

SEX OFFENDERS

From The Individual with Schizophrenia: Evidence-Based Practices for Recovery, presented by Loma Linda University School of Medicine and Patton State Hospital

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Overview and definitions: ≈10% of prisoners incarcerated for violent sex offenses; two-thirds of these victimized children, and majority of child molesters victimized children <12 yr of age; 75% of all victims women or girls; 12 million women in United States have been raped, and 30% of those <11 yr of age at time of rape; rapists assault average of 7 victims before being referred for treatment; *sex offender*—defined as person who was convicted of sex offense and on release from prison who must register with local law enforcement agency; *sexually violent predator*—person who was convicted of sex offense and has diagnosis of mental disease, mental abnormality, sexual disorder, or personality disorder that makes him or her likely to engage in future predatory acts; *paraphilia*—defined by *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* as involving “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving 1) nonhuman objects, 2) the suffering or humiliation of oneself or one’s partner, or 3) children, or other nonconsenting persons that occur over a period of at least 6 mo”

Overview of people with paraphilias: have high rate of offending and many victims; often have multiple types of deviant sexual behavior; often use coercion; have high rate of other nonsexual criminal offenses; poor insight into their behavior; onset usually 10 to 20 yr of age

Most frequent paraphilias: among those who seek treatment child molestation, followed, in order, by voyeurism, exhibitionism, fetishism, frottage, and public masturbation; exhibitionism, frottage, pedophilia against boys outside home, and voyeurism have greatest number of victims

Crossing: paraphilic people tend to cross over between touching and non-touching offenses, between family and non-family members, between male and female victims, between victims of various ages, and between multiple types of paraphilic behavior; crossing associated with greater risk for recidivism; paraphilia with greatest crossover is bestiality, followed, in order, by public masturbation, male incest pedophilia, and fetishism

Women sex offenders: rate of sexual deviancy about half that of men; more commonly victimize children; high level of psychopathy, generally Axis II disorders; usually have history of having been abused themselves; often team with male co-perpetrator

Pedophiles: majority of pedophiles heterosexual and molest children they know; ≈55% of victims are girls; almost all acts of non-touching child molestation involved girls; majority of acts of hands-on molestation perpetrated against boys; among incest offenders, those who victimized children <6 yr of age more likely to have history of substance abuse, current alcohol problems, poor sexual functioning, and greater psychiatric disturbance, and more likely to victimize boys and to deny their offenses

Clergy: distinguished from highly educated matched controls in having longer delay before criminal charges filed or in not having criminal charges filed at all, and in

using more force more often in their offenses; 70% had homosexual pedophilia, but did not differ from controls in this aspect

Internet offenders: “traders” exchange child pornography online, but usually do not have hands-on contact with victims (comprise 59% of Internet offenders); “networkers” use Internet to communicate with like-minded individuals; “groomers” engage in inappropriate sexual communication with children; “travelers” seek hands-on experience with children they have met on Internet (comprise 19% of Internet offenders); 95% of Internet offenders male; one study found most common age range 30 to 39 yr, and another study found most were “middle-aged men who held comparatively elevated professional positions”

History of sexual psychopath legislation: first appeared in 1930s; mandated punishment and treatment; sentences indeterminate, and prisoner subject to review by parole board before release; reflected view that sex offenders had mental illness that could be treated by psychiatrists; by 1976, 30 states had “mentally disordered sex offender” (MDSO) statutes that allowed people charged with certain sexual offenses to be committed to secure residential treatment programs for indeterminate period; however, “over time, people got very disappointed with this approach; they found that it wasn’t working”; in legal challenge, United States Supreme Court found that these statutes violated 14th Amendment right to due process, and during 1980s, most states repealed MDSO laws and legislated determinate sentencing, which allowed offenders to be released, and some perpetrated more sexual offenses; however, new legislation tended to make sexual offenses civil, and Supreme Court ruled that 5th Amendment rights apply only in criminal cases, not in civil cases

Recent sexual offender legislation: commitment laws require 1) past course of sexually harmful conduct, 2) current mental disorder or abnormality, 3) finding of risk for

Educational Objectives

The goal of this program is to improve the assessment and management of sex offenders. After hearing and assimilating this program, the clinician will be better able to:

1. Supply medical and legal definitions for several categories of sex offenders.
2. Provide an overview of people with paraphilias and estimate the risk for their engaging in more than one form of paraphilia.
3. Discuss past and present trends in legislation dealing with sex offenders.
4. Evaluate sex offenders in terms of their risk for recidivism.
5. Describe treatments available for sex offenders.

future sexually harmful conduct, and 4) “some form of connection between the mental abnormality and the danger”; courts have consistently ruled that constitutional protections apply only in criminal cases, not in civil cases

Modern legal trends: treatment occurs after punishment, not in place of punishment; no recent act of sexual violence required; presence required of mental abnormality or personality disorder that makes perpetrator likely to engage in predatory acts of violence; in Washington State statute, “mental abnormality” defined as “a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts,” and this has become the model for legislation in other states; Supreme Court ruled that these statutes are not unconstitutional

Sexual offender registration and notification laws: all state statutes and federal law require that at minimum, sex offender register with designated law enforcement agency; offender must provide certain information to law enforcement, although amount and type of information vary by state; *federal legislation (Wetterling Act)*—requires all states to establish stringent registration programs for sex offenders; all offenders must register for minimum of 10 yr, and offenders classified as sexually violent predators must register for life; states must maintain accurate registries, must distribute registry information to law enforcement, and must disclose information to public when necessary for public safety; sentencing court must determine whether offender still sexually violent predator, but states have discretion in regard to timing of that determination; *juveniles*—adjudicated or convicted of sex offenses required to register in 28 states

Community notification regarding sex offenders (“Megan’s Law”): “community notification” refers to dissemination of identifying information to citizens and community organizations about sex offenders released into that community; federal version of Megan’s Law requires states to release registration information about sex offenders to public “when it is necessary to public safety”; unintended results of notification laws include vigilantism, failure of offenders to register, failure of registered offenders to find housing, victim identification, failure of offender to receive treatment, and increased risk of offender’s relapsing due to these additional stresses; most common challenge based on lack of procedural due process, but, to date, Supreme Court has rejected these challenges

Castration laws: in some states, chemical or surgical castration is condition of probation; some states provide immunity to providers; not all laws require full informed consent from sex offender

Evaluation of sex offenders: sex offenders have high rate of comorbidity, including other mental illnesses, substance abuse, and other paraphilias; avoid labels; one study showed how sex offenders asked about their own abuse important in eliciting information (*eg*, if rapist asked, “have you ever been molested?” rapist said “no”; but if asked age of first sexual contact and age of that contact, rapist often answered with young age, because he or she did not consider sexual contact with older individual to be molestation); before beginning evaluation, obtain written voluntary informed consent; review range of sexual offenses in which interviewee engaged

(questionnaires specific to sexual offenses available); psychological testing can be helpful (but no scale specific to sexual offenses); actuarial risk-assessment instruments available

Plethysmography: measures degree of penile erection in response to auditory or visual stimuli; circumferential plethysmography used in United States, volume plethysmography in Canada; volume phallometry has sensitivity of 87%, specificity of 95%; circumferential phallometry had sensitivity of 48%, specificity of 100%; sensitivities for either procedure not established for rapists of adult women; relationship between sexual arousal measured by penile tumescence and sexual offending behavior stronger in pedophiles than in rapists; results not admissible in US courts and not diagnostic, but useful for assessment and treatment; factors that affect validity include subject’s not attending to stimuli, voluntary suppression, lack of standardized stimuli, denial of paraphilic interest, variation, duration, and quantity of erection measurement, and lack of correlation between responses inside and outside of laboratory; no sensitivity, specificity, or efficacy data available for paraphilias other than pedophilia

Visual reaction time (also called Abel Assessment for Sexual Interest [AASI] after its inventor): noninvasive method for evaluating sexual preferences; *questionnaire*—asks about sexual thoughts, fantasies, and behaviors, and about subject’s ability to control his or her sexual behaviors; also contains items to address feigning and cognitive distortions about interest in sex with children; responses correlated with profile of known child molesters; *computerized assessment*—assesses self-reported arousals in response to images of people of both sexes and all ages; as subject views images of clothed people in varying contexts, length of latency period for him or her to report sexual interest in image measured; advantages include brief administration time (<1 hr), no special laboratory needed, can be used for males and females ≥12 yr of age; sexual-interest measurements can be made with non-nude stimuli; reliability and validity similar to those of plethysmography; disadvantages include lack of standardized research

Polygraphy: 9 states have polygraph programs for sex offenders; results generally not admissible in court, but may be useful in assessment and treatment; can be used to assess instant offense, past offenses, and future risk

Treatment: overall purpose to decrease sex drive; *medroxyprogesterone (Depo Provera)*—most commonly used pharmaceutical agent in United States; reduces testosterone levels; side effects include weight gain and hypertension; generally does not cause gynecomastia, and not considered feminizing hormone; *cypoterone*—available in Canada and Europe, but not in United States; decreases testosterone; side effects include liver dysfunction, weight gain, and feminization; *other agents*—include leuprolide (Lupron) and triptorelin (Decapeptyl-CR); *selective serotonin reuptake inhibitors (SSRIs)*—may be helpful in individuals with sexual obsessions/compulsions and as trial in adolescents; some authors recommend using SSRIs as first-line treatment of sex offenders, but questions exist about appropriateness of their use in children and adolescents

Sex offenders and recidivism: recidivism in sex offenders may be underestimated because many victims of sexual assault do not report their victimization to police; study

showed released sex offenders 4 times more likely to be rearrested for sex offense than non-sex offenders; the more prior arrests offenders had, the greater the likelihood of their being arrested for another sex crime after leaving prison; incest offenders, whether treated or not, have lower rates of recidivism than pedophiles and rapists; in study of child molesters, individuals who molested acquaintances not in their family had highest rate of recidivism (16.2%); 25-yr follow-up study found that rapists and extrafamilial child molesters at risk to re-offend many years after discharge

Assessing risk for recidivism: in meta-analysis, overall recidivism rate at 4 to 5 yr was 18.9% for rapists and

12.7% for child molesters; recidivism rate for all sexual offenses, 13.4%; recidivism rate for nonsexual violent offenses, 22.1% for rapists and 9.9% for child molesters; for pedophiles, best predictor of future sex offense was plethysmography

Treatment outcomes: overall, castration effective, but best outcomes resulted from combination of medications, cognitive behavioral therapy, and relapse prevention strategies; in recent study, cognitive behavioral therapy alone found not to have positive benefit; in general, biomedical treatments show more successful outcomes over long term than psychologic treatments

Suggested Reading

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Behav Sci Law 18:73, 2000; **Miller HA, Amenta AE, Conroy MA:** Sexually violent predator evaluations: empirical evidence, strategies for professionals, and research directions. *Law Hum Behav* 29:29, 2005; **Scott CL, Gerbasi JB:** Sex offender registration and community notification challenges: the Supreme Court continues its trend. *J Am Acad Psychiatry Law* 31:494, 2003; **Scott CL, Holmberg T:** Castration of sex offenders: prisoners' rights versus public safety. *J Am Acad Psychiatry Law* 31:502, 2003.

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Estimated time to complete the educational process:

Review Educational Objectives on page 1	5 minutes
Take pretest	10 minutes
Listen to audio program	60 minutes
Review written summary and suggested readings	35 minutes
Take posttest	10 minutes

SEX OFFENDERS

*On a Test and Evaluation form, complete Pretest section **before** listening and Posttest section **after** listening.*

1. A sex offender (in contrast to a sexually violent predator) is defined as a person who was convicted of a sex offense and who:
 - (A) On release from prison must register with a local law enforcement agency
 - (B) Has a diagnosis of a mental disease, mental abnormality, sexual disorder, or personality disorder that makes him or her likely to engage in future predatory acts

2. Among those who seek treatment, the most common paraphilia is:

(A) Exhibitionism	(C) Child molestation
(B) Frottage	(D) Public masturbation

3. Select the correct statements about pedophilia:
 1. Majority of pedophiles are heterosexual and molest children they know
 2. 55% of the victims are girls
 3. Almost all acts of non-touching child molestation involve girls
 4. Almost all acts of non-touching child molestation involve boys

(A) 1, 2	(B) 1, 2, 3	(C) 1, 2, 4	(D) 2, 4
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FOR QUESTIONS 4-6, MATCH THE TYPE OF INTERNET SEX OFFENDER IN COLUMN I WITH ITS DEFINITION IN COLUMN II

COLUMN I

COLUMN II

- | | |
|---|--|
| <ol style="list-style-type: none"> 4. Traders 5. Groomers 6. Travelers | <ol style="list-style-type: none"> (A) Use the Internet to communicate with like-minded individuals (B) Seek a hands-on sexual experience with children they have met on the Internet (C) Engage in inappropriate sexual communication with children (D) Exchange child pornography online but usually do not have hands-on contact with victims |
|---|--|
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7. Which of the following have laws that require sex offenders to register with a designated law enforcement agency?

(A) 30 states and the federal government	(C) 50 states but not the federal government
(B) All states and the federal government	(D) The federal government

 8. Requiring chemical castration as a condition of probation for sex offenders is a violation of federal law.

(A) True	(B) False
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 9. Which type of plethysmography is used in the United States to measure the degree of penile erection a subject has in response to visual or auditory stimuli?

(A) Circumferential	(B) Volume	(C) A and B
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 10. The pharmaceutical agent most commonly used in the United States to treat sex offenders is:

(A) Medroxyprogesterone (Depo Provera)	(C) Leuprolide (Lupron)
(B) Cyproterone	(D) Triptorelin (Decapeptyl-CR)

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