**Sex Offender Recidivism Commission—CPCS Edits**

**Prevention Statement**

**Draft**

In the interest of ensuring public safety and reducing sexual violence, Massachusetts has invested valuable resources in implementing sex offender crime control strategies that focus on monitoring and controlling identified sex offenders. The primary purpose of the Sex Offender Recidivism Commission (SORC) is to evaluate existing efforts and then make recommendations to improve their efficacy and ultimately increase public safety.

The SORC was wise to focus attention and study primary prevention as a tool to achieve its ultimate goal of reducing sexual violence in the Commonwealth. Primary prevention focuses on preventing first time perpetration of sexual violence. This concept is part of what the CDC considers a comprehensive approach which includes interventions before violence has occurred (primary prevention), as well as the immediate response to violence (secondary prevention), and the long-term and systemic responses (tertiary prevention) to violence.

Primary prevention offers the best hope and the best investment for reducing the overall problem of sexual violence. However, by focusing on secondary and tertiary prevention, Massachusetts has invested nearly all of its resources and legislation at stopping repeat offenders – people who have been reported, arrested, and successfully prosecuted. However, research has shown that only 32% of sexual assaults are ever reported (National Crime Victimization Survey, 2008-2012) and only 22% of those reports lead to an arrest (FBI Uniform Crime Reports, Arrest Data, 2006-2010). Furthermore, of those arrested, only half are convicted (Abel et al, 1987). This means that at best, 3% of all offenders are targeted by current sex offender management practices such as registration, notification, and civil commitment.

A seminal study by the Centers for Disease Control (CDC) confirms that as children experience various adverse conditions in their childhood and youth, including sexual abuse, they often engage in high-risk health behaviors when they become older,( e.g. substance abuse, over-eating, smoking, to cope with the trauma of their abuse). These behaviors, in turn, may lead to the most frequent and costly causes of disease and death in the U.S. In addition to health and mental health costs, our courts, law enforcement, child protection agencies, and prisons spend hundreds of millions each year dealing with the *aftermath* of child sexual abuse. **A strong investment in prevention holds the best promise of ending the epidemic** **and reducing these significant fiscal and human costs.**

The SORC has the opportunity to recommend a change in direction and begin a public policy that implements best practices in the management of sex offenders and encourages an increased focus and investment in primary prevention. Massachusetts has developed some national models for prevention that explores both preventing victimization and perpetration of sexual violence and is more fully described in the Massachusetts Sexual Violence Prevention Plan created by a coalition of organizations throughout the Commonwealth. Some of the programs highlighted in this plan and incorporated by other states throughout the USA include the college program, Mentors in Violence Prevention; the high school program, Shifting Boundaries; the community based mobilization and citizen education initiative on child sexual abuse prevention called the Enough Abuse Campaign; among many others.

One of the most notable challenges to primary prevention is the lack of sustainable funding. To truly prevent sexual violence, a recommendation for a comprehensive approach sustained over time which emphasizes primary prevention, is the best investment and the best opportunity for public safety -- anything else is just a Band-Aid.

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