

The fear of sex offenders criminology essay



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In previous years, the fear of sex offenders has led the public to believe a fallacy regarding sex offender treatment. The public often start to view anyone who commits a sexual offence to be a high risk sex offender. Society need to understand that some sex offenders are low risk offenders who are very unlikely to reoffend again. The public will easily say 'sex offenders should be thrown in prison and never let out again' however this is an inefficient way in helping offenders to stop committing crime. Crime overall is a major problem around the world and a controversial debate that often brings up more questions than it answers. Explaining these criminal behaviours has become more complex as researchers have become aware that crime is a more complicated and confusing situation than they have previously recognized (Burke, 2005). This essay is intended to dispel the myth of the untreatable sex offender. In addition it will also cover and provide conclusive evidence from programmes that sex offender treatment is not only possible but to a large extent is successful in reducing the recidivism of sex offenders. Before this is examined, this paper will briefly define what a sex offender is, what derives people to become one and how the government has tried to prevent sex delinquents from re-offending. A sex offender is a person who has committed a sexual crime, an act which is prohibited by the jurisdiction. 'What constitutes a sex offence or normal and abnormal sexual behaviour varies over time and place' (Pakes & Winstone, 2007). Every country has a different perspective on sexual crimes which makes their legislation vary; even the age of consent to a sexual act is a culturally based construction. The age of consent median seems to range from 16 to 18 years, but laws stating ages ranging from 9 to 21 do exist. This means that in some countries sexual activity is illegal and in some it is legal.

Many people tend to think sexual offending mainly relates to adult rape or child molestation (Pakes & Winstones, 2007), but there are many other types of sex crimes such as lust murder, internet grooming, sexual harassment, incest, etc. It is very difficult to distinguish the difference between sex offenders with non-offenders. It is presumed that many sex offenders have various sexual abnormal fantasies or an unusual high sex drive (Elsevier, 2007-PRINTOUT). People tend to believe most sexual offences are committed by strangers but the truth is most victims know their attacker and also they are not any different to normal people (CSOM). Most sex offenders are not mentally ill as shown in this article - Fewer than 5% of people who commit a sexual offence suffer from a psychotic mental illness - (Nota). Many theories try to explain why people commit sexual offences. 'Since sexual deviance takes several forms, no single theory maybe adequate to account for all aspects' (Blackburn, 1993), Ellis (1989) identifies two major theories which will underline the most common approaches to as why a person may want to become a sex offender. Social learning theory suggests people learn and get exposed to certain things in life in which the person start to believe it is the right way to live life. This theory focuses on childhood experiences, especially within the family by either getting victimised by an adult at home or by getting exposure to pornography at a young age. This experience might lead them to being insecure and make them want to be in power instead of being the one subjected. The second theory Ellis supports is the Evolutionary theory which can also be known as the biological theory. This theory connects with genetics and male aggression. There is lacking evidence to support any theory. Getting victimized by a sex offender can be very traumatising and psychologically damaging. The public and media seem

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to only worry about two types of crime which are both sex crimes; sexually offending against women or children. "Sex offenders have been increasingly a focus of attention by the criminal justice system over the past decade" (Thomas, 2000). In recent years, many countries have started to change their laws regarding sex offenders. The criminal justice system is strengthening the legislation and revising punishments as the public believe it is too lenient. Before the Criminal Justice Act 1991, the laws on sex offences were very old; coming back from the Sexual Offences Act 1956 (Pakes & Winstone, 2007). Next came along the Sex Offenders Act 1997, this Act made it easier to manage, and identify the offender on community release. Sex offenders had to register their addresses and names with the police which helped manage and protect the public. It was mainly prepared to reduce the risk within the public so every sex offender can be monitored for up to 5 years. In 1998 the Crime and Disorder Act (Section 58), paid attention to 'extending the post-release supervision of sex offenders to a maximum of 10 years for a prison sentence of any length, and Section 2 introduced the Sex Offender Order. A sex offender order is a civil preventative order made by a magistrates' court on application by the police. If the police consider that a sex offender has acted in a way that gives reasonable cause to believe that an order is necessary to protect the public from serious harm by him, then they can apply for an order. The order may place a number of prohibitions as necessary to protect the public from serious harm by that person. For example, he might be prevented from entering children's playgrounds or visiting swimming pools. The breach of any of these prohibitions carries a maximum penalty of five years imprisonment. ((This can be used to prevent sex offenders from going to <https://assignbuster.com/the-fear-of-sex-offenders-criminology-essay/>

specific locations))- legislation. go. uk)). Since this has taken place, the laws in 2003 changed which introduced longer sentences, which allow for lengthy periods of formal supervision in the community, and for high risk sex offenders the life sentence was put into effect (Pakes & Winstones, 2007). The Sexual Criminal Act 2003 also redefined the meaning of rape by including penetration to the vagina, anus or mouth with his penis without lack of consent (legislation. co. uk). Internet 'grooming' is defined to be illegal in this Act as well. This is when an adult tries to arrange meetings and/or has sexual conversations online. So, what happens to those that are convicted? 'Nearly two-thirds of sex offenders immediately go to prison' (Homeoffice, 2003c), the rest are taken care of by probation or supervision orders, fines and some are totally discharged. The ones who are convicted or charged are often required to record their names in the sex offender registry. These databases are classified into levels and are open to the public. A serious high risk sex offender must register for the rest of their lives whereas a low risk sex offender has to register for a certain period of time. There are many advantages and disadvantages of the Sex offender Registry. Some of the advantages are that the public can easily access information about sex offenders on the internet, citizens have the right to know if there is a sex offender in their area, and the right of innocent children and others to safety outweighs the right of sex offenders to privacy. The disadvantages are many records are often inaccurate or not updated, this practice makes it hard for ex-offenders to look for a house or job and some seem to believe this information could lead to " networking" within sexual offenders. According to the Review of Sex offender Treatment Programmes (1998) the highest risk sex offenders appear to be characterised by the following factors: criminal

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history, convicted of diverse sexual offending (different victim ages, gender, or location), antisocial lifestyle, emotional loneliness, denial, psychopathic personality, low victim empathy and problem solving abilities and lastly sexually deviant arousal or fantasies. These criminals either being in prison, have been recently released from prison or have not been sent into prison at all run the same type of treatment programmes. A cognitive behavioural approach is mainly used or anti-libidinal medication (Perkins, 1998). The aim of the each programme is to 'challenge offenders distorted thoughts and reasoning in relation to their victims and to help manage their impulses by providing alternative courses of action which they view as being more rewarding' (Worall & Hoy, 2005). Many of the treatment programmes are taken place within group format unless the sex offender has a higher risk then it is a one-on-one basis. Sex offender treatment programmes require at least 80 hours of treatment (Evenden, 2008). In the last ten years, the British Prison Service has developed a largely group-based treatment programme for sex offenders to reduce crime rates (Thornton and Hogue, 1993), and this has led to the development of a national Sex Offender Treatment Programme (SOTP), which is now the largest of its kind in the world. The prison offender behaviour Programme Unit manages the SOTP. SOTP have made a criterion for all of the sex offenders in prison or attending programmes outside of prison. This criterion has ten characteristics which a sex offender treatment programme should have to be successful (Journal Site).

- Contains an explicit theoretical model of how the programme is meant to bring about change

- Includes a clear specification of the types of offender for whom the programme is intended
- Addresses a range of dynamic risk factors known to be associated with re-offending
- The treatment methods used are likely to have an impact on the targeted dynamic risk factors
- Skills are taught that will assist participants in avoiding criminal activities and facilitate their involvement in legitimate pursuits
- There is a rationale for the sequencing, intensity and duration of different programme components
- The programme is structured to maximize and sustain the engagement of participants
- There are clear links between the programme and the overall management of the offender
- There is provision to monitor programme integrity (is it being delivered as intended?)
- There is provision to evaluate the efficacy of the programme

The main goal of the sex offender treatment programmes are that the person avoids committing another offence in the future. The offender must admit he is guilty for him or her to be a part of the program. It is a condition of acceptance into the programme, not agreeing is breaching the law and the offender can be sent back to prison. Many programmes follow this rule but it is not done everywhere. The programme expects the perpetrator to admit his mistakes, to talk about his unacceptable behaviour, expresses feelings, remorse for them and is agrees to apologize to the victim. To

reduce reconviction rates many people suggest to also decrease the sexual arousal. Sexual arousal is one of the key factors which can lead to sex offending. Psychiatrists contribute to the treatment of sex offenders as well, not only prison officers and probation officers. Psychiatrists prescribe the medication, which has shown to reduce crime (Grublin, 2007). The most effective way to manage and supervise potentially dangerous offenders in the community is for the relevant agencies to work together. This partnership work is directed and governed by the national Multi-Agency Public Protection Arrangements (MAPPA). The MAPPA was created nationally on 1st April 2001. MAPPA works with a number of other agencies are under a duty to co-operate with the Responsible Authority. These include: Children Services, Adult Social Services, Health Trusts and Authorities, Youth Offending Teams, local housing authorities and certain registered social landlords, Jobcentre Plus, and electronic monitoring providers. The purposes of MAPPA are to ensure more comprehensive risk assessments are completed, taking advantage of co-ordinated information sharing across the agencies and to direct the available resources to best protect the public from serious harm. MAPPA deal with the management of sexual and violent offenders convicted by a court of a relevant offence or those whose behaviour poses a significant risk of harm to the public. After a comprehensive risk assessment, a system comprising three levels is used to make sure that those offenders who may pose the highest risk, receive the greatest degree of scrutiny and oversight. Who are the MAPPA offenders? There are three categories of offender eligible for MAPPA.

- Registered Sexual Offenders (Category 1) - sexual offenders who are required to notify the police of their name, address and other personal details and notify any changes subsequently;
- Violent Offenders (Category 2) - offenders sentenced to imprisonment/detention for 12 months or more, or detained under hospital orders.
- Other Dangerous Offenders (Category 3) - offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are 3 categories include supervising the offenders, arranging meetings between agencies to see which type of treatment the offender needs, police surveillance, specialised accommodation, and/or to provide ongoing senior management oversight. In the last year, MAPPA in Cumbria has worked in partnership with Circles UK, a national charity set up to encourage the development of Circles of Support and Accountability. Circles of support and accountability was first introduced in Canada about 15 years ago. The purpose of this programme is to support and reintegrate sex offenders who are about to be put back into the community. This idea was introduced to the UK by the Quakers. Sex offenders are lonely people who feel isolated when they are released into the community. These types of feelings make them re-offend. 'Circles' pay attention to employment, financial difficulties, isolation and loneliness' (circle journal). 'Circles' believe that the act sex offenders have committed may be monstrous but that doesn't mean they are monsters. They believe sex offenders needs to be shown care and humanity to help them avoid further offending. The individual becomes a 'core' member of the Circle. They are expected to commit and open within the

Circle. They also 'promise that there will be 'no more victims' by his or (her) hand, and that he or she will follow the laid down release plan' (print out).

'Circles' do involve the police and probation officers if any problem arises.

Circles take place weekly. They consist of four to six volunteers taken from different faith communities. Sex offender programs/strategies are

administered in prison and/or in the community to manage sex offenders.

Three common therapeutic approaches to treating sex offenders are:

1. The cognitive-behavioral approach, which focuses on changing thinking patterns related to sexual offending and changing deviant patterns of sexual behavior.
2. The psycho-educational approach, which focuses on increasing offenders' empathy for the victim while also teaching them to take responsibility for their sexual offenses.
3. The pharmacological approach, which uses medication to reduce sexual response.

Research has shown that sex offender treatment programs tend to have a high percentage of offenders who are either expelled from or drop out of treatment. Higher risk offenders and those who are mandated to receive treatment are the most likely to drop out. Fewer individuals drop out of cognitive-behavioral than hormonal treatment. Offenders who are married and employed are more likely to complete treatment. Offenders who do not complete treatment are more likely to commit subsequent sexual offenses than those who do complete treatment. Cognitive behavioral therapies are known to be effective treatment interventions that have helped lower the recidivism rates. This is the most common therapy used within sex offenders.

Most sex offenders are let off and released within the community under supervision before their sentence is completed. Some other type of sex offender treatment programmes that are taken place in America are the Sex Offender Groupwork Programme (SOGP) - for adult male offenders whose victims are children. Specialist assessment is required for this intensive programme and Internet Sex Offender Treatment Programme (I-SOTP) - for male offenders with convictions for internet only sex offences. It is designed to reduce the risk of future internet offending and progression to contact sex offending. There is a tremendous need for effective interventions that can lower the recidivism rates of sexual offenders.

EFFECTIVE? -

Whether sex offender treatment is effective in reducing recidivism continues to be debated and reaching firm conclusions on this issue is complicated by the lack of high quality studies. 'Longer programmes are perhaps predictable, more effective than short ones and programmes which teach offenders technique which they can utilize themselves, especially to prevent relapse, are also successful' (book) 172. Sexual recidivism is generally lower than general recidivism. Different studies used different criteria for sexual recidivism. Effectiveness for register - There have been many controversial arguments regarding the use of Sex Offender Register. Criminals who committed crimes before 1997, were not a part of this registry, criminals with acute risk to the public were exempt from the list and there is no national sex offender register (Pakes & Winstone, 2007)

MAPPA

- Treatment programmes have been researched regarding their impact on re conviction
- The group work treatment programmes in prisons and in the community have demonstrated effectiveness in reducing the re-conviction rates.
- Offenders successfully completing these programmes are 3 times less likely to be re convicted of a sexual offence and 5 times less likely to be re-convicted of a violent offence than offenders who have not completed the programmes. (NOTA)

PART 3 - There have been many debates about the rehabilitation process and its success rates. Circle of support - reduced re offending 70% -The Canadian model has proved to work. Re-conviction rates have halved and those who did re-offend committed less serious offences (paper). Conclusion - "In order to assess and treat a sexual offender effectively, therefore, one needs to obtain a realistic account of his psychosexuality , something that is notoriously difficult to do" (Elsevier, 2007). or (Grubin, 2007). Maybe use another type of approach - not only cognitive/behaviour but also psychotherapy and skills therapy to improve results. Programmes are constantly evolving as new information becomes available. Improvements will continue. Every step of this process is vital to reducing the risk a sex offender poses when he or she is returned to the community.'Assuming every coach, every priest, every teacher is not likely to be a sexual predator, but that one could be and that you will not know if he is. Given that we cannot detect child molesters or rapists with any consistency, we must pay

attention to ways of deflecting any potential offenders from getting access to us or to our children'(Salter, 2003)Anthony RiceLong history of sexual and violent attacksConvicted 1989, given discretionary life sentenceReleased on life license Nov 2004 after 15yr prison term. Killed Naomi Bryant in August 2005ROY WHITING -The sex offender population is increasing and most of these offenders will be released into the community without having received any treatment.(((ARTICLE)))