REHABILITATION OF CHILD MOLESTERS: A Cost-Benefit Analysis

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This study examined the cost effectiveness of the rehabilitation of child molesters by designing and testing a cost-benefit model. The model uses program and reoffense data from a treatment center for offenders and costs derived from averaged figures obtained from state agencies. Results of the analysis, as well as related policy issues, are discussed.

Over the past several decades the escalation of sexual aggression has become an increasingly acute problem, manifested in costs both to victims and to society at large. The long-term psychological impact of sexual assault on adult and child victims has been documented many times (Burgess & Holmstrom, 1974; Burgess & Lazare, 1976; Finkelhor, 1979, 1984; Jaffe, Dynneson, & ten Bensel, 1975; Jones, Jenstrom, & McFarlane, 1980; Norris & Feldman-Summers, 1981; Peters, 1976). The costs incurred by society include the provision of a network of medical and psychological services to aid victim recovery; the investigation, trial, and incarceration of offenders—often in segregated units or special facilities; and the invisible blanket of fear that forces potential victims to schedule normal daily activities around issues of safety. Simple questions for parents—such as choosing day care or babysitters, or permitting unsupervised outdoor play—or equally common questions for adult women—such as when to leave work in the evening, what mode of transportation to use, where to park the car, where it is safe to walk or jog, or whether to use a first name on the mailbox or in the phone book—become major concerns, especially in larger cities.

While it is impossible to estimate the base rates for sexual offenses with any certainty, it is commonly reported that sexual offenders account for a large number of victims. Abel, Becker, Cunningham-Rathner, Rouleau, Kaplan, and Reich (1984) concluded that the “average adolescent sexual offender” may commit 380 sex crimes over his lifetime. Finkelhor (1984) has estimated that between 46,000 and 92,000 boys are victimized each year and that the number of girls may be three times higher. If the actual incidence is even a fraction of these estimates, the magnitude of the problem is enormous.

It would thus seem reasonable to explore strategies that might reduce victimization
rates. A secondary intervention strategy that may be efficacious is offender treatment. If an offender evidences a certain base expectancy rate of violence expressed in terms of risk, does the risk decrease as a function of treatment and, if so, by how much? Is the cost of treatment offset by the cost to society incurred by those presumptively avoidable crimes? The extent to which risk must decrease in order to justify the cost of treatment is essentially a social policy question. Although we cannot answer the question, "Is it worth it?", we can tentatively address the questions of whether treatment decreases the likelihood of repeated offense, and what the relative monetary costs associated with sexual victimization might be. Clearly, if treatment is effective in reducing victimization rates, the potential savings (human as well as monetary) would be incalculable.

The application of cost-benefit analysis to juvenile justice and correctional programs is not new. Mahoney and Blozan (1968) discussed such issues two decades ago. Blumstein (1971) did a cost-effectiveness analysis of the allocation of police resources. Holahan (1970a, 1970b, 1973) devised a cost-benefit model for correctional programs and applied it to a pretrial diversion program and a drug addiction program. In general, researchers have encouraged the use of cost-benefit analysis as a potentially informative evaluation procedure for correctional programs (Adams, 1975; Glaser, 1973). In an excellent review of this literature, Weiner and Friedman (1979) recommended the judicious use of cost-benefit analysis while underscoring the need for attention to the methodological shortcomings of previous research efforts.

In all the applications of cost-benefit analysis to rehabilitation or resource allocation in the correctional sphere, one noteworthy omission has been that of sex offenders. In fact, the only study of which we are aware that considered the monetary cost to society of sexual victimization was Frisbie’s (1969) study of 887 sex offenders in California. In that monograph, Frisbie delineated the lengthy and expensive process that ensues once a sex offender has been charged with a crime, concluding that:

The magnitude of measurable and hidden costs implicit in processing a sex offender’s case from apprehension, through trial, jail, institutionalization at Atascadero or prison or both, and final discharge from probation or parole, cannot but jar society into more vigorous concern over the tax dollars which are channeled into financing the present system. (p. 99)

A rather affirmative statement by Marshall, Abel, and Quinsey (1983) held that:

Of all the men convicted of crimes and sent to prison for their offenses, none are more likely to benefit from treatment than those who commit acts of sexual assault. (p. 43)

It is quite apparent, however, that the primary motive for legislating alternative dispositions for sex offenders has been, as Pacht (1976) noted, preventive detention and not rehabilitation. Given the unabating controversy over what to do with sex offenders in general and child molesters in particular, it is all the more remarkable that there have been no concerted efforts to subject treatment programs for sex offenders to cost-benefit evaluations. Indeed, as West (1983) stated, outcome evaluations for sex offender treatment programs have so rarely been conducted with any scientific rigor that issues of cost effectiveness have been moot.

Decisions regarding the disposition of sex offenders will ultimately reflect a complex set of factors, including prevailing societal attitudes. Those decisions should be based, however, on informed judgments that consider the approximate costs and potential benefits of whatever disposition is chosen. This paper will address the issue of the cost-effectiveness of rehabilitation through the use of repeat offense and program data derived from the Massachusetts Treatment Center and costs derived from averaged figures obtained through state agencies.

METHOD

The Massachusetts Treatment Center was established in 1959 as a maximum-security
residential facility to provide for the evaluation, treatment, and safe release of repetitive or violent sex offenders. The facility is operated jointly by the state departments of correction and mental health. Its rehabilitation program is discussed in detail elsewhere (Carter & Prensky, in press). More than 5,000 sex offenders have been screened since 1959. Of these, approximately 1,790 were judged to be possible candidates for commitment and were referred to the center for intensive 60-day observation. Of those observed, 564 have been committed. Of those committed, 315 have been discharged, about 40 of them through legal technicality or death. For the remaining 275 released patients, detailed criminal follow-up data were available on 129 child molesters.

Subjects

All 129 released child molesters were used for estimating reoffense rates of treated offenders. They are characterized by the following demographic variables. The sample is 94% Caucasian and 6% black, with an average IQ of 96.8 (SD = 15.4) and an average school grade level of 8 (SD = 2.3; range = 2–16). The average achieved skill level, on a scale of zero (unskilled) to four (professional), was 1.1 (SD = 1.23), and about half of the sample had been married (48%). Approximately one-third of the sample (31.5%) had a juvenile penal record and close to 90% had an adult penal history prior to commitment. More detailed discussion of the Massachusetts Treatment Center's offender population may be found elsewhere (Bard, Carter, Cerce, Knight, Rosenberg, & Schneider, 1987).

Follow-Up

All the men discharged from the center between 1960 and 1985 were followed up. In obtaining a chronology of postrelease criminal activity, the incidence of criminal charges was summed over the entire postrelease period for each discharged resident, as well as for matched and random samples of sex offenders who were observed but not committed to the center. Information on post-release criminal activity was obtained from the records of the research department of the Massachusetts Department of Correction, the outpatient department and Gradual Release Program of the Massachusetts Treatment Center, the Massachusetts Board of Probation, the Department of Public Safety of the Massachusetts State Police, and the Federal Bureau of Investigation (FBI). Although they were somewhat redundant in terms of the information provided, these multiple sources allowed for cross-checking of the information.

Recidivism is typically defined operationally as a "failure rate" or reoffense rate over time. The procedure for calculating failure rate, however, varies widely, as does the definition of failure itself (Barton & Turnbull, 1981; Harris, Kaylan, & Malz, 1981; Harris & Moitra, 1978; Malz, 1984; Malz & McCleary, 1977; Schmidt & Witte, 1980; Witte & Schmidt, 1977). Failure can be defined as a) a charge, b) an arrest, c) a conviction, d) any reincarceration, e) reincarceration for a specified period (e.g., 30 days or longer in the Massachusetts Department of Correction), or f) a parole violation. Each will yield different failure rates, with studies using charges or parole violations producing the highest and those using reincarceration the lowest. The Massachusetts Treatment Center recidivism figures reported in this study are based entirely on charges. The intention was to provide the most inclusive estimate of recidivism possible.

Recidivism must be defined not only in dispositional terms, but also in criminal terms (i.e., precisely what criminal conduct falls within the reoffense domain). A Commission of Probation handbook and an FBI handbook were used to identify 174 criminal charge options which were then assigned to seven main categories of offense (traffic/automobile, property, substance abuse, rule breaking, behavior-related, victim involved, other illegal activities). Of the 174 criminal charges that were identified, 78 appeared for coding in
our sample. We again chose to adopt the most inclusive approach by using the widest possible domain, which is to say all of the possible charges that fall within the discrete category we were examining. For the purposes of this study, we are reporting charges for all victim-involved sexual offenses. This domain includes 15 charges.* Nuisance sexual charges (e.g., open and gross lewdness, voyeurism, obscene language) were not included, since there was no physical contact with a victim. There were only ten individuals (7.8%) with nuisance sexual charges.

Recidivism Rates

Treated offenders. For purposes of comparison with the findings of Marshall and Barbaree (1988), a five-year follow-up period was used in this study. Over this period, 32 men out of the sample of 129 were charged with a victim-involved sexual offense. Thus, the failure (or reoffense) rate within our definition was 25% over five years. Over the extended 20-year follow-up of this sample, sexual charges were filed against an additional seven men in the sample.

Untreated offenders. Determining a reliable, relatively accurate estimate of recidivism for child molesters—treated or untreated—is the weakest component of this analysis. In their lengthy review of the literature, Furby, Weinrot, and Blackshaw (1989) clearly indicated that methodological variability and ambiguity preclude any meaningful conclusions about recidivism rates for sex offenders. The precise criminal domain used for determining reoffense, length of follow-up, how the crime was disposed of (arrest, conviction, imprisonment, etc.), and composition of the sample (offenders against children only, children and adolescents, boys, girls, etc.) are among the considerations that vary across studies. For the purposes of the present study, the ideal comparison group would have been a group of child molesters determined to be “sexually dangerous” but randomly assigned to a nontreatment group. For obvious legal and ethical reasons, this was not possible. Consequently, to obtain a useful recidivism figure for this study we elected to use the results from Marshall and Barbaree’s (1988) carefully executed, methodologically rigorous study of a treatment program for child molesters. This study reported on a four-year follow-up (since extended by the researchers to five years) of 53 untreated and 64 treated child molesters, finding recidivism rates of 32% and 14%, respectively. These groups included incest-only offenders. Marshall (personal communication, April 1988) indicated that the recidivism rate for the untreated group, if incest offenders were dropped, would be 40% to 42%. Because the Massachusetts Treatment Center sample includes almost no incest-only offenders, we decided to use the figure of 40% as the recidivism estimate for untreated child molesters. This figure is reasonably consistent with other reports. Christiansen, Elers-Nielsen, Le Maire, and Sturup (1965), for instance, followed 2,934 sexual offenders for periods of 12 to 14 years. Of this sample, 714 (24.3%) were sentenced for a new offense during the observation period. Of this same sample, 37.1% of the men between the ages of 26 and 50 had a prior history of only sexual offenses. Within this age group, 44.2% had a prior history of both sexual and nonsexual offenses. Soothill and Gibbens (1978) estimated, through the use of a life table, that 48% of their sample of sexual offenders would be reconvicted by the end of 22 years at risk.

Treatment vs Incarceration

Duration of treatment. The duration of rehabilitation was determined as the median length of commitment (5.1 years) for all 129

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* The 15 charges are: carnal abuse, abuse of a female child, accosting, unnatural acts, indecent assault, assault with intent to rape, rape, sodomy, indecent assault and battery of a child under 16, rape of a child under 16, assault to rape a child under 16, unnatural acts on a child under 16, statutory rape, incest, abominable and detestable crimes against nature.
child molesters discharged from the facility over a 25-year period. On occasion, men have been cleared of "sexual dangerousness" only to be returned to the prison. In practice, this rarely happens with child molesters, who typically choose to remain at the center until their criminal sentence has been served or they are eligible for parole. Thus, for most of the sample examined here, five years is a reasonably accurate estimate of "time detained" in treatment.

Duration of incarceration. The duration of incarceration was set at seven years for purposes of estimating costs. It may not typically—or necessarily—be the case that a prison sentence will detain an offender longer than a civil sentence to a treatment facility. Length of sentence and amount of time served on a given sentence are highly variable. For this study, we relied on the guidance of five assistant district attorneys, who concurred that a 10–15-year sentence was reasonable for a repeat rape offense against a child. There was less agreement as to the likely amount of time served, with the consensus being that the offender would serve at least the minimum sentence of ten years. We opted for a more conservative cost estimate by using the first parole eligibility date of seven years.

Cost of treatment. The total cost of treatment was divided by a constant population of approximately 260 men (there are an additional 20–25 observation cases at the center at any given time; these cases were not included, although doing so would have further reduced the per man cost). The cost of treatment was determined as the combined budgets for custodial supervision by the Department of Correction and for rehabilita-
tion by the Department of Mental Health for the state. This amount for fiscal year 1988 was $6,023,140, or $23,166 per man. The cost to DMH for rehabilitation alone during this year was $2,747,140, or $10,566 per man. The cost to DMH for rehabilitation alone over the median treatment period of 5.1 years would be $53,886. The total cost (including the DOC component) would be $118,146 (5.1 yrs × $23,166) per man.

Cost of incarceration. The cost of incarceration was determined by averaging the annual inmate cost of seven penal facilities (one maximum-security, three moderate-security, three minimum-security) in Massachusetts. The average for these seven prisons in fiscal year 1987 was $22,662. Thus, the cost of incarceration would be $158,635 (7 yrs × $22,662) per inmate.

RESULTS

The data entered into the cost-benefit model are shown in Table 1. Offender-related expenses include apprehension and pretrial investigation, trial costs, incarceration, and parole supervision. Victim-related expenses involve the department of social services, hospital and medical expenses, victim evaluation, witness services, and treatment. Costs were determined by taking an average of three independent estimates from appropriate state agencies.**

The recidivism rate for treated offenders has been estimated as 25%, that for untreated offenders as 40% (see above). The comparative expected costs for treated and untreated offenders are delineated in Table 2. This model proposes that, in a treated case, a convicted child molester is committed to the treatment center, where he spends

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* We wish to caution against drawing the parsimonious conclusion that cost is exclusively a function of length of treatment or length of imprisonment. Any reasonably accurate approximation of expenses must take into consideration differences in recidivism and the myriad monetary and emotional costs associated with reoffense. Furthermore, the actual lengths of time that we used (5.1 and 7 years) are not standards and should not be construed as such. They were used for cost estimation in this study, but in practice they will vary widely.

** Costs for a single offense were based on a prototypical case of a 34-year-old convicted child molester who, within his first year on parole, sexually assaults a child in an urban location. It is a single encounter in which the victim is unknown to the offender. The offender is indigent. His second sentence is for 10–15 years. He is paroled after seven years and is discharged from parole five years later. Components and actual costs associated with each expense category may be obtained from the first author.
Table 1
COST-BENEFIT MODEL EXPENSE CATEGORIES

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offender-Related Expenses</td>
<td></td>
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<tr>
<td>Preliminary investigation</td>
<td>$ 1,020</td>
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<tr>
<td>Trial costs</td>
<td>3,804</td>
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<tr>
<td>Incarceration (7 yrs)</td>
<td>158,635</td>
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<tr>
<td>Parole (5 yrs)</td>
<td>5,570</td>
</tr>
<tr>
<td><strong>Total Offender Expenses</strong></td>
<td><strong>$169,029</strong></td>
</tr>
<tr>
<td>Victim-Related Expenses</td>
<td></td>
</tr>
<tr>
<td>Dept. of Social Services</td>
<td>$ 3,136</td>
</tr>
<tr>
<td>Hospital/medical</td>
<td>285</td>
</tr>
<tr>
<td>Victim evaluation</td>
<td>1,000</td>
</tr>
<tr>
<td>Witness services</td>
<td>6,383</td>
</tr>
<tr>
<td>Treatment (1 yr)</td>
<td>3,500</td>
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<tr>
<td><strong>Total Victim Expenses</strong></td>
<td><strong>$14,304</strong></td>
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<tr>
<td><strong>Total Expenses Per Offense</strong></td>
<td><strong>$183,333</strong></td>
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</tbody>
</table>

5.1 years at a total cost of $118,146: He is released to the street with a 25% risk of reoffending within the first five years. The cost of reoffense is $183,333. In the untreated case, a convicted child molester is sent to prison, where he serves two-thirds (seven years) of his minimum sentence at a cost of $158,635. He is released to the street with a 40% risk of reoffending within the first five years. The cost of reoffense is, again, $183,333.

*Multiple victims.* If the reoffending child molester had more than one victim, the overall costs would be increased primarily by victim-related expenses ($14,304). While other costs might increase as well (e.g., length of investigation or trial), the major source of the increase would be related to the second victim. The expected cost of a second victim of an untreated child molester would be $14,304 \times 40\% \text{ (the recidivism rate)}$, or $5,722. The expected cost of a second victim of a treated child molester would be $14,304 \times 25\%$, or $3,576. Thus, the projected costs for each subsequent victim of an untreated child molester are about $2,100 higher than those for a treated child molester. This analysis assumes that the risk of reoffense remains constant after each victim; in reality, of course, the coefficient of risk would not remain the same.

*Multiple offenders.* As can be seen in Table 2, total projected cost (original case plus a single reoffense) is $67,989 less for a treated than for an untreated child molester. Hypothetically, then, for every 1,000 child molesters released from prison, the cost to society over a five-year period would be nearly $68 million greater for offenders who received no treatment prior to release.

*Cost parity.* The reliability of probability estimates of reoffense is critically dependent on the accuracy of available data. Given that there are no absolute probabilities or risks associated with reoffense, it makes sense to ask what the minimal difference in reoffense rates between treated and untreated groups would have to be for the difference in costs to be rendered negligible.

If we hold constant the recidivism rate of 40% for untreated child molesters, the recidivism rate for treated child molesters would have to be approximately 62% for costs to be the same. Stated alternatively, if we hold constant the recidivism rate of 25%

<table>
<thead>
<tr>
<th>TYPE OF OFFENDER</th>
<th>COST OF MAINTAINING</th>
<th>TOTAL COST PER OFFENSE</th>
<th>RISK OF REOFFENSE</th>
<th>EXPECTED COST OF REOFFENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated</td>
<td>$158,635&lt;sup&gt;a&lt;/sup&gt;</td>
<td>+ [$183,333] \times .40 }</td>
<td>= $231,968</td>
<td></td>
</tr>
<tr>
<td>Treated</td>
<td>$118,146&lt;sup&gt;b&lt;/sup&gt;</td>
<td>+ [$183,333] \times .25 }</td>
<td>= $163,879</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$ 67,989</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> Cost = Incarceration.
<sup>b</sup> Cost = Treatment.
for treated child molesters, the recidivism rate for untreated child molesters would have to be approximately 3% for costs to be the same. In other words, if the recidivism rate for treated child molesters is 25% and the rate for untreated child molesters is greater than 3%, then it is cost-effective to treat.

DISCUSSION

We set out to design a stringent model, one that would be as blind to preconceptions and bias as possible and would, if anything, underestimate costs. We did not, and realistically could not, assess and quantify the long-term psychological costs of victimization. Such costs inevitably take their toll not only on the child who was victimized, but on society as a whole. Indeed, it may be argued that the emotional costs far outweigh the monetary costs in their impact on society.* Nevertheless, we found that, through conservative estimates of monetary costs, we could demonstrate the benefit of rehabilitation. When the added cost of a given offense (about $68,000) is multiplied by an estimated number of offenses within a given period, the magnitude of the potential savings becomes evident.

In addition, based on only in-house treatment and recidivism data gathered on 129 child molesters at the Massachusetts Treatment Center, we may tentatively conclude that rehabilitation can reduce the likelihood of committing a new sexual offense. It should be kept in mind that our assessment of recidivism was intentionally as stringent as possible; that is, we considered all charges for a large domain of criminal conduct, regardless of arrest or conviction, to be evidence of recidivism. Moreover, the population that we followed can reasonably be considered as the most "sexually dangerous" (i.e., at high risk to reoffend sexually) of the child molesters in the Massachusetts penal system. This point may be illustrated by examining a sample of 67 child molesters who were observed at the center but determined to be "not sexually dangerous" and returned to the prison system to serve their sentences. For this untreated group of men with comparatively minor histories of sexual offenses (e.g., a single, relatively nonviolent act), the recidivism rate was 13%. Hence, among the multitude of critical issues that must be addressed in discussing treatment efficacy and recidivism is the nature of the sample that is being examined. Child molesters comprise such a heterogeneous group that it makes little sense to derive a single model for all such offenders. There is ample evidence to suggest, for instance, that risk rates for reoffense may vary considerably among different types of child molesters (Abel, Mittelman, Becker, Rathner, & Rouleau, 1988; Groth, Hobson, & Gary, 1982; Quinsey, 1986). Consequently, it will be necessary to consider important typological discriminators when designing future cost-benefit models for this population.

It is important to note that this study is not to be regarded as an evaluation of treatment. As Quinsey (1983) noted, there is a paucity of treatment evaluation studies and those that do exist are, for the most part, poorly done. A rigorous examination of the efficacy of different treatment modalities with different types of child molesters is clearly needed. Ideally, such studies should employ random assignment of cases to a number of different treatment conditions, as well as to a no-treatment condition. While

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* Perhaps the most critical hidden impact is the suspected cyclic perpetuation of child sexual abuse. A high percentage of child molesters were themselves sexually victimized (Abel, 1982). We have reported elsewhere that 57% of a sample of 54 child molesters at the Massachusetts Treatment Center were themselves victims of sexual assault (Seghorn, Prensky, & Boucher, 1987). Finkelhor (1984) has delineated a variety of maladaptive outcomes that may be associated with childhood sexual abuse, including delinquency in adolescence, low self-esteem, substance abuse, sexual dysfunction, prostitution, and further victimization in adulthood. While it is overly simplistic, and may indeed be erroneous (Kaufman & Zigler, 1987), to conclude that abuse necessarily begets abuse, the link between sexual abuse at an early age and inappropriate sexual conduct in adulthood has been frequently noted.
we are still far from being able to draw reliable conclusions about the impact of treatment on recidivism for different types of offenders, we are making progress (Abel et al., 1988; Becker, Kaplan, & Kavoussi, 1988; Laws, 1986; Marques, 1988; Marshall & Barbaree, 1988; Marshall, Earls, Segal, & Darke, 1983; Pithers, Kashima, Cumming, Beal, & Buell, 1988). The results of well designed and competently executed treatment programs provide little support for the nihilistic belief that sexually aggressive behavior is irremediable (Thornton, 1987).

Finally, we wish to emphasize that the conceptual framework for the cost-benefit model presented in this paper is of greater importance than the actual figures that were used in the model. Costs will vary considerably among counties, cities, and states. While the figures are subject to much variation, within a given jurisdiction they provide a reasonably accurate reflection of the actual cost for that jurisdiction at a given point in time. Despite variations in estimated costs, the expense categories employed in this study should be fairly consistent across jurisdictions. Overall, offender- and victim-related costs, treatment costs, and incarceration costs can be determined with reasonable accuracy. Clearly, the weakest component in this model, from an empirical standpoint, is the assessment of recidivism, which is why we chose to adopt criteria that were as stringent as possible.

**Policy Implications**

Given the magnitude of human and monetary costs incurred by society as a result of sexual victimization, the response up to now has been remarkably ambivalent. The most rudimentary response to those who violate the canons of society appears in the Old Testament as lex talionis, the law of an eye for an eye, which reflects a seemingly enduring societal demand that those whose behavior harms others pay in kind. Our language teems with colloquial expressions that convey this sentiment: wrongdoers should “get a taste of their own medicine,” or get their “just deserts,” or simply “get what’s coming to them.” The psychological underpinnings of such sentiment can be understood, in part, as a reflexive need for retaliation or punishment. The effectiveness of this response for the redress of wrongdoing has its limitations, however. Those who have struggled with the joy and pain of developing an attachment to another human being realize the limited utility of punishment as a way to mitigate hurt or to achieve restitution. Those of us who have acquired some expertise in modifying behavior, whether we are parents, teachers, or therapists, appreciate the liabilities of wanton punishment in effecting long-term behavioral change. Despite our commonsense appreciation of what impedes and what facilitates such change, our instinctive need is to exact our pound of flesh, particularly when the wrongdoer is a stranger and the act is as incomprehensible as child molestation is to most of us.

The struggle between the visceral desire to inflict punishment and the cerebral recognition of the potential shortcomings of punishment is evident in discretionary decisions involving sex offenders. This struggle is epitomized by the legislative ambivalence that created and then repealed sexual psychopath laws. Between 1937 and 1950, 12 states and the District of Columbia enacted such laws; between 1950 and 1972, an additional 13 states enacted statutes governing sex offenders. Thus, over a period of about 40 years, half of all the states adopted statutes that created a special category for sex offenders, then repealed or modified those statutes. For the most part, the statutes served the singular purpose of

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*Punishment is not used here to imply the intentional, systematic administration of negative or aversive consequences for the modification of inappropriate behavior.*
preventive detention (Pacht, 1976) and thus were found to be unconstitutional. Indeed, it may be argued that the adoption of these reactionary statues suggests a primary intention to circumvent determinate sentencing for sex offenders.

The swinging of the pendulum between incarceration and rehabilitation is obviously a complex phenomenon and reflects an ever-changing network of forensic, sociological, and psychological factors (see Wolfgang [1988] for an interesting discussion). The reform of laws on rape, the increased prominence and authority of the women’s movement, the introduction of new treatment techniques, and changing attitudes about the efficacy of treatment and the reliability of prediction are among the contributing factors. Rather than explore the enactment and repeal of legislation, or track the protracted nature of the pendulum, the intent of this paper is to look circumspectly at costs of victimization relative to the risk of reoffense following incarceration with and incarceration without treatment.

It appears that we resist treating child molesters because treatment is too “humane” a response to such egregious behavior. If the overriding goal is the reduction of victimization rates, as well as of the costs incurred by victimization, and if rehabilitation of offenders can be shown to reduce the likelihood of repeated offenses, then it is imperative that we overcome our resistance to treating child molesters—not for the sake of the offenders, but for the sake of the victims.

REFERENCES


