



I8 Do Sex Offenders Secretly Reoffend During Treatment?

Thanh Ly, BSc, 59 Willwood Crescent, Ottawa, ON K2J 2Z5, CANADA; and J. Paul Fedoroff, MD*, Royal Ottawa Hospital, 1145 Carling Avenue, Ottawa, ON K1Z 7K4, CANADA*

The goals of this presentation are to provide insight on: (1) the likelihood of unreported sexual reoffenses occurring during treatment; (2) which sexual reoffenses are more likely to occur; (3) the likelihood of sex offenders disclosing their reoffenses to health care professionals; and, (4) the period sex offenders are more likely to reoffend.

This presentation will impact the forensic science community by debunking misconceptions of persons who have committed sexual offenses. Attendees will become more aware of the types of reoffenses that are most likely to be secretly committed by sex offenders. Persons undergoing treatment for problematic sexual behaviors will be given hope that the treatment outcome is usually positive.

It was hypothesized that if reoffenses were reported, hands-off reoffenses were more likely to occur than hands-on (contact) reoffenses. The other hypothesis was that the majority of relapses and/or reoffenses would have occurred between six months and one year of treatment, if any were reported.

The methodology of this study is unique in the sense that it is virtually untraceable and provides complete anonymity and confidentiality to its participants. An anonymous poll booth was set up in a room where group therapy normally takes place and was located away from cameras and possible prying eyes. Participants were instructed to complete the survey during the break or discreetly during group therapy. They were to go behind the cardboard trifold and had the option of wearing cotton gloves in case of concerns regarding tracing their responses through fingerprint analyses. Participants were also instructed to use the felt-tipped pen provided so all answer sheets would look identically filled and their responses would be untraceable through any form of handwriting analyses. After completing the survey, they were to drop their responses through the slit of a sealed cardboard box. Before starting the survey, a deck of cards was passed out to all participants and they were to choose one card from the deck. The research assistant had a second deck of cards, which was identical to the first deck given to participants. The second deck was shuffled in front of the participants and a card was randomly selected from the deck. The group was told that the participant with the matching card was told not to reveal himself/herself and was also told to complete the survey with false responses and claim that he/she had reoffended. This would provide assurance to participants that if they had disclosed reoffenses, it would be virtually impossible to distinguish their disclosure from the assigned liar's disclosure. Participants then completed the survey discreetly during group or during the break.

Results of the study revealed that the majority of sex offenders did not reoffend while in treatment. When reoffenses did occur and were not reported, the majority of those reoffenses were breaches of conditions. The least likely re-offense to occur, even in secret, were contact offenses that involved sexual touching of a child and/or sexual touching of an adult. Re-offenses were also most likely to occur between the first six months and one year of treatment. Those who had secretly reoffended were also unlikely to disclose their relapses to their doctors.

Given that most reoffenses reported were non-sexual breaches, professionals in charge of supervising and/or re-integrating offenders back into the community can improve on preventing breaches. Since pornography-related offenses were the second-most likely to occur, prevention methods may need to be installed to reduce accessibility of illegal pornography. Furthermore, these results inform professionals that treatment can prevent reoffenses, but when reoffenses occur, it is unlikely their patients will disclose those incidents. It also cautions professionals to be vigilant of potential reoffenses during the first six months to one year of treatment. Future research should investigate factors that increase the likelihood of disclosure to health professionals or disclosure of a pending relapse.

Sex Offender, Paraphilia, Sexual Reoffenses