

Protecting Society from Child Sex Offenders: A Proposal for Lowering Recidivism Rates Through an Analysis of the Prevailing Social Policy and Methodology of the U.S and Denmark

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This paper examines the current philosophy and methodology utilized in the United States and Denmark in dealing with child sex offenders and proposes post-release approaches that will reduce recidivism rates in order to better protect society in the future. After analyzing current classifications of child sex offenders, labeling theory is rejected in favor of a novel classification of offenders based on their victimization. The unreliability of current measures of recidivism rates is explored and proposals are set forth to reconfigure recidivism rates to effectively measure the value of post-release protocols. A study of the current laws and social policy of the U.S. and Denmark follows along with a critical analysis of post-release sanctions and treatments. I conclude with a proposal for a post-release protocol that should minimize recidivism of child sex offenders and provide the greatest protection to society.

An increasing trend in the prevalence of child sex offenders within the past few decades has spawned serious public concern for the safety and welfare of its children. With this rise in sexual offences, there has been much contention over which, if any, treatments and approaches are suitable to counteract the substantial level of sexual crime incidence. Concomitant to this controversy, measuring recidivism rates of child sex offenders has been utilized as an integral tool toward gaining insight into the necessary post-conviction protocol that must be formulated to safeguard citizens. However, this analytical device has been subject to criticism that its findings are ambiguous and do not accurately depict the level at which these crimes are committed (Alaska Justice, 12). In the midst of this debate, both the United States and Denmark have implemented and restructured their social and legislative policies, with the aim of most effectively lowering child sex crimes. Through critical analysis of the current philosophy and methodology employed by both the United States and Denmark in dealing with child sex offenders, this paper will propose those post-release approaches that will best minimize the incidence of subsequent occurrences of these crimes and, thus, better protect society in the future.

In the targeting of child sex offenders, it is important to conceptualize the type of child sex offender that will be the primary focus of this paper. It is clear that child sex offenders are found on a broad continuum of backgrounds and personali-

ties, and there is not a standard or absolute profile that is accepted (The Association, 2). Rather, these incongruities between the characteristics of child sex offenders explain the difficulties of creating a generalized stereotype of what to expect in a perpetrator. Thus, each child sex offender has his or her own underlying motives for committing the crime, and categorizing these offenders may be detrimental when it comes down to providing the optimal treatment in the future (The Association).

The effects of classifying child sex offenders can be associated with the labeling theory. By establishing these artificial markers as a form of social construction, a certain negative stigma is produced that results in unanticipated consequences (Walklate, 24). With reference to child sex offenders, generalizing the characteristics of these perpetrators can result in an inaccurate representation of information and statistics that are no longer beneficial for thwarting these crimes (Walklate, 25). While grouping sex offenders based on motives is a dangerous undertaking, analyzing these offenders based on the type of their transgression serves as a more suitable and useful approach.

Through the comparison of the different types of sex offenders based on their victimization, it becomes clear as to which sector poses the highest risk to society. The John Howard Society divides the sex offender community into three groupings: "incest child molesters who victimize related children, rapists who victimize adult women and non-incest child molesters who victimize unrelated chil-

dren” (John Howard Society, 1). The incest child molester was projected as having the lowest recidivism rate (8.4%), and these statistics presupposed that they had never committed incest offences before (John Howard Society, 1). However, these findings did not consider whether they had committed non-incestuous offences in the past, which many of them had (John Howard Society, 1). Thus, this exemplifies the misleading effects that may be attributed to the labeling theory. On the other hand, research has shown that non-incestuous child molesters pose the highest recidivism rate (19.5%) and it is an easier offence to measure (John Howard Society, 7). The fact that the molester is more likely to reoffend in the future poses a greater threat to society and creates a demand to concentrate on this type of offender. Accordingly, for purposes of the argument presented herein, any effective post-release treatment proposals will emphasize non-incestuous child molesters as its primary concern.

When analyzing and investigating the conflict surrounding child sex offenders, it is essential to have a measuring device that allows for feedback, which in turn can be used to implement change and reform. Through the use and examination of recidivism rates, authorities can extract information that allows them to deduce how vulnerable a group is toward re-offending (Alaska Justice, 12). In turn, these recordings function as a quantitative mechanism that can provide insight as to which treatment methods for child sex offenders are most effective. Accordingly, as a review of sexual offender treatment programs affirms, “it is therefore important to consider the extent and nature of sexual recidivism without treatment as a baseline against which to judge the effects of treatment” (Perkins, 5). However, in order to most effectively treat child sex offenders, it is necessary to be aware of the drawbacks and faults associated with recidivism rates, with the hopes of amending and reconfiguring this important tool.

For recidivism rates to be the most reliable and effective methods to measure the re-offense of child sex offenders, the flaws that pertain to this arena must be explored. Earlier studies involving sex offender recidivism rates have shown that these statistics for re-offence are much lower than non-sex offender recidivism rates (Alaska Justice, 11). Yet, contemporary research argues against the validity of this statement, furthering a need to transform the notion of recidivism rates from an abstract theory to a more concrete and well-defined technique (Alaska Justice, 12). The fact

that a universal definition of recidivism rates fails to exist helps to explain the variability of results and the difficulty of understanding these rates in relation to different groups, as in the case of child sex offenders. Similarly, much research demonstrates that the studies are not comparable since the samples combine all types of sex offenders, regardless of being taken from the general criminal population or from hospitalizations (Alexander, 1). Through this inconsistency of separating groups when using recidivism rates, results are staggered and therefore not as efficient.

Another significant incongruity associated with recidivism rates is the tendency to dramatically underestimate results. This is confirmed by research which concludes that “recidivism for sexual offences was generally underestimated 30-40% when rates were estimated using the simple proportion of new offences, as in similar studies” (Alexander, 2). Along with this unpromising finding, recidivism does not reflect the view that many sexual offences are committed by first time perpetrators. Parallel to this concern for underestimating recidivism rates, a study illustrates that 50% of those convicted child molesters have previously committed one or more undetected child sex offences (Barnes, 4). Much of this can be attributed to the view that many victims of sex offences may not report all the counts of ill-treatment, which will distort the recidivism measure, deeming these calculations inaccurate. Although this speculation is often the basis for criticizing recidivism rates, studies do reveal the unreliability of conviction and arrest records (Barnes, 4). Without a better system of self-reporting and for reporting all incidents of sexual offences, there will continue to be an underestimation of recidivism rates for child sex offenders.

Despite the inaccuracies and unreliability of recidivism rates that correspond to child sexual offenders, improvements in these methods can play a large role in effectively understanding these sexual predators. When constructing recidivism rates, it is critical to establish a long-term follow-up of offense rates. Research has demonstrated that the recidivism rates after being released for 3-5 years do not reflect the majority of sexual re-offences, which occurs after this period (Barnes, 5). Thus, for each offense, there must be an emphasis on having an appropriate time period to measure recidivism rates. Even though conducting recidivism studies over a shorter period of time may allow researchers to draw quicker conclusions, the

information received is not as substantial or accurate as it would be over longer time periods. Additionally, to eliminate confusion between different studies, developing a clear-cut definition of recidivism will allow for a better comparative analysis of recidivism rates (Barnes, 6). In addition to setting forth a specified time period for assessment, this definition should, at a bare minimum, separate offenders by their particular type of sex crime, and even perhaps by their pre-release circumstances (i.e., hospital or prison; type of treatment received). These proposed measures will help to eliminate the inconsistencies in the measure of recidivism rates. This will allow for more accurate results that will enhance the understanding of child sex offenders.

When assessing the rehabilitation of child sex offenders, it is essential to analyze the current laws and post-release sanctions as a reflection of prevailing philosophy and social policy. In response to the public panic associated with the rise of sexual offenders' presence in society, the US enacted Megan's Law (Patkin, 6). This legislation requires sex offenders to register with state or local enforcement agencies, resulting in community notification of their information in order to best protect and safely manage society from these offenders. Implicit in passing this legislation is the philosophy that the government's interest in safeguarding the public is paramount to an individual's right to privacy. Further, besides "satisfying a moral obligation to inform the community," the notification process is premised on the position that enhanced public awareness will reduce future recidivism (La Fond, 90). By justifying the implementation of Megan's Law based on the high recidivism rates of sex offenders, it is implied that community notification will counteract the effects of these high repeat offence rates for several reasons. Perhaps heightened community awareness would reduce the attempts of re-offence through a more vigilant watch over the offender and the neighborhood children. Or, public awareness would foster a community environment that would act to transform the crime from that of an offense against an individual child to one against the entire community, and thus lead to a greater reporting of incidents. This problem of under-reporting is acknowledged by the National Committee for the Prevention of Child Abuse, in that "it is believed that as many as 4 million children are sexually abused each year, though only 405,000 were reported in 1991" (Patkin, 31).

Although the overall purpose of commu-

nity notification is justified, there has been much criticism over whether this legislation effectively executes its goals of protecting society as a deterrent to recidivism. Firstly, the federal statutes for community notification only mandate minimal requirements, which led to a vast discrepancy in the adoption of legislation between differing states (Patkin, 4). As well, Megan's Law is only justified for particular types of sex offenders who show the highest actuarial risk (Patkin, 21). However, this is extremely difficult to do in practice, since the law is not merely limited to this category, but encompasses the recording of all sex offenders. Since risk assessments for the different types of sex offenders are based on varying recidivism studies, this can lead to inconclusive results.

In addition to the problems apparent in community notification based on methodological approaches, the negative consequences on the offenders can act to irrevocably damage any hopes of effective rehabilitation. The stigma of being a registered child sex offender can limit employment and housing opportunities. At the same time, the offender may suffer from public ridicule and harassment. This argument is strengthened by evidence that shows that one-third to one-half of sex offenders that are subjected to community notification lose their jobs and homes, while developing psychological problems (The Association, 4). It has also been suggested that this deterioration of social stability in child sex offenders can lead to a relapse effect and interfere with the original purpose of the community notification laws (The Association, 4). In turn, this may inadvertently lead to increased recidivism due to the threatened state that many sex offenders are in. Thus, the ineffectiveness of Megan's Law is confirmed by a study that reveals that "there is no empirical evidence that notification is achieving its stated objectives of increasing public safety and assisting law enforcement with sex offender investigation" (La Fond, 109).

Even though the stigma surrounding child sex offenders in Denmark appears to be less pronounced, there is still a concern for protecting society and promoting awareness. The Danish Association of Parents for the Protection of Children (FBB) is an organization that is fueled by the need to disseminate information about sex offenders with the aim of establishing better measures to ensure their children's safety (Danish Association, 3). This group attempts to de-construct Denmark's current philosophy with regard to child sex offenders, with the hope of addressing areas that could use improve-

ment. The association critiques the legal infrastructure, arguing that its focus is misplaced. They demonstrate that the ineffectiveness of the current process is due to the lack of emphasis by the judicial system in better educating the authorities on how to handle child sex abuse (Danish Association, 6). Through providing a lens to critically analyze the existing Danish social and political policy on child sex abuse, this group attempts to provide preventative measures that will best protect society. Organizations such as FBB, which serve to continually question the effectiveness of sex offence counter-approaches, are critical in minimizing recidivism of child sex offenders in Denmark.

As well as through the legal realm, other post-release methodologies endeavor to protect society. At the forefront of treatment approaches for child sex offenders, Denmark among other European countries has been an advocate of such contentious methods as chemical castration and pharmaceutical intervention. Under the philosophy that repeat child sex offenders pose the highest risk to society, there has been an increase in the use of chemical castration for these more serious cases (Alexander, 3). The purpose of these drugs, such as medroxyprogesterone acetate (MPA) and Depo-Provera, is to lower the production of testosterone, with the hope that it will suppress sexual desires and deviant behaviors (La Fond, 170). Thus, the treatment approach is based on the view that the effects of these drugs will lower the recidivism rates of the high-risk child sex offenders. These assumptions are supported by evidence that shows that these drugs have lowered recidivism rates to fewer than 5% (Alexander, 3). Another benefit of this treatment is that its effects are reversible and the dose levels can be manipulated, which is not an option in the obsolete and unchangeable surgical practice of physical castration. Moreover, participation in this treatment as a result of its intrusive nature is generally voluntary, unless mandated by the seriousness of the offence or by high-risk assessment. Through its voluntary character, those willing to change but do not have the resources to do so without intervention are able to achieve results. Indeed, several studies have confirmed the notion that these drugs can reduce sexual recidivism and “these positive effects continue even after the end of the treatment” (La Fond, 172).

While chemical castration has been proven to reduce recidivism in child sex offenders, there have been many ethical and practical considerations that call into question the desirability of this

practice. One of the underlying drawbacks associated with this method are the negative side-effects that offenders suffer. Humanitarians argue that these side effects, such as weight gain, dyspnea, and testicular atrophy, are considered “cruel and unusual punishment” and are too invasive to be considered necessary treatment (La Fond, 178). Additionally, providing medication as treatment does not guarantee that child sex offenders will continue their determined dosage after their follow-up periods (Johnson, 315). This reality underlies the difficulty in monitoring the progression of the offender after their treatment phase is over, especially if this approach was based on involuntary action. To counter these negative effects associated with chemical castration, this treatment method has been used in conjunction with other non-pharmaceutical therapies, like cognitive-behavioral approaches and relapse prevention techniques. It is through these non-intrusive methods that the offender is able to obtain a more well-rounded treatment scheme, which acts as an important agent to minimize recidivism and further more effective rehabilitation.

The cognitive-behavioral approach functions as the underpinning for treatment of child sex offenders in both the United States and Denmark. This multi-dimensional program focuses on reconfiguring an offender’s mental capacity, with the aim that this overall change in thought processes will propel cogent behaviors and actions (Lipsey, 4). Through this “holistic” approach, this therapy encompasses various methods to identify irrational thoughts in child sex offenders, which in turn will dictate one’s behavioral response (La Fond, 65-66). In utilizing a program that attempts to analyze and evaluate an offender’s thoughts, while at the same time helping to control their behavioral capacity, the effect of this treatment on reducing recidivism can be strengthened. As previously stated, there has been substantial variation of studies on the effects of this treatment, due to the flaws seen in the methodology of determining recidivism rates. However, studies show that this cognitive-behavioral therapy does reduce the mean recidivism rate by 25%, thereby minimizing subsequent sexual offences (Lipsey, 12). Rather than grouping all sex offenders together and treating them as one entity, as used in psychotherapy, this approach is tailored to the individual and allows for the examination of specific circumstances, which should enhance the progress of rehabilitation.

An integral subcomponent of cognitive-behav-

ioral therapy that has been proven effective in minimizing the risk of re-offence is relapse prevention. This approach deals with creating coping mechanisms that allows child sex offenders to avoid situations that may pose as a high-risk toward reoffending (The National Organization, 2). For example, this prevention plan would help a child sex offender mediate their own behavior by discouraging them from participating in activities with younger children. In a sense, the program offers the offenders tools that will enable better decision making skills, and thus lower the incidence of scenarios where they might normally re-offend. Like with many other therapies for child sex offenders, the level of effectiveness of relapse prevention is tainted by the difficulties in accurately measuring recidivism rates (Barnes, 16-17). Due to these inconsistencies with recidivism methods, follow-up periods of relapse prevention should be longer, and the maintenance of this therapy should span an offender's life. Thus, it has been asserted that "the client who has adequately learned the relapse prevention philosophy will continue his own therapy everyday for life" (Barnes, 17). The nature of this defense mechanism allows child sex offenders to escape vulnerable situations, which will yield a reduction of recidivism.

Through the foregoing critical analysis of post-release sanctions and treatments, it is proposed that using a multi-modal treatment approach will minimize the recidivism of child sex offenders and is best suitable to protect society. This multi-modal approach will encompass an equal balance of medical intervention with cognitive-behavioral therapy and relapse prevention techniques. Recent research reveals that this combinatory therapy is much more effective in the rehabilitation process than just utilizing one of the approaches (Johnson, 313). As well, it is possible to lower the dosage of pharmaceutical constituents and thus lower the negative side effects, since the psychological component will be able to support the medical aspect. This well-rounded therapy will be able to address the child sex offender on a biological, emotional, cognitive, and behavioral level, as these therapies interact to best treat the offender and therefore serve to protect society's best interests.

Although the proposal set forth above provides an ideal model of how to most effectively minimize recidivism of child sex offenders, the social context in which this plan is implemented must be taken into consideration. Based upon the differing cultural tenants and societal constructs of coun-

tries, the likelihood of success of these rehabilitation programs is not as obvious. For example, the harsh stigma of child sex offenders in the US, made even more pronounced by legislation such as Megan's Law, may cause some post-release sanctions to undoubtedly fail, while other initiatives may successfully transform the offender into a productive member of society. While the effectiveness of post-release approaches must be assessed based on the infrastructure of a society, any adopted protocol must be malleable enough to rapidly adapt to changes necessitated by feedback from reports that utilize accurate recidivism rates, as discussed above, and from knowledgeable advisory groups, such as FBB. This plan should serve to reduce the recidivism of child sex offenders, thus providing the greatest protection and enhancing the welfare of the community.

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