

# Myths and Facts about Sexual Offenders: Implications for Treatment and Public Policy

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## Abstract

*Aim: The purpose of this study was to determine to what extent perceptions about sexual offenders are based on empirical evidence or misconceptions.*

*Background: Sexual offenders have often been under the spotlight of media attention and public censure. Legislatures in the United States and abroad have passed increasingly restrictive and intrusive laws in order to protect the public from convicted sexual offenders. Sex offender policies are often passed hastily and are not based on scientific evidence but on emotional reactions to high profile, violent, disturbing cases.*

*Method: Data were collected in Brevard County, Florida from 192 community members and 125 sexual offenders in outpatient treatment, all of whom were surveyed regarding their knowledge about five common themes. Comparisons between groups were analyzed, as were comparisons between participants' responses and published data.*

*Results: Results revealed that both sex offenders and the public overestimated the rate by which strangers victimize children, and overestimated the number of sex offenders who were victims of sexual abuse in childhood. Both offenders and the public overestimated the number of sex crimes that come to the attention of authorities. The public more extensively than offenders overestimated the frequency of sexual recidivism rates and underestimated the efficacy of sexual offender treatment in comparison to the literature.*

*Conclusions: Common misconceptions may interfere with offenders' treatment and reintegration into society as well as influence legislatures to pass laws that are misguided and inefficient. Implications for policy and practice are discussed.*

*Key words: sex offender, public perception, sexual abuse, myths, misconceptions, public policy*

Sexual victimization has become one of the most publicized issues of our time (Edwards & Hensley, 2001). Sexual assault of children and adults is now recognized as a common and deleterious social problem which impacts victims, their families, and communities (Briere & Elliot, 2003). Sex offenders are often under the spotlight of media attention and public scrutiny, however many of the preconceived notions surrounding sexual abuse appear to be based on misconceptions rather than empirical evidence (Center for Sex Offender Management, 2000; Levenson, Brannon, Fortney, & Baker, 2007; Levenson & D'Amora, 2007; Zgoba, 2004). Given the enormous attention that is paid to sexual offenders, both in the U.S. and internationally, there is a specific need for more accurate information to be disseminated to the public. Public policies informed by scientific evidence are more likely to be effective in achieving goals of community protection (Levenson & D'Amora, 2007). In fact, evidence-based treatment and social policy is the most ethical approach and should be a goal for all practitioners and lawmakers (Douglas, Cox, & Webster, 1999; Grove & Meehl, 1996). Because public perception can influence policy development (Sample & Kadleck, 2006; Zgoba, 2004), it is important to gain an understanding of the degree to which community members

demonstrate valid knowledge about sex offenders. As well, in order to more effectively provide therapy, it is essential to explore the way in which sexual offenders themselves incorporate the negative stereotypes perpetuated about them in the media and popular culture. The present study investigated the knowledge of both the general public and sexual offenders about sexual abuse in five critical areas: 1) who commits sexual offenses; 2) the rate at which offenders come to the attention of authorities; 3) the rate at which sex offenders were sexually victimized in childhood; 4) recidivism rates; and 5) treatment efficacy.

## **Background**

### **Who commits sexual assaults?**

Having a realistic awareness of who commits sexual offenses can help to foster a more comprehensive appreciation of the phenomenon of sexual abuse in society. Though most contemporary sex offender policies have been inspired by random acts of sexual violence against children, researchers have established that individuals known to the victim commit the vast majority of sex offenses (Bureau of Justice Statistics, 1997;2000). The Department of Justice reported that 34% of sexually abused minors were assaulted by relatives and 59% of their perpetrators were acquaintances (Bureau of Justice Statistics, 2000). About 49% of victims under the age of 6 are abused by family members and only 7% of sex crimes against minors are perpetrated by strangers (Bureau of Justice Statistics, 2000). Comparatively, in 73% of adult sexual assault cases, the perpetrators were relatives or acquaintances, with 27% described as strangers (Bureau of Justice Statistics, 2000). This phenomenon appears to be consistent cross culturally. For instance, in a study of 414 secondary students in South Africa it was found that friend was the most commonly described perpetrator of all types of sexual abuse (Madu & Peltzer, 2001). Therefore, though laws are most often designed to prevent sex crimes by strangers, victims are much more vulnerable to assaults by known perpetrators.

### **Rates of detection**

In 2004, nearly 210,000 rapes and sexual assaults occurred in the U.S. involving victims over the age of 12 (Bureau of Justice Statistics, 2005). Sexual crimes, like most crimes, tend to be under-reported, and actual victimization rates are believed to be much higher than rates of detection. Though 50% of violent crime victims over age 12 contacted the police, only 36% of the sexual assault victims over age 12 reported the crime to authorities (Bureau of Justice Statistics, 2005). Sexual abuse of young children is even more likely to go unreported for many reasons, including dependence on caretakers, minimal interaction with outside protectors, underdeveloped cognitive abilities, and diminished capacity to articulate (Finkelhor, Ormrod, Turner, & Hamby, 2005; Fontanella, Harrington, & Zuravin, 2000). Studies using polygraph examinations to elicit disclosures have found that sex offenders have often committed sex crimes that went undisclosed and were never reported to police or child protection agencies (Ahlmeyer, Heil, McKee, & English, 2000; English, Jones, Pasini-Hill, Patrick, & Cooley-Towell, 2000; Heil, Ahlmeyer, & Simons, 2003). Official reports are therefore likely to underestimate actual incidence of sexual violence, and rates of detection for sex crimes against young children are probably lower than the 36% described by the Department of Justice.

### **Childhood sexual abuse reported by sex offenders**

Research has revealed a wide variation in the estimated incidence of childhood sexual abuse among offenders (Hanson & Slater, 1988; Hindman & Peters, 2001; Schwartz, 1995). It is often

assumed that early sexual maltreatment creates a cycle of abuse that will be repeated when the child becomes an adult. Among incarcerated criminals, 45% described themselves as being the victim of sexual assault (Schwartz, 1995). Becker and Murphy (1998) estimated that 30% of sexual offenders were sexually abused as children. An earlier study (Groth, 1979) found that 63% of incarcerated sex offenders reported being sexually abused as children or being pressured into sexual activity by an adult. A meta-analysis of empirical studies containing a total of 1,717 subjects found that 28% of sex offenders reported a history of childhood sexual abuse, (Hanson & Slater, 1988) significantly greater than the 17% rate of sexual victimization of boys in the general population suggested by Hunter (1990). Results of another study showed that 67% of sex offenders initially reported experiencing sexual abuse as children, but when polygraphed, the proportion dropped to 29%, suggesting that some men may fabricate or exaggerate early childhood trauma in an attempt to rationalize their behavior or gain sympathy from others (Hindman & Peters, 2001). A review of all published empirical articles written in English after 1989 found that the average childhood sexual abuse rates in the general public were about 17% for women and 8% for men (Putnam, 2003). So, in general the research suggests that slightly less than a third of sex offenders report childhood sexual victimization, which appears to differ markedly from reported rates in the general population.

## Sex offense recidivism rates

Approximately 1-2% of adult males will eventually be convicted of a sexual assault, but this does not mean that they are all equally likely to repeat their crimes (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005). Recidivism rates vary based on the type of offense and other risk factors such as offender age, degree of sexual deviance, criminal history, and victim preferences (Hanson & Bussiere, 1998; Hanson & Thornton, 1999). Nonetheless, sex offenders are often reputed to be incorrigible and recent laws have been justified with testimonials that the majority of sexual offenders will go on to reoffend.

In fact, most sexual offenders do not re-offend sexually over time (Harris & Hanson, 2004). In a longitudinal study that followed 4,724 known sex offenders over a period of 15 years, 24% were charged with, or convicted of, a new sexual offense (Harris & Hanson, 2004). The U.S. Department of Justice found that 5% of 9,691 sex offenders released from prison were re-arrested for new sex crimes within three years (Bureau of Justice Statistics, 2003). In two meta-analyses of 82 recidivism studies involving over 29,000 sex offenders from the U.S., Canada, and Europe, recidivism rates were observed to be 14% over four to six years (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005). Contrary to oft-cited rhetoric, rapists are more likely to reoffend than child molesters, with average recidivism rates of about 20% and 13% respectively (Hanson & Bussiere, 1998). The violent nonsexual recidivism rate has been tracked at 14% along with a general recidivism rate of 36% after an average follow up period of 5 to 6 years (Hanson & Morton-Bourgon, 2005). International studies reveal similar recidivism rates including 13% over 12 years in a Norwegian study, and 10% over 12-24 years in study based in Denmark (Grubin, 1997). Though often thought of as the most persistent and dangerous criminals, sex offenders are among the least likely criminals to recidivate or to kill their victims (Bureau of Justice Statistics, 2003; Sample, 2006; Sample & Bray, 2003;2006). Despite these relatively low recidivism rates, there is a strongly held public perception that sex offenders demonstrate a high probability of repeating their crimes (Levenson et al., 2007; Levenson & D'Amora, 2007).

As follow up periods lengthen, the cumulative number of recidivists can only increase, though this does not translate into a corresponding increase in the rate of recidivism. For sex offenders, as well as all other criminals, the likelihood of repeating the crime diminishes with lengthier periods of time that the person abstains from that behavior (Harris & Hanson, 2004). Thus, the proportional recidivism rate five years after release from prison is much higher than the recidivism rate 15 years after release. In other words, recidivists are most likely to reoffend within the first few years of

release.

## Treatment Effectiveness

Empirical data describing the effectiveness of sex offender treatment are mixed. The randomly designed Sex Offender Treatment and Evaluation Project (SOTEP) study found no differences between treated and untreated groups in sexual or violent reoffending of both rapists and child molesters over an eight year follow-up period (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005). When those who had successfully completed treatment goals were compared with those who had not, however, there was a significant difference with treated groups demonstrating lower recidivism rates (Marques et al., 2005). Other studies have concluded that sex offenders who did not participate in psychological treatment had a higher recidivism rate (17%) than those who received cognitive behavioral therapy (10%) (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, & Seto, 2002). Treatment for first time offenders seems even more promising; 9% of first time offenders in treatment recidivated, compared to 27% of those who went untreated (Nicholaichuk, Gordon, Gu, & Wong, 2000). So, while the treatment outcome literature is not unambiguous, there is reason to believe that many sex offenders benefit from therapy and can learn to control their behavior.

## Public perceptions

Public perception surveys have typically focused on citizens' opinions about community protection policies. For instance, studies in Washington and Wisconsin found that most residents were familiar with Megan's Law and strongly supported community notification (Phillips, 1998; Zevitz & Farkas, 2000). Only one known investigation has directly surveyed community members to specifically examine their knowledge about sex offenders. Levenson, Brannon, Fortney, and Baker (2007) found widespread acceptance of myths related to sex offenders. For instance, on average, nearly 200 citizens surveyed in Florida believed that three-quarters of convicted sex offenders reoffend, that two-thirds were sexually abused as children, that sex crime rates are on the rise, that sex offenders reoffend at rates much higher than other criminals, and that half of treated sex offenders will recidivate (Levenson et al., 2007). The current study expands on that research in two ways. First, we describe the knowledge of community members as well as the knowledge of sex offenders. Second, we examine the concordance of both groups' responses with myths or facts by statistically comparing their perceptions to empirical data found in the scholarly literature.

## Comparing sex offenders and public perceptions

Since sex offending is kept secret and offenders often deny or minimize their deviance even to themselves, they are reluctant to reveal their status to others. Of course, public notification has increased awareness of sex offenders living among us, and extensive media attention often highlights egregious or recidivistic cases. Therefore, sex offenders may seem to the public to be unknown, different, mysterious, and very frightening. Attitudes toward sexual offenders perhaps can be best understood in terms of theories of prejudice and stereotypes. The in-group, meaning society, has stereotypical ideas about the out-group of sexual offenders. Often stereotypes are formed in order to reduce fear and manage interactions, and can develop even from arbitrary identifiable differences (Sherif, Harvey, White, Hood, & Sherif, 1988). Hostilities can readily escalate between in-groups and out-groups especially when groups are competing to meet needs. Information alone, or simply exposing hostile groups to each other, does not seem to reduce prejudice (Sherif et al., 1988). Interaction and personal relationships with out-group members, however, can contradict negative expectations, leading to positive relations, greater acceptance,

and lower levels of prejudice (Wright, Aron, McLaughlin-Volpe, & Ropp, 1997). This theory, known as the *extended intergroup contact hypothesis*, can be applied to sex offenders and the public. If sex offenders internalize the prejudices of society, then we should expect no significant differences between sex offenders and the public's beliefs, attitudes, and knowledge. On the other hand, because sex offenders in treatment are exposed to education by their therapists, and also come in contact with other sex offenders, a more accurate view of themselves and the problem of sexual abuse might result.

## Research Questions and Hypotheses

The purpose of this study was to examine sex offenders and public perceptions about sex criminals and sex crimes. It was hypothesized that inaccurate beliefs are prevalent among both groups. Specifically, we postulated that 1) both samples will overestimate the rate at which strangers assault victims; 2) both samples will over-report the rate at which offenders come to the attention of authorities, 3) both samples will overestimate the childhood sexual abuse rates among offenders, and 4) both samples will overestimate recidivism rates. Because offenders participating in and paying for treatment may be invested in therapeutic intervention and believe that counseling works to prevent recidivism, we hypothesized that 5) the public will underestimate treatment effectiveness more than offenders. We examined the differences between both groups' survey responses and published empirical data. We also compared the public's responses to those of sex offenders. Because sex offenders are exposed to the experiences of other offenders and information from therapists, in accordance with *intergroup contact theory*, we expected that sex offenders' responses would differ from those of the public and would be less inaccurate. There are two fundamental reasons why this research is important. First, public perception can have an impact on the development of social policy (Sample & Kadleck, 2006; Zgoba, 2004), and an understanding of common beliefs can help focus education efforts to address the misconceptions that are most typically endorsed. Second, gaining insight into sex offenders' views of themselves can help guide treatment interventions. From a cognitive behavioral perspective, it is important to understand the negative core beliefs that perpetuate dysfunctional behavior (Eldridge, 1998). This research can help identify commonly held negative core beliefs in order to confront those distortions and promote positive change (Marshall, Anderson, & Fernandez, 1999; Morin & Levenson, 2002; Steen, 2001).

## Method

### Participants

This study was conducted by surveying 192 adults who were identified as non-sex offenders. The data were collected from individuals waiting for services at Florida Department of Motor Vehicles (DMV) offices in Brevard County, which is located on the east coast of Florida near the Kennedy Space Center. The comparison group included 125 adult sex offenders attending outpatient treatment facilities in Brevard County, Florida, most of whom were subject to sex offender registration and notification laws. The sex offender sample was a purposive convenience sample. The sex offenders included in this study lived throughout Brevard County but the public sample was more centrally localized. According to the U.S. Census, Brevard County is populated by 519,387 citizens, with 20% older than 65, 22% under age 18, and a median household income of \$40,099 (U.S. Census Bureau, 2000). Caucasians comprise 87% of the county's population (8% African-American, 5% Hispanic). In 2000, 86% of the adults residing in Brevard County had completed a high school education. Compared to the census statistics, our public sample contained more Hispanics (14%) but our offender sample was more consistent with census data (4%

Hispanic).

Demographic data such as gender, ethnicity, income, and prior sexual abuse characteristics are reported in Table 1. This information was reported by participants. There were significant differences in the gender distribution between the community and the offender sample, which contained only three females. The samples also differed significantly in terms of income, ethnicity, and education. Specifically, the public were higher earners, more ethnically diverse, and more educated than the sex offenders.

There were significant differences between the groups regarding childhood sexual abuse, with the offender sample endorsing a significantly higher abuse rate than the community sample. This pattern was consistent even when females were omitted from the analysis due to the lack of females in the offender sample.

Table 1: Demographic Characteristics of Community and Sex Offender Samples

	Offender Sample		Public Sample		Differences between groups
	Valid n	Percent	Valid n	Percent	chi <sup>2</sup> (df = 1, N = 312)
<b>Gender</b>					95.9***
Male	117	97.5%	82	42.7%	
Female	3	2.5%	110	57.3%	
<b>Race</b>					12.7**
Caucasian	90	75%	130	69%	
African American	12	10%	21	11%	
Latino	5	4%	27	14%	
Asian American	4	3%	5	3%	
Other	10	8%	5	3%	
<b>Income</b>					20.7***
Under 20,000	32	26%	21	11%	
20,000 to 30,000	33	26%	41	21%	
30,000 to 40,000	21	17%	35	18%	
40,000 to 50,000	7	6%	25	13%	
Over 50,000	22	18%	61	32%	
Missing	10	8%	10	5%	
<b>Childhood Sexual Abuse</b>	49	39%	41	21%	
	46	38%	15	18%	

**Childhood Sexual Abuse (male only)**

<b>Years of Education</b>	Mean = 12.6	Mean = 13.7	t(301) = - 3.01**
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Note. \*\*  $p < .01$ , \*\*\*  $p < .001$

Within the sex offender sample, the average number of reported victims was 2.4. Characteristics regarding the relationship to the victim, victim type, gender of the victim, and time in treatment are listed in Table 2.

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Table 2: Characteristics of the Sex Offender Sample

	Frequency	Percent		Frequency	Percent
<b>Relationship to Victim</b>			<b>Victim Type</b>		
Parent/Parent Role	14	11%	Child <6	6	5%
Relative	19	15%	Child 7-12	17	14%
Friend of Family	14	11%	Teen 13-17	62	50%
Acquaintance	44	35%	Adult only	11	9%
Stranger	21	17% <sup>a</sup>	Child & Teen	9	7%
Not reported	13	10%	Teen & Adults	1	1%
			Child, Teen & Adult	5	4%
			Not Reported	14	11%
<b>Gender of Victim</b>					
Males	11	9%			
Females	93	74%		Mean	SD
Both Genders	8	6%	Number of Victims	2.4	4.5
Not Reported	13	10%	Age of Victim	14	9
			Months in Treatment	41	63

Note. <sup>a</sup>Those identifying victims as strangers were all internet related offenses.

## Instruments

Self report questionnaires were developed to gather information from both the community and the sex offender samples about perceptions of sexual offenders. The questions on both the offender and the community questionnaires were parallel with minor variations needed to make it appropriate for each sample. The offender questionnaire deviated from the community questionnaire as it also asked additional questions about the nature of their offenses and history of sexual offending. Identical demographic information was collected from both samples.

Participants were asked a series of questions designed to determine the accuracy of their knowledge about sex offenders, recidivism, and sex crime statistics. The survey asked respondents to choose an answer that best represented their belief on a scale that ranged from 0 to 100% in increments of 10%. The mean response was then tabulated. For instance, participants were asked

What percent of convicted sex offenders do you believe will commit another sexual offense? and were asked to choose the percentage that best represented their belief. The survey questions are listed in Table 3. Participants were also asked to rate their agreement with statements describing the effectiveness of sex offender treatment (see Table 5). These items were ranked on a Likert scale of 1 to 5, with 1 being completely false and 5 being completely true.

## Procedures

Informed consent was obtained according to ethical guidelines for human subject research, along with a statement explaining anonymous participation. The questionnaires were confidential, anonymous, and were approved by both a University Institutional Review Board and the DMV. For the collection of data from the public sample, the participants were invited to voluntarily participate in the anonymous survey in the waiting room of the DMV office. Researchers approached individuals using a standardized script describing the purpose of the study and asking for their participation. If the participant agreed to take part in the survey, he or she was presented with a questionnaire and an informed consent form. The informed consent was reviewed with participants and they were instructed to fill out the questionnaire without placing their name or any identifying information on the questionnaire. Approximately three people who were approached declined to answer the questionnaire because they were unable to read English comfortably, and five were dropped from the sample after being self-identified as sex offenders.

Information from the sex offender sample was collected by clinicians in local sex offender treatment programs who were provided with the rationale and purpose of the study and trained in data collection procedures. They were first asked by the researchers if they could visit group therapy sessions to invite clients to participate. Clients were assured of their confidentiality and that participation was entirely voluntarily and in no way a condition of their treatment or probation. They were provided questionnaires and letters of consent. The treatment provider then collected questionnaires during group therapy sessions. Participants were instructed to place the completed questionnaires in a self-addressed postage paid envelope. Treatment providers were also instructed as to the confidential nature of the questionnaires. The researchers attended some treatment sessions to observe compliance with standardized procedures.

## Results

First, we asked about the number of sexual assaults committed by strangers. The offenders reported that strangers commit 32% of sexual assaults against adults, and the community sample believed that strangers are responsible for about 50% of victimizations (see Table 3). Offenders reported believing that 46% of boys and 54% of girls are sexually abused by someone they know. The community sample believed that 58% of boys and 63% of girls are sexually abused by a known



perpetrator.

Table 3: Differences between group responses and published data

Survey Question	Published Data	Offender Mean %	t-value Offenders	Public Mean %	t-value Public
What percent of sexual assaults of adults do you believe were committed by strangers?	27% <sup>a</sup>	32%	2.6**	49%	15.2***
What percentage of sex offenders do you believe come to the attention of the authorities?	36% <sup>b</sup>	43%	3.27***	46%	7.84***
What percent of adult sexual offenders do you believe were sexually abused as children?	28% <sup>c</sup>	54%	10.44***	67%	25.7***
What percent of convicted sex offenders do you believe will commit another sexual offense?	14% <sup>d,e</sup>	21%	4.5***	74%	41.18***
What percent of rapists do you believe re-offend in a sexual manner?	20% <sup>d</sup>	34%	5.87***	74%	34.64***
What percent of child molesters do you believe re-offend in a sexual manner?	13% <sup>d</sup>	27%	6.99***	76%	42.31***
<i>Note: t-value represents the difference between each group's mean response and published data.</i>					
<i><sup>a</sup> (Bureau of Justice Statistics, 2002)</i>					
<i><sup>b</sup> (Bureau of Justice Statistics, 2005); 36% represents report estimates for victims over age 12.</i>					
<i><sup>c</sup> (Hanson &amp; Slater, 1988)</i>					
<i><sup>d</sup> (Hanson &amp; Bussiere, 1998)</i>					
<i><sup>e</sup> (Hanson &amp; Morton-Bourgon, 2005)</i>					

In comparing the participants' responses to published data we utilized the Department of Justice finding that 27% of sexual assaults of adults are committed by strangers (Bureau of Justice Statistics, 2002). Both the offender sample and the community sample significantly overestimated the percentage of sexual assaults committed by strangers.

Hypothesis 2 predicted that both samples would believe that the majority of offenders will come to the attention of authorities. Both groups' beliefs about the rate at which sex offenses are detected were compared to the Department of Justice finding that law enforcement is notified in 36% of all rapes and sexual assaults of victims over 12 years old (Bureau of Justice Statistics, 2005). While neither group believed that the majority of sex crimes are reported, both groups significantly overestimated the rate at which sex criminals are caught (see Table 3).

Hypothesis 3 postulated that both groups would report a belief that the majority of offenders were

sexually abused as children. The community and offender responses were compared to the findings reported by Hanson & Slater (1988) that 28% of sex offenders were sexually victimized in childhood. It was found that both the offender sample and the community sample significantly overestimated the sexual abuse rates among offenders (see Table 3). We asked participants to report their own sexual experiences before the age of 15, as asked by the question, "When you were under the age of 15 did you have a sexual experience with someone 5 or more years older (e.g., touching of sexual areas, fondling, sexual kissing and hugging, and oral, vaginal, or anal penetration, etc.)?" We found that 38% of the male sexual offenders endorsed this statement, compared to 18% of the male community sample, and this was a significant difference (see Table 1).

Hypothesis 4 was concerned with recidivism rates. The average public response indicated that about three-quarters of sex offenders will go on to commit new sex crimes (mode = 90%). The responses of the survey participants were compared to the findings of Hanson and Bussiere (1998) and Hanson and Morton-Bourgon (2005) who reported a remarkably consistent average sexual recidivism rate of about 14%. These studies were selected due to their rigorous methodology and large sample sizes. It was found that the offender group and to a much greater extent the community sample both significantly overestimated the average recidivism rate for all sexual offenders (see Table 3). Both groups perceived recidivism rates for rapists and child molesters were then compared to the respective 20% and 13% rates found by Canadian researchers (Hanson & Bussiere, 1998). Both groups significantly overestimated rates of recidivism (see Table 3). The responses of the public sample were compared to those of sex offenders, and significant differences were found between the groups (see Table 4).

Table 4: Differences between groups regarding common beliefs about sex offenders

Survey Question	Offender Sample Mean Percentage	Public Sample Mean Percentage	t-value
What percent of sexual assaults of adults do you believe were committed by strangers?	32%	49%	-6.80***
What percentage of sex offenders come to the attention of authorities?	43%	46%	-1.23
What percent of adult sexual offenders do you believe were sexually abused as children?	54%	67%	-4.8***
What percent of convicted sex offenders do you believe will commit another sexual offense?	21%	74%	-23***
What percent of rapists do you believe re-offend in a sexual manner?	34%	74%	-14.8***
What percent of child molesters do you believe re-offend in a sexual manner?	27%	76%	19.42***
<i>Note. ** <math>p &lt; .01</math>, *** <math>p &lt; .001</math></i>			

Hypothesis 5 looked at beliefs about treatment effectiveness. Both samples were asked to rate the truthfulness (completely false, somewhat false, neutral, somewhat true, completely true) of the following statement: Sex offenders who receive specialized treatment will commit another sexual offense. Table 5 reports the frequencies of responses by group. The differences between the two groups were statistically significant. Of the offenders, only 13% thought this statement was somewhat or completely true, compared to 51% of community members.

Table 5: Responses to Sex offenders who receive specialized psychological treatment will commit another sexual offense. This statement is...

Response	Offender Sample, n = 125		Community Sample, n = 192	
	Frequency	Percent	Frequency	Percent
Completely False	43	36%	2	1%
Somewhat False	38	31%	24	12%
Neutral	24	20%	69	36%
Somewhat True	12	10%	78	41%
Completely True	4	3%	19	10%

*Note: Differences between groups were significant.  $\chi^2(4, N = 313) = 110, p < .001$ .*

## Discussion

Overall, the results of this study supported the hypotheses and highlighted that the public subscribes to popular myths about sex offenders. We found that both the general public and sex offenders are generally misinformed on the topic of sexual abuse. As hypothesized, the public tended to display more grossly exaggerated disparities from the research data. Sex offenders, unlike most citizens, have extended contact with other sex offenders, and in therapy they receive and share information in order to prevent reoffense and better cope with the society's prejudices and restrictions. It is not surprising, therefore, that they have a more realistic view of sex crimes, offender characteristics, victim-offender dynamics, and reoffending, supporting Wright, et al.'s (1997) *extended intergroup contact hypothesis* regarding prejudice.

The sex offenders and the community sample both overestimated the number of sexual offenses committed by strangers. Myths of 'stranger danger' ignore the disturbing reality that children are at much greater risk for being sexually abused by adults that they know and trust than from predators lurking in schoolyards. Current public policy tends to be passed in reaction to highly publicized stranger abductions, especially those that result in sexually motivated murders of children. Unfortunately these are poor cases on which to base social policies such as community notification and residence restrictions, as they do not represent the most common scenarios in which children are sexually molested. Until parents are better educated about the situations in which children are

likely to be abused, and the grooming patterns of offenders known to their victims, little can be expected in terms of enhancing child protection from sexual violence with policies that emphasize victimization by strangers.

For the offenders themselves, it is important that they receive accurate information as part of their treatment programs. In the current study, all of the offenders were enrolled in treatment programs, and yet they continued to underestimate the rates at which children are molested by someone that they knew prior to the offense. Having an accurate picture of who is at risk can serve as a powerful relapse prevention tool to help offenders recognize and avoid situations in which they have opportunities to cultivate relationships for the purposes of grooming or re-offending. The stereotypical fear of a creepy guy snatching a child from a playground or luring a youngster into a car with promises of candy may allow sex offenders to continue to minimize their potential to reoffend with distorted rationalizations: I would never do that.

Both groups appeared to overestimate the number of offenders who were themselves victims of sexual abuse. Offenders, however, were more realistic in their impressions, perhaps due to some of them knowing that they themselves were not abused nor were many others in their treatment groups. Though the rate of abuse that our offenders reported is similar (albeit somewhat higher) to the literature in this area and higher in comparison to males in the community, the public perception that a majority of offenders are abused as children appears to be prevalent. Important to note is that we did not ask whether respondents considered themselves to have been abused, but rather we asked whether they had experienced sexual activity as a child or young teen with someone at least 5 years older. Males in particular do not always define such experiences as sexual abuse, though such events meet statutory criteria for a sex crime in most states.

The adamant belief that sexual offenders recidivate at extremely high rates was certainly evident in the responses of our public sample. The public overwhelmingly endorsed the belief that the vast majority of offenders will be rearrested for new sex crimes, though published data consistently indicate that, on average, less than a quarter will do so. Beliefs that treatment for sexual offenders is ineffective were also prominent. Though we still have much to learn about improving the efficacy of sex offender treatment, research does indicate that cognitive behavioral therapies hold promise and that many offenders can benefit from psychological intervention (Hanson et al., 2002). If a more balanced view of the benefits of treatment were known, lawmakers and the public might have more confidence in the clinical community and be more willing to support rehabilitation efforts.

Furthermore, such information can be shared with offenders, perhaps bolstering their motivation with the knowledge that many treated sex criminals are able to refrain from offending in the future. These findings have important implications for policy and practice. Public perceptions about sex offenders and sex crimes differ significantly from empirical data, so it comes as no surprise that lawmakers and their constituents lobby for harsh punishments and intrusive monitoring for those who seemingly pose a threat to community safety. The media tend to promulgate and reinforce the perceptions identified here, often leading to misguided approaches that are fueled by anger and fear rather than scientific evidence (Proctor, Badzinski, & Johnson, 2002; Sample & Kadleck, 2006). Broad policies that treat all sex offenders equally despite their heterogeneity divert attention and resources from monitoring the highest risk offenders. As a result, these laws are less likely to be effective in enhancing public safety, and may inadvertently create a false sense of security for community members.

In terms of rehabilitation, the economic and social marginalization of sex offenders resulting from poorly developed policies can create psychosocial stressors that may increase dynamic risk for reoffense. Negative moods, instability, and lack of social support have been associated with sexual reoffending (Hanson & Harris, 1998;2001). Defiance theory suggests that harsh sanctions perceived as unfair by criminal offenders can set up a counter-therapeutic reaction when offenders lament the injustice of discrimination and rebel against society's iniquitous treatment of them (Sherman, 1993). In fact, conformity to the norms of society and desistance from crime are enhanced when offenders are given opportunities for community integration, civic contribution, and investment in

prosocial roles such as employment, property ownership, and parenting (Kruttschnitt, Uggen, & Shelton, 2000; Rowe, Kloos, Chinman, Davidson, & Cross, 2001; Sherman, 1993; Uggen, Manza, & Behrens, 2004; Uggen, Manza, & Thompson, 2006). Ostracizing sex offenders may divert their energies and attention from the real task of learning therapeutic skills and positive cognitions to prevent future abuse, and leave them overly focused on their anger at society and sense of unfairness.

The extent to which sex offenders accept and internalize the misconceptions identified here can have an impact on the sex offender's self-esteem, locus of control, and motivation for self-improvement. The offender's self-esteem is fragile and vulnerable due to feelings of shame and humiliation and public perceptions can lead to a self-fulfilling prophecy (Anechiarico, 1998). Clinicians should be aware that a humanistic counseling approach can counteract some of the negative effects of a rejecting society (Jones, 1999) and that therapist validation and acceptance can be instrumental in facilitating treatment progress (Marshall 2005). Therefore it is important for practitioners to have an accurate understanding of the nature and pervasiveness of an offender's misconceptions to adequately plan treatment interventions.

Harris and Hanson (2004) made several important arguments for changes in the manner in which sex offender management is conducted. For instance, they noted that allocating the majority of resources to offenders at highest risk for relapse better serves the public. Conversely, over-pathologizing offenders and imposing higher levels of treatment and supervision than what is needed based on their risk level is not cost-effective and could have a negative impact on offenders with consequences to public safety. A paradigm shift whereby policy is driven by empirical data, rather than popular misperceptions, cannot be accomplished, however, unless the public begins to develop a picture of sex offending that is more consistent with the literature.

This study did have some limitations. Data were collected from only one county in Florida, which limits the ability to generalize these findings. We acknowledge that treatment samples may differ from the universal population of registered sex offenders, and that the potential for perceived coercion of probationers exists. On the other hand, attempts to randomly select registered offenders for inclusion in survey research have often led to small samples (e.g. Tewksbury & Lees, 2006; Zevitz, Crim, & Farkas, 2000). The therapists who facilitated data collection may have biased the offender sample in unknown ways. We also recognize that our method for recruiting a representative public sample may have led to bias. For instance, drivers may differ from those who do not drive. As well, Florida residents are required to renew their license in person only once every six years, and therefore DMV samples may include disproportionate numbers of participants recently relocated to Florida.

Nonetheless, these data reinforce that accurate information needs to be presented to the public. The populace relies primarily on media for their information on this topic, and stereotypes and misperceptions are continuously propagated. If legislators have similar beliefs to the community sample, then they do not have a valid understanding of sexual abuse and sexual offending. Instead of looking to the experts and the scientific literature to enact laws that would more efficiently address the problem of sexual abuse, lawmakers may be conceding to pressures from their misinformed constituents or their own prejudices.

## **Authors Note**

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## References

1. Ahlmeyer, S., Heil, P., McKee, B., & English, K. (2000). The impact of polygraphy on admissions of victims and offenses in adult sexual offenders. *Sexual Abuse: Journal of Research & Treatment*, 12(2), 123-138.
2. Anechiarico, B. (1998). A closer look at sex offender character pathology and relapse prevention: An integrative approach. *International Journal of Offender Therapy and Comparative Criminology*, 42(1), 16-27.
3. Becker, J. V., & Murphy, W. (1998). What we know and do not know about assessing and treating sex offenders. *Psychology, Public Policy and Law*, 4(1/2), 116-137.
4. Briere, J., & Elliot, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27, 1205-1222.
5. Bureau of Justice Statistics. (2003). *Recidivism of sex offenders released from prison in 1994*. Washington, D.C.: U.S. Department of Justice.
6. Bureau of Justice Statistics. (1997). *Sex offenses and offenders: An analysis of Data on rape and sexual assault*. (No. NCJ-163392). Washington, D.C.: U.S. Department of Justice.
7. Bureau of Justice Statistics. (2000). *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics* (No. NCJ 182990). Washington, DC: U.S. Department of Justice.
8. Bureau of Justice Statistics. (2002). *Criminal Victimization*. Retrieved 11/16/02, from <http://www.ojp.usdoj.gov/bjs/cvictgen.htm>
9. Bureau of Justice Statistics. (2005). *National Crime Victimization Survey, 2004* (No. NCJ 210674). Washington, D.C.: U.S. Department of Justice.
10. Center for Sex Offender Management. (2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Washington, D.C.: U.S. Department of Justice.
11. Douglas, K. S., Cox, D. N., & Webster, C. D. (1999). Violence risk assessment: Science and practice. *Legal and Criminological Psychology*, 4(2), 149-184.
12. Edwards, W., & Hensley, C. (2001). Contextualizing sex offender management legislation and policy: Evaluating the problem of latent consequences in community notification laws. *International Journal of Offender Therapy and Comparative Criminology*, 45(1), 83-101.
13. Eldridge, H. (1998). *Maintaining Change*. Thousand Oaks, CA: Sage Publications.
14. English, K., Jones, L., Pasini-Hill, D., Patrick, D., & Cooley-Towell, S. (2000). *The value of polygraph testing in sex offender management* (Research Report Submitted to the National Institute of Justice No. D97LBVX0034). Denver: Colorado Department of Public Safety, Division of Criminal Justice, Office of Research and Statistics.
15. Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.
16. Fontanella, C., Harrington, D., & Zuravin, S. J. (2000). Gender differences in the characteristics and outcomes of sexually abused preschoolers. *Journal of Child Sexual Abuse*, 9(2), 21-50.
17. Groth, A. N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Press.
18. Grove, M. G., & Meehl, P. E. (1996). Comparative efficiency of informal and formal prediction procedures: The clinical-statistical controversy. *Psychology, Public Policy and Law*, 2(2), 293-323.
19. Grubin, D. (1997). Inferring predictors of risk: Sex offenders. *International Review of Psychiatry*, 9(2), 225-231.

20. Hanson, R. K., & Bussiere, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66(2), 348-362.
21. Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002). First report of the collaborative outcome data project on the effectiveness of treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 169-194.
22. Hanson, R. K., & Harris, A. J. R. (2001). A structured approach to evaluating change among sexual offenders. *Sexual Abuse: A Journal of Research & Treatment*, 13(2), 105-122.
23. Hanson, R. K., & Harris, A. J. R. (1998). Dynamic predictors of sexual recidivism. Ottawa, Canada: Department of the Solicitor General of Canada.
24. Hanson, R. K., & Morton-Bourgon, K. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73(6), 1154-1163.
25. Hanson, R. K., & Slater, S. (1988). Sexual victimization in the history of child sexual abusers: A review. *Annals of Sex Research*, 1(4), 485-499.
26. Hanson, R. K., & Thornton, D. (1999). Static 99: Improving actuarial risk assessments for sex offenders. (No. User report 1999-02). Ottawa: Department of the Solicitor General of Canada.
27. Harris, A. J. R., & Hanson, R. K. (2004). Sex offender recidivism: A simple question (No. 2004-03). Ottawa: Public Safety and Emergency Preparedness Canada.
28. Heil, P., Ahlmeyer, S., & Simons, D. (2003). Crossover Sexual Offenses. *Sexual Abuse: A Journal of Research and Treatment*, 15(4), 221-236.
29. Hindman, J., & Peters, J. M. (2001). Polygraph testing leads to better understanding adult and juvenile sex offenders. *Federal Probation*, 65(3), 8-15.
30. Hunter, M. (1990). *Abused boys: The neglected victims of sexual abuse.* . Lexington, MA: Lexington Books.
31. Jones, K. D. (1999). The media and Megan's law: Is community notification the answer? *Journal of Humanistic Counseling, Education and Development*, 38(2), 80-88.
32. Kruttschnitt, C., Uggen, C., & Shelton, K. (2000). Predictors of desistance among sex offenders: The interaction of formal and informal social controls. *Justice Quarterly*, 17(1), 61-88.
33. Levenson, J. S., Brannon, Y., Fortney, T., & Baker, J. (2007). Public perceptions about sex offenders and community protection policies. *Analyses of Social Issues and Public Policy*, 7(1), 1-25.
34. Levenson, J. S., & D'Amora, D. A. (2007). Social policies designed to prevent sexual violence: The Emperor's New Clothes? *Criminal Justice Policy Review*, 18(2), 168-199.
35. Madu, S. N., & Peltzer, K. (2001). Prevalence and patterns of child sexual abuse and victim-perpetrator relationship among secondary school students in Northern Province (South Africa). *Archives of Sexual Behavior*, 30(3), 311-321.
36. Marques, J. K., Wiederanders, M., Day, D. M., Nelson, C., & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research & Treatment*, 17(1), 79-107.
37. Marshall, W. L. (2005). Therapist style in sexual offender treatment: Influence on indices of change. *Sexual Abuse: A Journal of Research & Treatment*, 17(2), 109-116.
38. Marshall, W. L., Anderson, D., & Fernandez, Y. (1999). *Cognitive behavioural treatment of sexual offenders*: John Wiley & Sons.
39. Morin, J. W., & Levenson, J. S. (2002). *The Road to Freedom*. Oklahoma City, OK: Authors. Distributed by Wood and Barnes Publishing.
40. Nicholaichuk, T., Gordon, A., Gu, D., & Wong, S. (2000). Outcome of an institutional sexual offender treatment program: A comparison between treated and matched untreated

- offenders. *Sexual Abuse: A Journal of Research & Treatment*, 12(2), 139-153.
41. Phillips, D. M. (1998). Community notification as viewed by Washington's citizens. Olympia, WA: Washington State Institute for Public Policy.
  42. Proctor, J. L., Badzinski, D. M., & Johnson, M. (2002). The impact of media on knowledge and perceptions of Megan's Law. *Criminal Justice Policy Review*, 13(4), 356-379.
  43. Putnam, F. (2003). Ten year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(3), 269-278.
  44. Rowe, M., Kloos, B., Chinman, M., Davidson, L., & Cross, A. B. (2001). Homelessness, mental illness and citizenship. *Social Policy and Administration*, 35(1), 14-31.
  45. Sample, L. L. (2006). An examination of the degree to which sex offenders kill. *Criminal Justice Review*, 31(3), 230-250.
  46. Sample, L. L., & Bray, T. M. (2003). Are sex offenders dangerous? *Criminology and Public Policy*, 3(1), 59-82.
  47. Sample, L. L., & Bray, T. M. (2006). Are sex offenders different? An examination of rearrest patterns. *Criminal Justice Policy Review*, 17(1), 83-102.
  48. Sample, L. L., & Kadleck, C. (2006). The role of the media in sex offender legislation. Unpublished manuscript.
  49. Schwartz, B. (1995). Group Therapy. In B. Schwartz & H. Cellini (Eds.), *The sex offender* (pp. 14.01 - 14.14). Kingston, NJ: Civic Research Institute.
  50. Sherif, M., Harvey, O. J., White, B. J., Hood, W. R., & Sherif, C. W. (1988). *The Robbers Cave experiment: Intergroup conflict and cooperation*. Middletown, CT: Wesleyan University Press
  51. Sherman, L. (1993). Defiance, deterrence, and irrelevance: A theory of the criminal sanction. *Journal of Research in Crime and Delinquency*, 30(4), 445-473.
  52. Steen, C. (2001). *The Adult Relapse Prevention Workbook*. Brandon, VT: The Safer Society Press.
  53. Tewksbury, R., & Lees, M. (2006). Consequences of sex offender registration: Collateral consequences and community experiences. *Sociological Spectrum*, 26(3), 309-334.
  54. U.S. Census Bureau. (2000). Population Estimates. Retrieved June 17, 2004, from <http://eire.census.gov/popest/data/national/tables>
  55. Uggen, C., Manza, J., & Behrens, A. (2004). Less than the Average Citizen: Stigma, Role Transition, and the Civic Reintegration of Convicted Felons. In S. Maruna & R. Immarigeon (Eds.), *After Crime and Punishment: Pathways to Offender Reintegration* (pp. 261-293). Devon, UK: Willan Publishing.
  56. Uggen, C., Manza, J., & Thompson, M. (2006). Citizenship, democracy, and the civic reintegration of criminal offenders. *Annals of American Academy of Political and Social Science*, 605(1), 281-310.
  57. Wright, S. C., Aron, A., McLaughlin-Volpe, T., & Ropp, S. A. (1997). The extended contact effect: Knowledge of cross-group friendships and prejudice. *Journal of Personality and Social Psychology*, 73(1), 73-90.
  58. Zevitz, R. G., Crim, D., & Farkas, M. A. (2000). Sex offender community notification: Managing high risk criminals or exacting further vengeance? *Behavioral Sciences and the Law*, 18, 375-391.
  59. Zevitz, R. G., & Farkas, M. A. (2000). *Sex offender community notification: Assessing the impact in Wisconsin*. Washington, DC: U.S. Department of justice.
  60. Zgoba, K. M. (2004). Spin doctors and moral crusaders: The moral panic behind child safety legislation. *Criminal Justice Studies*, 17(4), 385-404.



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