

Media Resource: Frequently Asked Questions



Q: Who commits sexual crimes?

A: Adults convicted of sexual crimes are a diverse group of individuals crossing socioeconomic, educational, gender, age and cultural lines. There is no specific “profile” or “type” due to the wide variety of individual differences; the majority of sexual abuse is also perpetrated by someone with a pre-existing relationship to the victim (e.g., family, friend, acquaintance).

For more information, please see [*8 Things Everyone Should Know about Sexual Abuse & Sexual Offending*](#)

Q: Do adolescents commit sexual crimes?

A: Some adolescents (age 13-17) engage in sexually abusive behavior, however, the majority of these youth do not continue engaging in sexually abusive behavior and their rate of sexual reoffense is low. These adolescents are not “mini-adults” and they differ from adults in many ways due to age-related, developmental, and environmental factors. They also typically respond well to treatment interventions and are not on a life-path for repeat offending.

For more information, please see [*Adolescents Who Have Engaged In Sexually Abusive Behavior*](#)

Q: Is a child molester the same as a pedophile?

A: No – child molestation is a behavior (i.e., involving minors of any age in sexual behavior or activities) and pedophilia is a primary sexual attraction to prepubescent children. Individuals who molest children are defined by their behavior and individuals with pedophilia are defined by their desires. Pedophilic interest is not a choice and some individuals with pedophilic interest do not act on their sexual attraction to children.

Q: What is effective treatment for individuals convicted of sexual crimes?

A: Treatment is an important component of a comprehensive system to prevent sexual abuse and sexual offense specific treatment is designed to target the individual processes related to the perpetration of sexually abusive behavior. Research has

indicated that the most effective treatment programs at reducing risk are individualized and based upon the *risk* (i.e., matching the level of service to the individual's risk to re-offend), *need* (i.e., targeting specific areas that are most related to an individual's risk of reoffending)), and *responsivity* (i.e., tailoring interventions to an individual's learning style) principles.

For more information, please see [Sexual Offense Specific Treatment for Adult Males](#)

Q: Is “chemical castration” an effective method for preventing sexual abuse?

A: Sexual offense specific treatment involves a variety of therapeutic techniques and pharmacological interventions, also known as “chemical castration,” is one technique that may be effective for some individuals convicted of sexual crimes. Pharmacological treatments should not be used as a ‘stand alone’ intervention and, when utilized, should be combined with other therapeutic and management techniques.

For more information, please see [Pharmacological Interventions with Adult Male Sexual Offenders](#)

Q: Are sexual offender registration and notification laws effective at keeping communities safe?

A: No - registration and notification laws are based on the concerns of “stranger danger” despite the fact that the majority of sexual offenses are perpetrated by someone known to the victim. These laws are additionally based on the perception that the vast majority of individuals convicted of sexual crimes will repeat their behavior, despite the fact that sexual offense specific recidivism rates are much lower than commonly believed. Research on registration and notification laws is also mixed and does not consistently conclude that these laws reduce recidivism, prevent sexual crimes, protect children or enhance community safety. Public safety can be enhanced, and limited resources used more efficiently, when the most active notification practices are reserved for individuals identified as high risk to reoffend sexually and therefore require the most intensive interventions.

For more information, please see [The Registration and Community Notification of Adult Sexual Offenders](#)

Q: Do residence restrictions work?

A: No – research has consistently shown that residence restrictions do not reduce sexual reoffending or increase community safety. Strategies to limit victim access, including residence restrictions, should be applied on an individualized basis when risk factors warrant concern.

For more information, please see [Sexual Offender Residence Restrictions](#)