Can child sexual abusers be rehabilitated? This question is asked frequently during Protecting God’s Children awareness sessions. But, it’s a question that’s difficult to answer.

Treatment options for sex offenders appear to be working. The relapse rate is as low as 2.9 percent over a five- to six-year period among offenders who were treatment compliant and completed intensive treatment programs and follow-up care.

According to Dr. David Finkelhor, a leading child sexual abuse expert, there are four elements necessary for child sexual abuse to occur. They are:
1. The offender has a desire for sexual activity with children.
2. The offender does nothing to inhibit his or her own desires.
3. There is an opportunity for abuse to occur.
4. The abuser is able to overcome the resistance of the child. Now, we’ll explore the second item on the list: The offender does nothing to inhibit his or her own desires.

An abuser’s commitment to inhibiting his or her desires to have sex with children—to practice rehabilitative behaviors—is a fundamental element in managing individual abusers and working toward an abuse-free environment.

Even the most serious sexual predators can respond well to treatment and rehabilitative efforts. Here are some factors that indicate an offender is taking steps to inhibit his or her own desires:
- The abuser takes responsibility for his or her actions and stops blaming the incident on the victim, alcohol, drugs, or anything else.
- The abuser stops promising never to act out again and acknowledges that the desire is still there.
- The abuser structures day-to-day life in such a way that there is no opportunity for him or her to be alone with children.
- The abuser surrounds himself or herself with other adults who support each other in staying out of harms way with regard to children.
- The abuser has dealt with his or her own victimization and is no longer being controlled by those abusive experiences.
- The abuser’s need to control and dominate is diminished. Frustration is replaced with a willingness to negotiate and compromise.
- The abuser’s anger is reduced and the abuser has the ability to express a broader range of emotions.
- The abuser is willing to seek additional counseling support in difficult times and realizes that when the inevitable setbacks and crisis situations occur, the best solution is to seek competent mental health services.
- The abuser understands what triggers his or her urge to act on the desire for sexual activity with a child and uses appropriate coping skills to intervene and inhibit those actions.

These are not signs that an abuser is safe to be with children. Rather, they are indicators that an offender is taking the actions necessary to inhibit his or her own desires for sexual activity with children.

The challenge for all of us is to provide an atmosphere where an abuser has the support necessary to stay the course. If the abuser inhibits his or her own desires and we create environments where there is no opportunity for abuse to occur, the likelihood that a child will be harmed is significantly reduced.

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