Participation in treatment programs

Management of sex offenders on community-based orders

Notification and disclosure of information about sex offenders

Fact Sheet

July 2008

Sexual offender myths and facts

Myth: Most offenders who commit sexual offences do not know their victim.

False: 90 per cent of child victims know the person who abused them (Crime and Misconduct Commission, 2000).

Myth: Most child sexual abusers use physical force or threat to gain compliance from their victims.

False: In the majority of cases, abusers gain access to their victims through deception and enticement, seldom using force. Abuse typically occurs within a long-term, ongoing relationship between the offender and victim and escalates over time. This is referred to as "grooming".

Myth: Most child sexual abusers find their victims by frequenting such places as schoolyards and playgrounds.

False: Most child sexual abusers offend against children whom they know and with whom they have established a relationship. Most offending occurs within the victim's or offender's home, which is often one and the same.

Myth: Sexual abusers are mentally ill.

False: There is no relationship between mental illness and sexual offending.

Myth: Most sexual offenders will reoffend.

False: While the base rates of sexual re-offending differ according to offence type and other individual characteristics, in general, studies have shown re-offence rates for child sexual offenders that range from 13-20 per cent. In other words, of every 100 child sexual offenders, between 13 and 20 will reoffend. They are more likely to commit a non sexual offence.

As a comparison, studies have shown that about 45 per cent of non-sexual offenders will be convicted of a further offence within three years of release from prison.

Myth: Most sexual offenders are caught, convicted and sent to prison.

False: Research from overseas and here in Australia has identified that for a range of reasons, most sexual offences go unreported, particularly when the offence is committed by an intimate, friend or acquaintance. Offences are more likely to be reported when they have been committed by a stranger, the victim is physically injured or a weapon is involved.

For those that do make it to court, difficulties in substantiating evidence can mean even fewer cases actually make it to trial. It is generally felt that those offences which do make it through the courts represent only a small proportion of the offences committed.

Myth: Treatment for sexual offenders is ineffective.

False: Group-based sexual offending programs which use a combination of cognitive behavioural treatment and relapse prevention methods to target the criminogenic needs which are directly related to sexual offending, have been found to reduce sexual reoffending overall by up to 10 per cent. Given the impact of offending, any reduction in re-offence rates is significant.

Myth: Treatment should be mandatory for all sexual offenders.

False: Contemporary best practice is not to mandate treatment for sexual offenders. Those who are not motivated and forced into treatment are likely to be disruptive to the group, negatively influence other participants and increase group member's risk of re-offending.

There is also strong evidence to show sexual offenders who commence but do not complete a program are at increased risk of re-offending, greater even than offenders who do not commence a program.

Sexual offenders who deny their offending or otherwise refuse to participate in the appropriate intervention program are referred to a preparatory program which aims to address any barriers to treatment. A number of strategies, including motivational interviewing, are used to encourage all offenders to participate in treatment.

Myth: Sexual offenders should serve out their full sentences with no chance of getting parole so they are kept out of the community for longer.

False: Sexual offending programs provided in prison can assist sexual offenders to develop new ways of thinking and behaving. Transitional support programs and services can link them appropriate support mechanisms after release and help them secure housing and get jobs. These factors have been shown to further assist offenders in avoiding re-offending. Without the option of community supervision, most sexual offenders would get out of custody without any additional requirement to engage in treatment or any supervision controls to effectively manage their sexual offending behaviour. Managing sexual offenders who are amendable to treatment and can be supervised safely in the community following an appropriate custodial sentence can serve to prevent future victimisation while also saving taxpayers dollars.

In cases where a sexual offender is considered an ongoing risk to the community, the state will apply to continue detention or supervision under the new DPSOA legislation.