**Sex Offender Recidivism Commission**

**Prevention Statement**

**Draft**

In the interest of ensuring public safety and reducing sexual violence, Massachusetts has invested valuable resources to 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 that 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. By focusing on secondary and tertiary prevention, Massachusetts has invested, however, nearly all of its resources and legislation at stopping repeat offenders – people who have been reported, arrested, and successfully prosecuted. 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 successfully prosecuted (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 CDC has corroborated the hypothesis that children who have experienced various adverse conditions in their childhood and youth, including sexual abuse, are at higher risk when they become older to engage in high-risk health behaviors (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 among others the college program, Mentors in Violence Prevention, the high school program, Shifting Boundaries, and the community based mobilization and citizen education initiative on child sexual abuse prevention called the Enough Abuse Campaign.

One of the most notable challenges to primary prevention is the lack of sustainable funding. If we are going to make a significant impact on sexual violence, a recommendation for a comprehensive approach sustained over time that emphasizes primary prevention is the best investment and the best opportunity for public safety.

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