into a victim stance of his own.

He needs to recognize the parts of him that can overpower or over-ride his own sense of morality, allowing him to choose to violate his own standards. That part must be changed, and the needs associated with it must be resolved. The entire treatment process is often threatening, and some men need an external consequence to help hold them accountable, such as court-ordered treatment carried out under the threat of additional imprisonment or other serious consequence. Therapists expect the attitude of these men to be negative when treatment begins; no one likes to be forced to do anything. At some point, however, his attitude has to shift. He has to begin taking initiative for his treatment and move out of the passive-aggressive stance in which he is just doing what he is told.

Not all men have the personal strength and/or outside support system to make all the necessary changes. Some will simply try to rearrange their surface and believe that is enough. Others will learn the right things to say and try to bluff their way through treatment. Some will always require monitoring and reminders are simply not enough to make fundamental, internalized change that alters their life course in a positive direction. Some will not be able to sustain change without strong family back up or a healthy spiritual community that is aware of their offense and vulnerabilities. Some offenders will need the constant threat of consequences to stay on the "right road."

Treatment Format

Most treatment groups are open-ended, men are in the group and treatment program until they change! In this format there are always new members and old members in the same group. The advantage is that those getting closer to completion can provide leadership and confront new clients with more authenticity. Also, new clients can see goals and issues worked on first-hand and experience the standards required by the group. Peer group culture is essential to change. Treatment cannot be successfully completed alone, or in one-to-one therapy. The offense represents a hidden world and must be brought into contact with other people and made accountable to the community, both inside and outside of treatment.

The final stages of treatment involve testing his resolve and commitment. Some programs require the client to arrange and carry out community service to pay back the victim or community for the damage he has done. He should be able to demonstrate that he now has a strong support community who know his weaknesses and temptations and will hold him accountable over time. He should also be able to design a relapse prevention plan that demonstrates awareness of precursors, stress points, and vulnerabilities and have fail-safe back-up programs in place, should the pressures of life challenge his ability to maintain what he has gained in treatment.

The final months of treatment also include agreement by his probation officer that he is ready to complete, and, that there is commitment to aftercare and follow-up sessions so that ongoing law-abiding behavior is monitored and maintained. Finally, there is some kind of completion ritual that acknowledges the whole process of change and his role and contributions to the group. These final hurdles can be frustrating but are critical because they represent the ability to handle frustration, recognize, and intervene on "red flag" areas, and have a support system that can take over for what treatment formerly provided. That support, along with his understanding of his risks and relapse prevention plan, is what makes him safe to re-enter the community.

While completing treatment goals and working on issues, he must continue to satisfy probation requirements, participate in psychological testing and assessment as required,

involve family and friends in treatment, pay regularly on his bill, attend treatment regularly, and satisfy the criteria for each goal. Once treatment is completed, there is often an aftercare component as well. Juggling treatment expectations along with work, maintaining sobriety, and paying additional court and treatment costs is not easy and is a significant accomplishment when all is completed.

Summary

Treating men who commit sex crimes is a clinical specialty, and a difficult undertaking made more so by the wide variety and degree of offenses, motivational differences, personal history of abuse, and other individual traits. Other factors such as alcohol and drug abuse, family and community support, criminal history, and the ability to maintain healthy and functioning adult relationships also add to the difficult task of change. Successful treatment and true change takes time. This is why treatment programs are open ended – men are in treatment until they make all the necessary changes. The first step is admitting the need to change, and then the process follows with learning how to change and integrating those changes into self-concept and relationships. Most importantly, these men must take complete responsibility for their offense and their future behavior. While this process of change goes on, treatment and the corrections system seek to minimize the risk to the community.

We have focused this chapter on men who have been convicted and are under supervision by the court. There are also men who receive treatment for sexual behaviors who are not under court supervision. The treatment approach and expectations are the same for these men even though they are not accountable to the public.

We have addressed only the surface of the complex undertaking of treating this unique and very heterogeneous group of men. Other sections of this chapter include Myths and Facts and sex offender registration laws.

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Advocating for treatment of men who commit sex offenses, as well as punitive consequences, will help prevent further victimization.

Bringing it Home:

- Does your organization include this topic in its 40-hour advocacy training?
- If someone struggling with wanting to sexually offend were to contact you on the crisis line, would you know who to refer them to?

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