
THE SEX OFFENDER

CORRECTIONS, TREATMENT

AND LEGAL PRACTICE

Edited by
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and
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Dedicated to Fay Honey Knopp

“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the the only thing that ever has.”—Margaret Mead

Publisher’s Note: *The Sex Offender: Corrections, Treatment and Legal Practice* grew out of an earlier work prepared by the Editors for the U.S. Department of Justice in 1988. *A Practitioner’s Guide to the Treatment of the Incarcerated Male Sex Offender*. The new work contains substantial additional and updated material. Entirely new are chapters 1, 2, 4, 5, 6, 7, 12, 16, 17, 18, 20, 23, and 30. Substantially revised and updated are chapters 3, 8, 14, 22, 24, 25, 26, 27, 28, and 29. The remaining chapters, 9, 10, 11, 13, 15, 19 and 21 are reprinted from the earlier work.

Preface

According to the ancient Greek myth, when Hercules was dying, he gave his arrows to the skilled archer, Philoctetes, who joined the Greeks against Troy. However, Philoctetes was accidentally wounded by one of the arrows. The wound became infected and began to fester. It gave off such an offensive odor that Philoctetes' shipmates left him behind on the island of Lemnos when they went to do battle in Troy. An oracle had prophesied that only Hercules' arrows could slay Paris, the Prince of Troy, and only Philoctetes had those arrows. The warriors were forced to return to Lemnos to get him. Indeed, as had been forecast, Paris was killed by one of his arrows.

Perhaps this myth teaches modern society that it should not abandon even those it deems the most offensive. Surely the Greek warriors felt justified in abandoning their comrade rather than taking the time and effort to treat him. After all, his condition was repugnant. But abandoning Philoctetes meant losing the war. The warriors could only triumph if they embraced their comrade regardless of his condition.

This book, which is the next step in a process that began in the early 1980s when the National Institute of Corrections first decided to develop a course in treating sex offenders, points out ways we might be able to reclaim some of those that our society might choose to abandon simply because they are viewed as too horrible to live among us. Inevitably, a society that creates a class that "deserves" to be abandoned begins to scorn anyone who is affiliated with that class. The class begins to grow. Then, other groups begin affiliating their particular enemies with this group. The despised class grows even larger. This phenomenon can be seen clearly in anti-gay legislation that has sought to link gays and lesbians with sadists and child molesters. Such a linkage is ludicrous. Ultimately, the quality of our society may well be judged on its treatment of our outcasts.

Recently, the field of sex offender treatment has advanced at a phenomenal rate. This book updates the available material and presents a new treatment model. Initially, sex offender treatment programs relied heavily on the cognitive-behavioral approach. The new model emphasizes an integrative approach that treats sexual deviance from a holistic paradigm. The techniques are not merely added onto each other. Instead, they are integrated together to form a program that focuses on all facets of the problem, from the offender's inner functioning to the different aspects of the criminal justice system.

This volume is intended for therapists, prison and community corrections administrators, probation and parole officers, correctional officers, child protective workers, police, prosecutors, defense attorneys, prison chaplains, and sex offenders who are in treatment and their friends and families. These members of the system all must cooperate in order to address the tragic problem of sexual abuse in this country. We can only combat this problem through education and a coordinated effort.

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Introduction

During the past 30 years, the issue of sexual assault has been the focus of public attention. Movies, television specials, talk shows, and books have brought the problem out into the open. Citizens live with facts such as these: one in four girls will be assaulted before they are 18 years of age; one in six boys will be victimized; and patterned child molesters frequently have tragically high numbers of victims (perhaps several hundred).

Historically, society has responded by imposing restrictions on potential victims. The Israeli Parliament, for example, suggested addressing the increasing incidence of rape by enforcing a curfew on women. Golda Meier, then a member of Parliament, suggested that surely the curfew should be imposed on men rather than women. Other responses, advocated by groups such as Society's League Against Molesters or Washington's Tennis Shoe Brigade, include long prison sentences as retribution and as a deterrent.

Experts in this field suggest that most sexual offenders were molested during their childhood. Such offenders often exhibit a unique phenomenon known as the "Dracula Syndrome" in which the victim becomes the assailant. Thus, this syndrome causes the crime rate to grow exponentially. Given the large number of victims, the growth rate of this crime can be staggering if even a small percentage of the victims later become offenders. Indeed, the increase in the number of incarcerated sex offenders presents a major problem for corrections officials.

Response to Increase in Reported Crimes Includes Longer Incarceration and More Community Based Treatment Programs

On April 14, 1990, *The New York Times* reported that sex offenders represented 15% of the prison population. According to the July 1991 issue of *Corrections Compendium*, there was a 48% increase in sex offenders in U.S. prisons between 1988 to 1990. All other crimes increased by 20% increase over the same period. In Wyoming, sex offenders made up over one-third of the prison population. In 10 other states, they made up more than 20%. The increased rate is due to a variety of factors, including:

- More crimes are being reported because:
 - Public attention has increased.
 - Victims' rights groups have helped change the way members of the criminal justice system treat victims, and made it likelier that victims will report crimes.
 - Teachers and youth workers are more aware of the possibility of sexual abuse. In many states, they are mandated by law to report suspicious circumstances.

- Many courts are handing out stiffer sentences.
- Parole boards are becoming more reluctant to release sex offenders if they have the discretion to hold them longer.
- In many states, offenders who refuse treatment serve longer sentences. Treatment while incarcerated may be mandatory prior to parole.

A number of strategies have developed in response to the problem of sexual assault. Along with longer sentences for the most serious offenders, there has been a virtual explosion of techniques for maintaining less serious offenders in the community. Today, programs ranging from mandatory counseling to electronic monitoring to involuntary commitment are in operation. There also has been a trend to close large institutional sex offender programs operated under mental health agencies. Responsibility for such programs is being shifted to corrections. At the same time, sex offender treatment programs in Departments of Corrections must fight long and hard, first to be established and then to continue intact.

Neither the public nor the media seem to want to scientifically ascertain whether therapy is effective. Instead, they prefer to debate a very different issue: whether sex offenders even deserve treatment. Apparently, they have decided that certain populations deserve treatment and others do not. The main criteria appears to be whether the individual had control over his or her condition. The more an individual is viewed as being responsible for his or her problems, the less deserving of help that person seems to be. Thus, those who have no control over their condition—for example, victims of natural disasters, children, etc.—merit treatment; individuals whose behavior was illegal or immoral are less worthy of help.

AIDS patients offer a classic example of how this philosophy works. The government's slow response to this serious health crisis coupled with the limited availability of funding probably reflects the initial perception of victims of this illness: they caused it themselves through their "morally unacceptable" behavior. Probably on the advice of public relations specialists, agencies seeking to promote AIDS education or raise funds for treatment use "innocent" victims—children, hemophiliacs, and women infected without their knowledge by a partner—to champion their cause.

Earlier in this century, victims of paralyzing illness faced the same kind of prejudice. They were considered responsible for their conditions and unworthy of sympathy. In FDR's *Splendid Deception*, Gallagher describes how revolutionary the atmosphere at his treatment center at Warm Springs, Georgia was. Previously, in a real although subconsciously motivated sense, the handicapped were viewed as flawed in moral character as well as in body. The physical handicap was as it were, "an outward sign of some inner weakness." R. C. Elmslie, a medical authority at the turn of the century, referred to crippled children as "individual(s) detestable in character, a menace and burden to the community, who is only too apt to graduate into the mendicant and criminal classes."

Treatment of Sex Offenders Should Focus on Alleviating the Problem Rather Than Whether Offenders “Deserve” Treatment

The focus should not be on whether sex offenders deserve treatment. Instead, it should be on reducing the cost, the recidivism rate, and the toll of human suffering caused by the problem.

The treatment of sex deviance is no more a perfect science than the treatment of any other complex physical or mental disorder. Furthermore, as a discipline, it is much younger than many other areas of therapeutic concern. Still, there is hope from a wide variety of sources that treatment can be effective. In fact, the availability of treatment programs may reduce recidivism as well as encourage reporting of these crimes. This is particularly true for intra-familial offenses. Families seem to be more willing to report an offense, victims to testify, and defendants to confess if treatment is a possibility. Conviction rates have risen in states that have comprehensive sex offender treatment programs in both the community and in prisons. In these states, judges do not have to weigh possible dangerousness against pleas for treatment. Furthermore, community treatment for low-risk offenders can save millions of taxpayers' dollars and yield more positive result than incarceration without treatment.

Background of the “Nothing Works” Philosophy

During the late 1970s and early 1980s, “rehabilitation” programs in corrections departments across the country were dramatically curtailed when R. Martinson published the two articles that became the foundation for the “nothing works” philosophy. Another article that is often quoted in this regard is a report entitled *Psychiatry and Sex Psychopath Legislation: The 1930s to the 1980s*, prepared by the Group for the Advancement of Psychiatry. This report addressed the problems inherent in assuming that sex offenders are mentally ill and attempting treatment in mental hospitals that usually did not offer specialized programs. Nevertheless, many people interpret this article as concluding that sex offenders cannot be treated.

These articles caused state legislators to begin shifting from indeterminate sentencing with parole based on program participation to a “just deserts” model requiring felons to serve set sentences regardless of whether they participate in rehabilitative efforts. Unfortunately, the movement to dismantle vocational, educational, and treatment programs for offenders continued despite the fact that Martinson later recanted his own research. All-or-nothing thinking, such as that reflected in the “nothing works” philosophy is self-indulgent. It gives the impression that there are simple answers to complex problems.

Few correctional professionals, politicians, or other policy-makers are aware of the impact of the nothing works theory. Even today, Martinson's articles are used to deny funding to criminal rehabilitation programs; research that corroborates the effectiveness of treatment is ignored.

In 1989, the *Psychological Bulletin* published an article by Furby, Weinrott, and Blackshaw, who did a mega-analysis on 42 studies evaluating treatment offered as far back as the mid-50s (only 26% of the articles dated from 1980 or more recently) and comparing outcomes to studies of untreated sex offenders (98% of the studies of

untreated offenders were done in Europe). Although the authors acknowledged that there were numerous severe research errors, they nevertheless concluded that there was no evidence that treatment had been effective.

Critics have pointed out that this study may have reached a negative conclusion for two reasons: (1) the high recidivism rate for institutionally-based treatment programs may be due to the fact that these programs often attract the most at-risk offenders; and (2) the outcome rates may vary so dramatically because the study does not distinguish between different types of treatment. The identical problems were present in a study conducted in 1991 by the *Minneapolis Star-Tribune*.

Every treatment program—be it for substance abuse or appendicitis—has its failures. Still, citing the case of some notorious re-offender who had undergone treatment at some time in the past is a popular way of discrediting sex offender treatment. Evoking the terrifying image of the serial rapist or the lust murderer is enough to radically sway public opinion. How many votes did Michael Dukakis lose because Willie Horton was furloughed during his term? Robert P. Casey, the former governor of Pennsylvania, found himself in a similar situation because his appointees paroled Reginald McFadden, a suspected serial killer. These stories always carry a subtle implication that the treatment program is partially to blame for the re-offense. It would be interesting to see what would happen to cancer treatment if oncologists were held to the same standards as sex offender treaters and blamed for every patient that succumbed to their disease.

Treatment Should Be Part of All Sex Abuse Prevention Programs

Numerous studies attest to the efficacy of sex offender treatment. However, as with all studies on psychotherapy, the research may show some methodological problems. Consider these examples: sex offender programs rarely occur in settings conducive to tightly controlled research; sponsoring agencies may be reluctant to deny treatment to amenable volunteers in order to maintain a control group; some offenders are systematically denied treatment because it is assumed that their offense record would be higher than the treated group; and the level of motivation or disclosure may vary radically between the two groups depending on such factors as a state's sentence structure or "good time" policy.

Administrative concerns may override therapeutic ones. Nevertheless, the success which individuals have experienced in treating sex offenders and which the criminal justice system has witnessed has led to the development of over 1,500 specialized programs for this population. Victims and potential victims deserve to have energy and resources committed to this problem. Treatment as a primary form of prevention should be part of any comprehensive plan to decrease sexual abuse. The reluctance to acknowledge this on the part of many, particularly certain representatives of the media, may have more to do with primitive human desires for revenge than a desire to do something constructive about the problem of sexual assault.

Few issues arouse more public disgust and outrage than this one, which combines society's anxiety over and fascination with sex and violence. Society can no more afford to ignore the problem of sexual assault than it can afford to dump raw sewage into its waterways. In both cases, the problem may no longer be in the community, but it will come back in one form or another.

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