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Introduction

Desistance from offending describes the process of declining, de-escalating, or stopping offending (e.g., Farrall, 2010; Kazemian, 2007). We define desistance here as the state of both stopping and refraining from participating in crime (Laws & Ward, 2011) and we find the most useful descriptions to be those that conceptualize it as a process inclusive of lapses, relapses, and recovery (Farmer, Beech, & Ward, 2011; Tripodi, Kim, & Bender, 2010; Willis, Levenson, & Ward, 2010). We refer specifically in this chapter to a decrease in the frequency, intensity, and seriousness of criminal behaviour that is sexual in nature. Although desistance has been described and observed for those who engage in general crime, we have only recently begun to explore the possibility of desistance from sexual aggression (Harris, 2014; 2015; 2016; Laws & Ward, 2011; Willis et al., 2010).

Our perspectives on desistance further the application of a criminological approach to sexual offending. For example, we simultaneously acknowledge the marked heterogeneity in samples of men convicted of sexual offenses (Harris, Mazerolle, & Knight, 2009; Lussier, Proulx, & LeBlanc, 2005; Simon, 2000; Smallbone & Wortley, 2004), and observe the fact that individuals who commit sexual crimes tend to share more similarities than differences with those who commit nonsexual crimes (Harris, 2008; Harris, Smallbone, Dennison, & Knight, 2009; Simon, 2000). These similarities include the tendency to: engage in a broad range of different offenses (criminal versatility); experience considerable problems associated with substance abuse; and age out of crime naturally. Research indicates that sexual offenders are almost indistinguishable from non-sexual offenders in other dimensions as well. For example, as a group, they generally follow the same age crime curve as that observed in non-sexual offenders (Francis, Harris, Wallace, Soothill, & Knight, 2013; Lussier, et al., 2005); they experience
problematic childhoods, antisocial behaviour in adolescence, and educational difficulties (Harris, et al., 2009); and, many of their crimes can be understood through situational explanations of opportunity and low self-control (Smallbone, & Wortley, 2004).

Dating from the early years of the 19th Century, criminological research has unequivocally demonstrated that individuals who engage in general crime desist from that behavior. The process may be slow, may occur at different ages, contain lapses and relapses, but it occurs. Why should this not be true for those who commit sexual crimes as well? The strong influence of the medical-psychological-legal establishment has inadvertently led to a growth industry devoted to nurturing the belief that there is something very special about “sex offenders,” that as a criminal class they stand markedly apart from other offenders. The belief system that supports this assertion states that they are highly dangerous, repetitive offenders, who may be mentally ill, who cannot be successfully treated, and who will inevitably recidivate. This characterization may be true for a tiny fraction of individuals convicted of sexual offenses but not of the population as a whole.

In forensic psychology the study of desistance is essentially nonexistent although a number of publications clearly show evidence of the classic age-crime curve (Barbaree, Langton, Blanchard, & Cantor, 2009; Fazel, Sjöstedt, Långström, & Grann, 2006; Hanson, 2002; Thornton, 2006). These data are not viewed as markers of desistance from crime. Rather, they are used to modify assessments of risk for reoffense (e.g., Static-99). It is indeed unfortunate that these findings, rather than raising issues and problems with traditional risk assessment methods, have been reduced to the need to identify predictive factors of desistance. A dogged focus on risk tends to obscure the need to look beyond these issues to variables that may promote the desistance process.
Chapter overview and rationale

The rationale of this chapter is to contribute to a necessary reconceptualization of the way we understand and respond to men convicted of sexual offenses. This book expands the way we understand sexual offending by continuing the relatively recent application of a criminological lens to this phenomenon (Harris, 2014; Harris, 2016; Laws, 2016; Laws & Ward, 2011; Lussier & Cale, 2013). This approach has broadened in recent years, and the collection of chapters assembled for this particular volume is a testament to that trend, and, we believe, an encouraging step in the right direction. Applying this approach to the explanation of desistance is the obvious next step as we continue to explore sexual offending within a criminological framework. Also, consistent with this approach we eschew labellist language and instead promote the use of person-first language and thus refer hereafter to our population of interest as “people who have committed sexual offenses.” Labeling someone by the single worst thing they have ever done has evident deleterious consequences. We assert that this approach is more consistent with a truly rehabilitative framework, and we invite our colleagues to follow our lead.

In this chapter, we argue that understanding the process of desistance from sexual offending is imperative and timely. Sexual recidivism rates are continually observed to be considerably low. This observation indicates that desistance is indeed the typical outcome for the majority of men convicted of sexual offenses. Desistance is not a novel concept for criminologists (e.g., Glueck & Glueck, 1974; Laws & Ward, 2011; Sampson & Laub, 1993; Sampson & Laub, 2003), and it is appropriate that we examine its relevance for sexual offending. In this chapter, we provide a new language with which to explain this type of behavioral change, broaden the scope of how we respond to the population who commits these crimes, and offer a
chance to transform the impact that formal intervention and treatment can have on them and the community more broadly.

**Society’s response to sexual crime**

The notion of desistance is difficult to conceptualize for this population of individuals but it is important to note that this is *not* because everyone is correct in thinking that “sex offenders never desist.” We argue that it is difficult to even discuss desistance from sexual offending because of the strongly held assumptions of the criminal justice system and the evolving parallel industry of sex crimes related policy, research, assessment, and treatment. These individuals are managed in a way that simply does not allow for them to ever *not* be a “sex offender.” As we discuss further below, the “profile” of the “sexually dangerous person” or “sexual predator” has been raised beyond any other offense type thanks to the trends in recent decades of the passage of increasingly restrictive pieces of memorial legislation (e.g. Megan’s Law [1996]; Jessica’s Law [2006]; Adam Walsh Act [2006]) that have been aimed specifically at those individuals who commit particularly serious, violent sexual offenses against strangers.

Over recent decades, an “industry” has emerged that connects psychology, psychiatry, sexology, social work, and law enforcement and relies on tools such as polygraphy, plethysmography, and actuarial risk assessment. This industry’s focus is almost entirely upon assessment of risk, the prevention of relapse or recidivism and (to varying extents), the implementation of apparently rehabilitative treatment. For years, the emphasis of the “helping disciplines” in these interventions has been on mandating an individual’s attendance and participation in group and individual therapy, for a protracted period of time.

This therapeutic industry (and, to a greater extent, the criminal justice system with which it intersects closely) assumes recidivism, assumes specialization, and assumes that rehabilitation
is both necessary and effective (e.g., Simon, 2000). The main emphasis of these treatment programs, but also community fears, and sentencing decisions is recidivism and risk (Jeglic, Calkins Mercado, & Levenson, 2012; Petrunik, 2002). In turn, legislatures (particularly in the United States) have passed numerous laws aimed at registering, managing, and restricting the employment, residence, and movement of people convicted of sexual offenses (Jeglic, et al., 2012). This has all occurred against a backdrop of lasting perceptions that sex offenders are destined to reoffend and are always at risk to do so.

The rise of rehabilitation

Two major social phenomena have markedly slowed, but not eliminated, the possibility of any actual rehabilitation or reintegration into the community of convicted sex offenders. These are: (1) moral panic regarding the prevalence of sex offending, and (2) the medicalization of unconventional sexual behavior, the characterization of the sex offender as mentally ill and, therefore, subject to treatment.

Moral panic about sex offending is typically triggered by knowledge of a serious sex crime such as the kidnapping, rape, and murder of a child. Following such an event, the public is fearful that what they know at the moment may be a single instance of a much wider problem (e.g., Sutherland, 1950). The more attention is paid to the current event, the wider the panic grows. Assumptions are made that are disproportionate to the supposed threat. In the case of sex offenders these assumptions include: sex offenders are mentally ill, they cannot be treated for this illness, and reoffense is inevitable. Moral panics about sex offenders wax and wane but they never go away.

By the late 19th and early 20th centuries psychiatrists began to categorize various paraphilias in order to develop a more descriptive system. Readers interested in this historical
progression should consult Laws and Marshall (2003). Hamowy (1977, p. 229) has described the intrusion of psychiatry into a social problem. This was a different approach from treating social deviants as mere criminals.

These two phenomena work hand in hand. Moral panic about sex offending stokes fear and produces misinformation that simply confirms and worsens that fear. Medicalization also serves a pernicious function. If sexual deviation is a mental disease, there must be some way to treat it and restore the person to acceptable social behavior. If that does not solve the problem, then the only alternative is to place the individual in a secure facility where they can do no harm.

In the early years of the 20th Century progressive reformers introduced programs that focused on the individual case rather than treating social deviants as criminals. A treatment program specific to that person and their life history was developed individually (Rothman, 2002). Although the reformers intended their programs to be a substitute to confinement, in reality they became supplements. While progressive programs did not alter the practice of institutionalization, some of their reforms persist to the present day in the form of: probation, parole, indeterminate sentences, juvenile courts, and outpatient mental health clinics (Rothman, 2002).

Laws (2016, pp. 42-45) has summarized the period of early treatment. Legal remedies competed with therapeutic ones. Krafft-Ebing’s (1886) term *psychopathia sexualis* implied that all sexual deviance was a mental disease. Sexual deviance was so believed to be a result of mental deficiency, hence the term “defective delinquent.” Jenkins (1998) described this condition: “perversion, like alcoholism, crime, epilepsy, and insanity, was a byproduct of the “genetic rubbish” polluting the social gene pool and would stubbornly resist conventional legal solutions” (p. 42). Eventually specific programs began to emerge. These included vaguely
focused dynamic psychotherapy groups, music therapy, bibliotherapy, experimentation with psychoactive drugs, and occupational therapy. While many practitioners felt that these efforts were successful, this was not the case. An influential review by Furby, Weinrott, and Blackshaw (1989) found that most of these efforts were faulted in different ways and it could not be demonstrated that these early varieties of treatment had any effect on the subsequent behavior of sex offenders. For sex offenders these approaches did not begin to change until the 1950s.

New treatment efforts began to appear by the 1960s. This time marked the advent of behavior therapy in England and later in the United States. Gradually, other elements of treatment began to be packaged along with behavior therapy. Treatments were developed for clearly related problems (e.g., pro-offending attitudes). These behaviorally oriented interventions were the precursor of what we now refer to as cognitive-behavior therapy (CBT). By the mid-1970s it appeared that this emerging model would be the treatment of choice.

The dominant CBT model has been outlined elsewhere (Laws & Ward, 2011, pp. 99-100) and its main components are summarized below. It is important to consider each of these components within the context of the desistance research provided above:

- Following a comprehensive assessment period where static and dynamic risk factors are assessed and an overall level of risk determined, offenders are allocated to a treatment stream.
- The default etiological assumption is that sexual offending is a product of faulty social learning and individuals commit sexual offenses because they have a number of skill deficits that make it difficult for them to seek reinforcement in socially acceptable ways.
- The primary mechanisms underpinning sexual offending are thought to be social and psychological.
• Treatment is typically based around an analysis of individuals’ offending patterns and takes a cognitive-behavioral perspective.

• The major goal is to teach sex offenders the skills to change the way they think, feel, and act and to use this knowledge to avoid future high-risk situations.

• There are usually discrete treatment modules devoted to the following problem areas: cognitive distortions, deviant sexual interests, social skill deficits, impaired problem solving, impulsivity, lifestyle imbalance, and post-offense adjustment.

• There are specialized programs for adolescents, the intellectually disabled, female sex offenders, and younger children who act out sexually although they are all strongly influenced by the above structure and program content.

• The length of programs vary, but a medium- or high-risk offender will likely be in treatment for at least nine months, and frequently quite a bit longer.

Much research has focused upon evaluating the effectiveness of sex offender treatment programs. It is beyond the scope of this chapter to describe each of these studies in detail but interested readers are referred to Laws’ (2016) recent review of a broad array of individual studies as well as evaluative meta-analyses. In short, he concluded that the results are not encouraging (Gallagher, Wilson, Hirschfield, Coggeshall, & McKenzie, 1999; Grønnerød, Grønnerød and Grødahl, 2015; Hanson, et al., 2002; Lösel & Schmucker, 2005; Marques, Wideranders, Day, Nelson, & Ommeren, 2005). Indeed, despite vociferous claims to the contrary, the evidence for treatment efficacy with this population is not particularly impressive.

**Impact of current public policy/obstacles to rehabilitation.**

One could argue that in its current form, the criminal justice system, and its seemingly therapeutic auxiliaries fails to effectively reintegrate and rehabilitate individuals who have
committed sexual offenses (Laws, 2016). Many of the current methods of formal social control are effective instead at provoking defiance and creating dependence (Farrall & Calverley, 2006; see also Tewksbury & Rolfe, this book).

There are a number of psychological, legal, and social impediments that militate against the achievement of rehabilitation and the pursuit of reintegration for individuals convicted of sexual offenses. These include but are not limited to an emphasis on risk assessment and mandatory treatment, registration, community notification, and residence and community restrictions. We consider each one below.

Risk assessment. Because of the labelling mentioned previously, individuals convicted of sexual offenses are seen as bearers of risk for the duration of their lives. This is largely a result of an initial assessment that is typically made during their first contact with the criminal justice system. An actuarial risk assessment tool such as the Static-99 (Hanson & Thornton, 1999) and its derivatives, based only upon static, historical variables, is sometimes the only instrument available in a jurisdiction. In the absence of subsequent evaluation of dynamic risk factors or criminogenic needs, being labeled as ‘low,’ ‘medium,’ or ‘high’ risk will likely follow the individual during their entire penal trajectory and for the rest of their life. This is especially true for those subject to community notification. We note also that dynamic measures (notably the STABLE 2007 and the ACUTE 2007) are developing and show some promise.

Sex offender registration. Community registration of known criminals has been used in the United States since the mid-19th Century. In recent decades, in response to sensational sex crimes, the level of sophistication and broad sweep of these instruments has increased. At present, the outstanding and most egregious statute is the Sex Offender Registration and Notification Act (SORNA) (Ackerman, Harris, Levenson, & Zgoba, 2011; Terry & Ackerman,
This is the most comprehensive of acts of this sort and appears to subsume all previously enacted statutes. SORNA divides registrants into three “tiers” according to the nature of their offenses. Depending on their assigned tier, registrants are required to update law enforcement as to their whereabouts every three, six, or 12 months, and may be required to register for at least a period of 15 years, 25 years, or life.

SORNA subsequently created a national sex offender registry. States must apply identical criteria for posting offender information on the Internet (name, alias, address, date of birth, employer’s name and address, photograph, scars, etc.). The pernicious effect of this effort is obvious. For example, a low risk offender convicted in his 20s would face a 15 year registration falling precisely in those years when he is attempting to establish himself in a job, get married, have children, buy property, and so on. Information about that person on the Internet could prove fatal to all his efforts.

*Community notification.* Community notification is a “process by which the public broadly and/or a specific community is notified either passively (e.g. information is made available via the Internet) or actively (e.g., information is made available through notices in the newspapers or delivered to homes in a community) about the proximity and presence (e.g., residence, job, or school locations) of a sex offender” (Tabachnick & Klein, 2011, p. 44).

*Residence restrictions.* These vary widely by jurisdiction and arguably represent the greatest threat to an individual’s successful release from custody and reintegration into their community. The basic idea of these laws is to ensure that individuals convicted of sexual offenses do not reside within a certain distance (usually 500 – 2000 feet) of places where children are likely to congregate (schools, day care centers, bus stops, swimming pools, playgrounds, scout dens, etc.) (Ackerman, et al., 2011; Levenson & Cotter, 2005). No study has
yet provided evidence of their effectiveness in reducing sexual crimes (especially against children). In fact, studies increasingly suggest that these approaches do considerably more harm than good (Ackerman, et al., 2011; Levenson & Cotter, 2005; Levenson, Ackerman, Socia, & Harris, 2015)

**What does the emergence of this industry mean for desistance?**

The way that criminology and psychology have intersected here is perplexing. Models of psychological treatment and rehabilitation are largely designed to facilitate behavioral change. Meanwhile, criminological research finds that the largely natural human process of desistance most often occurs in the absence of any intervention or treatment (Farrall, 2010; Farrall & Calverley, 2006; Maruna, 2001). Some people can change without or in spite of the heavy hand of the criminal justice system or the helping hand of treatment (Harris, 2016; Laws, 2016; Laws & Ward, 2011). Accepting this reality is a difficult pill for psychology to swallow because the establishment has built an entire industry predicated upon the apparent necessity to provide rehabilitation to those individuals who are identified as sex offenders.

**What does this mean for the men in treatment?**

Before we close the chapter and present our specific recommendations, we find it useful to include here a selection of quotes extracted from recent interviews with men convicted of sexual offenses and living in the community. The first author interviewed 74 men who were convicted of a contact sexual offense, incarcerated, and subsequently released from custody. Many had served lengthy prison sentences and almost all of them were still participating in mandatory group treatment. The men were interviewed using the Life History Interview Protocol (Harris, 2014; Harris, 2015; Harris, 2016). The emphasis in the interview was on hearing the participants discuss their experience of release, their process of desistance, what worked, and what did not. Although
almost half of the sample had recidivated and been incarcerated twice or more for a sexual offense, every participant denied having offended since their most recent release.

We argue that their words offer a far more vibrant picture of the reality of their lived experience than any of ours could. Of course, it is beyond the scope of this particular chapter to examine these themes in any great depth and interested readers are therefore referred to recent publications where these individuals are described and discussed in more detail (Harris, 2014; 2015; 2016). We simply wish to provide a mouthpiece here for a voice that is central to this issue, yet seldom heard: the service users/consumers themselves:

But I mean, they hype you up so much while you are in [custody]. You know, if you are near a kid you get violated. So how can we go anywhere? I mean, you get out and you’re afraid. We got some guys [in group] that get out and they’re afraid to go grocery shopping. (M14)

People make mistakes all the time but you can learn from the mistake and that’s what they don’t allow you to do. They make you relive the mistake. Relive that whole thing over and over and over and there’s no improvement. You leave and the only thing that’s happened is that they’ve identified you and you’re labelled forever. (M8)

I feel like the system took advantage of me and made, trained me to be a person that I’m not. (B7)

I think it’s just because the thought has been put in my head, that everyone around me seems to be concerned and that changes the whole dynamics of how I look at it. (M28)

It concerns me cos it makes me sit there and look at myself and it’s like, am I a monster? I know I’m not, but at the same time, I look at myself and I’m like, it’s just hard, it’s really hard. (M2)

If I ask any of these treaters, oh yeah, the best I can get out of going through treatment is that I’m less of a threat to the community and I have less of a chance. Eat crap! Y’know? Treatment is useless. You know, for some people it’s good. Okay? In my case, I haven’t found anything useful. (M8)

If our goals are indeed to reduce sexual recidivism, decrease sexual victimization, and encourage desistance then it necessary for us to reconfigure many components of our present approach. To that end, we consider below a selection of practical implications for our fields to consider. We ask that readers keep these sentiments above in mind as they review our recommendations.

Policy Implications

A number of possible recommendations arise from the observation of desistance, but committing to any one of these will require a marked departure from our present approach. In fact,
our first suggestion below is an explicit paradigm shift. Acknowledging that desistance can occur without and despite formal and systemic interruption could leave one justifiably tempted to abandon any kind of treatment or intervention. At best, Farrall’s (2010) interpretation is that extra-therapeutic factors have a greater impact on curbing offending than the work of any professional. At worst, Gottfredson & Hirschi (1990) have argued that practitioners have a tendency to confuse natural desistance with program effectiveness, thereby wasting considerable resources on potentially unnecessary incapacitation and treatment (Kruttschnitt, Uggen, & Shelton, 2000).

We argue that all is not lost. The way we see it, evidence of desistance and low rates of recidivism should offer practitioners a fruitful, and so far, untapped area to promote and encourage offense-free futures. Commitment to treatment and recovery can assist in changing a criminal lifestyle to a law-abiding one, but this should occur with an appreciation of the limited predictive power of an old conviction. This section introduces a range of avenues for the future mostly centred on the reduction of custodial sentence lengths and the introduction of an expiry date or half-life for criminal convictions.

Paradigm shift. It is ironic that the variables that are identified to assist in desistance (such as employment, relationships, and self-actualization) are the very factors that are fractured almost instantly and irreparably by the processes of the criminal justice system. But it is encouraging that employment is one correlate of desistance about which parole, probation, and treatment providers can do something (Farrall & Calverley, 2006). The first recommended step to be taken by practitioners includes emphasizing career counselling, building interview skills, providing resume workshops, and working with recruitment agencies to assist individuals in pursuing appropriate, fulfilling employment with a clear avenue for advancement. The second practical step recommends
drawing attention to the creation of support networks where feasible, the reunification of family
where possible, and the development of personal relationships where appropriate.

Reduction of custodial sentence lengths. It is not controversial to note that a lengthy
prison sentence fractures a person’s social, professional, and romantic relationships and
reinforces the development of a criminal identity through labelling (Tripodi et al., 2010). It has
been shown repeatedly that one’s mere contact with the criminal justice system can increase their
chances of a subsequent charge (Healy, 2010). Thus, one way to facilitate change and foster
social bonds is a reduction of custodial sentence lengths. It is clear that incarcerating people for
excessive periods of time confounds all of the already significant obstacles faced upon re-entry
into the community (Farrall, Hough, Maruna, & Sparks, 2011).

Introduction of an expiry date for criminal convictions. Amirault and Lussier (2011) recently
examined the impact of the passage of time on the officially recorded criminal activity of those
individuals convicted of sexual offenses. They concluded that although past behaviour might indeed
be a useful predictor of future behaviour, it loses its predictive potency with time. That is, someone
with a two-year old charge is at a greater risk of recidivism than a person with the same charge, but
from ten years ago. Further, they found that prior charges in early adulthood were no longer
predictive of future offending in older sexual offenders. Soothill and Francis (2009) examined a
large sample of offenders in England and Wales and concluded that after ten years without a
conviction, ex-offenders were almost indistinguishable from non-offenders. This is especially
relevant in sexual offenders, given the often-lengthy custodial and community correctional sentences
they receive. Reconfiguring and recalculating risk as individuals mature is an important practical
step that can be taken towards recognizing and encouraging the desistance process (Wollert, Cramer,
Waggoner, Skelton, & VEss, 2010). (Interested readers are also referred to Helmus, Thornton, Hanson, & Babchishin (2012) for more detailed information.)

Chapter Summary

1. Desistance from engaging in offending behaviour is a natural human process. Research suggests it is just as likely in individuals convicted of sexual offenses as it is for those who commit nonsexual crimes.

2. The biggest distinction between these populations is the way they are treated by the criminal justice system. Individuals convicted of sexual crimes are now subject to an unrealistic array of laws that restrict their movement, residence, and employment, as well as require them to participate in mandatory treatment for long periods of time.

3. There are a number of obstacles that inhibit our ability to truly understand and better facilitate the process of desistance from sexual offending. Ironically, those hurdles are almost entirely the work of the very industry that has grown to address that particular phenomenon.

4. Sex offense public policy and related legislation is based on fear, not evidence. These laws are not only unrealistic from the perspective of the offending population, but they place an incredible burden on law enforcement to monitor and supervise a population of individuals that has been dangerously inflated due to years of “net widening.” These laws require the commitment of limited and expensive resources (originally aimed at the narrowest of circumstances) to be applied to a much greater population than necessary.
5. In many cases, desistance occurs outside the scope of the criminal justice system and people stop and quit on their own. We argue that we would do well to focus our limited resources on only the cases where it is warranted.

**Future Research Needs.**

We outline three specific directions for future research below. First, we consider the importance of changing the language we use to discuss desistance (within the context of the paradigm shift described above.) Next, we recommend a stronger commitment to longitudinal methodologies and encourage the field of sex offense research to pursue approaches that adhere to the life course and developmental criminological perspective. Finally, we advocate for a shift in focus away from statically determined risk and towards dynamically determined success.

1. *Changing the language.* The first step in changing the paradigm is changing the language we use. We argue that it is necessary and timely to reframe our knowledge of sexual offending within the language of desistance. This means a commitment to not using labelling language and adopting the more integrative, person-first approach of referring to sex offenders instead as individuals convicted of sexual offenses. As Maruna (2016) recently remarked, as a society we are, quite literally, “lost for words” when it comes to the possibility of “redemption scripts” (Maruna, 2001) for individuals formally incarcerated for a sexual offense. We do not have a language or a script to describe people moving on from having a history of sexual offending. Basically, addicts can be in recovery, petty thieves can be ‘ex-cons’ but a “sex offender” is a “sex offender” forever. If the treatment industry keeps peddling treatment and has any faith in its effectiveness, the individual must be able to come out the other side and become a “survivor” or be “in remission,” or bear a risk that
can be managed. “Treatment” implies that one can be fixed, but if you have to be in treatment forever, what does that mean? It means that you cannot be trusted, it means that you remain at risk (however slight), it means that you may well be a hopeless, chronic sex offender.

2. **Longitudinal focus.** An important component of research in developmental and life course criminology is an acknowledgement of the need to consider the dynamic nature of one’s participation in crime. This perspective also necessitates an appreciation of the impact of important turning points and life events that might alter a person’s pattern or likelihood of offending.

An additional consideration for research is the recommendation that social bonds be measured dynamically rather than as static variables. One of the difficulties inherent in desistance research is that marital status and employment history are often treated as static variables. That is, they are often coded in risk assessment tools based on pre-conviction information. To understand the mechanisms of desistance, the field must progress towards a dynamic view of offending and re-entry where the obtainment of employment (or, simply ‘employability’) and one’s relationships, for example, are examined *post* release.

3. **Desistance Assessment.** One of the hallmarks of the sexual offending industrial complex has been the creation, proliferation, and extraordinarily wide application of a range of risk assessments that largely focus on static variables from one’s criminal and personal history and dynamic variables in their current (usually at “time of arrest”) life situation. Our second recommendation for reform represents a departure from this trend, and we therefore suggest considering a desistance assessment. Given the severely limited
resources that are increasingly strained beyond viability, we argue that it is timely to focus our efforts on the low end of the distribution of offender seriousness and focus on selective *release* decisions for those who pose a lesser risk to the community (Harris, 2008). Rather than focusing exclusively on one’s likelihood of recidivism, we could benefit greatly from determining one’s likelihood of success upon re-entry. For example, being educated, being enrolled in education in custody, having marketable skills, having been previously employed, connecting with potential employers prior to release, or having cared and provided for one’s family, may all be relevant in predicting an individual’s success upon release.

The first and most important goal is to move away from a focus on risk and recidivism and towards an emphasis on change and recovery. As we have noted above, research on sexual offending has depended largely upon the myths of specialisation, persistence, escalation, and recidivism. Meanwhile, as we have shown, study after study indicates that these assumptions simply do not hold true for a considerable majority of men convicted of sexual offenses. (Harris, 2008; Harris, et al., 2009; Lussier, et al., 2005).

**Conclusion**

Contrary to popular (and professional) opinion, few sexual offenses are committed by deviant, specialist, persistent, chronic, fixated, or frequent offenders (Harris, 2008; Harris, et al., 2009). Further, few individuals convicted of sexual offenses are destined to repeat, persist, or escalate that behaviour. The commission of these kinds of offenses does not necessarily doom someone to a life of crime and we now know, compellingly, that most people who engage in these crimes will one day stop.
For too long the field has been consumed with risk, relapse, and recidivism. We suggest inverting this paradigm to instead concentrate on rehabilitation, recovery, and redemption. If we encourage the pursuit of mastery by providing ways to spend time meaningfully and productively, and foster intimacy by facilitating the creation or reunification of positive prosocial relationships, and achieve each of these with the global goal of facilitating desistance and identity change, we will be one step closer to reaching our goal of making society safer and preventing sexual victimization.

The approach that we are advocating would reverse our focus on identifying high-risk offenders and could contribute to a reduction in the population of overcrowded prisons, and a decrease in the burden on parole and probation departments (regarding management of electronic monitoring, supervision of residence restrictions, and administration of sexual offender registries).

The great majority of individuals convicted of sexual offenses desist from that behaviour (with or without formal or informal intervention). Some will desist on their own, regardless of formal assistance or criminal justice system intervention. Some will benefit immensely from therapy, and others might profit simply from reconnecting with their family of origin, or from the opportunity to earn an honest living. Still others, now understanding the consequences of their crimes, or simply deterred by their experience in custody, might decide quite independently, to never offend again. And some will indeed warrant the restrictive approaches that have become characteristic of enhanced community corrections, such as electronic monitoring, residence restrictions, or curfews. It is clear, however, that the number of individuals who warrant the latter is very small. This amounts to a significant commitment of expensive resources to the narrowest of circumstances. Focusing on this serious but small subsample to the exclusion of everyone else
provides a massive disservice to the many low level versatile, non-serious, intermittent, situationally induced sexual offenders who will soon be released, show potential for success and desistance, and are desperate for assistance when the prison door closes behind them.

Recommended Reading


List of References


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