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WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2001-02

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Corrections and Courts (AC-CC)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
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INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

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- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
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- Miscellaneous ... **Misc**

* Contents organized for archiving by: Mike Barman (LRB) (May/2012)



Sexual Assault

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Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. The term "sexual violence" includes: rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, marital or partner rape, sexual contact, sexual harassment, exposure, and voyeurism. Sexual assaults are acts of violence where sex is used as a weapon. Assaults are motivated primarily out of anger and/or a need to feel powerful by controlling, dominating, or humiliating the victim. Victims/survivors of sexual assaults are forced, coerced, and/or manipulated to participate in unwanted sexual activity. Victims/survivors do not cause their assaults and are not to blame. Offenders are responsible for their assaults.

HERE ARE THE FACTS:

- The total number of rapes, attempted rapes, and sexual assaults increased 13.3% to 383,000 in 1999, up 50,000 from 1998. (1999 National Crime Victimization Survey (NCVS). U.S. Department of Justice, Bureau of Statistics, 2000.)
- 17.7 million women in the United States have been the victim of a rape or attempted rape at some point in their lives. (National Institute of Justice Centers and for Disease Control; Research in Brief, Findings from the National Violence Against Women Survey. November, 1998.)
- More than 1/2 of the victims who had experienced sexual assault as an adult had been victims of multiple assaults. (Feldhaus, K. Annals of Emergency Medicine. Volume 36, pp23-27. July, 2000.)
- In 1999 only 28.3% of total rapes were reported to police. (1999 National Crime Victimization Survey (NCVS). U.S. Department of Justice, Bureau of Statistics, 2000.)
- 2% of all of the accusations of sexual assault reported to law enforcement turn out to be false, the same rate as other types of violent crime. (Reno, J., Marcus, D., Leary, M., Turman, K., First Response to Victims of Crime. Office for Victims of Crime, U.S. Department of Justice. May 2000.)
- 89% of the victims were female; 11% were male. (1999 National Crime Victimization Survey (NCVS). U.S. Department of Justice, Bureau of Statistics, 2000.)
- One study found that 34% of sexual assaults occurred when victims were less than 12 years old; 33% occurred between the ages of 12-17; and 14% occurred between the ages of 18-24. (Sexual Assault of Young Children as Reported to Law enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- One of every seven victims of sexual assault is under the age of 6. (Sexual Assault of Young Children as Reported to Law enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- One in four victims of sexual assault under the age of 12 are boys. (Juvenile Offenders and Victims: 1999 National Report. National Center for Juvenile Justice. Washington D.C: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. September, 1999.)
- In 1999 71% of rape or sexual assault victims knew their offenders. (Criminal Victimization in 1999: Changes 1998-1999, with trends 1993-1999. U.S. Department of Justice, Bureau of Justice Statistics. August, 2000.)
- Approximately 22% of victims are raped by intimates such as husbands or boyfriends, 47% by acquaintances, and 2 % by other relatives. (Criminal Victimization in 1999: Changes 1998-1999, with trends 1993-1999. U.S. Department of Justice, Bureau of Justice Statistics. August, 2000.)

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- 38% of women surveyed said that they had sex with a husband or intimate partner when they didn't want to. 3% of women were threatened with violence if they didn't have sex, and 8% were coerced into sex after the use of physical force. (Basile, K.C. From Unwanted Sex to Wife Rape: Examining Sexual Coercion in Marriage on a Continuum of Severity. Unpublished Dissertation, 1998)
- Women who were raped since the age of 18 were 32% more likely than their male counterparts to report a physical injury other than the rape itself. (Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey. Tjaden, P. and Thoennes, N. U.S. Department of Justice, Centers for Disease Control, November 1998.)
- In about 88% of forcible rapes, the victim and the offender were of the same race. (Sex Offenses and Offenders: An analysis of Data on Rape and Sexual Assault. Greenfeld, Lawrence A. U.S. Department of Justice, Bureau of Justice Statistics. February, 1997.)
- About 2/3 of sexual assaults occur between 6 p.m. and 6 a.m. (Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault. Greenfeld, Lawrence A. U.S. Department of Justice, Bureau of Justice Statistics. February, 1997.)
- The chances that a woman will develop Post Traumatic Stress Disorder (PTSD) after being raped are between 50-90%. Sexual assault is also closely related to depression and anxiety disorders. (Population Reports: Ending Violence Against Women. Population Information Program, Center for Communication Programs. The John Hopkins School of Public Health & Center for Health and Gender Equity. 2000.)
- 26.6% of women suffering from bulimia nervosa were raped at some point in their lives, while only 13.3% of women with no eating disorder had been raped. (Dansky, B.; Brewerton, T.; Kilpatrick, D.; and O'Neil, P.; "The National Women's Study: Relationship of Victimization and Posttraumatic Stress Disorder to Bulimia Nervosa." International Journal of Eating Disorders. Volume 21(3): pp. 213-228, 1997.)
- 50-75% of women in substance abuse treatment programs are survivors of sexual violence. (Homeless, Addictions, and Mental Illness. 1997. Anderson, C. and Chiochio, K. Sexual Abuse in the Lives of Women Diagnosed with Serious Mental Illness. Harris, M., ed., pp21-37)

Here are the Facts for Wisconsin:

Based on Reports made to Law Enforcement in 1998:

- An estimated 6056 sexual assaults were reported in 1998. This represents a 3% increase from the 1997 reported total.
- 83% of victims were female, 92% offenders were male.
- 93% of all sexual assaults were perpetrated by someone know to the victim, while 7% were committed by strangers.
- 58% of all assaults took place in either the victim's or the offender's home.
- 78% of all sexual assault victims were juveniles. Over 70% of all victims were 15 years old or younger.
- The average age of the offender was 24, nine years older than the average age of the victim age of 15.

Source for Wisconsin Statistics: Wisconsin Office of Justice Assistance Report on Sexual Assaults in Wisconsin 1998: September 1999



Wisconsin Sexual Assaults in 1998

Number and Type of Assaults:

- In 1998, an estimated 6,056 sexual assaults were reported to law enforcement agencies, representing a 3.0% increase over the 1997 estimated total of 5,881.
- Of all sexual assaults, 31% were reports of forcible rape, forcible sodomy, or assault with an object.
- The most common type of sexual assault was forcible fondling, which accounted for 46% of all reported cases (2,658). The average victim age was 14. The average offender age was 26.
- 22% of all sexual assault offenses (1,257) were statutory rape. The average victim age was 14. The average offender age was 19.
- An offender was arrested in 61% of all cases.
- 91% of all sexual assault offenders apprehended were referred to criminal or juvenile court
- 4% of assaults were committed by multiple offenders.
- Sexual assaults occur most frequently in the Summer months.

Demographics:

Race

- The majority of victims (81%) and offenders (74%) were Caucasian.
- Assaults against people of the same race were the most common. Caucasians assaulted Caucasians 88.5% of the time; African-Americans assaulted African Americans 87.9% of the time; and, grouped together, American Indians and Asians assaulted American Indians and Asians 74% of the time.

Age

- 78% of all sexual assault victims were juveniles. Over 70% of all victims were 15 years old or younger.
- The average age of all sexual assault victims was 15.
- The average age of a sexual assault offender was 24, nine years older than the average victim.

Relationship

- 93% of all sexual assaults were perpetrated by someone known to the victim, while 7% were committed by strangers.
- Family members committed 18.4% of assaults.
- Sexual partners committed 14.7% of reported assaults; 56.9% were acquaintances or other known individuals.

(Seeking the attention of a potential victim [i.e., becoming an acquaintance] is a grooming tactic often used by perpetrators)

Gender

- 92% of all offenders were male; 83% of victims were female.
- 63.1% of assaults against males were committed by other males; 36.9% by females.
- 98.5% of assaults against females were committed by males; 1.5% by other females.

Location

- 58% of assaults took place in either the victim's or offender's home.
- An additional 10.4% took place in another residence.
- 13.6% occurred outdoors or in a vehicle.
- 5.6% of reported assaults took place at schools or colleges.

Some Notes On These Statistics:

• All of the above statistics are taken from *Sexual Assaults in Wisconsin 1998*, a publication of the Wisconsin Office of Justice Assistance Statistical Analysis Center, 131 West Wilson St., Suite 202, Madison, WI 53702, (608) 266-3323.

• These statistics do not encompass any reports deemed "unfounded" by law enforcement agencies. Unfounded does not necessarily mean untrue, rather, it means there is insufficient evidence for a finding of sexual assault. According to the FBI, there are no more false reports of sexual assault than of any other crime.

• Sexual violence remains the most dramatically underreported crime, with an estimated two-thirds of attacks unreported. (American Medical Association, 1996)



Rohypnol, GHB and Other 'Date Rape' Drugs

Although not a new phenomenon, concern over substance-related rape is rapidly increasing as perpetrators find more severe and dangerous means to sedate victims. The common use of alcohol as a sedative is being combined with and even replaced by illicit use of Rohypnol (ro-hip-nol), GHB, and other similar drugs. Though Rohypnol is illegal in the U.S., and GHB is FDA-approved only for physician supervised protocols, they are both manufactured and sold legally in other countries. Rohypnol is intended to curb severe sleep disorders, and GHB to be used as an adjunct to anesthesia. However, more and more frequently these drugs are being used to sedate potential sexual assault victims. Among reported cases in which drugs are used to facilitate rape, the perpetrator most commonly laces a victim's drink with the drug. Since Rohypnol and GHB (as well as most other drugs used to facilitate date rape) can be produced in forms that lack color, odor, taste, and dissolve quickly—a victim can ingest it unknowingly.

Facts about Rohypnol:

What is it? Is it illegal?

- "Rohypnol" is the brand name for the drug flunitrazepam, a central nervous system depressant, belonging to a class of drugs known as benzodiazepines, which include widely used medications such as Valium, Librium, and Xanax.
- Rohypnol is currently a Schedule IV drug under the Federal Controlled Substance Act of 1970 with Schedule I penalties for illegal possession, importation, or distribution in the United States.

Where is Rohypnol most commonly used? What are its effects?

- In the U.S. Rohypnol is most commonly used in Florida, Texas, and other southern states; places where the drug can be brought over the border easily and smuggled to consumers through postal and delivery services, or by individuals. However, Rohypnol's use is not limited to the South. In fact, WCASA has received reports from students in Wisconsin who state that Rohypnol is available on their campuses. The recipe for Rohypnol has also recently been made available on the Internet, a fact that greatly contributes to the wide spread availability of the drug.
- Rohypnol is ingested orally, frequently in conjunction with alcohol or other drugs. The effects, which begin within 30 minutes, include sedation, dizziness, memory impairment, motor in-coordination, muscle relaxation, slurred speech, impaired judgement, amnesia, loss of inhibitions, loss of consciousness, visual disturbances, nausea, and excitability and/or aggressive behavior in some users.
- Effects of Rohypnol reach their peak within 1-2 hours after intake and continue for an average of 8-10 hours. At higher doses and when combined with other drugs the effects may persist for 24 hours. The effects of Rohypnol are approximately 10 times greater than the effects of Valium.

How do I identify Rohypnol?

- Manufactured by a large Pharmaceutical company (Hoffmann-La Roche), Rohypnol is available in round white tablets, slightly smaller than aspirin. One side of the tablet contains the name "Roche" and an encircled "1" or "2" while the reverse side is marked with either a cross or single horizontal groove.
- Rohypnol commonly sells for approximately \$5 per tablet, and is often delivered in bubble packaging.

(American Prosecutors Research Institute Violence Against Women Program. (1999). The Prosecution of Rohypnol and GHB Related Sexual Assaults.)

Common street names for Rohypnol include: Ruffies, Roche (pronounced "row-shay"), Rochies, The Forget Pill, La Roche, Rib, Mexican Valium, R-2, Rope, Ropies, Roopies, Roach-2.

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Facts about GHB:

What is GHB? Is it illegal?

- Gamma hydroxy butyrate (“GHB”) is a central nervous system depressant that can relax, or at higher doses, sedate the body while slowing breathing and heart rate to dangerous levels.
- GHB is usually a street manufactured drug, commonly found at nightclubs, underground RAVE parties, and used by body builders for its purported anabolic effects.
- GHB, while not a controlled substance, is not approved for medical use in the United States. The Food and Drug Administration (FDA) has issued advisories in 1990 and 1997 declaring GHB unsafe and illicit, except for use under FDA-approved physician supervised protocols.

How Do I Identify GHB?

- GHB can be produced in clear liquid, white powder, tablet, and capsule forms, and it is often used in combination with alcohol, making it even more dangerous. GHB is most commonly found in liquid form in small bottles or vials. Plastic sports bottles or “spring water” bottles and small “Visine” eye-drop containers are most often associated with its use. In liquid form, GHB can sometimes take on a slightly salty flavor.
- GHB is used predominantly by adolescents and young adults, often when they attend nightclubs and raves. GHB is commonly sold for about \$10.00 per capful or “swig”.
- Street names for GHB include: Gamma-OH, Grievous Bodily Harm, Georgia Home Boy, Goop, Liquid Ecstasy, and Liquid X.
(American Prosecutors Research Institute Violence Against Women Program. (1999). The Prosecution of Rohypnol and GHB Related Sexual Assaults.)

What are the effects of GHB?

- GHB is often used “recreationally” for its ability to produce intoxicating and euphoric effects.
- Other effects include: loss of consciousness, memory impairment, confusion, loss of inhibition, seizures, dizziness, extreme drowsiness, stupor, agitation, nausea, visual disturbances, severe respiratory depression, reduced heart rate and blood pressure, coma, and death.
- The effects of GHB occur within 10-30 minutes of ingestion and last 3-6 hours, depending on the dosage.

If you suspect you have been drugged and/or sexually assaulted:

Individuals who suspect they have been assaulted and/or drugged with Rohypnol, GHB, or any other substance, may choose to contact their local rape crisis center or law enforcement agency for drug testing and information on available resources. Most substances can be detected through appropriate drug testing. The findings of such tests can provide valuable evidence in a court of law if the victim/survivor chooses to prosecute the case.

Rohypnol can be found in urine for up to 72 hours after ingestion. The urine test for Rohypnol will also test for the presence of other benzodiazepines, as well as for marijuana, cocaine and some opiates and barbiturates. GHB, on the other hand, is cleared from the body relatively quickly, so it is sometimes more difficult to detect through drug testing. Samples taken closer to the time of ingestion increase the likelihood of detecting the drug. Individuals who suspect they have been drugged and/or assaulted should also try to save the glass/beverage in which the drug was dissolved for testing.

Other drugs associated with date rape:

Gamma Aminobutyric (GABA)
1,4 Butanediol
Diazepam (Valium)
Clonazepam (Klonopin, Rivotril)
Temazepam (Restoril)
Bromazepam (Lexotan)
Chloral Hydrate
Sleeping Aids
Animal Tranquilizers
Ketamine Hydrochloride (Ketamine, Special K)
Gamma Butyrolactone (GBL, Renewtrient, Revivarant G, Blue Nitro Vitality, GH Revilizer, Gamma G, Remforce)
Lorazepam (Ativan)
Alprazolam (Xanax)
Oxazepam (Serax)
Nitrazepam (Mogadon)
Chlordiazpoxide (Librium)
Marijuana
Ethchlorvynol
Muscle Relaxants
Flurazepam (Dalmane)
Triazolam (Halcion)
Scopolamine (Burundanga)
Cocaine
Barbituates
Opiates
Amphetamines
Antihistamines

For more information about date rape drugs:

Contact your local rape crisis center, the Wisconsin Coalition Against Sexual Assault (WCASA), or your local law enforcement agency. Hoffman-La Roche also has a toll free information hotline (1-800-720-1076) that provides general information on Rohypnol.



Male Survivors of Sexual Assault

Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. Sexual assaults are acts of violence where sex is used as the weapon. Assaults are motivated primarily out of anger and/ or a need to feel powerful by controlling, dominating, or humiliating the victim. Victims/survivors of sexual assaults are forced, coerced and/or manipulated to participate in unwanted sexual activity. Victim/survivors do not cause their sexual assaults and are not to blame. Offenders are responsible for assaults.

Our society's prevalent images of men claim that men are always strong, invulnerable, stoic, and in control. Despite these stereotypes, men of all ages, sizes, strengths, looks, personalities and sexual orientations are victims of sexual assault. Males are sexually assaulted both as adults and as children. Since sexual assaults result from perpetrators attempts to feel more powerful, those individuals society perceives as having less power are often at a greater risk. Therefore, males are less often sexually assaulted than females and male children are at a greater risk of sexual assault than adult males.

Although there are some different issues for male survivors, on an individual emotional level they are as profoundly affected by assaults as women. Male survivors frequently experience emotions including: pain, anger, loneliness, shame, anxiety, and confusion over sexual intimacy. A sexual assault may leave a male survivor questioning his masculinity. This along with the fact that men are more frequently assaulted by other men may cause a survivor to question his sexual orientation. These reactions are common because our society perpetuates the myth that sexual assaults are about sexual attraction and not about domination and power. This myth also acts as an obstacle when survivors seek out assistance.

HERE ARE THE FACTS:

- Both adult males and children are victims of sexual assault. Assaults can and do happen anywhere: homes, schools, prisons, public places, etc.
- 92,700 men are forcibly raped each year in the United States. (Tjaden, P. and Thoennes, N. Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey. U.S. Department of Justice, Centers for Disease Control. November, 1998.)
- 11% of total sexual assault victims are male, 89% are female. (1999 National Crime Victimization Survey (NCVS). U.S. Department of Justice, Bureau of Justice Statistics, 2000)
- A greater percentage of juvenile sexual assault victims were male (18%) than were adult sexual assault victims (4%). Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident and Offender Characteristics. U.S. Department of Justice, Bureau of Justice Statistics, 2000.)
- The year in a male's life when he is most likely to be a victim of sexual assault is the age of 4. (Bureau of Justice Statistics, 2000.)
61% of male sexual abusers are male, 28% are female, and 11% reported being assaulted by both males and females. (Gartner, R. Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men. Guilford Press, 1999.)

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- Boys are less likely than girls to report sexual abuse because of the fear of retribution, the social stigma against homosexual behavior, the desire to appear self-reliant, and the concern about loss of independence following disclosure. (Holmes, W., Slap, G. Sexual Abuse of Boys: Definition, Prevalence, Correlates, Sequelae, and Management. The Journal of the American Medical Association, Vol. 280. 1998.)
- Up to 1/2 of the female perpetrators were adolescent aged babysitters. (JAMA, 1998.)
- Female perpetrators used coercion, rather than force in 91% of the cases, and 26% promised special favors to boys for participation in sexual acts. (JAMA, 1998)
- 77% of sexual assaults against males take place in a residence. (Bureau of Justice Statistics, 2000.)
- One in four victims of sexual assault under the age of 12 are boys. (Juvenile Offenders and Victims 1999 National Report, Office of Juvenile Delinquency Prevention, 1999.)
- 48% of males were raped by strangers, compared with 28% of females. (Criminal Victimization in 1999: changes 1998-1999, with trends 1993-1999. U.S. Department of Justice, Bureau of Justice Statistics. August, 2000.)
- A rapist's motivation is primarily to humiliate, hurt and destroy, not to release a normal sex drive. Hence, the majority of rapes of males are perpetrated by caucasian, heterosexual males, who often commit their crime with one or more cohorts. (Scarce, Michael. Male on Male Rape: The Hidden Toll of Stigma and Shame. Plenum Press. New York, New York. 1997.)
- Many rapes and sexual assaults are perpetrated by other heterosexual men, in all-male environments, often as part of an initiation. Incidences of this have been documented in military organizations, fraternal organizations, athletic organizations, prisons etc. (Scarce, 1997.)
- The organization Stop Prison Rape conservatively estimates that 360,000 men are sexually assaulted in prisons in the United States each year. For at least 2/3 of these inmates the rapes are not isolated events, but a repeated pattern (often as gang rapes). (Scarce, 1997)
- States of intense pain, anxiety, panic, or fear may cause spontaneous erection and ejaculation in some men, which may cause heterosexual victims to question their sexual orientation. (Scarce, 1997.)

FACTS FOR WISCONSIN:

- In 1998, 17% of all reported cases of sexual assault involved a male victim (Wisconsin Office of Justice Assistance Statistical Analysis Center (OJA), 1999). The number of assaults reported for males may be especially low because survivors fear they will be met with both homophobic reactions and disbelief.
- Of the 967 reported sexual assaults of males in 1998, 63.1% of the perpetrators were male (Wisconsin OJA, 1999).
- From 1997 to 1998 the reported number of sexual assaults of males increased by about 2%. (Wisconsin OJA, 1997; 1999.)



Child Sexual Abuse

Child sexual abuse occurs when a child is exploited sexually by another person. It may take many forms: exposure of the genitals, obscene phone calls, obscene internet solicitation, voyeurism, use of pornography, fondling, and oral vaginal, or anal intercourse.

Children are most commonly sexually abused by someone they know and trust. When these acts occur within a family, the sexual abuse is called incest. There may be a single occurrence, but most likely the abuse will continue over a period of time, often for years. The abuse generally begins with acts such as fondling. The child is coerced and manipulated into remaining silent. Victims are terrified of revealing the abuse due to confusion, guilt, and fear of being blamed, punished, or not believed.

The vast majority of child perpetrators are teenage or adult males. Most are heterosexual men, many with children and a wife or girlfriend. Perpetrators come from all socio-economic levels, religions, and ethnic backgrounds.

Victims/survivors of child sexual assault do not cause the abuse and are never to blame. The offender, not the victim, is responsible. If you know or suspect a child is being or has been sexually abused, you can call your local rape crisis program, child protective service agency, or the 24-hour National Child Abuse Hotline for assistance and referral: 1-800-422-4453.

HERE ARE THE FACTS:

- 67% of all victims of sexual assault reported to law enforcement were juveniles under the age of 18. More than half (34%) of these victims were under the age of 12. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice, Bureau of Justice Statistics, 2000).
- Females comprised 82% of all juvenile victims. 73% of female victims were under the age of 12. 69% of female victims were under the age of 6. (Bureau of Justice Statistics, 2000).
- Most (77%) of the juvenile sexual assaults reported to law enforcement occurred in the residence of the victim, the offender, or the residence of another individual. Only 16% of sexual assaults to youth under the age of 12 occurred in a place other than a residence. (Bureau of Justice Statistics, 2000)
- 23% of all sexual offenders were under the age of 18. 40% of these offenders victimized children under the age of 6. (Bureau of Justice Statistics, 2000).
- In 1999 47% of child sex offenders were related to the victim, 49% were acquaintances, and 4% were strangers. (Juvenile Offenders and Victims 1999 National Report. Office of Juvenile Justice and Delinquency Prevention, 1999).
- 54% of convicted child sex offenders reported having at least two victims. (Managing Adult Sex Offenders in the Community- A Containment Approach. English, K., Pullen, S., and Jones, L. U.S. Department of Justice, National Institute of Justice. January, 1997.)
- In 1998 in Wisconsin juveniles accounted for 77.9% of sexual assault victims. Nearly 71% of all victims were under the age of 15. The majority (83%) of these victims were female. (Crime and Arrests in Wisconsin-1998, Federal Bureau of Investigation Uniform Crime Reporting Program. Wisconsin Office of Justice Assistance, 1998).

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- One out of five 10-17 year olds who were online received an unwanted sexual solicitation. Approximately 2/3 of these were made to females by males. Adults made up 24% of the solicitors. (Online Victimization: A Report on the Nations Youth, Finkelhor, D., Mitchell, K., and Wolak, J. The National Center for Missing and Exploited Children. Crimes Against Children Research Center, 2000).
- Researchers estimate that between 96-100% of accused child sexual abusers are heterosexual. (Are Children at Risk for Sex Abuse by Homosexuals? Jenny, C., Roesler, T., and Poyer, K. Pediatrics Vol.94 No.1, 1994.)
- The majority of rapes of men and boys are perpetrated by heterosexual males (Male on Male Rape: The Hidden Toll of Stigma and Shame. Scarce, Michael. Insight Books. New York, New York. 1997.)
- 61% of state prisoners serving a sentence for committing a violent crime claim they had been physically or sexually abused as a child. (Prior Abuse Reported by Inmates and Probationers. U.S Department of Justice, Bureau of Justice Statistics, 1999.)
- 134,300 convicted child molesters are living in neighborhoods across America. (Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault. U.S. Department of Justice, Bureau of Justice Statistics, 1997.
- One out of thirteen convicted sex offenders (7.7%) are arrested for a new sexual assault within three years of their release from jail. (Bureau of Justice Statistics, 1997.)

INDICATORS OF CHILD SEXUAL ABUSE:

Physical Signs May Include:

- Bruises
- Cuts
- Irritation, pain, or injury to the genital area
- Vaginal or penile discharge
- Difficulty with Urination
- Pregnancy
- Venereal disease in a young child
- Nightmares

Behavioral Signs May Include:

- One child may be treated in a significantly different way from the other children in the family
- Arriving early at school and leaving late.
- Nervous, aggressive, hostile or disruptive behavior toward adults.
- Running away.
- Abuse of alcohol or drugs
- Sexual self-consciousness, provocativeness, vulnerability to sexual approaches.

Comments May Include:

- He fooled around with me.
- My mother's boyfriend does things to me when she's not there.
- I don't like to be alone with my father.
- I'm afraid to go home tonight.
- Will you help me go live with my aunt?

Source: National Committee for the Prevention of Child Abuse



Teen Sexual Assault and Abuse

Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. Victims/survivors of sexual assaults are forced, coerced, and/or manipulated to participate in the unwanted sexual activity. Adolescent women are at a higher risk for sexual violence than any other age group. Part of the reason for this is the large number of date/acquaintance rapes, which occur at this age. This is coupled with the fact that many adolescents are victims of sexual abuse and incest as well. Due to past or ongoing sexual abuse, teens with these experiences are more likely than their non-abused peers to participate in "delinquent" teenage behaviors including those which result in social problems, conflict with authority, early sexual behavior, and eating problems. These behaviors may help the teen escape from jeopardy and/or to serve as a cry for help.

Date/acquaintance rape is sexual assault perpetrated by someone known to the victim such as: a friend, an employer, a date, or someone the victim/survivor recently met. It is almost entirely perpetrated by males against females. It is NEVER the victim/survivor's fault no matter what she wore, where she was, whether or not she fought back, or whether or not she was drinking. The perpetrators are 100% responsible for their actions. Rape, including date/acquaintance rape, is violence where sex is used as a weapon. Date/acquaintance rapists often believe myths such as: women owe men sex if they spend money on her; some women play hard to get and say "no" when they mean "yes;" and women enjoy being pursued by an aggressive male.

Individuals who have been assaulted and/or abused by someone they know may feel guilty or responsible for the abuse, feel betrayed, question their judgement, or have difficulty trusting people. Recovery from an assault can be assisted by contacting an advocate who understands the needs of sexual assault victims. Many communities have rape crisis centers with 24-hour counseling and advocacy services. Adolescents who are being sexually abused can contact the 24-hour National Child Abuse Hotline for assistance and referral: 1-800-422-4453.

HERE ARE THE FACTS:

- Approximately, 1.8 million adolescents in the United States have been the victims of sexual assault. (Kilpatrick, D., Acierno, R., Saunders, B., Resnick, H., Best, C., Schnurr, P. National Survey of Adolescents Executive Summary. Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center, 1998.)
- 33% of sexual assaults occur when the victim is between the ages of 12-17. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- Females comprised 82% of all juvenile victims. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- Teens 16 to 19 years of age were 3 1/2 times more likely than the general population to be victims of rape, attempted rape, or sexual assault. (Bureau of Justice Statistics. National Crime Victimization Survey. U.S. Department of Justice, 1996.)
- A survey of high school adolescents showed that 12% of girls and 5% of boys had experienced sexual abuse. (The Commonwealth Fund. Improving the Health of Adolescent Girls: Policy Report of the Commonwealth Fund Commission on Women's Health. New York, NY. 1999.)

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- Each year an estimated 4000 incidents of rape or other types of sexual assault occur in public schools across the country. (U.S. Department of Education, Violence and Discipline Problems in the U.S. Public Schools. 1997.)
- 7 out of 10 rape or sexual assault victims knew their attacker. (Rennison, Calli M. Criminal Victimization 1998: Changes 1997-1998 with Trends 1993-1998. Bureau of Justice Statistics, U.S. Department of Justice. 1999.)
- Approximately 22% of victims are raped by intimates such as current or former boyfriends, 47% by acquaintances, and 2 % by other relatives. (Rennison, Calli M. Criminal Victimization 1998: Changes 1997-1998 with Trends 1993-1998. Bureau of Justice Statistics, U.S. Department of Justice. 1999.)
- 69% of the teen sexual assaults reported to law enforcement occurred in the residence of the victim, the offender, or the residence of another individual. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- In 1999 only 28.3% of total rapes were reported to police. (1999 National Crime Victimization Survey (NCVS). U.S. Department of Justice, Bureau of Statistics. 2000.)
- 23% of all sexual offenders were under the age of 18. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- An offender was arrested in 32% of the cases involving victims ages 12-17. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- In 1998, juveniles accounted for 77.9% of sexual assault victims in the state of Wisconsin. The majority (83%) of these victims were female. (Crime and Arrests in Wisconsin-1998. Federal Bureau of Investigation Uniform Crime Reporting Program. Wisconsin Office of Justice Assistance, 1998.)
- In Wisconsin, the average age of a sexual assault victim was 15; the average age of a sexual assault offender was 25. (Department of Health and Family Services. Prevent Adolescent Pregnancy. Plan, Recommendations, and Special Areas of Concern. Sexual Assault and Statutory Rape, 2000.)
- 42% of girls younger than 15 years reported that their first intercourse was nonconsensual. (Abma, JC, Driscoll, A., Moore, K. Young Women's Degree of Control Over First Intercourse: An Exploratory Analysis. Family Planning Perspective. Vol. 30. 1998.)
- From one-half to two-thirds of teenage mothers were sexually molested prior to their first pregnancy; between 30% and 44% had been the victims of rape or attempted rape. (Wisconsin Subcommittee on Adolescent Pregnancy Prevention. Department of Health and Family Services, 1998.)
- Teen males only father 29% of babies born to teen mothers. 71% are fathered by adult males over 20 years old. In 20% of the cases, the fathers are at least six years older than the mothers are. (Wisconsin Subcommittee on Adolescent Pregnancy Prevention. Department of Health and Family Services, 1998.)
- A history of sexual abuse has been linked to high-risk behaviors that may account for increased risk of early unplanned pregnancy, including young age at initiation of sexual intercourse, and failure to use contraception. (Stock, J., Bell, M., Boyer, D., Connell, F. Adolescent Pregnancy and Sexual Risk Taking Among Sexually Abused Girls. Family Planning Perspective. Vol.29, 1997.)
- Girls who are sexually abused often suffer from a traumatic and profound lack of self-esteem. These girls engage in disempowering and self-defeating behaviors which can propel them into a cycle of prostitution, addiction, drug dealing, and violence. (Richie, B., Tsenin, K., Spatz, C. Research on Women and Girls in the Justice System Series. Widom Publishing: National Institute of Justice, 2000.)
- 26.6% of women suffering from bulimia nervosa were raped at some point in their lives, while only 13.3% of women with no eating disorder had been raped. (Dansky, B.; Brewerton, T.; Kilpatrick, D.; and O'Neil, P.; The National Women's Study: Relationship of Victimization and Posttraumatic Stress Disorder to Bulimia Nervosa. International Journal of Eating Disorders. Volume 21(3): pp. 213-228, 1997.)

- In a nationally representative sample, youth who experienced sexual assault were twice as likely as their nonvictimized peers to report past-year alcohol or other drug abuse or dependence. (Kilpatrick, D., Acierno, R., Saunders, B., Resnick, H., Best, C., Schnurr, P. Risk Factors for Adolescent Substance Abuse and Dependence: Data from a National Sample. Journal of Consulting and Clinical Psychology 68 (1): 1-12. 2000.)
- 48% of surveyed teens believed that if a girl says yes to sex and then changes her mind and the guy has sex with her anyway, it is not sexual assault. (Attitude and Behavior Assessment Among Wisconsin High School Students. Wisconsin Coalition Against Sexual Assault Media Campaign, November, 2000.)
- 41% of surveyed teens believed that if a man forces his wife to have sex, it is not sexual assault. (Attitude and Behavior Assessment Among Wisconsin High School Students. Wisconsin Coalition Against Sexual Assault Media Campaign, November, 2000.)
- 44% of surveyed teens believed that if a girl had sex with a guy before, it is not sexual assault if he forces her to have sex later. (Attitude and Behavior Assessment Among Wisconsin High School Students. Wisconsin Coalition Against Sexual Assault Media Campaign, November, 2000.)
- 42% of surveyed teens believed that if a girl or guy have been drinking and are a little drunk, then it is not sexual assault if he forces or coerces her to have sex. (Attitude and Behavior Assessment Among Wisconsin High School Students. Wisconsin Coalition Against Sexual Assault Media Campaign, November, 2000.)
- 19% of surveyed teens believed that if a guy and a girl have been dating for at least six months, he has a right to expect and force her to have sex. (Attitude and Behavior Assessment Among Wisconsin High School Students. Wisconsin Coalition Against Sexual Assault Media Campaign, November, 2000.)
- 18% of surveyed teens believed that if a guy buys a girl dinner, he has a right to have sex with her. (Attitude and Behavior Assessment Among Wisconsin High School Students. Wisconsin Coalition Against Sexual Assault Media Campaign, November, 2000.)

Wisconsin Statutory Rape Statistics:

Based on Reports made to Law Enforcement in 1998:

- * 22% of all sexual assault offenses were statutory rape.
- * The average victim age was 14, and the average offender age was 19.
- * Statutory rape offenders were arrested in 69% of the cases.
- * 85% of arrested offenders were referred to criminal or juvenile court.

Source of Wisconsin Statistics: Wisconsin Office of Justice Assistance. Sexual Assaults in Wisconsin 1998: September 1999.



Campus Sexual Assault

Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. The term "Sexual Violence" includes: rape, date/ acquaintance rape, incest, child sexual assault, ritual abuse, marital or partner rape, sexual harassment, exposure, and voyeurism. Sexual assaults are acts of violence where sex is used as the weapon. Victims/survivors of sexual violence are forced, coerced and/ or manipulated to participate in unwanted sexual activity.

Sexual assault on college and university campuses is occurring at an alarming rate. The majority of these are date/acquaintance rapes perpetrated against women by men. Date/ acquaintance rapists often believe myths such as: women owe men sex if they spend money on her; some women play hard to get and say no when they mean yes; and women enjoy being pursued by an aggressive male. Additionally, alcohol and drugs as well as gendered communication may be factors in these sexual assaults. Regardless, it is NEVER the victim/survivor's fault no matter what she wore, where she was, whether or not she fought back, or whether or not she and the perpetrator were drinking. Perpetrators are 100% responsible for their actions.

HERE ARE THE FACTS:

- The most vulnerable population for campus rape are freshman girls during the first few months of school. Many of these girls were virgins before they were raped. (Neimark, Jill. Out of Bounds, the Truth About Athletes and Rape. Interactivetheater.org, 2000.)
- 1 out of 6 college women have been raped or have been the victim of an attempted rape during the past year. (Weitzman, E., DeJong, W., and Finn, P. Alcohol and Acquaintance Rape: Strategies to Protect Yourself and Each Other. The Higher Education Center for Alcohol and Other Drug Prevention. U.S. Department of Education, 1999.)
- 1 out of 15 male students raped or attempted to rape a woman during the past year. (Weitzman, E., DeJong, W., and Finn, P. Alcohol and Acquaintance Rape: Strategies to Protect Yourself and Each Other. The Higher Education Center for Alcohol and Other Drug Prevention. U.S. Department of Education, 1999.)
- 14% of all sexual assaults occur to someone between the ages of 18-24. (Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice, 2000.)
- 7 out of 10 rape or sexual assault victims knew their attacker. (Rennison, Calli M. Criminal Victimization 1998: Changes 1997-1998 with Trends 1993-1998. Bureau of Justice Statistics, U.S. Department of Justice, 1999.)
- Approximately 22% of victims are raped by intimates such as husbands or boyfriends, 47% by acquaintances, and 2 % by other relatives. (Criminal Victimization in 1999: Changes 1998-1999, with trends 1993-1999. U.S. Department of Justice, Bureau of Justice Statistics, August, 2000.)
- Only 12% of undergraduate women whose experiences fit the definition of rape, identified themselves as rape victims. (Schwartz, M., Leggett, M. Bad Dates or Emotional Trauma- the Aftermath of Campus Sexual Assault. Violence Against Women, Vol. 5, No. 3, March, 1999.)
- 1/4 of all college-age rape victims blame themselves entirely for the attack. (Schwartz, M., Leggett, M. Bad Dates or Emotional Trauma- the Aftermath of Campus Sexual Assault. Violence Against Women, Vol. 5, No. 3, March, 1999.)

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- Only 5% of undergraduate women reported their sexual assault to police. (Schwartz, M., Leggett, M. Bad Dates or Emotional Trauma- the Aftermath of Campus Sexual Assault. Violence Against Women, Vol. 5, No. 3, March, 1999.)
- The U.S. Congress General Accounting Office found that 23 out of the 25 colleges it audited did not properly report their crime statistics, particularly incidents involving rape and assaults. (Leinwand, D. Campus Crime Underreported: Colleges Have Been Caught Misreporting Violence Statistics. Now, an Upgraded Law Penalizes \$25,000 for Each Wrong Figure. USA Today, 2000)
- 95% of college-age women reported being affected in some way by their sexual assault, with 12% being deeply affected. (Schwartz, M., Leggett, M. Bad Dates or Emotional Trauma-the Aftermath of Campus Sexual Assault. Violence Against Women, Vol. 5, No. 3, March, 1999.)
- 75% of male students and 55% of female students involved in date rape had been drinking or using drugs at the time. (Koss, M.P. 1998. Hidden Rape: Incident, Prevalence, and Descriptive Characteristics of Sexual Aggression and Victimization in a National Sample of College Students. Rape and Sexual Assault, Vol. II. edited by A.W. Burgess. New York: Garland Publishing Company.)
- Analysis of a sample of urine drug tests of sexual assault victims demonstrated that alcohol was present in 63% of the victims, marijuana was present in 30% of the victims and 'date rape' drugs such as GHB (Gamma Hydroxybutyrate) and Rohypnol were present in about 3% of positive samples. (Slaughter, L. Involvement of Drugs in Sexual Assaults. Journal of Reproductive Medicine. Vol. 45. 2000.)
- 84% of men whose actions matched the legal definition of rape, said that what they did was definitely not rape. (Koss, M.P. 1998. Hidden Rape: Incident, Prevalence, and Descriptive Characteristics of Sexual Aggression and Victimization in a National Sample of College Students. Rape and Sexual Assault, Vol. II. edited by A.W. Burgess. New York: Garland Publishing Company.)
- When surveyed, fraternity men were much more likely than non fraternity members to report that they believed that women enjoy physical roughness, secretly desire to be raped, and enjoy being forced into sex. (Boeringer, S.B. Associations of Rape- Supportive Attitudes with Fraternal and Athletic Participation. Violence Against Women, 1999.)
- Gang rapes on campus are most often perpetrated by men who participate in intensive male peer groups (such as fraternities or athletic teams) that foster rape supportive behaviors and attitudes. (Sexual Assault and Alcohol and Other Drug Use. The Higher Education Center for Alcohol and other Drug Prevention. U.S. Department of Education. June, 1998.)
- There were 33 reported sexual assaults on the UW-Madison campus in 1999. In 24 of the 33 cases reported, the assailants were known to the victims. 21 of these occurred in either the residence of the victim or the assailant. Alcohol had been consumed by at least one of the parties in 25 of the 33 assaults. (Garza, Yolanda. Sexual Assault Awareness Events Planned. News @ UW-Madison, 2000.)
- In a study of college students, 35% of men indicated some likelihood that they would commit a violent rape of a woman who had fended off an advance if they were assured of getting away with it. (Kilpatrick, D.G., Edmunds, C.N., and Seymour, A. 1992. Rape in America: A Report to the Nation. Arlington, VA: National Victim Center.)

'Date Rape' Drugs on Campus:

In recent years drug-facilitated rape has become a growing concern, especially on college campuses. The number of cases has increased ten-fold over the past decade, and since 1995 at least 63 people have died from GHB (Gamma Hydroxybutyrate) related overdoses. Rohypnol and GHB (as well as most other drugs used to facilitate date rape) can be produced in forms that dissolve quickly and are often colorless, odorless, and tasteless. As a result, victims often ingest it unknowingly, usually after a perpetrator has slipped it into an unattended drink. These drugs are so powerful that they can render the victim unconscious or helpless, and create an amnesia-effect so that the victim is uncertain as to whether or not they have been a victim of sexual assault. (Sexuality Information and Education Council of the United States, "Fact Sheet- Drug Facilitated Sexual Assaults," 28 April, 2000.)

How to reduce your risk of being drugged and sexually assaulted:

- Limit alcohol consumption so you are better able to assess your surroundings.
- Do not leave beverages unattended.
- Do not take beverages, including alcohol from someone you do not know well and trust.
- At a bar or club accept drinks only from the bartender or server.
- At parties do not accept open-container drinks from anyone.
- Go out with friends, and make sure that you are watching out for each other.

How to tell that you might have been drugged:

- Acting extremely intoxicated after consuming no alcohol, or only a small amount of alcohol.
- Impaired judgement
- Disinhibition
- Dizziness
- Confusion
- Sudden/unexplained drowsiness
- Trouble with coordination



Sexual Violence and Substance Abuse

Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. The term "sexual violence" includes: rape, incest, child sexual assault, marital rape, sexual harassment, exposure, and voyeurism. Substance abuse refers to the overuse/abuse of substances such as: alcohol, drugs, prescription medications, and food.

There are many connections between sexual assault and substance abuse. Although there are many cases of rape, at the societal and individual levels, alcohol may be a contributing factor in its occurrence. In many sexual assaults the perpetrator and/or victim may be using/abusing alcohol or drugs prior to the assault. For the perpetrator, being under the influence may remove both physical and psychological inhibitors, which keep all people from acting out violently. An offender may also use the alcohol or drugs as an excuse for criminal behavior. The use of alcohol and drugs also makes it much more difficult for the victim to stay away from dangerous situations and to problem-solve a way out of an assault. Many sexual assault perpetrators have admitted to feeding alcohol or drugs to their victims.

Being under the influence of alcohol and/or drugs is not an excuse for perpetrating sexual violence. It does not give someone a right to hurt other people. Victims who were under the influence of substances at the time of the assault are not responsible for the perpetrators' actions.

Many studies also document the high percentage of people who abuse substances who are victims/survivors of sexual violence. Many of these people report that drugs and alcohol helped them to "numb out" and push away the awful memories of sexual violence. [Many of these survivors struggle to stay clean and sober as they deal with sexual abuse issues.]

HERE ARE THE FACTS:

- On average, each year about 183,000 (37%) rapes and sexual assaults involve alcohol use by the offender, which is about 1/3 of the total sexual assaults that occur each year. (Greenfeld, L. Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime. U.S. Department of Justice, 1998.)
- Combined use of drugs and alcohol accounted for 18% of the alcohol-involved sexual assaults. (Greenfeld, L. Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime. U.S. Department of Justice, 1998.)
- 75% of male college students and 55% of female college students involved in date rape had been drinking or using drugs at the time. (Koss, M.P. 1998. Hidden Rape: Incident, Prevalence, and Descriptive Characteristics of Sexual Aggression and Victimization in a National Sample of College Students. Rape and Sexual Assault, Vol. II. edited by A.W. Burgess. New York: Garland Publishing Company.)
- Date rape drugs such as Rohypnol and GHB (Gamma Hydroxybutyrate) can be given to victims without their knowledge, often by slipping it into a drink, and can prevent the victim from resisting a sexual assault. The drugs create an amnesia-effect so that the victim is uncertain as to what-if-anything occurred. (Sexuality Information and Education Council of the United States, Fact Sheet- Drug Facilitated Sexual Assaults, 28 April, 2000.)

- Analysis of a sample of urine drug tests of sexual assault victims demonstrated that alcohol was present in 63% of the victims, marijuana was present in 30% of the victims and GHB and Rohypnol was present in about 3% of positive samples. (Slaughter, L. Involvement of Drugs in Sexual Assaults. Journal of Reproductive Medicine. Vol. 45. 2000.)
- College binge drinkers (those who have five or more drinks in one sitting) are 2.3 times more likely than non-bingers to have experienced forced sexual touching and 2.7 times more likely to endure unwanted sexual intercourse. (Presley, CA, Meilman, PD, Cashin, JR, and Leichliter, JS. Alcohol and Drugs on American College Campuses: Issues of Violence and Harassment: A report to College Presidents. The Core Institute, Southern Illinois University at Carbondale, 1997.)
- Fraternity members reported higher levels of using alcohol and verbal coercion to ply females for sex than non-fraternity members. (Boeringer, S.B. Influences of Fraternity Membership, Athletics, and Male Living Arrangements On Sexual Aggression. Violence Against Women. Vol. 2. 1996.)
- In 29% of sexual assaults recorded by a medium-sized, middle Atlantic university, the victim could not have consented to the sexual activity because she was incapacitated by alcohol. (Meilman, P., Haygood-Jackson, D. Data on Sexual Assault from the First Two Years of a Comprehensive Campus Prevention Program. Journal of American College Health. Vol. 44. 1996.)
- According to the UW-Madison University Police Department, the potential for Rohypnol related date rape exists, but the drug most often used for date rape on this campus is alcohol, with 80% of the reported acquaintance rapes related to this substance. (University of Wisconsin-Madison Police Department. Sexual Assault Prevention - What You Can Do to Reduce the Chance of Being Sexually Assaulted, 2000.)
- Substance abuse on the part of the offender occurs less frequently in family rapes (10%) than in rapes by other people (16%). (Crime in the United States. Uniform Crime Reports. Federal Bureau of Investigation, 1998.)
- In a nationally representative sample, youth who experienced sexual assault were twice as likely as their nonvictimized peers to report past-year alcohol or other drug abuse or dependence. (Kilpatrick, D., Acierno, R., Saunders, B., Resnick, H., Best, C., Schnurr, P. Risk Factors for Adolescent Substance Abuse and Dependence: Data from a National Sample. Journal of Consulting and Clinical Psychology 68 (1): 1-12. 2000.)
- Over one half of adolescent victims said that their first use of substances occurred after the year they were first assaulted. (53.8% for alcohol, 47.8% for marijuana, and 63.5% for hard drugs). (Kilpatrick, D., Acierno, R., Saunders, B., Resnick, H., Best, C., Schnurr, P. National Survey of Adolescents Executive Summary. Charleston, SC: Medical University of South Carolina, National Crime Victims Research and Treatment Center, 1998.)
- Adolescent girls who have been sexually abused are more likely to use a greater variety of substances, initiate substance use at an earlier age, and are more likely to use substances to self-medicate painful emotions than non-abused girls. (Harrison, P.A., Fulkerson, J. and Beebe, T. Multiple Substance Use Among Adolescent Physical and Sexual Abuse Victims. Child Abuse and Neglect. Vol. 21. 1997.)
- When compared to non-victims, rape survivors were 3.4 times more likely to use marijuana, 6 times more likely to use cocaine, and 10 times more likely to use other major drugs. (Orsillo, S. Sexual Assault Among Females. National Center for Post Traumatic Stress Disorder, 2000.)
- 38-45% of women in substance abuse treatment programs are survivors of sexual violence. (Steele, C.T. Sexual Abuse and Chemical Dependency. The Source. Vol. 8, No. 3. 1998.)
- In a recent study of substance-abusing women who were admitted for services sponsored by the New York City Administration for Child Services - the public agency responsible for responding to reports of child abuse or neglect - 24% of the women reporting had been sexually abused in their childhood. (Kang, S., Magura, S., Laudet, A., Whitney, S. Adverse Effect of Child Abuse Victimization Among Substance-Using Women in Treatment, 1999.)

SEXUAL EXPLOITATION BY PROFESSIONALS

Sexual activity between a professional and a person in his or her trust *is never acceptable*. When sexual activity does occur, the professional has crossed the boundary between ethical and unethical behavior and has violated trust. A professional holds power over another person and the power differential is a barrier to consent. Feeling guilty or responsible is a natural reaction to sexual assault, but the exploitation was not the fault of the client/parishioner/student.

Institutions, professional associations and state licensing boards prohibit sexual activity between service providers and clients. Professionals are not ordinary individuals; they receive their power as representatives of institutions or social systems. Sexual exploitation of a client is institutionalized rape.

HOW BIG IS THIS PROBLEM?

- Research indicates that at least 10-15% of counseling professionals who have responded to surveys on this issue are sexually exploiting clients.
- In one such study, 70% of the therapists reported they had at least one formerly exploited client. In another survey, 65% of 1,423 responding psychiatrists had treated clients sexually involved with a former therapist.
- Studies of student-professor sexual contact in universities indicate that 20-30% of female students have experienced sexual overtures from their professors. In one study, 17% of female graduate psychology students were sexually involved with a professor and another 30% had rebuffed a professor's sexual advances.

EFFECTS ON CLIENTS

Someone who has been sexually exploited by a professional, may be feeling confusion, betrayal, anger, pain and/or desperation. Fear is common. Clients may be experiencing some symptoms of shock including:

- loss of self-esteem and self-confidence
- distrust of self and others
- sexual conflict and dysfunction
- nightmares, insomnia, headaches, appetite and stomach problems, troubles paying attention and remembering, or exhaustion
- depression, startle reactions, panic episodes, fear of crowds, or fear of authority figures
- job loss, career interruption, and wage, health or pension losses
- loss of connection with partner, family and friends

WHERE TO TURN FOR HELP

Turning to someone for help can feel overwhelming, and the staff at sexual assault programs know this. They have led the way in helping communities understand sexual violence. Most centers offer support groups for survivors of sexual assault. If an agency does not have a group specifically for survivors of professional sexual exploitation, they can be asked to start one.

There may also be legal avenues that can be pursued. Some professionals can be disciplined by their peers through contacting the ethics board of their professional association. Some can be disciplined by state regulatory agencies. A complaint can be filed with the state regulatory agency for which the professional is licensed. In terms of the justice system, an attorney may be able to file a civil suit against the perpetrator and/or there may be criminal penalties associated with the abuse.

RESOURCES FOR QUESTIONING OR REPORTING MISCONDUCT

Division of Enforcement
1400 E. Washington Ave.
P.O. Box 8935
Madison, WI 53708
(608) 266-3736

Wisconsin Psychological
Association
121 South Hancock Street
Madison, WI 53703
(608) 251-1450

State Medical Society
P.O. Box 1109
Madison, WI 53701
(608) 257-6781
*to report Physicians

Clergy: Contact the person
in charge of your local
Denomination

Professor: Contact your
Dean of Student's Office

Source: Constantinides, Kathy Challenging Professional Sexual Exploitation: A Handbook for Survivors. A project of the Sexual Assault Information Network of Michigan, Ann Arbor, 1993.

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Dating Violence Information Sheet

What is Dating Violence?

Dating violence is emotional, physical, or sexual abuse; or a combination thereof. It may begin with insults and demeaning remarks and can escalate to pushing, shoving, or even severe physical battering and rape. The offender often uses sex as a tool to gain power over his or her partner.

Many studies have attempted to determine the number of individuals who have experienced violence in an intimate/dating relationship. Although the prevalence of dating violence varies according to each study, it is obviously a major source of violence in many young women's lives.

Many victims of dating violence do not report the abuse or tell anyone about their experiences. Fear, low self-esteem, control by the abuser, peer pressure and concern about the response of family/friends all combine to keep dating violence a hidden crime and victims trapped in silence and secrecy.

The Facts:

- 1 out of 3 high school relationships includes battering or rape (Helping Teens Stop Violence. Allan Creighton. California, Battered Women's Alternatives, 1990).
- Among adolescents and young adults, the perpetrator is a date or acquaintance in up to 80% of assaults ("The Primary Health Care Provider's Role in Sexual Assault Prevention," Melisa Holmes. Women's Health Issues 5, Winter 1995).
- On any given day in America, 5,760 women will be assaulted by a male intimate partner (Reviving Ophelia: Saving the Selves of Adolescent Girls. Mary Pipher, Ph.D. New York, Ballantine Books, 1994).
- 33% to 46% of women in physically abusive relationships are also sexually assaulted by their partner (Holmes, 1995).
- A survey of students in three Midwestern high schools found that more than 15% of girls and more than 4% of boys had experienced sexual violence within a dating relationship. Most victims did not tell anyone ("Dating Violence Among High School Students," Bergman, L. Social Work, 1992; 37 (1), 21-27).
- 28% of students experienced violence in a dating relationship (Dating Violence: Young Women in Danger. Barrie Levy. Seattle, Seal Press, 1993).
- A study of adolescent attitudes toward violence revealed that:
 - 32% of females believed that forced sex was acceptable if the couple had been dating a long time.
 - 31% of females and 54% of males believed forced sex was acceptable if the woman first agreed to sex, but later changed her mind.
 - 40% of males considered forced sex acceptable if the man spent a lot of money on the date (Holmes, 1995).
- Jealousy, the need for power, lack of respect for women, victimization, difficulty handling anger, and chemical use are factors that contribute to violence in relationships (Levy, 1993).
- There are at least 1.8 million battered women in the United States each year, and from 40% to 45% of those women are forced into sex by a male partner ("The Influence of Abuse on Pregnancy Intention," Campbell et al. Women's Health Issues 5, Winter 1995).
- 67% of young women reporting rape were raped in dating situations (Levy, 1993).

The Abuse Cycle

Violence that occurs within a relationship, especially a dating relationship, is a complex pattern of behaviors. The three stages that make up the abuse cycle are: escalation, explosion, and honeymoon. It is important to understand the abuse cycle in order to recognize, prevent and treat abuse.

- **Escalation Stage:** This stage is also referred to as the tension building stage. The perpetrator becomes more temperamental, edgy, critical and explosive. All blame is placed on the victim.
- **Explosion Stage:** This stage is where the attack occurs. The abuse could be psychological, physical, and/or sexual and is the result of the built up tension.
- **Honeymoon Stage:** This is the process of making up after the abusive episode. The perpetrator is apologetic, passionate, romantic, and promises to change.

(Condensed from When I Love You Turns Violent by Scott A. Johnson and In Love and In Danger by Barrie Levy)



Wisconsin Sexual Assault Laws: Statutory Language

- 1). **FIRST DEGREE SEXUAL ASSAULT** s. 940.225 (1) Whoever does any of the following is guilty of a Class B felony:
 - (a) Has sexual contact or sexual intercourse with another person without consent of that person and causes pregnancy or great bodily harm to that person.
 - (b) Has sexual contact or sexual intercourse with another person without consent of that person by use or threat of use of a dangerous weapon or any article used or fashioned in a manner to lead the victim reasonably to believe it to be a dangerous weapon.
 - (c) Is aided or abetted by one or more other persons and has sexual contact or sexual intercourse with another person without consent of that person by use or threat of force or violence.
Penalties for a Class B felony = imprisonment not to exceed 60 years (s. 939.50(3)(b)).

- 2). **SECOND DEGREE SEXUAL ASSAULT** s. 940.225 (2) Whoever does any of the following is guilty of a Class BC felony:
 - (a) Has sexual contact or sexual intercourse with another person without consent of that person by use or threat of force or violence.
 - (b) Has sexual contact or sexual intercourse with another person without consent of that person and causes injury, illness, disease or impairment of a sexual or reproductive organ, or mental anguish requiring psychiatric care for the victim.
 - (c) Has sexual contact or sexual intercourse with a person who suffers from a mental illness or deficiency which renders that person temporarily or permanently incapable of appraising the person's conduct, and the defendant knows of such condition. (*consent is not an issue*)
 - (cm) Has sexual contact or sexual intercourse with a person who is under the influence of an intoxicant to a degree which renders that person incapable of appraising the person's conduct, and the defendant knows of such condition. (*Alcohol is not considered an intoxicant*)(*Consent is not an issue*)
 - (d) Has sexual contact or sexual intercourse with a person who the defendant knows is unconscious. (*consent is not an issue*)
 - (f) Is aided or abetted by one or more other persons and has sexual contact or sexual intercourse with another person without the consent of that person.
 - (g) Is an employe of a facility or program under s. 940.295(2)(b), (c), (h) or (k) and has sexual contact or sexual intercourse with a person who is a patient or resident of the facility or program.
Penalties for a Class BC felony = a fine not to exceed \$10,000 or imprisonment not to exceed 30 years, or both (s. 939.50(3)(bc.))

- 3). **THIRD DEGREE SEXUAL ASSAULT** s. 940.225 (3) Whoever has sexual intercourse with a person without the consent of that person is guilty of a Class D felony. Whoever has sexual contact in the manner described in sub. (5)(b) 2. [intentional penile ejaculation] with a person without the consent of that person is guilty of a Class D felony.
Penalties for a Class D felony = a fine not to exceed \$10,000 or imprisonment not to exceed 10 years, or both (s. 939.50(3)(d)).

This information sheet was compiled in 2000 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers, other organizations, and individuals throughout Wisconsin working to end sexual violence. For information sheets on other topics or to become a member contact WCASA, 600 Williamson St., Suite N-2, Madison, WI 53703, (608)257-1516, www.wcasa.org. For more information about sexual assault or to receive support with a sexual assault experience, contact your local sexual assault program. This sheet may be reproduced in its original format only. This information does not constitute legal advice.

(OVER)

- 4). **FOURTH DEGREE SEXUAL ASSAULT s. 940.225 (3m)** Except for sexual contact as described under third degree sexual assault, whoever has sexual contact with a person without the consent of that person is guilty of a Class A misdemeanor.
Penalties for a Class A misdemeanor = a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both (s. 939.51(3)(a)).

DEFINITIONS UNDER s. 940.225 (note gender neutral language):

“CONSENT”, as used in this section, means words or overt actions by a person who is competent to give informed consent indicating a freely given agreement to have sexual intercourse or sexual contact. Consent is not an issue in alleged violations of sub. (2)(c), (cm), (d) and (g). The following persons are assumed incapable of consent but the presumption may be rebutted by competent evidence, subject to the provisions of s. 972.11 (2): (b) A person suffering from a mental illness or defect which impairs capacity to appraise personal conduct. (c) A person who is unconscious or for any other reason is physically unable to communicate unwillingness to an act. (s. 940.225(4)) (*Case law explains that failure to physically resist is not consent.*)

“SEXUAL CONTACT” means any of the following: 1. Intentional touching by the complainant or defendant, either directly or through clothing by the use of any body part or object, of the complainant or defendant’s intimate parts if that intentional touching is either for the purpose of sexually degrading; or for the purpose of sexually humiliating the complainant or sexually arousing or gratifying the defendant or if the touching contains the elements of actual or attempted battery under s. 940.19 (1). 2. Intentional penile ejaculation of ejaculate or intentional emission of urine or feces by the defendant upon any part of the body clothed or unclothed of the complainant if that ejaculation or emission is either for the purpose of sexually degrading or sexually humiliating the complainant or for the purpose of sexually arousing or sexually gratifying the defendant. (s. 940.225(5)(b) 1&2)

“SEXUAL INTERCOURSE” includes the meaning assigned under s. 939.22(36) as well as cunnilingus, fellatio or anal intercourse between persons or any other intrusion, however slight, of any part of a person’s body or of any object into the genital or anal opening either by the defendant or upon the defendant’s instruction. The emission of semen is not required. (s. 940.225(5)(c))

MARRIAGE NOT A BAR TO PROSECUTION. A defendant shall not be presumed to be incapable of violating this section because of marriage to the complainant. (s. 940.225(6))

DEATH OF VICTIM. This section applies whether a victim is dead or alive at the time of the sexual contact or sexual intercourse. (s. 940.225(7))

Sources for this fact sheet: Section 940.225 and s. 939.50-51 of the Wisconsin Statutes



Intimate Partner Sexual Violence

Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. The term "sexual violence" includes: rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, marital or partner rape, sexual contact, sexual harassment, exposure, and voyeurism. Intimate partner rape is the term used to describe sexual acts committed without a person's consent and/or against a person's will, when the perpetrator is the spouse, ex-spouse, live-in partner, or otherwise intimate partner of the victim. This can occur in heterosexual and homosexual relationships. Partner rape (also known as marital, wife, or spousal rape) is obtained by force, threat of force, or when the partner is unable to consent. Partner rapists rape to reinforce their power, dominance, or control over their partner/family, to humiliate the victim, or to express anger. Victims/survivors do not cause their assaults and are not to blame. Offenders are responsible for their assaults.

Perpetrators of intimate partner sexual violence use a variety of methods, which fall on a continuum from coercion to physical force, in order to intimidate their partner into sex. One form of sexual intimidation is social coercion, which is strongly influenced by familial, religious and/or cultural belief systems regarding gender inequality. An example of this form of intimidation includes the belief that a wife is obligated to have sex with her husband, even if it is against her will. Another form of sexual intimidation is interpersonal coercion, which is the use of non-physical threats, such as withholding money in return for sex or threatening to leave the relationship. Threats of physical force, such as making sexual intercourse more painful or threats of death, can also be quite traumatizing, especially when exacerbated by past battering experience. The final method is actual physical force, which includes pushing, punching, burning, using a weapon, and murder.

Partner rape is beginning to receive more and more attention in our society as an unethical, traumatic, and illegal occurrence. Unfortunately, many people are still unaware that partner rape is a crime, because the law has only recently begun to offer protection from sexual violence within intimate relationships. Rape crisis centers, battered women's shelters, and family service agencies across the nation, have become increasingly aware of the needs that are unique to victims/survivors of intimate partner sexual violence and have begun to adapt their services accordingly.

- An estimated 322,230 women were forcibly raped by an intimate in the past year. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- Between one in seven and one in ten married women will experience a rape by her husband. (Mahoney, P., Williams, L. Sexual Assault in Marriage-Prevalence, Consequences, and Treatment of Wife Rape. Partner Violence- A Comprehensive Review of 20 years of Research. Sage Publications, Thousand Oaks, CA. 1998.)
- 7.7% of surveyed women and 0.3% of surveyed men reported being raped by a current or former intimate partner at some time in their lifetime. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- Approximately 22% of victims are raped by intimates such as husbands or boyfriends, 47% by acquaintances, and 2 % by other relatives. (Criminal Victimization in 1999: Changes 1998-1999, with Trends 1993-1999. U.S. Department of Justice, Bureau of Justice Statistics. August, 2000.)

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- 38% of women surveyed said that they had sex with a husband or intimate partner when they didn't want to. 3% of women were threatened with violence if they didn't have sex, and 8% were coerced into sex after the use of physical force. (Basile, K.C. From Unwanted Sex to Wife Rape: Examining Sexual Coercion in Marriage on a Continuum of Severity. Unpublished Dissertation. 1998.)
- Only 18% of women who were sexually assaulted by a partner, reported the incident to police. (Many Women Do Not Report Sexual Assault by Partner. Annals of Emergency Medicine Vol. 36. Reuters News Service, 2000.)
- 51.2% of the women raped by an intimate said they were victimized multiple times by the same partner. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- Overall female rape victims averaged 4.5 rapes by the same partner. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- Among women who were victimized multiple times by the same partner, 62.6% of the rape victims said their victimization lasted a year or more. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- On average women who were raped multiple times by intimates said their victimization occurred over 3.8 years. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- 36.2% of the women raped by an intimate since age 18 sustained an injury other than the rape itself during their most recent victimization. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- 29% of the women injured during their most recent intimate partner rape received some type of medical care. (Many Women Do Not Report Sexual Assault by Partner. Annals of Emergency Medicine Vol. 36. Reuters News Service, 2000.)
- The vast majority of the reported intimate partner rapes were reported within 24 hours. Most of the reports were made by the victim, rather than a friend, relative, or other third party. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- When asked why they chose not to report their victimization to the police, 21.2% of the female rape victims said they were afraid that their attacker would retaliate, 20.3% said the rape was a one time or minor incident. In addition, 16% said they were too ashamed or wanted to keep the incident private, and 13% said the police could not do anything. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- Only 7.5% of women who were raped by an intimate said their attacker was criminally prosecuted. (Tjaden, P., Thoennes, N. Extent, Nature, and Consequences of Intimate Partner Violence. National Institute of Justice and the Centers for Disease Control and Prevention. July, 2000.)
- 52% of participants in a study of sexual coercion in Gay/Lesbian relationships reported at least one incident of sexual assault/coercion. (Waldner-Haugrud, L., Vaden Gratch, L. Sexual Coercion in Gay/Lesbian Relationships: Descriptives and Gender Differences. Violence and Victims. Vol. 12 (1), 87-98. 1997.)
- 38% of ever-married females with disabilities experienced sexual violence by their partner. (Statistics Canada, Centre for Justice Statistics. Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities. Ontario: Roehner Institute. 1995.)



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The Impact of Polygraphy on Admissions of Victims and Offenses in Adult Sexual Offenders

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Sexual offenders are extremely reluctant to disclose their offending histories for a variety of psychosocial and legal reasons. The polygraph has shown promise as a intervention for eliciting admissions of past sexual offending behaviors. For 60 adult male sexual offender (35 inmates and 25 parolees), the number of victims and offenses were recorded from the Presentence Investigative Report. Sexual History Disclosure form, and 2 consecutive polygraph examination reports. Dramatic increases in the number of admitted victims and offenses were found for inmates, but not for parolees, across each source. However, there was a substantial decline in the number of victim and offense admissions by the second polygraph examination for both groups, even though 80% of the examination results revealed deception about sexual offending behaviors. Standardized use of sanctions and privileges for deceptive and nondeceptive polygraph results, respectively, are proposed as a way of eliciting full disclosure of offending histories for these offenders.

KEY WORDS: polygraph; admissions; deception; sanctions.

INTRODUCTION

Over the last 25 years, the criminal justice system has witnessed a steady increase in the use of polygraph testing in adult sexual offenders for deterring reoffending behaviors (Abrams, 1989, 1991; Abrams & Ogard, 1986; Edson, 1991; English, Pullen, & Jones, 1996), overcoming denial of offending behaviors (Abrams, 1992; Priest & Smith, 1992), and verifying compliance with parole supervision conditions (Matte, 1996). Sexual offenders are extremely reluctant to disclose their offending histories for a variety of psychosocial and legal reasons

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Blasingame, 1998; Carnes, 1983; Jensen & Jewell, 1988). Several studies utilizing both adult and juvenile sexual offender populations have shown polygraph testing to be an effective process for eliciting additional disclosures of offending behavior beyond traditional self-report methods (Chambers, 1994; Edson, 1991; Emerick & Dutton, 1993; O'Connell, 1998). It is incumbent that convergent research continue to replicate and expound on these findings, thus demonstrating the polygraph is an extremely effective intervention for obtaining accurate offending histories from sexual offenders.

Schwartz and Cellimi (1995) point out that carefully executed procedures for ensuring the confidentiality of disclosed sexual paraphilias are sufficient for obtaining valid and reliable admissions. However, a number of factors exist that might compromise the number of disclosures from a sexual offender population. These include, but are not limited to, fear of prosecution of undiscovered crimes and breach of confidentiality to other criminal justice entities (Abel & Rouleau, 1990; Kaplan, Abel, Cunningham-Rathner, & Mittleman, 1990). Kaplan (1985) found that paraphiliacs admitted just 5% of their sexual offending in a criminal justice setting than they admitted in a mental health setting, even though both settings disseminated methods of assuring confidentiality to the participants. Abel and Rouleau (1990) found that a sample of 561 volunteer nonincarcerated sexual assaulters reported a total of 291,737 paraphilic acts, of which there were 195,407 victims. Confidentiality and setting thus appear to be effective components of research for encouraging the disclosure of sexual offending behaviors with a nonincarcerated population. However, it is difficult to control the setting and maintain confidentiality in a criminal justice system that relies heavily on information sharing for establishing public safety.

Emerick and Dutton (1993) demonstrated that the polygraph mediated the effects of deception with a juvenile sexual offender population, thus improving the quality and quantity of information obtained about their offending behaviors. They discovered significant increases in self-reported number of child victims and assaults between collateral file information, clinical interviews, and polygraph examinations. In addition, they found significant increases in information reported between these sources for the degree of force, abuse of both genders, and multiple victim relationships. This sample of adolescents yielded a mean of 77 sexual assault offenses admitted during polygraph from a mean of 27 offenses noted in the file. Chambers (1994) found that, in a sample of 36 juvenile sexual offenders, the total number of disclosures of victims (111) and offenses (not reported) as a result of polygraph testing increased by 210 and 502, respectively. Approximately 50% of the polygraph examinations showed deception.

Polygraph testing has not been accepted or utilized by the majority of sexual offender treatment programs in the United States and Canada due to a variety of complex issues. According to Jones *et al.* (1996) approximately 31% of probation and parole offices surveyed reported the use of specialized caseloads that stressed

Polygraphy

the use of polygraphs with sexual offenders. However, only 10% of those of fices actually required these offenders to participate in such examinations. Knight, Freeman-Longo, and Stevenson (1994) reported the more encouraging finding that 24% of programs surveyed use the polygraph with sexual offenders. These findings are discouraging because community safety is paramount, and the polygraph is an available intervention for enhancing the supervision of these offenders in the community (Association for the Treatment of Sexual Abusers (ATSA), 1997). Colorado has developed standards that require the use of polygraph testing for the behavioral monitoring of these offenders in the community (Colorado Sex Offender Management Board, 1998).

Currently, the integrity of polygraph testing has been attacked on two fronts: lack of process standardization and lack of validation research. Opponents of the polygraph argue that individual differences, such as body mannerisms of clients, amount of examiner experience in testing special populations, quality of examiner training, and various types of therapist/examiner partnerships bias the polygraph results. To some extent, however, all research is biased by these variables if not sufficiently controlled. The American Polygraph Association (APA) has recently released standards for the polygraph testing of sexual offenders. These standards are for postconviction testing and are considered to be the minimum requirement needed by an examiner for APA endorsement (J. Earle, personal communication August 11, 1998). Ultimately, it is the responsibility of the treatment provider or parole officer to choose competent and experienced examiners who have worked directly with sexual offenders and have been approved by local boards.

A second criticism of the polygraph is that it does not meet standards for educational and psychological testing (as cited in Janes, 1993). Chambers (1994) points out, however, that the polygraph is not a test, but a treatment tool designed to elicit a client's admissions to past behaviors and monitor current behavior. Many therapeutic interventions that do not meet the standards requiring adequate documentation of practice standardization, reliability, and validity, are nonetheless effectively utilized in the field.

Regarding the above concerns, research has been conducted on the integrity of the polygraph. Forensic Research Inc. (1997) compiled the results of 80 research projects conducted since 1980 aimed at assessing the validity and reliability of polygraph testing for the APA. The 12 field validity studies conducted involve 2,174 exams and yielded a 98% accuracy rate (average over studies). Validity was determined by the examinee's deception being confirmed by confession or truthfulness being confirmed by someone else's confession. Bartol (1983) reported a curacy rates ranging from 70 to 86% in most studies, thus significantly increasing detection of deception over chance (60%). In addition, 11 field reliability studies conducted with independent evidence confirmation yielded a 92% accuracy rate. Reliability was determined by the internal consistency of correct nondeceptive deceptive relevant questions. Because these validation studies did not target sexu

offenders, future research needs to assess the validity of deception to sexual history baseline behaviors and identify any mitigating factors associated with polygraph testing in this special population. Meanwhile, because preliminary studies have begun to establish the reliability and validity of the polygraph, its use is justified for attempting to obtain more accurate sexual history information from these offenders.

The present study will describe the effects of polygraph testing on the disclosure of sexual offending behaviors among multiple data sources in known criminal justice settings.

METHOD

Participants

The participants were 109 identified adult male sexual offenders under the jurisdiction of the Colorado Department of Corrections (CDOC). Fifty-nine were incarcerated at a minimum-restricted facility, and 50 were supervised on parole under intensive supervision or regular programs. The incarcerated offenders voluntarily participated in sexual offender treatment in the facility, whereas the paroled offenders were mandated to participate in sexual offender treatment in the community. Parolees who chose not to participate in treatment were revoked back to prison.

A subsample of 60 sexual offenders (35 inmates and 25 parolees) was selected for data analysis. (Selection criteria will be identified in the results section.) Twenty-seven of the inmates (77%) were Anglo/white, 6 (17%) Hispanic, and 2 (6%) African American. Sixteen of the parolees (64%) were Anglo/white, 2 (8%) Hispanic, and 7 (28%) African American. The average age of the inmates was 39 and the parolees, 36. The inmates had received an average of 27 months of intensive treatment in the facility, whereas the parolees received an average of 17 months of less intense treatment. In this sample, none of the parolees had received treatment in the facility. The facility treatment program is a cognitive/behaviorally based Therapeutic Community (TC), which operates 24 hours a day, seven days a week. Offenders on parole attended community based treatment groups for 2 hour sessions, 1 to 2 days a week.

Measures

Data were collected on the inmates and parolees between October 1995 and September 1998. Key data consisted of the number of separate sexual abuse victims and offenses, prior to being admitted to the TC or placed on parole, for multiple data sources. Aggregate past victim and offense data were recorded for child and adult, male and female sexual assault, among stranger, acquaintance, relative,

and position-of-trust relationship categories. In addition, these data were recorded for theft of undergarments, obscene telephone calls, voyeurism, exhibitionism, frottage, and production/sale of pornography categories. Only victims and offenses quantified by the offender were used in data analysis. Thus, data presented in the results section may well be an underrepresentation of the true number of victims and offenses. Disclosures of high-risk behaviors and age of first known sexual offending were also collected as a second and third type of admission during this process. In addition, when the offense information was disclosed and if the polygraph results were inconclusive, nondeceptive, or deceptive were also captured for analyses.

The multiple data sources included the Presentence Investigative Report (PSIR), Sexual History Disclosure form (SHD), and polygraph examination(s). The PSIR is a comprehensive summary of a convicted offender's criminal and social history, which is utilized by the court for determining an appropriate sentence to CDOC or probation. The SHD form is a 30-page self-report questionnaire that covers sexual development and offending history. Polygraph examinations consisted of using a "utility test" or mixed issue test format.

Apparatus

Polygraph testing was conducted by six independent examiners from various locations in the state. The equipment utilized was the Acciton Computerized Polygraph System and the Lafayette Instrument LX-2000, both using the Johns Hopkins Applied Physics Laboratory Polyscore computer scoring algorithm for purposes of score reliability and validity confirmation. All of the examiners had been approved by the Colorado Sex Offender Management Board (1998).

Procedures

The PSIR was available in the offender's departmental file. Participants completed the SHD typically during the first 90 days after admission to the TC or parole and then were scheduled for their first polygraph. The TC examinations would take place in an office outside of the offender's living unit. Parolees were administered the polygraph test at the examiner's office. The examinations took on average about 2 hours to complete. Both inmates and parolees were typically tested about every 4 to 6 months. Informed consent procedures were followed for all participants. The CDOC paid for the offenders' polygraph examinations.

The polygraph examination process contained pre- and posttest components. The offender's therapist and parole officer worked closely with the examiner in developing appropriate polygraph questions for confirmation of the disclosed number of victims and offenses, discovery of new offenses, and/or compliance

Table I. Admitted Number of Sexual Crime Victims and Offenses for Total Sample Mean (Median)

Source	Inmates & Parolees (N = 60)	
	Victims	Offenses
PSIR	2 (1)	5 (1)
Sexual history	50 (8)	234 (20)
1st Polygraph	99 (10)	308 (22)
2nd Polygraph	110 (11)	318 (23)

Friedman two-way ANOVA

Victim $\chi^2(3, N = 60) = 130.20, p < .01$

Offense $\chi^2(3, N = 60) = 138.65, p < .01$

Table II. Admitted Number of Sexual Crime Victims and Offenses by Inmates and Parolees Mean (Median)

Source	Inmates (N = 35)		Parolees (N = 25)	
	Victims	Offenses	Victims	Offenses
PSIR	2 (1)	7 (1)	2 (1)	3 (1)
Sexual history	83 (21)	394 (50)	4 (2)	10 (4)
1st Polygraph	165 (24)	511 (95)	6 (3)	23 (5)
2nd Polygraph	184 (26)	528 (95)	7 (3)	23 (5)

Friedman two-way ANOVA

Victim (inmate) $\chi^2(3, N = 35) = 91.98, p < .01$

Victim (parolee) $\chi^2(3, N = 25) = 38.30, p < .01$

Offense (inmate) $\chi^2(3, N = 35) = 94.57, p < .01$

Offense (parolee) $\chi^2(3, N = 25) = 44.21, p < .01$

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with treatment or parole conditions. This study examined only the number of past victim and offense admissions data. The pretest established which questions the examiner would ask based on the offender's self report of new admissions of past offending or the absence of accountability statements for known offending behaviors identified in the SHD. Polygraph testing consisted of measuring the offender's cardiovascular, respiratory, and galvanic skin resistance to three or four relevant questions (Control Question Test; Reid & Inbau, 1977) regarding their past sexual offending behaviors. The positest consisted of the examiner reviewing the information obtained throughout the examination and addressing areas of deception with the offender. The offender was then given the chance to disclose any additional victims and offenses to the examiner or therapist, which was then documented in an addendum to the SHD.

Consequences for deceptive responses were not standardized or consistently applied for inmates or parolees. Generally, inmates would be confronted about the deception in their treatment groups and required to write an addendum about the behaviors in question. In addition, the deception might be presented to the parole board during the inmate's hearing. For parolees, deception might result in a surprise home visit by the parole officer, increased office visits for the parolee, or serve as aggravating evidence in a parole revocation hearing. The benefits of a nondeceptive examination consisted of positive progress reports filed with the parole board for inmates and retention of the offender's present level of supervision for parolees.

RESULTS

The criterion for inclusion in the following analyses was participation in at least two polygraph examinations. Of the identified 109 sexual offenders, 60 (35 inmates and 25 parolees) met the above criterion. Of the inmates who only received one polygraph exam, 10 were expelled from treatment, 4 were discharged from CDOC, and 6 were paroled or progressed to community corrections. In addition, 6 parolees were revoked to CDOC and 18 discharged from CDOC. Five of the participants continued with no status change, but had received only one polygraph because of the scheduling process. Out of the 169 polygraphs administered, 135 (80%) were deceptive, 26 (15%) were nondeceptive, and 8 (5%) were inconclusive. The data were analyzed from a within-subjects research design.

Number of Victim and Offense Admissions

The first data analysis examined the number of victim and offense admissions for both inmates and parolees between the four data sources: PSIR, SHD, 1st polygraph, and 2nd polygraph. Table I shows significant differences in the mean number of admissions by source. Means are probably better indicators of

impact on the community, whereas medians are better indicators of the frequency of victimizing behavior (Abel *et al.*, 1987). The data analyzed were positively skewed. The range was 2,593 for the number of victims and 6,094 for the number of offenders, with average standard deviations of 366.2 and 973.9, respectively. A Friedman two-way ANOVA revealed significant overall differences for mean number of admissions of victims and offenses between sources. Visual inspection of the means and medians suggest substantial increases in victim and offense admissions between each succeeding source.

The second data analysis examined the number of victim and offense admissions for inmates and parolees separately between the four data sources. Table II shows significant increases in the mean number of admissions for each offender group by source. These data show parolees admitted substantially fewer victims

Table III. Admitted Number of Sexual Crime Victims and Offenses by Crime Type for Total Sample Mean (Median)

Source	Inmates & Parolees		
	Sexual assault ^a victims (N = 60)	Addit. paraphilia ^b victims (N = 37)	Frottage victims (N = 26)
PSIR	2 (1)	n.a.	n.a.
Sexual history	11 (4)	37 (7)	47 (7)
1st Polygraph	48 (5)	48 (9)	49 (7)
2nd Polygraph	49 (6)	53 (10)	59 (7)
	Sexual assault ^a offenses (N = 60)	Addit. paraphilia ^b offenses (N = 38)	Frottage offense (N = 26)
PSIR	5 (1)	n.a.	n.a.
Sexual history	185 (9)	51 (10)	51 (8)
1st Polygraph	225 (11)	84 (13)	54 (10)
2nd Polygraph	227 (12)	87 (13)	64 (10)

^a Includes child and adult, stranger, acquaintance, relative, and position-of-trust sexual assaults.
^b Includes voyeurism, exhibitionism, theft of undergarments, and obscene telephone calls.

Friedman Two-Way ANOVA

Victim (sex. assault) $\chi^2(3, N = 60) = 117.96, p < .01$
 Victim (addit. paraphilia) $\chi^2(2, N = 34) = 28.18, p < .01$
 Victim (frottage) $\chi^2(2, N = 17) = 5.64, p = n.s.$
 Offense (sex. assault) $\chi^2(3, N = 60) = 130.08, p < .01$
 Offense (addit. paraphilia) $\chi^2(2, N = 35) = 28.00, p < .01$
 Offense (frottage) $\chi^2(2, N = 21) = 9.29, p < .01.$

Table IV. Age of First Known Sexual Offense for Inmates and Parolees Mean (SD)

Source	Inmates (N = 35)	Parolees (N = 25)
PSIR	28 (7.11)	28 (8.27)
Sexual history	13 (5.54)	25 (8.27)
1st Polygraph	12 (5.16)	23 (8.72)
2nd Polygraph	12 (5.16)	23 (8.31)

Note. Overall significant differences were found for age of first known sexual offense across source for inmates and parolees: $F(3, 239) = 9.78, p < .01.$

Age of Onset for Sexual Offending Behaviors

The fourth data analysis examined the age of first known sexual offending behavior for inmates and parolees between the four sources. Table IV shows significant differences in admitted age for inmates and parolees between sources, as determined by a two-way ANOVA. At the PSIR, the average inmate and parolee age of first sexual offending was 28, but by the second polygraph the average age for inmates had decreased to 12, while for the parolees the average age only decreased to 23.

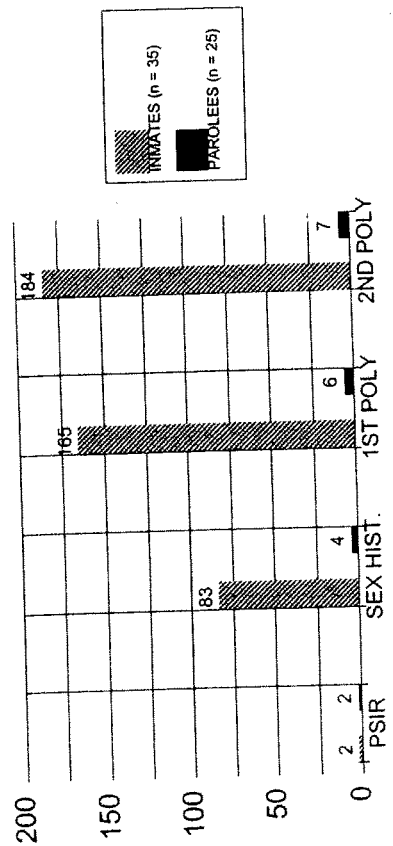


Fig. 1. Admitted number of victims (Mean).

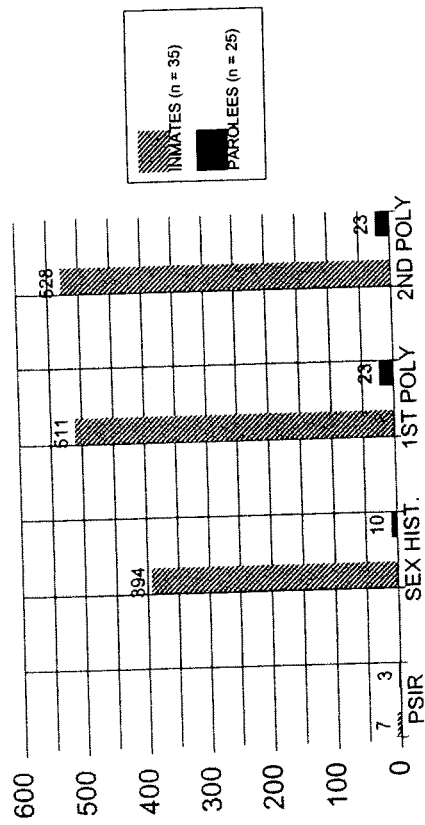


Fig. 2. Admitted number of offenses (Mean).

and offenses than inmates. Mean difference tests for inmates and parolees by source were not computed because of the obviously large differences, as shown in Figs. 1 and 2.

The third data analysis examined the number of victim and offense admissions for both inmates and parolees between the four data sources by crime type: sexual assault, additional paraphilia, and frottage. Table III shows significant increases in the mean number of admissions for each crime type by source, except for victims of frottage. All 60 offenders had at least one sexual assault identified in the PSIR. However, only two offenders had identifiable additional paraphilias and one offender had an act of frottage recorded in the PSIR.

Table V. Admitted Number of Sexual Crime Victims and Offenses by Polygraph Result for Total Sample Mean (Median)

Source	Inmates & Parolees	
	Nondeceptive victims (N = 17)	Deceptive victims (N = 87)
PSIR	2 (2)	2 (1)
Sexual history	72 (2)	59 (5)
1st Polygraph	74 (5)	95 (10)
	Nondeceptive offenses (N = 16)	Deceptive offenses (N = 87)
PSIR	6 (2)	4 (2)
Sexual history	545 (6)	285 (13)
1st Polygraph	546 (6)	339 (20)

Note. Inconclusive polygraph test results occurred in five cases.

Polygraph Results and Admissions

The fifth data analysis examined the number of victim and offense admissions for both inmates and parolees by exam results through the first polygraph (N = 109). Table V shows substantial increases in the mean and median number of admissions for both result types. Although the mean number of victim and offense admissions tapered off between the SHD and first polygraph for the nondeceptive group, the mean number of admissions continued to dramatically rise for the deceptive group. Comparisons between the result types on the number of admissions were not made because of substantially fewer nondeceptive offenders (n = 17).

The sixth data analysis examined the combined 1st and 2nd polygraph results by type of admission for inmates and parolees separately. Only 5% of inmates with deceptive results admitted nothing, whereas 21% of parolees admitted nothing. When inmates with deceptive results did admit, 50% admitted both high-risk behaviors and past sexual offenses, as compared to 26% of parolees. In addition, 40% of parolees admitted only high-risk behaviors, as compared to 27% of inmates. Finally, 12% percent of parolees and 18% of inmates admitted only past sexual offending behaviors. For both inmates and parolees, there were significantly more admissions during the pretest than not admitting at all, admitting in the posttest, or admitting in the pre- and posttest.

Number of Victim and Offense New Admissions

The seventh data analysis examined the number of new victim and offense admissions for inmates and parolees separately between the four data sources. Table VI shows significant decreases in the mean number of new victims and

Table VI. Admissions of Sexual Crime Victims and Offenses Differential by Inmates and Parolees Mean (Median)

Source	Inmates (N = 35)		Parolees (N = 25)	
	Victims	Offenses	Victims	Offenses
Sex hist.—PSIR	81 (17)	387 (36)	3 (0)	8 (0)
1st Polygraph—Sex hist.	82 (2)	117 (2)	2 (0)	13 (0)
2nd Polygraph—1st Poly	18 (0)	17 (0)	0 (0)	1 (0)
	Offenses		Offenses	
Sex hist.—PSIR	387 (36)	17 (0)	8 (0)	13 (0)
1st Polygraph—Sex hist.	117 (2)	17 (0)	13 (0)	1 (0)
2nd Polygraph—1st Poly	17 (0)		1 (0)	

Wilcoxon Matched-Pair Signed-Ranks Test (one-tailed)

Inmate-victim (P2-P1 & P1-SH) z = -1.01, p = n.s.

Inmate-offense (P2-P1 & P1-SH) z = -2.12, p < .05

Parolee-victim (P2-P1 & P1-SH) z = -2.22, p < .01

Parolee-offense (P2-P1 & P1-SH) z = -1.70, p < .05.

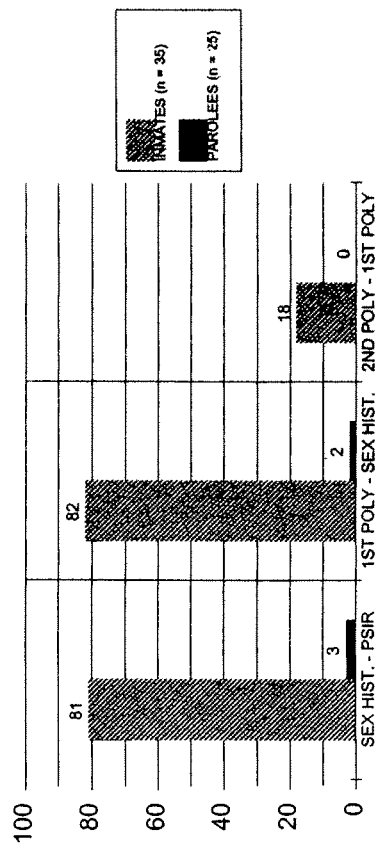


Fig. 3. Victim gain differential (Mean).

offenses, except for inmate victims, as determined by a Wilcoxon Matched-Paired Sign-Ranks Test. The differentials (difference in information gained score) were computed by subtracting the succeeding source victim and offense frequencies from the previous source's frequencies. For both inmates and parolees there was a substantial decline in information gained from the first to the second polygraph as shown in Figs. 3 and 4.

DISCUSSION

The present study revealed significant differences in the number of admitted past victims and offenses of sexual abuse between the PSIR, SHD, and two

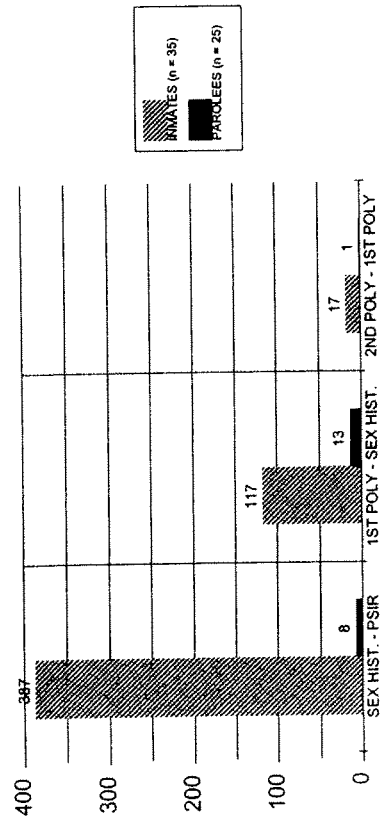


Fig. 4. Offense gain differential (Mean).

consecutive polygraph examinations among inmates and parolees. Visual observation of the data confirmed that these differences were linear and increased between sources. These findings replicate similar trends found in previous research (Chambers, 1994; Edson, 1991; Emerick & Dutton, 1993; O'Connell, 1998). In addition, these trends were confirmed when the analysis was delineated by sexual assault, additional paraphilias, and frottage categories. Comparatively, conclusions cannot be made on the frequency of sexual offending for inmates and parolees, because of the unique external confounds present for each setting. However, conclusions can be drawn on the effectiveness of the polygraph within each setting. These analyses demonstrate that the polygraph examination process effectively elicits a greater number of admissions of offending behavior in both settings. However, the degree of its effectiveness is relative to the setting for inmates and parolees.

A major issue in this study is the high rate of deception (80%) among the polygraph examinations. Eighty-four percent of the inmates, and 74% of parolees, had deceptive results. If any question's response was scored as deceptive, the exam was coded as deceptive, regardless of the question's content. This approach was employed because of the complexities discerning specific nondeceptive responses, relative to deceptive responses, during the same examination. However, an 80% deception rate for the initial polygraph examination may not be unusually high with a population that has a strong emotional and social investment in denial of their offending behaviors.

Embedded within the deception is the true utility of this process. Polygraph questions are constructed so that deception indicates the offender actually does have more victims or offenses than previously disclosed in the pretest. Deception indicates there are more victims and offenses than the offender previously disclosed during the exam. When confronted with the results, offenders may admit to more

previously undetected offenses because they believe the polygraph has revealed their lie. The research to date is beginning to support the polygraph as a reliable and valid instrument (Forensic Research Inc., 1997). Thus, any placebo effects of polygraphy are extremely valuable for obtaining these disclosures. The goal of this process is to obtain accurate sexual histories, and any admissions help achieve this goal.

Inmates admitted to a greater number of victims and offenses, on average, than parolees. Although parolees admitted less, significantly more information was still obtained between sources. This finding suggests a strong environmental effect for parolees not to disclose information about their offending history, even though the parolees had a slightly lower deception rate than the inmates.

Substantial decreases in age of first known sexual offending behavior were found for inmates, but not for parolees. These data support the utility of the polygraph process for eliciting disclosure of diverse offending information. Where parolees did not admit to juvenile sexual offending, inmates' age of first known sexual offending decreased from an average onset at 28 to 12 across sources. Treatment intensiveness and education about sexually assaultive behaviors might account for these differences.

The major limitations in this study were the unique confounding effects which voluntary/mandatory treatment participation, amount and intensity of treatment received, and perceived threat had on the amount of disclosures for inmates and parolees. Although prior sexual criminal history was not specifically controlled, both inmates and parolees had similar numbers of sexual victims and offenses identified in the PSIR. Because parolees were mandated as a condition of parole to participate in treatment, they may have had a higher level of denial than inmates, who actively sought treatment and admitted their sexual offending behavior. Parolees also had on average not only less time in treatment, but less intensive treatment than inmates. Inmates were treated in a TC, which encouraged and supported this type of disclosure. In addition, parolees may have feared being revoked back to prison for disclosing their previously undetected crimes, whereas inmates feared remaining in prison for not disclosing their undetected crimes and obtaining deceptive polygraph results. Because available consequences for deception were not consistently applied, their impact on disclosure, especially for parolees, was more than likely minimal. These factors support the finding that parolees admitted less sexual offending behaviors than inmates. Future research will need to address these speculations before any conclusions can be drawn about their influence on disclosure for inmates and parolees.

Offenders who were nondeceptive on the first polygraph had substantially more admitted numbers of offenses than offenders who were deceptive. This may be a result of responding honestly to all SHD and examination questions, as opposed to group differences regarding the magnitude of offending. This speculation is supported by the fact that both groups possessed similar prior sexual offending

histories at the time of the PSIR. In addition, the observation that the nondeceptive group reached a plateau on victim and offense information disclosed through first polygraph, whereas the deceptive group continued to steadily increase, also supports this speculation. Future research will need to examine individual differences in these groups that may account for the deception and failure to disclose offending behavior, such as social desirability.

For deceptive results, inmates admitted both to more high-risk and past sexual offending behaviors, whereas parolees admitted more to just high-risk behaviors. In addition, more parolees than inmates admitted nothing for a deceptive polygraph. There were also significantly more admissions in the pretest than no admissions and admissions in both the pre- and posttest for the combined inmate and parolee samples (Abrams, Hoyt, & Jewel, 1991). More admissions in the pretest, in relation to a high rate of deception, suggests that offenders are disclosing only part of their offending histories even though they are aware they will be tested on this information. Admitting to high-risk behaviors during the pretest may be employed as a strategy for avoiding deception by reducing anxiety associated with any current more serious inappropriate behaviors. In addition, offenders in treatment may be trying to minimize their offending behaviors by admitting to related high-risk behaviors concurrently with the offenses, regardless of whether they have engaged in the behaviors before or after entering treatment.

Of substantial importance was the discovery that for inmates and parolees, significantly less victim and offense information was gained by the second polygraph. This finding was complicated by the fact that the majority of the polygraph results were deceptive. The assumption is that these offenders are continuing to not disclose a large number of their victims and offenses. The decline in disclosure may be related to the type of questions asked on the second polygraph. For inmates, the second polygraph is typically a maintenance examination. The questions on this type of exam address behaviors since the offender's last examination. Specifically, 26% of inmate and 28% of parolee exams did not include questions on past sexual offending behaviors. However, the pretest usually covered past sexual offending behaviors and the offender did not know what questions would be asked until after the pretest interview. In addition, the therapists explained to the inmates that all deception found in the previous exam would be addressed in future polygraph examinations. Another explanation for the decline in admissions is that the offenders possibly realized the lack of consistently applied consequences for deception and refrained from disclosing any additional offense information. Because the presence of anxiety is necessary for valid testing, no real consequences for lying would mitigate the effectiveness of this process. It appears after the initial examination the placebo effect of the polygraph may be diminishing. Future research will need to examine the impact sanctioning and awarding privileges might have on these types of admissions.

Because these offenders may be likely to disclose less over time and have such a high rate of deception about either offending or high-risk behaviors, sanctions and privileges could be explored as a way of either eliciting full disclosure of offending behaviors or deterrence of such behaviors. We are working toward the development of a grid for establishing standardized sanctions at different phases of the polygraph examination. In addition, we have begun identifying appropriate privileges inmates could earn for nondeceptive examinations. Consequences for deception may include freezing an offender at their present treatment level or withholding special leisure activities, or the converse for nondeception.

The present results support the polygraph as an effective intervention for eliciting admissions of past sexual offending behaviors from offenders that no other process seems to be able to equally impact. These admissions are crucial to break down denial, facilitate offender accountability, and promote change in the therapeutic process. The implementation of sanctions and privileges is expected to encourage offenders to continue disclosing their sexual offending and high-risk behaviors. Although the impact of this intervention on admissions was less for parolees than inmates, the polygraph greatly enhanced the treatment and supervision practices of these offenders in diverse criminal justice settings.

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THE CONTAINMENT APPROACH: An Aggressive Strategy for the Community Management of Adult Sex Offenders

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Most convicted adult sex offenders remain or return to the community. This article recommends a specific approach to the community management of adult sex offenders, which holds convicted abusers accountable for the risk they pose to the community. The containment approach can be achieved only when criminal justice and related agencies proactively engage in a multidisciplinary, multi-agency strategy that seeks to close the natural fragmentation that occurs across multiple agencies and systems. The containment strategy described here begins with 5 distinct components: (a) a victim-centered philosophy, (b) multidisciplinary collaboration, (c) specific management tools, (d) consistent multi-agency policies and protocols, and (e) program quality-control mechanisms. This strategy cannot be implemented without a local, ongoing commitment to teamwork and community safety. The strategy must be customized to jurisdictions seeking to minimize public risk and maximize offender and public agency accountability. It is an evolving approach that is based on empirical data and field experience.

Introduction

Every 5 minutes in America, nearly 30 children are molested (American Humane Association, 1995) and someone is forcibly raped (Federal Bureau of Investigation, 1995). One in eight women is raped during her lifetime—nearly one third before the age of 11—and 84% of these rapes are never reported to the police (Kilpatrick, Edmunds, & Seymour, 1992).¹

According to *Rape in America: A Report to the Nation* (Kilpatrick et al., 1992), only 22% of rape victims were raped by strangers. This means that the majority of rapists—nearly four out of five—had extraordinary access to their victims and sufficient privacy to commit this heinous crime.

It is clear that most rapists will never come into contact with the criminal justice system. But for those who do, criminal justice system policies and practices must eliminate both sex offenders' access to potential victims and any privacy the

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¹Kilpatrick et al. (1992) conducted a 3-year longitudinal study of 4,008 adult American women. The study found that more than two thirds of the rape victims who did not report the crime said it was because they did not want their family to know about the rape (over one third of those raped were raped by family members) or they did not want people to think it was their fault (39% were raped by boyfriends, ex-boyfriends, or other acquaintances).

offenders may enjoy. The criminal justice system can exert significant control over offenders' opportunities to commit new crimes and, at the same time, strictly abide by nondiscriminatory and humane rules of ethics and the law. This is the essence of an aggressive sex offender containment strategy.

Criminal justice professionals in jurisdictions across the country have begun to reform many current practices that inadvertently give sex offenders opportunities to reoffend. Containment strategies operate in circumstances of multi-agency collaboration, explicit policies, and consistent practices that combine case evaluation and risk assessment, sex offender treatment, and intense community surveillance designed specifically to restrict offenders' privacy and access to victims.

While offenders are under official supervision, every effort is made to prevent them from obtaining the opportunity to hurt others. And, given the lifelong nature of this problem for many sexual abusers who come into contact with the criminal justice system, a growing number of professionals endorse court sentences that impose lifelong correctional supervision under the containment model.

Method

A study (English, Pullen, & Jones, 1996) conducted by the Colorado Division of Criminal Justice for the National Institute of Justice, U.S. Department of Justice, identified a system of innovative methods local jurisdictions are using to manage adult sexual offenders. The 2-year investigation involved a telephone survey of a national sample, stratified by population and geography, of 732 probation and parole supervisors; an extensive literature review on victim trauma and sex offender treatment; a systematic document review of scores of materials ranging from agency memoranda and protocols to legislation and administrative orders; and field research involving site visits to 13 jurisdictions in six states (Arizona, Colorado, Louisiana, Texas, Ohio, and Oregon). The findings from the field research resulted in a description of a promising approach for managing adult sexual offenders, which is presented here.

During the field research, more than 100 face-to-face interviews were conducted in formal and informal settings. Data were gathered from probation officers, parole officers, defense and prosecuting attorneys, law enforcement personnel, social service workers, sex offender treatment providers, sexual assault victim treatment providers, polygraph examiners, judges, correctional administrators, police detectives, parole authorities, victim advocates, and sexual offenders.

According to methodologist Babbie (1995) "[b]eing there' is a powerful technique for gaining insights into the nature of human affairs" (p. 300). Being there was, indeed, the only way to begin to build an understanding of the scope and complexity of issues that local criminal justice practitioners grapple with daily to safely manage sex offenders under their charge.²

During the study (English et al., 1996), patterns emerged from observing innovative management practices that many professionals were undertaking. These practices were grounded in the scientific literature, specifically sex offender treatment and victim trauma research and theory, and were frequently supported by

²In fact, I urge policymakers to appoint committees of working professionals to advise them on issues related to this complicated and dangerous correctional population.

multi-agency agreements and often by state policy. Practitioners told us that they were working to close gaps and inconsistencies in sex offender management, because where gaps exist, offenders frequently position themselves to reoffend, cause conflicts among staff and agencies, and skillfully distract others from the dangerous threat they pose to the community.

Research findings are traditionally presented in the past tense, to reflect the time frame in which the data were collected and to restrict generalizations beyond that time period. Yet, hard work continues in many jurisdictions that served as the foundation for this study (English et al., 1996), work intended to improve the criminal justice response to sex offenders. In recognition of this ongoing work and because the containment approach is part research and part theory—an evolving social experiment that operationalizes the best of empirical data and human experience—the description below is in the present tense.³

Research Findings

The Containment Approach: Five Components

Overview. In many jurisdictions in the United States, professionals are actively involved in the development, implementation, and evaluation of locally defined and developed sex offender containment strategies. In these locales, mechanisms are in place to hold identified sex offenders continuously accountable for the damage caused by sexual assault. Containment professionals believe that proactively coordinating policies and practices pertaining to the monitoring, supervision, and treatment of sex offenders allows for many, although not all, sex offenders to spend portions of their sentences in the community. Although many citizens believe convicted sex offenders are sent directly to the penitentiary, in fact, most sex offenders receive community supervision, either as a direct sentence to probation or, following time in prison, on terms of parole. Because many of these crimes occur within families, the relationship between the abuser and the victim is complex and multidimensional. “Lock ‘em up and throw away the key” sanctioning may not best serve the community’s interest, so the containment strategy is an important sentencing option.

Community-based sex offenders are held accountable for their behaviors, and every effort is made to avoid allowing the offender to access past or potential victims. While serving time in the community, many offenders on probation and parole work and pay for their supervision and treatment, and, sometimes, victim treatment.

The containment approach reflects a specific case-by-case management strategy that occurs within the context of a communitywide initiatives that are aimed to eliminate opportunities for reoffending by individuals convicted of sexual assault. Opportunities for sex offenders to assault again begin with society’s lack

³Support for aggressive containment systems by Assistant U.S. Attorney General Laurie Robinson led to the recently created Center for Sex Offender Management in June 1997. The Center’s goal is to enhance public safety by preventing further victimization through improving the management of adult and juvenile sex offenders who are in the community. As a collaborative effort of the U.S. Office of Justice Programs, the National Institute of Corrections, and the State Justice Institute, the Center is jointly administered by the Center for Effective Public Policy and the American Probation and Parole Association and is located at 8403 Colesville Road, Suite 720, Silver Spring, Maryland 20910.

of understanding of the insidious nature of these crimes and the multitude of ways that offenders manipulate situations and perceptions specifically to lay the groundwork for the next crime. Closing the gaps on these opportunities requires a systemwide, multidisciplinary approach founded on a clear and common goal: victim safety.

Our research (English et al., 1996) suggests that a sex offender containment approach consists of five core components. The exact development of each component varies according to local needs and values, but some version of the following five elements seems to exist in a fully operational and continually evolving containment approach: (a) a consistent multi-agency philosophy focused on community and victim safety; (b) a coordinated, multidisciplinary implementation strategy; (c) a case management and control plan that is individualized for each sex offender; (d) consistent and informed public policies and agency protocols; and (e) quality-control mechanisms designed to ensure that policies are implemented and services are delivered as planned. These components are described below, and examples are given from jurisdictions engaged in implementing sex offender containment approaches.

Component 1: Community safety philosophy. The effects of sexual assault on victims are often brutal and long-lasting. Victim research indicates that entrenched, long-term trauma is significantly related to the trust violation between the perpetrator and the victim (abuse by a father or step-father is associated with the worst outcome) and also to the duration and frequency of the abuse (Beitchman et al., 1992; Hindman, 1988; Salter, 1988). Psychological recovery from the assault is often prolonged for victims of these types of assaults. Also, Hindman's research revealed that trauma may be associated with the response the victim receives when he or she discloses the crime. If the response—whether from a school counselor, criminal justice officials, or a parent—implies that the victim was at fault, then the experience of trauma is magnified and recovery may be delayed.

For this reason, the containment approach begins with an explicit philosophy that values victim protection and community safety as paramount objectives of sex offender management. Criminal justice officials' commitment to the healthy recovery of the victim and the well-being of the community begin to guide policy development, program implementation, and the actions of professionals working with sexual assault victims and perpetrators.

The need for the victim-oriented philosophy is based on the recognition that case management decisions, even those grounded in agency policies, can jeopardize public safety and negatively impact sex assault victims. A common, victim-centered philosophy allows for the reassessment of traditional policies and practices with a new awareness drawn from the research literature on sex offenders and victim trauma.

The key to understanding the need for a victim-oriented—public safety approach is understanding the constant struggle that professionals endure to hold the offender accountable. Holding dangerous, manipulative, and often obsessive offenders constantly accountable is difficult indeed.⁴ Grappling daily with sex

⁴See Pullen and Pullen (1996) for a compelling discussion of the very difficult job sex offender containment professionals perform to humanely uphold public safety.

offender psychodynamics can rock the foundation of professionals' personal belief systems. Sexual assault—from acquaintance rape to incest, rape—murders, voyeurism, or weaponless-stranger rapes—occurs because the offender deliberately obtained the opportunity to assault someone:

Our safety seems less precarious if we believe sexual abuse is performed by individuals who have taken momentary leave of their faculties. . . . Many aggressors, seeking to minimize their responsibility for offenses, would also have us believe their behaviors are the product of irresistible impulses overwhelming their self-control. Offenders have numerous incentives to misrepresent their acts as impulsive rather than as the product of active planning and intention. . . . In reality, many offenders carefully plan offenses so that they appear to occur without forethought. (Pithers, 1990, p. 344)

Understanding these matters of opportunity and planning, along with the fact that sex offenders are generally not forthcoming about the scope and frequency of their deviant sexual activity, is fundamental to the philosophical foundation of a containment approach to managing sex offenders. The significant planning involved allows containment professionals to identify the modus operandi of each offender. Then therapists and criminal justice professionals can deliberately interrupt the planning behaviors and aggressively contain the offender.

By recognizing that the official response to sex crimes can assist or impede the victim's recovery, it follows that a clear, victim-oriented philosophy is essential in jurisdictions committed to a containment approach to sex offender management. "Making the victim whole" is the restorative justice phrase used since the early 1980s to describe the mission of the Jackson County, Oregon, Probation and Parole Department in the sex offender management process.⁵ "What's best for the victim?" is the question returned to again and again during quarterly meetings of Oregon's Sex Offender Supervision Network of adult probation and parole officers. Likewise the Colorado Sex Offender Treatment Board (1996) has designated that "community safety is paramount" among its nine guiding principles.

When a victim-oriented philosophy is at the center of a sex offender containment approach, it is reflected in public policies directed toward sex crime perpetrators. An example of operationalizing this philosophy is the Oregon law regarding sex offender notification. Because community notification laws might be devastating to the victim when the perpetrator is a family member, the 1994 Oregon statute explicitly directs probation and parole officers to develop and implement the notification plan. This mandate reflects the fact that the supervising officer is often in the best position to understand the case, that is, the offender's modus operandi to gain the necessary access and privacy to assault again. Most important, the officer understands the impact of notification on the victim. Public notification in some Oregon jurisdictions, then, occurs on a case-specific basis, which guards against revictimizing family members.

Component 2: Collaboration. The second feature of a sex offender containment approach includes a collection of implementation strategies that rely on cross-agency coordination, multidisciplinary partnerships, and within-agency job

⁵See English et al. (1996) for a description of the Jackson County, Oregon, Probation/Parole Sex Offender Management Program, Oregon Sex Offender Supervision Network.

specialization. When this effort takes the form of intra-agency, interagency, and interdisciplinary teams that are made up of professionals who specialize in sex offender cases, management gaps begin to disappear. Teamwork tends to overcome the fragmentation that commonly occurs from the multilayered nature of the criminal justice system. Also, the team approach minimizes duplication of effort and maximizes resources. It creates a rich pool of information and perspectives to improve the management of sex offenders. Teamwork strengthens both the motivation and the effectiveness of individuals, and a well-functioning team provides a support network for coping with the ongoing stress of managing dangerous cases.

Sometimes, jurisdictions have one large interagency team that deals with policy issues, and several smaller teams are formed to accomplish a variety of more specific tasks. Depending on the task (e.g., law enforcement investigation vs. parole supervision), each team may meet at different points and with different frequency during the management of a single case. The teaming of prosecution and law enforcement for training purposes is crucial, for example, to ensure that the necessary information is obtained to prosecute a case and to preclude certain defenses. For example, Nanetti and Greer (1996) maintained that a knowledgeable police investigator can make a strong case by effectively interviewing the suspect.⁶

Colorado, for example, has a Sex Offender Treatment Board with multidisciplinary membership defined in legislation. The Board has issued guidelines for the evaluation, treatment, and behavioral monitoring of adult sex offenders (Colorado Sex Offender Treatment Board, 1996). The guidelines designate a case management team for community supervision, led by the probation or parole officer, and comprised (at a minimum) of the officer, a Board-approved treatment provider, and a Board-approved polygraph examiner. Naturally, any team is enhanced with the participation of a specialized law enforcement officer, the prison treatment provider (if the offender is on parole and had been in prison treatment), the victim's therapist, and other individuals with primary involvement in the case.

Finally, job specialization is central to multidisciplinary teams. Voluntary job specialization tends to increase consistency at all stages of sex offender management, from investigation through prosecution and sentencing to assessment, monitoring, and treatment. Whatever the size of the jurisdiction, job specialization shrinks the containment community and closes gaps in the system, gaps that are actively sought out by the perpetrator and often pried open for the sake of avoiding accountability measures. Also, cross-training by specialists

allows physicians to learn the evidentiary issues prosecutors face, law enforcement officers and prosecutors to learn about common reactions to trauma from rape crisis counselors, and victim advocates to learn more about the criminal justice system so that they can better help victims prepare for court. (Epstein & Langebahn, 1994, p. 85)

Component 3: Containment-focused case management. The research data are clear that many offenders have multiple paraphilias. *Crossover* is the term used

⁶Nanetti and Greer (1996) noted that common defenses include (a) the touching was not sexually motivated or was accidental or innocent; (b) the child's graphic description of sexual matters is based on prior knowledge; (c) the alleged abuse is a fantasy, the child wants attention; and (d) the identification of the perpetrator is inaccurate.

to refer to the fact that many rapists of adult women also rape children and that many exhibitionists are also voyeurs and, given the opportunity, may progress to more aggressive behaviors. In groundbreaking research, Abel and Rouleau (1990) obtained self-report data from sex offenders that quantified this crossover: 51% of the 561 male participants had assaulted multiple age groups, 20% assaulted both genders, and 23% of incest perpetrators also molested children outside the family. This research also documented the frequency of offending behavior. The 561 participants reported victimizing 195,407 individuals, with crimes ranging from child rape to obscene phone calls. The crossover research also revealed an early age-at-onset for some abusers, with deviant behaviors starting as early as 10 years of age, suggesting that for convicted adult sex offenders, the behavior is likely to be well entrenched and integrated into the offenders' lifestyle (Able, Mittelman, & Becker, 1985; Awad, Sanders, & Levene, 1979; Becker, Cunningham-Rathner, & Kaplan, 1986; Groth, 1977; Groth, Longo, & McFadin, 1982; Smets & Cebula, 1987).

The acknowledgment of crossover and early-onset may be two of the most important aspects of the containment strategy, for the criminal justice system has traditionally managed sex offenders as if they were their conviction crime: "He is a rapist;" "She is a male-oriented child molester;" "He is a male pedophile." On the basis of these conviction-crime assumptions, many convicted offenders have been given, in the course of normal supervision, significant access to victims and an inordinate amount of privacy with vulnerable children and adults. For example, it is not uncommon to place a paroled rapist in a home with children because decision makers assume the conviction crime represents the scope of his sexual interests. If the offender sexually abuses one of these children, the approved parole plan then represents the first step in an officially sanctioned opportunity for the offender to rape again.

A successful sex offender containment approach includes a case management plan that clearly defines surveillance tactics to hold sex offenders accountable on a day-to-day basis. Information that is gathered specifically to identify the scope and frequency of the offender's deviant sexual arousal and behavior patterns forms the basis of a surveillance and management plan customized for each offender. This approach requires three interrelated, mutually enhancing activities: criminal justice supervision, sex-offender-specific treatment, and polygraph examinations. Visualize a triangle, with the three corners anchored with the three interventions just mentioned and with the offender contained inside the triangle. The triangle exists within a multitude of accountability measures: DNA testing, law enforcement registration linked to detailed modus operandi investigation database, specialized criminal justice caseloads, case management teams (including police units, social services, prosecutors, and probation, and parole officers), multidisciplinary investigation teams (including emergency room medical staff, rape crisis center staff, school counselors, victim advocates, prosecutors, prison officials, and law enforcement), official lists of approved service providers, confidentiality waivers, public service campaigns to stop child abuse,⁷ fully funded and supported child advocacy centers, consistent and adequately funded public

⁷STOP IT NOW! is a unique example of a primary prevention program developing strategies to prevent sexual abuse through public education and sex offender treatment. For further information, contact STOP IT NOW! at P.O. Box 495, Haydenville, Massachusetts 01039.

policies (including legislation and administrative and executive orders), and other efforts to control sexual offenders.

The triangle is anchored at each corner by three key activities: (a) criminal justice supervision and surveillance plans toward each offender's idiosyncratic offending patterns, (b) sex-offense-specific therapy for the offender, and (c) polygraph examinations conducted by highly qualified and specially trained investigators. The criminal justice supervision activity is informed and improved by the information obtained in sex-offender-specific therapy, and therapy is informed and improved by the information obtained during well-conducted postconviction polygraph examinations.

The three components are effective only if they work cooperatively, as appears to occur with many cases processed in many jurisdictions nationwide.⁸ Nevertheless, the first anchor on the triangle is the criminal justice system. Sexual assault is a crime, and the criminal justice system has primary jurisdiction over convicted sex offenders. The criminal justice system has important containment power when it uses well-trained, multi-agency teams and supervision tools, such as surveillance officers doing unanticipated home visits, urinalysis testing, verified law enforcement registration, detailed presentence investigations, lengthy terms and special conditions of supervision, employment restrictions, and clear and consistent sanctioning practices.⁹ Consistent plea bargaining is an important part of a successful containment strategy because certain pleas, such as Alford, no-contest pleas to nonsex crimes, and even sentences to diversion programs, minimize the seriousness of the behavior and can inadvertently reinforce an offender's denial of the crime.¹⁰ Pleas to nonsex crimes are discouraged, and the factual basis of the crime should be entered as part of any plea agreement.

A key contribution of the criminal justice system to the containment approach is the consequences it can leverage against the offender whenever the conditions of community supervision are violated. Without this constant pressure to adhere to the behavioral expectations detailed in the conditions of supervision and the treatment contract, community safety is dependent on the goodwill of the offender. Even the most motivated client needs serious consequences leveraged on his or her behalf to support him or her in moments of dangerous weakness. The criminal justice system, in the containment strategy, provides external controls and meaningful consequences that can occur only within a legal environment. According to Herman (1989), "Vigorous enforcement of existing criminal laws prohibiting sexual assault might be expected to have some preventive effect since both the compulsive and opportunistic offenders are keenly sensitive to external controls" (p. 188).

⁸For further information, contact officials in Jackson County, Oregon; Ontario, Oregon; Multnomah County Oregon; Clakamus County, Oregon; Maricopa County, Arizona; Arapahoe, Boulder, Jefferson, and Mesa Counties in Colorado; Massachusetts State Police/Framingham, Massachusetts; Division of Community Corrections in Everett, Washington.

⁹One district judge in Colorado refuses deferred judgments for sexual assaults, but when the case is weak will enter this judgment and attach strict conditions of court supervision to increase the likelihood that dangerous offenders will violate and return to court on a revocation, only to have the deferred judgment stricken and the original sentence imposed.

¹⁰Salter (1988) described multiple levels of denial: denial of the acts themselves; denial of fantasy and planning; denial of responsibility for the acts; denial of the seriousness of the behavior; denial of internal guilt for the behavior; and denial of the difficulty in changing abusive patterns.

Vigorous enforcement translates into surveillance strategies that are geared to each offender's idiosyncratic assault patterns—that offender's method of operation combined with criminal justice consequences when the offender engages in preassaultive behavior. For example, if an offender uses the Internet for sexual gain, the terms and conditions of probation or parole must prohibit the offender from owning or accessing a computer, and the consequences for failing to comply with parole or probation conditions of supervision might be 3 days to 3 weeks in jail, or longer. Likewise, depending on the offender's habits, telephone bills must be scanned for 900 numbers (one offender in Maricopa County, Arizona, had to take out a second mortgage to pay for \$24,000 in bills for 900 calls). Home visits must be unscheduled, and officers must look for toys, children's videotapes, animal crackers, and catalogs that are dog-eared at the children's underwear section. Bindings such as silver tape, wire, shoelaces, and bungee cords become the target of searches of homes and automobiles. In some jurisdictions such as New York, state law prohibits searching for anything beyond that which is in plain view.¹¹ Such laws which are based on the protection of individual rights, may inadvertently protect dangerous sex offenders by granting them what might be argued as excess privacy. I recommend public-safety-based modifications of such laws in cases of convicted sex offenders.

Sex-offender-specific treatment, a second anchor in the triangle, assists clients to develop internal controls over deviant thoughts and behaviors. The Colorado Sex Offender Treatment Board (1996) defined *sex-offense-specific treatment* as "a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts and behaviors"¹² (p. 9). Sex-offense-specific programming focuses on actual sexual behavior, arousal, planning, and rationalizations, not stress, alcohol abuse, or childhood injuries because these distract from important work pertaining to directly and immediately stopping the abuse. Related issues are addressed in time, and often simultaneously, but first the offender must fully assume responsibility for the damage he or she has caused the current victim(s) and take all measures necessary to prevent the future abusive behaviors.

Sex-offense-specific therapy is unlike traditional psychotherapy. Treatment providers care best for the client by not first trusting the client's word but by seeking corroborating information. The therapist immediately targets behavioral and attitudinal changes because a client's current beliefs and actions likely represent a threat to the community. Unlike traditional therapy, counselors will not support the client's lifestyle when it revolves, even remotely, around accessing victims unless a myriad of safety nets are in place. Also, by using criminal justice system consequences, therapists help to motivate nonvoluntary clients to engage in treatment, complete homework assignments, and learn and use the tools of internal management.

¹¹It is possible that when the New York legislature amended P.L. 65.10 by adding subdivision 5 in 1996, allowing the court to impose reasonable probation conditions when the court determines such conditions are necessary or appropriate to ameliorate the conduct which gave rise to the offense, that surveillance methods based on specific offending patterns of individual offenders might become allowable. My thanks to Janice E. Taylor, general counsel to the New York City Department of Probation, for clarifying this issue.

¹²I am particularly grateful to Linda Jones for her work with the Colorado Sex Offender Treatment Board in drafting the 1996 Colorado Standards.

Sex-offense-specific treatment providers seek to obtain from the client, in a group therapy setting, descriptions of misguided thinking patterns, rationalizations, psychological defense mechanisms, and step-by-step methods each client uses to set up opportunities to assault victims. According to Pithers (1990), founder of the Vermont Prison's sex offender treatment program,

Although victims may be selected opportunistically, the act itself has generally been nurtured for a considerable time in the offender's most secret fantasies. The sex offender's deviant fantasies are tantamount to planning sessions for the refinement of future behaviors. (p. 334)

Thoughts and fantasies are the stuff of therapy, not criminal justice supervision. Regardless of whether therapy works,¹³ its role in the criminal justice containment strategy is, at a very minimum, to get inside the offender's head and obtain the method-of-operation information necessary for criminal justice officials to safely manage the offender and protect potential victims.¹⁴ Of course, treatment also provides the offender with self-management skills, and, by linking treatment to surveillance, public safety is enhanced. Furthermore, offenders may need to be pressed into a nondeviant lifestyle for some time—through close surveillance—before he or she begins to see its value and internalize the behaviors necessary to live safely and productively.¹⁵

By working with the therapist, the supervising officer can learn the offender's long-term patterns that precede actual assaults and tailor each offender's conditions of supervision to target his or her specific assault precursors. The officer can then restrict employment, driving, leisure-time activities, and other at-risk ventures as necessary. In cases of noncompliance with treatment or supervision requirements, officers can request that the court or parole board consequence the offender with supervised community service, jail time, halfway house placement, or long-term prison sentences. The key is detecting, for possible supervision revocation, at-risk behavior rather than new assaults.

This level of surveillance requires time, so probation and parole officers working toward a containment strategy should have a caseload size limited to 25. It is not uncommon for sex offender specialists to have caseloads that number in the hundreds, and under such circumstances, public safety cannot be secured. Reallocating criminal justice resources to safely implement a containment approach seems feasible. If the cost of incarceration averages \$20,000 per year per offender (for juvenile offenders, it is usually double this figure), then for every year that four adult offenders are aggressively supervised in the community rather than in prison, at least \$80,000 of public funds can be redirected to lower the caseload size for sex offender specialists. Construction costs may be estimated at \$80,000 per cell; if construction costs are avoided for four offenders, an additional one-time

¹³Ample evidence exists that certain types of intervention may work for certain types of sex offenders (see English, ch. 18 in English et al., 1996), but most of these studies rely on arrest records, which is an insensitive indicator of actual offending.

¹⁴I am grateful to Peggy Heil, Director of the Sex Offender Treatment Program at the Colorado Department of Corrections, for helping me understand this specific value of treatment.

¹⁵I am grateful to Sam Olsen, Jackson County, Oregon, Probation and Parole officer, for helping me understand this aspect, and so many others, of the containment strategy.

cost of \$320,000 could be reallocated toward aggressive community containment and victim services.

The third anchor in the supervision triangle is the postconviction, polygraph examination conducted by an examiner who specializes in sex offender exams. Data obtained from postconviction polygraph examinations are used to inform the treatment plan. Similar to a physician, psychotherapists cannot design a meaningful treatment plan without full knowledge of the offender's problems, current and historical. Furthermore, supervising officers cannot monitor the risk an offender poses to community without knowing all the types of opportunities and victims that attract the offender. The value of the polygraph examination in obtaining additional information that is helpful to case supervision and clinical intervention is well-known by those who use this tool.¹⁶

The postconviction polygraph examination is used to detect previously undisclosed deviant interests, behaviors, types of victims, and preassaultive behaviors (e.g., stalking or looking at pornographic material) that indicate a certain offender is approaching a level of imminent danger, either to a specific victim or to the community at large. The risk behaviors vary across offenders—they are as varied as any human's sexual interests and preferences—and the treatment provider, supervising officer, and other team members must work together to develop the most meaningful polygraph questions.

The postconviction polygraph examination is to sexual offenders what the urinalysis drug test is to drug offenders. It is an independent source of information that is not contingent on the offender's self-report. Its use in the containment strategy requires a highly qualified examiner that is a member of the American Polygraph Association and who has received special training in clinical testing with convicted sex offenders. The polygraph examiner is a critical member of the supervision team. The examiner plays a very distinct role within the containment system, and this role should not be contaminated by the training of therapists or officers to become polygraph examiners.

The polygraph report is released to both the treatment provider and the supervising officer. The report contains detailed information about disclosures obtained during the examination. The report identifies the questions asked of the offender and, using a computerized scoring system, presents the probability of error for each truthful or deceptive response. It is quite common to obtain inconclusive results on any given question, and this finding reflects a lack of data on the physiological measures and should not be interpreted otherwise (it is common for nonpolygraph professionals to infer a deceptive finding when inconclusive results are found).

The value of the postconviction polygraph seems undisputed among those who use it. Findings of multiple, previously undisclosed victims and paraphilias have been reported by researchers studying sex offenders and polygraph data (Abrams, 1991; English, Heil, & Alhmeyer, 1998; Hindman, 1988).

The value of the polygraph is reflected in its growing use in the community management of sex offenders. In 1995, the Tennessee legislature passed a law that

¹⁶While conducting the field research that serves as the foundation for the description of the containment approach, numerous probation and parole officers reported that they considered the polygraph an essential component of community supervision of sex offenders. Many reported that they would not supervise this population without it.

made polygraph testing mandatory for sex offenders on probation (Tennessee House Bill No. HB0308, 1995). Since January 1996, Colorado has required the use of the polygraph in the treatment and monitoring of all sex offenders who are serving community sentences. On July 1, 1998, Wisconsin removed statutory barriers in the use of the polygraph with sexual offenders. California, Colorado, Florida, Indiana, and Texas have developed guidelines for polygraph examination with sex offenders, and at least three other states, (Oregon, Washington, and Wisconsin) are seeking to develop guidelines at this writing.

According to Colorado polygraph examiner J. Jenks (personal communication, August 18, 1997), the value of the data generated from an examination is tied directly to the ability of the examiner. Professionalism, accountability, and objectivity are key requirements, along with special training in conducting exams with this special population. The National Association of Polygraph Specialists in Sex Offender Testing/Monitoring (the members of which belong to the American Polygraph Association) has recommended core requirements for sex offender examiners, including the documentation of conducting at least 500 specific-issue polygraph examinations and a minimum of 20 hr of annual training in the area of sexual assault. In addition, Jenks recommended videotaping every examination to monitor professionals for quality control and to document offender disclosures that they may later recant. Colorado standards for managing adult sex offenders require the use and 3-year storage of such videotapes.

Question construction is a key factor in the validity of the polygraph examination. Questions must be specific and time-bounded, and the words used in the questions must be clearly understood by the client. A clinical, sex-offense-specific exam takes at least 1.5 hr and consists of three phases: the pretest, the actual test, and the posttest. During the pretest, the questions are presented to the client, words are defined, and the examination process is explained. During the actual test, the offender is connected to the machine to obtain measures of respiration, Galvanic Skin Response, and cardiovascular interbeat intervals. The exam is completed and is immediately scored. The posttest consists of an interview between the examiner and the client, and the offender is given an opportunity to amend answers given during the prior test phases.

According to the Association for the Treatment of Sexual Abusers (ATSA, 1997),

The polygraph's utility lies in its ability to elicit information not available through traditional interviewing techniques. When utilizing polygraph examinations with sexual abusers, therapists should work in conjunction with polygraphers in developing protocols for pre-examination interviewing, question formulation, reporting and use of results. Specific decisions relative to instrumentation, interpretation of data and questions formulation should be made by trained polygraph examiners.¹⁷ (p. 52)

The polygraph is used in three ways in the containment of sex offenders. The sexual history examination, included as part of a comprehensive psychosexual evaluation, is used to obtain an abuser's lifetime sexual history. This examination ideally focuses on the offender's self-reported sexual history as disclosed in therapy and written as an ongoing homework assignment. Indeed, the verification

¹⁷ATSA devotes six pages to the polygraph examination (pp. 52-57). The Standards are available from ATSA, 10700 Southwest Beaverton-Hillsdale Highway, Suite 26, Beaverton, Oregon.

of the frequency and range of behaviors, numbers and types of victims, and the ages that paraphiliac behaviors commenced is essential for the development of a relevant treatment plan and a safety-oriented surveillance strategy. The specific-issue examination focuses on a specific allegation or behavior. Finally, the maintenance examination is conducted periodically to assess the offender's compliance with treatment and supervision requirements. Maintenance polygraphs should be used frequently when the supervision team has reason to believe the offender may be at risk of reoffending. The Department of Defense Polygraph Institute (Dollins, Cestaro, & Pettit, 1995) reported the efficacy of repeated polygraph testing for the Zone Comparison Test, so concerns about the habituation of offenders to frequent polygraphs may be unfounded.

Disclosures of new crimes may be handled in a variety of ways, from granting limited immunity, to requirements that new disclosures of crimes not reveal names, dates, places, or other prosecutable information, to granting no immunity. Whatever the approach, it must be agreed on by local criminal justice officials and become an explicit part of an overall containment strategy. When a supervision program "minimizes the importance of the actual behavior and does not provide any concrete method for monitoring it, failures are likely to go unrecognized, sometimes with disastrous consequences" (Herman, 1989, p. 184). The use of the polygraph every 3 to 6 months (and perhaps more frequently) in the context of a containment strategy, with clear consequences for failure to disclose, may minimize this type of failure.

One frequently unanticipated consequence of instituting the polygraph in the supervision of sex offenders is the emotional impact the new information has on workers. Many people cope with this difficult subject by staying uninformed about it to various degrees. Denial seems to be an important part of the sex offender's manipulation pattern, and it also can help containment professionals manage their stress. However, information obtained after jurisdictions begin using the polygraph disallows this coping mechanism. Many professionals who work with sex offenders become traumatized by the scope of deviant behaviors, the details of the abuse, and the numbers of victims hurt by offenders, and when such information gets multiplied every time polygraph details about a new case are obtained, professionals may begin to experience, on a very personal level, the pain of victims and perpetrators. When this occurs, professionals experience secondary trauma. Secondary trauma is likely to increase when jurisdictions introduce the use of the polygraph examination in the containment strategy.

Empathy and exposure to traumatic material are the forces behind this difficult syndrome, also called *compassion fatigue* (Figley, 1995; Stamm, 1995). Police, firefighters, and other emergency workers report that they are most vulnerable to compassion fatigue when dealing with the pain of children (Beaton & Murphy, 1995). "Trauma is contagious," said Herman (1990, p. 180). Add to this the fact that most sex offenders target criminal justice workers with their abuse of power and manipulative behaviors, and professionals are frequently left feeling shocked and overwhelmed (Pullen & Pullen, 1996). Because the containment system requires offenders to disclose the full scope and frequency of their abusive behaviors, key power holders in jurisdictions that implement the containment strategy should endorse and implement policies that help professionals with burnout, isolation, generalized feelings of mistrust, and other symptoms of

secondary trauma. These policies can include limiting caseload sizes, working in teams, frequently training on issues that include coping with trauma, supporting flex time, providing time for exercise, and valuing socializing.

Component 4: Informed and consistent public policies. The fourth component in this comprehensive approach requires the development and implementation of informed, consistent, and collaboratively generated public policies and agency protocols in regards to sex offender management. Ideally, local criminal justice practitioners are actively involved in creating public policy at all levels of government. That is, informed policy requires experts in sex offender management to work with state legislatures, governors, and state judicial and corrections departments to assure that the policies reflect the latest thinking in this ever-evolving field. Consistency is key, and as we have described elsewhere (English et al., 1996, p. 2.14), written guidelines should address, but are not limited to, the following:

- Timelines for victim reporting (Epstein and Langebahn, 1994);
- The acceptance or rejection of plea agreements in cases of sexual assault;
- The weight given in sentencing to an offender's denial of the crime;
- The use of polygraph information;
- Family-reunification-assessment protocols;
- Confidentiality waivers;
- Investigation procedures;
- Crisis intervention;
- Presentence investigation report information;
- Failure to progress in treatment;
- Revocation procedures;
- Third-party liability-duty to warn potential victims;
- Employment restrictions for sex offenders under criminal justice supervision;
- Length of community supervision (i.e., lifetime);
- Management strategies to deal with burnout and secondary trauma;
- Special supervision conditions, modified as more information about the case is disclosed through treatment and polygraph exams;
- Clear, felony consequences for sex offenders who fail to register with local law enforcement;
- Blanket immunity for containment professionals who act in good faith to safely and thoughtfully implement community notification laws; and
- Protocols to enhance team functioning when fragmentation occurs.

The range of activities that require such documentation is quite large and is reflected in the description of the other components of the containment approach. However, the primary activity among the components is the need for open communication and information-sharing at all stages of the management of sex offenders.

Component 5: Quality control. The fifth and final piece required to systematically contain sex offenders within criminal justice jurisdictions requires the implementation of quality-control mechanisms. Quality-control activities range from regular, multi-agency case review meetings to ensure prescribed practices are delivered as planned to the sophisticated collection of data-tracking offenders who fail in treatment or commit new sex crimes, as occurs in the Maricopa County (AZ) Probation Department.

Systematic monitoring of the processes of service delivery is vital to the

success of the approach described here. Sexual abuse cases are difficult to manage, and the offender generally attempts to manipulate the system and the criminal justice professional just as he or she did the assault victim(s). Containment professionals can burn out, get soft, miss red flags, or become cynical and otherwise ineffective. Working together as a team is the first line of defense against these common phenomena. To maintain the humanity and integrity that is the core of the containment system, policymakers must proactively develop and implement mechanisms that hold professionals accountable along with sexual abusers.

Honest communication among team members and strict adherence to agreed-on protocols are the first steps in a continuum of quality-control mechanisms. The next level is ongoing monitoring. The next step is process evaluation that brings together stakeholders to collectively define some of the most important aspects of a process evaluation and identify the questions to be addressed and the measures to be used. Such studies are the best vehicle for program directors to document success and get the necessary feedback to identify and resolve problems.

Quality-control measures include clear descriptions of the target offender population, the program selection process, dropout–revocation rates, and staff training. In the criminal justice community, program success is often measured according to whether an offender is rearrested in a given time period. Arrest is an inadequate measure for sexual recidivism because most offending goes unreported. And it is a particularly challenging measure when the objective of the containment system is to detect, detain, and, when necessary, sometimes revoke offenders before the commission of a new assault.

Most professionals in jurisdictions that implement an aggressive containment strategy are collecting data that can be analyzed and fed back into the program and also to policymakers. Such efforts help clarify failure and success and contribute to the knowledge base of an ever-evolving, innovative public safety model.

The Containment Approach Is Evolving

The containment strategy is based on empirical data and theoretical concepts that are consistent with the best available information from the field. As new studies are conducted and published (about risk for reoffense, psychopathy, hormonal therapy, aggression and the brain, surveillance tools, and the impact of broad public policies such as public notification and civil commitment), the containment strategy will reinvent itself, prioritizing victims while influencing and being influenced by larger public policy debates.

Until a full-scale process and outcome evaluation of the containment approach is completed, anecdotal data obtained during field interviews reveal important support for the containment strategy for managing adult sex offenders who are serving community sentences:

- Many probation and parole officers believe containment strategies result in an increased likelihood that offenders will be officially detected committing preassault behaviors that, otherwise, might have escalated into sexual assaults.
- Many professionals engaged in collaborative efforts say that they better understand the responsibilities of their colleagues in other agencies and can better provide them with the information they need and that they, in turn, receive better information from other agencies.

- Professionals report fewer conflicts among each other because they are all working toward similar, explicit goals.
- Local victim organizations, including rape crisis centers, generally support containment strategies.
- Professionals directly responsible for containing sex offenders say that they feel they have more control of their clients and more influence on criminal justice decisions that affect their cases.
- Offenders often pay for their treatment and portions of their supervision, and sometimes they pay for their victim's treatment.

Conclusion

The *Rape in America* (Kilpatrick et al., 1992) report is a reminder that most (84%) of sexual assaults are never reported to officials. Researchers and policymakers should use the attention currently riveted on this issue as a springboard to better understand and prevent the problem of sexual assault. Now is a time for careful research, judicious dialogue, and innovative programming.

As the media and the public focus on policies driven by heinous, but relatively rare, sex crimes, truly challenging problems loom ahead. Many cultural norms nurture environments in which some humans are objects to be overpowered by others in the name of power and sexual gratification. Although this last issue is obviously beyond the scope of this article, the public's interest in sexual crimes gives researchers and policymakers an opportunity to examine the problem of sexual assault with a wide-angle lens: The containment approach, civil commitment, and community notification are important but narrow components of the public safety discourse. The momentum from the current sex offender control policies must be used to spur thinking and challenge assumptions. For example, the responsibility for managing this social problem falls squarely on the shoulders of child and adult rape victims to report the crime,¹⁸ yet most victims never tell a law enforcement agent. Without understanding this phenomenon, criminal justice professionals will never access many offenders who would benefit from involvement in the containment strategy.

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¹⁸I am most grateful to Fran Henry, President of STOP IT NOW!, for helping me understand this important component for building a safer society.

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