
Understanding and Working with Adult Sex Offenders in the Church

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Introduction: the prevalence of sex offenders

According to the National Center for Missing and Exploited Children, approximately one out of every 370 people in the United States is a convicted, registered sex offender.² Take into account the fact that females only account for 2 percent of those on public registries for sex offenses and, with a fairly small error rate, one could estimate that roughly one in 185 males are registered sex offenders.³ Further consider the fact that very few children (5 to 13 percent) disclose when they are being sexually abused and the reality of how many people commit sexual crimes but are never reported, let alone arrested, convicted, or registered becomes more clear.⁴ Follow the equation one more step and you will conclude that the offenders you are aware of are only a drop in the bucket compared to those who sit secretly in your pews with hymnals in their laps.

Understanding the complexities involved in child sexual abuse and sex offender behavior (i.e., the prevalence, etiology, grooming and treatment/risk management strategies) can go a long way in helping religious institutions become better equipped to safeguard children, fulfill their missions and help offenders avoid putting their own lives and souls at further risk. Although this article cannot address all of the complexities involved, it can serve as an introduction and a guide for obtaining additional resources.

The etiology of child sexual abuse

Sex offenders come in all races/ethnic groups, religions, occupations, genders and age groups. In terms of the etiology or cause

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of sexually abusing children, “there is no simple answer as to why people engage in this behavior.”⁵ Although sexual abuse is a learned behavior, numerous factors may contribute.⁶ Early exposure to aggressive pornographic material may play a role.⁷ Many offenders report having endured various forms of child abuse and neglect themselves.⁸ Contrary to previous beliefs, some experts report that child physical abuse and neglect may play a greater role than child sexual abuse in contributing to sexual offenses.⁹

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2. National Center for Missing & Exploited Children, “Map of Registered Sex Offenders, available online at: http://www.missingkids.com/content/dam/ncmec/en_us/documents/sexoffendersmap2015.pdf (last viewed November 10, 2017).

3. Alissa R. Ackerman, Andrew J. Harris, Jill S. Levenson, and Kristen Zgoba, “Who are the People in Your Neighborhood? A Descriptive Analysis of Individuals on Public Sex Offender Registries,” *International Journal of Psychiatry and Law* 34 (2011): 149–159.

4. Kamala London, Daniel B Wright, Maggie Bruck, and Stephen Ceci, “Review of the Contemporary Literature on How Children Report Sexual Abuse to Others: Findings, Methodological Issues, and Implications for Forensic Interviews,” *Memory* 16 (2008): 29–47.

5. Susan Faupel, “Etiology of Adult Sexual Offending,” in *Sex Offender Management Assessment and Planning Initiative* (United States Department of Justice SMART Office 2018), available online at: https://www.smart.gov/SOMAPI/sec1/ch2_etiology.html (last visited March 27, 2018).

6. Ibid.

7. W.L. Marshall, “The Use of Sexually Explicit Stimuli by Rapists, Child Molesters, and Nonoffenders,” *The Journal of Sex Research* 25 (1988): 267–288.

8. Jill S. Levenson, Gwenda M. Willis and David S. Prescott, “Adverse Childhood Experiences in the Lives of Male Sex Offenders: Implications for Trauma-Informed Care,” *Sexual Abuse: A Journal of Research and Treatment* 25 (2014): 340–359.

9. Cathy Spatz Widom and Christina Massey, “A Prospective Examination of Whether Childhood Sexual Abuse Predicts Subsequent Sexual Offending,” *JAMA Pediatrics* 169 (2015), available online at: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2086458>

One of the challenges in assessing etiology is that sex offenders are manipulative and often lie about their histories. In fact, one study indicated that half of the offenders who initially told people they'd been sexually abused as children later acknowledged they'd lied in order to appear less culpable for their crimes. In the end, only 30 percent maintained that they had been sexually abused while nearly 70 percent reported that they started molesting children as a youth.¹⁰

Given the complexities of etiology, clergy are cautioned not to overstep their bounds and assume they know the factors contributing to sexual abuse in a particular case. Instead, pastors should encourage offenders to obtain as complete an assessment as possible and should coordinate any ongoing pastoral care with the work of a qualified sex offender treatment provider.

The Ice Berg: the hidden dangers of an unknown sexual history

Another aspect of sexual offending that religious institutions should be aware of is the “cross over” behaviors many offenders engage in. According to a number of polygraph studies, many offenders engage in more than one type of offending. As many as two-thirds of men who sexually assault women also molest children, about one-third of men who molest girls also molest boys and half to three-quarters of child molesters abuse both related and non-related children.¹¹ The majority of men arrested for using child pornography have also been found to have sexually abused children and nearly half of the young men arrested for statutory rape were found to have abused younger children.¹² Self-report and polygraph studies also confirm the fact that sex offenders “get away with” many more crimes than are reported. An early self-report study from Washington State (where the offenders were simply asked to volunteer information about their history of sexually offending), revealed an average of 120 separate sex crimes per offender.¹³ Another study, produced

(last accessed March 27, 2018).

10. Jan Hindman and James M. Peters, “Polygraph Testing Leads to better Understanding Adult and Juvenile Sex Offenders,” *Federal Probation* 65 (2001): 8–15.

11. Gene G. Abel, Judith V. Becker, Mary Mittelman, Jerry Cunningham-Rathner, Joanne L. Rouleau, and William D. Murphy, “Self-reported Sex Crimes of Nonincarcerated Paraphiliacs,” *Journal of Interpersonal Violence* 2 (1987): 3–25; Kim English, “Combo of Polygraph & Treatment Reveals Many Sex Offenders Offend Across Multiple Relationship, Age, Gender and Crime Type Categories,” *Elements of Change* 5 (2000): 1–8; Peggy Heil, Sean Ahlmeyer, and Dominique Simons, “Cross Over Sexual Offenses,” *Sexual Abuse: A Journal of Research and Treatment* 15 (2003): 221–236; Daphne J. Sim, and Michael Proeve, “Crossover and Stability of Victim Type in Child Molesters,” *Legal and Criminological Psychology* 15 (2010): 401–413.

12. Michael L. Bourke and Andres E. Hernandez, “The ‘Butner Study Redux: A Report of the Incidence of Hands-on Child Victimization by Child Pornography Offenders,” *Journal of Family Violence* 24 (2008): 183–191; Kim English, “Combo of Polygraph & Treatment Reveals Many Sex Offenders Offend Across Multiple Relationship, Age, Gender and Crime Type Categories,” *Elements of Change* 5 (2000): 1–8.

13. Mark R. Weinrott and Maureen Saylor, “Self-report of Crimes Committed by Sex Offenders,” *Journal of Interpersonal Violence*

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by a psychologist who treated “low risk” men on probation in the community but required all of his clients to complete a polygraph examination regarding their sexual history, found an average of 198 sex crimes per man¹⁴ and the Hindman study¹⁵ revealed an average of twelve child victims per offender. Certainly, there are offenders who get caught after a short period of offending and even some whose crimes were limited to one child. Unfortunately, those cases are rare.

None of the above information was known to authorities at the time of conviction or sentencing and was only disclosed by the offenders while they were in treatment. As such, none of this information would show up in a criminal background check and the only way a religious institution might know the extent of the offender’s history would be to require a release of information for the treatment provider and seek out the information. What these studies also underscore is the fact that none of us truly know the extent of another person’s sexual history and when the person is a known sex offender, caution and skepticism are well advised. Add to that the determination and skill involved in offending and one might understand the need for team work in helping an offender become increasingly accountable.

“Grooming” behavior: how offenders manipulate victims and churches

Given the fact that most sex offenders started offending at a young age and typically engage in a sometimes life-long and varied history of offending, one can appreciate the learning curve involved. The goal of the offender is to remain undetected in the community and that requires purposeful planning and manipulation of chil-

6 (1991): 286–300.

14. Michael Alexander, “Using Polygraph Testing to Assess Deviant Sexual History of Sex Offenders,” *Dissertation Abstracts International* 49 (University of Washington, 1998): MI 48106.

15. Jan Hindman and James M. Peters, “Polygraph Testing Leads to Better Understanding Adult and Juvenile Sex Offenders,” *Federal Probation* 65 (2001): 8–15.

dren, adults and institutions. Historically, the faith community has been extremely vulnerable because we don't expect offenders to be part of our community and are poorly prepared to be on guard.¹⁶ Pastors, lay leaders and parishioners have rarely had opportunities to be trained in the behaviors to watch out for and the training they do receive rarely comes from child abuse experts.¹⁷ Offenders describe a progressive pattern of selecting and targeting vulnerable children and families, presenting themselves as a safe and trustworthy Christian and committing the majority of their crimes in private. Their behavior with children is aimed at instilling trust and loyalty and they can trick children into believing the boy or girl is mutually involved and sometimes benefitting from the affection and attention that goes along with the sex abuse. Children become fearful of what might happen if anyone finds out or fearful they will get the offender in trouble and lose a close friend or mentor. Some offenders have even bragged about how easy it is to fool church people.¹⁸ According to one convicted child molester:

I consider church people easy to fool...they have a trust that comes from being Christians... They tend to be better folks all around. And they seem to want to believe in the good that exists in all people...I think they want to believe in people. And because of that, you can easily convince [them], with or without convincing words.¹⁹

Sex offender treatment: How it works and how faith communities can help

Although the specific methodologies used in sex offender treatment programs vary, the goals are simple: protect the community by reducing re-offense rates and assist sex offenders in developing a balanced and pro-social (productive and non-criminal) lifestyle. Selecting an appropriate treatment begins with an assessment.

Sex offender evaluations

Most credible programs (and not all providers are credible) begin with a comprehensive evaluation process of each client that includes a thorough review of all pertinent police reports/victim statements and criminal records, and an extensive interview process to collect social, educational, employment/ military, sexual and criminal history. Offenders also complete a battery of tests to assess mental illness or personality disorders (such as anti-sociality personality disorder or psychopathy) and psychological problems (such as "emotional neediness," depression, anxiety, PTSD, etc.).

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degree of pro-offending attitudes. Although few would outwardly admit it, child molesters tend to have distorted attitudes about the appropriateness or impact of child sexual abuse. For example, common beliefs for child molesters include: "some children enjoy sexual contact with adults" and "not all children are harmed by sexual contact with adults."

Clinicians also employ sex offender specific tests that measure sexual deviancy and compulsivity, plus other types of Paraphilic behavior (Exhibitionism, Voyeurism, Fetishism, Bondage/Discipline, Sexual Sadism, Masochism, Bestiality, etc.). In addition, factors related to substance abuse, denial, culpability, accountability and the presence of appropriate social support systems are assessed along with the offender's motivation to cooperate and make progress in treatment.

One of the more common aspects of sex offender evaluation and treatment involves sexual arousal testing and aversive conditioning. Comprehensive programs use sexual arousal testing (via the penile plethysmograph) to determine the percentage of arousal to all age groups, both genders and violence. This involves attaching a strain gauge to the penis and measuring erectile responses while the person is exposed to various visual and auditory stimulus material. A different type of test involves having the offender participate in visual reaction time measures (which measure the amount of time subjects look at images of children versus how long they look at images of adults). Most agencies also require that offenders complete a "full disclosure" sexual history polygraph examination in order to collect all of the relevant sexual history information. And, while some clinicians do not use these measures, they have proven to be the most reliable methods of properly assessing sexual deviancy and risk because, understandably, most offenders are reluctant to divulge (and sometimes do not even know) the full extent of their offending or deviant arousal. Clinicians who require "full disclosure" from offenders see providers who expect less as something akin to treating a dangerous medical disorder without running all of the proper tests or determining how far the disease has spread. When faith communities have someone in their midst who has offended but they do not know the full extent of the person's history, it becomes more difficult to protect children and other vulnerable people in the congregation.

16. Donna Eshuys and Stephen Smallbone, "Religious Affiliations Among Adult Sexual Offenders," *Sex Abuse* 18 (2006): 279-288.

17. Victor I. Vieth, "Suffer the Children," *Jacob's Hope* 2 (2011): 1-8.

18. Ann Salter, "Truth, Lies and Sex Offenders," (1997), a DVD training series available through Specialized Training Services, http://www.annasalter.com/annasalter/DVDS_%26_BOOKS.html (last viewed March 23, 2018).

19. Anna Salter, *Predators* (New York, N.Y.: Basic Books, 1991): 29.

The last method of assessment involves actuarial risk assessment (similar to the types of formulas used by insurance companies to determine insurance rates) which, in most cases, can assist in producing a more accurate picture of an individual's risk. In some cases, though, risk assessments completely miss the mark. For example, an offender can sexually abuse 100 children and still be labeled as a "low risk" to recidivate (get caught again in the future) simply because he or she has gotten away with offending so often that the likelihood of being caught again is "low." For religious organizations, the best stance is to assume that all sex offenders present a moderate or higher risk of re-offending because believing someone poses a "low risk" may inadvertently predispose the organization to gradually allow the person to engage in risky behavior, which, in turn, increases the possibility an offender will harm another child.

Sex offender treatment

Once an offender has been evaluated and admitted into treatment (inpatient prison/hospital or outpatient), a variety of activities and expectations follow. Most offenders participate in a combination of individual, group and family/support group therapy. The focus of treatment is on challenging and replacing faulty cognitions related to sexual offending and unhealthy sexual behavior (risky sex, pornography, etc.), developing pro-social lifestyles and relationships, (employment, social/recreational pursuits and healthy intimate relationships with appropriate partners). Treatment also requires that offenders develop and implement a risk management plan or "relapse prevention" plan, along with "approach goals" that extend the plan past what should be avoided to include issues related to how the offender can be the most satisfied and successful with their lifestyle and routines.

Managing sex offenders in the congregation

Most programs encourage offenders to become involved in outdoor, recreational or volunteer activities, or join a faith-based community as long as the risk can be managed. Unfortunately, most providers have had clients who actively preyed on these groups in the past and have learned that participation can come with a cost, both to the offender and the organization. The stigma of having sex offenders as members or even just attendees has a downside, but the fact remains, there are more offenders in a congregation than people are aware of and handling the "known" offenders in a compassionate, yet cautious manner, serves everyone best. If a religious institution is overly negative, the unknown offenders are less likely to reveal themselves, but if the institution is overly accepting or forgiving, they are prone to being taken advantage of and their children put at risk. Because of this, most offender treatment programs will only allow low to moderately low risk offenders to attend community activities or religious services after a prolonged period of time in treatment, gradual progress in treatment and ongoing demonstration of responsible risk management behaviors.

Prior to an offender attending an activity where children might

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be present, offenders are usually required to prepare a contract or "safety plan" that outlines the activity and rules the offender will commit to following during the activity.²⁰ An informed chaperone is usually required and debriefing follows each activity to insure that the offender is abiding by the rules, not having sexual fantasies or experiencing arousal to the children they see. Typical rules relate to minimizing contact and interaction with children, never being alone with children and making sure that all parents of children he/she comes in contact with have been informed of the offender's status and rules. There are also rules about which bathroom the offender can use, which entrance and exit to use and parts of the building that must be avoided (children's areas). Most treatment providers and parole/probation officers require a phone conversation or a face to face meeting with the group prior to allowing an offender to participate in activities to insure that everyone, including the offender, truly understands the offender's history, accepts the notion of "life-long risk," and has the capacity to follow the treatment rules and guidelines forever. Groups that advocate a "forgive and forget" mentality or see the offender as "cured" are usually seen as putting the offender (and children) at an unreasonable and unnecessary risk and the clinician or parole officer will be inclined to decline further requests. Faith-based organizations that offer counseling and accountability groups can also be a great source of support for offenders but can also undermine or provide conflicting messages.²¹

Coordinating pastoral care with sex offender treatment

Faith leaders wishing to support the treatment process must understand what the problems are, how treatment works, how to avoid enabling the offender by making excuses for him or her, and must avoid suggestions that the punishment is too harsh or that

20. Basyle Tchividjian & Shira M. Berkovits, *The Child Safeguarding Policy Guide for Churches and Ministries* (Greensboro, N.C.: New Growth Press, 2017), 139–149.

21. An excellent resource for appropriate guidelines in ministering to sex offenders is Victor I. Vieth, "Ministering to Sex Offenders: Ten Lessons from Henry Gerecke," *Wisconsin Lutheran Quarterly* 112.3 (Summer 2015): 208.

treatment is un-Christian. Reminding offenders about the various passages related to child abuse and obeying the law can sometimes be helpful. One pastor even suggested to an offender that he should “consider your treatment team to be a part of the higher power you need to give yourself over to.” The issues of forgiveness and redemption can also be challenging in that the faith community can inappropriately or prematurely put pressure on victims to forgive their offender before they are ready and cause further trauma.²² Offenders can also use God’s forgiveness or redemption to avoid using the risk management techniques (such as never being alone with children) they were taught in treatment because “God has forgiven my sins and cured me.” Clergy and other faith leaders should challenge these and other cognitive distortions.

The importance of keeping watch

Controlling sexual deviancy and avoiding a re-offense is a daily process that never ends, despite how many years have passed since the offender was caught or how faithful they appear. Most providers have had clients who faked remorse or whose tears appeared to be sincere but, after more in-depth conversations, were determined to be entirely self-centered, not victim-centered in the least, or were otherwise engaged in a con job. There have also been cases where offenders were more than willing to overly disclose the details of their crimes in an effort to make other people think they were truly open and remorseful when in fact, the disclosure was part of a more advanced ruse to get people to trust them. Sex offenders have also been known to pretend they were a Christian in an effort to gain sympathy or access to children. Even if an offender is sincere, there is little evidence that full disclosure or true remorse reduces the likelihood of re-offending. In fact, they are unrelated variables. The moral of the story is that none of us truly knows what is in another person’s heart or soul and our paramount obligation is to protect the most vulnerable in our community. The other issue to keep in mind is that research has not been able to firmly establish whether or not sex offender treatment in fact “works.”

Re-offense vs. recidivism: reading between the lines

No one knows what the re-offense rates for sexual offenders truly are. The only thing we know is the percentage of offenders who get caught a second time. A landmark study from the ’80s indicated that only 3 percent of what the sex offenders in the sample had done was ever detected and there is little reason to believe things are much better in today’s world.²³ Therefore, although the recidivism (re-arrest/reconviction) rates are moderately low (5 to 24 percent),²⁴ these numbers only reflect the people who were

22. Victor I. Vieth, “What Would Walther Do? Applying Law & Gospel to Victims and Perpetrators of Child Sexual Abuse,” *Journal of Psychology and Theology* 40 (2012): 257–273.

23. Abel, et al., “Self-reported Sex Crimes of Nonincarcerated Paraphiliacs,” 3–25.

24. Robert Przbyski, “Adult Sex Offender Recidivism,” in *Sex Offender Management Assessment and Planning Initiative* (United

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caught a second time. Therefore, sex offender treatment providers strongly recommend that religious institutions use every tool at their disposal to insure the safety and welfare of children and never blindly give a sex offender the benefit of the doubt.

Conclusion

Although this article serves as an introduction for clergy and other faith leaders, it should be clear that working with sex offenders is extremely complex and no pastor should “go it alone.” In working with or managing a sex offender, it is critical to have appropriate policies to manage a sex offender in a congregation²⁵ and to work with sex offender treatment providers, criminal justice professionals and other experts who can assist a faith community.

States Department of Justice SMART Office 2018), available online at: https://www.smart.gov/SOMAPI/sec1/ch5_recidivism.html (last visited March 27, 2018).

25. Vieth, “Suffer the Children.”