

# Decision Making: Sex Offenders and Contact/Reunification with Children

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# Family Reunification/Family Preservation: Are Children Really Being Protected? (Gelles, 1993)

- ◆ The “Tipping versus Deficit” Model
- ◆ **Tipping:** Stress can build up to the point that pushes parents to maltreat or abuse children.
- ◆ **Deficit:** Some parents lack the personal, social or economic resources to be effective parents.
- ◆ Both groups can be helped to become competent parents.
- ◆ 65% to 70% of child welfare cases fall into these categories.
- ◆ The remaining **30% to 35% are categorically different** and, will, despite massive resources, **continue to be harmful to children.**

# **“ATSA” The Association for the Treatment of Sexual Abusers *Standards and Guidelines, 2001***

- ◆ **Members shall give top priority to the rights, well-being and safety of children** when making decisions about contact between clients and children.
- ◆ **Members shall not permit clients who continue to exhibit relative high levels of deviant arousal or, who are at moderate, or higher risk to reoffend, to have contact with children.**

# ATSA Standards

- ◆ Members should consult community risk management team members – including child advocates, support persons and other involved professionals before making decisions about contact with children.
- ◆ Members should assist in the selection and education of responsible adult chaperones for contact between clients and children.
- ◆ Members shall not approve unsupervised contact between a client and a child without a thorough assessment of the client's risk, the child's safety plan and, consultation with other members of the community risk team.

# Risk Assessment, Treatment and Contact With Children.

- ◆ Sex Offender Evaluations
  - “Risk Assessments”
  - “Psychosexual Evaluation”
- ◆ Sex Offender Treatment
- ◆ Clarification
- ◆ Family Reunification
- ◆ Contact with Children

# “Risk Assessment”

- ◆ Evaluation should never be used to determine guilt or innocence with respect to a specific allegation.
- ◆ If there is a documented history of child maltreatment, a conviction or an admission, a “Risk Assessment” can be used to further examine the person’s risk for further criminal conduct, child maltreatment, violence or sexual deviance and, amenability to treatment.

# Tools for Sex Offender Evaluation and Risk Assessment

- ◆ Personality Testing - MMPI, MCMI, PAI , IIP
- ◆ Cognition Testing – Bumbly, Abel
- ◆ Polygraph Examination – “Full Disclosure” or Sexual History Examination.
- ◆ Phallometric Assessment- Penile Plethysmograph
- ◆ Visual Reaction Time Testing
- ◆ Actuarial Risk Assessment Tools – Static 99, VRAG, SORAG, PCL-R, MnSOST, RRASOR

# The Molest Scale With Item to Item Scores. Bumby, 2001.

- ◆ I believe that sex with children can make the child feel closer to adults (.86).
- ◆ Since some victims tell the offender that it feels good when the offender touches them, the child probably enjoys it and it probably won't affect the child much (.83).
- ◆ Many children who are sexually assaulted do not experience any major problems because of the assaults. (.79).
- ◆ Sometimes, just touching a child sexually is a way to show love and affection. (.78).
- ◆ Sometime children don't say no to a sexual activity with an adult because they are curious about sex or enjoy it. (.78).

# Assessing Pro-Rape Attitudes via The Bumby Rape Scale

- ◆ If a woman does not resist strongly, she is probably willing to have sex.
- ◆ When women wear tight clothes, they are asking for sex.
- ◆ If a man has had sex with a woman before, he should be able to have sex with her any time he wants.
- ◆ Part of a wife's duty is to satisfy her husband sexually whenever he wants it.
- ◆ When women act too good for men, men think about raping them to put them in their place.
- ◆ If a man spends money on a woman.....

# The Abel Screening Tool for Sexual “Interest”

- ◆ Visual Reaction Time
- ◆ May not measure sexual arousal
- ◆ Experts using it to prove innocence or guilt
- ◆ Attorney’s teaching clients to “fake” test.

Court of Appeals of Texas,  
Amarillo.

No. 07–00–0239–CV. Jan. 3, 2002.

“For all we know, they (the Abel formulas) and their components could be mathematically based, founded upon indisputable empirical research, or simply the magic of young Harry Potters' mixing potions at the Hogwarts School of Witchcraft and Wizardry.<sup>[FN5](#)”</sup>

# *Predictors of Sexual Offense Recidivism*

## *Hanson & Bussiere, 1998*

### **Sexual Deviance**

PPG sexual interest in children	.32
Any deviant sexual preference	.22
Prior sex offense	.19
Stranger victims	.15
Early onset	.12
Unrelated victims	.11
Male victims	.11
Diverse sexual crimes	.10

### **Criminal history/Lifestyle**

Past TX failure/dropout	.17
Antisocial Personality	.14
Any prior offenses	.13
Under 25	.13
Never been married	.11

\*\*\*\*\*Psychopathy

# Static and Dynamic Predictor of Sexual Recidivism (Hanson & Bussier, 1998; Hanson & Morton-Burougon, 2004)

Prior sex offense	.19	Non-compliance	.31
No TX completion	.17	Self-regulation	.19
Stranger	.15	Conflict/intimate	.18
Early onset	.14	Deviant sex interest	.16
Criminal history	.13	PPG arousal	.12
Younger than 25	.14	Pro-pedophilia/rape	.11
Never married	.11	Negative peer group	.11
Unrelated victims	.11	Antisocial	.11
Male victims	.11	Negative social	.08
Young victims	.05	Substance abuse	.06
Force	.04	Low self-esteem	.02
		Denial	.01

# Static 99-R

- ◆ Male victims 0 or 1
- ◆ Unrelated victims 0 or 1
- ◆ Stranger victims 0 or 1
- ◆ Lived with lover 0 or 1
- ◆ Young 18 – 35 = 1  
35 - 40 = 0  
40 – 60 = -1  
60+ = -3 -3
- ◆ Prior sentencing dates 0 or 1
- ◆ Prior sex offenses 0, 1, 2, 3  
Charges & conviction
- ◆ Index non-sex violence 0 or 1
- ◆ Prior non-sex violence 0 or 1  
– 1 low 4/5 mod  
2/3 mod low 6+ high

# Estimated Sexual Recidivism Rates Hanson, 2007

Years of Follow-up	Observed/ Detected	Estimated
5yrs	10-15%	30-40%
10yrs	15-25%	30-45%
20yrs	30-40%	40-55%

# *The Effectiveness of Sexual Offender Treatment for Juveniles as Measured by Recidivism: A Meta-analysis. (Reitzel & Carbonell, 2006)*

Average Follow-up time in community	New sex offense re-arrest	Non-sexual but violent offense re-arrest	Non-sexual Non-violent offense re-arrest	Unspecified offense re-arrest
N=2,986 2604 Ma 121 Fe				
Average 59-months	13%	25%	29%	20%

# What else doesn't risk assessment account for?

- ◆ Victims are more likely to report strangers or acquaintances than family members.
- ◆ Younger children are less likely to report than older children.
- ◆ Children who have been abused are 3-6X more likely to be re-abused.
- ◆ Victims are less likely to re-report.
- ◆ Families are less likely to re-report.
- ◆ Most offenders will live 40 years after release (Saschmeier, Rice and Doren).

# Risk for Sexual Violence Protocol (RSVP)

- ◆ Additional items:
  - Failure to perceive one's own risk
  - Failure to understand one's own crime cycle,

## Other Considerations: Past behavior is the best predictor of future behavior

- ◆ Did the evaluator have **all** past police reports, pre-sentence investigations, victim statements/child abuse assessments, witness statements, past evaluation/treatment records prior to the assessment?
- ◆ Did the evaluation include a PPG and polygraph?
- ◆ Was the evaluator a specialist?

# 2008 OATSA Survey

- ◆ 32 SOTP average years experience 13.6 years.
- ◆ 31 PPO average years experience 5.5 years.
- ◆ 30% reported that moderate and high risk sex offenders should never be allowed to live with children and the remainder suggested a “case by case” approach
- ◆ Majority (3/4) supported the idea that “most” offenders should be encouraged to avoid unsupervised contact with children as a lifelong goal.

# “Best Interest”

- ◆ It is not in the best interest of sex offenders to allow them to enter or live in situations/ environments that foster relapse and re-offense.
  - They experience an increased risk of incarceration
  - Which pose further impediments to community integration, employment and housing.
  - Further alienate them from family and friends.
  - Worsening sexual deviancy

# Does Sex Offender Treatment Work?

- ◆ Sex offender treatment involves the ability to adopt and integrate life-long risk management strategies/support systems.
- ◆ Depends on the offender.
- ◆ Depends on his family/support group.
- ◆ Depends on the length and quality of treatment & after care.
- ◆ Depends on the length and quality of supervision.
- ◆ Depends on future behavior (risky vs. safe)

# *Risk Assessment in Child Sexual Abuse (Levenson, J. & Morin, J. 2006)*

- ◆ Contact with children, especially unsupervised contact is an additional risk factor for re-offense.
- ◆ Need to assess each offender's history of developing relationships with women to gain access to children.
- ◆ Treatment should offer guidelines and expectations that minimize risk and maximize chance for success.

# The ATSA Collaborative Meta Analysis

- ◆ Several major studies have shown “no effect” and the largest, most empirically sound study ever conducted demonstrated a negative effect (Marques, et al. 2005)
- ◆ The ATSA MA indicated that “good treatment” has the potential to significantly reduce recidivism
- ◆ Drug companies and pharmaceutical research
- ◆ Oregon’s system does not always support good treatment via adequate supervision or long term management.

# Effective Treatment

## ◆ Doesn't work

- ◆ Psychotherapy
- ◆ Addiction models
- ◆ Family systems
- ◆ Christian counseling
- ◆ Time limited counseling

## ◆ Does work

- ◆ Correctional based
  - Poly – TX - PPO
- ◆ “Criminal sexual behavior”
- ◆ Cognitive- behavioral
  - PPG/Arousal control
- ◆ Risk management model
- ◆ Support group/family involvement
- ◆ Long term follow-up

# Evaluating Treatment

- ◆ Did the client really complete treatment? How do you know? Was the provider reputable? Do they belong to ATSA? Are they certified as a SOTP?
- ◆ Was the treatment “Cognitive Behavioral?”
- ◆ Has the client had an arousal assessment/aversion?
- ◆ Did the client pass a full disclosure sexual history polygraph examination?
- ◆ Was the treatment geared toward allowing contact with this child? This family?
- ◆ Did the offender participate in follow-up/aftercare?
- ◆ Do they think they are cured?
- ◆ Does the client need a “check up” or a “treatment tune up?”

# Non Offending Parent and Family Therapy

- ◆ All adult family members must know offender's **full history** and reasons for offending.
- ◆ Must believe offender presents life long risk.
- ◆ Agree to never allow “alone” with children.
- ◆ All family doing well in ind. TX.
- ◆ Team agrees that family can support and sustain victim/child safety.
- ◆ Can and will report and work through problems.

# “Safety Plans”

- ◆ Are always necessary with sex offenders
- ◆ Should be specifically tailored to each case
- ◆ Often require “tweaking” and ongoing monitoring
- ◆ Are best performed in conjunction with sex offender treatment and/or long term case management
- ◆ Are totally dependent on the cooperation of the offender/supervision

# Rules for Life

- ◆ Do not be alone with children
- ◆ Do not date women with children
- ◆ Make sure all the people in your life who need to know about your history, risk and rules know them.

# Rules for “Visitation” or “Reunification”

- ◆ No being alone with children. Contact with be supervised by direct, line of sight/sound.
- ◆ No having children sit on offender’s lap.
- ◆ No initiating contact, no tickling or horseplay.
- ◆ No sex education, sex talk, nudity (or semi) or pornography.
- ◆ No helping with dressing or hygiene routines.
- ◆ No corporal punishment,
- ◆ Non-offending spouse is in charge.

# More Rules.

- ◆ No alcohol or drug use.
- ◆ No contact with other children w/out informed permission from their parents
- ◆ I will attend school/church only with supervision and prior knowledge/consent of the administration.
- ◆ Until children reach 18, our family will participate in check-ups with therapist.
- ◆ Yearly polygraph exams and ppg assessments
- ◆ Rules will apply to all grandchildren.

# Exceptions to “No Unsupervised Contact”

- ◆ Decision to allow unsupervised contact with children must be made with “the best interests” of the child in mind.
- ◆ Decision must be made by multi-disciplinary team.
- ◆ Child should be at least 14 years old, be “competent,” know offender’s history and have prevention plan in effect.
- ◆ Offender must be doing well in or have completed treatment.
- ◆ No history of same gender victims, arousal to child’s age group or gender.
- ◆ Plan must include routine (3 to 6 month) check-ups with child, family and offender.
- ◆ DHS should agree to maintain an open case until child reaches 18.

# Type of Sex Offender to “Rule Out” for Contact

- ◆ Rule out pedophiles
- ◆ Rule out repeat offenders
- ◆ Rule out offenders with a history of violence
- ◆ Rule out offenders with an active case of substance abuse
- ◆ Rule out Psychopaths
- ◆ Rule out “moderate and high risk” offenders

# Changing the system from the bottom up.

- ◆ Regular, yearly training for child protective workers, prosecutors and judges
- ◆ Decreasing the adversarial approach
- ◆ (not always in the best interest of offenders to live with children.)
- ◆ Developing strong, child safe policies and protocols and legislation.

# Contact/Reunification: Is It Safe?

<b>Offender Status:</b>	<b>Low Risk</b>	<b>Moderate Risk</b>	<b>High Risk</b>
<b>Treated</b>	Possible	Possible	No
<b>Un-treated</b>	Possible	Unlikely	No
<b>Tx &amp; Risky</b>	Unlikely	No	No
<b>Tx &amp; Re-offended</b>	No	No	No

# Recommended Books and Videos

- ◆ ***Predators: Pedophiles, Rapists & Other Sex Offenders*** by Anna Salter.
- ◆ ***Truth, Lies and Sex Offenders*** by Anna Salter
  - Available via Specialized Training Services (\$79)
  - 1-800-848-1226
- ◆ ***Close to Home*** by the Mark McGwire Foundation
  - Available via Amazon.com (\$30)
- ◆ ***Identifying Child Molesters & The Socially Skilled Child Molester*** by Carla van Dam
- ◆ ***Without Conscience*** Robert Hare.
- ◆ **Emerging Research About Sex Offenders: What Judges, Attorneys, Child Welfare Workers and Child Advocates Should Know** Cory Jewell Jensen.