

Examining the sexual assault criminology essay



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When someone hears the words sex offender or sexual assault, the typical response is fear. The atrocious acts carried out by some sex offenders are very hard for the public to understand, and present society with complex challenges. Society often finds it easier to turn a blind eye to the crime, lock up the offender and throw away the key than attempt to address the challenge appropriately. There is a lack of public understanding toward sex offenders for the most part. This paper is intended to not only try to explain the psychology of the sexual offender but to also dispel the myth of the untreatable sex offender, and provide conclusive evidence that sex offender treatment is not only possible but to a large extent is successful in reducing the recidivism of sex offenders. Treatment and rehabilitation have been central to the development of criminal justice policy, and have played an important role in the development of criminology. In recent years punishment and retribution have attracted more attention than rehabilitation, but there has been a resurgence of interest in treatment and rehabilitation, with indications that some things do ‘work’, and an emphasis on ‘evidence-based’ policy making. It is also the belief of many that a penal policy without an adequate treatment strategy is unjust and a denial of human rights.

Sexual Offenders

There are three types of sex offenders determined by the courts who have to report to the sheriff. “ In an effort to decrease the incidence of sexual assault, legislators have passed regulatory laws aimed at reducing recidivism among convicted sexual offenders. As a result, sex offenders living in the United States are bound by multiple policies, including registration,

community notification, monitoring via a global positioning system, civil commitment, and residency, loitering, and Internet restrictions” (Bonnar-Kidd, 2010). First is the Sexually Oriented Offenders. No community notification is needed, but the offender must report to law enforcement for a given time, usually ten years. Next is the Habitual Sex Offender. If directed by the Court, law enforcement may notify the community and the offender must report annually for usually a set twenty years. Finally is the Sexual Predators whose guidelines are much stricter. Unless a Judge terminates the sexual predator title, the offender must verify their residence every ninety days and law enforcement is required to notify the community in which the offender lives that they do indeed have a sexual offender in the area. Among those that need to be notified are neighbors within a 1000 foot radius of the offender’s residence, school superintendents, day care operators, and local law enforcement.

Different Types of Sexual Offenders

Of the three groups, incest child molesters were the least likely to sexually recidivate, at a rate of 8. 4% (Hanson, 2001). This finding carries with it many important implications for treatment. Since the rate is relatively low, it has traditionally been believed that the best form of treatment for incest child molesters is a minimally intrusive form of therapy that reduces sexual recidivism

According to Hanson’s study (2001); rapists were the second most likely group of sex offenders to sexually recidivate, at a rate of 17. 1%. Most research done on rapists indicates that they are a distinct group of offenders

who are distinguishable from child molesters. For instance, rapists tend to be younger than child molesters, each having average ages of 32. 1 and 38, respectively (Hanson, 2001). More importantly, a meta-analysis of sex offender treatment programs found that rapists were more likely to recidivate non-sexually than were child molesters (Hanson & Bussiere, 1996). In fact, it has been noted that “ rapists share more characteristics with the general criminal population than do child molesters.” Characteristics that identify general criminals, such as prior criminal records and antisocial personality, are similar to characteristics that identify rapists. Furthermore, research has found that rapists are more likely than are child molesters to breach their conditional release. In one sample of 132 subjects who were conditionally released, 40. 7% of rapists breached, while only 25% of child molesters did so (Barbaree, Seto & Maric, 1996).

Of the three groups of sex offenders classified by Hanson (2001), the highest rate of sexual recidivism (19. 5%) was recorded for non-incest child molesters. These offenders are at significant risk of reoffending throughout their lives (Hanson, Steffy & Gauthier, 1992). A research study that illustrates this point examined the long term recidivism of child molesters. In the study, these offenders were classified into three groups: a treated group; control group one; and control group two. Both control groups were used to control for cohort effects. A total of 197 child molesters, a majority of them being non-incest child molesters, released from Canadian correctional facilities between 1958 and 1974 were tracked over an extensive period of time (31 years for control group one offenders). Results showed that 42% of the total sample was reconvicted for a sexual and/or violent offence. The

long term risk of recidivism for non-incest child molesters is based on the fact that 10% of the total sample was reconvicted between 10 and 31 years after release.

Causes of Sexual Offenses

These theories suggest that there are factors at the individual level that contribute to the likelihood of a person committing sexually violent acts. The variables that have been explored in the research range from biological factors to personality characteristics to attitudes and beliefs.

1. Evolution

It is suggested within this theory; strategies that have successfully reproduced our ancestors have resulted in the differences between men and women in current human mating. This is an often debated theory which is not widely accepted amongst those in this field. An example why could be that evolutionary theories do not address the large number of assaults regarding oral/anal penetration or of those involving same sex or those who are prepubescent. Those who tend to favor the evolutionary explanations for modern behavior even tend to acknowledge that sexual assault cannot be blamed on evolution alone.

2. Physiology and Neurophysiology

The cause of sexual assault may be found in hormones and other chemicals in the body, as well as head traumas or brain abnormalities. Researchers in this area have found a correlation between testosterone levels in humans and aggression. However, it is still not clear if it is whether the testosterone

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levels lead to aggressive behavior or rise as a result of aggressive behavior. Trauma and violence have been proven to have effects on neurotransmitters, brain function, and hormones. Studies examining brain injuries and abnormalities suggest trauma and violence can lead to an increase in battering behavior, as well as other violent or impulsive acts.

3. Alcohol

Considerable evidence links alcohol and physical aggression. Alcohol use is involved in up to 75% of acquaintance rapes. Alcohol affects men's perception of women's sexual intent. Many men perceive alcohol as a sexual cue; thus, alcohol increases the likelihood that friendliness will be misperceived as sexual intent and that a man will feel comfortable forcing sex after misperceiving a woman's cues. In short, perpetrators are more aggressive and victims less effective at setting boundaries and defending themselves when drinking alcohol. While it is very commonly involved in sexual assaults, many people drink on a daily basis without committing a violent act or engaging in violent behavior, as well as quite the percentage of assaults committed without any presence of alcohol. Clearly, the use or abuse of alcohol does not entirely account for the incidence of sexual assault in our society.

4. Psychopathology and Personality Traits

Men who rape have been diagnosed with a wide variety of disorders from personality to psychiatric, most often being antisocial personality disorder. Nonetheless, no significant differences between sexual offenders and nonsexual offenders incarcerated have been found within personality tests.

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The degree of involvement in sexually coercive behavior appears to be related to personality measures of irresponsibility, a lack of social conscience, and a value orientation legitimizing aggression, particularly against women. Investigators have concluded that sexual aggression is determined by many factors. In fact, it has been said that the personality profile of convicted rapists more closely matches the personality profile of men in the general population than any other set of felons.

5. Attitudes and Gender Schemas Sexually aggressive men are more likely to believe myths about rape and that use of interpersonal violence is an effective strategy for resolving conflict than are non-aggressive men. These sorts of beliefs may serve as rationalizations for sexual offenders, allowing them to imagine their victims wanted or deserved the sexual acts forced upon them. Once men have developed attitudes that support violence against women, they are likely to misconstrue ambiguous evidence as a confirmation of what they already believed. Acceptance of rape myths is strongly related to adversarial sexual beliefs, tolerance of interpersonal violence, and gender role stereotyping.

6. Sex and Power Motives

Research has confirmed that anger and power are the biggest motivating factors in a rapists' rationalizations for sexual aggression than sexual desires are. And sexually aggressive men openly admit that their sexual fantasies are aggressive and sadistic.

7. Relationship Context

The stage of relationship between a man and a woman may affect the probability of violence. Some research suggests that men who rape on first or second dates may have similarities to stranger rapists, while men who rape early in what otherwise appears to be a developing relationship may simply misperceive their partners' intent. Variables that appear to be risk factors are the man's initiating the date, paying all the expenses, and driving; miscommunication about sex; heavy alcohol or drug use; " parking"; and men's acceptance of traditional sex roles, interpersonal violence, adversarial attitudes about relationships, and rape myths.

Societal Influences

Another body of theories suggests that socio-cultural factors contribute to the occurrence of sexual violence. These theories suggest that our society tacitly accepts and encourages sexual violence through expectations and cultural morés, which are transmitted through our history, families, media and institutions.

8. History

The history of our society's understanding of sexual violence has its roots in English property law. " Rape entered the law ... as a property crime of man against man. Woman, of course, was viewed as the property." 1 The law assumed marriage vows implied consent to sexual relations, and men were permitted to use whatever force necessary to gain sexual access to their wives. The issue of sexual assault would not enter the consciousness of the U. S. public until the feminist movement of the 1960s. Feminists saw rape as a mechanism for maintaining patriarchy, a violent means of inducing fear in

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women and reinforcing their subordination to men. This perspective has shaped the way our culture defines and understands sexual assault today.

9. Family

Sexual violence endures in human societies, according to this paradigm, because it is modeled by influential members of our society and has positive results for the perpetrator. Children who are exposed to violence between their parents are more likely to be involved in violent intimate relationships as adults. The structure of the family seems to have an impact on the attitudes and behaviors of children raised in them. Violent sex offenders have been found to be more likely than other adults to have experienced poor parental child-rearing, poor supervision, physical abuse, neglect, and separations from their parents.

10. Sexual Expectations and Rape Myths

Expectations transmitted by our culture typically encourage men to feel superior, entitled, and that they should be always on the lookout for and ready to initiate sex in their relationships with women. At the same time, these sexual scripts teach women to feel responsible for setting the limits and pace of sexual contact in their relationships with men. Rape myths typically deny the existence of sexual assault, excuse it, and minimize the seriousness of its effects. Acceptance of rape myths is correlated with sexually aggressive behavior.

11. Cultural Mores

Studies by anthropologists demonstrate the critical role that socio-cultural mores play in defining and promoting violence against women. Cultures differ in the amount of intimate partner violence, as well as the acceptability of this violence. Nearly all societies tolerate rape and have mechanisms that perpetuate violence.

12. Media

From the early days of the modern women's movement, feminists contended that pornography encouraged sexual aggression towards women by portraying them as nothing more than sex objects, a view that is supported in the research. It is depictions of violence against women, rather than sexually graphic material that encourage acceptance of violence and callousness toward women who are its victims. Television and movies often send the message that violence works.

13. Schools and Other Influences

Schools contribute to socialization supportive of violent behavior when they reinforce sex role stereotypes and attitudes that condone the use of violence. Participation in team sports may increase the risk of sexual aggression. Peers are more influential in shaping individual behavior than biology, personality, family, religion, or culture.

Treatment of Sex Offenders

Cognitive/Behavioral Therapy A weekly cognitive/behavioral group therapy session is offered to allow offenders to deal with their offence patterns, in order to prevent further offences. The session is based on the premise that
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sexual offending is fantasy driven behavior and, as such, offenders are required to record and discuss their sexual fantasies. The offenders record data in fantasy logs detailing the number and content of their sexual fantasies. The number of fantasies that the youths were able to stop, masturbatory frequency and the frequency and effectiveness of prevention strategies are also recorded in the fantasy journal. Then, information given by the offender is analyzed, in order to uncover and appropriately deal with cognitive distortions that permit and reinforce deviant fantasies. Deviant fantasies are discouraged, and appropriate sexual fantasies are encouraged.

Psychotherapy

The second type of treatment provided at Counterpoint House is psychotherapy, which is also offered in a group counseling setting once a week. These spontaneous, non-agenda driven group is based on the idea that sex offenders live secret lives, and are often victims of sexual abuse themselves. For example, Aylwin, et. al. (in press) found that among 103 adolescent child molesters, 77.9% were sexually abused at some point in their lives. The Counterpoint House Program acknowledges this correlation and attempts to address issues surrounding sexual abuse while treating adolescent sex offenders. The theme of the psychotherapy group is "getting out the secrets," and success in the group is measured by an offender's participation, personal disclosure, ability to discuss sexual offending issues knowledgeably and ability to provide insight into personal and other group member issues. It has been noted by Counterpoint House staff that the psychotherapy group is where offenders in the program learn to trust and feel support, often for the first time. From this sense of trust and support,

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offenders are able to disclose relevant issues about themselves, and help treatment efforts progress with more ease. Furthermore, issues brought up in the psychotherapy group are followed up in individual counseling sessions that are carried out on an ongoing basis by most staff members involved in the Counterpoint House Program. Also, issues raised in individual counseling sessions are often later disclosed in the group sessions, so that the offender can gain the benefit of his peers' insights into the issues and obtain necessary support.

Skills Therapy Skills therapy is divided into three eight week sections that include: anger management, relapse prevention and psychosexual education. The anger management component assumes that sex offenders have anger management difficulties, and that sexual offences are one of the manifestations of this misplaced anger. Counterpoint House staff have developed their own program for addressing anger management of adolescent sex offenders, that encompasses 13 sessions where offenders learn about various anger management issues. Triggers, reactions and consequences of expressions of anger are explored, as well as the presentation of various models of anger. Additionally, cognitive distortions surrounding destructive expressions of anger are identified, and attempts are made to eliminate such distortions. Finally, in the latter sessions, a distinction is made between aggressive and assertive behavior. The main goal of anger management therapy is to replace destructive expressions of anger with appropriate methods of communicating.

Sex Offender Rehabilitation Program

The Sex Offender Education Program (SOEP) is a four month program that assists sex offenders who pose a lower risk of re-offense or who is about to be released on a long term of supervision. The curriculum provides information on varying topics such as cognitive restructuring, healthy sexuality, interpersonal relationships and anger/stress management. The Sex Offender Treatment Program (SOTP) is an eighteen month program that deals with intensive treatment in an environment within a therapeutic community for sexual offenders that pose a high risk of re-offense. In this setting, offenders are offered immediate feedback regarding their treatment progress as well as behavior. The SOTP employs a cognitive-behavioral model within three treatment phases. The main goal within this program is to attempt to eliminate or possibly reduce the re-offense rate and move the participant toward a more pro-social lifestyle. All three phases occur in a Therapeutic Community environment, providing necessary behavior modifiers that allow offenders immediate feedback about their behavior and treatment progress.

Conclusion

Although there have been many noteworthy research studies on sex offender recidivism in the past few decades, the factors that are associated or trigger re-offense are not concrete. Communication must be open between the justice system, researchers and Doctors that treat sexual offenders. Ultimately, with the gathering of information, the goal is to avoid repeat offenders from committing the crimes again and again. By studying these offenders, strategies could possibly be effectively managed so that these offenders can integrate back into normal society without fear. Through <https://assignbuster.com/examining-the-sexual-assault-criminology-essay/>

research and therapy, the goals are to prevent future victimization and a safer community. Strategies can be morphed by following the latest studies into re-offense so that those safety goals can be reached. While you can never know what is going on within a person's head completely, through study and research, a glimpse within the sexual offender's mind can be seen. Since there is no direct link between the amount of incarceration and recidivism, it is difficult to know with certainty if incarceration is truly the best, and main, tool to use. Whether with incarceration and therapy combined can truly change the mind of a sexual offender or deviant, remains to be seen. However, with the end goal being to keep our communities safe and have one less victim have to suffer through the aftermath and devastation of a sexual assault, more research of the criminal's mind is an absolute must.