

The Dynamics of Sexual Violence Crimes

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1.1 PURPOSE OF THE BENCHMARK

This book is designed to assist judicial officers in the handling of sexual violence cases. Its purpose is to address the intricacies of the numerous and oftentimes confusing procedural requirements in these types of cases. Additionally, the book will provide information about sexual violence from experts in the field, examine “best practices” for these cases, and offer resources for judicial officers requiring additional information. The book has been divided into four sections: **Understanding Sexual Violence, The Process of a Sex Offense Case, Life After Megan’s Law, and Resources.**

Section One examines the dynamics of sexual assault crimes. Definitions associated with sexual offenses are provided as well as the elements of Pennsylvania’s current sexual offense laws.¹ Section one also provides an overview of common defenses to sexual assault.

Section Two addresses the practical aspects of a sex offense case, from pre-trial issues to appellate review. Useful information in the form of legal discussions, trial outlines, and suggested jury instructions are provided. In light of possible habeas corpus relief, the Pennsylvania Post Conviction Relief Act is also discussed.²

Section Three examines the ramifications of a sexual offense conviction, including sex offender registration laws and sex offender identification.³

Section Four includes published references and resources on sexual assault, as well as a list of Pennsylvania’s 52 rape crisis centers, and Child Advocacy Centers.

1.2 CHAPTER OVERVIEW

Chapter one addresses the issues around sexual violence from both a legal and mental health perspective. Section 1.2 provides a chapter overview. Section 1.3 examines, in a general way, the statutory types of sexual violence crimes, as well as the elements of rape and other sexual assault crimes in Pennsylvania. Section 1.4 provides evidence-based research about the impact of rape and sexual assault on victims. Section 1.5 enumerates victims' rights afforded by the Pennsylvania Crime Victims Bill of Rights, 18 PA.STAT. § 11.201.⁴ Section 1.6 discusses barriers to due process in court

¹ 18 PA.CON.S.STAT.ANN. §§ 3101 - 3129.

² 42 PA.CON.S.STAT.ANN. §§ 9541 - 9546.

³ Pennsylvania first adopted Megan's Law ("Megan's Law I"), 42 PA.CON.S.STAT.ANN. §§ 9791-9799.6, on October 24, 1995, and the registration portion of the statute took effect on April 21, 1996. On May 10, 2000, however, Megan's Law I was amended, and the amended version ("Megan's Law II"), 42 PA.CON.S.STAT.ANN. §§ 9795.1-9799.7, became effective on July 9, 2000.

⁴ The Pennsylvania Crime Victims Act is codified at 18 PA.STAT. §§ 11.201 – 11.216.

proceedings. Section 1.7 provides an overview of sex offending behaviors. Section 1.8 examines research on sex offending and sex offender management.

1.3 DEFINING RAPE AND SEXUAL ASSAULT

Rape and Sexual assault are commonly used terms that may be defined differently depending on context, culture, or personal experience. Generally, “rape” is the term that implies the use of force in unwanted sexual contact while sexual assault implies sexual contact without consent.

Legally, it is well established that sexual relations become a crime under a number of circumstances that may or may not involve the use or threat of force:

- whenever there is a lack of consent,⁵
- whenever the relations are initiated by force or threat of force,⁶
- if there is a minor involved who is incapable of giving legal consent because of age,⁷
- if there is a minor or adult involved who is incapable of giving legal consent because of mental deficiency,⁸
- if there is a minor or adult involved who is unconscious or unaware that the sexual intercourse is occurring.⁹

⁵ 18 PA.CONS.STAT.ANN. § 3124.1. To support a charge of Sexual Assault, the prosecution must prove that the defendant engaged “in sexual intercourse or deviate sexual intercourse with a complainant without the complainant’s consent.” Resistance to sexual assault is not required to sustain a conviction. *Commonwealth v. Smith*, 863 A.2d 1172, 1176 (Pa. Super. 2004). *See also, Commonwealth v. Pasley*, 743 A.2d 521 (Pa. Super. 1999)(noting the crime of sexual assault is intended to fill the loophole left by the rape and involuntary deviate sexual intercourse statutes by criminalizing non-consensual sex where the perpetrator employs little if no force).

⁶ 18 PA.CONS.STAT.ANN. § 3121 (a)(1) & (2): “A person commits a felony of the first degree when the person engages in sexual intercourse with a complainant: (1) By forcible compulsion. (2) By threat of forcible compulsion that would prevent resistance by a person of reasonable resolution”.

⁷ 18 PA.CONS.STAT.ANN. § 3122.1, Statutory Sexual Assault: “a person commits a felony of the second degree when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is four or more years older than the complainant and the complainant and the person are not married to each other.” Additionally, 18 PA.CONS.STAT.ANN. § 3121 (c): “A person commits the offense of **rape of a child**, a felony of the first degree, when the person engages in sexual intercourse with a complainant who is less than 13 years of age.” (emphasis added).

⁸ 18 PA.CONS.STAT.ANN. § 3121(a)(5): “A person commits a felony of the first degree when the person engages in sexual intercourse with a complainant ... (5) Who suffers from a mental disability which renders the complainant incapable of consent.” In *Commonwealth v. Thomson*, 673 A.2d 357, 359-360 (Pa. Super. 1996), *affirmed*, 546 Pa. 679, 686 A.2d 1310 (1996), the Superior Court of Pennsylvania held that expert testimony supported the jury’s finding that the victim was incapable of consent because of mental deficiency, i.e., mild mental retardation with a limited I.Q.

⁹ 18 PA.CONS.STAT.ANN. § 3121(a)(3): “A person commits a felony of the first degree when the person engages in sexual intercourse with a complainant ... (3) Who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring.” The Pennsylvania Supreme

A. Rape And Sexual Assault Under Pennsylvania Statutes

In Pennsylvania, rape and sexual assault are gender neutral, and may be perpetrated against an adult or child victim. Both rape and sexual assault may be perpetrated against a spouse. The primary distinction between the crimes of rape and sexual assault is that sexual assault occurs when the complainant does not consent to sexual intercourse or deviate sexual intercourse; the use or threat of force need not be proven. For the purposes of this section, only the crimes of rape and sexual assault are described. For a more detailed description of sex crimes in Pennsylvania, see Chapter 2.

Rape is defined by 18 PA.CON.S.TAT.ANN. § 3121. It is a first degree felony to engage in sexual intercourse with a complainant:

- (1) by forcible compulsion;
- (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution;
- (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring;
- (4) where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; or
- (5) who suffers from a mental disability which renders the complainant incapable of consent.

A defendant may be sentenced to an additional term not to exceed ten years' confinement and an additional amount not to exceed \$ 100,000 where the person engages in sexual intercourse with a complainant and has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, any substance for the purpose of preventing resistance through the inducement of euphoria, memory loss and any other effect of this substance.

Rape of a child, 18 PA.CON.S.TAT.ANN. § 3121(c), is a felony of the first degree and occurs when the person engages in sexual intercourse with a complainant

Court has defined an unconscious person, for purposes of this statute, as a "person [who] lack[s] the conscious awareness they would possess in the normal waking state." *Commonwealth v. Widmer*, 560 Pa. 308, 323, 744 A.2d 745, 753 (2000). In *Commonwealth v. Erney*, 548 Pa. 467, 473, 698 A.2d 56, 59 (1997), the Pennsylvania Supreme Court held that an intoxicated victim who was intermittently unconscious throughout the sexual assault and in an impaired physical and mental condition was unable to knowingly consent, and therefore her submission to sexual intercourse was involuntary. *See also*, 18 PA.CON.S.TAT.ANN. § 3121(a)(4): "A person commits a felony of the first degree when the person engages in sexual intercourse with a complainant ... (4) Where the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance."

who is less than 13 years of age. Upon conviction, a defendant may be sentenced to a term of imprisonment of up to forty years. Rape of a child with serious bodily injury, 18 PA.CON.S.TAT.ANN. § 3121(d), is a felony of the first degree and occurs when the person engages in sexual intercourse with a complainant who is less than 13 years of age and the complainant suffers serious bodily injury in the course of the offense. Upon conviction of rape of a child with serious bodily injury, a defendant may be sentenced up to a maximum term of life imprisonment.

Sexual assault is defined by 18 PA.CON.S.TAT.ANN. § 3124.1 which states, “Except as provided in section 3121 (relating to rape) or 3123 (relating to involuntary deviate sexual intercourse), a person commits a felony of the second degree when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant’s consent.”

B. Defining Sexual Violence

While terms such as “date rape” and “acquaintance rape” are still used, it is preferable to discuss sexual violence in terms of the legal statutes that identify each criminal act.

The Pennsylvania Coalition Against Rape defines sexual violence as:

Sexual violence occurs on a continuum, including but not limited to the following acts or attempted acts: any unwanted sexual contact, blocked access to birth control and protections from disease, child sexual abuse, forced abortions and/or sterilization, incest, indecent/sexualized exposure, marital and partner rape, ritual abuse, sex trafficking, sexual exploitation, sexual harassment, stalking, statutory rape, stranger and non-stranger rape, voyeurism and rape resulting in murder.¹⁰

C. Comparing Myths Of Sexual Violence To The Reality

Although much research has been done on the nature of rape and sexual assault, many myths still permeate our culture. For example, one common misconception is that a woman is most likely to be raped by someone she does not know.¹¹ Another misconception is that if a woman dresses in a certain way, or is under the influence of alcohol, she is inviting rape.¹² It is important to be aware of these and other myths as they provide insight into the beliefs of potential jurors as well as the community at large.

The reality of rape and sexual assault has been confirmed in numerous studies. Three of the most preeminent sources examining sexual violence are *The*

¹⁰ Pennsylvania Coalition Against Rape. (2005). HIV bulletin.

¹¹ Lifetime Television Violence Against Women Study (2002). (Available from Penn, Schoen and Berland Associates, Washington, D.C.).

¹² Office on Violence Against Women, Department of Justice. (n.d.) *Myths and facts about sexual violence*. Retrieved May 3, 2006 from <http://www.usdoj.gov/ovw/MythsFactSexualViolence.htm>

National Crime Victim Survey,¹³ the *Rape in America Study*,¹⁴ and *The Extent, Nature, and Consequences of Rape Victimization: Findings From the National Violence Against Women Survey*.¹⁵

Highlights from these studies emphasize that:

1. Nonstranger rape.

“Nonstranger or acquaintance rape is more common than stranger rape.”

Statistics show that 78 percent of rapes/sexual assaults were perpetrated by someone known to the victim.¹⁶ Further examination of perpetrator/victim relationships reveals that nine percent of victims were raped by husbands or ex-husbands, eleven percent by fathers or step-fathers, ten percent by boyfriends or ex-boyfriends, sixteen percent by other relatives, and twenty-nine percent by other non-relatives, such as friends and neighbors.¹⁷

2. Use of Weapons.

“Few rapes / sexual assaults involve the use of a weapon.”

Again, the reality of sexual assault is very different from public perception. In 2002, only four percent of rapes/sexual assaults involved the use of a firearm, and only two percent involved the use of a knife.¹⁸ Rapists are far more likely to gain control of their victims through deception, manipulation, and betrayal of the victim’s trust. This is not to say that rapes and sexual assaults without weapons are not “violent” or “forcible” per se.

3. Victim Injury.

“It is rare for a rape victim to sustain any visible physical injuries in addition to the rape.”

Few victims sustain visible physical injuries as a result of a rape. From 1992 – 2000, approximately 67 percent of victims of completed rapes sustained no bruises, scratches, cuts, or other visible injuries.¹⁹ Genital injury may or may not be present after a rape/sexual assault. For a more in-depth discussion on genital injury see section 1.4.

¹³ National Crime Victimization Survey, Department of Justice. (2002). *Crime victimization*. Retrieved April 23, 2006 from <http://www.ojp.usdoj.gov/bjs/cvict.htm>

¹⁴ Rape in America: A Report to the Nation. (1992). National Victim Center and Crime Victims Research and Treatment Center, University of South Carolina, Charleston.

¹⁵ National Institute of Justice, Department of Justice. (2006). Extent, nature, and consequences of rape victimization: findings from the Violence Against Women survey. Retrieved May 9, 2006 from <http://www.ncjrs.gov/pdffiles1/nij/210346.pdf>.

¹⁶ Rape in America: A Report to the Nation. (1992). National Victim Center and Crime Victims Research and Treatment Center, University of South Carolina, Charleston.

¹⁷ *Id.*

¹⁸ National Crime Victimization Survey, Department of Justice.(2002).*Crime victimization*. Retrieved April 23, 2006, from <http://www.ojp.usdoj.gov/bjs/cvict.htm>

¹⁹ *Id.*

4. Reporting of Rape and Sexual Assault.

“Rape and sexual assault are underreported crimes.”

Statistics regarding the percentage of reported rapes and sexual assaults vary greatly depending on the definitions used, the sample of victims studied, and the way in which the questions are phrased. However, research overwhelmingly demonstrates that rape and sexual assault are underreported crimes.²⁰ According to the *Rape in America Study*, only 16 percent of rapes were ever reported to police.²¹

Child victimization is also underreported. Research by Finkelhor and Dzubia-Leatherman (1994) shows that “levels of child victimization far exceed those reported in official government victimization statistics.”²² The researchers interviewed children between the ages of 10 and 16 years of age and found sexual abuse involving physical contact to be at rates five times higher than the 0.1 percent reported in the National Crime Survey. In a subsequent *international* survey, Finkelhor found rates of abuse to be consistent with his American study (1994).²³

Victims cite the following reasons for not reporting sexual violence: the victim does not want family members to know about the assault; they have concerns others will find out (including the victim’s name being made public); and they fear blame for the assault by family, friends, and others.²⁴ Children may be reluctant to disclose sexual abuse because they fear the perpetrator, have a fondness for the perpetrator, or are afraid of upsetting the family structure. In cases of incest, family dynamics may normalize the sexual abuse or reinforce the need for family members to keep quiet about the abuse.

5. False Reporting.

“Statistically, very few people lie about being raped.”

It is difficult on both a national and state level to determine how many rape allegations are false. The reasons for this difficulty lie with the methodology used to collect data on sexual violence as well as the lack of rigorous research on the subject.

Historically, the Federal Bureau of Investigation (FBI) collected and published data submitted by each state through the Uniform Crime Report (UCR). Until 1997 the FBI included a paragraph in their report noting that the average rate for “unfounded” cases of forcible rape was eight percent as

²⁰ Rape in America: A Report to the Nation. (1992). National Victim Center and Crime Victims Research and Treatment Center, University of South Carolina, Charleston

²¹ *Id.*

²² Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, 18: 413-420.

²³ *Id.*

²⁴ *Id.*

compared with that of other crimes which was only two percent.²⁵ Cases were counted as “unfounded” if:

- There was insufficient evidence to determine if the intercourse was consensual.
- Police were unable to locate the victim.
- The victim decided not to follow through with the prosecution.
- The victim repeatedly changed the account of the rape incident.
- The victim recanted.
- The allegation was found to be false.

One inconsistency with the UCR is that the definitions used in the report do not include all aspects of sexual violence, only rape of women. As of 2004 the UCR still does not include data on rape and sexual assault of males, victims with disabilities, children under the age of 12 years, and sexual assault by anal or oral copulation.²⁶

Another caveat to the information submitted for the UCR is that, while data is provided to the FBI by every state, not every police department within each state submitted information. For example, a report from the 2004 Pennsylvania Annual Uniform Crime report indicated that 1,056 out of 1200 jurisdictions in Pennsylvania submitted data.²⁷ While a majority of jurisdictions did report, it is unknown whether the data represented one month or an entire year.

To remedy this inconsistency, Pennsylvania Senate Bill 668 was signed into law by the Governor in 2004, which standardized UCR reporting.²⁸ The law became effective in June 2005. It mandates and standardizes reporting for all law enforcement agencies within Pennsylvania.

6. Victim Statistics.

“The overwhelming majority of sexual assaults are perpetrated against women.”

From 1992 – 2000, females victims accounted for 94 percent of all completed rapes, 91 percent of all attempted rapes, and 89 percent of all completed and attempted sexual assaults.²⁹

It is difficult to determine the number of male victims of sexual violence for a variety of reasons. As stated previously, the FBI Uniform Crimes Report only tracks sexual assault data on female victims. Also, males who

²⁵ Federal Bureau of Investigation. (1997). Uniform Crime Reports. Retrieved on April 10, 2006 from, http://www.fbi.gov/ucr/Cius_97/97crime/97crime.pdf, p. 26.

²⁶ Federal Bureau of Investigation (2004). Uniform Crime Reports. Retrieved on April 10, 2006 from, http://www.fbi.gov/ucr/cius_04/

²⁷ 18 P.S. § 20.501 *et seq.*

²⁸ *Id.*

²⁹ *Id.*

are sexually abused are often reluctant to come forward or seek mental health services because of overwhelming shame and embarrassment.

The few studies that do exist show rates of sexual violence against men to be between five percent and 23 percent.³⁰ Because perpetrators target vulnerable victims, it is not surprising that the prevalence of sexual abuse against males with mental illnesses or mental health disorders has been reported at rates as high as 32 percent.³¹

7. Perpetrator Statistics.

“The majority of rapes and sexual assaults are committed by males.”

In single-offender rapes and sexual assaults, the percentage of male offenders is nearly 99 percent.³² Research about female sex offending is limited, but studies suggest that female sex offending occurs more frequently than reported and is most often directed toward children under the care of the female.³³

8. Delay in Reporting.

“An individual will immediately report their sexual assault.”

Research shows that victims do not immediately report their rape **to authorities**; however, they may tell a friend, relative, or someone they trust. While victims of burglary, theft, or robbery are likely to contact authorities immediately, victims of sexual violence often need time to process the event; particularly if they know their attacker. Reasons cited for delayed reporting include:³⁴

- Not identifying acquaintance rape as rape
- Fear of not being believed
- Fear of being blamed for the assault
- Unable to tell the whole story to police
- Fear of being blamed due to use of alcohol or drugs
- Lack of support
- Fear of how the case may be handled by the court system
- Fear of police
- Lack of understanding or knowledge of the court system

³⁰ Belkin, D. S., Greene, A. F., Rodrique, J. R., & Boggs, S. R. (1994). Psychopathology and history of sexual abuse. *Journal of Interpersonal Violence*, 9, 535-547.

³¹ Sigler, J.I. (2000). “Forced sexual intercourse among intimates”. *Journal of Interpersonal Violence*, 15(1).

³² Federal Bureau of Investigation (2004). Uniform Crime Reports. Retrieved on April 10, 2006 from, http://www.fbi.gov/ucr/cius_04/

³³ Davin, P.A., Hilsop, J. C., & Dunbar, T. (1999). *Female Sexual Abusers*. Brandon, Vt.: Safer Society Press.

³⁴ U.S. Department of Justice. (1997). *Successfully Investigating Acquaintance Sexual Assault : A National Training Manual for Law Enforcement*. Retrieved June 20, 2006 from: <http://www.evawintl.org/Downloads/NCWP/PreliminaryMOD.pdf>

- Wanting to “put it all behind them”
- Emotional attachment to the offender. Not wanting to get the offender in trouble
- In incest cases, the victim may be concerned about the family disruption.

Victims relate that encouragement from a friend is often the impetus for reporting the assault to police.

1.4 THE IMPACT OF RAPE AND SEXUAL ASSAULT ON THE VICTIM

Whether a person is assaulted by a stranger, an acquaintance, or someone they know and trust, their life is irrevocably changed. A victim of burglary, for example, may report losing a television or computer. A victim of rape or sexual assault will often describe “a loss of their soul.”

The community at large seems to consider stranger sexual assault far more damaging to victims than sexual assault by an acquaintance, friend, or spouse. In reality, the adverse may be true. While every reaction is different, victims report that that sexual violence impacts them regardless of the relationship or perceived relationship to the perpetrator.³⁵

A. Physical Injury From Rape and Sexual Assault in Female Adults and Adolescents

1. Gross Body Injury in Female Adults and Adolescents

According to the U.S. Department of Justice report, *Prevalence, Incidence, and Consequences of Violence Against Women*, 32 percent of women reported physical injuries resulting from rape.³⁶ *Figure A* illustrates the type of injuries most frequently reported by sexual assault victims (this graph includes injuries of male and female victims combined).³⁷ As noted, bites, welts, and bruises were the most common physical injuries sustained by victims.

2. Genital Injury in Female Adults and Adolescents

In *The Color Atlas of Sexual Assault* (1997), authors Girardin, Faugno, Seneski, Slaughter, and Whelan cite multiple studies that conclude “the absence of genital injury does not provide proof that a rape did not occur.”³⁸

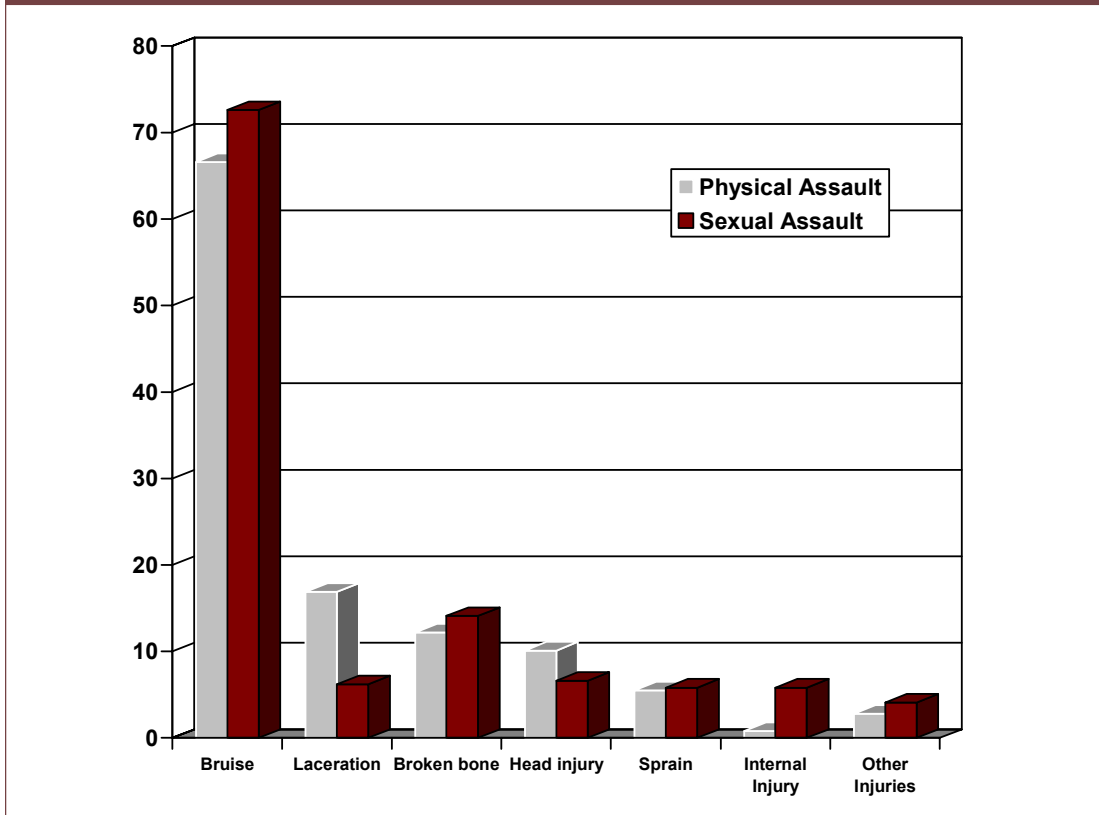
³⁵ U.S. Department of Justice. (2000). Full report of the prevalence, incidence, and consequences of violence against women (NCJ Publications No. 183781, p. 49). Retrieved April 26, 2006, from U.S. Department of Justice: <http://www.ncjrs.gov/pdffiles1/nij/183781.pdf>

³⁶ *Id.*

³⁷ *Id.*

³⁸ Girardin, B.W., Faugno, D.K., Seneski, P.C., Slaughter, L., & Whelan, M. (1997). *Color atlas of sexual assault* (pp. 22-37). St. Louis, Missouri: Mosby-Year Book, Inc.

Figure A: Percentage of Injured Adult Rape and Physical Assault Victims Who Sustained Specific Types of Injuries: Men and Women Combined



There are several factors that may impact whether or not genital injury is observed after a sexual assault. The most common reasons identified by medical personnel for lack of injury include: *the lack of vaginal contact by the perpetrator; delayed reporting of the assault, a lack of magnification technology, inexperience or insufficient training of the examiner, and finally, the perpetrator is non-aggressive and/or the victim is non-resistive.*³⁹

Each of the reasons for lack of genital injury will be discussed below.

- In the first instance, if there is ***no contact with the vagina***, it would follow that there would be no genital injury.
- With ***delayed reporting***, an examination delayed to 14 days post assault will detect no acute findings.⁴⁰
- ***Not using diagnostic equipment*** in the examination can decrease the likelihood of diagnosing injury.
- ***A lack of Colposcopy magnification*** can drop the probability of detecting genital injury from 87 percent when performed by a

³⁹ Girardin, B.W., Faugno, D.K, Seneski, P.C., Slaughter, L., & Whelan, M. (1997). Color atlas of sexual assault (pp. 22-37). St. Louis, Missouri: Mosby-Year Book, Inc.

⁴⁰ *Id.*

Figure B: Methods to Determine Genital Injury From Sexual Assault		
Technique	Description	Findings on Extent of Injury
Direct Visual Inspection	Standard gynecologic and forensic exam unaided by magnification or staining	Rates of injury found by experienced examiners showed between 27%-33%.
Staining, Techniques: Gentian Violet, Lugol's Solution, Toluidine blue, Fluorescein	Media highlight areas of abraded skin and microlacerations. Staining techniques make injury more visible to the naked eye.	Investigators using staining techniques identified injury in 40%-58% of sexual assaults.
Colposcopy	Used to illuminate, magnify, and photograph external and internal gynecologic structures. Repeated exams not necessary because photographs or digital images can be obtained.	Studies consistently show a higher rate of injury diagnosis with Colposcopy than with direct visualization or staining alone.

trained examiner, to between 10 percent and 30 percent by gross visualization alone.⁴¹ **Colposcopy** is one of three methods currently available to conduct rape exams. The other two are **direct visualization** and **staining**.⁴² *Figure B* lists and describes each technique and provides an overview of their use in sexual assault examinations.⁴³

- **Lack of training or expertise** is another impediment to diagnosing injury.
- **The use of minimal force** by the perpetrator may not result in any discernable injury.
- If the **victim is non-resistive**, he or she may not sustain a physical injury.⁴⁴

⁴¹ *Id.*

⁴² Sommers, M.S., Fisher, B.S., & Karjane, H.M. (2005). Using colposcopy in the rape exam: health care, forensic, and criminal justice issues. *Journal of Forensic Nursing*, 1(1), 30-34.

⁴³ *Id.*

⁴⁴ Girardin, B.W., Faugno, D.K., Seneski, P.C., Slaughter, L., & Whelan, M. (1997). *Color atlas of sexual assault* (pp. 23-24). St. Louis, Missouri: Mosby-Year Book, Inc.

To correctly perform a forensic rape exam, physicians and nurses require specialized training over and above what is received in their basic education programs.⁴⁵ The need for individuals with this specialized skill resulted in the development of national Sexual Assault Nurse Examiner (SANE) training programs. Basic training programs for SANE nurses consist of at least 40 hours of classroom instruction. Topics can include the definition of the SANE role, collection of evidence, testing and treatment of STDs, evaluation of other care needed, victim responses and crisis intervention, assessment of injuries, documentation, courtroom testimony, collaborating with community agencies, competent completion of an exam, and forensic photography.⁴⁶ Nurses are usually required to complete a certain number of clinical hours as well.

According to Rebecca Campbell, Associate Professor of Community Psychology and Program Evaluation at Michigan State University, “*The clinical case study literature suggests that SANE nurses are not only competent in forensic evidence collections, but they are actually better at it because of their extensive training and experience.*”⁴⁷ Campbell notes that research in this area consistently supports the use of SANE nurses in cases of sexual assault.⁴⁸

B. Psychological Effects Of Sexual Assault Crimes On Victims

Although a rape victim may not sustain physical injury, they may experience long-term psychological, emotional, and physical consequences of sexual assault.

The psychological effects of rape on a victim may range from minimal to severe and from short- to long- lasting. Hanson reports (1996) that one-quarter of women who are victims of sexual assault continue to have problems for several years after the rape.⁴⁹ Hazelwood and Burgess also indicate that rape and sexual assault are more likely to lead to post traumatic stress disorder, a DSM-IV diagnosis, than any other traumatic event affecting civilians.⁵⁰

⁴⁵ Office on Violence Against Women, U.S. Department of Justice. (2004). *A national protocol for sexual assault medical forensic exams* (U.S. DOJ Publication No. NCJ 206554).

⁴⁶ Ledray, *SANE Development and Operation Guide*, p. 50.

⁴⁷ VAWnet Applied Research Forum. (2004). *The effectiveness of sexual assault nurse examiner programs*. Retrieved February 6, 2006 from, http://www.vawnet.org/SexualViolence/Research/VAWnetDocuments/AR_Sane.php

⁴⁸ *Id.*

⁴⁹ Crowell, N.A., & Burgess, A.W. (Eds.). (1996). *Understanding violence against women*. Washington D.C.: National Academy Press.

⁵⁰ Hazelwood, R.R. & Burgess, A.W. (Eds.). (1995). *Practical rape investigation*. Boca Raton, Fla.: CRC Press.

1. Common Psychological Reactions To Sexual Violence

Psychological reactions to rape and sexual assault mirror the reactions of victims to other types of trauma such as war and natural disasters.⁵¹

According to Timothy O. Woods, J.D., M.A., Director of Research and Development at NSA and a frequent contributor to the Office for Victims of Crime (OVC)

*Sexual assault is one of the most traumatic types of criminal victimization. Whereas most crime victims find it difficult to discuss their victimization, sexual assault victims find it especially painful. One obvious reason for this is the difficulty that many people have in talking about sex. A more important reason, however, is that many victims of sexual assault are intensely traumatized not only by the humiliation of their physical violation but by the fear of being severely injured or killed.*⁵²

Kilpatrick notes (1996) that the fear of being injured or killed is equally common among women who are raped by husbands or acquaintances as among women who are raped by total strangers.⁵³

Victims of sexual assault may suffer anxiety, depression, and anger as the result of an assault. Additionally, victims can suffer from social and sexual problems and may also exhibit dissociative reactions.⁵⁴ Dissociative reactions are defined as

[T]he separation of ideas, feelings, information, identity, or memories that would normally go together. Dissociation exists on a continuum: At one end are mild dissociative experiences common to most people (such as daydreaming or highway hypnosis) and at the other extreme is severe chronic dissociation, such as DID (MPD) and other dissociative disorders. Dissociation appears to be a normal process used to handle trauma that over time becomes reinforced and develops into maladaptive coping.⁵⁵

Three terms commonly used when discussing the psychological impact of sexual violence are *Rape Trauma Syndrome*, *Acute Stress Disorder*, and *Post Traumatic Stress Disorder (PTSD)*.

⁵¹ *Id.*

⁵² Woods, T.O. (2000). First response to victims of crime: victims of sexual assault. (OVC Publication No. 176971). Washington D.C.: U.S. Department of Justice.

⁵³ Crowell, N.A., & Burgess, A.W. (Eds.). (1996). Understanding violence against women. Washington D.C.: National Academy Press.

⁵⁴ Foa, E., & Rothbaum, B.O. (1998). Treating the trauma of rape: cognitive-behavior therapy for PTSD. New York, NY: Guilford Publications.

⁵⁵ American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) Washington, D.C.: Author.

While understanding Rape Trauma Syndrome may be helpful in identifying common reactions to rape, the use of this term in court can be problematic as it is not a diagnosis recognized as a DSM-IV diagnosable disease.⁵⁶

2. Rape Trauma Syndrome

Rape Trauma Syndrome was initially identified by Ann Burgess and Lynda Lytle Holmstrom in 1974.⁵⁷ Ann Burgess is considered an expert on the psychological impact of sexual violence and has authored nine textbooks and written extensively on assessment and treatment of sexual assault victims.

Burgess and Holstrom first wrote about Rape Trauma Syndrome in 1974 after observing similar physical and psychological responses in 92 adult women who presented to an emergency department after being raped.⁵⁸ Their research was groundbreaking because it dispelled the myth held by law enforcement, medical personnel, and society at large that all rape victims would be hysterical following their assault. What they found was that although every victim responded differently, there were some consistent physical, psychological, and emotional reactions among victims.

According to Burgess and Holmstrom, "*Rape trauma syndrome is the acute phase and long-term reorganization process that occurs as the result of forcible rape or attempted forcible rape.*"⁵⁹ It usually involves an acute reactionary phase and a secondary, coping or "re-grouping" phase.

According to Burgess and Holmstrom, in the immediate aftermath of the rape, the victim may demonstrate shock and disbelief. Within a few hours, most exhibited two reactionary "styles": either becoming openly emotional or controlled and withdrawn. The openly emotional victim expressed fear, anger, and anxiety, which manifested in crying and smiling. Those who were controlled appeared calm and subdued and exhibited a flat affect.⁶⁰

During the first few weeks after the rape, victims report both physical and emotional reactions. The physical reactions include: skeletal muscle tension, overall physical soreness, nausea, change in appetite, and in some cases, vaginal itching and infection. Emotionally, victims experienced fear, humiliation, anger, and self-blame. Some reported violent dreams, a constant fear of being attacked again, fear of crowds, and what is referred to as *intrusive imagery*. In this case, victims reported seeing the perpetrator

⁵⁶ American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

⁵⁷ Burgess, A.W., & Holmstrom, L.L. (1974). Rape trauma syndrome. *American Journal of Psychiatry*, 131(9), 981-986.

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ Burgess, A.W., & Holmstrom, L.L. (1974). Rape trauma syndrome. *American Journal of Psychiatry*, 131(9), 981-986.

“everywhere.” Burgess and Holmstrom noted that during the second phase, victims attempt to restore order to their life and regain a sense of control.⁶¹

While the sample in this initial study was somewhat small, the symptoms associated with Rape Trauma Syndrome have been confirmed in other studies, as well as anecdotally, since 1974.

3. Acute Stress Disorder

Acute Stress Disorder (ASD) is a fairly new category in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and identifies reactions to trauma that do not yet meet the criteria for PTSD.⁶² Foa and Rothbaum in *Treating the Trauma of Rape*, describe the role of Acute Stress Disorder within the context of trauma and PTSD, “*The primary difference between the two disorders is duration of symptoms ... ASD occurs immediately following a stressor, but if symptoms persist beyond one month, a diagnosis of PTSD should be given.*”⁶³

The DSM-IV defines the diagnostic criteria for Acute Stress Disorder as follows:⁶⁴

- (1) The person has been exposed to a traumatic event in which both of the following were present:
 - (a) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 - (b) The person’s response involved intense fear, helplessness, or horror
- (2) Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:
 - (a) A subjective sense of numbing, detachment, or absence of emotional responsiveness
 - (b) A reduction in awareness of his or her surroundings (e.g., “being in a daze”)
 - (c) Derealization
 - (d) Depersonalization
 - (e) Dissociative amnesia (i.e., inability to recall an important aspect of the trauma)

⁶¹ *Id.*

⁶² American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

⁶³ Foa, E., & Rothbaum, B.O. (1998). *Treating the trauma of rape: cognitive-behavior therapy for PTSD*. New York, NY: Guilford Publications.

⁶⁴ American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

- (3) The traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.
- (4) Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).
- (5) Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hyper-vigilance, exaggerated startle response, motor restlessness).
- (6) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.
- (7) The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks after the traumatic event.
- (8) The disturbance is not due to the direct physiological effects of substance (e.g., a drug or abuse, a medication) or a general medical condition accounted for by a Brief Psychotic Disorder, and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

4. Post Traumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) initially described reaction patterns in survivors of natural disasters and combatants in war.⁶⁵ Since its identification, it has been diagnosed in victims of criminal attacks, accidents, and other traumatic events. According to Crowell and Burgess, *“Rape and sexual assault are more likely to lead to PTSD than other traumatic events affecting civilians, including robbery, the tragic death of close friends or family, and natural disaster.”*⁶⁶

The DSM-IV defines the diagnostic criteria for PTSD as follows:

- (1) The person has been exposed to a traumatic event in which both of the following were present:
 - (a) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - (b) The person's response involved intense fear, helplessness, or horror. Note: in children, this may be expressed instead by disorganized or agitated behavior.

⁶⁵ Foa, E., & Rothbaum, B.O. (1998). *Treating the trauma of rape: cognitive-behavior therapy for PTSD*. New York, NY: Guilford Publications.

⁶⁶ Burgess, A.W., & Holmstrom, L.L. (1974). Rape trauma syndrome. *American Journal of Psychiatry*, 131(9), 981-986.

- (2) The traumatic event is persistently re-experienced in one (or more) of the following ways:
 - (a) Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 - (b) Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
 - (c) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in young children, trauma-specific reenactment may occur.
 - (d) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- (3) Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
 - (a) Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
 - (b) Efforts to avoid activities, places, or people that arouse recollections of the trauma.
 - (c) Inability to recall an important aspect of the trauma.
 - (d) Markedly diminished interest or participation in significant activities.
 - (e) Feeling of detachment or estrangement from others.
 - (f) Restricted range of affect (e.g., unable to have loving feelings.).
 - (g) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).
- (4) Persistent symptoms of increased arousal (not present before trauma), as indicated by two (or more) of the following:
 - (a) Difficulty falling or staying asleep.
 - (b) Irritability or outbursts of anger.
 - (c) Difficulty concentrating.
 - (d) Hypervigilance.
 - (e) Exaggerated startle response.
- (5) Duration of the disturbance (symptoms in B, C and D) is more than one month.

- (6) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. Recognizing The Traumatic Effects Of Court Proceedings

Victims consistently report that testifying in court can be as traumatic as the original rape because they are forced to mentally relive the rape.⁶⁷ The public setting, the presence of the offender and the difficulty of cross examination may be very stressful and can return a victim to a state of crisis. The trauma may be even more intense when the defendant is *pro se* and has the ability to cross-examine the victim directly.⁶⁸

Sometimes a victim can be so traumatized by the court proceedings that they respond and react in a manner that seems illogical to the observer. The person may giggle or laugh because of embarrassment or nervousness. They may have a flat, unemotional affect as the result of depression or “dissociating” themselves from the difficulty of testimony. At times, the victim may appear meek and withdrawn or angry and combative. The unfortunate consequence of these responses is that the jury may question the victim’s credibility when, in actuality, it is simply the victim’s response to stress.

1. Victim-Blaming and Its Impact on Offender Accountability

One of a victim’s greatest concerns is being blamed for inviting or causing the sexual assault. It is a fear that prevents many from seeking medical help or reporting their assault to law enforcement. Unfortunately, even victims of stranger violence may be subjected to victim-blaming attitudes. “Why were you walking alone?” “Why did you go out for cigarettes at 2:00 am?” are common questions reported by victims. Parents, friends, and co-workers may blame the victim through such statements as: “Why were you drinking?” “Why did you go home with the guy?”

Research consistently demonstrates that perpetrators capitalize on victims’ vulnerabilities and inability to report or be believed. In fact, according to David Lisak, Associate Professor of Psychology at the University of Massachusetts, the key to a perpetrator’s success is identifying an individual’s vulnerability and exploiting that vulnerability.⁶⁹ A perpetrator recognizes, for example, that an adolescent who is drinking is unlikely to report an assault out of fear of being “busted” for underage drinking.

⁶⁷ Pennsylvania Supreme Court (2003). *Executive Summary Of The Report On Racial And Gender Bias In The Justice System* (pp.421-452). Harrisburg, PA: Author.

⁶⁸ *Id.*

⁶⁹ Lisak, D. (2005, October). Predators: uncomfortable truths about campus rapists. Presented at the International Sexual Assault, Domestic Violence, and Stalking Conference, Baltimore, MD.

1.5 VICTIM'S RIGHTS

Victims of crime in Pennsylvania are granted a number of rights by Pennsylvania's Crime Victims Act.⁷⁰ "The rights extended to victims of crime in Chapter 2 are to be honored and protected by law enforcement agencies, prosecutors and judges in a manner no less vigorous than the protections afforded criminal defendants."⁷¹ According to the Act, victims of crime have the following rights:⁷²

- (1) To receive basic information concerning the services available for victims of crime.
- (2) To be notified of certain significant actions and proceedings within the criminal and juvenile justice systems pertaining to their case. This paragraph includes all of the following:
 - (i) Access to information regarding whether the juvenile was detained or released following arrest and whether a petition alleging delinquency has been filed.
 - (ii) Immediate notification of a juvenile's pre-adjudication escape from a detention center or shelter facility and of the juvenile's subsequent apprehension.
 - (iii) Access to information regarding the grant or denial of bail to an adult.
 - (iv) Immediate notification of an adult offender's pretrial escape from a local correctional facility and of the offender's subsequent apprehension.
- (3) To be accompanied at all criminal and all juvenile proceedings in accordance with 42 PA.CON.S.TAT.ANN. § 6336 (relating to conduct of hearings) by a family member, a victim advocate or other person providing assistance or support.
- (4) In cases involving a personal injury crime or burglary, to submit prior comment to the prosecutor's office or juvenile probation office, as appropriate to the circumstances of the case, on the potential reduction or dropping of any charge or changing of a plea in a criminal or delinquency proceeding, or, diversion of any case, including an informal adjustment or consent decree.
- (5) To have opportunity to offer prior comment on the sentencing of a defendant or the disposition of a delinquent child, to include the submission of a written and oral victim impact statement detailing the physical, psychological and economic effects of the crime on the victim and the victim's family. The written statement shall be included in any pre-disposition or pre-sentence report

⁷⁰ 18 PA.STAT. §§ 11.201 – 11.216.

⁷¹ 18 PA.STAT. §§ 11.201.

⁷² *Id.*

submitted to the court. Victim-impact statements shall be considered by a court when determining the disposition of a juvenile or sentence of an adult.

- (5.1) To have notice and to provide prior comment on a judicial recommendation that the defendant participate in a motivational boot camp pursuant to the act of December 19, 1990 (P.L. 1391, No. 215), known as the Motivational Boot Camp Act.
- (5.2) Upon request of the victim of a personal injury crime, to have the opportunity to submit written comment or present oral testimony at a disposition review hearing, which comment or testimony shall be considered by the court when reviewing the disposition of the juvenile.
- (6) To be restored, to the extent possible, to the pre-crime economic status through the provision of restitution, compensation and the expeditious return of property which is seized as evidence in the case when in the judgment of the prosecutor the evidence is no longer needed for prosecution of the case.
- (7) In personal injury crimes where the adult is sentenced to a State correctional facility, to be:
 - (i) given the opportunity to provide prior comment on and to receive State post-sentencing release decisions, including work release, furlough, parole, pardon or community treatment center placement;
 - (ii) provided immediate notice of an escape of the adult and of subsequent apprehension; and
 - (iii) given the opportunity to receive notice of and to provide prior comment on a recommendation sought by the Department of Corrections that the offender participate in a motivational boot camp pursuant to the Motivational Boot Camp Act.
- (8) In personal injury crimes where the adult is sentenced to a local correctional facility, to:
 - (i) receive notice of the date of the release of the adult, including work release, furlough, parole, release from a boot camp or community treatment center placement; and
 - (ii) be provided with immediate notice of an escape of the adult and of subsequent apprehension.
- (8.1) If, upon the request of the victim of a personal injury crime committed by a juvenile, the juvenile is ordered to residential placement, a shelter facility or a detention center, to:

- (i) Receive prior notice of the date of the release of the juvenile, including temporary leave or home pass.
 - (ii) Be provided with:
 - (a) immediate notice of an escape of the juvenile, including failure to return from temporary leave or home pass; and
 - (b) immediate notice of re-apprehension of the juvenile.
 - (iii) Be provided with notice of transfer of a juvenile who has been adjudicated delinquent from a placement facility that is contrary to a previous court order or placement plan approved at a disposition review hearing and to have the opportunity to express a written objection prior to the release or transfer of the juvenile.
- (9) If the adult is subject to an order under 23 PA.CON.S.TAT.ANN. § 6101 (relating to protection from abuse) and is committed to a local correctional facility for a violation of the order or for a personal injury crime against a victim protected by the order, to receive immediate notice of the release of the adult on bail.
- (10) To receive notice if an adult is committed to a mental health facility from a State correctional institution and notice of the discharge, transfer or escape of the adult from the mental health facility.
- (11) To have assistance in the preparation of, submission of and follow-up on financial assistance claims to the bureau.
- (12) To be notified of the details of the final disposition of the case of a juvenile consistent with 42 PA.CON.S.TAT.ANN. § 6336(f) (relating to conduct of hearings).
- (13) Upon the request of the victim of a personal injury crime, to be notified of the termination of the courts' jurisdiction.

1.6 BARRIERS TO DUE PROCESS IN COURT PROCEEDINGS

Even when the criminal justice system has responded appropriately, a victim or defendant may face barriers due to limited English proficiency, a visual impairment, or a cognitive disability. These barriers can interfere with a person's understanding of the criminal justice process and limit their ability to access services.

Scarce economic resources may also compromise a victim's access to the criminal justice system. If a victim lacks transportation or child care they may find it difficult to arrive at the court house on time and remain there for the duration of a trial. Victims also report that some employers are unwilling to give them time off

to attend the trial. These victims find themselves forced to choose between justice and employment.

1.7 THE ROLE OF THE VICTIM ADVOCATE IN SEXUAL ASSAULT CASES

The victim advocate plays a particularly important role in cases of sexual assault. While the prosecutor represents the Commonwealth, and the defense attorney represents the defendant, the advocate's entire job is to support the victim and intervene on her behalf.

For a survivor of sexual assault, the medical and legal system can be frightening, frustrating, and confusing. Dealing with forensic exams, insurance paperwork, law enforcement, prosecutors, and judicial officials can be intimidating.⁷³ Meeting with the myriad of people involved in prosecuting a case can be stressful and court appearances overwhelming. The time and effort it takes for a case to go through the legal system can make a victim reluctant to pursue the case.

Victims often recount how they have dealt with the emotional trauma of the assault, only to have painful memories flood back when the case finally reaches court. That emotional trauma may be intensified if it is the first time the victim has seen the perpetrator since the preliminary hearing.

Victims also report that one of the most frustrating elements of the court process is the continuance. While a continuance is often necessary, multiple continuances can be emotionally and physically draining. Victims describe bracing themselves to testify over and over, only to have the case continued.

Victim Advocates are available to help victims cope with the frustrating aspects of the criminal justice system. Rape crisis centers provide advocates at no cost for court accompaniment, counseling, and assistance with victim's compensation paperwork.

In fact, involvement of a victim advocate can be beneficial for the entire court process. Research demonstrates that when a victim is working with an advocate, she is more likely to stay committed to the prosecution of her perpetrator and more willing to be involved in the court process.

⁷³ The Pennsylvania Coalition Against Rape. (2000). *The Trainer's Tool Box*. Chapter 9.

1.8 OVERVIEW OF SEX OFFENDING BEHAVIOR

This section presents current research on sex offending behavior as well as provides management strategies. **Subsection A** provides an overview of the causes of sex offending behavior. **Subsection B** identifies a number of common behavioral characteristics in this population. **Subsection C** examines promising research that may help to explain the origins of sex offending behavior. **Subsection D** provides recommendations on “best practices” in sex offender management.

A. Examining Causes of Sexual Aggression

A common question regarding rape is whether it is a crime of sex or power. Literature as recent as 10 years ago identified the two primary motivations for committing rape and sexual assault: to obtain sex and to exert power.⁷⁴

Current research confirms that sexual aggression is more complex than previously thought. According to Robert Prentky, a leading researcher on sexual aggression:

With respect to diversity, we have moved well beyond our earlier focus on impulsive, antisocial, criminals serving time in prison for felony sexual assaults on strangers. Sexual coercion and sexual aggression is expressed or manifest in a remarkably wide range of behaviors, further underscoring the seriousness of the problem.⁷⁵

B. General Behavioral Characteristics

While characteristics vary, some commonalities do exist in this very heterogeneous population

1. Sex Offenders are Overwhelmingly Male

The vast majority of sex offenders are male. According to the FBI Uniform Crimes Report, males constituted 98 percent of the perpetrators arrested for forcible rape and sexual assault in 2004.⁷⁶

Research concerning female offenders is limited. What is known, however, suggests that female sex offending occurs more frequently when a female is in caretaking role such as babysitting. In fact, The Juvenile Justice Bulletin (2001) reports that females accounted for 33 percent of sexual offenses committed by babysitters.⁷⁷

⁷⁴ Chiroro, P., Bohner, G., Viki, G., & Jarvis, C.I. (2004), Rape Myth Acceptance and Rape Proclivity: Expected dominance versus expected arousal as mediators in acquaintance rape situations. *Journal of Interpersonal Violence*, 19(4), 427-442.

⁷⁵ Prentky, R.A., Janus, E.S., & Seto, M.C. (Eds.). (2003). Sexually coercive behavior: Understanding and management. Conference on Understanding and Managing Sexually Coercive Behavior, USA, 989, ix-xiii.

⁷⁶ F.B.I. Uniform Crime Report. (2004). Retrieved May 1, 2006, from <http://www.fbi.gov/ucr/ucr.htm>.

⁷⁷ Juvenile Justice Bulletin (2001). Crimes against children by babysitters. Retrieved May 14, 2006 from, www.ncjrs.gov/html/ojjdp/jjbul2001_9_4/page2.html.

2. Recidivism Rates of Sex Offenders are Difficult to Calculate

Recidivism rates are difficult to track and even more difficult to interpret. Hanson and Bussiere, (in Bynum, 2001)⁷⁸ noted that in one study, child molesters had a reconviction rate of 13 percent for sex offenses and 37 percent for new, non-sex offenses while rapists had a reconviction rate of 19 percent for sex offenses and 46 percent for new, non-sex offenses.⁷⁹ It is important to note that these statistics rely only on records of re-arrest and conviction.

A study by Ahlmeyer, Heil, McKee, and English (2000) questioned 36 imprisoned sex offenders who admitted to perpetrating against an average of two victims. When questioned using a polygraph evaluation, the offenders admitted to an average of 165 victims.⁸⁰ The offenses ranged from rape and pedophilia to “non-contact” offenses including voyeurism, exhibitionism, and obscene phone calls.

Drs. Lisak and Miller assessed 1,882 college men for acts of interpersonal violence. They found that 120 of the participants self-reported acts that met the legal definition of rape, but were never prosecuted by criminal justice authorities.⁸¹ Of these 120 “undetected rapists,” 63.3 percent reported committing multiple acts which met the definition of rape, either against the same or multiple victims. These findings have been mirrored in other studies (Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, & Murphy, 1987; Weinrott and Saylor, 1991).

3. The Role of Alcohol in Sexual Violence.

Research has consistently found a correlation to heavy drinking patterns and aggressive behavior in general, and to sexual violence specifically. Abbey confirms that high use of alcohol has been reported in between 50 percent and 75 percent of acquaintance rapes.⁸² Abbey’s earlier research notes that men under the influence of alcohol are more likely to misperceive ambiguous or neutral cues as suggestive of sexual interest and to ignore or misinterpret cues of a woman’s lack of consent.⁸³ It is important to note that excessive alcohol use is not a **primary** precipitant to sexual assault, but simply reduces a perpetrator’s inhibitions.

⁷⁸ Bynum, T. (2001). Recidivism of sex offenders. Center for Sex Offender Management. Retrieved on May 24, 2006 from, <http://www.csom.org/pubs/recidsexof.html>

⁷⁹ Groth, A. Nicholas and Ann Wolbert Burgess. (1980). “Male Rape: Offenders and Victims.” *American Journal of Psychiatry*, 137(7): 806 – 810.

⁸⁰ 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: A Journal of Research and Treatment*, 12 (2), 123-138.

⁸¹ Lisak, D., & Miller, P.M. (2002). The undetected rapist. *Violence and Victims*, 17 (1).

⁸² Abbey, A., Zawacki, T., Buck, P.O., Clinton, A.M., & McAuslan, P. (2001). Alcohol and sexual assault. *National Institute on Alcohol Abuse and Alcoholism (NIAAA)*. 25(1).

⁸³ Abbey, A. (1991). Acquaintance rape and alcohol consumption on college campuses. *Journal of American College Health*, 39.

Another reason alcohol is associated with sexual assault is because it can be used to increase a victim's vulnerability. In fact, offenders will deliberately seek out victims in an environment where alcohol is being consumed (bars, social events, etc.).

4. Correlates of Sex Offending and Childhood Abuse.⁸⁴

While some studies do demonstrate a link between child sexual victimization and adult perpetration, it is difficult to identify the strength of that correlation. Dr. Lisak notes that additional rigorous research needs to be done before definitive conclusions can be drawn (personal communication, July 12, 2006). He suggests that while childhood sex abuse is an important **contributing** factor, it does not produce the violent result on its own.

1.9 RESEARCH ON SEX OFFENDING BEHAVIOR: WHAT IS KNOWN AND WHY ISN'T MORE KNOWN?

A. Early Research

Early efforts to understand sex offending behavior most often focused on what is referred to as the "stranger rapist." As cited in Groth & Birnbaum, 1979, the FBI's National Center for the Analysis of Violent Crime recognized four categories of stranger rapists:⁸⁵

- (1) anger excitation
- (2) anger retaliatory
- (3) power assertive
- (4) power reassurance

The four categories are summarized as follows: the *anger excitation* rapist was more commonly known as a sexual sadist whose enjoyment comes from the suffering of his victims. He was known to use brutal levels of force, often resulting in the victim's death.⁸⁶ The *anger retaliatory* rapist openly hates women and wants to punish and degrade them.⁸⁷ The *power assertive* rapist may rape strangers or acquaintances and believes victims are merely objects to be used for gratification.⁸⁸ The fourth and final category described by Groth and Birnbaum is the *power reassurance* rapist.⁸⁹ This category of rapist is the least

⁸⁴ Prentky, R.A., Knight, R.A., & Lee, A. F.S., (1997). Child sexual molestation: research issues (National Institute of Justice, U.S. Department of Justice). Retrieved on May 28, 2006 from, <http://www.ncjrs.org>.

⁸⁵ Groth, A.N., & Birnbaum, H.J. (1979). Men Who Rape (pp12-44). New York, NY: Plenum Press.

⁸⁶ *Id.*

⁸⁷ *Id.*

⁸⁸ *Id.*

⁸⁹ *Id.*

physically violent and is often motivated by a need to reassure himself of his masculinity. While these characteristics have been used as recently as 1995 (Hazelwood and Burgess) they only broadly describe motivations for the “stranger rapist.”

The “stranger rapist” categories should not be used when discussing “acquaintance” or “non-stranger” rapists since they do not accurately describe this type of offender.

B. Current Research

As described in section 1.6, sex offenders are a very heterogeneous population. Their motivation for offending and risk of re-offending depends on a number of factors including sexual deviancy and criminality. Because most will be released back into the community, it is imperative for law enforcement, prosecutors, and judges to fully understand the nature of sex offending.

1. Adult Sex Offender Typology

Emerging research shows that the discreet categories used to describe patterns of sex offending may have been over-simplified. Dr. David Lisak notes that initial studies show between 30 and 80 percent of offenders “crossover” into other victim “types” (personal communication, July 12, 2006).

Using polygraph testing, researchers found a certain percentage of offenders have victims outside their usual pattern of offending. Emerick and Dutton concluded, that 55 percent of adolescent sex offenders admitted to sexually assaulting children of both genders.⁹⁰ O’Connell also found that 64 percent of adult rapists admitted during polygraph testing to sexually assaulting a child.⁹¹

Realizing that crossover offending is more common than initially believed, offender typology will be discussed in terms of general offending patterns.

a. Rapists

Dr. Lisak describes the behavior characteristics of the “non-stranger” rapist as someone who has the need to dominate women, displays a deficit in empathy, sees women as objects to be conquered, has hyper-masculine attitudes, and believes the “rape myths.”⁹² *Figure C* lists some of the common stereotypical, false, and prejudicial beliefs contained in the Burt Rape Myth Acceptance Scale.⁹³

⁹⁰ Emerick, R.L., & Dutton, W.A. (1993). The effect of polygraph on the self-report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research*, 6, 84-103.

⁹¹ O’Connell, M.A. (1998). Using polygraph testing to assess deviant sexual history of sex offenders. (Doctoral dissertation, University of Washington, 1998). *Dissertation Abstracts International*, 49, MI 48106.

⁹² Lisak, D. (2005, Oct.) *Predators: uncomfortable truths about campus rapists*. Presented at End Violence Against Women International: Conference on Sexual Assault, Domestic Violence, and Stalking.

⁹³ Burt, M.R. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology*, 38(2), 217-230.

Figure C: Rape Myth Acceptance Scale

- A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex
- One reason that women falsely report rape is they frequently have a need to call attention to themselves.
- In the majority of rapes, the victim is promiscuous or has a bad reputation.
- If a girl engages in necking or petting and she lets things get out of hand, it is her own fault.
- When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.
- If a woman gets drunk at a party and has intercourse with a man she's just met there, she should be considered "fair game" to other males at the party who want to have sex with her.

Much of Dr. Lisak's research has centered on college-aged men who have admitted to sexually aggressive behavior, but have not been arrested or prosecuted (*The Undetected Rapist*). He found in his research that these individuals:

Perceive themselves as having been more often hurt by women, as having been deceived, betrayed, and manipulated. They appear to be more attuned to power dynamics between men and women; more often feel put down, belittled, and ridiculed....

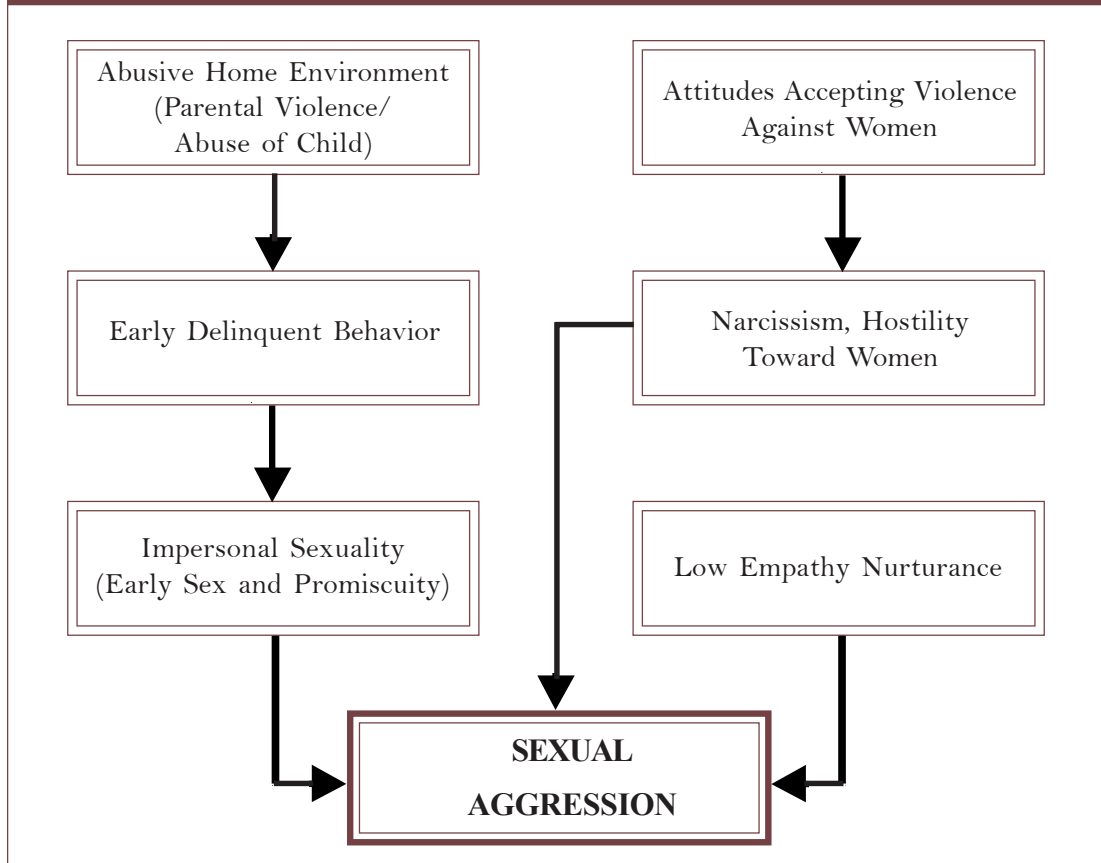
The behaviors described by Dr. Lisak are reflected in the work of Malamuth, Sackloskie, Koss, & Tanaka (1991). They identify a constellation of factors that, when combined, may create a "path to sex offending behavior."⁹⁴ *Figure D* illustrates the factors that contribute to sexually aggressive behavior.

Malamuth (2003) also notes that while each of these variables alone can contribute to sexually aggressive behavior, it is the cumulative effect that is more predictive.⁹⁵ In other words, an individual from an abusive home environment who is narcissistic, has low empathy for others, early delinquent behavior, impersonal sexuality, and believes that violence against women is acceptable is more likely to be sexually aggressive than an individual with only one of the risk factors.

⁹⁴ Malamuth, N.M., Sackloskie, R., Koss, M., & Tanaka, J. (1991). The characteristics of aggressors against women: testing a model using a national sample of college students. *Journal of Consulting and Clinical Psychology*, 59, 670-681.

⁹⁵ Malamuth, N.M. (2003) Criminal and noncriminal sexual aggressors: Intergrating psychopathy in a hierarchical-mediational confluence model. In R.A. Prentky, E.S. Janus, & M.C. Seto (Eds.), *Sexually coercive behavior: Understanding and management* (pp. 33-58). NY: The New York Academy of Sciences.

Figure D: Factors that Contribute to Sexually Aggressive Behavior



b. Child Molesters

When a sex offense involves an adult and child it is categorized as pedophilia.⁹⁶ This category can be further broken down by

- **Gender preference:** Male, female, or both (most pedophiles demonstrate attraction to both males and females)
- **Specificity or non-specificity:** Within the family unit only, or outside the family unit also.
- **Exclusivity or non-exclusivity:** Is the individual exclusively attracted to children or are they also attracted to adults.

Early attempts to predict recidivism of child molesters focused almost entirely on sexual deviancy (sexual preferences). Contemporary research is showing that while deviant sexual interest is extremely important in

⁹⁶ Geffner, R., Franey, K.C., & Falconer, R. (2003). Adult sex offenders: Current issues and future directions. In R. Geffner, K.C. Franey, T.G. Arnold, & R. Falconer (Eds.) *Identifying and treating sex offenders* (pp. 1-5). New York: The Haworth Press, Inc.

predicting recidivism, other factors should not be ignored. Antisocial orientation, lifestyle instability, impulse control, and various personality disorders also impact recidivism.

2. Juvenile Offenders

While a significant amount of research has been done on adult sex offending behavior, juvenile sex-offending behavior is still a relatively new area of study. According to the Center for Sex Offender Management:

Currently, it is estimated that juveniles account for up to one-fifth of all rapes and almost one-half of all cases of child molestation committed each year (Barbaree et. al, 1993, Becker et. al, 1993, Sickmund et. al, 1997). Adolescents age 13 to 17 account for the vast majority of cases of rape and child molestation perpetrated by minors (Davis and Leitenberg, 1987).⁹⁷

Precursors to sexually-aggressive behaviour in youth include physical and sexual abuse, exposure to aggressive role models, learning disabilities and academic difficulty.⁹⁸ Research also suggests exposure to pornography and substance abuse may contribute to the development of sexual aggression in youth.

Hunter and Becker, as well as Kahn and Chambers, found a history of physical abuse in 20 percent to 50 percent and a history of sexual abuse in 40 percent to 80 percent of sexually abusive youth (Hunter and Becker, 1998, Kahn and Chambers, 1991). “Rates of physical abuse and sexual victimization are even higher in samples of prepubescent and young female sexual abusers (Gray et al, 1997, Mathews et al, 1997).”⁹⁹

Exposure to aggressive role models was also found to be a risk factor, particularly with male children.¹⁰⁰ This risk factor can occur in isolation, but may also be part of a cycle of child abuse and neglect. Also, between 30 percent and 60 percent of youth who sexually offend were found to have learning disabilities.

Generally, juvenile sexual abusers fall into two categories: **those who target children** and **those who offend against peers or adults**.¹⁰¹ Researchers distinguish between the two groups based on the **age difference between the victim and the perpetrator** (child perpetrators are considered to be those who target children five or more years younger than themselves).¹⁰²

⁹⁷ Center for Sex Offender Management. (1999). *Understanding juvenile sexual offending behavior: Emerging approaches and management practices*. Retrieved on June 13, 2006 from <http://www.scom.org/pubs/juvbrg10.html>

⁹⁸ *Id.*

⁹⁹ *Id.*

¹⁰⁰ *Id.*

¹⁰¹ *Id.*

¹⁰² *Id.*

Figure E provides a comparison between juveniles who offend against adults and those who offend against children.

For information on the disposition of juvenile cases, please see the Pennsylvania Juvenile Delinquency Benchbook.¹⁰³

3. Female offenders

According to the U.S. Department of Justice, females comprise only one percent of arrests for rape and eight percent of arrests for all other sex offenses.¹⁰⁴ However, emerging research is showing an increase in female sex offending. Finkelhor and Russell found that about 20 percent of child sexual assaults were perpetrated by females.¹⁰⁵ Sexual abuse by women often occurs in a care giving situation and may be committed in isolation or as part of coercion by a male counterpart.¹⁰⁶ Women who sexually molest are often socially isolated and lack a sense of attachment. They are likely to have a history of substance abuse, depression, and PTSD; and have a history of childhood sexual and/or physical abuse.¹⁰⁷

4. Offenders with Cognitive Disabilities

Although there are some unique challenges to managing sex offenders with developmental disabilities, it is important to remember that they pose the same risk as sex offenders who do not have such disabilities. Their disabilities do not cause sex offending behaviour; consequently, the disabilities should not be used to excuse the behaviour. Treatment strategies ordered in the criminal justice system or recommended by way of mental health/human services should reflect these challenges.

C. Risk Factors for Re-offending

Hanson, Morton, and Harris note sexual recidivism rates of 10-15 percent after five years, 20 percent after 10 years, and 30-40 percent after 20 years.¹⁰⁸ It is important to remember these numbers represent reported offenses and do not capture those that are unreported. Sexual recidivism for rapists and child molesters appear similar, however rapists are more likely than child molesters to

¹⁰³ Juvenile Court Judges Commission. (2003). *Pennsylvania Juvenile Delinquency Benchbook*.

¹⁰⁴ U.S. Department of Justice. Criminal offender statistics. Retrieved on June 22, 2006 from: <http://www.ojp.usdoj.gov/bjs/crimoff.htm#sex>.

¹⁰⁵ Finkelhor D. & Russell, D. (1984). Women as perpetrators: review of the evidence, in *Child Sexual Abuse: New Theory and Research*. NY: Free Press.

¹⁰⁶ Kaplan, M.S., & Green, A. (1995). Incarcerated female sex offenders: a comparison of sexual histories with eleven female non-sexual offenders. *Sex Abuse: A Journal of Research and Treatment*. 7, 287-300.

¹⁰⁷ *Id.*

¹⁰⁸ Hanson, R.K., Morton, K.E., & Harris, J.R. (2003). Sexual offender recidivism risk: what we know and what we need to know. In R.A. Prentky, E.S. Janus, & M.C. Seto (Eds.), *Conference on Understanding and Managing Sexually coercive behavior*: Vol. 989. Sexually coercive behavior (pp. 154-156). NY: The New York Academy of Sciences.

Figure E: Comparison Between Juveniles Who Offend Against Adults and Those Who Offend Against Children.

Characteristics	Offend Against Adults	Offend Against Children
Victims	<ul style="list-style-type: none"> ▪ Predominately assault females. ▪ Assault mostly strangers or acquaint.(Hunter et al, in press). 	<ul style="list-style-type: none"> ▪ Females victimized at slightly higher rates. ▪ Nearly half assault at least one male. ▪ Up to 40 percent of victims are either siblings or relatives (Hunter et al, in press).
Offense Patterns	<ul style="list-style-type: none"> ▪ More likely to commit with other criminal activity (Hunter et al, in press). 	<ul style="list-style-type: none"> ▪ Reliance on opportunity and guile, particularly when victim is a relative. ▪ Trick child by using bribes or threatening loss of relationship (Hunter et al, in press, Kaufman et al, 1996).
Social and Criminal History	<ul style="list-style-type: none"> ▪ More likely to have histories of non-sexual criminal offenses. ▪ Generally delinquent and conduct-disordered. (Hunter et al, in press, Kaufman et al, 1996, Richardson, et al, 1997). 	<ul style="list-style-type: none"> ▪ Deficits in self-esteem and social competency are common. ▪ Often lack skills and attributes necessary for forming and maintaining healthy interpersonal relationships (Awad and Saunders, 1989, Monto et al, 1998).
Behavior Patterns	<ul style="list-style-type: none"> ▪ Display high levels of aggression and violence. ▪ More likely to use weapons and cause injuries to their victims. (Awad and Saunders, 1989, Monto et al, 1998). 	<ul style="list-style-type: none"> ▪ Frequently display signs of depression (Becker et al, 1991). ▪ Youths with severe personality and/or psychosexual disturbance may display high levels of aggression and violence (Becker and Hunter, 1993).

recidivate with non-sexual violent offenses.¹⁰⁹ Hanson and Brussiere (in Hanson, R.K., Morton, K.E., & Harris, J.R. 2003) found that the **strongest** predictors of sexual recidivism are **sexual deviance** and **general criminality**.¹¹⁰ They also identified *prior sexual offenses, a history of selecting unrelated victims, or male victims, the number of prior offenses, and antisocial personality as being important in predicting recidivism*. Researchers emphasize that “no single risk factor is sufficient to predict whether a particular offender will re-offend or not.”¹¹¹

Hanson, Morton, and Harris define risk factors as **static**, and **dynamic**.¹¹² A subset of the **dynamic** risk factors are “stable” and “acute”. Risk factors that cannot change (static) include prior offenses, age, and other historical factors. While they may prove useful for evaluating long-term recidivism, they provide little direction on reducing risk. The researchers maintain that to change risk, **dynamic factors need to be considered**. Stable, dynamic factors may change slowly, over months or years (or not at all), while acute, dynamic factors can change over weeks, days, or even minutes.

What differentiates the two is that stable dynamic factors have a relatively lasting quality, like a propensity for drug or alcohol abuse, low remorse and intimacy problems. Hanson, Morton, and Harris suggest that **acute dynamic factors** are conditions that can change over a short period of time such as sexual arousal or intoxication that may immediately precede a re-offense.¹¹³

They note that *“the identification of dynamic factors that are associated with reduced recidivism hold particular promise in effectively managing sex offenders because the strengthening of these factors can be encouraged through various supervision and treatment strategies.”*¹¹⁴

The criminal justice community has been somewhat pessimistic about the rehabilitation of sex offenders. As research on sex offending behavior grows, however, new strategies are being developed that hold promise in managing this complex population of offenders. While strides have been made in sex offender management, Dr. Robert Prentky cautions that a disconnect still exists between knowledge and practice.

¹⁰⁹ Hanson, R.K., Morton, K.E., & Harris, J.R. (2003). Sexual offender recidivism risk: what we know and what we need to know. In R.A. Prentky, E.S. Janus, & M.C. Seto (Eds.), *Conference on Understanding and Managing Sexually coercive behavior*: Vol. 989. Sexually coercive behavior (pp. 154-156). NY: The New York Academy of Sciences.

¹¹⁰ *Id.*

¹¹¹ *Id.*

¹¹² Hanson, R.K., Morton, K.E., & Harris, J.R. (2003). Sexual offender recidivism risk: what we know and what we need to know. In R.A. Prentky, E.S. Janus, & M.C. Seto (Eds.), *Conference on Understanding and Managing Sexually coercive behavior*: Vol. 989. Sexually coercive behavior (pp. 154-156). NY: The New York Academy of Sciences.

¹¹³ *Id.*

¹¹⁴ *Id.*

According to Prentky:

*Research knowledge about sexually coercive behavior and treatment has grown tremendously over the last decade (Becker & Hunter, 1997; Gilligan & Talbot, 2000; Hanson, 1998; Gallagher, Wilson, Hirschfield, Coggeshall & MacKenzie, 1999), the fact remains that policymakers, elected officials, the media, and criminal justice practitioners still know relatively little about sex offending and how to deal with it.*¹¹⁵

D. Best Practices for Sex Offender Management

Within the last fifteen years, several high profile sexual assault cases have galvanized the nation. Public outrage at what was perceived as lenient treatment of sex offenders by the criminal justice system resulted in both national and state policy changes. Most states, by way of legislation, have increased penalties for those convicted of sex offenses, implemented community notification systems, and incorporated extensive and costly monitoring systems.

In 1996, the U.S. Department of Justice brought together national experts to examine sex offender management strategies.¹¹⁶ The participants in this summit concluded that “best practices” for sex offender management included:

- Providing policymakers with solid, research-based information.
- Using a cross-disciplinary approach to management. Participants should include individuals from academia and research, judges, prosecutors, public defenders, victim advocates, and public health professionals.
- Devoting federal funds to supporting research and technical assistance. (This recommendation resulted in the development of the Center for Sex Offender Management).
- Developing recommendations for appropriate prisoner reintegration programs.
- Including victim advocacy groups in policy development.
- Evaluating responses before implementing them to avoid the unintended consequences of “quick fixes.”

Although significant changes have already occurred, there is still much debate between researchers and policy makers about how to manage sex offenders in the community. While this section is not comprehensive, it does provide information on what is considered “best practice” in sex offender management.

¹¹⁵ Prentky, R.A., Janus, E.S., & Seto, M.C. (Eds.). (2003). *Sexually coercive behavior: Understanding and management. Conference on Understanding and Managing Sexually Coercive Behavior* (pp. ix-xiii). NY: The New York Academy of Sciences.

¹¹⁶ Prentky, R.A., Janus, E.S., & Seto, M.C. (Eds.). (2003). *Sexually coercive behavior: Understanding and management. Conference on Understanding and Managing Sexually Coercive Behavior, USA*, 989, 1-7.

These guidelines are based on recommendations from the Center for Sex Offender Management (CSOM). They suggest that sex offender management programs should be collaborative, offer a victim-centered approach, provide specialized sex offender assessment and treatment, implement specialized sex offender supervision, and invest in prevention programs that focus on stopping sexual violence before it occurs.¹¹⁷

According to CSOM, one of the most important strategies for effective sex offender management is interagency collaboration. Collaborations should include the following agencies and individuals:

- Criminal justice system: judges and judicial personnel (it is recognized that judicial independence must be maintained); prosecutors, defense attorneys, law enforcement agents, and those responsible for *processing* offenders through the criminal justice system.
- Correctional officials: Those responsible for *preparing* offenders for release into the community.
- Victim advocates and victim treatment providers: Those responsible for helping the victim to *navigate* the criminal justice system.
- Sex offender treatment providers: Those who have specialized *knowledge* of offender behavior and can provide recommendations for community management.
- Additional groups or individuals that can participate on an “as needed” basis. These members could include:
 - Community leaders who can assist in educating the public about sex offender behavior as well as assist in addressing community concerns.
 - Lawmakers who have an interest in sex offender policy: Including these individuals is key to assure that sex offender policy is based on “best practice” models and that funding streams are directed to support these models.
 - Community agencies that can support offenders once they are released into the community by providing housing and employment.

Other important components of sex offender management are specialized assessment and treatment. Specific assessment tools implemented by trained professionals are integral in detecting/identifying daily, on-going risk as well as future risk. Specialized sex offender treatment should address the denial, distortions, and manipulation so common to the sex offending population. Treatment providers must be knowledgeable about relapse prevention strategies, and use cognitive-behavioral techniques that address the complex treatment needs of sex offenders.

¹¹⁷ Talbot, T., Gilligan, L., Carter, M. & Matson, S. (2002). An overview of sex offender management. (Available at www.csom.org/pubs/csom_bro.pdf).

Maintaining a victim-centered approach is imperative to protect both past and future victims. Victim notification of offender release is key with these crimes. A victim may have genuine safety concerns and need to be apprised if a perpetrator is released into their community.

Specialized sex offender supervision is also imperative in assuring community safety. Traditional supervision practices such as scheduled office visits and phone contact are not adequate for supervising the sex offender and should not be used alone. Parole officers need to be specially trained to identify relapse behaviors and have small case loads to provide adequate oversight. Supervision must include collaboration between treatment providers, parole agents, victim advocates, and law enforcement agents.

According to the Center for Sex Offender Management, “best practice” for sex offender management includes:

- Relapse prevention and cognitive behavior techniques that are tailored to meet the specialized needs of the offender.
- Treatment programs to address marital and family issues, substance abuse treatment, and educational and vocational needs.
- Appropriate employment and social support that builds on pro-social relationships.
- Appropriate housing.
- Appropriate monitoring of the offender in the community.