

Myths About Sex Offenders

► The terms pedophile and child molester are essentially synonymous and therefore can be used interchangeably.

Not all pedophiles act on their sexual attraction to minors; not all child molesters meet criteria to be called a pedophile. The terms have distinctly different definitions.

► All sex offenders were sexually abused as a child.

Not all, but studies find that approximately forty to sixty percent of sex offenders who do commit a sexual crime were sexually abused as a child. Data depends upon the study completed. Also, most sex offenders are found to be raised in a home that included emotional neglect, physical or sexual abuse.

► All sex offenders are the same.

Some sex offenders commit a single offense over the course of their lifetime while others have hundreds of victims. Aggressive sexual acts have been committed by preschool children, the elderly and every age in between. Male and female offenders may be seriously mentally ill, substance addicted, mentally retarded, and or have neurological impairment. Upon close examination, the heterogeneity of the sex offender population is readily apparent.

► Sex offenders cannot be treated. Therefore, they should all be locked up indefinitely.

Relapse rates for sex offenders are lower than relapse rates for substance abusers. Yet, one rarely hears the argument that our society should stop trying to treat substance addiction. Recidivism rates for juvenile sex offenders are reported as low as 8% to 14% (which is considered quite low).

► Young people do not commit that many serious sexual offenses. Therefore, we should focus on adults because they pose the greatest risk to society.

The U.S. Department of Juvenile Justice reports in the May 2003 Bulletin Series on Child Delinquency that 180,000 children ages seven to 12 were handled by the juvenile courts in 1997. Twenty percent of those arrests (36,000) were for a sex offense (Loeber, Farrington & Petechuk, 2003). The number of child delinquents between the ages of seven and 12 has increased 33% over the last decade (Snyder, 2001). The Office of Juvenile Justice and Delinquency Prevention has assembled the Study Group on Very Young Offenders to address this growing concern.

Myth:

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► Juveniles will outgrow their sexual misconduct without any clinical intervention.

Current estimates are that without treatment, “the average sex offender will go on to commit 380 crimes during their lifetime” (Kelly, Lewis & Segal, 2004, p. 67a).

► The punishment and/or treatment should relate to the offense committed. After all, rape is rape.

Available data does not support an offense-driven response. Instead of a one-size-fits-all mentality, the treatment community seeks to develop and utilize highly effective evaluation tools and treatment techniques for specific populations so that therapists may maximize the offender’s care and treatment while simultaneously minimizing the risk to the community.

► Because no sex offenders are registered in my area, I can feel safe.

The sex offender registry can create a false sense of safety. Many offenders commit numerous serious offenses before being charged the first time. Many others are just “lost” to the registry system. Others are serious juvenile offenders. Although all 50 states require sex offender registries, there is wide disparity among states in the implementation of the program. Some offenders “shop” for states with the most lenient guidelines and

relocate there. In the end, there is no substitution for conscientious parenting and deliberate safety measures.

► As long as I tell my child not to talk to strangers, he (or she) will be fine.

Most sex offenses are committed against persons who are known by the offender (Shaffer & Ruback, 2002). Seductive offenders put a great deal of time and energy into gaining the trust of the parent and the child victim before initiating sexual contact.

This type of offender may offer free child care, financial assistance or to help out the family in other seemingly innocent ways. He or she may even marry the parent to gain access to the child(ren). The generous gifts, attention and unsolicited assistance appear to be offered for purely altruistic reasons. Incest offenders may operate in a similar manner or may use force or coercion. Some perpetrators may delude themselves (and some parents) into believing that the sexual contact is a fair payment for all they have contributed to the family. Educating children about their rights and how to respond if those rights are violated goes far beyond avoiding strangers. The process will not be achieved in a single discussion.

Myth:

Adults who were sexually victimized as children will become child molesters.

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► Online sex abuse cases typically involve the adult disguising himself or herself as a minor in order to solicit sexual contact with young children.

A recent survey was conducted involving state and federal law enforcement investigators from 2,574 law enforcement agencies between 2001 and 2002.

The study included sexual offenses against minors which originated with on-line contact and ended in the offender's arrest.

Offenders targeted adolescents (not younger children) 99% of the time with only 5% of offenders disguising themselves on the internet as minors (Wolak, Finkelhor & Mitchell, 2004). This study also indicated that few offenders used force, coercion or abduction to sexually abuse their victims. The personal contact was typically precipitated by more than a month of communication online and by telephone.

► My children are boys, so I don't have to worry about talking to them about sexual victimization. Besides, my boys would never let that sort of thing happen to them.

The sad reality is that no gender is safe from sexual victimization. Actual numbers of male victims are difficult to obtain given the underreporting phenomenon. This is due to the added shame and humiliation that so many males and their families tend to experience. In everyday clinical practice, male

children and adolescents recount memories of being sodomized. They also report mutual masturbation and fellatio with the perpetrator. Female offenders may engage in vaginal intercourse with male victims and force them to perform cunnilingus. A victim's physiological response (e.g., having an erection) in no way mediates the offender's responsibility and does not signify that the victim "enjoyed it." The offender selects his or her victim(s) based

on his or her own deviant sexual desires. The child's gender, age and physical appearance may make him or her a target to a particular offender. Yet, no child engages in behavior or presents in a manner that would cause or warrant sexual victimization. Fathers, in particular tend to have difficulty with the concept that their male child is blameless and could have done nothing to prevent or to stop the assault.

► People can never recover from being sexually abused.

While the reality of the abuse is rarely forgotten, some victims do heal and learn to lead happy, productive lives. Some may work in related fields, becoming sex crimes prosecutors or legislators. Those who received mental health services may want to "give back" by pursuing human services occupations--becoming therapists,

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physicians or nurses. The hard work and expense of healing from sexual trauma is considerable. Yet, it can be done.

► If the victim didn't like it, he or she would not have told . . . or stopped going around the offender . . . or fought back . . . or . . .

There are many reasons victims do not end the abusive relationship. A few include that the victim:

- › fears being blamed
- › fears the offender would carry out threats (often to kill the child, parents, siblings or pets)
- › is so starved for attention and affection that sex is tolerated in order to maintain the relationship
- › believes that he or she is in love with the offender
- › tells a parent who advises him or her to keep quiet and continue the sexual contact to protect the perpetrator and maintain the status quo
- › fears being removed from the perpetrator's custody and having nowhere else to go
- › fears the humiliation of having anyone know what's been going on
- › fears the anger and retribution of the other parent (incest cases)
- › believes other siblings will be targeted (particularly in incest cases) if the

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perpetrator is angered or kept away from the original victim

- › believes promises that "it will be over after this one last time"
- › believes that sharing the "special secret" makes him or her fit in or belong
- › believes that "This is a part of your education; it's better that I teach you this now."
- › believes that it's normal

- › believes it's part of a loved one's illness and he or she "can't help it"
- › believes no one would care anyway