

Sex Offender Recidivism: A Single Problem Requiring Multiple Solutions

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Sex Offender Recidivism: A Single Problem Requiring Multiple Solutions

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Abstract

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Statement of the Problem

A multitude of topics related to sex offenders dominate conversations engaged in by law enforcement officials, political leaders, media outlets, and members of the general public. These discussions often evolve into heated debates regarding what exactly should be done in order to combat the problems presented by sex offenders in the community. Of frequent discussion is the debate over whether or not current sex offender treatment methods are effective in preventing acts of recidivism. Some say that sex offender treatment is essentially “wasted” on an offender population that can never be “cured.” Others say that sex offender treatment, and the resulting behavioral changes associated with such, is the only effective way to better protect members of the community from acts of recidivism.

Most in law enforcement agree that, while sex offender treatment is of vital importance, the current utilization of treatment methods is simply not effective enough. Incest offenders show recidivism rates between 4 and 10 percent, rapists range between 7 and 35 percent, child molesters (w/ female

victims) range between 10 and 29 percent, child molester (w/ male victims) range between 13 and 40 percent, and exhibitionists range between 41 and 71 percent (CSOM, 2001). Rates of recidivism may vary based on the type of sex offender at hand, but one fact is made blatantly apparent by these statistics. The ineffectiveness of current treatment methods leads to further acts of sex offender recidivism, which in turn results in the public demanding a magic “cure” for sex offenders and/or the complete removal of sex offenders from the community.

The level of public hysteria over sex offenders grows, while realistic, available, and effective methods of treatment are not being utilized to their full potential. Solutions to this problem must consist of more than just words. Actions are definitely needed. Effective treatment programs that reduce recidivism rates can be a reality, but only if the criminal justice system and treatment providers stop concentrating on simply speculating about the “what if’s,” and instead focus more on actually putting these collaborative programs into practice.

Method of Approach

Utilizing secondary data gathered from various informational resources, a review of the related empirical and theoretical literature on sex offenders, sex offender recidivism rates, and sex offender treatment programs will be conducted. A thorough theoretical application of behaviorism/social learning and cognitive theories will be utilized to develop recommendations for a more successful sex offender treatment program that aims to reduce recidivism rates. The collected findings from the literature review will be summarized, conclusions will be drawn

from the gathered information, and a series of recommendations derived from the research will be presented.

Results of the Study

The collected evidence contained in this study supports that sex offender treatment programs are indeed effective in reducing acts of sex offender recidivism, if the programs are utilized correctly and in combination with one another. Sex offender treatment programs are more effective when they are more individualized to best fit the offender at hand, address other offender issues while simultaneously addressing the actual sex offense, and also offer opportunities for community education and awareness. When effective treatment programs are used in combination with each other, the result is the development of a more ideal sex offender treatment program that helps prevent the occurrence of first time sex offenses, as well as being more successful in deterring current sex offenders from recidivating.

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I. INTRODUCTION: SEX OFFENDER RECIDIVISM: A SINGLE PROBLEM REQUIRING MULTIPLE SOLUTIONS

Discussions pertaining to the topic of sex offenders are common in the entire criminal justice system, the media, and today's society in general. While several main methods are currently utilized in the treatment of sex offenders such as sex offender treatment groups, electronic monitoring, and residence restrictions, these methods too often prove unsuccessful in preventing recidivism when used individually. Sex offenders continue to recidivate, while society seeks one "magic solution" to remove the threat, and even the actual physical presence, of sex offenders from their communities.

Published statistics, which will be explored in more depth later, repeatedly illustrate that recidivism rates are simply unacceptable. For example, the Bureau of Justice Statistics reports that out of the 9,691 male sex offenders released from prisons in 1994, over 5.3% were rearrested within 3 years of their release for a new sex crime (2007). Of these recidivists, 40% were rearrested for the new offense within only one year or less from their prison discharge date (BJS, 2007). Considering that these statistics are based only on prison parolees, and do not include the much larger number of offenders sentenced to probation, one can see that something in the criminal justice system is "broken" and needs to be "fixed." Statistics such as these indicate that sex offenders show the general inclination to repeat the same behaviors that led them to their initial offenses, which thereby leads to seemingly inevitable incidences of recidivism.

If sex offender recidivism is ever to be controlled, and/or ideally completely prevented, existing methods, treatment programs, and legislation must be re-evaluated and used in cooperation with each other. The U.S. Department of Health and Human Services indicates that the “Assessment of a sex offender’s honesty, remorse, denial, minimization, use of force, premeditation, family enmeshment, substance abuse, past victimization, empathy or motivation for change, and age is necessary in determining the appropriate interventions for the offender...” (n.d., p. 22). It is easy to see that sex offender recidivism cannot be solved by one single solution, but instead requires the utilization of multiple methods to effectively control it.

The purpose of this research is to provide recommendations for a successful sex offender treatment program that effectively utilizes multiple forms of sex offender treatment and is essentially “custom-fit” to each individual offender based on the nature and severity of his or her initial offense(s), the consideration of any previous sex offenses, and an ongoing, detailed assessment of any continuing risk that each offender may pose to the community. It is of the utmost importance to utilize a successful sex offender re-offense prevention program for incarcerated sex offenders, those released on parole, and those who have been sentenced to probation. It is also of vital importance to consistently and uniformly institute these treatment methods if sex offender relapse and subsequent failure is ever to be prevented. In addition, it must be noted that if regular supervision and monitoring of sex offenders via practical methods is not adhered to when these offenders are residing in the community, all of the treatment

programs the offenders may have taken part in during incarceration or while on probation will have been completed in vain. Along with currently available programs, there must also be an ongoing pursuit of finding new ways to reassure the public by producing successful results and maintaining community safety in regards to sex offenders.

This study will serve as an educational and informational tool for professionals in law enforcement, correctional agencies, sex offender psychologists/treatment providers, court systems, educators in multiple fields, and the general public. It will give recommendations to efficiently plan and successfully implement a sex offender treatment program that focuses on utilizing “what works” from various methods, while understanding that each sex offender’s treatment needs are unique and therefore require a unique approach to each offender’s treatment plan if avoidance of recidivism is to be successfully obtained.

This study can also serve as an educational tool for concerned members of the public and as a resource for policy makers on various levels. It will educate readers on the array of current methods of sex offender treatment and discuss what programs have proved to be effective. With the various aforementioned groups being better educated on the prevention of sex offender recidivism, perhaps they will become more adept at recognizing and treating sex offenders in a way that will help to significantly reduce the rates of recidivism.

The general plan of organization for the study will include a review of the literature regarding offense and re-offense rates, a definition of what constitutes a

sex offender, a general overview providing information on multiple treatment programs, and a discussion of published information on the debate regarding the effectiveness of treatment methods aimed at the prevention/reduction of recidivism among sex offenders. A theoretical framework section will discuss the psychological theories of the behaviorism/social learning and cognitive approaches in regards to sex offenders. Two of the most common sex offender treatment methods that are currently in use will then be thoroughly explored. Based on the information obtained from this review, recommendations will be made for various methods that will be more beneficial toward the goal of obtaining consistent rates of lowered sex offender recidivism. Finally, a summary and series of conclusions will be presented in regards to a system of successful sex offender treatment programs that combine various proven methods and strategies, which will subsequently form the components of the pathway to the reduction and eventual prevention of sex offender recidivism incidences.

II. LITERATURE REVIEW ON SEX OFFENDERS, SEX OFFENDER RECIDIVISM, AND SEX OFFENDER RECIDIVISM PREVENTION PROGRAMS

This section is divided into four parts. The first section contains an overview of current published statistical data in regards to sex offenders. The second section will provide the “definition” of a sex offender. The third section will provide an overview of sex offender treatment programs that are currently being utilized. The fourth section will focus on the debate over the success of the methods and treatment programs used in the prevention and reduction of the prevalence of sex offender recidivism.

A. Literature review on published statistical sex offender data

When searching for literature on the topic of sex offender treatment and recidivism, two facts become very apparent. The first is that literature on sex offender treatment is sparse in comparison to the amount of literature available on other criminal justice subject areas. The second is that statistical data regarding sex offenders is also minimal and often contains many discrepancies. The literature review of published statistical data on sex offenders shows a wide variance of numerical data between the various sources reviewed. Some studies have found that accurate published rates of sex offender recidivism vary greatly based on the specific study and study area under consideration, with these numbers ranging anywhere from 0% to 88%, with the majority being at approximately 37% (Langevin, et al., 2004). Others have stated that, in general,

the range in recidivism rates typically falls between 3% to 13% (Lotke & Hoelter, 2006). The United States Bureau of Justice Statistics reports that, in 1994 alone, there were approximately 234,000 offenders convicted of rape or sexual assault under the care, custody, or control of corrections agencies, with nearly 60% of these sex offenders being under some form of conditional supervision in the community (2007). Of the nearly 9,700 male sex offenders that were released on parole from prisons in 15 states in the same year, 5.3% were rearrested for a new sex crime within 3 years of their release, with 40% of these recidivists being rearrested for the new offense within only one year or less from their prison discharge date (BJS, 2007).

While most studies only consider acts of recidivism within the first four to five years after release from prison, it is extremely important to realize that when considering lifetime recidivism rates, the percentage of re-offenses rises dramatically. According to world-renowned psychologist and sex offender expert Dr. Anna Salter, “Conservative estimates across studies show that it is likely that no fewer than 40 percent of child molesters and rapists re-offend in the long run” (2003, p. 60). With 40 percent being a conservative estimate, many agree that it is safe to say that over fifty percent of all sex offenders will re-offend at least once within their lifetimes (Salter, 2003).

While the percentages reported may vary, most experts agree that the main problem with sex offender recidivism statistics is that sex offenders are not being *caught* when they are reoffending. Therefore, when studying the statistics available it is important to remember that these numbers reflect only the number

of *detected* offenses. Noteworthy also are the research findings that have shown that certain subgroups of sex offenders (i.e. those who have never married, those with boy victims, and those with previous offenses) are very likely to have even higher rates of recidivism (Salter, 2003). Therefore, based on all of these considerations, it is virtually impossible to obtain a set of definitive, 100% accurate results in regards to how many acts of sex offense recidivism are occurring in any given year, in any give area, and at any given time. There are too many unknown aspects that exist, and this severely hinders the development of concrete statistics and accurate conclusions.

Like most topics related to sex offenses, opinions and research findings vary widely and are strongly debated. Some argue that sex offenders are the least likely group of criminal offenders to recidivate, while other researchers adamantly assert that it is simply inevitable that sex offenders will re-offend. When considering expert opinions and studies, it is of the utmost importance to remember that, regardless of where the statistics are obtained from or the numbers contained within, one glaring fact appears to be for certain. This fact is that the ongoing threat posed to society by the number of sex offenses and acts of recidivism by sex offenders causes an understandably high level of concern, anxiety, and confusion among members of the entire criminal justice system and all of the public in general. It is quite obvious that, if based only on the information provided by the current research studies and available statistics, the number of sex offenders in the United States continues to rise each year. It is a

logical certainty that along with this increase in sex offenders comes the inevitable increase in sex offender recidivism.

As can be seen from the level of sex offender recidivism that is occurring, along with the obvious discrepancies between published statistics as discussed above, it is clear to see that the current attempt at controlling and preventing sex offender recidivism through the use of only several standard treatment techniques and methods of prevention is simply not effective. Therefore, if sex offender recidivism is ever to be controlled and/or completely prevented, existing methods, treatment programs, and legislation must be re-evaluated and used in cooperation with each other. Just as sex offenders do not meet one single, standard “type,” sex offender recidivism cannot be solved by one single, standard solution, but instead requires the utilization of multiple methods of treatment.

B. The “definition” of a sex offender

Pedophile, pervert, molester, rapist, creature, monster. These are just a handful of the terms used to define the sex offender. So just what is the definition of a sex offender? The research has shown that, much like recidivism statistics, the definitions of sex offenders vary greatly based on the source of the definition, the context and characteristics considered, and even the field in which the definition is developed through the research performed. Because there are various components present in the multiple legal definitions of sex crimes, there are also multiple components to what defines someone as a sex offender. Those who are referred to as sex offenders come in many forms, some specific and others not.

Much of the challenge lies in the fact that, as researchers, we must know something about all of the many forms of sex offenders if we are ever to develop realistic, practical, and effective ways of controlling the problems they present to society and the criminal justice system (Mullen, 1998).

Due to the abundance of definitions of sex offenders, one is forced to pose the question “Does a true definition of a sex offender exist?” For the purposes of this paper, and after a lengthy consideration of a multitude of sources, the following working definitions of what constitutes a sex offender have been formulated. The most frequently used definitions of “sex offender” used in society fall into one of two categories, those being the definition from the legal perspective and the definition from the clinical perspective. Both perspectives, while differing in many areas, serve important purposes in supplying definitions that have evolved with knowledge and experience obtained from different fields of expertise. These definitions can be utilized in the apprehension and treatment of sex offenders, as well as keeping intact the primary motivation of protecting future victims.

The legal definition of a sex offender is rather simple and to the point. It can be succinctly defined as a classification given to a number of persons who have committed some type of offense related to sex (Mullen, 1998). These sex offenses generally include those committed by adults against children and by adults against other adults, and include such crimes as rape, sexual assault, indecent exposure, indecent acts, and sexual harassment (just to name a few). Along with the main legal definition of a sex offender, there are also offense

specific definitions that branch out based on such aspects as: the nature and severity of the sexual act(s) committed, who the victim(s) is (are), and whether or not there was a victim (Mullen, 1998). Legal definitions can also vary based on the differences in laws from state to state and from country to country. Regardless of where the sex offense has taken place, the legal system does not usually focus on the clinical perspective of the sex offense, instead focusing more on the immediate administration of justice (Mullen, 1998). Interestingly, state laws differ in minor ways, but the actual penalties resulting from prosecution for a sexual offense vary in much more considerable ways across the states. However, regardless of the variety in state imposed penalties, in general the trends seen in recent times show that all states are utilizing greater severity in sentencing sex offenders for both first time and repeat offenses.

Upon consideration of the clinical definition of sex offenders, we see that it is very different from that found in the legal system. The clinical view essentially states that a sex offender is defined more by his or her pathological make-up than just by the actual crime(s) committed. In fact, many experts from the clinical field state that in actuality no such thing as a sex offender exists in clinical terminology (Mullen, 1998). The clinical viewpoint instead asserts that some sex offenders have no clinical condition at all, and some very sexually disturbed individuals commit no illegal acts (Mullen, 1998).

An example of a legally defined “sex offender” who may be considered as not sexually disturbed when considered clinically can be seen in the case of an 18 year old male who has sex with his 15 year old girlfriend. In many states, this

male is considered a sex offender, even though the behavior may be better described as a lack of good judgment rather than as a crime stemming from any pathological condition. This does not excuse the 18 year old male's behavior and is not meant to indicate that adolescents should not be protected by the law from sexual activity, as most would agree that a 15 year old has certainly not reached the level of maturity needed to be involved in an adult sexual relationship or, in many cases, become a parent. However, this assertion does illustrate the need for varied definitions of the term sex offender, based on the situations and circumstances at hand.

Clinicians usually consider the differences between the offender who is motivated by sexual gratification and the offender motivated by the sadistic urge to gain power and control over another person. On the other hand, the legal system does not generally differentiate between these two types of sex offenders, unless there is actual physical injury inflicted (Mullen, 1998). In relation to the study at hand, the important distinction made by many clinicians is that some sex offenders can rehabilitate to become people who will not re-offend and some sex offenders simply cannot change. The clinical perspective asserts that in order for sex offender treatment to be more successful, thus causing a drop in recidivism rates, the legal system must also make the same distinction between the two main type of sex offenders described at the beginning of this paragraph. The two groups must be handled differently and not "lumped together," and this must be done in order to improve treatment methods and therefore better prevent acts of recidivism.

C. Overview of sex offender treatment programs

Just as the available definitions of what a sex offender is differ from one another, so do the methods of sex offender treatment and resulting opinions on what types of treatment actually work. At present time, and based on the literature review, there is seemingly no national consensus on how to respond to and treat all sex offenders (Anderson, 1998). Many states continue with various therapy programs, but a significant number of others have been forced to scale back, or even eliminate altogether, sex offender treatment programming, mostly due to budget cuts (Anderson, 1998). For states that do continue to utilize sex offender treatment, there is often the presence of constant criticism by the public, due to the fact that many members of society desire what they perceive as “real” punishment instead of “soft sounding” treatment options (Anderson, 1998). Because of this, lengthy incarceration often seems to be preferred over any attempts at rehabilitation and the development of more preventative methods in the community. It appears that many would rather hide the problem away by filling prisons across the country with sex offenders, instead of dealing with the problem head on and actively seeking out new methods of treatment to do so.

A common finding across the country, regardless of the number or type of sex offender treatment programs that are actually available, is that these programs are not being used enough and are falling far short of the need that exists for them. For example, a national count performed in 1993 indicated that out of the approximately 85,000 prisoners classified as sex offenders at the time, only

11,200 of them were getting any treatment (Anderson, 1998). These numbers are hardly enough to make any real headway in the arena of sex offender treatment and are unacceptable.

It is reported that there are dozens of treatment and preventative methods that can be used with sex offenders, based on the findings of ongoing research and the data collected from clinical practice. Many of the treatment/prevention methods currently used fall into the following main categories: treatment in a group setting, medical treatment (i.e. use of drugs to reduce certain chemicals and hormones within the body to control behavior), methods of aversive conditioning (behavior modification), electronic monitoring programs, residence restrictions, relapse prevention via the use of offense cycle awareness/management, individual therapy sessions, drug and/or alcohol rehabilitation programs, and correctional programs within institutions. Regardless of this large list of treatment programs available, the literature review indicates that most courts and other criminal justice agencies rely mostly on the two main sex offender treatment methods of cognitive behavioral therapy and intensive supervision sanctions, both of which will be explored in more depth later in this paper.

Even though only two treatment methods appear to be used in most cases, the prior large list of treatment programs is presented to provide the reader with a general overview of the primary methods of sex offender treatment and recidivism prevention that are actually available. These treatment programs, even if they are currently underused, were created to be utilized by most court systems during sentencing, and also by most correctional agencies both while sex

offenders are incarcerated and/or while they are under some type of community supervision. While most clinicians agree that the best plan of action is to combine some or all of the therapies into a program that is “customized” to each individual offender, the legal system still shows the tendency to rely on the use of only several methods to handle sex offenders and recidivism rates (Anderson, 1998). Clinicians appear to focus on a “cure,” while the criminal justice system, apparently due to time constraints, money shortages, and personnel size limitations, often has no choice but to focus on the “symptoms.” The effects of the legal system’s approach on the reduction and prevention of recidivism will be explored in more detail in the section that follows.

D. The debate over the prevention/reduction of sex offender recidivism

Information on the effectiveness of treatment programs also varies based on the study considered (If a pattern of inconsistencies regarding topics involving sex offenders is being detected by the reader at this point, it would appear to be a correct assumption!). Numerous studies have illustrated that treatment approaches are extremely effective, with success rates in reducing sexual recidivism ranging from about 10-15 percent to 25 percent (Anderson, p. 96). Conversely, other studies in North America and Europe, stemming back to as early as the 1950s and extending to modern times, often paint a grim picture when it comes to the effectiveness of sex offender treatment programs on the number of acts of recidivism. Author and prison alternative expert David Anderson indicates that

there are many in the field who simply feel “that there is no evidence that treatment effectively reduces sex offense recidivism” (1998, p. 95).

Consideration must be given to the finding that many experts concede that sex offenders are more resistant to accurate recidivism study than most other types of criminal offenders (Anderson, 1998). This is mostly due to the fact that, as discussed earlier in this paper, most experts in the field are of the opinion that the majority of offenses of a sexual nature ultimately go unreported (Anderson, 1998). Since most research studies include only rearrests or reconvictions, they are often thought to be a poor gauge of the actual level of reoffending that is actually occurring (Anderson, 1998).

In an attempt to gather more accurate numerical data, one option that is often used instead of relying on rearrest and reconviction data to formulate statistics on the success of treatment methods is to have offenders submit self-report data in order to discover numbers of re-offense. However, the self-reports of criminal offenders often involve a multitude of complex issues surrounding ethics and law, not to mention the huge question of validity and credibility (Anderson, 1998). Sex offenders are known to minimize and outright deny their offenses, so the inevitable question arises, does self-report data really hold any valid scientific weight when it comes to determining recidivism statistics?

Public and political opinions also come into play in the debate of whether or not sex offender treatment programs are successful. Many ask questions such as “Is the Department of Corrections in the business of running sex-offender treatment programs or is it in the business of protecting society?” and “How does

society justify paying for offenders' treatment when their victims are left to fend for themselves?" (Florez, 2005). Some even accuse treatment providers as being "semi-accomplices" to sex offenders because they feel these providers are more interested in "medicalizing life and replacing responsibility with therapy" (Szasz, 2002). While these questions and opinions are certainly valid and understandable to a point, based on the level of public disdain for sex offenders, they fail to recognize the entirety of the situation and the fact that sex offender treatment is not a simple cut-and-dried, overnight process.

Studies that support the success of sex offender treatment indicate that, even though rates of success can sometimes be seen as limited, any progress made is better than no progress at all. While it is understood that not every single sex offender will reoffend without attending some sort of treatment, it is also of the utmost importance to remember that treatment can make a difference in those who may be more apt to re-offend. Dr. Anna Salter reports that from every one hundred sex offenders who would have reoffended, sixty of them would still reoffend with treatment (2003). However, Dr. Salter also includes that the forty out of one hundred sex offenders who would not molest again after sex offender treatment is a sign that treatment is definitely a worthwhile venture (2003). Most importantly, the group of forty sex offenders who do not re-offend subsequently translates into numerous victims who will be spared from sexual abuse, as long as the sex offenders continue to get proper treatment (Salter, 2003).

Another research study, involving more than 400 men treated for pedophilia in which group therapy was the primary treatment being administered,

showed a less than 8% recidivism rate (approximately 32 men) after five years of treatment (Edwards, 2004). While numbers like these illustrate that society is a long way from “curing” sex offenders, they also show that treatment does make a difference that cannot be ignored or minimized. Instead of looking at these numbers, throwing up our hands, and saying “It doesn’t work well enough,” we need to consider the current results and ask “What can we do to make it work better?” Once the answer to that question is arrived at and thoroughly discussed, goals can then be developed for the betterment of all sex offender treatment methods, prevention of recidivism, and reduction of new victims.

One final argument to highlight regarding the advantages of utilizing sex offender treatment over simple incarceration may seem crass and lacking in compassion, but unfortunately today’s money driven society calls for it. The argument is that which is derived from the economic standpoint of the situation. While many argue that sex offenders should be locked up and never let out, they fail to realize the expense that this proposition poses to society. This expense only grows with the passage of time, and is mostly funded with money from the taxpayers’ pockets. In the case of a re-offense committed by an offender, the cost to the public can very easily exceed \$100,000, considering the cost of prosecution, years of incarceration followed by parole supervision, and assistance services to the victim (Anderson, 1998). Incarceration of offenders (excluding any type of treatment) costs an average of \$22,000 per individual per year (Schultz, 2006).

On the other hand, sex offender treatment is much less costly to the taxpayers in comparison to all of the alternatives. While costs vary based on each state, the average cost of community supervision and treatment of sex offenders falls between \$5,000 and \$15,000 per year (Schultz, 2006). This is a savings of \$7,000 to \$17,000 per individual sex offender per year! If one was to multiply that savings amount times the number of sex offenders that would be eligible for sex offender treatment, it would be found that millions of dollars could be saved each year. Also worthy of consideration is the fact that since many who commit sex offenses are statistically more likely to be more affluent than other types of criminal offenders (i.e. drug addicts, thieves, etc.), many sex offenders who have not been sentenced to incarceration could conceivably be expected to pay for much of the treatment they are sentenced to take part in (Anderson, 1998). It is unfortunate that, instead of focusing on the safety benefits of reduced recidivism to society, an economic reason has to be given as to why sex offender treatment should be utilized more effectively. But, a society whose heart does not always respond to compassionate reasoning sometimes needs to be hit in the pocketbook in order to wake up and consider the cold, hard facts.

III. THEORETICAL FRAMEWORK: DISCUSSION AND APPLICATION OF BEHAVIORISM/SOCIAL LEARNING AND COGNITIVE THEORIES TO SEX OFFENDERS

Just as is existent in most other crimes, sex offenses are committed by persons of various backgrounds and personality types. Throughout the years, researchers have utilized various theoretical paradigms and psychological theories in attempts to formulate a definitive “type” of sex offender with a corresponding “universal” pattern of recidivism. Information presented by The Center for Sex Offender Management (CSOM) suggests that, regardless of the countless research studies that have been performed, it has been found that many have been unsuccessful in developing one concrete theory that is applicable specifically to sex offenders and their acts of recidivism (CSOM, 2001).

While the theories used to explain why offenses of a sexual nature occur may vary, most experts agree that the actual act of a sex offense may best be defined as an inappropriate behavior that is a result of a skewed, distorted thought process. From the three components of the human sex drive (those being biological, physiological, and emotional aspects), it is said that the emotional/mental component is the “manifestation of the culmination of our psychosexual development” (Geberth, 1996. P. 406). In fact, experts assert that the mental component is the strongest of the three and accounts for approximately 70% of the human sex drive (Geberth, 1996).

Forensic expert Vernon Geberth suggests that, since emotions are controlled by the mind which develops over time, it is a natural progression that

the mind of a sex offender controls the act and determines what is and is not considered to be sexually arousing to the individual (1996). Our human sexuality is established during the development of our psychosexual attitudes and behaviors through conditioning and experience involving both nature and nurture (Geberth, 1996). It is because of this link between sex offenders, inappropriate behaviors, and faulty thinking patterns that, for the purposes of this study, behaviorism/social learning theory and cognitive theory will be discussed and applied to sex offenders and the results of the nurturance, or lack thereof, that they are subject to.

A. Behaviorism/Social Learning Theories

University of California psychology of personality professor David Funder defines the process in which behavior changes as a result of experience with one simple word...learning (2004). We, as humans, learn from the environment(s) we have been exposed to in the past and those we continue to exist in. While it must be noted that behaviorism and social learning theory are considered to be two varieties of learning based approaches, this paper groups them together because of the close relationship the two traditions possess. Generally, psychologists who utilize these two approaches aim to show how a person's behavior is a direct result of his or her environment, with a particular focus on the rewards and punishments that the environment contains (Funder, 2004). Sexual behavior is no different from any other behavior, in that it is a learned behavior in which an

individual develops a style of perception of what is sexually satisfying within the context of his or her environment (Geberth, 1996).

Therefore, when using these approaches to evaluate the basis for one's personality and accompanying behaviors and thought patterns, there is much consideration of the type of household one was raised in, what types of lessons were taught by one's parents and/or other care-givers, and what kinds of behaviors were observed during one's formative years. These considerations are of vital importance in the evaluation of sex offenders, as they can provide valuable clues in the search for the reasons as to why a person partakes in sexually abusive and/or assaultive behavior and also why these behaviors are rarely a "one-time" occurrence, instead often being repeated with increased severity. The three kinds of behaviorist learning types to be discussed and applied to the behavior of sex offenders include habituation, classical conditioning, and operant conditioning.

Habituation is described as the simplest way that behavior changes due to experience(s). During the process of habituation, there is a decrease in response to a certain stimulus on repeated applications of said stimulus (Funder, 2004). This process is often exemplified in sex offenders who have been raised in households in which repeated exposure to deviant and abnormal incidents of a sexual nature occur. Some examples of possible causes of abnormal sexual development include: a strict anti-sexual upbringing, sexual abuse of a child between the ages of five and eight years old by a primary caregiver or other trusted adult, and

overexposure to sexually stimulating behaviors and/or pornography (Geberth, 1996).

There can also be situations in which the behaviors witnessed are not always sexual in nature, but involve inappropriate and/or pathological family dynamics such as the strong prevalence of the use of power and control methods by a parent or sibling to dominate others in the family. This can result in the eventual striving for power and control over a victim by a future sex offender, which is a primary source of the sex offender's motivation to commit acts of sexual assault. In regards to repeated exposure to pornography during one's youth, this often culminates in "desensitization" to pornography, and the resulting search for even more explicit forms of pornography as one ages into adulthood (such as child pornography, images of bestiality, pictures/videos of acts of violent bondage in the form of sadism and masochism, etc.).

Classical conditioning is defined as the "kind of learning through which a response elicited by an unconditional stimulus becomes elicited also through a new, conditional stimulus" (Funder, 2004, p. 446). Perhaps the most famous study related to classical conditioning involves Ivan Pavlov and his experiments involving dogs associating the ringing of a bell leading to their salivation in anticipation of being fed. After exposure to a bell being rung followed by a feeding, the dogs eventually began to salivate immediately following hearing the bell. A comparative example involving sexual deviance involves the youth who is repeatedly caught masturbating and subsequently physically and/or verbally punished by a parent. After this happens over and over, the person begins to

associate, and can thereby only achieve sexual arousal, through the use of physical and/or verbal abuse and/or pain. Hence, the person is mentally taught that one stimulus (physical/verbal abuse) is a signal of the other (sexual arousal/satisfaction) (Funder, 2004). These concepts become associated not only because they happened to occur close together in time and place, but also because the meaning of one concept has completely changed the meaning of another (Funder, 2004).

Operant conditioning is the process by which behavior is formed by the consequences of that behavior's effect on the person's environment(s) (Funder, 2004). This process consists of a person continuing to utilize those behaviors that "work" by repetition, while ceasing those behaviors that produce undesired, minimal, or no results. One's skills are "honed" over time as a type of "trial and error" process of behavior is conducted. In a basic example, we see this type of behavior displayed in the child who receives a toy every time they cry while shopping with his or her parent. Eventually, upon desiring a toy, these children will simply cry in order to get their way and the toy they want. They come to know that a certain behavior results in them getting what they want, so they repeatedly use this behavior as needed.

Therefore, to put it into even clearer terms, the difference between classical conditioning and operant conditioning is that, while classical conditioning results in behavior being shaped by the environment, operant conditioning ultimately leads to one's desired results via the use of certain behavior(s). To relate this theory to the subject at hand, this type of behavior can

be seen in the sex offender who learns to function in his or her world in such a way as to alter the surrounding environment in order to fit one's agenda and result in one's personal advantage and benefit.

In fact, along with deliberate behaviors, sex offenders may also do things without knowing the exact reasons why. Both of these aspects can result in them making up elaborate rationalizations and minimizations for their behaviors that they portray as having little, if anything, to do with the real root causes of their behavior(s) (Funder, 2004). However, for current purposes, the focus will be on reasons that are effective, obvious, and self-serving to the person who is partaking in the behavior(s). In the field of sex offender research and supervision, most of these methods are referred to as "grooming," or the preparation of a prospective victim for sexual assault of some sort. For example, many sex offenders who target teenage boys purchase and flaunt objects that teenage boys find appealing (i.e. the latest video game consoles, all terrain vehicles, high priced stereo equipment, alcohol, etc.) in the hopes of attracting the youthful boys.

By engaging in the behavior of buying and using these types of goods as "bait" for teenage boys (also known as a form of "grooming"), the sex offender hopes that the eventual result will be the increased likelihood of teenage boys trusting and associating with the offender. The sex offender's increased appeal to and association with teenage boys subsequently results in the increased chance(s) of engaging in sexual activities with these teenage boys. It is much like the standard "stranger with candy" scenario often heard of and discussed by parents. While this attempt may not always work, when sex offenders do get the desired

results through engaging in these deceptive methods, they continue this behavior in an attempt to seek out sexual activities with new victims, most times becoming more and more brazen with their behaviors and types of sexual assaults.

The aforementioned discussion of the behavior of sex offenders luring teenage boys in the hopes of engaging in sexual activities with them is not only an example of behaviorism, but also can be seen as a form of the social learning theory as presented by Albert Bandura. As described by author David Funder, this is because it focuses on how an individuals' expectancies for their own behavioral capacities eventually effect what they will attempt to do, and also aids in the development of a detailed analysis in which a sex offender learns what may possibly lead to the achievement of their goal(s) by taking note of which of their personal actions and behaviors result in the desired outcome(s) (2004). This process of behavior results in what is known as a "reciprocal determinism," in which sex offenders' actions are initially originated and determined by the surrounding environment, and then result in the change of the environment based on their behaviors (Funder, 2004).

B. Cognitive Theory

Cognitive theory has evolved from both behaviorism and social learning theories. However, it does have characteristics that differentiate it from it's predecessors in the world of psychological theories. The cognitive approach is defined as "the theoretical view that focuses on the ways in which basic processes of perception and cognition affect personality and behavior" (Funder, 2004, p.

476). In regards to cognitive theory, psychological theorist George Kelly emphasized the way in which an individual's concepts for thinking about the world (also known as his or her personal constructs) eventually shape his or her personality and behavior (Funder, 2004).

It is stated by experts that modern cognitive psychology consists of two different views of the basic makeup of mental/emotional activity. These two views are the "serial system" and the "parallel system." Although there is a competition of sorts between the two views, many experts in the field agree that aspects of both are necessary in order to accurately describe the overall cognitive system of functioning. However, in regards to the topic of sex offenders, the view of the serial system appears to be most applicable to the subject.

The serial system is best described as a step-by-step process involving the creation and use of one's memories. This process of information processing includes patterns of perception, thought, and action that cumulatively constitute one's personality. The essential basis of cognitive functioning, based on this view, is related to how information is received by one's mind, and then is retained or discarded based on the perception of the usefulness of said information (Funder, 2004). By the process of the serial system, information travels through various aspects of the human mind, being retained based on usefulness, until it finally is embedded in the area of long-term memory and displayed via the ongoing performance of certain behaviors. The results of the serial system include such phenomena as selective perception, biased memory, and powerful behavior

patterns that may be powerfully related in regards to coming to terms with one's self (Funder, 2004).

When applying the serial system to sex offenders, the aspects of selective perception and biased memory are easily seen in the behaviors and attitudes of many. Most sex offenders possess extremely distorted ways of thinking, which often result in them perceiving the assault(s) committed as no assault(s) at all. Many minimize or outright deny that any sex offense(s) occurred, instead minimizing the incident(s) to "misunderstandings," false accusations, or simple figments of the imagination of the victim(s) of the sexual assault(s). The recollection of the memories of sex offenders is usually extremely different from those of the victims of the sexual assaults, exemplifying the presence of biased memories on behalf of the sex offenders. When presented with statements found in transcripts of police reports and sworn victim testimony, a large majority of sex offenders differ greatly in their memories of the facets of the sexual assault incident and relay recollections that differ completely from those of the victims.

In line with the theory of selective perception is the common occurrence of sex offenders claiming that their victims "led them on," "lied about the abuse," and/or "exaggerated the incident" (along with countless other distorted perceptions and versions of the act(s) of sexual assault). While lying is a dominating habit of sex offenders, there are also many occurrences in which sex offenders seem to really believe their own version of the assault that was committed against the victim(s). It is as if the repeated conditioning of the mind

via the repetition of distorted patterns of thinking leads the sex offender to visualize their views as the truth.

The psychological theories which were discussed in the prior two sections illustrate the importance of including considerations and aspects of these theories in all forms of treatment utilized when aiming to control sex offenses and prevent any further incidences of recidivism. The application of the theories to sex offenders shows that no treatment programs based on any type of psychological theories would be complete and/or effective without the use of the aforementioned theoretical paradigms. The section to follow will explain, in more detail, the two most commonly used existing treatment programs that are currently utilized by court systems, law enforcement agencies, corrections agencies, and various social service agencies in relation to controlling the problems presented by sex offenders and the rates of sex offender recidivism. As will be seen, each method has its own goals and methods to attain an increased level of effectiveness.

IV. EXAMINING THE TWO MOST FREQUENTLY USED TREATMENT METHODS OF COGNITIVE BEHAVIORAL THERAPY AND INTENSIVE SUPERVISION

Different methods of sex offender treatment have been developed over the years, and are currently abundant in number. The Vermont-based Safer Society Program, which is an agency that promotes treatment for sex offenders, indicates that there are almost 1,800 programs for adult and juvenile offenders who commit some form of sexual assault (Anderson, 1998). This means that the number of treatment programs for offenders has more than doubled in number between 1986 and 1994 (Anderson, 1998.).

However, as one reviews the available current literature on the utilization of sex offender treatment programs, it is found that most of these programs fall under two general methods that are most commonly used in today's criminal justice system. These programs are often ordered by the court at the time of the offender's sentencing, and are used both in the treatment of sex offenders who are incarcerated and also, more frequently, with those who are under some type of community supervision (probation or parole).

The two primary general categories of treatment methods to be discussed are: cognitive behavioral therapy and intensive supervision sanctions. In the section that follows, each method will be more thoroughly explored.

A. Cognitive Behavioral Therapy Methods

The main goal of all cognitive behavioral therapies is to effect “cognitive restructuring,” which involves changes in sexual offenders’ thinking and feeling patterns (Anderson, 1998). This type of therapy can be conducted with offenders who are incarcerated and those on probation or parole in an individual and/or group setting via the utilization of multiple methods. Cognitive behavioral treatment acknowledges that sex offenders cannot be “cured,” but instead must learn self-control in regards to their responses to sexual stimuli. Basic personality traits and patterns of sexual behavior may never be totally or permanently changed, but sex offenders can develop skills to avoid re-offense (Mullen, 1998). These therapies aim to teach sex offenders how to recognize the onset of sexually inappropriate behaviors and/or high risk situations, and then control their urges and alter their behaviors accordingly.

Sex offenders often display a deep-rooted thought pattern that is filled with cognitive distortions that are used to justify, rationalize, and/or minimize the impacts caused by their deviant behavior (Texas DSHS, 2005). These distortions lead to the initial decision to engage in sexually deviant behavior, and then help provide the offender with a continued skewed system of thought that ultimately helps to reduce feelings of guilt and responsibility for the act of deviant behavior committed (Texas DSHS, 2005). Because of this, most sex offenders do not view themselves as sex offenders at all, and rarely see their victims as victims. Instead, sex offenders often see themselves and their victims as equally participating members of a relationship.

Examples of this type of deviant thought pattern can be seen in the offender who states that a 5 year old molestation victim was “trying to seduce him” or another offender who indicates that a female rape victim “was turned on by forced, rough sex.” These attitudes can be extremely frustrating to the sex offender treatment provider, to say the least. A huge factor adding to the challenge of treating sex offenders is the finding that those who possess these types of unreasonable sexual views usually feel that there is nothing wrong with their behavior. They often view their deviant fantasies, fetishes, and obsessions as being normal, and sometimes even positively unique in a way.

Therefore, the values and beliefs that underlie the distorted cognitive structure of the sex offender are so deeply imbedded that the process of cognitive behavioral therapy is by no means a simple one. Cognitive behavioral therapy involves, and requires, time and patience on the part of the treatment provider. Results are not expected to be quick, and may seem to be completely lacking in some offenders. However, treatment providers, through the use of cognitive behavioral therapy methods, must strive to instill in sex offenders skills that will help reduce acts of recidivism. Just a few of the numerous techniques utilized in cognitive behavioral therapy include: aversive conditioning, “thought stopping,” victim empathy activities, offense cycle/relapse prevention, and social skill development. These methods are used with varying levels of success, and will be discussed in the following subsections.

Aversive Conditioning

Aversive conditioning is defined as a type of behavior modification that subjects offenders to mental or physical discomfort as they become aroused by visual or auditory depictions of deviant sex (Anderson, 1998). Aversive conditioning usually involves one of two techniques. The first teaches offenders to pair negative social consequences, images and/or ideas that they find disturbing and/or painful with any fantasies that are of a deviant nature. The second technique is a type of conditioning that can eventually teach offenders how to insert appropriate sexual fantasies in the place of deviant ones (Hall, 1996).

“Thought Stopping”

“Thought stopping” involves just that, learning how to stop one’s thoughts before acting upon them. For sex offenders, this means learning to identify when deviant sexual thoughts enter their minds, and then “stopping” those thoughts in order to consider the consequences of partaking in the behaviors related to those thoughts. It is much like pushing the “pause” button in one’s brain in order to have time to stop and think. For example, if a male sex offender with a deviant attraction to children finds himself aroused at the sight of a young boy, he learns how to identify those feelings and then do whatever it takes to remove himself from the situation and stop the feelings. This technique is based on the idea that feelings that are mentally identified and blocked are less likely to evolve into actions.

Victim Empathy Development Activities

Victim empathy activities aim to place offenders in the “shoes” of their victims, while also instilling a level of empathy for all others in general (Hall, 1996). The ultimate goal is to make offenders realize on a personal level the pain and harm that they have inflicted upon their victims, which will hopefully then prevent them from repeating the victimization behaviors again. This can be done via the use of various activities such as: role-plays, educational “victim interview” videos, and “victim apology letters” in which the offender creates a letter to their victim apologizing for his or her actions (these letters are rarely received by the victim in order to prevent further possible emotional victimization and traumatizing, but instead are used as a tool of reflection for the offender).

It should be noted that face-to-face meetings between victim and offender are also allowed in some states, but only upon the request of the victim. Many cognitive theorists assert that victim empathy techniques are the most valuable tool in preventing recidivism, as they force offenders to see the victim’s side of the situation and subsequently personally feel the pain that they have caused others (Hall, 1998).

Offense Cycle/Relapse Prevention

All sex offenders possess a marked offense cycle that, when not stopped, frequently results in relapse and re-offense. Teaching sex offenders to recognize their offense cycles and learn to prevent relapses takes the above mentioned technique of “thought stopping” to a more in-depth level. Current research on deviant sexual behavior indicates that there definitely exists a cycle of behaviors,

emotions, and cognitions that is identifiable and which precedes deviant sexual behavior in a predictable fashion (Texas DSHS, 2005).

A primary goal of sex offender treatment is to teach to all offenders the ability to accurately identify these maladaptive behaviors. This is achieved by examining the sex offender's entire history of deviant sexual arousal and behavior (not just the behavior related to the offense of conviction) and then "mapping out" a plan to deal with the very specific thoughts that occur prior to, and can trigger, the actual act of sexual deviancy (Texas DSHS, 2005). The principles of relapse prevention also reinforce in sex offenders the realization that treatment, or any other external intervention, cannot completely eliminate their risk of re-offending. Instead, it is vital that sex offenders adopt a lifelong recognition of their own unique patterns (or cycles), and then always take affirmative steps to avoid the situations, thoughts, feelings, and/or behaviors that increase the risk to re-offend (Matson, 2002).

Social Skill Development

When examining available research, it is found that in general, sex offenders are lacking in the area of social skills. Generally, experts agree that sex offenders have a tendency to exhibit problems with self-esteem, loneliness, and depression (Schultz, 2006). Regardless of the cause of these behaviors, the social skills that are displayed by sex offenders are often inappropriate, manipulative, and/or deceptive in nature. Instead of the normal practice of using one's social skills to engage in positive relationships with others, sex offenders often aim to

utilize their distorted social skills to gain power and control over others in a constant attempt to benefit themselves.

While the social habits of sex offenders often share the same goal of manipulating prospective victims, this is done via the use of a multitude of different social personalities and strategies. Some of the tactics employed by sex offenders include: playing the role of “Mr. Good Guy,” taking the “victim stance” (i.e. the “Poor Me” portrayal), using power plays to get what is wanted at any cost, feeling a strong sense of entitlement, being extremely selfish, engaging in constant blaming of others, minimizing one’s thoughts, actions, and behaviors, “question dodging” in order to avoid answering uncomfortable questions, and displaying an intense level of secrecy/deceptiveness (Texas DSHS, 2005).

In the cognitive behavioral method of social skill development, the sex offender treatment provider aims to teach seemingly simple social skills to offenders, such as techniques of engaging in appropriate conversations and other basic social interactions with others. This training often entails video taping role-playing scenarios so that offenders and treatment providers can watch the interaction again and point out what is appropriate and what needs further work. Also, by seeing how they interact with others on video, it is hoped that sex offenders will become able to realize the role that their cognitive distortions play in poor social interaction. Since social anxiety may lead to offenders having an increased chance of re-offense, this type of treatment strives to teach offenders to identify what types of social situations cause anxiety and then develop the appropriate social skills needed to address those situations (Hall, 1998).

Overall, the cognitive behavioral methods of treatment discussed above produce differing levels of effectiveness based on each individual offender and the skills of the treatment provider at hand. The methods are shown to be effective more often than not in reducing acts of recidivism, but when they are relied upon as the sole method of treatment they can still fall short of success. Only when used in combination with other methods do cognitive behavioral methods really make a statistical difference in reducing acts of recidivism.

B. Intensive Supervision Methods

While the use of intensive supervision sanctions is not always considered to be a formal “treatment method,” it does seek to change the behavior of sex offenders via the use of various methods such as electronic monitoring programs, residence/housing restrictions, house arrest programs, GPS tracking systems, more frequent home visits by probation/parole agents, adherence to state sex offender registries, requirements of face-to-face contact with local law enforcement agencies, community notifications, computer usage restrictions, and place/type of employment restrictions (Roberts-Van Cuck, 2000). This list is by no means definitive and the number of intensive supervision methods grows at a quick rate, as increased technology provides more effective and advanced ways to supervise all types of criminal offenders.

The usage of the above listed method(s) may vary based on multiple factors such as the nature of the sex offender’s offense, the geographic area in which the offender lives, and the availability of the monitoring equipment to the

supervising agency. Regardless of the level at which intensive supervision methods are used, there are three main goals of utilizing these methods when supervising sex offenders. These goals are to lower recidivism rates, allow offenders to work in order to pay for victim restitution and other legal fees, and to reduce the size of the prison population (thereby saving the money of taxpayers) (Anderson, 1998).

Intensive supervision methods have proven to be popular, with most states' law enforcement and correctional agencies taking part in some sort of intensive supervision programs. However, while often supported by law enforcement agencies that actually utilize the methods and subsequently see the direct results, intensive supervision is still often questioned by members of the public who tend to be more in favor of punitive incarceration than many of the so-called "passive" methods of intensive supervision, especially when it comes to sex offenders (Anderson, 1998).

Rules and guidelines on where sex offenders can live, when they can leave the house, where they can go, what they can do while at home, etc. illustrate that most intensive supervision sanctions aim to hold an offender to many of the same rules he or she would be subject to in a correctional facility. With these methods, the proverbial "prison without walls" is created and sustained, and a sex offender's behavior can be controlled in many of the same ways as in prison. However, a key difference is that while prison only serves to confine, intensive supervision allows sex offenders to receive treatment, maintain appropriate employment, and have "non-prison" interactions with others (Roberts-Van Cuck,

2000). The most commonly used intensive supervision methods have to do with the offender's place of residence. This includes electronic monitoring programs, GPS tracking systems, and strongly debated residency restriction laws (i.e. "2,000 foot rules").

Electronic Monitoring Programs

Electronic monitoring employs a base unit that is hooked up through the offender's telephone line and an accompanying ankle bracelet that must be worn by the offender at all times. A law enforcement agency, usually the Department of Corrections, randomly dials the base unit, which then "scans" the place of residence to ensure the offender is present. If there is no signal or if a system malfunction of some sort shows up, there is either a police response or an arrest warrant is issued for the offender. If the offender in any way tampers with the base unit or the ankle bracelet itself, it will result in the same response. Offenders who are employed, involved in some sort of treatment program(s), and/or have permission to leave the house for any reason must have a documented time-schedule on file with their probation/parole agent so that their whereabouts can be accounted for at all times. As a result of these strict guidelines, studies have shown that many offenders are so intimidated by methods of electronic monitoring that it causes them to alter their conduct for the better (Anderson, 1998).

However, this method of surveillance does have its downfalls, as the technology is becoming outdated and can be very unreliable at times. Low batteries, phone line problems, heavy storms, microwave ovens, and even cast

iron bathtubs can cause problems in signal transmission (Anderson, 1998). This can result in arrest warrants being issued, police responding, and custodies being made when unnecessary. These technical errors can result in more money being spent by correctional agencies due to equipment repair and payment for extra hours worked by employees, which some say cancels out any financial benefit that may be provided by the use of electronic monitoring in the first place.

GPS Tracking Systems

With the dawn of more advanced technology comes new and improved ways to monitor the whereabouts of sex offenders. One such way is utilizing GPS (Global Positioning System) tracking systems, which at this point in time is usually reserved for extreme high risk felony sex offenders in the community. With this technology, offenders can be tracked to an exact location 24 hours a day, 7 days a week through advanced technology that utilizes satellites and computers in the pursuit of complete community protection from sex offenders. State senators in California have suggested that GPS devices are a necessary and vital tool to control sexual criminals, and even propose that sex offenders should remain on GPS tracking even after they are out of prison, off parole, or complete probation (Mieszkowski, 2006).

As of 2006, 23 states used GPS to monitor some sex offenders while they are on probation or parole (Mieszkowski, 2006). The devices work much the same way as electronic monitoring equipment, with much more advanced technology. The devices are fitted into an ankle bracelet and can behave like a “24-hour

virtual probation/parole officer,” keeping tabs to verify if the offender follows the rules of supervision (Mieszkowski, 2006).

Not all states use this method yet, as the cost is much higher than electronic monitoring and there are some questions regarding privacy laws and the deprivation of liberty that some people feel is imposed by the use of GPS. Many argue that the use of GPS is just another way to appease the hysteria-prone members of society into believing that their children will always be safe from sex offenders. These critics say that GPS practices are not based on reality and actually add to the public’s fear that all sex offenders are “boogeyman-like” predators, while simultaneously promoting a false sense of security. California criminal defense attorney Jeff Stein suggests that the true reality is that the vast majority of sex offender registrants are not predatory, victimize people close to them such as family members, and do not pose a danger to strangers, which is the only reason GPS would be useful (Mieszkowski, 2006).

Research pertaining to the actual effectiveness level of GPS on the number of incidents of recidivism is limited because the use of the technology is too new to provide concrete, time-tested results. Regardless of the arguments against its use, GPS tracking of sex offenders has gained much support from many members of the law enforcement community and the entire community in general. Unlike electronic monitoring, GPS can pinpoint an offender’s exact location, thereby eliminating the chance that an offender can lie about where he or she has been. The fact that GPS allows law enforcement officials to type offenders’ names into a computer and see where they have been over a period of time, and where they

are currently located, makes the technology very useful to law enforcement and comforting to the public. However, as is the case with electronic monitoring, while GPS can indicate where a sex offender is, it will never be able to indicate exactly what that sex offender is doing at the time.

An example of this can be seen in the following story shared by California sex offender Jake Goldenflame. When Goldenflame was first released from prison, he resided in a rooming house and was assigned the chore of taking care of two watchdogs in the backyard. He indicates that on numerous occasions, neighborhood children would walk by and see him with the dogs. On one particular day, a 12-year-old boy knocked on the door of Goldenflame's room. Goldenflame, not knowing who was at the door and not expecting a child, told him to come in. No crime occurred, but Goldenflame points out that if something had happened, the GPS would not have sounded any type of alarm indicating that he had violated the conditions of his parole by being alone with the boy. Instead, the tracking device would have indicated that he was in his own room in the rooming house, exactly where he was supposed to be.

Residency Restriction Laws

One need only turn on the local news nowadays to hear about the latest local community that has passed a sex offender residency restriction law. These laws are commonly referred to as "2,000 foot laws," due to the seemingly standard distance from schools, playgrounds, parks, daycare centers, churches, shopping malls, and hospitals (among other public locations) that sex offenders are not allowed to live within. The intention behind these laws is that the safety of

children and other potential victims of sex offenses will be improved if sex offenders are not allowed to live within certain distances from places at which children and other members of the public may be present. The laws aim to prevent sex offenders who target children at specific sites from being able to offend and/or re-offend.

Even though public support is often high for these laws because no one wants to live next door to sex offenders, preliminary studies on this practice do not show that the laws actually prevent sex offenses or repeat sex offenses from occurring. In fact, many critics of the laws assert that they may be doing more harm than good. The Iowa County Attorney's Association suggests that research does not show any correlation between residency restrictions and reducing sex offenses against children or improving the safety of children (2006). Residency restriction laws were initially created to reduce sex crimes against children by strangers who seek access to child victims at the locations protected by the laws. While all would certainly agree that these crimes are very tragic, they are statistically very rare. In reality, 80-90 percent of sex crimes against children are committed by a relative or acquaintance who has some sort of prior relationship with the child, along with access to the child that is not impeded by residency restrictions (ICAA, 2006).

Another negative consequence is found in that law enforcement agencies report that some residency restrictions have caused sex offenders to become homeless, to change addresses without notifying authorities, to register with false addresses, or to simply abscond (ICAA, 2006). If sex offenders do not register

and essentially “disappear,” both law enforcement and the public will have no idea where they are actually living. This poses a far greater risk to the public.

Many of the geographic zones covered by the prohibited “2,000 foot zones” are so large in size that realistic opportunities for practical housing for offenders are virtually eliminated in most communities (ICAA, 2006). This can result in sex offenders being grouped into one small area of a community or being “pushed off” onto other communities that have no residency restriction laws. In effect, a sex offender could move across county lines and actually live closer to the prohibited areas than if they remained in the community with residency restriction laws in force.

Perhaps the most obvious point to be made as to why residency restrictions alone are not sufficient is the fact that sex offenders are, more often than not, very determined people. If their minds are set on finding victims, they will simply get into their cars, use public transport, or hitch a ride with friends in order to get to any location they want. Banning sex offenders from certain areas does not mean that they will not be present in these areas anyway. That is not to say that sex offenders should live right next door to schools or daycare centers, but the public must realize that geographic distance alone is by no means the best method of community protection, sex offender treatment, and reduction of recidivism rates. In fact, when communities reject convicted sex offenders by simply isolating them or driving them to disappear from the criminal justice system, the price may be paid in potential victims (Schultz, 2006).

The factors involved with the two main treatment methods discussed in the prior two sections show that true change in sex offenders' behaviors and their levels of recidivism depends on more than just cognitive behavioral therapy and/or intensive supervision methods. The "riddle" that is the mind of the sex offender is far too complex to be "solved" simply by just placing offenders in group therapy and/or dictating where they can live. The recommendations section that follows will explain what is needed to formulate truly effective sex offender treatment programs. As will be apparent, just as each individual sex offender is different on varying levels, so should be any realistic, efficient, and practical method of successful sex offender treatment and reduction/prevention of recidivism.

V. RECOMMENDATIONS FOR MORE SUCCESSFUL TREATMENT

As shown throughout this paper thus far, the literature review shows that there are multiple sex offender treatment programs available. A shortage of treatment options is not the cause for the problem of sex offender recidivism. The real problem lies in the fact that the programs that are available are underutilized and/or not utilized in combination with one another in order to form a more efficient, comprehensive, and successful sex offender treatment program.

Many experts in the field agree that the crimes of sex offenders warrant an increased level of vigilance in managing known offenders. However, these experts also warn that if these management strategies rely too heavily on punishment and public shaming of sex offenders versus the use of sex offender treatment methods, the result may be a “backfire” effect that ultimately causes an increased risk of sex offenders committing further crimes (Zott, 2008). This is not to say that registration, tracking, or community notification is not absolutely necessary in the cases of dangerous, high risk sex offenders, as sometime these tools are truly the most appropriate for the situation. However, just as sex crimes differ, so do sex offenders and the ways in which they respond to varying types of treatment.

Both research and practical experience have demonstrated a consistent level of effectiveness when methods of sex offender managing and monitoring are used in which offenders are taught to take responsibility for their actions and encouraged to increase their efforts to reform their lives (Zott, 2008). Based on a

through review of available literature regarding the effectiveness of certain sex offender treatment methods, the following recommendations for more successful treatment, and subsequent reduction of recidivism, will now be discussed: detailed individual assessments of recidivism risk, obtainment of appropriate education/employment, consistent group and individual therapy, increased use of AODA treatment, and the formation of community prevention and awareness programs. A discussion will also follow which makes suggestions in regards to future research and/or empirical studies which may further the knowledge of the entire criminal justice system in regards to sex offenders and levels of recidivism. Please note that the following sub-sections are not discussed in any specific order, as they all hold equally high levels of importance in the treatment of sex offenders.

A. Detailed Individual Assessments of Recidivism Risk

It has been stated in this paper several times thus far, but it warrants repeating; sex offenders are not all the same. The term “sex offender” can be very subjective, and it often causes people to categorize all sex offenders into one group. In reality, sex offenders, like all criminal offenders, come in all shapes, sizes, and types. While it is true that many common behaviors are evident in sex offenders, it is also of vital importance to realize that each offender possesses unique traits that often dictate the level of risk of recidivism that is present.

An analogy to consider is that of a hospital emergency room setting. If someone comes to the ER with a migraine headache, the doctor does not amputate

a leg. Not all patients are treated using the same, single method. The symptoms are instead treated with the appropriate, needed measures, and doctors evaluate a patient's risk for developing any complications and/or other medical illnesses. Similarly, if one sex offender is an 18-year-old man who has had sex with a 15-year-old girl, while another sex offender is a boy scout leader who has sexually molested multiple young boys, it is obvious that the treatment needed for the two sex offenders and the individual risks they pose to the community may very likely differ in numerous ways.

Currently, most states do perform cursory risk assessments of offenders upon their admission into the criminal justice system. This places them into risk categories such as low, moderate, or high, even though few sex offenders are ever placed into the low risk category (Mullen, 1998). However, most who conduct these assessments are not properly trained to do so. Those who perform these assessments must be highly trained persons who are knowledgeable in the treatment of sex offenders and understand that there is no such thing as a reliable sex offender "check list" or standardized list of risk criteria (Mullen, 1998). While qualified practitioners can still use scientific risk assessment tools to screen offenders into risk categories, they must also be able to use critical thinking skills developed from education and experience to see "outside of the box."

Without the presence of highly qualified, educated, and trained professionals to perform comprehensive risk assessments, the chance of miscalculated risk is greatly increased. Risk assessments that are done poorly or too hastily by untrained state boards, prosecutors, or inexperienced

probation/parole agents will only lead to problematic behaviors, treatment failures, and eventual increased acts of recidivism. While the levels of disgust and outright hatred toward sex offenders may run high in society, it is still vital that a sex offender assessment program be run fairly and professionally. Otherwise, as sex offender expert Lawrence Mullen suggests, most offenders are likely to be painted with the same barbaric brush as if wearing the “Scarlet Letter A” (1998). A better equipped, more realistic, and practical risk assessment system allows the criminal justice system to better identify the most dangerous sex offenders, and then apply the most intensive interventions to those who need the greatest level of supervision, treatment, and restriction (ATSA, 2005).

Assessment should consist of an extensive series of interviews which contain question and answer sessions, the completion of personality tests, and research on an offender’s personal background and past offense history. Offender assessments need to be completed at the time of incarceration, parole, and/or probation, which ever is applicable to the offender at hand. These assessments should be administered by psychologists, sex offender treatment providers, and/or specialized probation/parole agents who have been trained exclusively in the area of sex crimes.

When thorough, individual assessments are correctly instituted, it results in the ability of law enforcement and correctional agencies to more strongly and effectively target their efforts at those sex offenders who truly pose the highest risk to members of the community. Due to the level of immediacy related to the presence of sex offenders in the community, these assessments must be completed

in a timely and efficient manner, but without rushing through them in order to simply achieve completion. An assessment that has been completed haphazardly and without critical thought is of no use to anyone, and will not aid in the prevention of sex offender recidivism.

Error filled assessments provide misinformation to everyone who reads them. This can spread from the initial person who completed the assessment to someone who reads an offender's file many years later. Therefore, if assessments are completed without care, offenders may be placed at incorrect risk levels and additional members of the community could be placed at an increased risk of becoming future victims.

B. Obtainment of Appropriate Education/Employment

As the old saying goes, "Idle hands are the Devil's workshop." Those with a penchant for engaging in inappropriate behaviors are more likely to do so when they have nothing else to do. Most prison wardens, probation/parole agents, and police officers will attest to the truth behind this statement. Because of this, educational instruction and employment training and placement is an important method to utilize in the treatment of sex offenders that are both incarcerated and under supervision in the community.

Many sex offenders find that, upon their return to the community after a prison sentence or at the initiation of a probation sentence, they are unable to continue with the work they performed prior to being arrested and convicted. Therefore, incarcerated offenders should be involved in educational and work

training programs in order to gain new skills, regain occupational confidence, have less free-time available, learn responsibility and accountability, and, thereby, be less likely to re-offend.

Employment for sex offenders is increasingly difficult to locate due to the level of discomfort that many employers experience when faced with the idea of having sex offenders as employees. They may fear community criticism, as well as disapproval by other employees. However, prisoners, parolees, and probationers should be allowed to work in appropriate surroundings that do not involve children, teenagers, and/or members of the public that are similar to the offenders' victims. This allows these offenders to earn money to pay toward fees such as victim restitution, sex offender treatment fees, and supervision fees (Talman, 2005). By sex offenders paying part of the bill for various treatment programs, less cost needs to be covered by the taxpayers who fund the programs run by city, county, and state agencies.

Probation/parole agents can conduct employment checks as needed to ensure that the offender is attending work, behaving appropriately at work, and not displaying any warning signs that may indicate possible recidivistic behavior. In fact, a good relationship between an employer and a probation/parole agent can even help to prevent re-offending when the employer notifies the agent of abnormal or risky behavior on the part of the offender. Since offenders spend a large part of the day in the workplace, their supervisors actually see the offenders on a more frequent basis than their probation/parole agents. This makes the

employer a key team member and valuable resource in striving for reduced rates of recidivism in the community.

C. Group and Individual Cognitive Behavioral Therapy

Although some literature suggests that it can have its shortcomings when utilized as the sole source of treatment, group and individual cognitive behavioral therapy is undeniably one of the most valuable factors involved with an overall program of sex offender treatment and recidivism reduction/prevention. Based upon a review of available literature from various sources, there is considerable and growing evidence that deviant sexual behavior can be reformed by treatment, with many sources indicating that quality treatment can reduce recidivism by more than one-third (Lotke & Hoelter, 2006).

A 1999 meta-analysis of nearly 11,000 sex offenders from 79 separate studies determined that offenders who participated in sex offender treatment programs had a combined rearrest rate of 7.2% compared to 17.6% among untreated sex offenders, which is a very respectable reduction of 59% (Lotke & Hoelter, 2006). Another comprehensive meta-analysis performed in the year 2000 found that 10% of sex offender treatment subjects reoffended, compared to 17% of untreated subjects (another noteworthy reduction of 41%) (Loetke & Hoelter, 2006). The “Campbell Collaboration” meta-analysis of 69 studies consisting of 22,000 individuals determined that consistent sex offender treatment reduced recidivism rates by 37% (Lotke & Hoelter, 2006).

As can be safely ascertained by statistics like those listed above, there is no downside to individual and group therapy methods. Continuously growing evidence indicates that this treatment does in fact reduce the risk of reoffense and therefore should be extensive and ongoing. It is a reality that most offenders will be released into the community at some point, either at the end of a prison sentence or at the beginning of a probation sentence. If the true intent of the criminal justice system and society in general is to protect children and prevent future victims, methods like community notification, monitoring, and tracking need to *supplement* treatment programs, not to *supplant* them (Schultz, 2006).

A finding that may be surprising to many people is that there exists many offenders who say they actually welcome treatment because they know they need help to control their behaviors (Schultz, 2006). One incarcerated sex offender indicated, “I know I need help. I’m going to get out soon. If sex offender treatment and monitoring mean that people can keep an eye on me, to help me help myself, then I’m all for it” (Schultz, 2006). Another sex offender who had been released to the community stated, “The only thing that really makes the community safe is effective treatment. The solution is...You don’t release someone from prison or probation who didn’t do treatment” (Fodor, 2001).

Jake Goldenflame, a registered sex offender who resides in California, has been out of prison for over 16 years and describes himself as in “recovery.” He is a well-known proponent for the utilization of a combination of sex offender treatment programs, sex offender registries, and intensive sex offender monitoring methods, and has made media appearances from The Oprah Winfrey Show to

MSNBC (Mieszkowski, 2006). Goldenflame states that comprehensive cognitive behavioral treatment grouped with other effective methods and increased community awareness helps make offenders like himself less likely to offend again (2004). He indicates that there is no “cure” for sex offenders like him, but does believe that their risk of recidivism can be greatly reduced, as it has been in his own case (Goldenflame, 2004). Goldenflame also asserts that broadly applying only several “get tough” policies and methods in the attempt to control sex offenders will not help the cause (2004).

D. Increased Use of AODA Treatment

In the review of the literature, the underuse of AODA treatment in regards to sex offenders is all too obvious. The cause of this is not because sex offenders do not have alcohol and drug addiction problems, but that the criminal justice system seems to place those problems on the back burner and instead chooses to focus almost completely on sex offender group treatment programs. While it is accurate to say that sex offender treatment is extremely important because it addresses abnormal beliefs and behaviors that cause deviant sexual behaviors, it is also vital that any alcohol and/or drug issues are also addressed, as both alcohol and drugs can cause existing abnormal thought processes to become even more distorted (Hall, 1998).

Sex offenders also often engage in blaming behavior when it comes to drugs and alcohol. Instead of taking responsibility for the act they committed, they will instead blame drugs and/or alcohol for causing them to behave in the

way they did. By saying “the drugs/alcohol made me do it,” the offender has found an easy way to shift the blame for their deviant behavior from themselves onto a substance. While alcohol and/or drugs can make people feel more comfortable with engaging in acts or behaviors that they normally would not do, to say that alcohol or drugs causes one to commit sex offenses is a ludicrous proposition. In actuality, alcohol and drug use increase the likelihood that someone who is already predisposed to commit a sexual assault will act upon those impulses (CSOM, 2000).

The question has been asked “What do you have when a drunken horse thief sobers up?” The answer is “a horse thief.” The same holds true for sex offenders. When a drunken sex offender sobers up, they are still a sex offender. As indicated, alcohol and/or drugs are not usually responsible for a deep-rooted system of distorted beliefs, thoughts, and behaviors. Instead, these substances primarily serve to amplify the presence of any existing distorted thought patterns or deviant ways of thinking (Hall, 1998). It is true that a sex offender will be a sex offender with or without alcohol and/or drugs, but those substances certainly decrease the chance of successful treatment and lowered recidivism rates. Ultimately, AODA issues must be addressed if cognitive behavioral therapy is ever to succeed.

E. Community Prevention and Awareness Programs

The “hunt” for released sex offenders has evolved quickly into a moral panic, a mass mediated wave of irrational public fear (Schultz, 2006). Much

modern public policy in regards to sex offenders, such as the previously discussed residency restriction laws (i.e. “2,000 foot laws”), is based on the belief that crazed child molesters lurk in every neighborhood, playground, shopping mall, schoolyard, and public park (Schultz, 2006). The mass media dedicates extensive amounts of their time to reinforcing the public perception that society is inundated with sex offenders and that *all* convicted offenders are habitual, violent, and predatory, on the prowl for their next victim (Schultz, 2006). Depicted as a sort of “boogeymen,” sex offenders even have their own “gotcha” TV reality show disguised as a news program, NBC Dateline’s “To Catch a Predator” (Mieszkiwski, 2006). However, as painful as it may be for lawmakers and the general public to admit, the *actual* reality of the situation falls far short of both the *portrayed* and *perceived* reality of the situation.

Sexual crimes committed by predators are, without a question, a very serious problem, and should not be underplayed. But, simply demonizing sex offenders rather than treating them makes very little sense, and passing aptly named “panicky” laws that are tough but mindless in response to political pressure will not solve the problem either (Krueger, 2007). The problem presented by sex offenders existing in the community *is* manageable, but *only* if time and resources are utilized correctly. The misplacement of resources to fight sexual crimes and incorrect public perception only proves to be counterproductive. If sex crimes and acts of recidivism are to be effectively combated, the mass public hysteria must be calmed and replaced with community education and utilization of practical prevention methods. If prevention methods

such as community notification, GPS devices, and residency restrictions are relied on to “solve the problem” but not used wisely, they may actually create a more dangerous environment due to the fact that many aspects of these methods originally stem from unrealistic stereotypes of sex offenders (Schultz, 2006).

One such stereotype is the belief that most convicted sex offenders are “dirty old men” who prowl playgrounds or sociopathic serial killers who randomly stalk, kidnap, and kill their victims (Schultz, 2006). In actuality, sexually violent abusers who target strangers are the minority. Instead, research shows that over 90 percent of sex offenses occur within families or by someone who already knows the victim (Schultz, 2006). Therefore, the present system of sex offender treatment essentially focuses all of its attention on only 10 percent of sex offenders, while ignoring a more likely source of danger to our children: potential predators closer to home in the form of fathers, mothers, siblings, uncles, aunts, step-parents, babysitters, and family friends (Schultz, 2006). Perhaps society’s preference to view sex offenders as dangerous strangers is an extension of a form of denial of the possibility that a trusted family member could ever commit a sexual crime against a fellow family member.

Another finding that helps to explain the influence of sex offender stereotypes is the assertion that up to 88% of child sexual abuse is never reported to the authorities (Rice, 2006). This means that most individuals who pose a risk to the safety of our children have never been convicted, and therefore will not be located on any sex offender registry. This high rate of underreporting leads to the frightening conclusion that the approximate 265,000 convicted sex offenders that

are currently under the authority of corrections agencies across the United States actually represent less than 10% of all sex offenders actually living in communities nationwide (Rice, 2006).

Currently, most public “informational meetings” regarding sex offenders are basically the equivalent of the “angry townspeople” showing up with torches and pitchforks at Frankenstein’s Castle. The meetings are more the result of a “witch hunt” than a true attempt at adding to the public awareness level with accurate information and prevention tips. Deborah Donovan Rice, public policy director for the sexual abuse prevention organization “Stop It Now!” suggests that public education is a critical first step in protecting society’s children and other prospective victims from any form of sexual abuse (2006).

When the public seeks information by attending community meetings and utilizing sex offender registries, they should also be given realistic information and statistics regarding sex offenders. Current policy and treatment efforts should be coupled with components of public education, such as providing links on web-based sex offender registries to sources of accurate information about the prevention of the perpetration of sexual crimes (Rice, 2006). The result would be a comprehensive package that would successfully treat sex offenders, while simultaneously informing the public about the issue of sex offenses and the options available to protect all members of the community effectively. By using this information, members of the community could better educate themselves, and therefore their children, on the most effective methods of preventing sex crimes. This would result in a more proactive approach to combating sex offenses that

could focus on the prevention of victim harm and acts of recidivism before they actually happen.

At its best, community re-entry by sex offenders becomes a cooperative process with a role for all members of the community to play in ensuring the prevention of future sexual assaults. Private citizens, public officials, teachers, agency professionals, and the sex offenders themselves all play an important role in this process. Prevention is far more effective than reaction, as it can stop people from being victimized in the first place. Experts suggest that true prevention demands that *each of us* be accountable for educating ourselves with a clear, accurate, and realistic understanding of the facts and issues surrounding sex offenders (Rice, 2006). By committing to this plan of action, we as a society can take the necessary steps in our personal and professional lives to prevent the sexual abuse and sexual exploitation of persons all across the United States (Rice, 2006).

F. Suggested Future Research and/or Empirical Studies

One need only enter the words “sex offender” into any internet search engine or online resource database to see what is needed in the area of sex offender research. Quite simply, much more research is needed. Research studies that have been done in a thorough and comprehensive manner are severely lacking in number. Most search results produce numerous articles that discuss specific “hot topics” related to sex offenders, such as residency restrictions and the presence of “lurkers” in online chat rooms and social networking websites

such as “MySpace” and “Facebook.” Finding studies that discuss only high recidivism rates is easy, but studies that include in-depth research on the entire multitude of factors related to sex offenders is exceedingly difficult.

The number of studies that present realistic and accurate information are towered over by an enormous number of sensationalized articles. This type of literature appears to only serve as fuel for the fire that is the mass hysteria and panic level that is found in the public’s reaction to sex offenders. Instead of relying on hard data and concrete statistics when developing current studies and informational articles in regards to sex offenders, many choose to cave in to political and public pressures. The focus is placed strictly on the evil nature of sex offenders, while the vital importance of preventative actions taken by all members of society is ignored.

Future research and empirical studies must make it a priority to analyze scientific evidence, and not solely rely on only the opinions of law enforcement agencies and the general public. Opinions are often prone to contain high levels of emotion, especially when it comes to the topic of sex offenders. Opinions can also lead to studies that are embedded with assumptions and speculations rather than facts. This ultimately results in sex offender studies that are based more on the exception than the rule (Rice, 2006).

Rather than explore the “big problem,” these studies instead choose to focus on a small fraction of the problem, thereby adding little useful information and few contributions to the field of law enforcement and criminal psychology. Studies that provide untrue or inaccurate information based on false assumptions

lead to a misinformed, unaware public and general mass hysteria regarding sex offenders. This phenomenon then leads to unrealistic, irrational, and drastic legislation that ultimately overburdens the criminal justice system and hampers efforts to develop and utilize more successful, comprehensive sex offender treatment programs. The ripple effect of “empty” studies that provide misinformation travels throughout society until it eventually adds to further victimization, higher recidivism rates, and unrealistic depictions of a societal problem that is desperately in need of realistic solutions.

VI. SUMMARY AND CONCLUSIONS

Sex offenders, sex offender laws, sex offender recidivism rates, and countless other sex offender-related topics are often the subject of discussion in law enforcement agencies, court rooms, and households all across the country today. However, regardless of the plentiful number of heated debates that regularly occur; the review of the available literature indicates that the level of emotional response overshadows rational discussions on the development and implementation of realistic and practical solutions to the problem.

The crux of the sex offender recidivism problem lies in the fact that the multiple sex offender treatment programs are being severely underutilized, and not being used in combination with one another. Instead, we see the recurring trend of a small number of “tried and true” treatment methods being relied on too heavily, and used as the sole methods of treatment. Studies like this are necessary if new, effective approaches are ever to be utilized in the battle against sex offender recidivism. The criminal justice system must realize that one does not win a war by using the same strategies and battle plans over and over again.

Instead criminal justice agencies, the court system, and sex offender treatment providers would greatly benefit the community by combining various proven methods and strategies, carefully assessing the individual needs and risks of offenders, if the rates of sexual assaults and sex offender recidivism are ever to be reduced and, eventually, prevented altogether.

The method of literature review that was utilized for this study shows a severe lack of effective studies that have been completed by researchers. Instead, this researcher was met with the majority of available literature being based on commonly held myths that only serve to fuel public hysteria and mass misunderstanding of the actual issues at hand. The literature currently available seems to rely more on dramatic effect than on scientific fact, and this should play no part in attaining the goal of reduced recidivism.

A society does not solve its problems by running around hysterically with its hands in the air in a panic. Instead, we must consider the facts and realities of the situation, and focus on simply finding solutions that work. Those who formulate the solutions needed to better handle sex offender recidivism would be best served by considering all current and prospective methods, absorbing what is useful from these methods, and discarding that which is not.

Those who seek a “cure” for sex offenders will be sorely disappointed, as experts agree that no such entity exists. There is no “magic bullet” that will completely eradicate sex offenders and their re-offenses from the community. The cold reality of the situation is that most convicted sex offenders are ultimately released to the community at some point following their sentencing or periods of incarceration (CSOM, 2000). Sadly, when provided with the time and opportunity, many of these offenders *will* continue to re-offend.

Because of this recurring phenomenon, the formation and maintenance of a comprehensive and cohesive network of treatments and interventions must be put into place in order to control the manipulative and deviant behavior patterns

of sex offenders (CSOM, 2000). This study asserts and reinforces that only through this type of collaborative effort can those who are responsible for sex offender treatment effectively manage and contain these offenders and subsequently minimize the risk of future sexual victimization (CSOM, 2000).

Collaboration of sex offender treatment efforts is far from being a new concept. Treatment providers and researchers have recognized for years that the criminal justice system must venture beyond traditional reactive, adversarial approaches in order to properly address the severely complex nature of sex offending, recidivism, and the tragic impact that sexual assault has on victims and all of society in general (CSOM, 2000). In order for the problems presented by sex offenders to be handled effectively, there must be forged a strong partnership between the criminal justice system, treatment providers, the court system, policymakers, and all members of the community.

This type of relationship allows all involved parties to take advantage of the enormous potential for impacting all crimes, reducing costs by sharing information, developing common goals, creating compatible internal policies to support those goals, and joining forces to analyze problems and create responsive solutions (CSOM, 2000). Agencies must work together and see beyond differing organizational structures and philosophical perspectives in order to reach the common goals of reduced victimization, continuously ensured community safety, and the consistent utilization of effective treatment and rehabilitation programs for offenders.

The road to reduced sex offender recidivism is certainly not an easy one to traverse, and is laden with numerous challenges along the way. Does it require more research to be conducted? Certainly. Will it necessitate a commitment to change by all interested parties? Definitely. But, perhaps most importantly, is it all worth it? The answer is an unequivocal “Yes!” One need only ask any survivor of sexual assault to determine this to be true.

REFERENCES

- Anderson, D. (1998). *Sensible Justice: Alternatives to Prison*. New York: The New York Press.
- Association for the Treatment of Sexual Abusers. (2005). Research and Statistics Debunk Common Misconceptions. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Center for Sex Offender Management. (2000). *Myths and Facts About Sex Offenders*. Retrieved February 19, 2008 from <http://www.csom.org/pubs/recidsexof.html>
- Center for Sex Offender Management. (2001). *Recidivism of Sex Offenders*. Retrieved February 19, 2008 from <http://www.csom.org/pubs/recidsexof.html>
- Center for Sex Offender Management. (2001). *Sex Offender Recidivism*. Retrieved February 25, 2008 from <http://www.csom.org/pubs/recidsexof.html>
- Center for Sex Offender Management. (2000). *The Collaborative Approach to Sex Offender Management*. Retrieved February 25, 2008 from <http://www.csom.org/pubs/recidsexof.html>
- Edwards, D. (2004). Treatment for Pedophiles Reduces Victimization. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.

- Florez, J. (2005). Treating Sex Offenders is a Waste of Resources. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Fodor, M. (2001). *Megan's Law: Protection or Privacy?* New Jersey: Enslow Publishers, Inc.
- Funder, D. (2004). *The Personality Puzzle* (3rd ed.) New York: W. W. Norton & Co.
- Geberth, V. (1996). *Practical Homicide Investigation. Tactics, Procedures, and Forensic Techniques* (3rd ed.). New York: CRC Press.
- Goldenflame, J. (2004). *Overcoming Sexual Terrorism: 40 Ways to Protect Your Children from Sexual Predators*. CA: Xlibris Corp.
- Iowa County Attorneys Association. (2006). Iowa's Residency Restrictions Have Proven Unsuccessful. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Krueger, R. (2007). Legislation Must Be Based On Scientific Research. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Langevin, R., Curnoe, S., Federoff, P., Bennet, R. (2004). Lifetime Sex Offender Recidivism: A 25 Year Follow-Up Study. *Canadian Journal of Criminology and Criminal Justice*, 46 (5), 531-553. Retrieved from the Proquest Database.

- Lotke, E. & Hoelter, H. (2006). Clarifying the Facts Can Strengthen Public Policy. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Matson, S. (2002). Sex Offender Management: A Critical Management Tool. *Corrections Today*, 64 (6), 114-118. Retrieved from the Infotrac Database.
- Mieszkowski, K. (2006). GPS Tracking of Sex Offenders Fails to Protect Children and Promotes Panic. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Mullen, L. (1998). *Society & Sex Offenders*. TX: Emerald Ink Publishing.
- Nagayama Hall, G. (1996). *Theory-Based Assessment, Treatment, and Prevention of Sexual Aggression*. Retrieved March 18, 2008 from <http://www.mhamic.org/sources/hall.htm>
- Nagayama Hall, G. (1998). *Treatment of Sexually Aggressive Behavior*. Retrieved March 18, 2008 from <http://www.selfhelpmagazine.com/ppc/viewpoint/sexagg.html>
- Rice, D. (2006). Targeting Offenders' Re-Entry into Society and Community Education Are Key. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Roberts-Van Cuck, K. (2000). Supervising the Sex Offender. *Corrections Today*, 62 (7), 106. Retrieved from the Infotrac Database.
- Salter, A. (2003). *Predators: Pedophiles, Rapists, and Other Sex Offenders*. New York: Basic Books.

- Schultz, P. (2006). Treatment of Sex Offenders Can Protect Community. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Szasz, T. (2002). The Psychiatrist as Accomplice. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Talman, K. (2005). Containment & Surveillance Plus Registries Equals Real Protection. In Lynn Zott (Ed.), *Sex Offenders and Public Policy* (2008). New York: Greenhaven Press.
- Texas Department of State Health Services. (2005). *Council on Sex Offender Treatment: Information on the Treatment of Sex Offenders*. Retrieved April 24, 2008 from http://www.dshs.state.tx.us/csot/csot_tinfo.shtm
- United States Department of Health & Human Services (n.d.). *Crisis Intervention in Child Abuse and Neglect: Crisis Intervention Treatment Approaches and Techniques*. McLean, VA: Circle Solutions.
- United States Department of Justice-Bureau of Justice Statistics. (2007). *Criminal Offenders Statistics*. Retrieved January 30, 2008 from <http://www.ojp.usdoj.gov/bjs/crimoff.htm#sex>
- Zott, L. (2008). *Sex Offenders & Public Policy*. New York: Greenhaven Press.