EIGHT THINGS EVERYONE SHOULD KNOW ABOUT SEXUAL ABUSE & SEXUAL OFFENDING

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MAKING SOCIETY SAFER

Sexual abuse is a pervasive yet preventable worldwide problem that impacts everyone – individuals, communities, institutions, and society as a whole. Education is essential in the prevention of sexual abuse, but educational efforts are often impaired by the numerous myths and misconceptions that abound about sexual abuse and those who perpetrate sexual abuse. The questions and answers below are designed to provide up to date information about sexual abuse and those who perpetrate sexually abusive behavior.

1. *What is sexual abuse?*

Sexual abuse is a broad term that includes any sexual or sexually motivated behavior that is the result of someone being forced, coerced, or manipulated into witnessing or experiencing sexual harassment, exploitation or activity for which they did not, or could not, consent. Sexually abusive behaviors include, but are not limited to, forcing someone (adult, adolescent, child) to participate in sexual activity (e.g., sexual intercourse, oral sex, sexual touching) through threats, coercion, or manipulation; any sexual contact with someone who is unable to consent due to young age or incapacitation, no matter the reason for the incapacitation (e.g., alcohol, drugs, sleeping); exposing a child to sexual materials such as pornography; facilitating or participating in the sexual exploitation of children, teenagers, and/or adults; any type of unwanted sexual contact; sexual harassment; exposure (i.e., flashing); and voyeurism (i.e., peeping). All of these behaviors also constitute a sexual crime and, if reported to law enforcement, may result in a criminal conviction. Examples of sexual convictions include, but are not limited to, an adult touching a young child in a sexual manner, an individual engaging in sexual activity with an unconscious or incapacitated person, an individual exposing his or her genitals in public, an adult using physical force on another adult to facilitate sexual activity, or a 20-year old adult engaging in a sexual dating relationship with a 15-year-old teenager.

2. *Who commits sexual abuse?*

Those who perpetrate sexually abusive behavior are an extremely diverse group of individuals crossing all socioeconomic, educational, gender, age, and cultural lines. Because of these factors, the term "sex offender" is somewhat misleading, as it tends to imply one type of behavior (sexual offense) committed by one type of person (sexual offender). This "one size fits all" impression is incorrect: research consistently shows that individuals who perpetrate sexually abusive behavior are a diverse group of individuals who engage in sexually abusive behavior at differing frequencies, for varying reasons, and present with different levels of risk for future sexually abusive behavior. The term "sex offender" also creates the perception that an individual is unchangeable and will always be the same (i.e. once a sex offender, always a sex offender) when, in fact, research shows that people who perpetrate sexually abusive behavior can and often do change.

- ***Adults***: Research has demonstrated that males commit the majority of sexual abuse, with approximately 5% of sexual abuse perpetrated by females (Cortoni, Hanson & Coache, 2010). Individuals who perpetrate sexual abuse range in age and differ in many ways - there is no specific "profile" or "type" due to the wide variety of individual differences among these offenders (Knight, 2010; Knight & King, 2012). Adults who perpetrate sexually abusive behavior also typically have a pre-existing relationship with the individuals whom they victimize. Research has consistently found that the majority of sexual abuse against children is perpetrated by someone known or in a position of trust to the child, not by a stranger (Snyder, 2000). Although adults have a slightly higher likelihood of being sexually assaulted by a stranger, the majority of sexual abuse against adults was also perpetrated by someone known to the victim (Catalano, 2006; Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011).

- ***Adolescents***: Adolescents who engage in sexually abusive behavior are not "mini-adults," and a sufficient number of studies now exist that show the majority of these youth do not continue to sexually offend nor are they on a life path for repeat offending. Adolescents (age 13-17) account for more than one quarter (25.8%) of all sexual crimes and slightly more than a third (35.6%) of sexual abuse against minors (Finkelhor, Ormrod, & Chaffin, 2009). The majority of these adolescents are male, with females representing approximately 7% of juveniles who are adjudicated (i.e., under the court's jurisdiction) for sexual crimes (Finkelhor et al., 2009). Adolescents who are adjudicated for sexual crimes are more likely than adult sexual offenders to offend in groups and at schools and to have more male victims and younger victims (Finkelhor et al., 2009). However, the majority of sexual crimes occur within the residence of the perpetrator and/or victim, and this is also true for adolescents adjudicated for

sexual crimes (residence 68.8% vs. schools 11.9%; Finkelhor et al., 2009). The motivations for sexually abusive behavior by adolescents can often be different from adult offending behavior, particularly when the rapid and continuing developmental factors and dependence on caregivers/adults are taken into consideration. Additionally, just as adults present with differing motivations and factors that require individualized interventions, so do adolescents who engage in sexually abusive behavior. Therefore, a "one size fits all" approach does not work for either population.

For additional information, please see the ATSA document entitled *Adolescents Who Have Engaged in Sexually Abusive Behavior*

- ***Children***: Children under age 12 are identified as having atypical sexual behavior, not "sexually abusive behavior," due to their young age, developmental levels, and the continual changes that occur throughout childhood. Similar to adolescents, the majority of children are not on a life path for repeat problematic sexual behavior. It is common for young children to be curious about their bodies, and this curiosity includes exploring genitalia. Developmentally normative sexual behaviors in young children (also called "sexual play") include looking at genitals, unsophisticated touching (i.e., no insertion or use of mouth), and masturbation. Sexual play occurs between children who have an ongoing mutually enjoyable friendship; who are of similar size, age, and social and emotional development; and the play is lighthearted, spontaneous and fun. In contrast, atypical sexual behaviors involve children of different sizes, ages, and social and emotional developmental levels; threats, coercion or force may be involved; and the behavior is upsetting. Children may develop atypical sexual behaviors for a variety of reasons, which include sexual reactivity (i.e., acting out sexually due to a known history of sexual abuse), abusive and/or neglectful environments, exposure to sexualized adults or media, and family violence. Children who exhibit atypical sexual behaviors also require individualized and specialized treatment services to address their behavior.

  For additional information, please see the ATSA document entitled *Children with Sexual Behavior Problems*

3. *Who are the victims of sexual abuse?*

While sexual abuse exists in all communities, there are certain groups who are at higher risk for victimization, for example children, people with disabilities, and LGBTQ communities. Although reporting rates have increased over the past two decades, it

remains true that many sexually abusive incidents are not reported to the authorities and, due to this, the true rate of sexual abuse is difficult to determine (Finkelhor, Ormrod, Turner & Handby, 2012). However, available criminal justice and survey data have provided information about the most common characteristics of sexual abuse.

Research has indicated that the majority of sexual abuse is perpetrated by someone known to the victim, such as a family member, acquaintance, teacher, coach, or friend. According to the US Bureau of Justice Statistics (Snyder, 2000):

- 93% of children were sexually abused by someone known to them, such as a family member or acquaintance, with approximately 7% being victimized by a stranger.

Although adults have a slightly higher likelihood of being sexually assaulted by a stranger, the 2005 National Crime Victimization Survey (Catalano, 2006) revealed:

- 73% of rapes against females age 12 and older were perpetrated by someone known to the victim.

Additionally, the 2010 National Intimate Partner and Sexual Violence Survey (Black et al., 2011) indicated:

- 51.1% of female victims of rape reported being sexually abused by an intimate partner and 40.8% by an acquaintance.
- For male victims, 52.4% reported being raped by an acquaintance and 15.1% by a stranger.

No matter what relationship may have existed between the perpetrator and victim prior to the sexual assault, the offender made the decision to sexually abuse someone and is the sole person responsible for the sexual abuse. A victim is never responsible for being targeted and sexually abused by another person.

4. *What motivates sexually abusive behavior?*

Adults: The motivations for sexual abuse can be quite complex and are often interconnected. Whereas some adults who have been convicted for sexual crimes may be primarily motivated by sexual preference, such as a primary sexual preference for prepubescent children (pedophile) or sexual arousal to violence, others may be motivated by factors such as intimacy deficits, loneliness, anger, general antisocial or criminal attitudes, hypersexuality, a desire for power/control, or in most cases probably a combination of these factors. Additionally, some adults who have been convicted for sexual crimes may have multiple sexual convictions and/or may engage in a wide variety of sexually abusive or deviant behaviors, whereas others may only engage in one type of

behavior or one incident of sexual abuse. Adults convicted for sexual crimes also present with different levels of risk for future sexually abusive behavior, and knowledge of this risk through assessment with valid actuarial (i.e., research based) tools allows for better management of these individuals and better dispositional decisions to maximize public safety.

Adolescents: Adolescents also have complex and often interconnected motivations for sexually abusive behavior. Research has indicated that many of the factors related to general delinquency in adolescence (e.g., violence within the home, neglect, physical/emotional abuse) are also related to youth who sexually abuse (Schwartz, Cavanagh, Prentky, & Pimental, 2006). However, adolescents who have been adjudicated for sexually abusive behavior have less extensive criminal histories, fewer antisocial peers, and fewer substance abuse problems, when compared to adolescents who have been adjudicated for non-sexually abusive criminal behavior (Seto & Lalumiere, 2010). Studies have additionally shown that adolescents who have been adjudicated for sexually abusive behavior have higher than normal rates of sexual victimization and have often been exposed to pornography at an early age, two factors which may impact a youth's understanding of appropriate sexual boundaries and healthy sexual relationships (Schwartz et al., 2006; Seto & Lalumiere, 2010). Significantly, most adolescents who have a history of sexual victimization do not go on to commit sexually abusive behavior. Adolescents who have been adjudicated for sexually abusive behavior also present with differing motivations and factors that require individualized interventions - a "one size fits all" approach is not effective.

For additional information, please see the ATSA document entitled *Adolescents Who Have Engaged in Sexually Abusive Behavior*

5. *Do sexual offenders recidivate?*

Research has shown that most individuals adjudicated for sexual crimes do not continue perpetrating sexually abusive behavior (i.e., recidivate), and that an individual's risk for recidivism (i.e. rearrest and/or reconviction) is based upon many factors.

Current follow-up studies of adjudicated sexual offenders suggest that many sexual offenders will not recidivate with a subsequent sexual crime and that sexual recidivism rates are lower than typically portrayed in the popular media. However, it is important to acknowledge that the data available on recidivism rates are primarily derived from individuals who have been apprehended, prosecuted, and convicted of sexual crimes (i.e., known sexual offenders), and that recidivism is usually determined by examining criminal records after release. These studies do not provide information on sexual assaults that have not been investigated and/or adjudicated by law enforcement. Moreover, the recidivism rates presented below do not include offenses that, although sexually

motivated, cannot be identified as sexual from the criminal record (for example, some sexual assaults appear on the criminal record only as common assaults). Thus, the numbers presented below likely underestimate the true rates of sexual recidivism.

Adults: Adults adjudicated for sexual crimes are a diverse population with varying levels of risk, and rates of recidivism reflect these differences. Research has demonstrated that sexual recidivism rates differ based upon the type of sexual offending, the offender's age at time of release, and the length of time the offender has been offense free in the community. According to a 2004 meta-analytic study (Harris & Hanson, 2004):

- Incest offenders (that is, child molesters whose victims were their biological relatives or step-children) recidivated 6% after 5 years, 9% after 10 years and 13% after 15 years;
- Adults who offended against adults recidivated 14% after 5 years, 21% after 10 years and 24% after 15 years;
- Individuals who offended against boys recidivated 23% after 5 years, 28% after 10 years and 35% after 15 years.
    - NOTE: These numbers are cumulative and, although the percentage increases over time, the actual rate of sexual offending decreased the longer offenders were offense free in the community. Recent research indicates that, for every five years spent in the community offense free, the risk of sexual recidivism declined by 50%, with very low rates of recidivism (less than 5%) occurring after 10 years offense free and no recidivism (0%) occurring after 20 years offense free (Hanson, Harris, Helmus, & Thornton, in press).

This study also indicated that sexual offenders with prior sex offenses in their history are at greater risk for re-offense, whereas older offenders (50+ years old) are typically a lower risk for re-offense.

Adolescents: Research indicates that, once detected, the majority of adolescents who have engaged in sexually abusive behavior do not continue to engage in these behaviors. Sexual recidivism estimates for adjudicated youth who engaged in sexually abusive behavior have been reported in scores of studies conducted over decades of research. A study completed in 2010 reviewed 63 data sets looking at the sexual recidivism rates for 11,219 youth who had sexually offended and estimated a sexual recidivism rate of approximately 7% across a 5-year follow-up period (Caldwell, 2010). Even across a twenty-year prospective follow-up study, sexual recidivism rates remain low (Worling, Littlejohn, & Bookalam, 2010). It is also important to recognize that, if these youth reoffend, they are far more likely to do so with a nonsexual offense than with a sexual offense.

For additional information, please see the ATSA document entitled *Adolescents Who Have Engaged in Sexually Abusive Behavior*

6. *What is sexual offense specific treatment?*

Adults: Adults convicted of sexual crimes or those accused of sexual offense behavior are often required to participate in sexual offense specific treatment as a condition of their sentencing, supervision, civil commitment, or family reunification. Treatment is designed to target the individual processes that are related to the perpetration of sexually abusive behavior. These methods aim to help adults convicted or accused of sexually abusive behavior identify and change the internal and external factors that contribute to sexual offending; develop strategies to avoid, control, or productively address risk factors before re-offense may occur; and develop offender strengths and competencies so that they can address their needs appropriately. Medications that reduce sex drive or improve emotional management are also commonly used in sexual offense specific treatment.

Many sexual offense specific treatment programs are structured on the Risk-Need-Responsivity principles that provide guidance for the intensity, specific interventions, and delivery of services needed for each individual. In brief, the risk principle indicates that the intensity of services should be determined by the risk level of the individual, with higher risk offenders receiving more intensive services than lower risk offenders. The need principle maintains that interventions should focus on dynamic, or changeable, factors associated with reduced recidivism risk. The responsivity principle states that interventions should be provided in a manner that incorporates the offender's individual characteristics such as learning style, level of motivation, and other individual factors that may impact delivery of services. Group treatment is a common method for sexual offense specific treatment, but treatment interventions vary across programs and may include group, individual, family, behavioral, pharmacological, or a combination of these methods.

Youth: Adolescents and children who exhibit problematic sexual behaviors also benefit from treatment interventions. However, treatment programming for youth is not the same as sexual offense specific treatment for adults. The treatment needs of adolescents and children differ from those of adults and should be addressed through specialized programming that incorporates family involvement wherever possible, and takes into account that only a small minority of adolescents have entrenched abuse-related sexual interests. Treatment should also be individualized based upon the specific needs, developmental level, and risks for other forms of crime or misconduct by the adolescent or child.

For more information on sexual offense specific treatment for adults, please see the ATSA document entitled *Sex Offender Treatment for Adult Males*

For more information about the treatment of children and adolescents, please see the ATSA documents entitled *Children with Sexual Behavior Problems* and *Adolescents Who Have Engaged in Sexually Abusive Behavior*

7. Does treatment work?

Adults: Treatment of adults who have perpetrated sexually abusive behavior is an important component of a comprehensive system to prevent sexual abuse. There is evidence that treatment programs which follow the Risk, Need, and Responsivity principles are associated with lower rates of sexual recidivism as compared to programs that do not follow these principles or no treatment at all (Hanson, Bourgon, Helmus, & Hodgson, 2009). Similar to other kinds of interventions, not every individual will respond to treatment in the same way and some will benefit more than others. All reductions in the rate of sexual abuse are meaningful as it is a form of prevention and represents the protection of children and adults from victimization. It is critical that we invest in more methodologically rigorous treatment outcomes studies, so that we can identify the most efficacious interventions for each individual offender. Such research is essential for maximal public safety and the protection of children and adults from future victimization.

Adolescents: Research indicates that, once detected, the majority of adolescents who have engaged in sexually abusive behavior do not continue to engage in these behaviors. Adolescents who engage in sexually abusive behavior also tend to be more responsive to treatment interventions and often demonstrate behavioral changes more readily than adults. According to a 2006 meta-analytic study, adolescents who received sexual offense specific treatment recidivated at a lower rate than adolescents who received no treatment (7.37% versus 18.93% respectively; Reitzel & Carbonell, 2006). Additionally, a 2012 retrospective study that followed nearly 500 juveniles adjudicated for sexually abusive behavior into adulthood revealed that approximately 10% of the sample continued to engage in sexually abusive behavior in adolescence and adulthood, whereas 90% of the sample desisted (Lussier, Van Den Berg, Bijleveld, & Hendriks, 2012).

8. How are adult sexual offenders managed and supervised?

It is a reality that most sexual offenders who are incarcerated will return to the community at some point in time and this makes effective supervision strategies imperative for the prevention of sexual abuse. Some offenders are incarcerated and some serve all or part of their sentence in the community on supervision such as probation or parole. There are also differences in the length of prison sentences, length of community supervision, and individual restrictions imposed on sexual offenders that are based upon factors such as the offender's criminal history, their level of risk for re-offense, and the pervasiveness of their sexually abusive behavior. Public safety is enhanced when scientific evidence about

risk is used to guide dispositions about length of incarceration and management post release.

Community supervision (i.e., parole, probation) provides accountability for offenders who are in the community and assists recently released offenders with transitioning back into the community by providing structure, support, and oversight. Effective community supervision also includes other collaborative partners, such as the sexual offense specific treatment provider, community support persons, victim advocates, and other involved professionals. A coordinated system for the management of sexual offenders may enhance the safety of the community by facilitating successful offender reintegration, protecting victims, and preventing future incidents of sexual violence.

Sexual abuse is a complex issue which impacts everyone – individuals, communities, institutions, and society as a whole. Despite this reality, addressing sexual abuse is often viewed only as a criminal justice responsibility; however, due to its widespread impact, preventing sexual abuse is a responsibility of us all. Current responses to sexual abuse typically focus on intervention and prevention *after* an assault. ATSA joins a growing movement which recognizes and responds to sexual abuse as a public health issue, thus directing our efforts on prevention of sexual abuse *before* it is perpetrated. Public health approaches also move beyond ensuring the health of individuals, to the health and safety of an entire population. Through education, collaboration, and the involvement of everyone - community members, violence prevention professionals, victim advocates, law enforcement professionals, those who provide treatment to victims/survivors of sexual abuse, and those who provide treatment to persons who have perpetrated sexual abuse – the prevention of sexual abuse can become a reality.

For additional information about the prevention of sexual abuse, please see the ATSA document entitled *Sexual Violence Prevention Fact Sheet* and visit the Prevention Committee site at www.atsa.com/prevention-resources

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