



16.1 Sex and American Society

Sexual offenses encompass such a wide range of behaviors that you reasonably may question the wisdom of placing all of them in a single polyglot category. After all, the exhibitionist is as different from the rapist as the check forger is from the armed robber. Up until 2003, if you lived in a state that has anti-sodomy laws, you may even have committed a felony if you had engaged in oral or anal sex (in some states, with a member of either sex), even with your consenting spouse. In 2003 the US Supreme Court ruled Texas' anti-sodomy law unconstitutional in *Lawrence v. Texas*, which means that sex offenses are now limited to offenses that involve a true offender/victim relationship, such as rape and child molesting, that is, behavior that is almost universally considered to be a serious breach of lawful behavior.

We have to view the sex offender and his behavior in the context of his culture (we use the male personal pronoun because sex offenders are almost invariably male, although there may be more female perpetrators than is generally suspected (Denov, 2003)). Few things interest Americans more than sex. Sexual themes are prevalent throughout our society. Americans spend billions of dollars every year on cosmetics, hairstyling, breath mints, health spas, and so forth, to make us appear sexually attractive. Our bodies are pierced, lips painted, and underarms sprayed, and men and women alike pour themselves into shrunken jeans. Goaded on by the wizards of Madison Avenue, many of us have fallen prey to the notion that we are less than good Americans if we are not supremely sexual beings.

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16.1.1 The Public Image of the Sex Offender

Americans do not like sex offenders. They are the only group of offenders we keep in prison under indefinite civil commitment laws after they have completed their criminal sentences, a practice given the seal of approval by the US Supreme Court in *Kansas v. Hendricks* (1997). This remedy is well applied to sexual predators (and Hendricks was certainly that), but there is a danger that it may be applied to less serious sexual offenders in the future. Practices such as this, as well as notification and registration laws, set our criminal justice handling of sex offenders apart from other offenders (all 50 states now have such laws on the books) (Talbot, Gilligan, Carter, & Matson, 2002). In many states, the laws that govern adult registration apply to adjudicated juvenile delinquent sex offenders as well, which means that they will have to register as convicted sex offenders for the rest of their lives unless the law changes. This may be appropriate to older adolescents who commit serious sex offenses such as rape; however, they have also been applied to a 12-year-old boy who mooned a group of younger children and a 15-year-old boy who grabbed the breasts of a female classmate (Trivits & Reppucci, 2002). Applying draconian measures such as these across the board may, in turn, trivialize the horrible experiences of victims and create lifelong stigma for young offenders, thus leading to future criminal behavior.

As a society, we appear to be convinced that the sex offenders are brutally depraved and oversexed monsters who spend time haunting dirty movies and teenage hangouts, an incurable, spiritually disfigured “dirty old man.” He is a “species apart,” either a “super male” in an interminable state of tumescence or a pathetic and evil old man searching for sparks of sensuality in the unwilling arms of a child (Quinn, Forsyth, & Mullen-Quinn, 2004). Although such characteristics are sometimes true, all “sex offenders,” unfortunately, tend to be defined by the very worst of their kind. According to Quinn et al. (2004), current American attitudes about sex offenders have been formed by sensationalized news media accounts of extremely atypical sex offenders. The label of “sex offender” is powerful enough to illicit public support for more punitive criminal justice measures such as residential and social networking restrictions (Harris & Socia, 2016).

No common denominator distinguishes all sex offenders. Unlike the typical robber or burglar, sex offenders are businessmen, physicians, teachers, attorneys, police officers, and ministers, as well as unskilled laborers and “street people.” In terms of their crimes, a sex offender can be everything from a sexual sadist who uses his penis to defile and degrade his victim to the gentle and unassuming church deacon who grooms young church members to be molested. While both are heinous crimes, there are certainly underlying differences between the sex offender who rapes his date after plying her with alcohol and the rapist who attacks with equal intensity the nubile homecoming queen and the octogenarian cripple—differences that will affect your sentencing recommendations and treatment strategies.

16.1.2 Rape and Rapists

Until 2013, forcible rape was defined in the Federal Bureau of Investigation's Uniform Crime Reports (UCR) as: "the carnal knowledge of a female forcibly and against her will" (Federal Bureau of Investigation, 2007, p. 27). This definition was found to be problematic, however, as it restricted victimization to females, required use of force, and was in many ways vague. In 2013, the FBI revised their definition to "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" (FBI, 2014). Under this revised definition, a member of any sex may be the victim of rape. Further, the idea of consent is added—that is, rape does not mean physical force (or active "no"), but rather, the absence of consent (or an active, capable "yes"). While UCR statistics for rape have been steadily decreasing, an uptick in rape occurred between 2013 and 2014 with 113,695 rapes reported in 2013 and 116,645 rapes reported in 2014. Even though rape rates have largely been decreasing steadily since 1990, rape is still perhaps the most underreported of all crimes. Studies consistently find that large portions of victims do not report their victimizations. For example, Ceelen, Dorn, van Huis, and Reijnders (2016) found that 80% of victims did not report their victimization, citing reasons such as lack of evidence, feelings of shame, guilt, and other emotions as the most common reasons not to report.

To avoid reporting issues with official reporting, self-reported victimization surveys may give us a better idea for the actual impact of rape and sexual assault. According to the 2016 National Crime Victimization Survey (NCVS), there were an estimated 298,410 sexual assaults in 2016 against victims age 12 and older. No doubt that rape is an excruciatingly traumatic event for its victims, the effects of which may last long after any physical scars have healed. This can be true even if the perpetrator is an acquaintance, boyfriend, date, or even the spouse of the victim which is the case in approximately two-thirds of rape incidents (Tjaden & Thoennes, 2000).

The views of the rapist in the professional literature run the gamut, with many of the opinions being strongly colored by such nonobjective factors as personal morality and sexual politics. Each view, of course, fits some rapists, but no view fits all rapists. There are those who regard rape as being symptomatic of some dark psychological disturbances and others who see it simply as part of a complex of cultural values that emphasize macho masculinity, power, aggression, and violence. The first of these views is exemplified by the work of Drzasga, who explains rape as an act performed by "degenerate male imbeciles" seeking to satisfy "sadistic and aggressive desires for sexual dominance" (1960, p. 57). In this perspective, rape is a violent rather than a sexual act in which the penis substitutes for the gun or knife.

The feminist perspective generally rejects the idea of sexual motivation for rape, although some feminists now recognize the sexual motivation for rape, claiming that the "not sex" argument was initially necessary to emphasize that women got no pleasure out of being raped (Gilmartin, 1994; Herman, 1990; Mealey, 2003). This view may be accurate in some unknown percentage of rape cases, but to ascribe

such motivations across the board is to commit what philosophers call the logical fallacy of affirming the consequent. Affirming the consequent means that having observed the consequences of an action, we infer that they were the motivations of the actor. Thus, we observe that the rapist asserts his dominance over his victim and in doing so humiliates, defiles, and degrades her. It is unwarranted, however, to assume that this outcome necessarily constituted his motivations for his crime.

The contemporary treatment literature is replete with studies that explicitly or implicitly view rape as sexually motivated. This is evident by the treatment modalities, which emphasize cognitive restructuring for deviant sexual fantasies and/or medications designed to reduce sexual arousal (Bogaerts, Daalder, Vanheule, & Leeuw, 2008; Dreznick, 2003; Giotakos, Markianos, Vaidakis, & Christodoulou, 2003; Grubin, 2007; Harvard Mental Health Letter, 2004; Howard, 2002; Lindsay, 2002). Science rather than sexual politics should be the guide to the “true” nature of this horrible crime. In a plea to depoliticize rape, Craig Palmer asserts that the “not sex” explanation prevents researchers from learning more about the phenomenon of rape, and this occurs “at the expense of an increased number of rape victims” (1994, p. 59). Palmer’s point is that if we misidentify the motives of rapists, we compromise treatment plans for the rapist as well as efforts at rape prevention. This is what should concern us most as correctional workers.

Lee Ellis supplies voluminous evidence to support his contention that rape is “sexually motivated, and that aggressiveness and dominating behavior exhibited by rapists largely reflect tactics rather than goals” (1991, p. 632). However, he agrees that the drive to possess and control is a motive, although it is secondary to the sex drive. He states that in the overwhelming majority of acquaintance rapes, force is used only after other tactics (pleading, use of alcohol, claims of love) have failed, which makes it difficult to claim that rape is “nonsexual.” Similarly, Figueredo, Sales, Russell, Becker, and Kaplan (2000, p. 315) write that “coercive sexual strategies” are engaged in “when the major noncoercive and prosocial avenues of sexual expression fail.” Additionally, the nonhuman equivalent of rape exists in a number of animal species, making it difficult to claim that similar behavior in humans is motivated by hatred of females, or is the result of socialization (Thornhill & Palmer, 2001).

While Ellis (1991) claims that the motivation for rape is unlearned (the sex drive and the drive to possess and control are considered the products of evolutionary selection forces), the specific behavior surrounding it is learned. The mechanisms he proposes are those of operant conditioning. The raw basics of operant conditioning are that behavior that is rewarded tends to be repeated, and punished behavior tends to become extinguished. He contends that males who have successfully employed forceful tactics to gain sexual favors have been reinforced in that behavior. The early reinforcements may have been little more than a necking or petting session, but if he learns that each time he escalates his forcefulness that he gains greater sexual access, his behavior will gradually be shaped in ways that eventually could lead to rape.

It appears that the majority of rapes are motivated by misdirected and misguided sexual desires rather than by dark, sadistic, and disturbed psychological motivations

far removed from sex. Perhaps rape is best viewed as a fusion of sex and aggression because both sexual and aggressive behaviors are mediated by the same neurological substrates, and both are facilitated and activated by the same sex steroids (Grubin, 2007; Marshall & Barbaree, 1990; Pinel, 2000).

As a correctional worker, you will be doing offenders a disservice if you succumb uncritically to interpretations of rape motivations that sound esoteric but may well be empty. Perhaps the best way to view someone accused of rape is suggested by Albert Ellis (1961, p. 954):

Under no circumstances should sex offenders ... be viewed as horrible, villainous criminals to be harshly punished to atone for their sins. Rather, they should be viewed either as relatively normal individuals who are rash enough to get into occasional difficulty or as seriously disturbed persons who are sufficiently disordered to keep getting into legal difficulties because of their sexual behavior.

In other words, unless there is evidence to the contrary (e.g., the perpetrator is a repeat offender), you should view him as a relatively psychologically healthy individual who has committed a very heinous crime.

Most rapes involve offenders and victims who are acquainted with one another (Tjaden & Thoennes, 2000). Many men who are convicted of rape under these circumstances hold traditional, but toxic, masculine values. They often value sexual prowess and tend to hold the “whore/Madonna” image of women. They have difficulty understanding how their victims could be so ungrateful as to accuse them of rape. They feel that once a woman’s initial protestations are overcome in a forceful “masculine” way, just like the romantic heroes in the movies, then she should just melt into their arms. After all, in the world of veiled sexual messages it is “common knowledge” to them that “no” really means “yes,” or at least “Maybe, if I push hard enough.”

Here is an excerpt from a presentence investigation report in which the processing officer is commenting on the statement of a defendant convicted of raping his sister-in-law. This defendant came home drunk one night (rape is often associated with alcohol), dragged his 17-year old sister-in-law into his bedroom, told his sleeping wife to get up and get out, and proceeded to rape her sister:

It is clear from the defendant’s explicit statement that he does not deny the charge. On the contrary, one almost gets the impression that he rather enjoyed writing his statement, which depicts him as an accomplished lover and mentor to the sexually naive.

“How can this be rape?” he asks in an aggrieved tone of voice. He believes that his amorous designs were pursued fully in accord with the rules of the game; i.e., in the “masculine” way of his subculture. For him the crime was little more than an “assault with a friendly weapon.” It strains this officer’s imagination to think of the defendant as venting his sexual passions on an unwilling girl whose mother was in the next room fully aware of what was going on. Not only that, he had the audacity to ask his wife to vacate her bed so that he could do his thing in comfort.

After this young man was placed on probation, he actually divorced his wife and married his victim! This event corresponds to one of the strangest (yet consistently found) findings related to date rape, to wit: “a significant percentage [of date rape victims] continue to date a date rapist after the rape,” and that, “a larger percentage of women continue to date the perpetrator of a completed rape than of an attempted but uncompleted rape” (Mealey, 2003, p. 91). Perhaps the reason for such occurrences is explicable in terms of the same mechanisms that lead many battered women to remain with their spouses and boyfriends: a sense of powerlessness and perceived or actual financial, social, or psychological dependency on the perpetrator.

There are predatory rapists who become more sexually aroused when victims fight back and may even be impotent without such stimuli. They may prefer violent to consensual sex, and defiling and humiliating their victims may be “necessary” for them to achieve sexual satisfaction. Such rapes tend to be stranger rapes and, although far less common, are more terrifying and physically injurious to the victim. Rapists of this type tend to have marked feelings of inadequacy, inferiority, and powerlessness and tend to be highly sexed and socially inadequate, especially in terms of heterosocial competence—they lack the ability “to interact with a person of the opposite sex in an actual, hypothetical, or potentially romantic situation, or the ability to correctly interpret a woman’s affective cues” (Dreznick, 2003, p. 177).

Unlike the typical date or acquaintance rapist, stranger rapists tend to have histories of other violent crimes (Freeman, 2007; Mills, Anderson, & Kroner, 2004). Most studies of rapists concentrate on the violent rapist. We do know with relative certainty that among these subjects, violence is an important component of the sexual excitement they obtain from their crimes. This pattern of preferential violence is determined by comparing penile responses of convicted rapists with those of nonrapists when exposed to sexual stimuli with a strong content of violence. A device called a penile plethysmograph, which is rather like a blood pressure gauge, measures penile response. The penile plethysmograph measures the pressure of blood in the penis to ascertain how sexually excited subjects become when exposed to auditory and/or visual stimuli depicting various sexual situations. Violent rapists become significantly more aroused than nonrapists or nonviolent rapists when exposed to this material (Robertiello & Terry, 2007; Tong, 2007).

Most men will show some penile response to a variety of sexual stimuli, especially novel stimuli, even if they consider it deviant and would not engage in such behavior. The value of the penile plethysmograph lies not only in comparing the responses of convicted rapists with those of “normal” males but also in comparing rapists’ penile responses to stimuli depicting violent sex to their responses to stimuli depicting nonviolent consensual sex. For instance, if a rapist achieves a 30% erection when viewing nonviolent sex and one of 80% when viewing violent sex, we can conclude both that he is more interested in violent than consensual sex and that he is probably a dangerous individual. Likewise, if a man has a 90% erection in response to sexual stimuli involving young boys and one of only 5% to stimuli involving adult females, we can conclude that he is more likely to be a homosexual pedophile.

Such findings do seem to indicate that the violent rapist is “sick” in that he apparently needs violence to complete the sexual act. In fact, forensic considerations were at the forefront of recent changes to DSM-5 criteria for paraphilic disorders (First, 2014). Generally, paraphilic disorders occur when a person “feel[s] personal distress about their interest, not merely distress resulting from society’s disapproval,” or “have a sexual desire or behavior that involves another person’s psychological distress, injury, or death, or a desire for sexual behaviors involving unwilling persons or persons unable to give legal consent.” While these conditions are not, themselves, criminal, often the behaviors that follow from them are. Accordingly, individuals who exhibit patterns of violent behavior should be placed in custodial care for as long as the law allows.

16.1.3 A Look at Stranger Versus Date/Acquaintance Rape

Data on sex offenders reveal some remarkable differences between stranger and date/acquaintance rape that suggest that quite different men commit these offenses. Victims of stranger rape tend to range more broadly in age, typically from about 10 to 70. The age range of victims of date/acquaintance rape is typically much smaller (14–44), as would be expected in a dating context. Stranger rapists have significantly more serious criminal histories, are of significantly lower class, and are much younger (Figueredo et al., 2000; Mills et al., 2004). While effects of rape victimization are deleterious regardless of whether the perpetrator is a stranger or an acquaintance, stranger rapes have been found to lead to more severe life-threatening and PTSD symptoms (Ullman et al., 2006). Despite this fact, Ullman et al. (2006) find that victims of stranger rape also experience more negative social reactions from others (such as stigmatizing and victim blaming).

16.1.4 Assessment and Treatment of Sex Offenders

It is part of popular lore that sex offenders are untreatable and cannot prevent their compulsive offending. For instance, Fortney, Levenson, Brannon, and Baker (2007) conducted a study of attitudes about sex offenders among community members and sex offenders and found huge differences in the perceptions of both groups on a variety of sex offender-related questions. For example, the published data on sexually reoffending for convicted sex offenders shows that about 14% will reoffend, but the estimate of their sample of sex offenders was that 21% will, and the community sample estimated that 74% will. Fortney et al. commented: “Common misconceptions may interfere with offenders’ treatment and reintegration into society as well as influence legislatures to pass laws that are misguided and inefficient” (2007, p. 1). Indeed, many of the laws that apply only to sex offenders seem almost purposely designed to prevent rehabilitation and reintegration.

Thus, taken as a whole, sex offenders are less likely to reoffend than any other type of offender. Researchers looking at years of British crime statistics found that

sex offenders were the least likely (19%) to recidivate within 2 years of being released from prison and that burglars (76%) were the most likely (Mawby, 2001, p. 182). Reviews of US studies conducted by the Center for Sex Offender Management (Bynum, Carter, Matson, & Onley, 2006) examining recidivism of sex offenders broken down by different types of offenders found the following ranges of recidivism:

- Child molesters with male victims (13–40%).
- Child molesters with female victims (10–29%).
- Rapists (7–35%).
- Incest offenders (4–10%).

Different studies find different rates of reoffending because of different definitions (Do we include all offenses or only sex offenses as a measure of recidivism?) and different follow-up periods. Of course, recidivism rates include only those offenders who have been caught, so the above rates should be considered only as bare minimum figures. This, of course, is also true of recidivism studies of all offenders.

Perhaps the most instructive study of recidivism conducted to date was a study by the Bureau of Justice Statistics whose researchers tracked 9691 sex offenders released from prisons in 15 states in 1994 (Langan, Schmitt, & Dunrose, 2003). These men were followed for a period of 3 years after release. As with the British data reported by Mawby (2001), over the 3-year period, sex offenders had a lower rate of rearrest (43%) than 272,111 non-sex offenders released at the same time in the same states (68%). The 43% rearrest rate for sex offenders included all types of crimes and technical violations such as failing to register as a sex offender or missing appointments with their parole officers; only 3.5% were reconvicted of a new sex crime during the follow-up period. We should repeat and underscore that only 3.5% were reconvicted for a new sex offense. Of course, this is not to deny that there are true sexual predators, who will indeed continue to prey while at liberty to do so.

Public outrage at rapists and child molesters has made the idea of treatment rather than administration of swift punishment for sex offenders a very unpopular idea. However, Quinn et al. (2004) point out that the realization that most incarcerated sex offenders will eventually be released has generated a demand for treatment to insure a successful reintegration into the community, and from their review of a number of studies dealing with sex offender treatment programs, they are cautiously optimistic. Most studies did report a gratifying rate of success when comparing results from treated versus untreated offenders.

A recent meta-analysis of 11 meta-analyses suggested that sex offender treatment programming is a proven, or at least promising, solution to reducing sex offending (Kim, Benekos, & Merlo, 2016). That is, there is robust evidence that sex offending can be reduced with treatment interventions and that such offenders are not “untreatable.” While this reduction in sexual offending was seen for both adults and juveniles, the effects appear to be stronger for juvenile offender treatment than adult treatment with 24% and 5% reduction in offending, respectively.

The assessment and treatment of sexual offenders is almost always conducted by mental health teams; your job as a correctional worker is to refer offenders to them

and to monitor their treatment. If an offender's crime or his record of sexual offenses warrants it, you should refer him to a diagnostic center, or to individual psychologists or psychiatrists in communities lacking such a specialized center. Typically, the offender is administered a series of tests such as the MMPI and an IQ test, and he undergoes a series of psychosocial interviews. The judge and the PSI investigator receive the results of these tests, a diagnosis, treatment prognosis, and a sentencing recommendation.

Despite protesting that it violates civil rights, chemical castration is mandated or allowed in certain circumstances by certain states (e.g., California, Florida, and Texas). Through the use of drugs, such as medroxyprogesterone (Depo-Provera) or cyproterone acetate (Androcur), chemical castration reduces libido by drastically reducing testicular production of testosterone, and Androcur does the same thing by blocking testosterone receptors (Maletzky & Field, 2003). People call such drugs "limbic hypothalamic tranquilizers" because they "allow the offender to concentrate on his psychosocial problems without the distracting fantasies and urges accompanying androgen driven limbic hypothalamic activity" (Marsh & Walsh, 1995, p. 87). Grubin (2007) makes a similar statement: "By blocking testosterone receptors, cyproterone [acetate] lowers both psychological arousal and interest (libido) and the physical ability to an erection, with a reduction in the frequency of masturbation, 'sexual tension,' and sexual fantasies" (p. 442). He also adds that selective serotonin reuptake inhibitors such as Prozac and Zoloft (these drugs inhibit impulsivity) and cognitive-behavioral therapy should be part of a comprehensive treatment regimen.

In other words, these drugs reduce the effects of the male sex hormone, testosterone, which leads to a diminution of sexual arousal. With the activity of the more primitive brain area (the limbic system) dampened, the counselor can concentrate on combating neocortical weaknesses ("thinking errors") with cognitive behavioral therapy. We should note that castration does not eliminate the sex drive and that a castrate can become aroused with a willing partner's patient stimulation. What are greatly reduced are sex offenders' excessive and compulsive sexual fantasies and desires.

Not all sex offenders can or should to be treated with such drugs, however. Most therapists believe that they should be reserved for the most chronic and recalcitrant offenders who have previously failed cognitive-behavioral treatment. A pilot program run by the Oregon Department of Corrections uses a weighted 13-point scale called the Depo-Provera Scale to assess suitability for this type of treatment. According to the lead researchers in this program: "Those with hypersexuality, impaired impulse control, developmental disabilities, or homosexual pedophilia were deemed particularly appropriate [Depo-Provera treatment targets]" (Maletzky & Field, 2003, p. 399). The authors emphasize that pharmacological treatment should always be accompanied by intense cognitive-behavioral counseling.

Whereas the convicted violent rapist nearly always is incarcerated, the date or acquaintance rapist tends to get probation more often than imprisonment. The treatment of the latter type of rapist while on probation should center on group counseling sessions to correct "thinking errors" in which stereotypical images of women

are brought out into the open and discussed. Educating males to accept women as equals who have the right to say “no” can go a long way toward preventing a reoccurrence.

As we have seen, it is a sad fact that many men do actually believe that women “ask for it” if they accept a date or willingly engage in any physical behavior. Egocentric thinking (believing that everyone thinks as we do) leads some men to the conclusion that, “Hey, I’m aroused and ready to go so she must be, too.” The type of men who tend to believe these things and to commit date rape are masculine males in the traditional “macho” sense of the word (Bernard, Bernard, & Bernard, 1985). “Real men don’t take no for an answer.” Given this, it would not hurt to also explore thinking errors as they relate to the date rapist’s conceptions of what a “real man” is. The questioning and challenging techniques of rational emotive behavioral therapy (REBT) and a healthy dose of bibliotherapy (both discussed in a previous chapter) should prove useful in this regard.

Exercises such as the one concerning the victim experience (empathy training) in the chapter on institutional counseling can be used fruitfully here. You can show videos that reveal the psychological trauma that accompanies rape. In the spirit of restorative justice, it is better yet to have a rape victim speak to the group about her experience and about how it affected her life. Select the victim carefully, however. You do not want one who spouts trendy sexual politics and who defines rape as everything from violent sexual assault to sexual innuendo and jokes, nor do you want one who flays the group and denigrates all men because of her experience. Although such a response from a victim is quite understandable, the group will act defensively against her and refuse to take her seriously. If this does become the group’s reaction, the whole exercise probably will have done more harm than good. Local rape crisis centers usually have a number of strong victims willing to talk to various groups about their experiences in a dispassionate way. Certainly, if alcohol were involved in the incident, attention to that problem area also should be part of the offender’s treatment.

16.1.5 Child Molesters

Child molesters are persons who use children to gratify their sexual urges. Robertiello and Terry (2007) provide a general thumbnail sketch of child molesters’ common characteristics, which include:

poor social skills, low self-esteem, feelings of inadequacy, a sense of worthlessness and vulnerability, a hindrance to normal adult relationships or previously frustrating experiences with adult relationships...physically unattractive, have problems with potency, and they have feelings of inadequacy, humiliation, and loneliness. (p. 512)

Approximately two-thirds of all sex offenders in state prison offended against children (Talbot et al., 2002).

A child molester may or may not be a true pedophile (a person who is literally a “lover of children”). Most individuals convicted of molesting children apparently prefer adult sex but have opportunistically taken advantage of a child, but pedophiles are preferentially sexually attracted to children, sometimes exclusively (Harvard Mental Health Letter, 2004). Some child molesters are offenders who take advantage of any form of sexual gratification immediately available to them, regardless of age, sex, or, even at times, species. Child molestation tends to be associated with three age categories: the teen years, the mid- to late 30s, and the mid-50s and older.

Teenage molesters tend to be socially withdrawn and of lower intelligence than the average teenager. Young molesters rarely attempt intercourse. Sexual activity tends to take the form of kissing and the digital manipulation of the genitals. The victim most often is known to the offender, and the act can be viewed as a form of sexual curiosity on the part of a teenager who is too self-effacing to attempt to satisfy it with consenting persons of his own age. Estimates are that juveniles commit about one-half of all child molestation in the United States (Talbot et al., 2002).

Offenders in their mid- to late thirties are more likely than not to be married, and quite often the victim is a stepchild of the offender. Having a stepfather is the strongest single predictor of sexual abuse for girls, and the greatest predictor for boys is living in a father-absent home (Glaser & Frosh, 1993). A nationwide study of children ages 2 through 9 found that children of single parents were 6.7 times more likely to witness family violence, 3.9 times more likely to be maltreated, and 2.7 times more likely to be sexually assaulted than children with both biological parents present. The figures for stepparent families were even worse at 9.2, 4.6, and 4.3, respectively (Turner, Finkelhor, & Ormrod, 2006).

Not infrequently, the molestation can go on for quite some time. The offender usually is able to maintain the ongoing “relationship” by telling his victim that the child’s mother would get mad if she found out, or that the child probably would be placed in a juvenile detention center or a foster home if the offense became known. The initial act of molestation is likely to occur when the offender finds himself unemployed for an extended period of time or is under the influence of alcohol or drugs.

Most child molesters, with the exception of child rapists (strangers who attempt or accomplish genital intercourse), tend to have a strong stake in conformity, and “the majority of them do not have extensive criminal histories or ‘traditional’ criminal lifestyles” (Carter & Morris, 2002, p. 3). If the offense were not violent or if the offender has no previous record of similar behavior indicative of an abiding interest in children as sexual targets, he usually can be considered a good probation risk. However, given the level of seriousness attached to this type of behavior, it is imperative that you conduct a thorough investigation into his background prior to making any recommendations to that effect. Obviously, the findings and recommendations of mental health professionals should be read and considered very carefully.

16.1.6 Assessment and Treatment of Child Molesters

Globally, approximately 7.9% of boys and 19.7% of girls fall victim to sexual abuse before the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009). With estimates this high, the problem of the sexual assault of children is obviously an urgent one. Unfortunately, as we have seen, an aura of “nothing works” pessimism surrounds the treatment of child molesters. Laws, mandating registration for convicted child molesters and requiring that neighbors be informed when a convicted child molester moves into a neighborhood, make it clear that the public is more concerned with punishment and surveillance than with treatment.

Nevertheless, about 60% of all convicted sex offenders are in the community as probationers or parolees at any one time (Carter & Morris, 2002), making the issue of their treatment of the utmost importance. Most probation and parole officers have neither the time nor the training to counsel child molesters, and even those whose exclusive role is to supervise sex offenders will find it difficult to treat them without more expert help. Therefore, it is necessary to gain some idea of the treatment modalities available for sex offenders in your community.

Public and private agencies have implemented a variety of treatment modalities, although those most frequently implemented rely almost exclusively on group therapy, interpersonal communication skills, and psychoeducational programs. Some researchers question the efficacy of such modalities in terms of recidivism rates (Grubin, 2007; Studer & Aylwin, 2006). They have failed to find statistically significant differences in recidivism rates between sex offenders on probation who received treatment and control groups of offenders who did not. This would seem to indicate that either the treatment modalities themselves are not successful, or else treatment was initiated without a proper assessment of the condition to be treated. Psychometric assessment by itself is of limited utility for the assessment, classification, and treatment of sexual offenders (Hall & Proctor, 1987; Maletzky & Field, 2003).

16.2 Summary

Few types of criminals arouse our passion for punishment more than do the sex offender. Sex offenses are perhaps the most underreported of all major crimes, but we should not put all sex offenders into a common basket. The rapist differs dramatically from the child molester, and stranger rapists and acquaintance rapists also differ considerably. The majority of rapists appear to be traditional macho males who hold onto the erroneous notion that “no” means “yes.” They rarely respect women as autonomous human beings who have absolute rights to their own bodies. There are those rapists (usually strangers to their victims) who do appear to require violence and victim degradation for their perverted satisfaction. This type of rapist is rare in comparison with the acquaintance/date rapist.

Treatment of rapists in community corrections should focus on discussions of sex roles, images of women, and the victim’s experience. Usually, rapists who are imprisoned are those who are violent. Their treatment must be more intense and

specialized and, therefore, tends to be administered by psychiatrists and psychologists. Child molesters are, in the main, weak and lonely individuals. Only occasionally will you run into a true pedophile. Child molesters tend to be concentrated in three age categories: the teens, mid- to late 30s, and the mid-50s and older. Usually some special conditions contribute to child molestation, such as mental deficiency, unemployment, and loneliness. Just as there are some major demographic differences between acquaintance and stranger rapists, major differences exist between rapists and child molesters. The biggest differences are the average ages of the two groups and the rapists' greater propensity to use force. The treatment of child molesters is best accomplished within specialized sex abuse clinics.

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