

Faces of the Registry

I have worked with juvenile and adult sex offenders since 1999, starting in Illinois, and since 2002 in North Carolina. Because of my early experience in Chicago, I have garnered an “expert” status recognized by the courts, probation, and the Department of Social Services in the State of North Carolina. With well over 2000 hours of supervised counseling experience with the sex offender population, I am one of only a few clinicians recognized to treat this population in the eastern part of our state. For that same period of time I have also worked with victims; child, teen and adult; male and female, and their families. In my spare time I am a marriage counselor.

Beginning with Megan’s law , passed in 1996 by Bill Clinton, sex offenders have been required to register on a state sex offender registry with community notification. Young Megan Kanka was a Michigan youth kidnapped, raped and killed by a neighbor who had been previously convicted of a sex crime. Additional laws have been enacted in the years since, particularly Jessica’s Law, a 2007 law named after a young Florida victim. This law advances mandatory sentencing and electronic monitoring upon probation.

I completely support the registry, notification, and mandatory sentencing – for high risk sex offenders. Unfortunately, the registry in no way distinguishes between a 20 year old convicted of statutory rape with his 15 year old girlfriend vs. a true pedophile who is predatory and dangerous. The requirements of the registry are the same. And once on the registry, an offender is on the registry for at least ten years. A person convicted of a sex offense, including statutory rape, on-line solicitation, downloading and trading of child pornography, “sexting”, indecent exposure to a child, sexual exploitation of a child, indecent liberties are all examples of possible low risk offenders who may pose little risk to the community. While I don’t condone any offense, I have a hard time justifying in my mind the overall punishment to some offenders. Once on the registry jobs are virtually impossible to find, seeing one’s own children may come in question. If you are age 20, convicted of statutory rape, and later wish to marry a woman with children – you and your family may have a long road ahead with courts and the Department of Social Services. Trying to prove there is no risk to other victims is an impossible task. And, who wants to make that judgment?

Compare this to the treatment of a convicted murderer. He/she will serve their time, and never enter the public domain. He could live next door to you. You will not know. However, you will know about the twenty year old convicted of statutory rape.

Years ago sexual abuse was a private concern. Most often happening within families, it was more of a family problem than a legal or child welfare issue. Especially in cases of sibling abuse, a “boys’ will be boys” attitude justified and minimized the sexual curiosity and exploration of older brothers with younger siblings whether or not the abuse was minor or substantial. In today’s’ world, we know that even minor exploitation affects victims.

A one time incident of groping by our favorite uncle is unfortunately not an unusual experience for women. Retrospective research reveals an incidence rate of 1 in 3 girls is sexually abused by age 18, 1 in 7 boys. I don’t doubt this. These figures include the whole spectrum, from childhood sexual abuse, to date rape, and includes even minor incidence of inappropriate behavior that never went any further due to victim resistance.

When I was age eleven, I spent a lot of time at a neighbor's home. He was a professor of English, and I was an avid reader. I enjoyed his library and talking about the "big ideas". I loved to visit him. One day, as I was leaving, he pulled me to him and attempted to land a French kiss. I was horrified and quickly left. I never went back and I also never told anyone. It was embarrassing. When I reflect now, I can identify very obvious grooming techniques. Of course I knew none of that at age eleven. I had become a statistic, one of the one in three. Do I feel damaged? Certainly not. I was just angry. I was furious that he had taken advantage of our relationship, and how much I liked talking to him about books. I had given him my curiosity, my respect and at the end of the day, he was after different game. But, these are the same dynamics that lead other children into the clutches of predators. Thankfully, I was pretty resilient. Not all victims are. I suspect that his own children were less able to escape his sexual interests.

I have worked with many, many victims. I have seen horrible abuse, ritual abuse, cults, extended family abuses; victims who can hardly talk even two or three decades later. I have always felt that I was better able to help victims by my work with offenders. Victims come to believe whatever distorted lie the offender told. The very lie an offender uses to justify their own behavior, becomes the victims own shame. "We will get in trouble if you tell. Mommy will be mad". What do you do with that when you're seven? What children internalize is that THEY are bad, THEY will get in trouble, mommy will be mad at THEM.

In treatment with victims, I work hard to hear the voices of their offenders because I know that is the shame they carry, that internalized voice. In treatment with offenders, I get to hear their minimizations, justifications, and so on. The stories are not always so different. I know the mind of a sex offender.

They are not all bad. Especially among juveniles, many were abused themselves. Some adults are pedophiles, most are not. Crimes against post puberty children are rarely committed by pedophiles. Our entire culture glamorizes a youthful body. Advertisements hint at adult and teenage sexual interest. The man who flirts with the babysitter. The new teacher who plans ways to be alone with teenage students. A current commercial for throat lozenges shows a boy who interrupts his mother sucking on a throat lozenge given to her by his equally young roommate, because the tension between them has become too sexual. This is the pulse of our culture. It is not healthy, but it is the daily news. It is so ingrained, that sexual interest in a teenage, post puberty female is considered normal sexual interest when assessing deviant interest through specific testing.

To some degree, what is normal, is what we say is normal and is socially contrived to some degree. Homosexuality was a diagnostic mental disorder until 1980. Today it may be considered immoral by some, but certainly not a diagnosis of mental illness. If one considers the bell curve which describes the distribution of most traits, including sexual interest, one would expect the great majority of people to be sexually attracted to the opposite sex, basically the same age, and most often the same ethnicity. However, there are people who have other attractions. I lived in Hawaii for ten years. In Hawaii there are many individuals of Asian descent. I never had any sexual interest in an Asian man. It is not based on any cultural bias, stereotypes, or racism. I liked Asian people, I just had no sexual interest in the men. There is research from the fields of sociology that shows most people are sexually attracted to those of their own race. However,

on either end of our bell curve we will see people who are interested in different races, different ages, etc. Unfortunately, if you are exclusively attracted to children, you are destined to a life at the far end of the bell curve, with a lifelong struggle with sexuality.

Some people really are sexually attracted only to children. That is hard for most of us to imagine. But, it is not hard to imagine a glint of deviant sexuality, if one is honest, a stray fantasy that is quickly buried based on the knowledge that some thoughts are wrong. However, if these stray thoughts are your only sexual attraction, they become a daily diet, then individuals will be tempted to offend, and re-offend. The most dangerous offender is one who has young male victims. This person will have many, many victims. There is no good ending.

Yet at the same time, we define even low risk sex offenders by the worst 30 minutes of their life. Perhaps this is justifiable, and of course for some it is not 30 minutes but many episodes. But, what if each of us was labeled and defined by the worst 30 minutes of our lives? Labeled, registered and known as "The Infidel", "The Thief", "the Murderer", "The Prostitute". 60% of married men have been unfaithful to their wives. Should their worst moments define their future? I realize, of course, that child sexual abuse is not the same as infidelity, but some members of the registry have committed far less egregious behavior. Really.

So, how do we as a society balance these competing needs for protection, for forgiveness and second chances, for rehabilitation, with a pendulum that has swung very, very far from the days of unreporting and benign indifference? As with most social issues, given enough time, the pendulum will again swing toward a more balanced position. The next best step toward balance would be the evaluation of every sex offender, pre-sentencing, using established and accepted risk assessment instruments, to determine a risk level. The science of risk assessment of sex offenders is a keenly studied area. There are multiple risk assessments available, some based on static factors and some more dynamic and including measures of sexual deviance. We, those professional who work in this area, approved by various certifications and clinical memberships, have the ability right now to meet this challenge. We are rarely called upon for these services, because an offender is going to be treated like every other offender. One size fits all.

What would help our communities move toward improved care? Number one, in many states there is a variation in the ability of those who evaluate and treat sex offenders. As clinicians, we cannot expect judicial members to trust our opinions if we have no state standing or understood way of verifying our expertise. In actuality, we do have a means to establish this expert status, but unfortunately it takes an understanding by the judiciary of nuances of training and experience. Most of the judiciary would feel more comfortable with a state recognition of certification or licensing of providers in this field. Just like substance abuse counselors, sex offender counselors need specific standards of training, experience and supervision. Most states utilize the criteria of Clinical Membership in The Association for the Treatment of Sexual Abusers, ATSA. ATSA is the sole organization that represents the research and clinical work with sex offenders. Clinical Membership requires a minimum of 2000 hours of direct treatment under an ATSA supervisor. Most states who have credentialing or licensing standards utilize the same standards of ATSA. When evaluating the degree of expertise, the most stringent standards need to apply. Having state certification or licensing would allow local courts to trust in the assignment of risk by pre-sentencing experts.

The next thing that would help our communities move forward, would be the standard use of a clinical professional in the standardization of risk, which would impact length of treatment needs, risk level as recognized on the registry, and whether any particular sex offender needs GPS community monitoring.

Consider the case of the 30 year old married male who is troubled in his life. He goes on-line and decides to meet with a 16 year old female. On the way to the agreed upon site, he does a u-turn in the parking lot as he changes his mind, and realizes he is acting crazy and really just needs to deal with his issues. He can hardly believe he has gone so far and heads home relieved he has come to his senses. Now, consider the same man who plans to meet with a 15 year old female (or whatever the maximum age prior to the age of consent). He pulls in the same parking lot and does the same u-turn, but this time he is met at the exit by a police car and discovers he is part of a sting. He pleads to an offense because his family can't afford to have him out of work any longer while he is held in jail. He is convicted based on his plea. He is on the registry. There was no actual victim. In the aftermath, he recommits to his marriage.

For the next ten years, he will find it difficult to maintain employment. He will experience harassment at home and at work. When his wife becomes pregnant, a neighbor may call Social Services and they may require him to produce some sort of evidence he is no risk to the child. He may or may not have the funds necessary to defend against these charges which aren't charges at all, but the supposition that if he is on the registry he may sexually abuse children. If he can't afford a defense, he may be forced to leave his home, and if his wife does not support this she may be seen as neglectful to the needs of her child. He may need to leave the house and find a lawyer to gain supervised visitation one hour a week, until things can be resolved. But, no one knows how to resolve these issues and it drags on, and soon his child may become uncomfortable seeing him. The neighbors and her family encourage her toward divorce. After all, his address is her address, and his address is part of the state registry. The mother begins to worry that maybe her child will have to face great difficulty growing up, as part of the registry. Will the neighbors be willing to let their children play with her son? Will her husband have to leave the house everytime a young child visits? Will her husband ever be able to share the second grade Sunday school class she teaches, or coach a little league team? How will the school deal with parental involvement? She eventually visits a divorce attorney.

This is not an unusual scenario. It is the aftermath of the registry.

As mental health providers working with a niche population in a world with pendulums, are we not obligated to advocate for balance, for policies that reflect the real lives of our clients? Can we advocate for sex offenders and at the same time respect the needs of victims and the protection of society at large?

Absolutely, we can and must.