

Sex Offender Laws

Failed Policies,
New Directions

■ Richard G. Wright, PhD

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Introduction: The Failure of Sex Offender Policies

Richard G. Wright

1

The right to control one's body is one of the most fundamental, meaningful, and important human rights. How to respond when that right is violated by force, coercion, or threats is one of the most critical decisions that a government must make. In the United States, the sexual violation of children, adolescents, or adults is an all-too-common experience. Millions of women, children, and men have been sexually violated at some point in time. Yet, American policy responses to prevent or address sexual offending, particularly those enacted within the last twenty years, have largely failed. They have not done any of the following:

- reduced sex offenders' recidivism rates;
- provided safety, healing, or support for victims;

- reflected the scientific research on sexual victimization, offending, and risk; or
- provided successful strategies for prevention.

The central thesis of this work is that these policies have failed by choice. Policymakers choose to focus on the most heinous sex offenders while ignoring the most common sexual threats that people face. Policymakers are disproportionately influenced by isolated, high-profile cases of sexual assault committed by strangers, to the neglect of the everyday sexual violence committed by known and familiar family, friends, and acquaintances. This choice gives lawmakers simple and clear political benefits but overall has made the public less safe.

Misguided Policies

As is documented throughout this book, policymakers have chosen to allow sex offender laws to be driven by the demonization of offenders, devastating grief experienced by a subset of victims, exaggerated claims by law enforcement, and media depictions of the most extreme and heinous sexual assaults. As a result of this choice, a tremendously expensive criminal justice apparatus has been created, victims have been deprived of resources that could aid their recovery, and efforts to treat and manage offenders have been undermined.

A dominant factor in the passage of these inefficacious sex offender laws is the impact of the tragic, high-profile, stranger-predator sexual assault. Thirty years' worth of research has shown that sexual victimization occurs primarily in the context of a preexisting relationship. This research, described thoroughly in chapter 2, shows that the greatest risk of sexual violation comes from one's partner, mother, father, sister, brother, family member, or family friend. As horrific as stranger-predator assaults are, they are far less common than violence committed by an intimate assailant. To the detriment of society, stranger-predator assaults are the guiding force behind today's ineffective sex offender laws.

As discussed throughout this text, although the details vary, a common script can be found in the enactment of these laws. Typically, the process begins with an

influential criminal case involving the horrific abduction of a child or woman by a previously convicted sex offender, who then rapes, brutalizes, and murders the victim. Local and national media—particularly television—sensationalize the case and demonize the alleged offender. Once the identity of the perpetrator is known and proven, law enforcement officials, prosecutors, and legislators state definitively that new and amended laws would have prevented the murder from occurring. Authoritative claims are made that with legislative action, no child will be harmed in the future and offenders will be severely punished and prevented from further offenses. Grieving parents and survivors are asked to support the legislation, and many channel their trauma into the cause. New and amended sex offender laws are introduced with minimal debate, and no effective opposition is voiced, with those who do promote moderation dismissed as being soft on pedophiles. Federal and state laws are then enacted, memorialized by the name of the victim of the originating tragedy.

Cases such as the sexualized murders and abductions of Jessica Lunsford, Sarah Lunde, Polly Klaas, Megan Kanka, Alexandra Zapp, and Jetseta Gage involved all or portions of this pattern. There can be no doubt that these stranger-predator sexual attacks are horrific, tragic, and devastating. Yet in the face of such pain, the government has a responsibility to enact the laws that have the greatest chance of success. Unlike our current approach, these laws must balance grief with evidence, pain with fairness, anger with reason, and the desire for vengeance with a plan for prevention.

The Need for Effective Leadership

The government plays a critical role in defining, detecting, and punishing sexual deviance. Legislative efforts at controlling sexual behavior, scholars have noted, are strongly correlated with the mores, ethics, politics, and social conventions of each era (D'Emilio & Freedman, 1998; Jenkins, 2001). Although laws aimed at sex offenders can be traced back to the origin of the nation, the modern effort at identification of those deemed sexually dangerous began in earnest in the 1930s and '40s (Leib, 2003; Meloy, Saleh, & Wolff, 2007).

Some scholars have argued that there have been three waves of sex offender laws (Lieb, Quinsey, & Berliner, 1998). The current era of these laws began in 1994, when the Violent Crime Control and Law Enforcement Act included the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (Windlesham, 1998). This was the first federal law upon which sex offender registration and notification programs were established. The Wetterling Act was amended a number of times to include mandatory community notification provisions, a national database of registered sex offenders, and a requirement that appropriate college students register (Wright, 2004).

The Wetterling Act was superseded in 2006 by the Adam Walsh Child Protection and Safety Act, Public Law 109-248. Although the scholarly literature on the Walsh Act is scant due its newness, some authors have argued that it is a tremendously harmful expansion of federal power (Chaffin, 2008; Young, 2008; Wright, 2008). Among the numerous points within the Walsh Act are these:

- a federal requirement that states register juveniles over the age of 14 adjudicated for a sex offense;
- a conviction-based scheme distinguishing low, medium, and high-risk offenders;
- an expansion of mandatory sentences for federal sex offenders;
- an increasing role for the federal government, specifically the U.S. Marshals, in locating unregistered sex offenders (109th Congress, 2006).

According to Levinson and D'Amaro, the most common sex offender policies in use include registration, community notification, civil commitment, residence restrictions, and electronic surveillance (Levenson & D'Amaro, 2007). Meloy et al. (2007) concur with the assessment that civil commitment, registration, and notification have become common legislative responses. Yet states have gone well beyond that package of tools. States have also enacted laws requiring mandatory HIV testing of (in some cases, alleged) sex offenders; laws permitting chemical and surgical castration; and, as of July 2008, unconstitutional laws authorizing the execution of sex offenders. The scope of sex offender legislation has also reached through the Internet. As discussed in Chapter

Five, the federal government's creation of an "enticement" charge allows for proactive undercover policing to prevent sex offenders from recruiting children online. Additionally, the government has begun to use preventive detention to arrest alleged offenders before they commit a crime. With all these laws dedicated exclusively to sex offenders, this book seeks to answer one question: Are they effective?

Choosing Sensationalism Over Substance

Legislators often accept inaccurate depictions of the causes and motivations of sex offenders. In their examination of Illinois legislators' views of sex offender laws, Sample and Kadleck (2008) reported that much of legislators' understanding of sex offenders comes from mainstream media depictions, particularly those reported in the news. Their findings are consistent with Wright's interviews with Massachusetts policymakers on their sex offender laws (Wright, 2004). Levenson and D'Amaro (2007) also noted the critical role that media play in the construction, framing, and understanding of sexual offending, as did Wright's chapter on Internet sex stings.

In his commentary on juvenile sex offender laws, Chaffin (2008) argued that policymakers routinely choose to ignore empirical evidence in pursuit of punitive, simplistic policies designed to win political points. Chaffin argued that the enactment of the Walsh Act's requirement that states subject juveniles over the age of 14 to the same registration and notification mandates as adults is directly contradictory to the research findings, which point to improvements in treatments and recidivism of juvenile sex offenders. Chaffin argued that policymakers' motivations may include satisfying a public desire for revenge, or simply using these punishments as a general deterrent. He concluded his analysis with the belief that these policies have ostracized children and made their rehabilitation and recovery much more difficult.

Even with the enormous disconnect between public policy and sexual assault research, many of those who must implement these sex offender laws are trying to make them work. Meloy and colleagues (2007) noted that since this era of sex offender laws, states have varied significantly in their approaches. In their examination of eight states, Meloy et al.

reported that Vermont, Washington, Colorado, and Texas have distinguished themselves in numerous ways. Most importantly, several of these states rely on risk-assessment analysis in delineating sex offenders' dangerousness, and they integrate clinical and empirical research continually in the policy process. Terry and Ackerman's examination of Colorado, Minnesota, and Washington State in chapter 13 provides a discussion of how some states have used this era of big-government sex offender laws to incorporate critically and thoughtfully the issues of dangerousness, recidivism, and treatment.

Narrative and Structure of This Volume

This book is divided into three sections. Part 1 provides an overview of sexual assault's prevalence, incidence, and patterns; and empirical findings of the last twenty years of research on sexual assault. Specifically in chapter 1, Wright discusses the tragic and powerful impacts of sexual assault, the critical need for effective government response, and the major flaws with contemporary sex offender policies. Wright identifies several common factors influencing the passage of sex offender laws. These include an overreliance on less common, high-profile, stranger-initiated sexual assaults and murders; quick legislative action; and exaggerated claims from law enforcement about the preventive aspects of future legislation. Additionally, Wright discusses how the unmitigated pain and grief of survivors affect the policy-making process and policymakers' selective use of often-inaccurate statistics to enact and justify stranger-based sexual assault laws.

In chapter 2, Williams summarizes what researchers know about sexual assault and victimization. He looks at the national data provided by the Uniform Crime Reports, the National Crime Victimization Survey, and the National Violence Against Women Survey. Through Williams's analysis of sexual assault data and seminal studies, one of the fundamental flaws of sex offender legislation becomes apparent. His review, consistent with numerous other studies, finds that most sexual assaults are committed by someone who had a pre-existing relationship with the victim. In essence, most sexual assaults occur within a context of a

relationship. The stranger-based sexual assault is a tragic, devastating, but low-frequency event. The data show that husbands, boyfriends, uncles, aunts, mothers, family friends, and dating partners represent a greater threat of sexual violence than do the stranger-predator for whom legislation is developed.

Williams also summarizes recent research on the efficacy of treatment and on specific issues associated with sexual offenses committed by juveniles and female offenders. In doing so, he provides an overview of a central issue in the sex offender debate: the question of differences among sex offenders. Critics of sex offender laws often argue that the laws are overly broad and make poor, if any, distinctions amongst sex offenders, thus overinflating the dangerousness of most (Lieb, Quinsey, & Berliner, 1998; Meloy et al., 2007; Levenson & D'Amaro, 2007; Wright, 2008; Chaffin, 2008).

In chapter 3, Terry and Ackerman analyze the evolution of major sex offender laws. They provide the historical context with an examination of early sexual psychopath laws and continue their analysis up to the 2006 passage of the Walsh Act. With their review of the voluminous literature, they provide a comprehensive understanding of the general lack of empirical support for these policies. As Welchans noted in her 2005 article on evaluations of twelve state sex offender registries, there is a disconnect between public perception and empirical efficacy. She noted that although the general public approves of the laws, there is little to no evidence of their impact in reducing recidivism. Terry and Ackerman expand on Welchans's assessments.

As with the formation of all criminal justice policies, there is an appropriate and important place for the stories, words, and experiences of victims. A common criticism of sex offender laws, however, is that policymakers have allowed a subset of victims and their tragic, heartbreaking cases to define national policy (Wright, 2004; Zgoba, 2004; Sample & Kadleck, 2008). Effective policy should balance the stories and pain of the victims with empirical evidence and evaluated best practices.

One of the most important voices in the recent sex offender debate has been Patricia (Patty) Wetterling, who, with her husband Jerry, went through the tragic and devastating experience of having their 11-year-old son, Jacob, abducted near their home in Minnesota in 1989. With their son still

missing, Patty Wetterling has spent the last twenty years of her life working to end sexual violence. Chapter 4 represents Patty Wetterling in her own words. In a question-and-answer interview with this volume's editor, Ms. Wetterling discusses why these laws are enacted despite their focus on the lower-frequency stranger assault, the interface between distraught victims and policymakers, her and her family's experiences during the trauma and recovery from Jacob's disappearance, and her current work in sexual assault prevention.

Part 2 of this volume presents the evidence—the controversial, legal, and policy issues associated with specific sex offender laws. This section expands the current literature in several areas. Wright's exploratory examination of Internet sex stings in chapter 5 presents a thorough assessment of a new and complex investigative and policy tool. As he discusses, the federal government and the states created a crime known as "enticement" to allow police agencies to prevent sex offenders from using the Internet to meet and potentially assault children. Because of this legislation, law enforcement officials have utilized their undercover expertise to identify and arrest would-be sex offenders. This approach, Wright notes, is fraught with ethical problems. He argues that this strategy, well-meaning though it is, represents a form of preventive detention and net widening justified by the heinous actions of a few.

In chapter 6, Radeloff and Carnes examine an often-ignored set of sex offender laws: mandatory HIV testing and intentional transmission of HIV. With 46 of 50 states passing statutes that require those accused (or convicted) of sex crimes to undergo an HIV test, it is clear that this is a commonly used sex offender policy. Radeloff and Carnes's examination is, to the editor's knowledge, one of the first to appear in the criminological and sociological literature. They frame this issue with a review of other policy efforts at mandatory HIV testing, with an analytic look at the experiences of pregnant women and sex workers. Radeloff and Carnes raise the numerous privacy concerns of mandatory HIV testing. Turning their attention to sex offenders, they examine the issues of victim notification, due process, and the conflict between solid public health practices and the criminal justice approach. Through Radeloff and Carnes's chapter, it is apparent that this widespread policy deserves further empirical and analytic evaluation.

As previously mentioned, federal sex offender laws were expanded with the 2006 passage of the Walsh Act. Sample and Evans's chapter 7 takes a detailed look at one major provision of the new law: the Sex Offender Registration & Notification Act (SORNA). They include a discussion on the final SORNA guidelines published by Attorney General Michael Mukasey in July 2008. Sample and Evans also discuss the numerous studies on the limited and sometimes negative impact of sex offender registration and notification.

A relatively recent trend in state-level policy initiatives has been the passage of laws requiring offenders to be electronically monitored upon their probationary or parole release. In chapter 8, Meloy and Coleman review the findings about the impact of electronic monitoring, also known as GPS (Global Positioning Satellite) monitoring. They report that there are still significant issues with GPS monitoring, including public misperception, exaggerated promises from law enforcement, probation and parole, lag time, and overutilization. They conclude that, within the appropriate probation and parole settings, GPS monitoring can be an effective tool in sex offender management.

Perhaps the most popular and empirically ineffective sex offender policy is that of residence restrictions. These laws, which have been enacted at the city, county and state level, restrict where sex offenders may live. Although they vary in their specific range, these statutes generally limit offenders to living outside 1,000 feet from a school, park, public pool, or other place children may congregate. In chapter 9, Levenson provides a candid discussion of residence restrictions, their efficacy, and their unintended consequences. Examining numerous local, county, and state efforts, Levenson provides the reader with a well-documented conclusion that despite their growing popularity, these laws are divisive and counterproductive. Levenson also examines the impact of these laws on offenders' ability to reintegrate and on their attempts at living an offense-free life.

As noted earlier, reliable evidence exists that another controversial set of sex offender laws may be appropriate for select offenders but is overutilized in its current form. In chapter 10, Scott and del Busto discuss state laws on chemical and surgical castration. The authors review the historical role of castration in sexual assault prevention, the biological basis for the laws, the biochemical impact on offenders, and the

associated legal issues. Similar to the issues raised in Radloff and Carnes's chapter on mandatory HIV testing, Scott and del Busto discuss the conflicts that exist between the medical community's views on the role of castration and the demands of public safety policies. Their assessment concludes that in select conditions, with a defined subgroup of offenders, castration may be an effective management strategy.

In chapter 11, Harris provides a comprehensive analysis of civil commitment legislation. Initiated in 1990 in Washington State, these laws provide for the perpetual detention of sex offenders after their criminal sentence has been completed. With the 1997 Supreme Court ruling in *Kansas v. Hendricks* upholding the constitutionality of these laws, numerous states enacted statutes focusing on the most dangerous sex offenders. As Harris notes, these states have varying criteria to determine what constitutes a "sexually violent predator" eligible for civil commitment. Harris also examines the conflict between the treatment goals of the psychiatric community and the detention demands of the criminal justice apparatus. Harris concludes his analysis with a discussion of the costs of civil commitment and the long-term viability of the policy.

In the final chapter of Part 2, Rayburn Yung discusses the timely and recent issue of the execution of sex offenders. As of 2008, six states had expanded their capital punishment statutes to allow for the execution of those convicted of child rape. This policy trend was an apparent direct challenge to the Supreme Court's 1977 ruling in *Coker v. Georgia* that such laws were an unconstitutionally disproportionate punishment. Rayburn Yung discusses the Supreme Court's 2008 ruling in *Kennedy v. Louisiana*, upholding its previous decision, that these existing state statutes are unconstitutional. Rayburn Yung also discusses why many victims and victim advocates oppose expanding the death penalty to include sex offenders.

Having documented the generally poor efficacy of sex offender laws, the book examines policy alternatives in its final section. Specifically, it examines state leaders in sexual offense management, the viability of the containment model, preliminary assessments of if and how restorative justice may fit in sex offender management, and the still-unmet needs of sexual assault victims.

Terry and Ackerman return in chapter 13 to examine a handful of visionary states and programs. The authors demonstrate that Washington State, Minnesota, and Colorado turned the demands of the federal mandate into a push for empirically driven laws balanced with victim input. Since some of their efforts predated the 1994 Wetterling Act, these states have also demonstrated leadership and vision in sexual assault prevention, offending, and treatment.

The authors do not limit their discussions to state efforts. They examine the Center for Sex Offender Management, an initiative of the federal government. This training and technical assistance center utilizes research and evaluation in helping communities implement thoughtful sex offender management programs. Additionally, Terry and Ackerman profile *Stop It Now!*, a sexual abuse prevention program based in a public health framework. Summarizing the evaluative literature on this approach, they demonstrate that in the face of punitive, overreaching laws, some communities are implementing and evaluating risk-based clinically and legally sound alternatives.

In chapter 14, English discusses the containment model, a policy approach in use in select communities. This approach focuses on victim safety, interagency collaboration, and risk assessment. English provides the reader with evaluative evidence that the containment model does reduce offender recidivism.

Given the numerous problems with today's legislative onslaught, Della Giustina examines if, why, and how restorative justice can be used in addressing sexual violence. Chapter 15's examination of restorative justice and sex offending begins with an overview of the restorative justice model and its approach. The author provides insight into how reintegrative shaming may impact victims' recovery and enhance offender accountability. Given the numerous practical and ethical limits in using restorative justice in sexual offending, Della Giustina provides an interesting template for practitioners and researchers to develop and assess.

As noted earlier in discussion of chapter 4's interview with Patty Wetterling, the voices of sexual assault victims and their families are critically important in policy planning and implementation. Effective policy making includes victims and their advocates and seeks to balance their hurt and needs

with constitutional limits, empirical evidence, budgetary constraints, and the input of law enforcement and the criminal justice community. In the concluding chapter, 16, Bandy provides an illuminative discussion of the unmet needs of sexual assault victims. Through interviews with advocates, victims, and victim service agencies, Bandy documents that many of those directly affected by sex offender laws do not find the laws particularly helpful. Bandy provides evidence that victims and victim advocates find sex offender laws a distraction from the dominant issues of intimate-partner and familial sexual assault. Bandy's chapter reminds the reader of the needs sexual assault victims still have and the critical importance of evidence-based policy.

It is the authors' hope that this volume of essays will help improve the United States' ability to prevent and respond to sexual assault. Given how tragic rape and molestation are, it is critical that government efforts become more effective. We believe that by incorporating the empirical evidence and the voices of all victims, and balancing those with constitutional protections, budgetary constraints, and a long-term holistic approach, sexual violence can be reduced and prevented. The U.S. government has a responsibility to make victims, their families, and their allies safer.

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The Problem of Sexual Assault

Francis M. Williams

2

This chapter summarizes major empirical data and studies on sexual assault prevalence and treatment for sex offenders and includes a discussion about issues associated with special sex offender populations (i.e., juvenile and female sex offenders). Forms of sexual assault include forcible rape, sodomy, child molestation, incest, fondling, and attempted rape. In many jurisdictions, *sexual assault* has replaced the term *rape* in most state statutes, acquiescing to the trend of defining terms with a gender-neutral approach.

Sex offender legislation is built on nonscientific premises that are skewed by public perceptions that all sex offenders are the same, that they reoffend at extremely high rates, that treatment does not work, and most importantly that most sexual assaults are committed by strangers—implying that if the public knew who the offenders were, the assaults would not

occur. Almost 40 years of research into sexual victimization and offending debunk these premises. Equally as troubling is that nearly all U.S. sex offender laws are not only based on anecdotal high-profile tragedies but also go against the scientific findings on sexual victimization and perpetration.

All sex offenders are not the same; in fact, they are a heterogeneous population (Groth, Longo, & McFadin, 1982). Juveniles constitute a reasonable share of the sex offender population, according to nationwide arrest statistics, and female sex offenders represent a growing population (Vandiver & Teske, 2006). Public recognition that men can be sexual assault victims and women can be perpetrators has more recently generated closer scrutiny. The recidivism rate is relatively low for sex offenders who reoffend sexually, but it is higher for those who fail to complete treatment (Hanson & Bussiere, 1998).

There are four critical questions that this chapter addresses: What is known about sexual assault victimization? What is known about sexual assault perpetration? Does the recidivism of sex offenders justify the need for additional sex offender-specific policies? And, how effective or ineffective is sex offender treatment? These questions are addressed by presenting data and studies that have analyzed patterns of sexual victimization, sex offender recidivism, and the efficacy of treatment for both adult and juvenile offenders.

Sexual Assault Victimization

National Data

The feminist movements of the 1970s gave public voice to issues of adult sexual and domestic violence. As the political dialogue on sexual assault grew, the academic community documented previously unknown levels of abuse. One of the first seminal studies was Russell's San Francisco study. It revealed that 24% of adult women had experienced a completed rape, with 44% experiencing a completed or attempted rape (Russell, 1983, 1984). Subsequently, in a random national survey of 6,159 college women, Koss, Gidycz, and Wisniewski (1987) found that 84% of women knew their attacker, estimating that one in four women had experienced rape or attempted rape.

The Uniform Crime Report (UCR) categorizes forcible rape under the violent crimes index and categorizes sex offenses (except forcible rape and prostitution) under Part II offenses. The UCR defines forcible rape as “having carnal knowledge of a female forcibly and against her will.” Assaults and attempted rape by force or threat of force are also included in this category. Preliminary 2007 UCR data (for law enforcement agencies with over 100,000 population) indicated a 2.7% drop in the number of forcible rapes ($n = 92,445$) reported in 2006.

A second source of sexual assault data is the National Crime Victimization Survey (NCVS). There has been a steady decline in the number of victims of sexual assault as reported in the NCVS between the years 1996 and 2006, from a high of more than 370,000 in 1999 to just fewer than 260,000 in 2006 (U.S. Department of Justice, 2006). The decline in sexual assault victimization mirrors the overall decline in violent crime victimization during the same time period, which shows a precipitous decline from over 9.5 million in 1996 to just over 6 million in 2006 (Ibid).

Sexual assault is a serious social problem that affects almost “18 million women and almost 3 million men in the United States” (Tjaden & Thoennes, 2006, p. iii). Young people, particularly young women, are being victimized at alarming rates. The 1995–1996 National Violence Against Women (NVAW) Survey reported “younger women were significantly more likely to report being raped at some time in their lives than older women” (Ibid). The report used a definition of rape that includes attempted and completed vaginal, oral, and anal penetration achieved through the use of force.

This report also found that “one of every six women has been raped at some time and that in a single year more than 300,000 women and almost 93,000 men are estimated to have been raped” (Tjaden & Thoennes, 2006, p. iii). Other significant findings from the National Violence Against Women (NVAW) report included the following: 95–96% of those who have been victimized were assaulted as children; being raped as a minor increased the probability for adulthood rape; intimate partner rape perpetrated by males on females resulted in significantly more injuries to the victim; and rape is still underreported. The satisfaction level from rape victims’ contacts with police was only about 50% (Tjaden & Thoennes, 2006). The report affirms the nature of the crime as one that

is mostly perpetrated against women and children and one in which most female rape victims (83.3%) and male rape victims (71.2%) know their assailant.

Children as Victims

The available information paints a disconcerting picture of sexual assault on minor children by nonstrangers; this includes family, relatives, or close family friends. The National Child Abuse and Neglect Data System (NCANDS) reported that almost 10% (9.3%) of the victims of substantiated child maltreatment cases suffered sexual abuse (U. S. Department of Health and Human Services, 2005). Using data drawn from the national Developmental Victimization Survey (DVS), Finkelhor, Ormrod, Turner, and Hamby (2005) reported that of the children and youth between the ages of 12 and 17 years, 1 in 12 (82 per 1,000) were victimized by a sexual assault. Teenagers were disproportionately victimized compared to adults, and the majority of these perpetrations were committed by acquaintances. Finkelhor and Jones (2006) later noted that there has been a consistent decline in substantiated child sexual abuse cases.

Finkelhor and Jones (2006) reviewed possible explanations for the decline of various forms of child maltreatment and victimization between 1993 and 2004 many of which included incidents of sexual abuse and sexual assault. Paralleling other crimes, the authors noted that sexual abuse declined 49% between 1990 and 2004. Sexual assault of teenagers dropped 67% between 1993 and 2004, with the subgroup of sexual assaults by known persons down even more. The authors concluded that "they [the decreases] probably reflect at least in part a real decline in sexual abuse" (p. 688). Finkelhor and Jones (2006) further proposed explanations for these declines with the caveat that little empirical evidence is available to evaluate any of the factors. They first ruled out demographic changes and capital punishment policies as being relevant to juvenile victimization, mainly because their effect on child victimization is not leveraged by research. Two other factors, gun control policies and the crack cocaine epidemic, were considered relevant only to juvenile homicide and possibly robbery trends. The authors found more plausible factors such as the impact of abortion legislation, improvement in the economy, growth in imprisonment and

other serious legal sanctions, and hiring of more police and agents of social intervention.

Victim–Offender Relationship

Data from the 2005 National Crime Victimization Survey showed that 73% (128,440) of female sexual assault victims were assaulted by someone they knew (U.S. Department of Justice, 2005). Among those known assailants, 38% (66,580) of the women were assaulted by a friend or acquaintance, and 28% of the assaults were committed by intimate partners (Catalano, 2006). The survey showed that nonstranger sexual assaults (123,010) were nearly twice as frequent as stranger sexual assaults (68,670). The NCVS repeatedly finds that the majority of sexual assaults are committed by intimate and known assailants (Catalano, 2006).

Tjaden and Thoennes (2006) noted that 22.8% of male victims and 16.7% of female victims were raped by a stranger. Where males are generally raped by friends, teachers, coworkers or neighbors, females generally tend to be raped by spouses, cohabiting partners, dates, boyfriends, and girlfriends. Overall, 43% of all female and 9% of all male rape victims were raped by some type of current or former intimate partner. Nonspousal family members who perpetrated rape tended to do so while the victim was a child or adolescent. On the whole, females are at a significantly higher risk for rape than males.

Several studies have pointed out the high prevalence of sexual assault on college campuses, primarily known as acquaintance rape (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987; Muehlenhard & Linton, 1987). It has been estimated that one fourth of college women are victims of attempted rape or a committed rape (Koss et al., 1987). Alternately, it has been estimated that one fourth of college men have engaged in some form of sexually coercive behavior—actions that are consistent with rape or attempted rape—reemphasizing the patterns of known relationships between victims and offenders (Abbey, McAuslan, & Ross, 1998; Koss et al., 1987). In response to campus sexual assault patterns, Congress enacted several laws (e.g., the Student Right-to-Know and Campus Security Act of 1990 [The Clery Act] and the Campus Sexual Assault Victims' Bill of Rights of 1992) requiring institutions of higher education to notify students about crime on campus, publicize their prevention

and response policies, maintain open crime logs, and ensure sexual assault victims their basic rights.

The victim–offender relationship has been shown to be a key factor for violence, depressive symptomatology, and other pervasive mental health disorders, such as PTSD, substance abuse, fearfulness, and other somatic complaints (Browning & Laumann, 1997; Campbell & Soeken, 1999a, 1999b; Cascardi, Riggs, Hearst-Ikeda, & Foa, 1996; DeMaris & Kaukinen, 2005; DeMaris & Swinford, 1996; Harrison, Fulkerson, & Beebe, 1997; Jasinski et al., 2000; Kilpatrick et al., 1987; Miller, Monson & Norton, 1995; Saunders et al., 1999; Stermac, Du Mont, & Dunn, 1998; Ullman & Brecklin, 2003). For example, a study of 700 women who had been violently victimized found more reports of depressive symptoms when the assailant was known to the victim.

Whether the assault occurred when the victim was a child or adolescent had no consequences on overall victim health (DeMaris & Kaukinen, 2005). Contradicting those findings is Ullman and Brecklin's 2003 study. They reported that women with both childhood and adult sexual assaults had more recent chronic medical conditions than women with assault in adulthood or childhood alone. Their subsample ($n = 474$) of women who had been assaulted in both life stages showed contact with health professionals for mental health/substance abuse issues over their lifetime was significantly more likely. In addition, combined child/adult victims diagnosed with PTSD and those with stressful life events had more chronic medical conditions.

Browning and Laumann (1997) found that women who experience child-adult sexual contact are more sexually active in both adolescence and adulthood, have sex at an earlier age and are more likely to bear children before they turn 19, have substantially higher numbers of sexual partners, and are more likely to contract sexually transmitted infections and experience forced sex (p. 557). Harrison et al. (1997) examined the relationship between physical and sexual abuse and substance use patterns in adolescents and found that abuse victims "use a greater variety of substances, earlier initiation of substance use, and more frequent attempts to self-medicate painful emotions" (p. 536). DeMaris and Swinford (1996) found that attempted or completed forced sexual relations were positively related to increased fearfulness in women. Similarly Campbell and Soeken (1999) found in their study of 159 primarily

(77%) African American women who were forced to have sex by an intimate partner showed significant levels of depression and also had high scores on negative health and gynecological symptoms, and risk factors for homicide.

The Relationship between Childhood and Adult Victimization

A number of studies have found that sexual assault victimization as a child increases the probability of revictimization both as an adolescent and adult. For example, Gidycz, Coble, Latham, and Layman (1993), in their study of 927 female psychology students, found that victimization was correlated with child victimization. They reported that in 28.84% ($n = 830$) of the sample, an adult victimization was more likely in those who had experienced a childhood victimization. Additionally, an adult victimization was dependent on an adolescent victimization in 88.31% ($n = 828$) of the cases. They also found that women who were victimized in both childhood and adolescence had higher rates of victimization in adulthood, and reported a link between psychological functioning and victimization experiences.

Messman-Moore and Long (2000) examined the relationship between child sexual abuse (CSA) and revictimization in three forms: unwanted sexual contact, physical abuse, and psychological maltreatment. In their sample of 648 women, they found that “more than half of the CSAS (Child Sexual Abuse Survivors) reported some form of unwanted sexual contact in adulthood (52.3%), with 26.4 percent reporting unwanted sexual intercourse” (p. 496). Still others have also found a link between childhood sexual abuse and later sexual victimization (Arata & Lindman, 2002; Briere & Runtz, 1987; Chu & Dill, 1990; Fromuth, 1986; Kessler & Bieschke, 1999; Koss & Dinero, 1989; Merrill et al., 1999; Messman & Long, 1996; Russell, 1984; Wyatt, Guthrie, & Notgrass, 1992).

It appears that once victimized, the risk for revictimization or repeat victimizationⁱ is greater. In a review of the existing literature on sexual revictimization, Classen, Palesh, and Aggarwal (2005) note several key points:

- CSA is a significant risk factor. Additionally, severity of previous victimization differentiates between those who are victimized and revictimized.

- Sexual assault during adolescence places a woman at greater risk during adulthood compared to the risk associated with CSA.
- The more recent the victimization, the higher the risk for revictimization.
- Cumulative trauma increases the likelihood of revictimization—CSA coupled with physical abuse increases revictimization risks.
- Ethnic minorities and those from dysfunctional families face increased risks.
- There are correlates between sexual revictimization and certain mental health problems, such as psychiatric disorders; addictions; and interpersonal, behavioral and cognitive functioning; in addition to increased feeling of shame, blame, powerlessness, and coping strategies.

Finkelhor, Ormrod, and Turner (2007) examined revictimization patterns in a national sample (1,467) of children aged 2–17. Of particular note is that the study’s analysis of “poly-victims” (a subset of the children with high levels of different types of victimizations) indicated that this group was especially susceptible to increased risk for sexual victimization, child maltreatment, and virtually all other forms of victimization. The authors note a number of implications from the study of revictimization. Most prominent is the necessity to study children across the full spectrum of childhood, most notably age ranges, in order to inform a more holistic approach to public policy concerning child and youth victimization (Ibid). Similarly there is a need to examine victimization across racial and ethnic lines in order to better understand its impact on diverse populations.

Race and Ethnicity

Tjaden and Thoennes (2006) found that those most frequently victimized for rape/sexual assault are Native American women, which is consistent with other research. The study found that 17.6% of surveyed women and 3% of surveyed men were raped at some time in their lives. They concluded that 1 out of 6 American women have been the victim or attempted victim of a rape in their lifetime, as were 1 out of 33 men. As of the year the sample was generated (1995), 17.7 million American

women and 2.8 million American men have been victims or attempted victims of a completed rape. Nine of every 10 rape victims were female. Although numbers show that about 80% of victims were white, minorities were somewhat more likely to be attacked (Ibid).

Siegel and Williams (2003), using data collected from 206 predominately urban, low-income, African American women, found that CSA prior to age 13 was not by itself a risk factor for adult victimization. Rather, those who were victimized later in adolescence in combination with CSA posed a much greater risk for adult victimization; however, other risk factors such as alcohol abuse and sexual behaviors (multiple sex partners) also influenced future victimization.

Kalof's (2000) study of 383 undergraduate women found that when verbal threats or pressure was applied, African American women had the highest incidence of forced intercourse, and Asian women had the lowest in this category. Hispanic women had the highest incidence of attempted rape, whereas African American women had the lowest. African American and white women were almost three times as likely as Hispanic women to have had experiences that met the legal definition of rape. In addition ethnicity interacted with both alcohol use and early extrafamilial sexual abuse; thus based on the victims ethnicity, extrafamilial sexual abuse and alcohol abuse has a different effect on subsequent experiences of attempted rape.

Male Sexual Assault Victimization

Recent research has allowed for closer scrutiny of adult male sexual assault patterns. Contrary to popular belief, rape of adult males does not only occur in prison, although its prevalence within penal institutions may be higher than elsewhere. Although most estimates put male sexual assault victimization at around 5% to 10%, there is reason to believe that this is not quite accurate (Forman, 1982; Kaufman, Jackson, Voorhees, & Christy, 1980). Stermac, Del Bove, and Addison (2004) suggested that the prevalence of sexual assault on males is higher than traditionally believed.

Using information from the Los Angeles Epidemiological Catchment Area Project (as cited in McConaghy & Zamir, 1995) Stermac, Del Bove, and Addison (2004) reported that 7.2% of the men were sexually assaulted after the age of 15,

with 39% of these men reporting that they had been forced to have intercourse. Another study found that 16% of male college students reported having at least one incident of forced sex (Struckman-Johnson, 1988). Crisis center and hospital emergency room data indicate that males make up between 1% and 10% of all reports received (Kaufman et al., 1980). Another study of male survivors found that between 5% and 10% of all reported rapes in any given year involve male victims (Scarce, 1997).

Some studies reported that for men, young white males are the most frequent victims of sexual assaults. Stermac, Sheridan, Davidson and Dunn (1996) found that sexual assaults in large urban areas target young gay males and that coercive patterns of assault similar to those seen in acquaintance sexual assaults of females was evident. Frazier (1993) found that 58% of the young males in his study of victims in a hospital-based rape crisis program were white. In Groth and Burgess's (1980) study of 22 community male rape victims, all were white. These results obviously raise methodological issues given the limited samples. Many of these studies used self-report data that were affected by cultural and social constraints that make males reluctant to disclose rape victimization. Two notable studies reported that between 36% and 71% of males who were sexually assaulted had experienced previous victimization (Mezey & King, 1989; Myers, 1989).

In comparing male and female sexual assault victims, Kaufman et al (1980) found males to be younger, more likely to have physical injuries, more likely to have been a victim of an assault in which the perpetrators were gang members, and more likely to be more socially and economically unstable than females. Frasier (1993) found similarities in race, age, prior victimization, and likelihood to have been physically harmed, but men were more hostile and depressed than female victims. Lacey and Roberts (1991) also found that men were more likely to be assaulted by more than one assailant, with weapons more typically involved, and they were more likely to be orally assaulted.

Generally men are reluctant to report their sexual assault to authorities, leading to misinformation and underreporting of its prevalence. In male-on-male rape cases, heterosexual males in particular do not want to be labeled as "homosexual." These victims fear that reporting a sexual assault subjects them to ridicule and stigmatization. One study noted that

only 5 of the 40 male rape victims in the study contacted the police after the rape (Walker, Archer, & Davies, 2005). Groth and Burgess (1980) suggested that males do not report sexual assault for three primary reasons: (1) males are supposed to be able to defend themselves, (2) their sexuality becomes suspect, and, (3) recalling and describing the event brings up uncomfortable emotions. Additionally, it is not uncommon for both law enforcement officials and the public at large to be skeptical about reports of male sexual assault unless these reports involve male children.

Male Prison Rape

The incidence of male prison rape has typically been viewed as a problem for homosexual convicts or even more broadly couched under the ideology of “just desserts”—inmates are getting what they deserve. Jones and Pratt (2008) have suggested that even early researchers dismissed the issue of sexual activity between male prisoners as either being consensual or situational. All agree it is the source of much institutional violence that results in both physical and psychological trauma for the victims.

There are two prevailing views about male prison sexual victimization. One is that it is an act of sexual deprivation caused by isolation from the opposite sex. However, this view is not supported by prison officials, criminological and psychological practitioners, academic scholars, or the prisoners themselves. Instead they feel it is much more complex than that. The other view is more consistent with sexual assault as an expression of power and control rather than sexual gratification. The psychological pain of prison life, the inability to pursue personal gratification, and the limited access to appropriate means to exert power all contribute to prison rape (Jones & Pratt, 2008).

Jones and Pratt note that the wide variations (1–21%) across prevalence studies can be traced to methodological issues that encompass differences in definitions, methods of obtaining data, and the prisons selected to study; and “a lack of differentiation between incidence rates and prevalence rates of sexual victimization” (p. 284). Using a criterion established by their investigation, Jones and Pratt argue that an inclusive definition of sexual violence does not just rely on self-reports, but it uses anonymous data collection

procedures and makes an effort to include multiple facilities of different types. Relying on this criterion, their investigation revealed a prevalence rate of 20%, presenting corrections officials with significant health and safety problems (Jones & Pratt).

The Prison Rape Elimination Act of 2003 (P.L. 108-79), mandated a comprehensive statistical review and analysis of the incidence of prison rape. In December 2007, the BJS published *Sexual Victimization in State and Federal Prison Reported by Inmates*, which revealed that 1,330 inmates had experienced one or more incidents of sexual victimization (U.S. Department of Justice, 2007). Overall, 3.2% ($n = 24,700$) of local jail inmates are estimated to have experienced sexual victimization. Most distressing is that 2.0% ($n = 15,200$) reported an incident involving staff, with 1.6% ($n = 12,100$) of the 2.0% reported an incident involving another inmate, and 0.4%ⁱⁱ reported being victimized by both staff and inmates. One important finding by the report was that sexual victimization was more strongly related to inmate characteristics (e.g., female, person of two or more races, age 18–24, inmate with higher education) than to facility characteristics (U.S. Department of Justice, 2007).ⁱⁱⁱ

A major concern for men who are raped in prison is the high percentage of HIV transmission. Maruschak (2004) found that 1.9% of men incarcerated in state and federal prison are infected with HIV but suggested that the prevalence is higher. Much of the HIV transmission in prison is passed by rape and other forms of sexual victimization. In a study of HIV acquisition due to prison rape, Pinkerton, Galletly, and Seal (2007) noted that prison rape incidents often involve multiple perpetrators and in many cases cause serious injury to the victim, which increases the risk of HIV infection. The authors developed a model to assess the acquisition rate of HIV due to prison rape and found that “approximately 68.1% of the 1.4 million men incarcerated in U.S. prisons at the end of 2003 already have or will become infected with HIV as a consequence of prison rape” (p. 302).

In addition, the scant literature attending to adult male rape suggests that the consequences of sexual assault for men are just as distressing as for female survivors. According to one study, male victims reported feelings of shock, humiliation, embarrassment, and behavioral changes and rape-related phobias persisting for a number of years after the

assault. Almost half of the male rape survivors in this investigation met criteria for a diagnosis of posttraumatic stress disorder (PTSD). Longer term emotional reactions included increased anger and irritability, conflicting sexual orientation, loss of self-respect, and sexual dysfunction similar to that experienced by female rape victims (Huckle, 1995).

Impact of Sexual Assault Victimization

Sexual assault victimization has numerous costs and consequences for the victim, the offender, their families, and society at large. Economic and societal costs of sexual victimizations are exorbitant. Criminal justice costs of sexual violence include those incurred for law enforcement, court proceedings, personnel, public education, and incarceration of convicted offenders. The incidence of mental illness, debilitating physical injuries, sexually transmitted diseases, drug use, and increased risk for other types of crimes are some of the associated human costs.

Cohen and Miller (1998) described a 1996 National Institute of Justice (NIJ) study that found that rape had the highest annual total victim costs (\$127 billion at \$87,000 per victimization) of any crime, ultimately creating a public health and safety concern. The cost for each sexual assault was determined to be \$110,000. Since many rape victims are subjected to more than one sexual assault, the cost per rape is estimated to be \$87,000. The cost per sexual assault is estimated to include \$500 for short-term medical care; \$2,400 for mental health services; \$2,200 for lost productivity at work; and \$104,900 for pain and suffering (Cohen & Miller, 1998).

Cost distinctions are also found in research investigating differences in how sexual assault affects racial and ethnic groups. For example, one study reported that as a consequence of their sexual assault, white women are more likely to engage in problem drinking and illicit drug use. Minority women also engage in illicit drug use and heavy episodic drinking; with African American women in particular, these behaviors are used as coping strategies (Kaukinen & DeMaris, 2005). Additionally, 19.5% of sexual assault victims in 1990 lost work time costing them about \$1,261 dollars with acquaintance rape victims losing even more time (DeMaris & Kaukinen, 2005).

Medical services for sexual assault victims vary widely. Typically these costs include the initial emergency medical care, pregnancy testing, HIV and sexually transmitted diseases (STD) testing and treatment, and possibly abortions due to unwanted, rape-induced pregnancies. Miller, Cohen & Rossman (1993) found that 43% of sexual assault victims showed evidence of sexually transmitted diseases that required treatment. Though the total costs of these services are unknown, many of them are serious and chronic.

Finally, victim services have sprung up in almost every jurisdiction. There are more than 2,000 of these services operating in the United States today, and millions of dollars are dispensed each year by the federal government for victim services. Through initiatives like the Victims of Crime Act (VOCA), funds are available for use for programs that work with victims of sexual assault, domestic violence, and child abuse. VOCA was established in 1984 and between the years 1986 and 2003, VOCA distributed \$3,062,972,335 in victim assistance funds to the states.^{iv}

Sexual Assault Perpetration

Who are the sex offenders, and what do we know about offending behavior? There is no single typology that fits all sex offenders, though some have similar characteristics; for instance, the majority of offenders are male. Because sexual assault is so underreported, it places restrictions on developing accurate offender data. Estimates of offending prevalence are attainable through mechanisms such as the Uniform Crime Reports (UCR) and the National Crime Victimization Survey (NCVS).

For the year 2006, the UCR recorded 92,455 cases of forcible rape; arrests for rape only totaled 24,535. Of this arrest number, the UCR showed a clearance rate (i.e., either arrested or cleared by exceptional means) of only 40.9% (U.S. Department of Justice, 2008). As these numbers imply, the majority of reported rapes are never solved. What the NCVS and UCR data do reveal is that the majority of those arrested for rape are young, typically under 25 years old.

The most recent data from the Bureau of Justice Statistics (U.S., Department of Justice, 2006) revealed that in America's prisons and jails, 148,800 inmates were serving time for rape

or sexual assault; of these, 147,100 were male and 1,700 were female. Whites represented 80,800 of this number, blacks constituted 41,900, and Hispanics accounted for another 23,300 of the total. At the end of 2006, 5,035,225 adult men and women were being supervised on probation (4,237,023) or parole (798,202). Three percent ($n = 127,110$) were on probation for a sexual assault. African American males tend to be overrepresented in rape cases processed through the criminal justice system. Belknap (2001) suggested this attribute exists as (1) a consequence of the percentage of white males who know their victim (rape victims are less likely to report these assaults when they know the perpetrator), and (2) black males being more susceptible to prosecution in the criminal justice system. These are not necessarily the prevailing views, but there is much support for both premises.

Perpetrator Characteristics

Some have argued that individual perpetrator characteristics and rape-supportive attitudes and beliefs are widely considered to be a product of a general cultural context that objectifies women and condones the use of force by men to obtain goals, including sexual conquest (Berkowitz, 1992; Burt, 1980; Kanin, 1985, in Loh, Gidycz, Lobo, & Luthra, 2005). Loh et al. (2005) explained that these individual "characteristics include differences in socialization experiences, beliefs and attitudes about sexuality, personality, and alcohol use that have been empirically determined or hypothesized to differentiate men who are sexually aggressive from their counterparts who are sexually nonaggressive" (p. 1326).

The idea that sexual assault is related to a need to satisfy an insatiable sexual drive does comport with the literature. The stereotype of the rapist who cannot control himself often fuels bad public policy. There is no single need that compels sex offenders to rape; in fact, most offend for multiple reasons. Most of these reasons are nonsexual.

Cohen, Seghorn, and Calmas (1969) identified four types of rapists: the compensatory, the displaced aggressive, the sex-aggression diffusion, and the impulse rapist. Each type represents categories based on the relative amounts of aggression and sex present in the offense. Amir (1971) identified several types of rapists based on aberrations of their personality or as those who commit rape as a "demand

of the youth culture.” Similarly, Rada (1978) classified rapists by personality disorders, noting five offender types: sociopathic, masculine identity conflict, situational stress, sadistic, and psychotic.

Groth (1979) used a classification system that was based on concepts of power, control, and sexuality, and identified four types. Groth concluded that men rape for three reasons: power, anger, and sadism, noting that the majority of men rape for power, to control and possess their victim. This model categorizes offender behavior and motivations as aspects of power reassurance, power assertive, anger-retaliatory, or anger excitation. Groth’s model has been adapted by the National Center for the Analysis of Violent Crime (NCAVC) to describe offender behavior, which assists in profiling.

Berlin et al. (1997) examined motivational factors and identified six types of rapists; the *opportunistic rapist* has two sub-types: (1) has prominent narcissistic personality traits, and (2) has dependent personality traits. These personality types are the *angry rapist*, who rapes out of anger or frustration. The *developmentally impaired rapist* suffers from mental retardation or is developmentally impaired. The *psychotic rapist* has an independently confirmed history of major mental illness. The *paraphilic or sexually driven rapist* has recurrent cravings for coercive sex, and the sexual assaulter has been associated with *voyeurism*. Although this is rare, it may turn violent. Essentially the way the rape is classified is by its identified motivation: whether it was sexual or nonsexual, sadistic in nature, or motivated by anger, hate, power, and control; and whether it was planned or impulsive (Robertello & Terry, 2007).

The most comprehensive typology was developed by Prentky, Knight, and Rosenberg (1988) and consists of a model with three categories identifying eight types (later modified to nine) of offenders. This model contains biological, psychological, and cultural components of human behavior and assesses (1) the aggression of the offense, (2) the meaning of sexuality in the offense, and (3) the impulsivity reflected in the history and lifestyle of the offender.

Sexually Violent Predators

Much of our knowledge about sex offenders comes from studies on incarcerated and/or civilly committed offenders.

A common critique of contemporary sex offender policies is that they are over-inclusive (e.g., they do not allow for important distinctions amongst sex offenders). These policies are typically drawn with one type of sex offender in mind, the sexually violent predator (SVP). SVPs are defined as persons who have been convicted of or charged with sexual violence; who suffer from a mental abnormality or personality disorder; and who, as a result of the mental abnormality or personality disorder, are likely to continue to engage in predatory acts of sexual violence. There is reason to be concerned about SVPs, for they are a special group. As one study showed, SVPs “have a greater proportion of paraphilias and personality disorders (including psychopathy), along with fewer serious mental illnesses, than do other committed populations and noncommitted sex offenders” (Jackson & Richards, 2007, p. 315). This study of 190 civilly committed sex offenders in Washington State revealed that this group is at a moderate to high level for reoffending. This unique group of sex offenders is more “psychiatrically compromised” and is at a higher risk of reoffending than average sex offenders (Jackson & Richards, 2007). However, sexually violent predators constitute a small share of those subject to sex offender laws.

Predictors of Sexual Assault Perpetration

Studies of nonincarcerated sex offenders typically examine predictors or risk factors for different types of sexual assault perpetration. Abbey, Parkhill, Clinton-Sherrod, and Zawacki’s (2007) study of 163 men linked several variables as predictors of sexual assault perpetration. These variables include empathy, adult attachment, attitudes about casual sex, sexual dominance, alcohol consumption in sexual situations, and peer approval of forced sex. They found that there are differences in these predictors in perpetrators and nonperpetrators. For example, the authors reported that “as compared to non-assaulters, rapists were lower in empathy and adult attachment. Rapists had expectations for sex at an earlier stage in a relationship and more casual attitudes about sex. Rapists also were more motivated to have sex as a means of achieving power over women, more frequently consumed alcohol in sexual situations, and reported greater peer approval of forcing sex on women” (p. 1575).

Prior research has already characterized rapists as a heterogeneous group with a wide range of past experiences, personality characteristics, and offense styles (Prentky & Knight, 1991). Other predictor research has provided evidence to show that sexual assault perpetrators have consensual sex at an earlier age and have more dating and consensual sex partners than do nonperpetrators (Abbey et al., 1998; Koss & Dinero, 1989; Malamuth, Sockloskie, Koss, & Tanaka, 1991; Malamuth, Linz, Heavey, Barnes, & Acker, 1995; Senn, Desmarais, Verberg, & Wood, 2000). Although attitudes, personality, and life experiences influence sexual assault perpetration, men who have committed sexual assault do not do so on every possible occasion; instead, situational factors also play a role (Abbey et al., 1998).

Abbey and her colleagues conducted a number of studies with college students, examining the role of alcohol, misperception, and sexual assault (Abbey, Ross, McDuffie, & McAuslan, 1996); alcohol, sexual intent, and sexual beliefs and experiences (Abbey et al., 1998); alcohol expectancies regarding sex, aggression, and sexual vulnerability (Abbey, McAuslan, Ross, & Zawacki, 1999; Abbey, McAuslan, Zawacki, Clinton, & Buck, 2001; Abbey & McAuslan, 2004; Abbey et al., 2007); and the use of sexually coercive behavior (Abbey et al., 1998; Koss et al., 1987). In general, the major findings in these studies provide evidence that certain behaviors contribute to sexual assault by college men. Abbey and her colleagues (1998) provided support for an earlier theoretical model^v that sought to identify the pathways that link alcohol and sexual assault. In this sample ($n = 814$), 26% of the men reported perpetrating sexual assault. The authors supported their hypothesis that the mutual effect of beliefs and experiences with dating, sexuality, and alcohol increases the likelihood that men will misperceive the females' intentions.

Another sample of college males found that 33% ($n = 113$) reported that they had perpetrated some form of sexual assault, with 78% of those acknowledging committing more than one. Overall, 35% of the sexual assaults involved alcohol consumption, with both the man and woman drinking (Abbey et al., 2001). In all, the authors found that the represented attitudinal, experiential, and situational variables discriminated perpetrators from nonperpetrators (Ibid).

Abbey et al.'s (2007) study extended the same variables to a community sample ($n = 163$) and found that they were

significant predictors of sexual assault for this population as well. Additionally, perpetrators of sexual assault have been found to exhibit less understanding of the rules of social order, less acceptance of personal responsibility, less internalization of prosocial beliefs, more immaturity, and more irresponsibility, as compared to nonperpetrators (Kosson, Kelly, & White, 1997; Rapaport & Burkhart, 1984, as cited in Loh et al., 2005).

Other risk factors for sexual offending identified by Malamuth et al. (1991, 1995) are promiscuity and hostility. Abbey et al. (1998, 2001) found that adherence to rape myths, alcohol use, and misperception of sexual cues were risk factors. A longitudinal study conducted by Malamuth et al. (1995) indicated that sexually aggressive behavior at baseline predicted conflict with women at follow-up, which included sexual and nonsexual aggression and relationship distress (Loh et al., 2005).

There are some transient factors associated with sex offenses. These include offender motivation, the victim-offender relationship, and the situational dynamics of the crime (i.e., time and place; types of weapons used; victim resistance; financial, marital and other stressor; nonpsychosexual mental disorders; and alcohol and drug use) (Laufersweiler-Dwyer & Dwyer, in Reddington & Kriesel, 2005).

Adult Perpetration and Childhood Sexual Victimization

The relationship between offense history and childhood sexual victimization has been detailed in a number of studies. Finkelhor (1994) suggests a 5% to 10% lifetime prevalence of childhood sexual victimization in men who are sex offenders. Loh and Gidycz (2006) investigated the relationship between childhood sexual assault and subsequent perpetration of dating violence in adulthood in men. They found a significant relationship between childhood sexual abuse and history of sexual assault perpetration at baseline. Prospective analyses indicated that childhood sexual assault was not predictive of perpetration during the follow-up period. These results are supportive of the idea that the effects of childhood sexual abuse may be mediated by a variety of factors.

White and Smith (2004) conducted a 5-year evaluation of college men and found that childhood victimization

was associated with increased likelihood of perpetration of sexual assault in adolescence, which in turn was associated with increased likelihood of perpetrating sexually aggressive acts in college. Only adolescent sexual perpetration was predictive of perpetration during college when these variables were considered collectively.

Finally, more recently, Robertiello and Terry (2007) suggested that rather than looking at distinct unique characteristics, the best way to understand sex offender typologies is to view them along a continuum. They argued that those likely to recidivate have certain characteristics. Therefore, by identifying characteristics and motivations for offending, recidivism can be reduced. By utilizing offender interpersonal and situational characteristics and/or victim choice, information provides a distinction among types of offenders.

Female Sex Offenders

Female sex offenders are an understudied population. It is not uncommon for female sex offending to go unreported or unnoticed or even to be diverted from the criminal justice system (Allen, 1991). Part of the issue of underreporting lies with media portrayals of sex offenders. As will be discussed throughout this book, mainstream media often portray sex offenders as exclusively males. Many adult male victims will not report victimization at all and will rarely report being victimized by a female. Allen further suggested that it is only those females who have committed the more serious forms of sexual abuse who are likely to be charged.

Ramsay-Klawnsnik, (1990) reported that out of 83 cases involving children who were sexually abused, only one of the accused female sex offenders was subjected to criminal prosecution. Despite the fact that the abuse was confirmed through diagnostic evaluation and was often sadistic in nature, the females were not prosecuted. In 56% of the cases, the abuse included burning, beating, biting, or pinching the breasts or genitals of the children, or tying them up during acts of sexual assault.

Female sex offenders can go unnoticed because they can easily disguise sex offending as part of the routine of child-rearing activities and boys are less likely to report it because of embarrassment (Groth & Birnbaum, 1979; Kaplan & Green, 1995). Others have noted that there is a problem

with treating female sex offending as a less serious offense because it is viewed as relatively harmless (Becker, Hall, & Stinson, 2001; Broussard, Wagner, Kazelskis, 1991; Denov, 2003, 2004; Finkelhor, Williams, & Burns, 1988; Hetherington, 1999). Finally, female sex offenders can be difficult to prosecute and juries are less willing to convict females for lesser sexual offenses (Finkelhor, 1983; Mayer, 1992).

According to the Uniform Crime Reports, females represent only 10% of the sex offense cases that come to the attention of authorities. More specifically, arrests of females represent only 1% of all adult arrests for forcible rape and 6% of all adult arrests for other sex offenses (FBI, 2006).

Female sex offenders have been found to choose victims based partially on their level of access (e.g., their own children or others who are in their care) (O'Connor, 1987; Rosencrans, 1997). More recent studies have found that for convicted female sex offenders, teenagers are likely targets (Ferguson & Meehan, 2005; Vandiver, 2006; Vandiver & Kercher, 2004). They may also be acting in concert with a male accomplice (co-offender) and thus may only be serving as a tool to gain access to a victim, whereas others have their own self-interest and act on their own (solo offender) (Kaplan & Green, 1995; Vandiver, 2006).

Vandiver (2006) found that with female sex offenders, those who are co-offenders (with males) were more likely to have more than one victim, had both male and female victims, were related to the victim, and committed a nonsexual offense in addition to the listed sexual offense, as compared to solo offenders. Similar to male sex offenders, female sex offenders may seek out occupations that involve children (Faller, 1988; Finkelhor et al., 1988).

Matthews, Mathews, and Speltz (1991) developed a typology of female sex offenders based on their study of 16 women who had been sentenced to a sex offender treatment program between May 1985 and December 1987. Three types of offenders were identified. The teacher/lover typically targeted adolescent males they believed they were in love with. The intergenerationally predisposed had been sexually abused as a child by multiple perpetrators, resulting in the inability to establish relationships, promiscuity, and exhibited abusive and self-destructive behaviors. The male-coerced offenders were passive and powerless in their interpersonal relationships and ended up usually being dominated by their partners, and thus easily coerced into offending.

Vandiver and Kercher (2004) analyzed victim and offender characteristics of 471 female registered sex offenders in Texas. They ranged in age from 18 to 78, with 88% of them being white. They also found that these offenders had known victims in 82% of those cases. They developed six categories of offenders from their analysis. Their typology was organized by the following six categories: heterosexual nurturers, noncriminal homosexual offenders, sexual predators, young child exploiters, homosexual criminals, and aggressive homosexual criminal offenders.

In their 2002 study of 40 female sex offenders in Arkansas, Vandiver and Walker (2002) found that female sex offenders cover a broad range of ages, from as young as 13 to as old as 65, though the authors note that the onset may actually be younger because these youths are not typically accessed by clinical or judicial facilities. The majority of female sex offenders also tended to be married. Oliver (2007) concurred with Vandiver and Walker but added that female sex offenders were more likely to have experienced severe and repeated sexual abuse prior to age six, were more likely victims of incest, were more likely to have attempted suicide, and were more likely to have been diagnosed with PTSD.

More recently, Strickland (2008) studied a sample of 130 incarcerated females (60 sex offenders and 70 non-sex offenders) in Georgia institutions. Her analysis revealed that sex-offending women suffered significantly higher rates of total childhood trauma. There was no difference between the groups in personality disorders, although there were significant differences found for social and sexual inadequacies. No differences were found for emotional neediness. Again, effective sex offender laws understand and accommodate for differences among sex offenders. As evidenced by this review, there appear to be significant differences between male and female sex offenders, which existing policy does not address.

Juvenile Sex Offenders

As mentioned in chapter 1, federal sex offender laws now extend to juveniles. With the enactment of the 2006 Walsh Act, juveniles are to be on par with adult sex offenders regarding registration and notification requirements. Given this change, it is important to analyze if and how juvenile sex offenders vary from adult offenders.

Juveniles are primarily versatile in their offending behavior. They are generally unpatterned and unspecialized. Purely sexual offending among juveniles is a rare phenomenon. Additionally, most juvenile sex offenders do not go on to become adult sex offenders, though there may be a subset of chronic sex offenders who may be high risk.

According to UCR data for 2006, there were 2,519 persons under the age of 18 arrested for forcible rape and 11,516 in that same age group arrested for sex offenses—14.7% and 18.2%, respectively, of the total arrests for each category. These figures represent a 9.4% decrease for forcible rapes and 8.3% decrease for sex offenses from 2005, which are consistent with the reduction in crime rates overall over the 10-year period between 1996 and 2006 (U.S. Department of Justice, 2006).

Recidivism of Sex Offenders

Underlying sex offender laws is the fear of sex offender recidivism, particularly the commission of new sexual assaults. A central assumption of these laws is the belief that sex offenders have higher recidivism rates than other criminals. The data presented below suggest that premise is false.

A 2002 BJS study of 272,111 former inmates from 15 states found that 67.5% were rearrested within a 3-year period. The majority of these rearrests were for felonies or serious misdemeanors. Of this group, 46.9% were convicted of a new crime. Rapists, who represented 1.2% ($n = 3,138$) of the total of released inmates, were among those with the lowest rate (46%) of rearrest, as were other sexual assault^{vi} (41.4%) prisoners. The higher end for rearrest characteristics were robbers (70.2%), burglars (74%), larcenists (74.6%), motor vehicle thieves (78%), those convicted of possessing or selling stolen property (77.4%), and possessing, using, or selling illegal weapons (70.2%). Within 3 years, 2.5% ($n = 78$) of released rapists were arrested for another rape. A rearrest rate of 2.5% for new sexual assaults, although a likely underestimate of actual reoffending, is still a low-frequency event (Langan & Levin, 2002).

There is evidence to suggest that nonsexual criminals rarely commit sexual offenses when they recidivate (Bonta & Hanson, 1995; Hanson, Scott, & Steffy, 1995). Scales designed

to predict general criminal recidivism do not capture the true risk of sexual offending (Bonta & Hanson, 1995). Therefore, sexual offending may be different from other types of crime. Janus and Meehl's (1997) review of the literature concluded that a base rate for sexual recidivism was 20%. Consequently, in order to identify factors related to recidivism, Hanson and Bussiere (1998) conducted a meta-analysis of sex offender recidivism studies. Their examination of 61 studies showed that overall sexual offense recidivism was low at 13.4% ($n = 23,393$) but that there were subgroups with higher recidivism rates. The best predictors for sexual recidivism were "measures of sexual deviancy (e.g., deviant sexual preferences, prior sexual offenses) and, to a lesser extent, by general criminological factors (e.g., age, total prior offenses)" (p. 348). Offenders who failed to complete treatment had higher risks for reoffending both sexually and nonsexually. However, the predictors for nonsexual violent recidivism and general criminal recidivism were similar (e.g., prior violent offenses, age, juvenile delinquency) to those of nonsexual offenders. These findings contradict the view that sex offenders inevitably reoffend because only a minority of the total sample were known to have committed a new sexual offense during the 4- to 5-year follow-up period (Hanson & Bussiere, 1998).

Recidivism rates vary significantly across studies mainly due to methodological differences. These differences include types of data sources, how recidivism is defined, and sample characteristics. Despite these issues, recidivism rates of sex offenders are relatively low. Hall (1995) conducted a meta-analysis (12 studies, $n = 1,313$) and found that 27% of untreated participants recidivated whereas only 19% of treated participants recidivated. Later Alexander (1999), using a quasi meta-analytic framework (79 studies, $n = 10,988$), returned a 13% recidivism rate for sex offenders who participated in a treatment program as compared to 18% for untreated participants. Hanson et al. (2002) reviewed 38 studies of released sex offenders over a 46-month follow-up period and obtained an average sexual recidivism rate of 12% for participating sex offenders and a 17% recidivism rate in a comparison group (i.e., treatment dropout, treatment refusers, untreated participants).

At the beginning of the chapter a question was posed that asked, does the recidivism of sex offenders justify the need for additional sex offender specific policies? Methodological

debates notwithstanding, the literature supports the contention that sexual assault recidivism rates are lower than recidivism rates for other violent and most nonviolent crime. Still, sexual assault is an underreported crime, and any policy debate would have to factor in how this may or may not affect our responses. We must also take into account whether or not those who commit sexual offenses commit only sexual offenses or are more eclectic. However, the data do not support the rhetorical contention (often repeated in the policy debate) that sex offenders “always reoffend.”

Are Sex Offenders Generalists or Specialists?

Two contrasting views have been put forward to describe the criminal activity of sex offenders in adulthood. The first view states that sex offenders are specialists who tend to repeat sexual crimes. The second argument is that sex offenders are generalists who do not restrict themselves to one particular type of crime. This debate is an important one in light of issues of public policy on how to best deal with sexual offending and recidivism in society. The variability of offenses and behavioral patterns for different types of sex offending has been documented (Bradway, 1990; Groth & Birnbaum, 1979; Knight & Prentky, 1990; Knight, Rosenberg, & Schneider 1985; Lieb & Matson, 1998). In general, studies have pointed out that there is evidence for both generality and specificity in behavioral patterns (Sample & Bray, 2003; Soothill, Francis, Sanderson, & Ackerley, 2000; Zimring, 2004). The research is inconclusive about the degree of specialization among sex offenders.

Nagayama Hall and Proctor (1987) observed sexual reoffense specialization among sex offenders with adult and child victims. In their study of 342 male sex offenders, they found that sex offenders against adults tend to reoffend sexually against adults, whereas sex offenders against children tend to reoffend against children. The authors proposed that the nonsexual criminal activity by adult rapists is symptomatic of a more generalized pattern of antisocial behavior, whereas those who assault child victims are more specialized in their reoffending. They concluded that “the best single-predictor of re-arrests is arrests for sexual offending against adults, which they say explains 12 percent of the variance in re-arrests for sexual offending against adults and 15 percent of the variance in nonsexual violent re-arrests” (p. 112).

Langan and Levin's (2002) study revealed that of the 3,138 rapists who were rearrested within the 3-year period following their release, 46% were rearrested for a new crime, 18.6% for a new violent offense, 2.5% for another rape, 8.2% for a new nonsexual assault, and 11.2% for a drug offense. These figures indicate that the majority of rearrested rapists, though arrested for something other than rape, do reflect a degree of specialization for certain offenders. Another way this can be shown is by looking at ratios. The authors explain that the odds of a released rapist being arrested for a new rape are 3.2 times greater than a nonrapist's odds.

Using national data on about 10,000 sex offenders released from prison in 1994, Miethe, Olson, and Mitchell (2006) sought to determine the specialization and persistence levels of this group. They reported that only 2% of the released rapists in this study were rearrested for a rape. A closer examination of those offenders with at least one prior sex crime arrest determined that only 5% were exclusively sex offenders (i.e., all of their arrests were for sex crimes). The authors said that "arrest cycles exhibit a predominant pattern of offense versatility and limited evidence of specialization" (p. 224). In other words, when they are rearrested, it is for a variety of offenses that are not sex crimes.

Lussier (2005) presented a developmental criminology paradigm to explore the issue of specialization versus generality. He argued that the specialization hypothesis is based on one parameter of criminal activity—recidivism—whereas the generality hypothesis focuses on participation and variety of criminal activity and does not consider the dynamic nature of criminal activity over time. Examining recidivism studies from a developmental criminology perspective—one that looks at criminal activity as it develops over time—the author suggested that specialization and generality can co-occur over the course of a criminal career. Additionally, the author stated that generalization and specialization "are two distinct processes characterizing the development of offending over time" (p. 284). This view holds that versatility in offending behavior over time tempers sex offenders' tendency to specialize in sexual crime.

Juvenile Sex Offender Recidivism

Juvenile sex offenders present unique issues when the discussion focuses on recidivism. Adolescent sex offenders are

heterogeneous in that they have diverse experiences that include childhood victimization, various degrees of emotional and behavioral control issues, with varying levels of sexual interest in prepubescent children. Sexual reoffending among adolescents is also heterogeneous because the factors associated with offending for this group are so variable (Worling & Långström, 2006). Because not all juveniles who sexually offend are “high risk” for reoffending, we need to be careful how authorities and treatment providers intervene with this population. The mislabeling of juvenile sex offenders as high- or low-risk can have serious consequences on their future well-being.

Using subsequent arrests as a measure of recidivism, an early study by Doshay (1943) of 256 juvenile sex offenders who had undergone counseling for sexual offending behavior revealed that 106 juveniles with no nonsexual criminal history had only two reoffenses during the 6-year follow-up period. This was in contrast to the 24 of 148 sex offenders with other criminal histories who reoffended during that same period. Overall, 40% reoffended criminally and 7% reoffended sexually.

Another study that used subsequent referrals to the juvenile court as a measure of recidivism found that 14% of the youth were referred for sexual crimes and 35% for nonsexual crimes for an overall total 49% recidivism rate (Smith & Monastersky, 1986). Worling and Curwen (2000) evaluated the success of a specialized community-based treatment program for treating adolescent sexual offending. Working with a group of 58 sex offenders who took part in a 12-month treatment program and a comparison group of 90 adolescents, they reported that “recidivism rates for sexual, violent nonsexual, and nonviolent offenses for treated adolescents were 5.17%, 18.9%, and 20.7%, respectively. The comparison group had significantly higher rates of sexual (17.8%), violent nonsexual (32.2%), and nonviolent (50%) recidivism. Sexual recidivism was predicted by sexual interest in children. Nonsexual recidivism was related to factors commonly predictive of general delinquency such as history of previous offenses, low self-esteem, and antisocial personality” (p. 965).

A meta-analysis conducted by Reitzel and Carbonell (2006) found that the average recidivism rates for sexual, nonsexual violent, nonsexual nonviolent and unspecified nonsexual crimes were 12.53%, 24.73%, 28.51%, and 20.40%,

respectively ($n = 2,986, 2,604$ known males) based on an average of a 59-month follow-up period across studies. Caldwell (2007) found that in a cohort of 249 juvenile sex offenders and 1,780 nonsexual juvenile offenders released from custody, the recidivism rate was 6.8% and 5.7%, respectively, during a 5-year follow-up period. It was 10 times more likely that a juvenile sex offender would be charged with a nonsexual offense as compared to a sexual offense. The non-sex offender cohort accounted for 85% of the new sexual offenses.

Worling and Långström (2006) investigated juvenile sex offender recidivism rates by examining 22 published follow-up investigations (studies of previously institutionalized juveniles) of unique samples of juveniles. (See Table 2.1 for a list of risk factors associated with recidivism.)

Recidivism rates ranged from 0% to almost 40% across studies with the follow-up periods ranging from 6 months to 9 years. Sexual assault recidivism rates using criminal charges as an estimate of reoffending were 15% (127 of 846). Those studies using more conservative estimates such as convictions, court records, self-report, or adult-only charges reported a recidivism rate of 14% (226 of 1,593). These findings echo the research on adult treatment in that most sex offenders do not inevitably reoffend, and even less do they do so perpetually, raising questions about sex offender-specific criminal sanctions.

Is Sex Offender Treatment Effective?

Questions about sex offender recidivism are invariably linked to treatment efficacy as the ultimate goal of treatment is to preclude the offender from reoffending. Treatment efficacy is often judged on whether or not there was a new sexual offense committed after treatment had been administered. Sex offenders are not a homogeneous group, as several studies have noted (Sample & Bray, 2006). Neither are they totally specialists, as some argue, though they do exhibit lower recidivism rates and have less extensive offense histories overall (Langan, Schmitt, & Durose, 2003; Sample & Bray, 2003; Soothill et al., 2000; Speir, Meredith, Johnson, Bird, & Bedell, 2001).

2.1

Identified Risk Factors for Criminal Recidivism for Adolescents Who have Offended Sexually

Empirically supported risk factors

- Deviant sexual interests
- Prior criminal sanctions for sexual offending
- Sexual offending against more than one victim
- Sexual offending against a stranger victim
- Social isolation
- Uncompleted offense-specific treatment

Promising risk factors

- Problematic parent-adolescent relationships
- Attitudes supportive of sexual offending

Possible risk factors

- High-stress family environment
- Impulsivity
- Antisocial interpersonal orientation
- Interpersonal aggression
- Negative peer associations
- Sexual preoccupation
- Sexual offending against a male victim
- Sexual offending against a child
- Threats, violence, or weapons in sexual offense
- Environment supporting reoffending

Unlikely risk factors victimization

- Adolescent's own history of sexual victimization
- History of nonsexual offending
- Sexual offending involving penetration
- Denial of sexual offending
- Low victim empathy

Continued

2.1

Identified Risk Factors for Criminal Recidivism for Adolescents Who have Offended Sexually (Cont'd)

Risk factors for adolescents vs. adults

Many empirical supported factors are the same
 General impulsivity, sexual preoccupation, access to potential victims are also promising factors for both groups
 A number of factors (denial of offense history, history of childhood sexual abuse) are not related to risk of sexual offending for both groups.
 However, some factors (history of nonsexual crimes, deviant arousal, marital status) are predictive of sexual reoffending risk for adults only.
 Other variables such as problematic parent-child relationships are unique to future risk for adolescents.

Risk factors for minority-ethnicity

No reports to date denote sexual recidivism in adolescents varies with race or ethnicity
 No studies have revealed distinct differences across genders for either aggressive behavior or general (including sexual) offending

Risk factors for nonsexual offending
 Conduct disorder symptoms prior to age 15

Number of previous convictions (for any offense)
 Psychopathy
 Sexual-offense related use of weapons or death threats
 Lower Socio-economic status (SES)
 Hostility
 Aggression
 Antisocial personality

Information for this table was adapted from Worling and Långström (2006)

An important question to ask is does sex offender treatment work? Or, more specifically, does sex offender treatment prevent sex offenders from recidivating? In an early study from 1989, Furby, Weinrott, and Blackshaw's comprehensive review of 42 studies concluded that there is no evidence to support the efficacy of treatment in reducing sex offender recidivism rates. Part of their conclusion was based on the fact that many of the studies evidenced multiple and serious methodological problems. Marshall, Jones, Ward, Johnston, and Barbaree (1991) asked a similar question: Can sex offenders be effectively treated so as to reduce subsequent recidivism? In their review of treatment outcomes studies, they found that comprehensive cognitive-behavioral programs and combined psychological and hormonal treatments are effective with child molesters and exhibitionists but not with rapists.

This conclusion is disputed however by Quinsey, Harris, Rice and Lalumière, (1993) in particular, who argue that narrative reviews of studies have not demonstrated that sex offender treatment is effective. Their argument centers around several factors, including methodological issues that exclude the use of comparison groups, the overestimation of treatment effectiveness by not including those who refuse or drop out of treatment as compared to outcomes of those who complete treatment with outcomes of untreated offenders, and the lack of sampling groups from the same jurisdiction and cohort. Quinsey and colleagues advocate for meta-analyses that can provide estimates of treatment effects, effect size, relationships between effect size and type of control group, and finally variability in outcome studies and mediator variables.

Marshall and colleagues' (1991) study was later followed by Alexander (1994) and still later Hall's (1995) meta-analysis of a post-Furby et al. (1989) study that provided more optimism about the efficacy of hormonal treatments and cognitive-behavioral treatments. Though Hall's meta-analysis also suffered from methodological issues, mainly because he was able to use only 12 of the original 90 identified studies (only three of which used randomly assigned subjects for both control and treatment groups), it still provided important information about the efficacy of sex offender treatment.

Since Quinsey et al's. (1993) work, much has been done in the way of addressing whether or not treatment is effective for sex offenders. Many victims of sexual assault not only seek prosecution for their attackers but also want officials to do something about treating these individuals in both institutions and communities. As pointed out earlier, the majority of perpetrators of sexual assault are known to the victim therefore a criminal justice response that does not include treatment discourages many victims from participating in the prosecution process. Nevertheless, a consensus view has emerged of how sex offenders should be dealt with. This view holds that treatment can be effective for some sex offenders, voluntary treatment is more effective, treatment reduces recidivism, and treatment must include more than just counseling (Matson, 2002).^{vii}

In light of the question as to whether or not treatment works for sex offenders, there is also some debate about which treatments work best and for which offenders. Conducting research on the effectiveness of sex offender treatment has a number of obstacles both practical and methodological. Following up on released sex offenders for long periods of time is difficult and expensive. In addition, as emphasized by Quinsey and his colleagues (1993), the use of control (untreated) groups and treated groups is vital for conducting empirical research for this population. Similarities in group makeup would also be a necessary component; otherwise it would be specious to say that treatment affected recidivism rates between the groups because other factors could be involved.

The use of control groups itself presents some issues that could affect outcomes. It is typical that study subjects participate voluntarily, that is, they have some initial motivation to change. Those who do not want to participate, who are not selected to participate, or who drop out are generally used for the control group, if the study is using a control group. So the best possible candidates are selected for the treatment groups. Assigning subjects randomly to control or treatment groups presents moral and ethical issues since purposely denying treatment to released sex offenders could open up the researchers to criticism and certainly to lawsuits by future victims of the untreated group. What the research does show, given the extent of the studies, is that recidivism among sex offenders is lower (though more variable) than

the general criminal offender, thus raising questions about the premise of sex offender laws (Alexander, 1999; Doren, 1998; Furby et al., 1989; Greenberg, 1998; Grubin & Wingate, 1996; Hall, 1995; Hanson & Bussiere, 1998; Hanson et al., 2002; Proulx, Tardif, Lamoureux, & Lussier, 2000; Quinsey, Lalumière, Rice, & Harris, 1995).

Sex Offender Treatment

Types of treatment that have been shown to have success come in two categories, biological (chemical or physical interventions) and psychological (behavior modification), and in most cases these are given in tandem. Biological approaches focus on reducing the sex drive; whether that is accomplished by use of pharmacology (medication) or surgical castration, the aim is to decrease or eliminate the sex drive. Several medications have been used including antiandrogens, which are used to reduce the amount of natural androgens—naturally occurring substances in the body (i.e., testosterone); hormones—medroxyprogesterone acetate (MPA), also known as Depo-Provera, help reduce the sex drive; and other anti-psychotic medications have been known to dampen the sex drive, though these medications are still being tested for effectiveness (Dwyer & Laufersweiler-Dwyer, in Reddington & Kriesel, 2005). A fuller discussion of the role of medicine (e.g., chemical castration laws) in sex offender treatment can be found in Scott and del Busto's chapter 10.

Psychological approaches attempt to change offenders by modifying behaviors. These approaches include behavioral, cognitive, and psychodynamic interventions. Behavioral therapy assumes that people are conditioned by learning to act in certain ways, and that behavior can also be unlearned with appropriate behaviors replacing deviant behaviors. There are a number of behavioral methods that offer opportunities for change, these include, social skills training, systematic desensitization, assertiveness training, aversion therapy, relaxation training, and modeling amongst others (Dwyer & Laufersweiler-Dwyer, in Reddington & Kriesel, 2005).

With sex offenders, change is induced by using methods of rewards and punishments. With pedophiles, the idea is to eliminate the sexual desire for children and direct it appropriately. Cognitive methods focus on teaching offenders how

to properly interact with others and to help them understand their own dysfunctions. This can be accomplished by teaching them empathy, which involves offenders reading victim impact statements or other related material, and viewing films that highlight the effects of victimization (Dwyer & Laufersweiler-Dwyer, in Reddington & Kriesel, 2005).

Cognitive-behavioral solutions can include a combination of individual, group, family, and aftercare strategies that ostensibly encourage nonviolent, consensual, adult sexual activity. These programs attempt to enhance self-control by increasing decision-making ability that helps offenders to avoid risky thoughts and behaviors. Cognitive-behavioral programs seek to change cognitive distortions—self statements intending to minimize, justify, or rationalize sexually aggressive behavior. Treatment involves strategies to improve interpersonal relationships by developing social skills and victim empathy; and anger management training to enhance self-control, learning techniques for reducing sexual fantasies, much of which is done through group therapy.

A comprehensive study by Hanson et al. (2002) conducted for the Association for the Treatment of Sexual Abusers (ATSA), also included a meta-analysis of 43 treatment studies which included over 9,000 offenders. They found an overall positive effect of treatment for both sexual (12%) and general (28%) recidivism of the treatment groups as compared to 39% for the control group.

Another type of treatment modality is relapse prevention, an intervention strategy which seeks to break the cycle of offending by teaching offenders to recognize their cues (precursors) to offending behavior. Once these cues are identified, it is expected that offenders will take the necessary steps to deescalate their offending and not “lapse” into sexual offending (Dwyer & Laufersweiler-Dwyer, 2005). This type of strategy also holds that the sex offender must accept lifelong recognition of their offending patterns and take steps to avoid these situations, feelings, and behaviors. Alexander’s (1999) analysis of nearly 11,000 sex offenders who were subjects in 79 treatment outcome studies found that the rearrest rate was a combined 7.2% for participants in relapse prevention treatment programs compared to 17.6% for untreated offenders. Relapse prevention as a component of treatment is supported by the literature (Allison & Wrightsman, 1993; McGuire, 2000). McGuire (2000) argues

that because offending is not spontaneous but rather a conclusion of a series of thoughts and behaviors that can be interpreted, relapse prevention is therefore necessary.

Treatment of Juvenile Sex Offenders

Juvenile sex offender treatment parallels many of the same issues associated with treatment of adult sex offenders. The primary problem associated with juvenile sex offender treatment is the lack of research that is related to treatment processes and outcomes. Similar to research on the adult sex offender population, the research on juvenile sex offenders is plagued by methodological difficulties such as ethical constraints, (e.g., dealing with wait-list groups, nontreatment groups, etc.), poor research funding, short follow-up times, nonexperimental designs, and small sample sizes (Burton, Smith-Darden, & Frankel, 2006). These studies have provided very little guidance as to which specific treatment methods should be applied to juveniles.

However, Burton, Smith-Darden, and Frankel (2006) pointed out that guidelines have been proposed that are based on expert opinion and currently accepted clinical practice. These evidence-based guidelines have been developed from recommendations put together by a consortium of interested parties including the National Task Force on Juvenile Sexual Abuser Treatment, which is affiliated with the National Adolescent Perpetrator Network, and more recently the Association for the Treatment of Sexual Abusers (Burton et al., 2006). As will be discussed in chapter 7, it is unclear how the new juvenile sex offender mandates in the Walsh Act will impact efforts at treating juvenile offenders.

The Safer Society developed a survey in 1986 to provide information about the types of extant treatment programs. Analyses of these surveys have been conducted over the years by several researchers (Burton & Smith-Darden, 2000, 2001; McGrath, Cumming, & Burchard, 2003). A summary of their findings reveals the following about treatment issues and offers some specifics for working with adolescent sexual abusers:

- The 2000 survey reported on 291 programs for adolescents (190 community-based and 101 residential programs).

- The 2002 survey reported on 937 adolescent programs (726 community-based and 131 residential programs).^{viii}
- Male to female programs were 2:1 for community-based programs and 9:1 for residential programs in 2000; in 2002 they were 2:1 and 6:1, respectively.
- In the 2002 survey respondents were allowed to rank order three theories that best represented their program's theoretical basis. Between 76 and 84% of male and female community programs and male residential programs chose cognitive-behavioral, relapse prevention, or social learning theory. In 2000, between 82% and 100% of community and residential programs had chosen some form of cognitive-behavioral (including choices of cognitive-behavioral/relapse prevention and classic cognitive-behavioral/behavioral).
- In the 2002 survey, only 64% of the female residential programs chose cognitive-behavioral, relapse prevention, or social learning. Instead 7.1% of these programs chose sexual trauma.
- Risk assessment protocols for males were more common than for females. In community-based and residential programs, 21% used ERASOR—the Estimated Risk of Adolescent Sexual Offender Recidivism—and about 31% used J-SOAP—the Juvenile Sex Offender Assessment Protocol (Burton et al., 2006).^{ix}

It has been suggested that different types of sex offenders do not respond to treatment in the same ways (Holmes & Holmes, 2002). Evidence exists that shows treatment for some sex offenders is a viable option because it has been shown to reduce recidivism. What is also clear is that differences in the types of treatment have differing results and the accurate assessment of that treatment is difficult. Problems with research methodologies and differences in research methods demand that we tread carefully when drawing overall conclusions and generalizing based on any one study's results. However, public demands and the need to better "control" sex offenders' deviant behavior require a more effective response from officials. It is not enough to simply punish offenders by incarcerating them for long periods of time; more must be done to help them control their sexual desires by intervening in the behaviors that prompt them to act.

Summary and Conclusion

The problem of sexual assault is a complex and diverse topic. This chapter provides a broad yet brief overview as to the prevalence and patterns of sexual assault, its victims and perpetrators, and what is known about sex offender recidivism. It includes brief sections on issues concerning special populations like female sex offenders, male sexual assault victims, and juvenile offenders. Additionally, the chapter provides an overview of treatment that details current modalities and the efficacy of treatment.

The policy debate will continue as to whether or not sex offenders should be considered a special population of offenders warranting additional and comprehensive controls. That debate raises many questions about how we should identify, prosecute, and punish sex offenders, which makes it clear that the types of crimes committed by these offenders dredge up strong emotional and physical responses from victims, officials, and the public at large. We must be careful, however, at how we navigate these responses. More and more evidence shows us that simply punishing sex offenders for long periods of time is not the only way to respond and in fact could prove more harmful to certain sex offenders and their victims. It is more important to formulate policies that not only appropriately punish perpetrators but also policies that effectively educate the public, intervene in child abuse and neglect, provide adequate facilities for sex offenders, give guidelines for training and supervision for those who work with sex offenders, and outline treatment goals for both victims and perpetrators that are designed to reduce or eliminate the overall incidence of sexual assault.

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ⁱ Finkelhor, Ormrod, and Turner (2007) refer to the different meanings and conceptualizations of the term *revictimization*. The authors note that in some studies the term revictimization has meant a connection between childhood victimization (CSA) and adult victimization (rape), two victimizations (repeat victimizations) in close proximity, and the recurrence of child maltreatment at the hands of the same perpetrator.

ⁱⁱ N not reported

ⁱⁱⁱ This report can be found at <http://www.ojp.gov/bjs/pub/pdf/svljri07.pdf>

^{iv} Information retrieved from Office for Victims of Crime and can be accessed at: <http://www.ojp.usdoj.gov/ovc/welcovc/scad/factshts.htm>

^v See Abbey et al., 1996

^{vi} Other sexual assault is defined as (1) forcible or violent sexual acts not involving intercourse with an adult or minor, (2) nonforcible sexual acts with a minor (such as statutory rape or incest with a minor), and (3) nonforcible sexual acts with someone unable to give legal or factual consent because of mental or physical defect or intoxication.

^{vii} For more on this, go to The Association for the Treatment of Sexual Abusers (ATSA) <http://www.atsa.com/index.html>

^{viii} The 2002 survey included previously unrecorded individual practitioners, the removal of which would bring respondent totals similar to the 2000 numbers.

^{ix} Risk assessment for nonsexual offenses was not determined in McGrath's analyses.