One Child Too Many: Recommendation for the Review of Recidivism Rates and Treatment for Child Sex Offenders

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One Child Too Many: Recommendation for the Review of Recidivism Rates and Treatment for Child Sex Offenders

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*The journey towards the completion of the master of criminal justice degree has been an educational, informative yet challenging experience. The days of wondering how I was going to complete assignments while working full time were somewhat strenuous however; fulfilling the requirements for each assignment provided me with a great sense of accomplishment each time. Meeting the degree requirements for the master of criminal justice program through the University of Wisconsin Platteville has been a truly fulfilling experience and just knowing this degree will open new doors for me is very exciting..*

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Abstract

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Under the supervision of Dr. Michael Kemp-North

**Statement of the Problem**

The study of the sexual abuse of children is an important topic because of the delicacy of children and the effects it has on children. Many treatment programs exist for offenders, however the effectiveness of these treatment programs may be disputed when examining recidivism rates for child sex offenders. If knowing treatment for a child sex offender is not going to be effective, to save at least one child from this heinous crime would be ideal. The most important goal for the treatment of sex offender is to prevent them from committing acts of sexual abuse in the future however; this goal seems to be unattainable.

Estimates on the actual number of child sexual abuse cases and recidivism rates of child sex offenders may vary from source to source. In 2000, an estimated 285, 400 children were victims of a sexual assault. One half of those prison populations are child sex offenders (Polizzi, Mackenzie & Hickman, 2000). According to a Bureau of Justice and Statistics study conducted in 1994 regarding recidivism of sexual offenders released from prison, of 9, 691 male sexual offenders released from prison, 4, 295 of which were child molesters, 5.3% of the offenders committed an additional sex crime and were rearrested (Bureau of Justice and Statistics, 2003).

The fact is obvious not all sex offender treatment programs work because recidivism rates for

this group still exist. Treatment programs must be re-evaluated or the treatment option for offenders should be eliminated. If eliminated, child sex offenders should be mandatorily placed under civil commitment programs.

## Methods of Approach

Information for this research will primarily consist of secondary research. The method of approach for this research will consist of literature reviews and statistical research.. Information obtained will include the consequences of child sexual assault, the number of child victims of sexual assault, the prevalence of child sexual offenders, recidivism rates for child sexual offenders, the theoretical context behind offending, specific treatment options for child sexual offenders, a review of sex offender registration laws and the importance of agency cooperation. . The data provided will be obtained from accredited scholarly journals and also The National Criminal Justice Resource Service, the Bureau of Justice and Statistics, and other governmental sources.

## Anticipated Outcomes

The anticipated outcome for this research will show recidivism rates for child sexual offenders are continuing to rise and current treatment programs for child sexual offenders are proving to be ineffective. More intensive sexual offender treatment programs for child sexual offenders or eliminating treatment programs and requiring offender to stay incarcerated for a longer period of time will help to lower recidivism rates. Also, cooperation among all agencies who not only deal with the offenders but deal with the child victims will help in order to lower recidivism rates.

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## I. Introduction

In June 1991, then 11 year old Jaycee Dugard was abducted by Phillip Garrido. Dugard was sexually assaulted many times and mothered two children who were fathered by Garrido. Garrido was finally arrested in 2009 in connection with Dugard's abduction and sexual assault. Garrido was under federal parole and diagnosed as a "sexual deviant" during Dugard's captivity due to an incident that occurred in 1976 where he sexually assaulted a female child. As a result of this incident, Gariddo only served seven months out of a possible five years to life sentence (Wikipedia, 2011). In February 2005, nine year old Jessica Lunsford was abducted from her home by John Couey. Lunsford was raped several times, held captive for two days and was murdered by being buried alive. Couey was a convicted sex offender prior to Lunsford's abduction and murder (Wikipedia, 2011). In July 2010, a three year old Appleton, WI boy was sexually by assaulted Joseph Skenandore. Skenandore admitted to removing the boy's underwear and touching his penis. Skenandore admitted to the police had he not been caught, he would have sodomized the boy and then killed him. Skenandore had been arrested two years prior to this for a similar incident but was released to due a mental disorder (Collar, 2010).

Stories such as these evoke emotions in all of us because not only had the offenders been previously charged with a child sex offense but then went on to commit an additional and almost more heinous offense. It appears the criminal justice system was negligent when dealing with these offenders after their first offense which sadly allowed the subsequent offenses to occur. Crimes involving children, especially child sex crimes, want to bring about social change in the way the criminal justice system deals with the sexual assault of children. Sexual assaults against children are among the most highly publicized serious crimes, making the crime an important issue to study. Crimes such as these occur almost daily, and many times the offender had

previously committed a sex offense against a child (National Center for Missing and Exploited Children, 2011). Such offenses could possibly be avoided if the criminal justice system deal with child sex offenders accordingly. If a chance exists for a child sex offender to re-offend, alternative solutions should be sought to prevent this from occuring. The purpose of this research is to anticipate recidivism rates for child sex offenders to be high and therefore recommend different treatment options or foregoing treatment and keeping child sex offenders incarcerated to prevent this crime from reoccurring.

**A. Significance of Child Sex Offending**

Children are sexually assaulted at the rate of 4.9 per 1000 each year (Finkelhor et. al, 2008). One in three girls and one in six boys will be sexually assaulted before age 18 (Snyder 2000). This figure may be somewhat skewed however due to inconsistencies in reporting. The actual number could be quite more due to children being unable to fully comprehend the behavior as a crime. Child sexual assault can occur anywhere at anytime. Child victims range in age (up until 18 when they are considered legal adults), race and gender. The perpetrators of child sexual assault can be anybody which can include teachers, coaches, parents, step-parents, relatives, and strangers. Perpetrators can also range by age, race, gender, and relationship to the child. Most perpetrators of child sexual assault are family members or acquaintances who are known to the child or the child's family, while the rest are strangers (Snyder, 2000).

The sexual assault of children is a very important problem to study because prevention and treatment of this heinous crime can help to save and intervene in the development of a child. A look at the recidivism rates of child sex offenders can have a huge impact upon the punishment and treatment of these offenders. The recidivism rate for male-victim offenders is approximately twice that for female-victim offenders and re-offending rates show higher for male-victim

offenders. In another study performed by Bickley and Beech (2001), the researchers found that those child molesters who offend against girls reported more than twice as many victims as those who had offended against boys. With this information, however, research on child sex offenders has demonstrated that recidivism rates are significantly lower in those offenders who received treatment than in those offenders who did not. (Hatch-Maillette et al, 2001). Offenders who are perceived as being high risk will often receive greater restrictions on their liberty, such as indeterminate sentences, post sentence detention, and long-term community supervision. A number of risk assessment tools have been developed to distinguish between child sex offenders who are of higher and lower risk of being reconvicted. A couple of studies have provided support for categorizing child sex offenders as having either approach or avoidant goals regarding deviant sexual activity (Bickley & Beech, 2001). Ward and Hudson (2000) found when compared with avoidant goal offenders, the approach goal offender displayed higher levels of cognitive distortions of children (Bickley & Beech, 2001). Proulx, Perreault and Ouimet (1999) reported finding child sex offenders had more distortions about the impact of abuse on their victim (Bickley & Beech, 2001). A child sex offender's perceived risk for recidivism can have a marked influence on their management within the criminal justice system. With this information, those in the criminal justice system can put forth early intervention plans to prevent a child from being the victim of such a heinous crime. The sexual assault of children is important to prevent not only because of the seriousness of the crime, but because of the aftereffects it has on children.

**B. Consequences of Child Sex Offending**

The sexual assault of children can have dire consequences. Children suffer physical symptoms including, genital bleeding, genital discharge, genital bruising, genital irritation,

genital redness, genital tearing, sexually transmitted diseases (Giardino, 2008), loss of appetite, sleep disturbances, and bed wetting (Botash, 2008). The psychological symptoms are just as serious as the physical symptoms. Psychological symptoms include sexualized behaviors, development of fears and phobias, sleep disturbances, appetite changes, poor school performance, running away, truancy, acting out a younger age, aggressiveness, depression, and social withdrawal (Giardino, 2008). Studies of sexually abused children indicated they also have the potential to suffer complicated, long term consequences. The consequences include depression, anger, secrecy, helplessness, and a need to please others (Botash, 2008). .

The sexual abuse of children not only affects children while they are young, but if not treated, it can affect their development and create certain risk factors in their future. Studies which have examined the long term effects of sexual abuse during childhood have discovered increased risk for certain behaviors. In the future, child victims of sexual abuse are more likely to develop psychiatric disorders (Dube, et. al, 2008), become involved in promiscuity, develop eating disorders, depression, guilt, self-hatred, partake in self-mutilation, alcoholism, drug abuse and experience increased suicidal impulses (Karmen, 2010). Early intervention is the key to help child victims of sexual abuse return to a state of normalcy and prevent future likely behaviors such as including drug and alcohol abuse, and even worse, attempts of suicide.

**C. Conclusion**

Those in the criminal justice system who deal with child sex offenders must work in cooperation with each other in order to prevent these offenders from re-offending and choose the best option, whether it be treatment or incarceration in order to keep them from re-offending. The best way to determine if treatment is effective for child sex offenders is to look at their recidivism rates. In order to keep recidivism rates low for child sex offenders, criminal justice

agents must determine the most effective treatment for these offenders. If treatment is proving to ineffective and recidivism rates for these offenders are rising, other options including increased prison sentencing in order to protect innocent children from falling victim to this reprehensible crime.

First this research will examine the sex offenses which can be committed against children, particularly in the state of Wisconsin. Second, this research will provide the prevalence of child sexual assault by providing statistics regarding this crime. The statistics include the number and percentage of children who have fallen victim to child sexual assault. The statistics provided also examine the characteristics of the offender including age and sex. Third, the research examines the recidivism rates of child sex offenders and whether or not treatment or incarceration has an affect on lowering recidivism rates for these offenders. Measuring recidivism rates of child sex offenders can help to determine if treatment programs are effective and can possibly predict whether or not an offender will re-offend. Fourth, this research examined the types of treatment programs which are implemented for child sex offenders. These treatment programs include cognitive behavioral, evocative, psycho education and pharmacological therapy which are the most imperative for the rehabilitation of child sex offenders. Fifth, the research suggests the theoretical framework and other acts committed by the offender which attempts to explain the reasons behind child sex offending. Child sex offenders have a certain though process and engage in a progression of acts which lead them to their crime. Theories of offending include the cognitive deconstruction theory, recapitulation theory, routine activities theory, general theory of crime, the conditioning theory, inclusive fitness theory and mate deprivation theory. Sixth this research studied civil commitment programs which confine dangerous child sex offenders and for an undermined amount of time.

This research also examined two state specific treatment programs in the states of New York and Ohio aimed at the rehabilitation of child sex offenders. Lastly, this researched examined sex offender registration and notification laws, which require all those working with child sex offenders including communities, law enforcement and probation/parole agents to work in coordination with each other in order to monitor these offenders while they are in the community. In addition, this research also examined recommendations for treatment and the possibility of implementing civil commitment for all child sex offenders.

This paper will help serve as an educational and informational tool for those who deal with the charging, incarceration and treatment of child sex offenders. Determining if recidivism rates for child sex offenders are high can have a significant impact on their treatment. If recidivism rates are high, it proves treatment is ineffective and vice versa. Recommendations for effective treatment programs for child sex offenders is key for their rehabilitation and preventing future offenses. The ability to determine if treatment is effective for child sex offenders is vital for the prevention of such offenses and for the protection of child victims. If treatment is proving to be ineffective, the other alternative, longer incarceration sentences shall be recommended.

## II. Review of Literature

### A. Introduction

The sexual assault of children is a very serious crime and gains the attention of everybody when an act is discovered. Because of it's seriousness, under the Wisconsin state statute, the sexual assault of children encompasses more acts than sexual assault against adults While both offenses are equally as serious, more emphasis is placed upon the sexual assault of children because of their innocence and vulnerability. Data regarding the presence of child sexual assault including offender characteristics such as sex, age, and intra and extra-familial show child sexual assault is prevalent among all characteristics of the offender. Recidivism rates can be utilized to help measure an offender's chances of re-offending. By measuring recidivism rates, the rates can help those in the criminal justice field determine if treatment is successful. By evaluating treatment programs for child sexual offenders, it also allows those in the criminal justice to determine if additional treatment is needed or if a total re-evaluation of sex offender treatment programs are in order. In this paper, the researcher will first examine the possible sexual offenses against children in the Wisconsin state statutes and provide a definition of each offense. The researcher will then provided statistics on child sexual offenders including prevalence and characteristics including sex and age. The research will then examine recidivism rates of child sexual offenders in order to determine if treatment programs are successful in treating child sexual offenders. Lastly, the researcher will then provide several treatment programs which are utilized in the criminal justice field for child sexual offenders. If statistics regarding the prevalence of child sex offenses, high recidivism rates and ineffective treatment options for child sexual offenders, an overview of the way the criminal justice system deals with sexual offenders

may be required.

**B. Child Sex Offenses**

When compared to sexual assault of adults, the sexual assault of children encompasses more acts which are criminalized. While the sexual assault of adults are serious crimes, the inclusion of more acts which are criminalized for the sexual assault of children is important because of children's vulnerability and the effects the crime can have against their development. The sexual assault of children or commonly referred to as child molestation includes several acts including: sexualized kissing, mutual or self masturbation with the child, inappropriate viewing of a child in their intimate moments, producing or viewing child pornography, involvement in child prostitution (Giardiano, 2008), touching or fondling a child's genitals, adults encouraging children to touch their own or the adult's genitals, exposing adult genitals to children, showing inappropriate sexually explicit material to children, vaginal, penile, anal or oral stimulation of the genitals, sexual activity which involves urination, defecation, sadomasochism, or bondage (NCMEC, 2011). Along with the aforementioned sexualized acts against children, the Wisconsin state statues regarding sexual acts against children help to provide a more in depth review of child sexual abuse.

A majority of the chapter covers sexualized crimes against children. Chapter 948 of the Wisconsin State Statues applies explicitly to crimes against children. According to the Wisconsin State statute (2010), "a child is someone who has not yet attained the age of 18." Under Wisconsin statue statute 948.01(5) sexual contact includes:

> "intentional touching by the use of any body part or object of the complainant's or defendant's intimate parts if that intentional touching is either for the purpose of sexually degrading or sexually humiliating the complainant or sexually arousing or gratifying the defendant. Intentional penile ejaculation of ejaculate or intentional emission of urine or feces by the defendant upon any part of the body clothed or unclothed of the complainant if that ejaculation or emission is either for the purpose of sexually degrading or sexually

> humiliating the complainant or for the purpose of sexually arousing or gratifying the defendant (Wisconsin Department of Justice (WDOJ), 2010)."

Under Wisconsin state statute 948.01(6) sexual intercourse includes:

> "vulvar penetration as well as cunnilingus, fellatio, or anal intercourse between persons or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening either by the defendant or upon the defendant's instruction. The emission of semen is not required (WDOJ, 2010)."

Under Wisconsin state statute 948.01(7) sexually explicit conduct includes:

> "actual or simulated sexual intercourse, meaning vulvar penetration as well as cunnilingus, fellatio, or anal intercourse between persons or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening either by a person or upon the person's instruction. The emission of semen is not required (WDOJ, 2010)."

Wisconsin state statute 948.02 describes sexual assault of a child as:

> "Whoever has sexual contact or sexual intercourse with a person who has not attained the age of 13 years (1st degree) and whoever has sexual contact or sexual intercourse with a person who has not attained the age of 16 years (WDOJ, 2010)."

Wisconsin state statute 948.025 describes engaging in repeated acts of sexual assault of the same child as: "whoever commits 3 or more violations under 948.02, or within a specified period of time involving the same child (WDOJ, 2010)." Wisconsin state statue 948.05 describes sexual exploitation of a child as:

> "whoever employs, uses, persuades, induces, entices, or coerces any child to engage in sexually explicit conduct for the purpose of recording or displaying in a way the conduct, records or displays in any way a child engaged in sexually explicit conduct (WDOJ, 2010)."

Wisconsin state statute 948.055 describes causing a child to view or listen to sexual activity as:

> "whoever intentionally causes a child who has not attained 18 years of age to view or listen to sexually explicit conduct may be penalized if the viewing or listening is for the purpose of sexually arousing or gratifying the actor or humiliating or degrading the child (WDOJ, 2010)."

Wisconsin state statute 948.06 describes incest with a child as:

> "whoever marries or has sexual intercourse or sexual contact with a child he or she knows is related, either by blood or adoption, and the child is related in a degree of kinship closer than 2nd cousin; or if the person is responsible for the child's welfare (WDOJ, 2010)."

Wisconsin state statute 948.07 describes child enticement as:

> "whoever with intent to commit the following acts: causes or attempt to cause any child who has not attained the age of 18 years to go into any vehicle, building, room or secluded place, having sexual intercourse with the child, causing the child to engage in prostitution, exposing a sex organ to the child or causing the child to expose a sex organ, recording the child engaging in sexually explicit conduct, causing bodily or mental harm to the child (WDOJ, 2010)."

Wisconsin state statute 948.075 describes the use of a computer to facilitate a child sex crime as:

> "whoever uses a computerized communication system to communicate with an individual who the actor believes or has reason to believe has not attainted the age of 16 years with intent to have sexual contact or sexual intercourse with the individual (WDOJ, 2010)."

Wisconsin state statute 948.08 describes soliciting a child for prostitution as: "whoever intentionally solicits or causes any child to practice prostitution or established any child in a place of prostitution (WDOJ, 2010)." Wisconsin state statute 948.095 describes sexual assault of a student by a school instructional stuff person as:

> "whoever has sexual contact or sexual intercourse with a child who has attained the age of 16 years and who is not the defendant's spouse is guilty of this crime if the child is enrolled as a student in a school or a school district, the defendant is a member of the school staff of the school or school district in which the child is enrolled as a student (WDOJ, 2010)."

> Wisconsin state statute 948.10 describes exposing genitals or pubic area as: "whoever for purposes of sexual arousal or sexual gratification, causes a child to expose genitals or pubic area or exposes genitals or pubic area to a child (WDOJ, 2010)." Wisconsin state statute 948.11 describes exposing a child to harmful material or harmful descriptions or narrations as: "exposing a child under the age of 18 to explicit and detailed description or narrative account of sexual excitement, sexually explicit conduct, sadomasochistic abuse, physical torture, or brutality which his harmful to children (WDOJ, 2010)." Wisconsin state statute 948.12 describes possession of child pornography as: "whoever possesses any undeveloped film, photographic negative photograph, motion picture, videotape, or other recording of a child engaged in sexually explicit conduct (WDOJ, 2010)."

All offenses mentioned under Wisconsin state statute 948 are all statutes which are considered

sex offenses against children. All offenses mentioned are either considered varying degrees of a felony or misdemeanor and are all punishable by incarceration. State statues such as those in the state of Wisconsin include all possible sexual offenses against children in order to ensure offenders who commit such acts against children are punished.

As provided by the Wisconsin state statutes, many acts encompass the sexual assault of children. These acts range from the basic definition of sexual assault and include everyone who can be associated with a child, including family, school faculty, and complete strangers. The inclusion of all possible sexual acts against children in all 50 states is important because those who commit these heinous acts again need to be punished and prevented from committing further acts. A statistical review of child sexual offenders will help to provide readers with in-depth view of the prevalence of the crime and characteristics associated with the offender including sex and age.

## C. Prevalence of Child Sexual Offenders

### a. Child Victims

The sexual assault of children is one of the most despicable crimes and many are misunderstood due to underreporting and the unknown risks of re-offending (Prentky, et. al, 1997). The underreporting of sexual offenses against children has made counting the frequency of offenses against children and the total of number of their offenders virtually impossible to tabulate (Prentky, et. al, 1997). In 2000, an estimated 285, 400 children were victims of a sexual assault. An estimated 44 percent of the child victims of sexual assault and other sex offenses experienced an act of sexual penetration. Of the sexual assault victims, 89% were female and ages 12-17 (Finkelhor et. A l, 2008), 69% of victims under age 6, and 73% under age 12 (Snyder, 2000).

According to the National Incident Based Reporting System (NIBRS), juveniles were the victims of forcible fondling at 84%, forcible sodomy at 79%, and sexual assault with an object at 75%. Children below the age of 12 were about half of all victims. The age with the greatest number of sexual assault victims reported to law enforcement was age 14. There were more victims in each age group between 3 and 17 than in any age group over the age of 17. For victims under age 12, 4 year olds were at the greatest risk of being the victim of a sexual assault. The "high-risk" years for child sexual abuse range from four to nine. Sexual abuse is usually ended by the age of fourteen due to the increased knowledge of the child and the fact they are competent enough to report the activity (Wallace & Roberson, 2011). For those reported to law enforcement, approximately 60% of boys and 80% of girls who are sexually abused are victimized by someone they know; relatives, friends baby-sitters, persons in positions of authority over the child, and persons who supervise children are more likely than strangers to victimize children (CSOM, 2000). A review of offender prevalence and offender characteristics will also help to gain a perspective of the predominance of the crime.

**b. Offenders**

Nearly all offenders in child sexual assaults reported to law enforcement were male at 96%. However, some studies indicate females account for approximately 20% of sex offenses against children (CSOM, 2000). Female offenders were most common in assaults against victims under age 6. For the youngest victims, 12% of offenders were females, compared with 6% for victims ages 6 through 12 and 3% for victims ages 12 through 17. Six percent of offenders who sexually assaulted juveniles were female, compared with just1% of the female offenders who sexually assaulted adults.. Twenty three percent of child sexual assault offenders were under the age of 18 and 77% were adults (Finkelhor et al, 2008). However, again some studies state adolescents,

ages 13-17 account for up to one half of all cases of child sexual assaults committed each year (CSOM, 2000). Juveniles are estimated to account for one in three sexual assaults against children (Caldwell & Dickinson, 2009). Almost 27% of all offenders are family members of their victims, 60% are acquaintances and 13% are strangers. Almost half of the offenders of victims under age 6 are family members, compared with 42% of the offenders who sexually assaulted youths ages 6 through 11 and 24% of offenders who sexually assaulted juveniles ages 12 -17 (Snyder, 2000).

As statistics have shown, close to 300, 000 children fall victim to sexual assault annually. Females tend to be victimized more than males and children under the age of 12 are the most victimized age group. Off child sexual offenders, more offenders tend to be male than female, however some researchers speculate the female offender rate is increasing. The majority of sexual offenses are committed by adults, but some data is conflicting by placing juveniles 50% responsible for committing acts of sexual assault against children and a majority of offenders are known to their child victims. With the provision of such statistics, the numbers portray the number of children who fall victim to child sexual assault and the number of offenders is too still high. One child and one offender is one too many. A review of recidivism rates will portray child sexual offenders do go on to re-offend after their initial offense.

**D. Recidivism Rates**

The main goal of the criminal justice system through incarceration and rehabilitation is to prevent additional crimes from occurring. Because the sexual assault of children is such a heinous and despicable crime, the criminal justice system strives to achieve a 0% recidivism rate, however this rate may never be attainable. Recidivism of child sexual offenders is of constant concern for those in the criminal justice system, victims, families of victims, and members of

communities. This section will review the variation of recidivism rates, recidivism rates from varying studies and the factors which contribute to recidivism.

Recidivism rates help to measure the risk of the particular population being studied who have already committed a certain offense (Weber et. al, 2006). When trying to determine the recidivism rate of child sex offenders, difficulty arises due to the variations among the definition of recidivism. This variation in recidivism rates occurs for several reasons. The first being differences in definitions of re-offending. Recidivism can be measured by any re-arrest after an initial conviction. Recidivism can also be considered a new conviction related to the original offense. For example, an individual who has been charged with a child sex offense can be re-arrested for theft and that re-arrest could be considered recidivism. Or an individual originally arrested for a child sex offense can be re-arrested for an additional child sex offense. Recidivism can also include incarceration where an offender is only considered have committed an additional offense if they have been incarcerated for that offense. Also, follow-up periods may be recent, which may be indicative of low recidivism rates (Prentky, et. al, 1997). A recidivism study of child sex offenders starts with a known population of child sex offenders and can include those recently released from prison for a child sex offense, those placed on probation for a child sex offense, those who have completed a treatment program, or those who are known to have committed a child sex offense. A sample representative of this population is then followed for certain period of time and a child sex offense which occurs after the initiation of the observation period is then considered recidivism (Weber et. al, 2006).

The differences in these operational terms will lead to varied outcomes among recidivism rates. Recidivism as stated earlier can include subsequent arrests which included new charges or arrests. Subsequent arrests may result in a higher recidivism rate because individuals may be

arrested for several reasons but never convicted. Subsequent conviction again is also a measure of recidivism. Subsequent conviction includes individuals actually being convicted for the crime they were arrested for. Subsequent conviction often results in lower recidivism rates because it involves the person actually being convicted of the crime. Subsequent incarceration is a third measure of recidivism which include returning to prison after a conviction. Subsequent incarceration is the most restrictive criteria for recidivism because the offender is found guilty and sent to prison (CSOM, 2001). Marked differences in recidivism rates also occur because recidivism studies use different follow-up periods. Some studies track offenders for five years or less while other studies have tracked offenders for a longer period of 25 years (Durkin & Digianantonio, 2007). Several studies have been conducted regarding recidivism rates among child sexual offenders and each study is able to portray the variation among recidivism rates as explained earlier.

According to a National Crime Victimization Survey conducted in 1994, 1995, and 1998, only 32% of child sexual assaults were reported to law enforcement. Several studies support the hypothesis child sexual assault recidivism rates are underreported (CSOM, 2001). Because so many reports of child sexual assault go unreported, it is necessary to examine the data available and incidents reported to attempt to gain a clearer perspective on recidivism rates of child sex offenders. According to the Center for Sex Offender Management (CSOM), child sexual offenders receive a 13% reconviction rate and 37% reconviction rate for non-sexual related offenses over a five year period (CSOM, 2001). A study conduct by Andre Harris and Karl Hanson as found in Webster, Gartner and Dube (2006), found an average of 24% of child sexual offenders have committed an additional sex offense over a 15 year period. A second study conducted by Paul Langevin, as found in Webster et. al, (2006), reported the overall recidivism

rate of child sexual offenders was 88.3%. According to a 25 year study conducted by Prentky, Lee, Knight, and Cerce (1997) as found in CSOM, 2001, the researchers found over a 25 year period, child sexual offenders had higher rates of re-offense than rapists. The study also concluded child sexual offenders have higher failure rates than rapists; 52% versus 39% over 25 years (CSOM, 2001). With the varying recidivism rates, it is hard for criminologists to gain an accurate perspective on the actual of number of child sexual offenders who re-offend. The grouping of all sexual offenders into one category can have an affect on these varying rates.

As stated previously, depending on how researchers measure recidivism rates, whether it be after arrest, conviction or incarceration, the comparisons will not be equal. Varying recidivism rates among child sex offenders can also occur due to other factors including specific sex offenses, offender characteristics, variables related to treatment and post treatment supervision (Prentky, et. al, 1997). The grouping of all sex offenders into one category will result in marked differences in the factors related to recidivism and different results will be gathered (CSOM, 2001). The identification of factors related to sexual offender recidivism has been an area of research for over 20 years. One method of studying recidivism rates for sex offenses is to study specific types of sexual offenses. A study conducted by Marshall and Barbee (1990), found in CSOM (2001), found recidivism rates for specific offenders varied. Incest offenders ranged between 4% and 10%, rapists ranged between 7% and 35%, child sexual offenders with female victims ranged between 10% and 29%, child sexual offenders with male victims ranged between 13% and 40%, and exhibitionists ranged between 41% and 71%. (CSOM, 2001). Incest offenders show lower recidivism rates and especially those with female only victims (Doren, 1998). Extra-familial child sexual offenders, offenders who offend outside of the family, portray higher recidivism rates than adult rapists. Extra-familial sexual offenders have been found to

have greater recidivism rates than incest offenders and child sexual offenders with male victims have shown higher recidivism rates than child sex offenders with female victims (Vess & Skelton, 2008). Langevin et. al, (2004) produced a 25 year follow-up of child sex offenders and estimated the recidivism rates for extra familial offenders to be approximately 70% while incest offenders to be 50% (Durkin & Digianantonio, 2007).

Studies involving recidivism rates of child sexual offenders portray patterns of re-offending amongst victims and offender characteristics. A study of child sex offenders with mental disorders compared same sex, opposite sex and incest child sexual offenders. A five year follow-up study indicated same sex child sex offenders had the highest rate of previous sex offenses, 53% and the highest reconviction rate, 30%. Forty three percent of opposite sex child sex offenders had prior offenses and a reconviction rate of 25%, and incest offenders experienced prior conviction rate of 11% and a reconviction rate of 6%. A similar study of extra-familiar child sex offenders found 43% of offenders re-offend after a four year period (CSOM, 2001).

Offender characteristics also have an impact upon varying recidivism rates. Characteristics including age have a great effect upon such rates. In a study conducted by Hanson & Bussiere (1998), discovered characteristics found among sexual offender recidivists being young and single were related to subsequent child sexual offending (CSOM, 2001). Only a handful of studies have focused on the recidivism of juvenile sexual offenders. In a study conducted by Sipe, Jensen & Everett (1998), the researchers found 9.7% of 164 juveniles child sex offenders recidivated. Also, having an arrest for a sexual offense as a juvenile was related to having an arrest for a sexual offense as an adult. Rapists are more like to have non-sexual criminal histories and are more likely than child sex offenders to re-offend with non-sexual crimes (Craig, 2008).

Hanson (2002) measured the relation between age and sexual recidivism by using data from 10 follow-up studies of adult male sex offenders, including extra-familial sexual offenders and incest offenders. When age of release was greater than 24 years, extra-familial sexual offenders demonstrated the greatest rate and showed little reduction in recidivism risk until after the age of 50. Incest offenders showed a steady decline in recidivism related to age (Craig, 2008). Barbee, Blanchard and Langton (2003) measured the relationship between age and erectile responses using the circumferential penile plethysmography (PPG) of 1, 431 child sexual offenders ranging from 13-77 years of age. Erectile responses were measured during their presentations of visual and auditory depictions young, juvenile and adult males and females. The researchers found penile responses to the stimuli declined greatly from adolescence to around age 30 and found sexual arousal decreases with age (Craig, 2008).

Several other factors also contribute to varying recidivism rates among child sex offenders. In a study conducted by the Center for Sex Offender Management (2001) the researchers found child sex offenders were more likely to recidivate if they had prior sex offenses. Child sexual offenders are at the most risk for re-offending when they have greater access to their victims, become pre-occupied sexually, don't acknowledge their risk of recidivism, and portray mood increases (CSOM, 2001). Victim gender, accessibility and relation to the offender also, according to the researchers has an affect on recidivism rates for child sexual offenders (CSOM, 2000). Other factors including static and dynamic factors contribute to recidivism. Static factors are factors that can not be changed which includes the victim-offender relationship. Child sexual offenders who target extra-familial victims have higher recidivism rates than incest offenders. Dynamic factors are factors which can be changed. Dynamic factors including patterns of deviant sexual arousal, sexual interest in children, and psychopathology are all predictors of

recidivism. Sexual interest in children is by far the best predictor of sexual recidivism. Personality disorders, impulsivity, cognitive distortions, lack of empathy towards victims, alcohol abuse, and low IQ are also recidivism indicators (Durkin & Digianantonio, 2007). Offenders who victimize only females have lower recidivism rates than those who victimize males. Those who have committed prior sex offenses according to research are also known to have higher recidivism rates. Early onset of sexual offending is also an indicator of recidivism. Child sexual offenders who have never been married are at a higher risk for recidivism. Offenders who target very young children and those who used force during their offense are also at a higher risk for re-offending (CSOM, 2001).

A consensus on recidivism and risk assessment needs to be met in order to fully understand child sex offenders and help curb and prevent this heinous crime. Researchers and legislators also need to be advised of empirical evidence regarding recidivism rates. High reports of recidivism rates have profound effects upon all areas of the criminal justice system, police, probation/parole, courts, etc. The high recidivism percentages also portray child sex offenders are a serious threat to their community and may encourage harsher criminal justice policies (Webster, et. al, 2006). Research on recidivism can be put towards intervention strategies to avoid future victimizations (CSOM, 2001). The identification of certain risk factors which are associated with recidivism rates of child sexual offenders can help in creating management strategies which can benefit communities which sex offenders are in and help to reduce the likelihood of re-offending (CSOM, 2001).

While a discrepancy and definition variation exists regarding recidivism, any rate of re-offending for the crime of child sexual assault is too high. A consensus needs to reached among those in the criminal justice field of what is considered recidivism. When this consensus is

obtained, it will help provide criminal justice agents such as the courts, police, prosecutors, jails/prisons and probation/parole agents with an accurate number regarding child sexual offending. Several studies have provided variations among child sexual assault recidivism rates. These studies focused on several offender characteristics such as age and recidivism and victim/offender relationship in regards to recidivism. However, all studies still provided varying recidivism rates. With an accurate account of recidivism rates, it can help to suggest possible treatment, altering already enacted treatment or totally foregoing treatment.

**E. Treatment**

When dealing with child sex offenders, treatment and recidivism work hand in hand. Without effective treatment, recidivism rates increase. In fact, such an emphasis is placed upon child sex offender treatment, the United States Supreme Court ruled in favor of a law, the civil commitment law, relating to sex offenders receiving a mental health evaluation to assess the degree of sex offender recidivism (Doren , 1998). Civil commitment laws rely upon mental health professionals to make recommendation and risk assessments of child sexual offenders (Durkin & Digianantonio, 2007). The majority of treatment programs in the United States for child sex offenders use a combination of treatment including cognitive behavioral treatment, evocative therapy, psycho education groups and Pharmacological treatment (Prentky, et. al, 1997).

Cognitive behavioral therapy focuses on the various courses of sexual assault and the techniques and justifications offenders use to enact their behavior. Cognitive behavioral therapy helps to control behavioral changes within a child sexual offender, helps to control relapses. Studies of relapse prevention found child sexual offenders' most frequently identified experiences prior to committing an offense were planning it out and then low sympathy for

victims (Prentky, et. al, 1997). Cognitive behavioral therapy also attempts to break the cycles which offenders use to enact and justify their actions. Cognitive behavioral therapy focuses on anger management, emphasizes altering the patterns of thinking associated with sexual offending and changing patterns of arousal. Cognitive behavioral therapy is aimed at increasing social skills and reducing sexual arousal. Cognitive behavioral therapy attempts to accomplish this through peer groups and educational classes (CSOM, 2001).

According to Prentky, et. al, 1997, the most effective treatment to reduce recidivism rates among child sexual offenders is cognitive behavior therapy. Evocative therapy focuses on offenders understanding the causes to their behavior. Evocative therapy also helps to create and increase sympathy for their victims. Evocative therapy may involve individual or group therapy, couples/family therapy (Prentky, et. al, 1997). Psycho education therapy helps to fix lapses in social and interpersonal skills and also focuses on increasing empathy for the victim and taking responsibility for their offense (CSOM, 2001). Psycho education groups also teach anger management, relapse prevention, human sexuality, communication skills and relationship skills (Prentky, et. al, 1997). Psycho education therapy helps offenders to focus on the victimization process and develop empathy for the victim, social and interpersonal skills development, and attempting to change the patterns of sexual arousal (CSOM, 2000). Pharmacological therapy includes a focus on the reduction of fantasies and sexual arousal towards children with the use of antidepressant and anti-androgen medication (Prentky, et. al, 1997).

The effectiveness of treatment relates to the type of sexual offender, extra-familial or incestual, the type of treatment being used, cognitive behavioral, evocative, psycho education or pharmacological and other interventions involved relating to after-release (CSOM, 2000). Studies have shown treatment can reduce recidivism by as much as 30%. Studies have found

treated child sex offenders have lower re-offending rates than those who are not treated. Several studies have focused upon and compared results of offenders receiving treatment vs. offenders not receiving treatment. A 1991 study conducted by Barbee and Marshall concluded those who received and completed treatment had a recidivism rate of 18% over a four-year period versus those who did not receive or complete treatment who had a 43% recidivism rate. A 1999 study conducted by Alexander which included 11, 000 child sex offenders, found those who received treatment had a recidivism rate of 7.2% versus 17.6% for those offenders who did not receive treatment. (CSOM, 2001). Recent studies have even shown juvenile sex offenders recidivism risks can be reduced through maturation and effective treatment (Caldwell & Dickinson, 2009). Offenders who comply with treatment programs, accept responsibility, understand their urges involving children are not appropriate and express remorse for their victims are thought to be at lower risk for recidivism (Durkin & Digianantonio, 2007).

Child sex offender treatment programs are likely to vary due factors including the therapeutic approach, location of treatment, seriousness of criminal history, whether or not the offender voluntarily chose treatment or was required treatment, and the dropout rate from treatment (CSOM, 2001). In order to better understand these offenders, treatment programs need to be re-designed to comply with differences among offenders. Because unfortunately most child sex offenders are eventually released back into the community, treatment after prison must be continued into offender's supervision within the community. Mental health professionals are highly involved in the treatment and prevention of child sex offenders (Durkin & Digianantonio, 2007). A great reliance is placed upon mental health professionals for their assessments regarding the dangerousness of child sexual offenders and whether or not their treatment is proving to be effective and if they are able to return to their communities. Other workers in the

criminal justice agencies and child advocacy agencies, including child protection would also benefit from knowing any risks associated with treatment. The most sought after goal for sex offender treatment is to reduce child victimization by sexual offenders.

**F. Conclusion**

With the provision of all the offenses which are included under child sexual assault, it helps to provide an accurate description of those offenses which are committed by child sexual offenders. The acts described are all punishable by law. Even though the acts described are punishable they do not stop child sexual offenders from making children their victims. While underreporting of child sexual assault may be a problem and the true number of child victims may never be known, one child falling victim to this crime is one child too many. Statistics again show over 300, 000 children have fallen victim to sexual assault in one year, a number which is way too high for victims who are so young. Data has also shown males tend to victimize children more than females and females tend to be victimized more than males. Those under the age of 12 are the age group which is most victimized. Depending on the study, juveniles may account for approximately 50% of all child sexual offenses. Other studies place adults as the majority who offend against children.

No matter what the number, the main goal of the criminal justice system is to stop this crime from occurring. A review of recidivism rates can help portray if the criminal justice's systems attempts at lowering these numbers are working. One obstacle however in determining this is the variations among the definition of recidivism. Criminologists have yet to come up with a set number for recidivism rates of child sexual offenders due to the variations in the definition of recidivism. In order to determine if recidivism rates are increasing or decreasing among child sexual offenders, a consensus must be reached in order to determine if treatment is effective,

even though one account of re-offending against a child is still one too many. Treatment programs including cognitive behavioral therapy, evocative therapy, psycho education therapy and pharmacological therapy are all aimed at treating the offender and helping to prevent him/her from re-offending. If such therapy is proving to be ineffective, new measures need to be taken in order to reduce the likelihood of re-offending.

## III. Theoretical Framework

### A. Introduction

Child sexual offenders have proven to researchers to be a diverse group of individuals. When compared to non-sexual offenders, their thinking patterns and patterns of re-offending are completely different. One common problem in the development of a model of the sexual offense process is the heterogeneity of offenders themselves (Bickley & Beech, 2001). Child sexual offender's patterns of offending are often unpredictable and factors associated with offending are often times absent when compared to non-sexual offenders. When compared to non-sexual offenders, child sexual offenders commit a progression of acts which ultimately lead to the commission of their crime. While a criminological theory may not exist which explains this progression of acts, criminologists have divided the acts into phases including an engagement phase, sexual interaction phase, secrecy phase, disclosure phase, and the suppression phase (Wallace & Roberson, 2011). Sykes and Matza's (1957) techniques of neutralization also attempt to explain child sexual offender's actions which are not included under a criminological theory.

### B. Progression of Acts

When one wonders how somebody could commit such a heinous act against a child, a deeper look into the psyche of the child sex offender is needed. Child sexual abuse presents a pattern that develops over time. The child's sexual feelings are shaped and formed over time and are coerced by the offender their sexual behavior may lead them to rewards, attention or certain privileges (Wallace & Roberson, 2011).

During the commission of child sexual abuse there is often a progression of acts that leads to

the sexual exploitation of a child. The progression is often classified into five stages: 1) engagement phase, 2) the sexual interaction phase, 3) secrecy phase, 4) disclosure phase, and 5) suppression phase. The engagement phase includes the offender gaining access to the victim. The access includes a time in everyday occurrences that the offender is able to spend alone time with the child and discuss sex with the child without supervision. The offender may also "accidentally" catch the child in their intimate moments such as going to the bathroom or undressing. If the child reacts negatively, the offender may try another approach to reach the child.

The sexual interaction phase does not have to include sexual intercourse but may involve viewing the child naked or having the child view the offender naked. Actual physical sexual intercourse is also included in this phase. The intercourse can be pressured or forced. Pressured means the offender either bribes, "guilt trips" or uses their authority against the child. If pressuring does not work, then the offender may resort to physically forcing the child to have sexual intercourse.

The secrecy phase includes the offender trying to convince the child to keep their activity a secret. By having secrecy, this allows the offender to continue the relationship with the child. The offender may intimidate, bribe, or threaten the child to keep their relationship a secret. The offender may tell the child if he or she discloses the sexual interaction between them, the offender may intimidate the child by threatening to harm them. The offender may bribe the child by providing the child with material possession they cherish such as toys.

The disclosure phase includes when the acts between the child and the offender are disclosed. This may happen after the act or later in life. This disclosure may result in several ways. Someone may actually view sexual acts between the offender and the child and then disclose this

activity. The disclosure may also be the result of an examination of a child by a physician because the child was showing either physical or psychological signs of sexual abuse. The disclosure could also result from the actual child telling someone else about their sexual abuse.

The suppression phase includes an attempt by the offender or family member to try and coerce the child to recant their story. The offender may coerce the child to lie in order to keep them from getting into trouble. The offender may also try and discredit the child by saying things such as the child has a tendency to lie or be dishonest. The offender may also try and minimize their acts by telling others to not make a bid deal of the situation. The offender may use tactics such as pressure by telling the child if they report the offender, the offender will go to jail (Wallace & Roberson, 2011).

The engagement phase, sexual interaction phase, secrecy phase, disclosure phase, and suppression phase all provide a deeper look into the thought process of a child sexual offender during and after their offense. Child sex offenders will tend to use these progression of acts, especially the engagement phase, sexual interaction phase and secrecy phase in order to groom the child or make the child believe the acts between them and their offender are normal. Once the sexual activity between the child and the offender is discovered, the offender will still try and keep the sexual interaction between them and the child a secret. Skyes and Matza's (1957) techniques of neutralization help to provide an inside look into the thought process of a child sexual offender after the offense.

### C. Techniques of Neutralization

The majority of individuals identified as having sexually abused a child will often deny and minimize their deviancy (Bickley & Beech, 2001). In the mind of a child sex offender, there are certain distortions or thought patterns that have developed over time to justify the offender's

inappropriate actions and sexual attraction to children. Studies have described these thinking errors as centering on the offender's lack of victim empathy, denial, and minimization of the crime as well as the offender's responsibility for their behavior (Hatch-Maillette et al, 2001).

Child sex offender justifications can be explained by Sykes and Matza's (1957) techniques of neutralization. The main tenant of neutralization is offenders justify their behavior and believe they are accountable for their actions or their actions are justifiable. The techniques of neutralization have five basic "techniques," denial of responsibility, denial of injury, denial of victim, condemnation of condemner and appeal to higher loyalties. Child sex offenders fit under all five "techniques."

Child sex offenders will deny responsibility in that they will place the blame on the victims and the child victim was enticing them which in turn warranted the sexual behavior of the offender. One study found that child sex offenders are less responsible for initiating the sexual contact than did other sex offenders (Hatch-Maillette et. al, 2001). In a review of child sexual offender distortion research, researchers found that offenders misinterpret the cues emitted by their victims as invitations for sexual contact which further confirms offender's rationalizations for assault (Hatch-Maillette et. al, 2001).

Child sex offenders will deny injury to their child victims by justifying their behavior by believing they caused no harm to the child and provided the child with a form of intimacy (Hatch-Maillette et. al., 2001). The denial injury and the denial of the child victim coincide. The denial of the child victim is typical of child sex offenders. A second study performed by Hatch-Mailette, et. al (2001), found that when asked about attitudes and beliefs that were involved in committing a sex offense, offenders most often reported mitigating circumstances to excuse their behavior. Examples for their excuse of behavior were being intoxicated, lacking mental control,

victim enjoyment, or lack of harm to victims. This social misinterpretation results in a sense of entitlement to the sexual conduct. In another study asking child sex offenders to describe their reasons for sexual aggression, investigations reported offenders typically cited a need for intimacy. These results suggest sex offenders approach their victims from a perspective of entitlement in which the offenders' needs are placed above those of the victims (Hatch-Maillette et. al., 2001).

The fourth "technique," the condemnation of the condemners is also a "technique" used by child sexual offenders. Child sex offenders will tend to down play their actions and put emphasis on another crime. Child sex offenders will often try and re-direct attention from their crime to another crime (Hatch-Maillette et. al, 2001). One study performed by Kathleen Faller (2004), concluded 93 out of 135 convicted child sex offenders minimized their behavior and felt their actions were not as bad as other crimes such as robbery, burglary and car theft.

The fifth "technique" by Sykes and Matza (1957) states the offender may view themselves as being part of a situation which the only resolution to the problem is crime. While this may not be as closely related as the other "techniques" of neutralization, one could see how a child sex offender could become caught up in a bad situation with a child (Hatch-Maillette et. al, 2001). Because child sex offender's thinking processes are different from a normal person, they may misconstrue a situation with a child resulting in the exploitation of the child by the child sex offender.

While other mitigating circumstances exist for the reasons behind child molestation, Sykes and Matza's (1957) techniques of neutralization do help to explain the thought process of those who do commit these acts against children. By denying responsibility, injury, their victim, condemning those who call out their inappropriate behavior, and an appeal to higher loyalties,

child sex offenders have a distorted thinking process during the commission of their crime. Many criminological theories have also been suggested which attempt to explain why child sexual offenders commit such heinous acts.

## D. Theories of Offending

The progression of acts as described and Sykes and Matza's (1957) techniques of neutralization help to understand the thought process of child sexual offender as their commit the act child sexual assault. While looking into the causes of child sexual offending, many theories have been put forward to explain sexual offending against children. However, the complexity of the problem has meant relatively little criminological theories to date have been able to adequately explain the study of sexually abusive behavior against children. Due to this fact, one single criminological theory is unable to explain child sexual offending and a combination of theories including the cognitive deconstruction theory, recapitulation theory, routine activities theory, the general theory of crime, the conditioning theory, inclusive fitness theory, and the deprivation theory, attempt to explain the causes of child sexual offending.

### a. Cognitive Deconstruction Theory

According to Hatch-Maillette, Scalora, Huss & Baumgartner (2001), child sex offenders should demonstrate thinking patterns that facilitate the thinking patterns of their crimes, rationalization, justification, disregard for victims and entitlement. However, under the cognitive deconstruction theory, this thought content may be less prevalent because the offender is not near a deconstructed state**.** The cognitive deconstruction theory simply states, sex offenders tend to focus on short-term rather than long-term goals. Under the cognitive deconstruction theory, researchers would expect child sex offenders who are not offending would be less likely to exhibit these cognitive errors when compared to non-sex offenders because child sex offenders

may spend less time engaging in their crime-facilitating activity (Bickley & Beech, 2001). The cognitive deconstruction theory implies that molestation differs in quality when compared to general crime because of its addictive nature. The cognitive deconstruction theory is also a reason for differences in cognitive errors between sex offenders and non-sex offenders (Hatch-Maillette et al, 2001).

Child sexual offenders have been found to be an extremely diverse group in terms of personal characteristics, life experiences, and criminal histories. The cognitive deconstruction theory places child sex offenders in three subtypes; fixated, regressed and aggressive groups (Bickley & Beech, 2001). The fixated offender prefers the company of children and seeks them out. In most circumstances, the child is known to the offender. The regressed offender has some adult hetero-sexual interest but has feelings of inadequacy and reacts sexually to a child following a threat to, in most cases, his masculinity. The aggressive offender engages in sadistic acts, usually with boys. It is often hypothesized along with an intense pedophilic interest, the preferential child sex offender will have a number of social inadequacies which will hamper their ability to form normal, age appropriate relationships (Bickley & Beech, 2001). The cognitive deconstruction theory is not the only theory however which attempts to explain child sexual offending.

**b. Recapitulation Theory**

A second theory attempting to describe child sex offenders is the recapitulation theory. The recapitulation theory simply states behavior is repeated in an altered form. From the viewpoint of a child sex offender, some support exits for the notion that child molestation may be related to an offender's recapitulation of his or her own sexual victimization as child. Tests of the theory have been completed on samples of child sex offenders and results have revealed that those who

went on the offend as adults, were sexually victimized as children themselves (Reno et. al, 2000). However, in this study, no recapitulation of sexual abuse among rapists was found in this study (Reno et. al, 2000). Regardless of whether or not they were sexually abused, all offenders in the sample went on to commit sexual offenses.

The recapitulation theory is not widely accepted by criminologists. Sexual victimization is too narrow of a factor to explain child molestation. No link exists between experiencing sexual abuse as a child and growing up to be a child sex offender. Most victims of childhood sexual abuse do not go on to become perpetrators. Childhood sexual victimization becomes a critical element in the presence or absence of a variety of other factors, which can contribute to the likelihood of becoming a child sex offender (Finkelhor et al, 2008). The weight and significance of having been sexually abused are specific to the individual child sex offender. While not widely accepted, the recapitulation theory still attempts to explain reasons behind child sexual offending. The routine activities theory along with the cognitive deconstruction theory and recapitulation theory also makes an attempt to describe the reasons for child sexual offending.

**c. Routine Activities Theory**

The components of the routine activities theories according to criminologists have said to contributing factors to the sexual abuse of children. The routine activities theories has three components; 1) the availability of suitable targets, 2) the absence of capable guardians, 3) the presence of motivated offenders (Lain, 2008). The availability of suitable targets relates back to a child not being able to comprehend and give informed consent to sexual behavior because they are too developmentally unprepared (Botash, 2008). This opens up the door for sexual predators because they prey on children due to their maturity level. For the second component, the absence of capable guardians, children who are left alone or unsupervised are at an increased risk

of sexual abuse  Many times the mother is absent from home for long periods due to work or other commitments.  For the third component, the presence of motivated offenders, the perpetrator will use different techniques to achieve their sexual gratification (Wallace & Roberson, 2011).  With these the combination of all three components of the routine activities theory, a predator will take the opportunities given and prey upon the vulnerability of the child. The routine activities theory can be summed up in one word; opportunity.  If opportunity exists, the offender will take advantage of the opportunity.  The routine activities theory may go hand in hand with the general theory of crime because both theories can be generalized to all criminals, not just child sexual offenders, however both theories can still be applied to child sexual offenders.

**d. General Theory of Crime**

Criminologists argue whether or not child sexual offenders can be explained by a specific theoretical explanation or can be explained by a general criminological theory (Harris et. al, 2009).  Gottfredson and Hirschi's general theory of crime posits offenders are versatile and commit several types of crimes without preference for one criminal act over another.  The general theory of crime also states offender will also participate in non-criminal behavior which is associated with crime including smoking, alcohol use, truancy, and drugs (Harris et. al, 2009). In a study conducted by Harris et. al (2009), they found child sexual offenders partook in activities associated with Gottfredson's and Hirschi's general theory of crime.  The researchers concluded many of the participants in their study admitted to behaviors including smoking, alcohol and drug abuse, and reckless driving incidents.  In conjunction with Gottfredson and Hirschi's general theory of crime, some sexual acts are thrilling, easy and require little attention in comparison to general crime.  Variables including low self-control, impulsive behavior, and a

criminal lifestyle are also factors associated with the general theory of crime and sexual offending. (Harris et. al, 2009). Along with the general theory of crime, the conditioning theory is another basic general crime theory which can be applied to child sexual offenders.

**e. Conditioning Theory**

The conditioning theory also attempts to explain child sexual offending. Laws and Marshall's (1990) conditioning theory attempts to explain the specialization associated in child sexual offending. The conditioning theory posits sexual deviations are learned reactions to accidental experiences with sexually deviant behavior,. The deviant arousal patterns of child sexual offenders are developed through conditioning and fantasy. Through Laws and Marshall's conditioning theory, the conditioning of sexual behavior is said to occur as a result of masturbation to a memory which was not necessarily sexually stimulating at the time (Harris, et. al, 2009). Conditioning describes an unconscious process when a negative interaction or experience produces an emotionally intense response. Conditioning theory helps to describe how this process can disrupt an individual's sense of sexuality and sexual gratification. The theory however, is not widely accepted because it does not account for the variety of child sexual offenders and can not account for the reasons of the crime (Harris et. al, 2009). While the conditioning theory attributes child sexual offending to experiences with sexually deviant behavior, it can only explain sexually abusive behavior of those who have had an accidental sexual experience. The cognitive deconstruction theory, recapitulation theory, routine activities theory and conditioning theory have all examined general sexually abusive behavior however; the next portion of this research examines offender specific sexual abuse against children.

**f. Inclusive Fitness Theory**

Two types of child sexual offenders exist, intra-familial and extra-familial, intra-familial

meaning in the family or incest and extra-familial meaning out of the family. Literature on intra-familial offenders has confirmed the majority of offenders are male. The largest group consists of males who sexually abuse their daughters or step-daughter (Rice & Harris, 2002). Because sexually offending one's own family is completely against common interest, this behavior is attempted to be explained through different incestual theories. The inclusive fitness theory suggests those who have sexual relations with their relatives have descendents who are less reproductively successful (Rice & Harris, 2002). Those who study intra-familial sexual offending attribute those who have an aversion to having sexual relationships with family members to the Westermark Hypothesis. The Westermark Hypothesis suggests persons raised together through their childhood years have an unconscious aversion to sexual intercourse with one another. Those who have can not avoid sexual relationships with family members, are said to have an aversion to the Westermark Hypothesis (Rice & Harris, 2002). In coordination with the inclusive fitness theory, the mate deprivation theory also attempts to explain intra-familial sexual relationships.

**g. Mate Deprivation Theory**

The mate deprivation theory suggests males who are deprived of sex from their own age category target those from the next available age category. Intra-familial child sexual offenders have reported complicated family relationships and the daughter then becomes a surrogate sexual partner (Rice & Harris, 2002). The deprivation theory has been the most widely accepted explanation regarding father/daughter incestual relationships due to the fact intra-familial child sexual offenders have been found to have less sexual deviant behavior than extra-familial child sexual offenders. The mate deprivation theory also ties into opportunity. Along with being sexually deprived by a sexual partner of their age, males will then turn to the next available age

group and those who are available and unlikely to resist. This suggests why sons are less likely to be the victims of sexual abuse by their fathers (Rice & Harris, 2002).

### E. Conclusion

The different theories which attempt to explain reasons behind child sexual offending portray the fact child sexual offenders are a heterogeneous group of individuals and don't fall into the "typical" theories of crime. The different phases of child sexual offending do help to explain the thought processes of child sexual offenders and what they are thinking during the commission of their crime(s). Sykes and Matza's (1957) techniques of neutralization help to uncover the justifications used by child sexual offenders before, during, and after their actions. Because the phases and justifications of child sexual offenders are used to uncover the thought processes of child sexual offenders, reasons are sought and needed and determine the causes of child sexual offending. Several theories have attempted to explain the reason behind child sexual offending, however one sole theory fails to exist. Theories such the cognitive deconstruction theory, the recapitulation theory, and the conditioning theory attempt to group child sexual offenders into categories and explain their behaviors. Theories that include the routine activities theory and the general theory of crime have attempted to explain child sexual offending through general crime theories instead of specific sexual offending theories. Lastly, the inclusive fitness theory and the mate deprivation theory explain offender specific child sexual offending within the family. Due to the diversity of child sexual offenders, no one theory exists to fully explain the causes of child sexual offending, however, a combination of theories provide a look into some of the reasons which may contribute to their criminal decision making.

Knowing the reasons for the sexual assault of children which are theoretical in nature can have a positive effect on the recidivism rates for child sex offenders. By knowing and recognizing the

contributing factors behind the theories which contribute to the sexual assault of children can save a child from being a victim of this disgusting crime. The theoretical framework behind the sexual assault of children can help to show those involved with both the offender and the child victim, what motivates an offender. By knowing these motivations, it can help with the treatment of these offenders. The theories behind the sexual assault of children can help those in criminal justice organizations to know, intervene, and prevent this crime from occurring. Treatment should be tailored to factors associated with crime and theoretical framework behind the crime. The theories of the sexual assault of children help to support the original thesis suggested for this research. By knowing the contributing factors to the sexual assault of children can influence treatment given to child sex offenders and in turn can show if treatment is effective in reducing recidivism rates for this crime.

## IV. Examination of Specific Treatment Programs

### A. Introduction

Incarceration has been the preferred method of dealing with violent criminals including child sex offenders. Incarceration helps to ensure healing for those victimized and the removal of violent offenders from society. Incarceration, however, only serves as a short fix because most sex offenders are returned back into society, with the exception of violent offenders and those under strict civil commitments (Roseman et. al, 2008). Currently, more than 600,000 registered sex offenders reside in the United States, and approximately 400,000 of them are child sex offenders (Levensen et. al, 2009). One vital component of the prevention of child sex offending after offenders are returned back to society is treatment and rehabilitation. The effectiveness of sex offender treatment however is unclear. Comparable studies have found child sex offenders who are treated have slightly less re-offending rates than those who are not treated, however, other studies have found no significant difference between the re-offending rates of those who are treated versus those who are not (Levenson et. al, 2009). Evaluations of successful sex offender treatment programs are measured through recidivism rates and as studies have shown, recidivism rates of child sex offenders vary (Grady & Broderson, 2008).

While success rates of treatment programs for sex offenders are measured through recidivism rates and research has shown recidivism rates among child sex offenders vary, sex offender treatment is still a vital component during and after the incarceration of child sex offenders. Sex offender treatment can vary from treatment within the community or treatment within a correctional setting (Drapeau et.al, 2005). Civil commitment programs are a form of sex offender treatment within a community and correctional setting which have been instituted for sex

offenders who pose a risk of danger to society and those who have been diagnosed with a severe mental abnormality. Besides civil commitment programs, individual states have created treatment programs specifically designated for sex offenders. New York State currently operates the largest sex offender treatment program in the nation and although in its early stages, Ohio's newly instituted sex offender treatment program is making headway when dealing with sex offender treatment. Because according to research, all sex offenders including child sex offenders are subject to the same sex offender treatment programs, sex offenders mentioned in this section will include child sex offenders.

**B. Civil Commitment**

In reaction to a public need to protect society from sexual offenders, including child sex offenders, many public policies have been created to manage and keep track of convicted sex offenders. Many states have now enacted sex offender civil management laws or also known as civil commitment/confinement, and sexually violent predator laws (McReynolds & Sandler, 2010). Civil commitment refers to the confinement of an individual for an undetermined period of time for individuals deemed to be a danger to society (Burns, 2007). Civil commitment laws were created in order to protect the public from dangerous criminals including sex offenders, while offering them treatment during their confinement because they are deemed to be at high risk for sexual recidivism after the sentence has ended (McReynolds & Sandler, 2010).

Civil commitments were first instituted in the United States during the mid 1990s in an effort to prolong the incarceration of certain sex offenders after they finished their prison sentences. The most frequent diagnosis given for sex offenders in civil commitment programs was pedophilia and the second being paraphilia (Patrick & Marsh, 2010). Currently, twenty states, the District of Columbia and the federal government provide for civil commitment of sex

offenders (Burns, 2007). Arizona, California, Florida, Illinois, Iowa, Kansas, Massachusetts, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Pennsylvania, South Carolina, Texas, Virginia, Washington, and Wisconsin are states which have civil commitment of sex offenders. As of 2006, the total number of individuals being civilly committed was 2, 627 and 1,019 being civilly detained meaning awaiting civil commitment trial. California has the greatest total with 614 persons and Florida second with 540 persons (Deming, 2009).

The 19 states in which offenders are under civil commitment all house the offenders within a secure facility except for Texas. In Texas, offenders are committed in outpatient treatment and supervised within the community (Deming, 2009). The type of facility in how states decide to establish a secure facility varies. States typically select one of three secured settings; secure psychiatric hospital, mental health facility within a prison, and free standing secure facility. Arizona, California, North Dakota, Pennsylvania, and Virginia civil commitment programs are housed in state hospitals, while Iowa, Missouri, Washington and Wisconsin civil commitment institutions are best known as free standing institutions in which they are neither state hospitals or correctional institutions. Florida, Illinois, Massachusetts, New Jersey and South Carolina's civil commitment programs are within secure correctional facilities and Minnesota is the only state which has civil commitment offenders housed in both a free standing institution and a state hospital (Deming, 2009).

In most of the states mentioned, a conviction for a qualifying sex offense in combination with a mental disorder and the likelihood the offender will re-offend are all qualifying criteria for civil commitment. Offenses include sexual behavior which does not necessarily including touching or stalking the victim. These offenses can include voyeurism and exhibitionism (Deming, 2009).

A court of law orders an individual to be confined under civil commitment because of their severe mental illness or increased threat to society (Burns, 2007).

Under civil commitment laws, "depriving a United States citizen of his or her freedom because they pose a danger to the community, secondary to a diagnosable mental disorder, includes legal and therapeutic standards for treating that individual's mental disorder and return the individual to society as soon as possible" (Deming, 2009). Civil commitment programs operate as having structured treatment programs which have clear stages in which the offender must complete (Burns, 2007). More than 85% of the programs use relapse prevention therapy and cognitive behavioral therapy approaches for their treatment. Group therapy is also a highly utilized form of therapy which more than 80% of programs providing group therapy focus on management of risk factors, behavioral and sexual management, and the sex offense process (Deming, 2009). Fourteen states use specialized treatment for those with cognitive/developmental disabilities. The use of polygraph and penile plethysmography (PPG) assessment in civil commitment programs has also been a form of treatment for sex offenders. Thirteen states use both the penile and plethysmography assessment. The PPG is used to assess sexual arousal among offenders. Thirteen states also use sexual arousal management and re-conditioning treatment for those with high rates of masturbatory satisfaction (Burns, 2007). Nearly all states have defined stages of their programs which requires offenders to participate in cognitive-behavioral group psychotherapies which focus on relapse prevention, risk management, and the use of polygraph and PPG assessments (Deming, 2009).

Civil commitment is generally expected to last a lifetime for the person committed (Burns, 2007) however, by the nature of the laws, a very small portion of offenders who are civilly confined are in the community (McReynolds & Sandler, 2010). The circumstances in which

sexual offenders under a civil commitment program are released back into the community vary from state to state. Programs in place gradually allow offenders increasing amount of supervised and unsupervised time in the community. This can take the form of work passes, halfway houses, and after care programs in the community (Deming, 2009). Only a very small percentage of those who have been civilly confined have been released. The number of convicted sex offenders who have been released under civil commitment since 2006 is 252 (Burns, 2007).

Researchers have postulated civil commitment is the greatest avenue to pursue in order to reduce recidivism rates among child sex offenders. If the civilly confined offenders are most likely to recidivate, but are confined, then it is okay to state civil commitment increases public safety (Burns, 2007). In a Washington State study, the researcher examined recidivism rates of child sex offenders recommended for civil commitment but the prosecuting attorneys or the attorney general decided not to move forward due to some technicality. The recidivism rates for the sample was higher than the average five-year rate for sexual re-arrests. This research backs other research which states the criteria used to screen offenders for civil commitment are identifying those who are at risk for re-offending (McReynolds & Sandler, 2010).

Civil commitments serve as an alternative for those offenders who pose a danger to society and the civil commitment programs also help to protect society. Civil commitments serve a twofold purpose, to keep dangerous sex offenders out of society and also to provide treatment for the offenders who will eventually re-enter society. As civil commitment programs are relatively new and under half of the states in the nation utilize civil commitment programs it is imperative to track the recidivism rates of the sex offenders who have been released from civil commitments. If recidivism rates of those released from civil commitments are proving to be

low, those involved in the sentencing of child sex offenders should review civil commitment programs as a sentencing alternative. Besides civil commitment programs, individual states also employ their own sex offender treatment programs including New York's Sex Offender Counseling and Treatment Program which is run in conjunction with the Sex Offender Management and Treatment Act and Ohio's newly instituted Sexual Behavioral Intervention Program.

### C. Treatment Programs

#### a. Sex Offender Management and Treatment Act

On April 13, 2007 New York State enacted its Sex Offender Management and Treatment Act (SOMTA) to civilly manage the sex offenders who are at high risk for re-offending. The SOMTA allows New York state to civilly mange those sex offenders who are about to be released from their prison sentences who have "mental abnormalities" which create a higher risk for them to re-offend. Under the SOMTA, it places offenders in the community however they are under strict and intensive supervision and treatment. The act civilly confines them because they are deemed as dangerous and unable to control their sexual behavior (Office of Guidance and Counseling (OGC), 2008). Under New York state statute, it identifies which offenders are to be considered for possible civil commitment however SOMTA is able to change to reflect new research conduct regarding sex offenders (McReynolds & Sandler, 2010).

Under SOMTA, all offenders who are convicted of a sexual felony or committed a "designated" sexually-motivated felony and are currently waiting release from a prison sentence are referred to the Office of Mental Health (OMH) from the agency which has jurisdiction over them. The OMH then reviews the offender's record and if the offender has a qualifying offense, the offender is then sent to a case review team (CRT). If the CRT places the offender at high

risk for re-offending, the CRT then refers the offender for a psychiatric examination (McReynolds & Sandler, 2010). The examination determines if the offender has a mental abnormality which places the offender at high risk for re-offending. If found at high risk for re-offending, the offender is then recommended for civil management and referred to the Office of the Attorney General (OAG) for legal processing. If the OAG decides to move the case forward, a bench hearing is then sought to determine if enough probable cause exists to believe the offender suffers from a mental abnormality related to sexual offending and civil commitment is needed. If the probable cause requirement is met, a trial is then scheduled to determine if the offender suffers from a mental abnormality (OGC, 2008). If a mental abnormality is found, the court then decides if the offender requires confinement in a treatment facility or if community management is a better solution (McReynolds & Sandler, 2010). The SOMTA works in coordination with New York State's Sex Offender Counseling and Treatment Program.

**b. Sex Offender Counseling and Treatment Program**

New York's Department of Correctional Services has the largest counseling and treatment program for sex offenders in the nation (OGC, 2008). The sex offender programs are offered at both maximum and medium security correctional facilities. The program provides sex offender treatment for convicted sex offenders, sex offenders convicted of sexually motivated offenses and other inmates whose behavior indicates they are most likely to benefit from sex offender treatment (OGC, 2008). The program provides counseling for low to high risk participants. The length of participation for each inmate is dependent upon the initial assessment of the inmate's individual needs and the level of progress made the inmate as a participant in the program, but is not less than six months (McReynolds & Sandler, 2010).

The DOCS recognizes most convicted sex offenders besides those under civil management

proceedings will eventually be released to live and work within communities. New York state's Sex Offender Counseling and Treatment Program's (SOCTP) main goal is to give convicted sex offenders the knowledge and skills they need to live abiding and productive lives (OGC, 2008). New York State's SOCTP is also set up as one of the first steps in the continuation in sex offender treatment. The DOCS conducts sex offender counseling and treatment programs under the philosophy sex offenders can change and recidivism for sex offenders can be reduced through counseling and treatment (New York State Department of Criminal Justice Services (DCJS), 2008).

The SOCTP program includes residential and modular counseling programs. The program incorporates didactic, group counseling and individualized counseling approaches. The SOCTP incorporates two forms of counseling programs; the residential therapeutic community and the modular program. The residential therapeutic community approach includes moderate and high risk participants living together in a unit which employs Therapeutic Community (TC) concepts (OGC, 2008). Participants in the residential therapeutic community program, when not engaged in sex offender counseling are involved in other counseling such as substance abuse treatment counseling. Participants in this program may have access to the general population depending on the rules and policies at the particular facility (OGC, 2008). Those who are in charge of the residential program are psychologist(s), social worker(s), supervising correction counselor(s), sex offender correction counselor(s), alcohol and substance abuse treatment counselor(s), security staff and clerical staff (DCJS, 2008). The modular program includes participants in this program to gather in a specific area where sex offender counseling occurs. Modular programs are provided for general confinement and special populations. The Modular Program is offered to participants who are low or moderate-high risk offense. Those who are in charge of the modular

program are social workers and sex offender correction counselor (OGC, 2008).

For both of these programs, the participants are encouraged to pursue other skill building and developmental activities (OCG, 2008). The curriculum for the programs covers subjects including cognitive distortions, core values, understanding their sexually abusive behavior, the sexual abuse cycle, relapse prevention skills, empathy for their victim, and relationship building (OGC, 2008). The main goals of the New York's SOCTP are to help child sex offenders develop acceptance and responsibility for their behavior, demonstrate understanding of the cycle of sexual offending behavior and to help create a release plan with relapse prevention strategies (OGC, 2008).

According to the New York OGC (2008) those who are assigned to the SOCTP are assigned if:

- The offender is serving a sentence for a sex offense or attempted or conspiracy to commit a sex offense
- The offender is serving any indeterminate or determinate sentence(s) or imprisonment for any non-sex crime which also satisfies a sentence for any misdemeanor sex offense
- The offender's offense is a guilty plea to a non-sex crime but evidence exists in the pre-sentence report behavior of a sex crime occurred or the offender is sentenced on a violation of probation for a sex crime
- At the time of the offender's incarceration, the offender had a detainer commitment against him/her for a misdemeanor sex offense or any other offense which included behavior of a sexual nature
- The offender failed to register as a sex offender

- The offender is a returned parole violator who required the need of sex offender counseling before release but never completed SOCTP
- The offender is a returned parole violator and their supervision was revoked for violating one or more sexually re-offending risk factors as outlined by the New York DOCS
- The reason for the offender's parole revocation was sexual in nature
- The guilty finding according to the Standards of Inmate Behavior of a sex offense
- After completing the SOCTP the offender is found guilty of one of the standards set by the standards of Inmate Behavior of committing a sex offense
- After completing the SOCTP the offender is found guilty of one of the standards set by the standards of Inmate Behavior of disobeying a direct order for possessing or accessing pornography

Sex offenders are placed in the SOCTP prior to their release date, eighteen months to their earliest release date for low risk participants and thirty six months for moderate and high risk participants. The participants must submit to their required assessments and must sign a waiver of access to pornography. Inmates in the SOCTP are prohibited from contacting their victims by any means of communication (OGC, 2008). Those who contact their victims will be discharged from the program and reported to the Parole Board of Examiners of Sex Offenders. Even those who do not want to participate in the program are required to due to their potential release within the community (DCJS, 2008). Those who receive an unsatisfactory discharge from the program can affect certain privileges for them including transfers closer to home, and allowance time for family reunions (OGC, 2008).

Inmates in the program must openly discuss their behavior which resulted in their

incarceration. An inmate who refuses to participate in the program, can result in a negative decision made by the NYS Board of Parole, a negative decision made by the Time Allowance Committee, denial of earned credibility certificate and denial of family reunion program privileges (OGC, 2008). At any time, the offender can be removed from the program, their time extended in the program, receive task assignments, receive a contract for change, receive a retention in the current level in the program and a regression to a prior level in the program. Three types of discharges exist for the program, satisfactory, administrative and unsatisfactory (OGC, 2008). The satisfactory discharge includes the inmate demonstrated responsibility for the sexual offending behavior, demonstrated an understanding of the cycle of sexual offending behavior and developed a release plan with relapse prevention strategies. Administrative discharge includes when an inmate is removed from the program through no fault of their own. This can occur as the result of a transfer, health or psychiatric restrictions or protective custody statuses (DJCS, 2008). Unsatisfactory discharge includes if the inmate directly contacts their victim(s), the inmate acts out sexually during their counseling, demonstrates their inability to control sexual impulses, the inmate demonstrates violent and aggressive behavior, the inmate fails to comply with the rules of the program and fails to demonstrate positive progress in the program (OGC, 2008).

Serving as the largest treatment program in the nation, New York State's SOCPT attempts to reduce recidivism rates of sex offenders, including child sex offenders. The main goal of the treatment program is to ready offenders for their release and give them the skills necessary to prevent them from further offending. As with most sex offender treatment programs, the SOCPT's philosophy operates under the premise sex offenders can change and recidivism can be reduced through counseling and treatment (OGC, 2008). The Sexual Behavioral Intervention

Program of Ohio operates under the same philosophy as the SOCPT in that they function on the belief sex offenders require treatment in order to reduce their risk of re-offending.

**c. Sexual Behavioral Intervention Program**

The Sexual Behavioral Intervention Program (SBIP) is a level of care for sex offenders which offer those in communities an option for treatment. The SBIP serves as a psycho-educational program which is rooted in the restorative justice model which seeks to meet the needs of the offender and the community (Roseman et. al, 2008). The SBIP was created in 2002 and stemmed from a prosecuting attorney's request for treatment option based on Ohio's Pre-trial diversion program. The program is instituted through a mental health agency in Ohio, runs twice a year and receive referrals from counties in northwest Ohio. The program has three goals which include reducing recidivism rates among first-time offenders who complete the program, create a successful alternative to incarceration, and educate the community members about sexual behavior. The SBIP is an option for males accused of sexual misconduct who are at low risk for recidivism (Roseman et. al, 2008). The program targets males who are charged with a sexual crime for the first time which has not yet been adjudicated. The SBIP is a completely focused psycho educational, cognitive behavioral and empathy building program in order to help offenders develop healthier sexual behaviors and develop a plan to prevent future inappropriate sexual behaviors (Roseman et. al, 2008).

In order to partake in the SBIP, the offender undergoes a screening process. During the first phase of the process, the offender's victim makes an agreement in court the offender undergo the SBIP instead of continue with the trial process (Roseman et. al, 2008). At this point, the charge and conviction are not dismissed however, the program may serve as an alternative to incarceration. The SBIP chooses offenders with one-time abusive sexual behavior, no evident

pattern of continuing sexual deviance, self regulation, a stable lifestyle, and no history of substance abuse. The victim must have been 16 years old and within four years of the age of the offender (Roseman et. al, 2008).

The program lasts for 12-15 weeks and consists of 90 minute group sessions. Groups typically consist of six to eight members (Roseman et. al, 2008). Successful completion of the program occurs when the offender is able to draft a relapse prevention plan. Sessions 1-3 of the program consist of education on sexuality, sex offenses, and deviant sexual behavior. Sessions 4-9 consist of awareness of the offender's behavior and addressing sexual thinking distortions. Sessions 10-12 consist of behavioral changes including developing healthy relationships and relapse prevention (Roseman et. al, 2008).

As with other sex offender treatment programs the main goal is to reduce re-offending rates. The goals of Ohio's SBIP program are threefold and include reducing recidivism rates, providing an alternative to incarceration, and education of the community (Roseman et. al, 2008). The SBIP is a relatively new program and its effects on recidivism rates for sex offenders, including child sex offenders may not be fully disclosed or known at this point. If the program is showing to be successful, the treatment protocol should be continued. However, if the program is showing signs of failure, the treatment program along with other treatment programs must continue to meet the needs of protecting society from the offender.

### D. Conclusion

Given the serious concerns about child sex offenders within the criminal justice system, and society at large, the need for valid assessment and treatment tools is urgent. In some jurisdictions, sexual offenders represent approximately one third of the state prison populations. One half of those prison populations are child sex offenders (Polizzi, Mackenzie & Hickman,

2000). Responding effectively to managing child sex offenders requires involvement from all agencies. Treatment is an essential goal for sex offender management. The goal of sex offender treatment is to assist offenders obtain the necessary skills to prevent them from re-offending. Treatment should be tailored to the risk of re-offending within the offender (CSOM, 2001). Sex offenders, including child sex offenders include one of the most dynamic groups in society. If we are going to attempt to achieve the goal of reducing this heinous crime, the needs of sex offenders must be addressed in treatment.

The needs of child sex offenders are attempted to be met in programs such as civil commitment programs which civilly confine sex offenders until their treatment needs have been met for those who are eligible for release. Civil commitment programs serve two purposes, one to protect society by institutionalizing dangerous offenders and offering treatment for those offenders who will again be returned to the community. New York State's Sex Offender Management and Treatment Act, in conjunction with its Sex Offender Counseling and Treatment Program attempts to treat sex offenders during and after their incarceration. The main goal of most sex offender treatment programs is to curb their chances for recidivism and to also protect the public. Ohio's Sexual Behavioral Intervention Program also strives for reducing sex offenders chances for recidivism after their release back into the community. With varying recidivism rates, it is difficult to determine whether or not treatment programs for sex offenders are successful. If successful, the current treatment programs utilized should continue to be instituted. If proving to be unsuccessful, the treatment programs should be adjusted to meet the needs of child sex offenders. Being able to identify ways to improve long term treatment of sex offenders, especially child sex offenders, is imperative.

## V. Recommendations

### A. Introduction

Many common myths exist about child sex offenders and one is all child sex offenders go to prison. Less than one third of those convicted of child sexual assault are sent to prison (Patrick & Marsh, 2011). For those convicted of a child sex offense who do not spend their sentence in prison or once released from prison, will be required to register under the Sex Offender Registration and Notification Act (SORNA). SORNA is a measure taken in response to horrendous crimes committed against innocent children. One of the main goals of sex offender registration and notification laws is to create awareness in communities regarding child sex offenders living among them in order to avoid more children falling victim to the crime of child sexual assault and even worse. Registration and notification laws are however, not widely accepted by everyone. Some critics of registration and notification laws believe registration and notification laws encourage offenders to re-offend. Whether or not registration and notification laws lead to recidivism, everybody, including the community, and those involved with the charging, incarceration, rehabilitation, and aftercare of child sex offenders should collaboratively work together in order to prevent recidivism, keep victims at ease, educate and keep each other informed about this exclusive class of sex offenders.

Even before offenders are released back out into the community and are required to register, most must undergo treatment. In order for treatment to be effective, and for offenders to attempt to adjust to society once they re-enter, their treatment should be on an individual basis. Not all child sex offenders have the same motives or the same wants and desires which is why it is important for treatment practitioners to study and work with child sex offenders individually.

The harsh reality is also, not all child sex offenders can be fully cured and treatment is not always effective for this group of offenders. If research is showing recidivism rates still exist for child sex offenders even after they have undergone treatment, civil commitment programs may be the cure for this problem. Civil commitment programs have the potential to permanently remove dangerous sexual offenders from society and offenders who have a great likelihood of re-offending. Civil commitment programs can help to save children from becoming innocent victims of this crime.

### B. Community Awareness Through Sex Offender Registration and Notification

On July 29, 1994 seven year old Megan Kanka was sexually molested and murdered. Kanka was the fourth child in a series of child sexual molestations and homicides which were committed against young girls. Jesse Timmendequas lured Kanka into his home, forced her into his room, strangled her with a belt in which she died of asphyxiation, and then sexually assaulted her. Timmendequas was a twice convicted sex offender who lived across the street from Kanka and also resided with two other known sex offenders. Timmendequas had previously been released from the Adult Diagnostic and Treatment Center which is a prison/treatment center in New Jersey for repetitive, impulsive sex offenders (Gaines, 2006).

As a reaction to the reprehensible crime, the Governor of New Jersey demanded this type of atrocious act not repeat itself and enacted the Violent Crime and Law Enforcement Act of 1994, 11 days after Kanka's death (Gaines, 2006). This law was declared in an emergency and allowed the New Jersey legislature to bypass standard hearings. The provisions of this law were referred to Megan's Law. Megan's Law makes it mandatory for all states to develop notification protocol which allow public access to information about sex offenders in the community (Freeman-Longo, 2010). The act was aimed at protecting children from sex offenders and included

registration and community notification requirement for those sex offenders who have been qualified as a threat to the community (Gaines, 2006). The Sex Offender Registration and Notification Act eventually resulted from the Violent Crime and Law Enforcement Act (Caldwell & Dickinson, 2009).

SORNA laws are created to reduce sexual violence by providing a closer watch on child sex offenders in the community as a form of their incarceration. The goal of registration laws is to deter child sex offenders from re-offending (Caldwell & Dickinson, 2009). Registration and notification also makes it mandatory for convicted child sex offenders to have a range of identifying information provided to authorities and for most, their information listed through public avenues. Registration contains an offender's name, a photograph, home address, race, offenses committed and convicted, age, height, weight, hair color, and eye color. In most neighborhoods, notification exists to community members of particular types of sex offender, including child sex offenders, who move into neighborhoods (Tewksbury & Jennings, 2010). As of February 2010 there were approximately 386,000 convicted sex offenders registered in 49 states and the District of Columbia (Adams, 2010). In 1994, the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act eventually federalized child sex offender registration and forced states to comply with community notification requirements (Caldwell & Dickinson, 2009).

The Jacob Wetterling Act is a national law which is designed to protect children and was named after Jacob Wetterling, an eleven year old boy who was kidnapped in October 1989 and is still missing (Freeman-Longo, 2010). The Jacob Wetterling Act requires all states to establish registration programs for sex offender, including the identification and registration of lifelong sexual predators. By not complying, states risk losing 10% of their federal law enforcement

funds (Gaines, 2006). It wasn't until 1996 when the Wetterling Act was amended by Megan's law, which serves as a first amendment to the Wetterling Act. Under this amendment states were required to release important and relevant information about registered sex offenders to the public. Those who are required to register include: those who have been convicted of a criminal offense against a minor, sexual exploitation, sexually violent crime, was on probation/parole, or work release status or who was incarcerated (Tewksbury & Jennings, 2010). Community involvement is also of vital importance for sex offender registration and notification to laws to be successful.

### C. Community Involvement

The harsh reality of the majority of child sex offenders is they will eventually be released back into the community. Community involvement serves as an important factor to help protect victims and potential victims of this crime. Knowing the importance of sex offender notification can help to bring community members closer together and also forces criminal justice institutions to working together. Through community notification and awareness in the form of community meetings or door to door contact, social cohesion is enhanced (Gaines, 2006). The intent of public notification is to increase awareness in communities in order for parents to inform their children about possible threats in their neighborhoods, notification of the public reduces the likelihood of sex offenders to re-offend because there is community awareness and the offender would find it more difficult for them to offend (Freeman-Longo, 2010). Different communities take different initiatives in order to advertise those on the registry. Some states have posted registration lists and notification materials on the internet and most are accessible to the public (Freeman-Longo, 2010). In the state of New Jersey In New Jersey it is not illegal to advise prospective buyers a registered sex offender resides in the neighborhood (Freeman-

Longo, 2010). Sex offender registries can help to increase community education regarding child sex crimes. While sex offender registration and notification are aimed at protecting and educating the public regarding child sex offenders, offender notification law have received some scrutiny.

Over the past 15 years sexual offender notification laws have been increasingly popular. However, certain scrutiny exists with sex offender registration laws. Some researchers believe sex offender registration laws may actually lead to recidivism (Gaines, 2006). Skeptics believe public notification of child sex offenders create barriers for sex offenders as they try and re-integrate into the community. Registered child sex offenders often times find themselves experiencing difficulty finding housing and employment, which may inhibit a sex offender from returning to a normal, crime-free lifestyle. Other factors including community rejection which can be a contributing factor for the chances for recidivism (Caldwell & Dickinson, 2009). As a result meaningful research should investigate manpower implications or test potential deterrent or labeling effects of registration and community notification on offenders (Gaines, 2006). In order to curb the skeptics, all agencies who deal with child sex offenders must collaborate with each other in an attempt to reduce recidivism rates and educate the public regarding this group of offenders while in communities.

### D. Inter-agency Cooperation

The majority of child sex offenders are released on probation or parole under community supervision following a sentence of incarceration. Approximately 60% of all child sex offenders which are managed by the U. S. correctional system are under some form of community supervision (Center for Sex Offender Management, 2001) in which these offenders are required to register and criminal justice agencies keep notification of these offenders within communities

current (Gaines, 2006). Intensive community based supervision and management of child sexual offenders are vital in order to reduce child sexual victimization rates (Prentky, et. al, 1997). With the introduction of child sex offenders into communities, it takes cooperation among all criminal justice agencies to prevent re-offending and keeping the communities abreast of these offers. The criminal justice system manages child sexual offenders with a combination of options; incarceration, community supervision, and specialized treatment (Center for Sex Offender Management, 2001).

Maintaining collaboration and cooperation among all criminal justice agencies when dealing with child sex offenders in the community is a key component in order to ensure victim safety and education of the public. This cooperation begins with the front line of defense, law enforcement, the courts, corrections, and treatment professionals in the middle and ends with the aftercare eyes, probation/parole officers. Law Enforcement is responsible for maintaining community safety and also for the safety of victims (Gaines, 2006). Law enforcement's perspective of sex offender registration and community notification is important because the police have competing concerns and are not as emotionally involved as victims and offenders (Gaines, 2006). Due to the fact sex offenders have been convicted of various crimes, the police's views may make clear how they and the community respond to different types of sex offenders (Gaines, 2006). In a study conducted in Wisconsin, Farkas and Seitz (2000) found one of the main goals of law enforcement regarding sex offender community notification was to educate the public about sex offenders (Gaines, 2006). Examining the impact of sex offender registration and community notification from the perspective of law enforcement is important also because the police comprise the front line of formal community social control (Gaines, 2006). Public education regarding sex offenders should be a major concern and objective of law enforcement

when community members are informed about residing sex offenders (Gaines, 2006).

The probation/parole, and mental health officials may provide valuable information and insight about the importance of registration and community notification of child sex offenders. When supervision officers possess more knowledge about offender specific characteristics, supervision strategies can be impacted. Officers have the ability to look inside of traditional sources of information and can also include outside agencies and their reports. These reports can include reports from therapists, victims, family, and the police in order to gain a full perspective the offenders purposes for offending (Alexander, 2010). According to Prentky, Knight, & Lee (1997), community based child sex offender programs should integrate trained probation and parole agents who impose small case loads to achieve more focus on individual offenders, treatment by therapists who highly specialize in cognitive behavior, an evaluation of possible medication needed, monitoring of child sex offenders in their recreational activities and notification of police and district attorney's office (Prentky, et. al, 1997). It is crucial for supervision staff to become proactive in the community and with other agencies which have an interest in victim and community safety (Alexander, 2010). It also is beneficial for officers to become familiar with offender's criminal history, the details of the crime which includes the police report, reports from social service agencies, schools and many other organizations. By being able to find the answer to what dangers the population of child offenders present to the public provides practitioners of community supervision for child sex offenders with a better understanding of the general population of the group. This knowledge can be transformed into the education of policymakers and cooperation between lawmakers and other professionals involved with child sex offenders (Alexander, 2010). The containment approach, developed by Payne and DeMichele(2010) is one such attempt to develop collaboration among the agencies

who deal with child sex offenders (Alexander, 2010).

The containment approach helps to develop collaboration among the different agencies. The containment approach includes three different agencies; probation/parole, sexual treatment therapists, and polygraphists. Strategies include notifying the employers of offenders (Alexander, 2010). Officers can communicate to employers they can act as an extension of their supervision by monitoring offenders. Employment has proven to be a factor which promotes community adjustment and has also shown to lower recidivism. Specialized caseloads is a second strategy. The Center for Sex Offender Management (2010) concluded using officers with specialized caseloads is an efficient and effective way to manage child sex offenders. Effective specialized caseloads include expertise training relating to offender management, a more intensive treatment program for those who have become complacent with their current treatment, to establish rapport with child sex offenders which encourages them to talk more openly about their offending, to promote camaraderie with counselors who strive to maintain their caseloads and increase agency wide consistency in sex offender supervision. Home contacts can also promote inter-agency cooperation, as police and probation departments as well as other social service agencies can form partnerships (Alexander, 2010). The containment approach helps to build interagency cooperation when dealing with child sex offenders and provides a more vigilant watch on child sex offenders which can ultimately result in lower recidivism rates.

**E. Treatment**

Prior to the release of the child sex offenders back into the community, most undergo treatment. Those involved with the treatment of child sex offenders should look at treating child sex offenders on an individualized basis as they do prove to be a heterogeneous group of offenders with individualized needs (Bickley & Beech, 2001). All sex offenders are grouped

together during treatment, however, their offenses may have dramatically differed. Some offenders only offend against adults, while others only target children. This is why it is important for treatment practitioners to treat child sex offenders on an individual basis. Treatment must also include the skills to cope while back out in the community because the reality for most child sex offenders is they will eventually be released back into the community (Caldwell & Dickinson, 2009). Treatment must teach child sex offenders the social skills needed for normal social interaction and to control their sexual urges around children. If treatment is proving to be unsuccessful and child sex offenders are re-offending at high rates, civil commitment programs should be considered for all child sex offenders.

As most offenders undergo treatment, treatment practitioners should be paying close attention to recidivism rates of child sex offenders. If recidivism rates are showing to be high for this group of offenders, civil commitment laws should be potentially be sought for all child sex offenders, in all states. Civil commitment laws again are for those sex offenders who are deemed to be a danger to society (Burns, 2007). Offenders under civil commitment are confined for an undetermined amount of time (Burns, 2007). While these offenders are confined, they are out of society and unable to victimize children. If child sex offenders are unable to change as a result of their treatment, confinement may be the best option for them in order to prevent them from re-offending. Civil commitment programs have the potential to serve as a permanent solution for child sex offenders if their treatment is proving to be inadequate because civil commitments remove the chance for offenders to re-offend, due to their incarceration.

### F. Conclusion

For most child sex offenders, the end result for their treatment and incarceration is release back into the community, with the exception of those on strict civil commitments. As a result of

their release back into the community, horrific crimes such as the Megan Kanka and Jacob Wetterling occurred. Sex offender notification and registration laws were created in response to these horrific crimes which were committed against innocent children. Their ultimate intent is to attempt to reduce sexual violence against children by keeping a closer watch on offenders who are ultimately released back into the community. Sex offender registration and notification laws also require sex offenders to provide different agencies with pertinent information regarding their residency. Sex offender registration and notification however has received some criticism. Critics of sex offender registration and notification laws believe these laws actually lead to recidivism because the laws create barriers for offenders. Whether or not sex offender registration and notification laws actually lead to recidivism, the fact is those who once offended against children will eventually be released back into the community they once offended in. It is of vital importance for all agencies who work with child sex offenders to work in cooperation with each other to monitor and document their behavior in order to prevent recidivism or make recommendations as to their treatment, rules of incarceration, or possible civil commitment.

Any offender's re-offending is of public concern, however the prevention of sexual violence against children is vital due to the irreversible harm the offenses can cause to victims while they are in the community (CSOM, 2001). Treatment must cater to the offender as an individual and aftercare plans must include everybody from the police to counselors and must be highly detailed and documented. The main decision here is for supervising agencies to adopt and employ a strategy which includes other members in the criminal justice system in the decision making process as opposed to the "one size fits all" approach when dealing with child sex offenders (Alexander, 2010). The knowledge of profile details of child sex offenders can help practitioners understand the child sex offender population. The knowledge which is based upon empirical

evidence can be transformed into legislative action, agency action or strategy change when discussed among agency peers (Alexander, 2010). The public's safety needs partially rely up successful reintegration by the offender. Those involved in community supervision can help to educate members of a community to not be complacent and all agencies who are involved with offenders can cooperate to ensure public safety needs are met (Alexander, 2010). Officers and supervisors can better work in partnership with other agencies to make sure the public's safety needs are met. In order to gain the best understanding of a child sex offender, including the psychological, emotional, and interpersonal, effects of registration and community notification, it is best all agencies work in coordination with each other to gain insight regarding these issues. With this agency cooperation, they can also help to determine if treatment is ineffective and if a civil commitment would be the best possible solution.

## VI. Summary and Conclusions

The study of child sex offenders is important because of the severity of the crime and the such negative effects it can have on children. Determining if treatment for child sex offenders is effective is vital because effective treatment can be the key component in preventing recidivism among child sex offenders. The sexual abuse of child can have adverse effects on them such as physical effects including sexually transmitted diseases and genital irritation, psychological effects which include sleep disturbances, loss of appetite and social withdraw, and long terms effects including depression, self-hatred and suicidal tendencies which is why preventing this crime is critical. The inclusion of the acts of child sexual assault provided by the Wisconsin state statue is important because they provide others with the insight of all of the possible sexual offenses which can be committed against children. The prevalence of child sexual assault shows females tend to be more victimized than males, children under the age of 12 experience sexual assault at a higher rate than others, and child victims are victimized more by people they than strangers. Recidivism rates help to measure the risk of re-offending for child sex offenders however, with the research provided, a certain ambiguity exits regarding child sex offender recidivism rates. This variation in the measuring of recidivism rates occurred because of the lack of a set definition of recidivism. As a result of this, several studies reported high recidivism rates for child sex offenders while others reported low recidivism rates. Whether or not a clear consensus exists for the true definition of recidivism rates, child sex offenders still have to undergo treatment.

Child sex offender treatment occurs in the form of cognitive behavioral therapy, evocative therapy, psycho education groups and pharmacological treatment. All forms of treatment are based upon the characteristics of the offenders and the circumstances surrounding their offense.

Because child sex offenders have proven to be such a diverse group of criminals, one criminological theory is unable to explain their reasons for offending. Child sex offenders fall under several criminological theories including the cognitive deconstruction theory, recapitulation theory, routine activities theory, the general theory of crime, the conditioning theory, the inclusive fitness theory and the mate deprivation theory. Child sex offenders will also tend to deny and minimize their behavior through techniques of neutralization and commit their offense through a progression of acts which lead to the sexual exploitation of a child. Knowing how and why child sex offenders commit these heinous acts are important for their treatment. Civil commitment programs are in place for those offenders who are so dangerous, they need extra attention prior to their release from prison, if they are released at all. The Sex Offender Management and Treatment Act (SOMTA) was enacted in New York state to civilly manage those offenders who are at risk for re-offending. New York state also has the largest counseling and treatment program for sex offenders and their main goal is to provide sex offenders with the knowledge they need to re-enter society as a productive and law-abiding citizen. Ohio's Sexual Behavioral Intervention Program (SBIP) is also aimed at meeting the needs of the offender and the community they are about to return to.

Once returned to the community, child sex offenders are required to register under the Sex Offender Registration and Notification Act (SORNA). The main goal of SORNA is to make the public aware child sex offenders have been re-integrated back into their community. As a response to horrible incidents involving innocent children such as Megan Kanka and Jacob Wetterling, SORNA was amended to include allowing public access to determine if a registered sex off is living within a community and including identification and registration of lifelong sexual predators. Criticism does exit regarding sex offender registration laws including the

registration of sex offenders creates barriers for them to reintegrate into a community. Regardless of whether or not sex offender notification laws create barriers for sex offenders to re-enter into communities, it is important for all agencies including law enforcement and probation/parole offices to work in coordination with each other as these child sex offenders are living among the same population they offended. This agency coordination and cooperation also includes determining if treatment is effective. If proving not to be effective, civil commitment may be the best possible solution for this group.

## VII. Suggestions for Future Research

The main purpose of this research was to determine if recidivism rates for child sex offenders are high. The initial pre-conceived notion for child sex offender recidivism rates was the rates are high and sex offender treatment is therefore ineffective. However, throughout the course of this research it was determined recidivism rates for child sex offenders is unknown due to the ambiguity in determining the true definition of recidivism when it comes to child sex offenders. Suggestions for future research include examining and following a specific group of child sex offenders who are currently undergoing treatment and develop a concise definition for recidivism which only includes if the offender commits an additional sex offense. Once released from treatment, the researcher(s) then observes the offenders to determine whether or not they commit an additional sex offense. By creating this concise definitions and following the offenders after treatment, it will allow criminal justice practitioners to determine whether or not treatment is effective. If child sex offenders are recidivating due to "technical violations" or violations unrelated to the nature of their offense, then those in the criminal justice field are unable to determine if treatment changed their sexualized behavior. Effective treatment is important because child sex offenders prey upon the most vulnerable victims, children.

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