

Myths and Facts About Sex Offenders

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There are many misconceptions about sexual offenses, sexual offense victims, and sex offenders in our society. Much has been learned about these behaviors and populations in the past decade and this information is being used to develop more effective criminal justice interventions throughout the country. This document serves to inform citizens, policy makers, and practitioners about sex offenders and their victims, addressing the facts that underlie common assumptions both true and false in this rapidly evolving field.

Myth:

"Most sexual assaults are committed by strangers."

Fact:

Most sexual assaults are committed by someone known to the victim or the victim's family, regardless of whether the victim is a child or an adult.

Adult Victims:

Statistics indicate that the majority of women who have been raped know their assailant. A 1998 National Violence Against Women Survey revealed that among those women who reported being raped, 76% were victimized by a current or former husband, live-in partner, or date (Tjaden and Thoennes, 1998). Also, a Bureau of Justice Statistics study found that nearly 9 out of 10 rape or sexual assault victimizations involved a single offender with whom the victim had a prior relationship as a family member, intimate, or acquaintance (Greenfeld, 1997).

Child Victims:

Approximately 60% of boys and 80% of girls who are sexually victimized are abused by someone known to the child or the child's family (Lieb, Quinsey, and Berliner, 1998). Relatives, friends, baby-sitters, persons in positions of authority over the child, or persons who supervise children are more likely than strangers to commit a sexual assault.

Myth:

"The majority of sexual offenders are caught, convicted, and in prison."

Fact:

Only a fraction of those who commit sexual assault are apprehended and convicted for their crimes. Most convicted sex offenders eventually are released to the community under probation or parole supervision.

Many women who are sexually assaulted by intimates, friends, or acquaintances do not report these crimes to police. Instead, victims are most likely to report being sexually assaulted when the assailant is a stranger, the victim is physically injured during the assault, or a weapon is involved in the commission of the crime.

A 1992 study estimated that only 12% of rapes were reported (Kilpatrick, Edmunds, and Seymour, 1992). The National Crime Victimization Surveys conducted in 1994, 1995, and 1998 indicate that only 32% of sexual assaults against persons 12 or older were reported to law enforcement. (No current studies indicate the rate of reporting for child sexual assault, although it generally is assumed that these assaults are equally under-reported.) The low rate of reporting leads to the conclusion that the approximate 265,000 convicted sex offenders under the authority of corrections agencies in the United States (Greenfeld, 1997) represent less than 10% of all sex offenders living in communities nationwide.

While sex offenders constitute a large and increasing population of prison inmates, most are eventually released to the community. Some 60% of those 265,000 convicted sex offenders noted above were supervised in the community, whether directly following sentencing or after a term of incarceration in jail or prison. Short of incarceration, supervision allows the criminal justice system the best means to maintain control over offenders, monitor their residence, and require them to work and participate in treatment. As a result, there is a growing interest

in providing community supervision for this population as an effective means of reducing the threat of future victimization.

Myth:

"Most sex offenders reoffend."

Fact:

Reconviction data suggest that this is not the case. Further, reoffense rates vary among different types of sex offenders and are related to specific characteristics of the offender and the offense.

Persons who commit sex offenses are not a homogeneous group, but instead fall into several different categories. As a result, research has identified significant differences in reoffense patterns from one category to another. Looking at reconviction rates alone, one large-scale analysis (Hanson and Bussiere, 1998) reported the following differences:

child molesters had a 13% reconviction rate for sexual offenses and a 37% reconviction rate for new, non-sex offenses over a five year period; and rapists had a 19% reconviction rate for sexual offenses and a 46% reconviction rate for new, non-sexual offenses over a five year period.

Another study found reconviction rates for child molesters to be 20% and for rapists to be approximately 23% (Quinsey, Rice, and Harris, 1995).

Individual characteristics of the crimes further distinguish recidivism rates. For instance, victim gender and relation to the offender have been found to impact recidivism rates. In a 1995 study, researchers found that offenders who had extrafamilial female victims had a recidivism rate of 18% and those who had extrafamilial male victims recidivated at a rate of 35%. This same study found a recidivism rate for incest offenders to be approximately 9% (Quinsey, Rice, and Harris, 1995).

It is noteworthy that recidivism rates for sex offenders are lower than for the general criminal population. For example, one study of 108,580 non-sex criminals released from prisons in 11 states in 1983 found that nearly 63% were rearrested for a non-sexual felony or serious misdemeanor within three years of their release from incarceration; 47% were reconvicted; and 41% were ultimately returned to prison or jail (Bureau of Justice Statistics).

It is important to note that not all sex crimes are solved or result in arrest and only a fraction of sex offenses are reported to police. The reliance on measures of recidivism as reflected through official criminal justice system data (i.e., rearrest or reconviction rates) obviously omits offenses that are not cleared through an arrest (and thereby cannot be attributed to any individual offender) or those that are never reported to the police. For a variety of reasons, many victims of sexual assault are reluctant to invoke the criminal justice process and do not report their victimization to the police. For these reasons, relying on rearrest and reconviction data underestimates actual reoffense numbers.

Myth:

"Sexual offense rates are higher than ever and continue to climb."

Fact:

Despite the increase in publicity about sexual crimes, the actual rate of reported sexual assault has decreased slightly in recent years.

The rate of reported rape among women decreased by 10% from 1990 to 1995 (80 per 100,000 compared to 72 per 100,000) (Greenfeld, 1997). In 1995, 97,460 forcible rapes were reported to the police nationwide, representing the lowest number of reported rapes since 1989.

More recently, when examining slightly different measures, it appears that rates have continued to drop. The arrest rate for all sexual offenses (including forcible rape and excluding prostitution) dropped 16% between 1993 and 1998. In 1998, 82,653 arrests were logged for all sexual offenses, compared to 97,955 arrests in 1993 (Federal Bureau of Investigations, 1997 and 1998).

Myth:

"All sex offenders are male."

Fact:

The vast majority of sex offenders are male. However, females also commit sexual crimes.

In 1994, less than 1% of all incarcerated rape and sexual assault offenders were female (fewer than 800 women) (Greenfeld, 1997). By 1997, however, 6,292 females had been arrested for forcible rape or other sex offenses, constituting approximately 8% of all rape and sexual assault arrests for that year (FBI, 1997). Additionally, studies indicate that females commit approximately 20% of sex offenses against children (ATSA, 1996). Males commit the majority of sex offenses but females commit some, particularly against children.

Myth:

"Sex offenders commit sexual crimes because they are under the influence of alcohol."

Fact:

It is unlikely that an individual who otherwise would not commit a sexual assault would do so as a direct result of excessive drinking.

Annual crime victim reports indicate that approximately 30% of all reported rapes and sexual assaults involve alcohol use by the offender (Greenfeld, 1998). Alcohol use, therefore, may increase the likelihood that someone already predisposed to commit a sexual assault will act upon those impulses. However, excessive alcohol use is not a primary precipitant to sexual assaults.

Myth:

"Children who are sexually assaulted will sexually assault others when they grow up."

Fact:

Most sex offenders were not sexually assaulted as children and most children who are sexually assaulted do not sexually assault others.

Early childhood sexual victimization does not automatically lead to sexually aggressive behavior. While sex offenders have higher rates of sexual abuse in their histories than expected in the general population, the majority were not abused. Among adult sex offenders, approximately 30% have been sexually abused. Some types of offenders, such as those who sexually offend against young boys, have still higher rates of child sexual abuse in their histories (Becker and Murphy, 1998).

While past sexual victimization can *increase the likelihood* of sexually aggressive behavior, most children who were sexually victimized never perpetrate against others.

Myth:

"Youths do not commit sex offenses."

Fact:

Adolescents are responsible for a significant number of rape and child molestation cases each year.

Sexual assaults committed by youth are a growing concern in this country. Currently, it is estimated that adolescents (ages 13 to 17) account for up to one-fifth of all rapes and one-half of all cases of child molestation committed each year (Barbaree, Hudson, and Seto, 1993). In 1995, youth were involved in 15% of all forcible rapes cleared by arrest—approximately 18 adolescents per 100,000 were arrested for forcible rape. In the same year, approximately 16,100 adolescents were arrested for sexual offenses, excluding rape and prostitution (Sickmund, Snyder, Poe-Yamagata, 1997).

The majority of these incidents of sexual abuse involve adolescent male perpetrators. However, prepubescent youths also engage in sexually abusive behaviors.

Myth:

"Juvenile sex offenders typically are victims of child sexual abuse and grow up to be adult sex offenders."

Fact:

Multiple factors, not just sexual victimization as a child, are associated with the development of sexually offending behavior in youth.

Recent studies show that rates of physical and sexual abuse vary widely for adolescent sex offenders; 20 to 50% of these youth experienced physical abuse and approximately 40 to 80% experienced sexual abuse (Hunter and Becker, 1998). While many adolescents who commit sexual offenses have histories of being abused, the majority of these youth do not become adult sex offenders (Becker and Murphy, 1998). Research suggests that the age of onset and number of incidents of abuse, the period of time elapsing between the abuse and its first report, perceptions of how the family responded to the disclosure of abuse, and exposure to domestic violence all are relevant to why some sexually abused youths go on to sexually perpetrate while others do not (Hunter and Figueredo, in press).

Myth:

"Treatment for sex offenders is ineffective."

Fact:

Treatment programs can contribute to community safety because those who attend and cooperate with program conditions are less likely to re-offend than those who reject intervention.

The majority of sex offender treatment programs in the United States and Canada now use a combination of cognitive-behavioral treatment and relapse prevention (designed to help sex offenders maintain behavioral changes by anticipating and coping with the problem of relapse). Offense specific treatment modalities generally involve group and/or individual therapy focused on victimization awareness and empathy training, cognitive restructuring,

learning about the sexual abuse cycle, relapse prevention planning, anger management and assertiveness training, social and interpersonal skills development, and changing deviant sexual arousal patterns.

Different types of offenders typically respond to different treatment methods with varying rates of success.

Treatment effectiveness is often related to multiple factors, including:

the type of sexual offender (e.g., incest offender or rapist); the treatment model being used (e.g., cognitive-behavioral, relapse prevention, psycho-educational, psycho-dynamic, or pharmacological); the treatment modalities being used; and related interventions involved in probation and parole community supervision.

Several studies present optimistic conclusions about the effectiveness of treatment programs that are empirically based, offense-specific, and comprehensive (Lieb, Quinsey, and Berliner, 1998). The only meta-analysis of treatment outcome studies to date has found a small, yet significant treatment effect—an 8% reduction in the recidivism rate for offenders who participated in treatment (Hall, 1995). Research also demonstrates that sex offenders who fail to complete treatment programs are at increased risk for both sexual and general recidivism (Hanson and Bussiere, 1998).

Myth:

"The cost of treating and managing sex offenders in the community is too high—they belong behind bars."

Fact:

One year of intensive supervision and treatment in the community can range in cost between \$5,000 and \$15,000 per offender, depending on treatment modality. The average cost for incarcerating an offender is significantly higher, approximately \$22,000 per year, excluding treatment costs.

As noted previously, effective sex offender specific treatment interventions can reduce sexual offense recidivism by 8%. Given the tremendous impact of these offenses on their victims, any reduction in the reoffense rates of sex offenders is significant.

Without the option of community supervision and treatment, the vast majority of incarcerated sex offenders would otherwise serve their maximum sentences and return to the community without the internal (treatment) and external (supervision) controls to effectively manage their sexually abusive behavior. Managing those offenders who are amenable to treatment and can be supervised intensively in the community following an appropriate term of incarceration can serve to prevent future victimization while saving taxpayers substantial imprisonment costs (Lotke, 1996).

Statistics and Characteristics of Adult and Juvenile Sex Offenders

Sexual assault statistics:

1995 estimates indicate that 260,300 rapes and attempted rapes and nearly 95,000 sexual assaults and threats of sexual assault were committed against persons 12 years of age or older (Greenfeld, 1997). In 1998, 20,608 arrests were made for forcible rape and 62,045 arrests were made for other sexual offenses (FBI, 1998). 43% of all rapes/sexual assaults occur between 6 p.m. and midnight. Six out of every 10 rapes/sexual assaults occur in the

homes of victims, family members, or friends (Greenfeld, 1997). Sexual assault victimizations are highest among young adults between the ages of 16 and 19, low income individuals, and urban residents (Greenfeld, 1997).

Criminal history characteristics of adult sex offenders:

In 1994, it was estimated that 12% of imprisoned violent sex offenders had a prior conviction for rape or sexual assault, while 61% had a prior felony conviction for other crimes (Greenfeld, 1997). In 1997, approximately 234,000 convicted sex offenders were under the care, custody or control of corrections agencies on an average day. Nearly 60% were under conditional supervision in the community (Greenfeld, 1997). By 1998, this number grew to 265,000.

Characteristics of juvenile sex offenders:

Juvenile sex offenders are typically between the ages of 13 and 17. They are generally male. 30-60% exhibit learning disabilities and academic dysfunction. Up to 80% have a diagnosable psychiatric disorder. Many have difficulties with impulse control and judgment. 20-50% have histories of physical abuse. 40-80% have histories of sexual abuse.

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Established in June 1997, CSOM's goal is to enhance public safety by preventing further victimization through improving the management of adult and juvenile sex offenders who are in the community. A collaborative effort of the Office of Justice Programs, the National Institute of Corrections, and the State Justice Institute, CSOM is administered by the Center for Effective Public Policy and the American Probation and Parole Association. This project was supported by Grant No. 97-WT-VX-K007, awarded by the Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.