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

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**VOLUME III**

**Barbara K. Schwartz**



**Civic Research Institute**

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**VOLUME III**

**Edited by**  
**Barbara K. Schwartz, Ph.D.**



**Civic Research Institute**  
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# Table of Contents

Preface .....	v
About the Authors .....	vii
Introduction .....	xxi

## **PART 1: NEW THEORETICAL ADVANCES**

### **Chapter 1: Social Reconciliation Theory—Developing a New Foundation for Community-Based Responses to Sex Offenders**

Overview .....	1-1
Introduction .....	1-1
The Need for a New Paradigm .....	1-2
Master Narrative and Social Imagination .....	1-3
Application of the New Paradigm .....	1-5
Family Group Conferencing .....	1-6
The Role of Shame .....	1-10
Difficulties With the New Paradigm .....	1-12
Restoration to the Community .....	1-12
Reconciling With the Community of Concern .....	1-13
Conclusion .....	1-15

### **Chapter 2: A Closer Look at Sex Offender Character Pathology and Relapse Prevention—An Integrative Approach**

Overview .....	2-1
The Character Disorder in Sex Offenders .....	2-2
The Relational View Offers New Approach .....	2-2
The Extortion of Intimacy .....	2-3
The Interpersonal Dimension of Relapse Prevention .....	2-4
Recovery: The Restoration of Self-Esteem .....	2-5

### **Chapter 3: Mood, Conflict, and Deviant Sexual Fantasies**

Overview .....	3-1
Introduction .....	3-1
Role of General Fantasies .....	3-2
Prevalence of Sexual Fantasies .....	3-2
Deviant Fantasies Among “Normals” .....	3-3

Sexual Offenders' Fantasies . . . . .	3-3
Moods Related to Content of Fantasies . . . . .	3-3
Offenders Monitor Mood and Fantasies . . . . .	3-4
Offenders Report Relation Between Fantasies and Mood . . . . .	3-5
Fantasy and Emotional States . . . . .	3-6
Fantasies and Offense Characteristics . . . . .	3-6
Deviant Fantasies Play a Variety of Roles . . . . .	3-8
Fantasy Content Correlates With Offense Characteristics . . . . .	3-8
Fantasies Most Associated With Loneliness and Depression . . . . .	3-8
Conclusion . . . . .	3-8

#### **Chapter 4: The Relationship Among Empathy, Cognitive Distortions, and Self-Esteem in Sex Offenders**

Overview . . . . .	4-1
Introduction . . . . .	4-2
Cognitive Distortions May Protect Self-Esteem . . . . .	4-2
Empathy Is Context Determined . . . . .	4-2
A Multistage Model of Empathy . . . . .	4-3
Measure of Empathy . . . . .	4-3
Sex Offender's Deficits Appear to Be Victim Specific . . . . .	4-4
Rapists Unable to Identify Distress in Women . . . . .	4-4
Child Molesters Underestimate Child's Distress . . . . .	4-5
Empathy Deficits Product of Cognitive Distortion . . . . .	4-5
Lack of Empathy Relieves Personal Distress . . . . .	4-6
Space Relations Between Victim-Specific Empathy, Cognitive Distortions, and Self Esteem . . . . .	4-8
Offenders With High Self-Esteem Rely Less on Cognitive Distortions . . . . .	4-9
Conclusion . . . . .	4-9

#### **Chapter 5: A Theoretical Model of the Influences of Shame and Guilt on Sexual Offending**

Overview . . . . .	5-1
Introduction . . . . .	5-1
A Theoretical Conceptualization of Negative Affect . . . . .	5-2
Similarities Between Shame and Guilt . . . . .	5-2
Shame Reflects Global Assessment . . . . .	5-3
Shame Fuels Anger . . . . .	5-3
Guilt Focuses on Specific Transgressions . . . . .	5-4
Theories of Shame and Guilt Applied to Sex Offenders . . . . .	5-5

Using Cognitive Distortions to Deal With Negative Affect . . . . . 5-6  
 Cognitive Deconstruction Helps Maintain Offense Behavior . . . . . 5-6  
 Shame and Sexual Offending . . . . . 5-6  
 Guilt and Sexual Offending . . . . . 5-8  
 Treatment Implications . . . . . 5-8  
 Research Implications . . . . . 5-10  
 Conclusion . . . . . 5-11

**Chapter 6: A Self-Regulation Model of the Relapse Process in Sexual Offenders**

Overview . . . . . 6-1  
 Introduction . . . . . 6-1  
 A Self-Regulation Model of the Relapse Process . . . . . 6-2  
     Phase One: Life Event . . . . . 6-3  
     Phase Two: Desire for Deviant Sex or Activity . . . . . 6-3  
     Phase Three: Offense-Related Goals Established . . . . . 6-3  
     Phase Four: Strategy Selected . . . . . 6-4  
     Phase Five: High-Risk Situation Entered . . . . . 6-5  
     Phase Six: Lapse . . . . . 6-6  
     Phase Seven: Sexual Offense . . . . . 6-6  
     Phase Eight: Post-Offense Evaluation . . . . . 6-6  
     Phase Nine: Attitude Toward Future Offending . . . . . 6-7  
 Conclusion . . . . . 6-7

**PART 2: ADMINISTRATION**

**Chapter 7: Proactivity in the Public Domain—Legislative Advocacy and Dealing With the Media**

Overview . . . . . 7-1  
 Introduction . . . . . 7-1  
 Support for Sex Offender Treatment Programs Often Controversial . . . . . 7-2  
 Legislative Advocacy . . . . . 7-2  
 Building Broad-Based Community Support . . . . . 7-3  
     Keeping Stakeholders Informed . . . . . 7-3  
     Keeping Informed of Latest Trends . . . . . 7-4  
     Providing Political Support . . . . . 7-4  
 Creating Coalitions . . . . . 7-4  
 Being Prepared for the Media . . . . . 7-5  
     Intense Media Coverage . . . . . 7-6  
     Appropriate Documentation . . . . . 7-6

The Process Element .....	7-7
The Media as Client .....	7-8
Conclusion .....	7-9

## **Chapter 8: Sex Offender Recidivism and Risk Factors in the Involuntary Commitment Process**

Overview .....	8-1
Introduction .....	8-2
Problems With Prediction .....	8-2
Base Rates .....	8-2
Legal Standard for Predicting Recidivism .....	8-3
Studies of Factors Related to Recidivism .....	8-4
Contradictory Findings .....	8-4
Factors Related to Subtypes of Sex Offenders .....	8-6
Child Molesters .....	8-6
Rapists .....	8-6
Additional Research Studies .....	8-9
Formal Systems of Risk Assessment .....	8-9
Public Notification Risk Assessment Systems Adopted by States .....	8-13
Dynamic Variables .....	8-13
Specifying Risk Assessment .....	8-16
Conclusion .....	8-17

## **Chapter 9: Dynamic Predictors of Sex Offense Recidivism—New Data From Community Supervision Officers**

Overview .....	9-1
Introduction .....	9-2
Scope of the Problem .....	9-2
Importance of Dynamic Risk Predictors .....	9-2
Studying Dynamic Factors .....	9-3
Collecting Data From Community Supervisors .....	9-4
Coding of the Static Variables .....	9-4
Coding of the Officer Interview Information .....	9-4
Coding of Dynamic Predictors of Sexual Reoffense .....	9-4
Results of Static Variables .....	9-6
Results of Interview Evaluation of Stable Variables .....	9-8
Results of Interview on Dynamic Variables .....	9-8
The “EVER” Results .....	9-8
The “T1”–“T2” Results .....	9-10
Results Suggest What Community Supervisors Should Watch For .....	9-10

Limitations to Study .....	9-10
Conclusion .....	9-10

### **Chapter 10: Total Quality Management Implications for Sex Offender Program Planning, Implementation, and Evaluation**

Overview .....	10-1
Introduction .....	10-2
The Concept of Total Quality Management .....	10-2
Organizational Preparation for TQM .....	10-3
Challenges in Implementing TQM .....	10-4
Defining the “Customers” of Sex Offender Treatment and Policy .....	10-6
Statistical Monitoring in TQM .....	10-6
Employee Empowerment in TQM .....	10-10
Continuous Quality Improvement of Sex Offender Treatment and Policy .....	10-12
Conclusion .....	10-12

### **Chapter 11: Forcible Confinements and Sexual Assault of Staff in a Correctional Environment**

Overview .....	11-1
Introduction .....	11-1
Rates of Forcible Confinement in Canada .....	11-2
Characteristics of Forcible Confinements .....	11-2
Training Necessary to Ensure Staff Safety .....	11-3
Preparation .....	11-3
Outside the Workplace .....	11-3
In the Workplace: Know Your Environment .....	11-3
Once a Staff Member Is Confined .....	11-4
Strategies for Dealing With Sexually Motivated Confiner .....	11-5
Strategies for Dealing With Nonsexually Motivated Confiner .....	11-6
Organizational Responses .....	11-6
The Aftermath of Confinement .....	11-7
Conclusion .....	11-7

### **Chapter 12: The Grand Alliance—Probation Officer and Therapist**

Overview .....	12-1
Introduction .....	12-1
Therapy vs. Probation .....	12-2
Probation Officer as Referral Agent .....	12-2



Pretreatment Planning .....	12-4
The Role of the Probation Officer in the First Stage of Treatment .....	12-4
The Role of the Probation Officer in the Second Stage of Treatment .....	12-6
The Role of the Probation Officer in the Final Stage of Treatment .....	12-7
Conclusion .....	12-7

### **Chapter 13: The Sex Offender, the Polygraph, and Community Corrections**

Overview .....	13-1
Introduction .....	13-1
History of Polygraph Testing .....	13-2
History of Sex Offender Polygraph Testing .....	13-2
Why Polygraph Sex Offenders? .....	13-3
Sex Offender Testing in Newport News, Virginia .....	13-3
Achieving Effective Results .....	13-4
Importance of Polygraph Examinations .....	13-7
Types of Examinations .....	13-8
Full-Disclosure Polygraph Examinations .....	13-8
Maintenance Polygraph Examinations .....	13-8
Specific Issue Examinations .....	13-8
Use of Polygraph Disclosures .....	13-8
Determining Questions Directed to the Offender .....	13-9
Information Provided to the Polygraphist .....	13-9
Finding a Qualified Polygraph Examiner .....	13-10
Conclusion .....	13-10

### **Chapter 14: Two Measures for Tracking Participation in Treatment and Behavior Change in a Residential Sex Offender Program**

Overview .....	14-1
Introduction .....	14-2
Developing a Program for Involuntarily Committed .....	14-2
The Measures of Treatment Progress .....	14-2
Daily Participation Rating Scales .....	14-2
Sex Offender Rating Scales .....	14-4
Relationship Between These Measures and Progress in Treatment .....	14-7
Conclusion .....	14-8

### **Chapter 15: Posttreatment Recivism Rates in Sexual Aggressors—A Comparison Between Dropout and Nondropout Subjects**

Overview .....	15-1
Introduction .....	15-2

Studying Dropout Rates .....	15-2
Selection of Subjects .....	15-3
Instruments Used in Assessment .....	15-3
Phallometric Assessment .....	15-3
Psychometric Assessment .....	15-4
Criminal History .....	15-5
Demographic Data .....	15-5
Measuring Outcome .....	15-5
Treated Child Molesters Show Lower Recidivism .....	15-5
Rapists in Extended Program Do Best .....	15-8
Different Patterns of Recidivism Noted .....	15-10
Conclusion .....	15-11

### **PART 3: ADOLESCENT SEX OFFENDERS**

#### **Chapter 16: Comorbidity of Attention-Deficit/Hyperactivity Disorder in Sexually Aggressive Children and Adolescents**

Overview .....	16-1
Introduction .....	16-1
ADHD: A Neurodevelopmental Disorder .....	16-2
Theoretical Considerations .....	16-3
Implications for Evaluation and Treatment .....	16-4
Conclusion .....	16-5

#### **Chapter 17: Inclusion of the Family in the Treatment of Juvenile Sexual Abuse Perpetrators**

Overview .....	17-2
Introduction .....	17-2
Characteristics of Juvenile Sexual Abuse Perpetrators .....	17-2
Gender .....	17-2
Sexual Arousal and Gratification .....	17-3
History of Sexual and Physical Abuse Victimization .....	17-3
Maladaptive Thinking Patterns and Use of Defense Mechanisms .....	17-3
Lack of Victim Empathy .....	17-3
Psychiatric Impairment .....	17-4
Exposure to Sexually Explicit Material .....	17-4
Low Self-Esteem and Inappropriate Social Skills .....	17-4
Sensation Seeking .....	17-4
Characteristics of Families of Juvenile Sexual Abuse Perpetrators .....	17-4
Exposure to Aggressive Models and Sexual Interactions .....	17-4

Parental Neglect . . . . .	17-5
Lack of Positive Role Models . . . . .	17-5
Treatment Model for JSAPs and Their Families . . . . .	17-5
Rationale . . . . .	17-5
Structure and Operation . . . . .	17-5
Phase A: The JSAP Treatment . . . . .	17-6
Phase B: The JSAP's Family Treatment . . . . .	17-6
Treatment Efficacy Evaluation . . . . .	17-8
Conclusion . . . . .	17-9

### **Chapter 18: Treatment Success of a Community-Based Program for Young Adolescent Sex Offenders**

Overview . . . . .	18-1
Introduction . . . . .	18-1
Treatment Effectiveness Studies . . . . .	18-2
Adolescent Treatment Efficacy Studies . . . . .	18-2
Other Studies Related to Juvenile Sex Offenses . . . . .	18-4
Initial Treatment Effectiveness Study . . . . .	18-4
Thunder Bay Adolescent Sex Offender Program . . . . .	18-4
Participants . . . . .	18-4
Offending Characteristics . . . . .	18-5
Sexual and Nonsexual Recidivism . . . . .	18-5
Important Differences Between Sexual Recidivists and Nonsexual Recidivists . . . . .	18-6
Conclusion . . . . .	18-8

### **Chapter 19: Using Therapeutic Community Learning Experiences With Youth Sex Offenders**

Overview . . . . .	19-1
Introduction . . . . .	19-2
Application to Multiple Abusers Referred for Youth Sex Offender Treatment . . . . .	19-2
Youth Sex Offenders Have Much in Common With Youth Substance Abusers . . . . .	19-2
Both Populations Include Many Antisocial Personalities and Have a High Percentage of Character Disorders . . . . .	19-3
Many Youth Sex Offenders Are Multiple Abusers . . . . .	19-3
Types of TC Learning Experiences . . . . .	19-4
Clinical Trial of TC Learning Experiences With Multiple Abusers . . . . .	19-5
Results Confirm Effectiveness of TC Learning Experiences . . . . .	19-7

Behavior Management . . . . . 19-7  
 Treatment Participation . . . . . 19-8  
 Consumer Satisfaction and Emotional Well-Being . . . . . 19-8  
 Discussion of the Effect of Learning Experiences . . . . . 19-9  
 Application to Preteen Abusers Referred for Sex Offender Treatment . . . . . 19-12  
 Building a Functional Family Model . . . . . 19-14  
 Modifying Learning Experiences for Preteens . . . . . 19-15  
 Conclusion . . . . . 19-17

**PART 4: DEVELOPMENTALLY DISABLED OFFENDERS**

**Chapter 20: Creative Therapy With Intellectually Disabled Male Adolescent Sex Offenders**

Overview . . . . . 20-1  
 Introduction . . . . . 20-2  
 Examining the Defense System . . . . . 20-2  
 Managing Change . . . . . 20-2  
 Enhancing Coping Skills . . . . . 20-3  
 Being Aware of Cognitive Deficits . . . . . 20-3  
 A “Different” Sense of Humor . . . . . 20-4  
 Harnessing Creativity . . . . . 20-4  
 Helping the Client Become Open to New Experiences . . . . . 20-5  
 Developing New Social Skills . . . . . 20-5  
 Understanding Prosocial Behavior . . . . . 20-5  
 Implications for Treatment . . . . . 20-6  
 Conclusion . . . . . 20-6

**Chapter 21: “They Just Don’t Get It”—Essentials of Cognitive-Behavioral Treatment for Intellectually Disabled Sexual Abusers**

Overview . . . . . 21-1  
 Introduction . . . . . 21-2  
 Who Is the Intellectually Disabled Sex Offender? . . . . . 21-2  
 Effective Cognitive-Behavioral Treatment With Intellectually Disabled Sexual Abusers . . . . . 21-2  
 Special Considerations in Treatment Design . . . . . 21-3  
 The Importance of Appropriate Intervention . . . . . 21-4  
 Inability to Regulate Impulses and Affect Interferes With Adequate Conduct . . . . . 21-4  
 Feelings, Thoughts, and Behavior Awareness Skills . . . . . 21-5

Feelings Awareness Skills .....	21-5
Thoughts Awareness Skills .....	21-6
Behavior Awareness Skills .....	21-7
Conclusion .....	21-8

## **Chapter 22: Working With the Intellectually Disabled/Socially Inadequate Sex Offender in a Prison Setting**

Overview .....	22-1
Introduction .....	22-2
Intelligence: Asset or Liability .....	22-3
Constructing a Safe Treatment Environment .....	22-4
What Works: Treatment Techniques .....	22-5
Visual Crime Scene .....	22-5
Personal Drawings of Sexually Deviant Behaviors .....	22-6
Identity .....	22-7
The “Nerf” Ball .....	22-8
Intonation .....	22-8
Movement .....	22-8
Touch .....	22-9
Upward Arm Raise .....	22-10
Other Helpful Techniques .....	22-10
Support: Helping Them Achieve Their Potential .....	22-10
Conclusion .....	22-11

## **Chapter 23: Therapeutic Community Learning Experiences: Application to Mentally Retarded/Developmentally Disabled Sexual Abusers**

Overview .....	23-1
Introduction .....	23-2
Need to Modify TC Learning Experiences for the MR/DD Population .....	23-2
Adapting Specific Learning Experiences .....	23-2
House Meeting .....	23-2
Job Function .....	23-3
Pull-up .....	23-3
Encounter Group .....	23-3
“Spoken To” .....	23-4
Haircut .....	23-4
Bench .....	23-5
Sign .....	23-6
Contracts .....	23-6
Conclusion .....	23-8

## **PART 5: TREATING THE ADULT SEX OFFENDER**

### **Chapter 24: Measuring Treatment Efficacy Through Long-Term Follow-up**

Overview .....	24-1
Research on Efficacy of Treatment .....	24-2
Purpose of Study .....	24-2
Treatment Goals .....	24-3
Interview Procedure .....	24-4
Study Compliance .....	24-5
Initial Results .....	24-5
Subjects .....	24-5
Victims .....	24-6
Treatment Variables .....	24-6
Definition of Reoffense .....	24-6
Self-Reports by Offenders .....	24-7
Treatment Results Related to a Decrease in Stressful Situations .....	24-10
Social and Work-Related Skills .....	24-10
Family Relationships .....	24-10
Expected Level of Reoffense .....	24-10
Dynamics of Therapy .....	24-11
Significance of Noncooperation .....	24-11
Limitations of the Current Study .....	24-11
Conclusion .....	24-12

### **Chapter 25: The Application of Therapeutic Community Learning Experiences to Adult Abusers**

Overview .....	25-2
Introduction .....	25-2
History and Original Target Population .....	25-2
Initially Developed at Synanon .....	25-2
TC Focus on Changing the Whole Person .....	25-3
Effectiveness of TCs .....	25-3
General Description of Therapeutic Community Environment .....	25-4
Basic Traditional Therapeutic Community Learning Experiences .....	25-5
House Meeting .....	25-5
Job Function .....	25-6
Pull-up .....	25-7
Encounter Group .....	25-7

Spoken To .....	25-9
Haircut .....	25-9
Bench .....	25-10
Sign .....	25-10
Contract .....	25-11
Contract Used Rather Than Termination .....	25-11
Image Adjustment Modifies Self-Concept .....	25-12
Problem Reminders Focus Attention on Issue .....	25-12
“Spare Parts” Symbolize Problem .....	25-13
Theoretical Underpinning of Selected TC Learning Experiences .....	25-15
Treatment Provider Issues, Experience, Therapeutic Characteristics .....	25-18
The Role of ADHD .....	25-19
Use of Action-Oriented Techniques .....	25-19
Traditional Treatment .....	25-19
Vocational Rehabilitation .....	25-21
Conclusion .....	25-22

## **Chapter 26: The Measurement of Sexual Preference—A Preliminary Comparison of Phallometry and the Abel Assessment**

Overview .....	26-2
Introduction .....	26-2
Use of Phallometry .....	26-2
Abel Assessment for Sexual Assessment .....	26-3
Methods Contrasted .....	26-4
A Note About Stimulus Materials .....	26-5
Measuring Sexual Preferences .....	26-5
Subjects .....	26-5
Plethysmograph Apparatus and Procedure .....	26-6
Plethysmograph Stimulus Material .....	26-8
Abel Assessment Apparatus and Procedure .....	26-10
Abel Assessment Stimulus Materials .....	26-10
Results Suggest That Both Methods Are Comparable in Measuring	
Deviant Arousal .....	26-11
Analyzing Age and Sex Preferences .....	26-11
Measuring Agreement Between Procedures and Stimulus	
Sets .....	26-13
Comparing Slides and Videos .....	26-13
Measuring Low Responders .....	26-15
Accuracy in Classifying by Offense Category .....	26-16
Different Methods Measure Different Preferences .....	26-17
Conclusion .....	26-18

## **Chapter 27: Sex Education and Sexually Explicit Media in Residential Treatment Programs for Sex Offenders**

Overview .....	27-1
Introduction .....	27-2
Enhancing Sex Education With Sexual Aggressors .....	27-2
Sexual Misconceptions .....	27-3
Building a Curriculum .....	27-3
Using Sexually Explicit Material in Sex Education .....	27-4
Survey Method and Response Rate .....	27-5
Survey Results .....	27-5
Program Restrictions on Media .....	27-6
Sexually Explicit Material Defined as Contraband .....	27-8
Conclusion .....	27-8

## **Chapter 28: Diagnosis and Treatment of Exhibitionism and Other Sexual Compulsive Disorders**

Overview .....	28-1
Introduction .....	28-2
Early Attempts at Understanding Paraphilias .....	28-2
The Addiction Model .....	28-3
Obsessive-Compulsive and Related Anxiety Disorders .....	28-4
Sexual Compulsive Disorder as a Variant of OCD .....	28-4
Behavioral Research .....	28-5
How a Paraphilia Develops .....	28-6
Diagnosing Sexual Compulsive Disorders .....	28-7
The Clinical Interview .....	28-7
Use of Psychological Testing .....	28-8
Treatment .....	28-9
Behavior Therapy .....	28-9
Ongoing Offender Group Treatment .....	28-11
Case Study 1: Peter .....	28-11
Case Study 2: Jim .....	28-12
Conclusion .....	28-14

## **Chapter 29: Beyond the Cloister—Shamed Sexuality in the Formation of Sex-Offending Clergy**

Overview .....	29-1
Introduction .....	29-2
The Dynamics of Shame .....	29-2
Unrealistic Moral Expectations Contribute to Shame .....	29-2
Celibacy vs. Chastity .....	29-3



Separation Between Body and Soul . . . . .	29-3
Church Stresses Personal Sin, Not Criminal Behavior . . . . .	29-4
Mortification of the Flesh Prescribed . . . . .	29-4
Close Friendships Discouraged . . . . .	29-5
Ways of Coping With Sexual Frustration . . . . .	29-5
Sublimation: The Defense Mechanism of Choice . . . . .	29-6
Ephhebophilia: Paraphilia or Sexual Disorder . . . . .	29-6
Case Study 1 . . . . .	29-7
Case Study 2 . . . . .	29-7
Conclusion . . . . .	29-8

## **PART 6: DIFFERENT VIEWS ON DENIAL**

### **Chapter 30: Issues in the Assessment of Sexual Offenders' Cognitive Distortions**

Overview . . . . .	30-1
Introduction . . . . .	30-1
Importance of Cognitive Restructuring in Treatment . . . . .	30-2
Assessment Measures . . . . .	30-2
Abel and Becker Cognitions Scale . . . . .	30-3
Burt Rape Myth Scale . . . . .	30-3
Multiphasic Sex Inventory . . . . .	30-3
The "Justifications Scale" . . . . .	30-3
Bumby MOLEST and RAPE Scales . . . . .	30-4
Recent Research . . . . .	30-4
Initial Testing . . . . .	30-4
Other Tests . . . . .	30-5
Other Assessment Issues . . . . .	30-6
Conclusion . . . . .	30-6

### **Chapter 31: Cognitive Distortions in Sexual Offenders With Intellectual Deficits**

Overview . . . . .	31-1
Introduction . . . . .	31-1
Intellectually Deficient Offenders Present Special Challenge . . . . .	31-2
Definition of Intellectual Deficits . . . . .	31-2
Definitions of Pedophilia . . . . .	31-3
Prevalence of Offenders With Intellectual Deficits . . . . .	31-3
Treatment for Offenders With Intellectual Deficits . . . . .	31-4
Cognitive Distortions in Sexual Offenders . . . . .	31-5
Rationale for the Study . . . . .	31-6

Exploring Types of Cognitive Distortions	31-6
Methods	31-6
Measures	31-7
Results and Discussion Show Similarities in Cognitive Distortions	31-9
Potential Limitations	31-9
Conclusion	31-10

### **Chapter 32: The Politics of Denial—A Postmodern Critique**

Overview	32-1
Introduction	32-1
Presumptive Realities Are Therapeutic Constructions	32-2
Challenges to Presumptive Realities	32-2
The Clinician's Knowledge Is Limited	32-3
Reports Usually Omit JASO's Perspective	32-4
Challenging Relapse Prevention	32-5
The Relation of the Therapist to the Criminal Justice System	32-5
Reasons for Challenging the Presumptive Reality	32-6
Why JASOs May Have Difficulty Acknowledging Presumptive Realities	32-7
Conclusion	32-9

### **Chapter 33: Why Courts Are Reluctant to Believe and Respond to Allegations of Incest**

Overview	33-1
Introduction	33-2
Courts' Awareness of Incest and Response	33-2
Custody Courts Skeptical of Allegations	33-2
Why Many Courts Are Reluctant to Believe Allegations of Incest	33-3
Clear Evidence of Incest Seldom Exists	33-3
Few Professionals Trained to Find Incest	33-4
Incest Perpetrators Deny and Manipulate	33-5
Many Myths Blind Professionals to Incest	33-6
Some Professionals Choose to Ignore Incest or Are Intimidated	
Into Not Reporting It	33-7
Some Professionals May Protect Themselves From Vicarious	
Traumatization	33-8
Some Medical Documentation Practices Confuse Lawyers	33-8
Further Barriers to Courts Learning About Incest	33-8
Effects of Incest Are Usually Devastating to the Child	33-9
How Courts Can Protect Incest Victims	33-10
Treatment Must Also Deal With Related Issues	33-10
Conditions for Reunification	33-10

Courts Need Not Find That Incest Occurred to Protect the Children . . . . .	33-12
Conclusion . . . . .	33-12

## PART 7: LEGAL ISSUES

### **Chapter 34: Civil Commitment of Sexually Violent Predators**

Overview . . . . .	34-1
Introduction . . . . .	34-1
Challenges to Involuntary Commitment . . . . .	34-2
<i>Kansas v. Hendricks</i> . . . . .	34-2
Hendricks' Claims . . . . .	34-3
Substantive Due Process . . . . .	34-3
Ex Post Facto and Double Jeopardy . . . . .	34-3
<i>In re Linehan</i> . . . . .	34-5
<i>Linehan IV</i> . . . . .	34-6
Substantive Due Process . . . . .	34-6
Ex Post Facto and Double Jeopardy . . . . .	34-7
Equal Protection . . . . .	34-7
Sufficiency of the Evidence . . . . .	34-8
Impact of the <i>Linehan</i> and <i>Hendricks</i> Decisions . . . . .	34-8
Procedural Due Process . . . . .	34-8
Conclusion . . . . .	34-9

### **Chapter 35: Update on Megan's Law**

Overview . . . . .	35-1
Introduction . . . . .	35-1
Punishment-Related Cases Challenge Intent of Laws . . . . .	35-2
Cases Defining Punishment . . . . .	35-2
Punishment as Defined in Megan's Laws . . . . .	35-3
<i>Ward</i> and Its Importance . . . . .	35-3
What Did <i>Hudson</i> Say and What Did It Change? . . . . .	35-4
What Does It All Mean? . . . . .	35-6
Conclusion . . . . .	35-7

### **Chapter 36: Non-*Hendricks*-Related Constitutional Challenges to Sexually Violent Predator Statutes**

Introduction . . . . .	36-1
Overview . . . . .	36-1
Ex Post Facto Challenges to Sexually Violent Predators Registration and Community Notification Statutes . . . . .	36-2
Due Process Challenges to Sexually Violent Predator Registration	

and Community Notification Statutes ..... 36-3  
     Due Process Analysis ..... 36-4  
     Risk Assessment—Instrument ..... 36-5  
     Risk Assessment Instrument—Applied ..... 36-5  
     Notice to Offender ..... 36-6  
     Failure to Register—Due Process ..... 36-6  
 Conclusion ..... 36-6

**Chapter 37: Forging New Alliances—Proposals for Change in Managing Sex Offenders Within the Criminal Justice System**

Overview ..... 37-2  
 Introduction ..... 37-2  
 Informed Professionals Are Underutilized ..... 37-2  
 Alternative Proposals ..... 37-3  
     Proposal 1: Appropriate Management of Sex Offenders Is Contingent Upon Proper Assessments of Offenders Before They Are Sentenced ..... 37-3  
     Proposal 2: The Legal System and Professionals Must Devise Strategies to Overcome Legal Impediments to the Gathering of Information and to Deal With Uncooperative Offenders ..... 37-4  
     Proposal 3: The Criminal Courts Must Be Willing to Deal Firmly With Offenders Who Do Not Cooperate With Predisposition Evaluations and Who Maintain Denial ..... 37-6  
     Proposal 4: Prosecutors Need to Maintain Integrity in Charging Decisions, Plea Negotiations, and Sentencing Recommendations ..... 37-8  
     Proposal 5: Criminal Justice System Needs to Pay Greater Attention to the Scientific Research and Data on Offenders and Seek Expertise of Those With Knowledge of Such Data Throughout Stages of the Criminal Process ..... 37-9  
     Proposal 6: Resources, Options, and Expertise Must Be Increased Across the Board ..... 37-10  
     Proposal 7: Professionals Must Maintain Integrity in Their Management of Offenders ..... 37-12  
 Conclusion ..... 37-13

**Appendices**

Appendix A, Bibliography ..... A-1  
 Appendix B, Table of Figures and Tables ..... A-47  
 Appendix C, Table of Cases ..... A-51

**Index** ..... I-1

# 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*  
*January 1999*

# 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 penniless 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 commit 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.