THE SEX OFFENDER
THEORETICAL ADVANCES,
TREATING SPECIAL POPULATIONS
AND LEGAL DEVELOPMENTS

VOLUME III

Barbara K. Schwartz
THE SEX OFFENDER
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Preface

The preceding volumes of *The Sex Offender* have been well received by the sex offender treatment and supervisory community. It has been the intent of the authors and editors to provide practical information that can inform the work of those dealing with this challenging population. Models presented in these works have been used around the world to develop treatment programs and assist judges and probation and parole officers in making their difficult decisions. It is hoped that this volume will further enhance that base of knowledge. A number of chapters in this volume have been chosen because they present controversial opinions. These are meant to challenge the reader to look at new approaches or reaffirm their traditional way of operating after consideration of alternative ways. Therefore, although some of these chapters do not reflect the opinion of the editors, they are set forth here as food for thought.

Many individuals have contributed to production of this work. The editor thanks the many authors who have contributed chapters. Associate Publisher Deborah Launer and line editor Lori Jacobs have had to wade their way through this volume coping with all the details of putting separate articles into a unified, grammatically correct book. Publisher Art Rosenfeld’s interest in criminal justice has enhanced the amount of research and information available to the professional working with the offender population. The Association for the Treatment of Sexual Abusers through its annual conference has provided the primary motivation for much of this research. I would also like to thank colleagues Henry R. Cellini, Ph.D., Roger Smith, D.Cr., Rob Freeman-Longo, Nancy Steele, John Bergman, Anita Schlank, Ph.D., and Fran Henry, for their continued efforts to improve the management of this population. To Susan Wayne, M.S.W., Greg Canfield, M.S.W., and John Cusack, Ph.D. of Justice Resource Institute go my thanks for their moral support. To Robert, Randy, Debra, Bill, Tim, Nancy, Mike, and their teams along with David, Dennis, and Mary goes my appreciation for their hard work. To those in Corrections Departments throughout the country who have supported sex offender treatment, especially Tim App of Massachusetts, goes my admiration for their perseverance. To the staff and boys of Cliff House goes my appreciation for teaching me about adolescent sex offenders. Finally, thanks to my family and especially my husband, Ed, for support and patience, and to Thomas, my cotherapist.

*Barbara K. Schwartz*  
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Introduction

This is the third volume in a series devoted to bringing the latest research and techniques for working with sex offenders to treatment specialists, prison officials, probation and parole officers, judges, police, and those who work with victims. Since 1992 the authors and editors have studied and written about those they work with in an increasingly repressive environment. At this writing all but one of the states have passed public notification laws. In some states seven year old children could have their pictures posted on buses or on the Internet and be required to register for twenty years. In some states mandatory overrides automatically place the least dangerous offenders on the highest level of notification while overlooking the truly dangerous. Involuntary commitment, low parole rates, and a lack of transitional programs for this population make dealing with these clients increasingly frustrating and dangerous.

Yet within this highly punitive atmosphere, sex offender treatment continues to expand. The Association for the Treatment of Sexual Abusers (ATSA) continues to grow and now has members from around the world. The United States Department of Justice has officially made a commitment to enhance the supervision and treatment of sex offenders. Through funding to the Center for Effective Public Policy, the Center for Sex Offender Management (CSOM) has been established and funded to assist states in pursuing effective management of this population. CSOM has identified mentor sites that can serve as models and training sites. They routinely bring together teams of experts to work on enhancing these models.

STOP IT NOW is a model of an innovative approach to sex offenders. This program which is based in Massachusetts but has operated primarily in Vermont seeks to reach out to individuals who may have offended or thought of offending but have not yet been caught. This approach targets some of the 84% of all sex offenses that are never reported. According to their November, 1998 newsletter, the project began working with media to increase the amount of responsible information on sexual assault. They pursued this through the following approaches:

- Distributed monthly radio public service announcements
- Convinced Vermont major television stations to devote more in-depth coverage to this issue, resulting in thirty-three news programs with an average of five-minute length rather than the former forty-eight seconds.
- Published fifty-nine articles in Vermont newspapers
- Released five op-ed articles to major newspapers
- Increased the complexity of the stories done by Vermont reporters on STOP IT NOW

A helpline was established, targeting adults with sexual behavior problems, families and friends of these individuals and parents of sexually abusing youth. A process was developed by which an anonymous abuser could obtain a confidential assessment. This person would then be referred to an appropriate treatment provider. If an assault had already occurred but could be defined as not presenting a threat to the community, the abuser would be referred to the District Attorney to self-report his or her crime, and hopefully receive a deferred sentence or probation.
STOP IT NOW has conducted an evaluation of its program and has found that individuals who are concerned about their behavior will call the helpline. Ten adults and twenty-nine adolescents have voluntarily sought out treatment. STOP IT NOW has also significantly increased the awareness of sexual abuse in Vermont.

Politicians and public policy directors have long maintained that the public neither supports nor believes in the efficacy of treating sex offenders. However, STOP IT NOW’s research has shown that 62% of Vermonters agree that abusers can stop their behavior with appropriate treatment.

More types of sex offenders have emerged as professionals who work with the mentally ill and developmentally disabled recognize these individuals in their populations. Sex offender treatment originated in mental hospitals that housed the early Mentally Disordered Sex Offender Programs. Later a few prisons began to develop programs. In many cases staff members who had worked in these environments opened community-based programs. The first subgroup of sex offenders to be recognized were juveniles who were convicted of sex crimes. There are a growing number of programs, community-based and residential, that specialize in working with youth. Yet many states do not offer specialized sex offender treatment to their incarcerated juvenile sex offenders.

Next therapists began to realize that many of their patients had cognitive deficits that required special approaches. Oregon State Hospital established a highly innovative program for developmentally disabled sex offenders. There are now a number of programs for this population throughout the country.

The vast majority of sex offenders in treatment programs have been men. The public in the past has been reluctant to acknowledge that women can also be sexual abusers although this is a very real fact to all the victims who have experienced molestation by a female. Women are such a minority in correctional institutions that their treatment needs are often overlooked. While a few individual clinicians working in women’s prisons have staunchly persisted in treating these sex offenders, there have been few formally organized treatment programs. Yet more resources are now being developed for both adult and juvenile female sex offenders.

Psychiatric hospitals have always housed sexual abusers. One group of sexual abusers in these institutions are those individuals who have been charged with a sex offense but found incompetent to stand trial. Another group has been found not guilty by reason of insanity. Yet another group are mental patients who sexually accost staff and fellow patients but are never charged. With the continuing move to shut down large facilities, administrators are realizing that they have a population of sexually dangerous individuals who rarely have had any offense-specific treatment. Often these individuals could be released to the community if they could learn to control their sexual impulses. Thus programs are having to come to grips with the choice of treating these individuals or continuing to house them indefinitely.

Furthermore programs for emotionally disturbed children of all ages are realizing that they too must cope with sexually aggressive individuals. Children as young as three and four who have been sexually abused may respond by repeating that behavior on others. These sexually reactive youngsters need special treatment as well. Consequently the field of sex offender treatment is continuing to grow and diversify. Professionals in the field of mental health, mental retardation, child development and those dealing with disabled populations such as the deaf, blind, or orthopedically
handicapped are realizing that in their populations there may be individuals who need treatment for sexually inappropriate behavior. Special programs are being developed, and therapists are beginning to specialize in subpopulations.

As mentioned previously, although the field is rapidly expanding to respond to treatment and supervisory needs, public policies are making it increasingly difficult to respond to sex offenders so that public safety is enhanced. Megan’s Laws have indeed resulted in increased vigilantism. Sex offenders and their perfectly innocent neighbors have had their homes burned. Families and victims of sex offenders have been held up to public ridicule. Sex offenders have killed themselves and in certain cases reoffended in response to the loss of jobs, homes, and support. Probation and parole officers as well as therapists attempt to help these individuals deal with overwhelming stress. While specialized supervision units have developed significant expertise in overseeing sexual abusers, they are struggling against communities that by and large are actively rejecting these individuals. Some communities including towns in Washington State are attempting to deal proactively with sex offenders living in the community by helping them to find housing and jobs but these examples are few.

Given the trepidation that the general public feels in regard to sex offenders, parole boards may be reluctant to release these individuals on supervision. However, this is often the most dangerous policy that can be pursued. To allow a sex offender to finish his or her sentence means that these individuals will leave prison with no external controls. Pedophiles may move into homes with children. Rapists may immediately begin to drink or take drugs. Relapse Preventions Plans cannot be enforced. States need to either support the decisions of parole boards rather than frighten them into inaction or develop sentence structures that mandate periods of post-release supervision.

Many states have also eliminated sex offenders from pre-release or work release programs. Given public notification laws sex offenders have by far the most difficult time acquiring jobs and housing compared to other types of offenders. Programs which afforded sex offenders the opportunity to get that first job and save enough money to find appropriate housing significantly eased the stress of release. Dumping these individuals unemployed, homeless, and pennyless on the streets can do nothing but increase their desperation. Some of these individuals decide that the only place they can survive is back in prison, and they know exactly how to get back there.

Even agencies dedicated to helping ex-offenders often close their doors to this population. Certainly it is difficult enough to locate a halfway house for ex-offenders within any neighborhood. Additionally public notification laws may quickly let neighbors know if a sex offender is in residence. However, communities must recognize that these individuals are citizens who must live somewhere. Residing in homeless shelters that do not provide a place for the sex offender to find refuge during the day forces these individuals to wander the streets. Hopefully they are looking for work. However, they also may be hanging around playgrounds or stalking women. Citizens are not made safer by creating outcasts who continue to reside in their home towns. However, given the low reoffense rate of the majority of sex offenders (see Chapter 8, in Part 2), these individuals are not doomed to commitment new sex crimes. Given support or at least decreasing harrassment these persons can become contributing citizens.

In another poorly conceived public policy, as of this writing twelve states have
adopted involuntary commitment laws that also have questionable impact on public safety. Aside from the civil rights issues raised by these laws, the expense of these programs is overwhelming. The typical treatment program for these individuals costs over $100,000 per year exclusive of the costs associated with the trials to determine whether these individuals are and remain “sexual predators.” Furthermore these individuals are highly litigious. In several states including Washington, consent decrees have been ordered by the courts along with the appointment of Special Masters. Inmates in Washington have already been awarded cash settlements. Identifying “sexual predators” is no easy matter and treating this population is a real challenge given their degree of anger and resistance engendered by the commitment process.

Each year more and more sex offenders are receiving treatment, and more criminal justice systems are developing systems for responsibly supervising sex offenders. However, over the past eight years more and more irresponsible public policies have been enacted which are not based in any research or factual basis and may well diminish public safety. Community education such as the type organized by STOP IT NOW may well be one of the few ways that this tide can be redirected.