Preventing Sexual Violence through Effective Sexual Offender Treatment and Public Policy

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(Anti-rape strategy)

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Dear Participants!

It is a privilege for South Africa to be hosting the 10th anniversary conference of the International Association for the Treatment of Sexual Offenders, in Cape Town, from the 27 - 30th August, 2008. In partnership with UNICEF and the Government of South Africa, represented by the Special Director of Public Prosecutions and the Sexual Offences Community Affairs Unit, support will be rendered to concentrate on initiatives associated with the risk of HIV infection, post-rape and sexual violence in preventing and reducing the incidence of sexual violence against woman and children through treatment of sexual offenders.

The conference in 2008 will be entitled: "Sexual Violence: Preventing through Offender Treatment and Public Policy"

Specific issues relevant to South Africa are:
   - The management of sexual offending in the context of high levels of HIV infection.
   - The impact of culture on sexual offending.
   - The effectiveness of restorative justice programs.
   - The rehabilitation and treatment of young sexual offenders.
   - Gangsterism and sexual violence.
   - Human trafficking and sexual offending.
   - Substance abuse and sexual offending.
   - The impact of war on sexual violence.
   - The use of pornography and sexual offending.
   - The integration of offenders with emphasis on prevention, reaction and support.

The purpose of hosting the conference in South Africa is to look at new ways of implementing programs addressing sex offender therapy. The statutes and by-laws of IATSO support the development and improvement of effective sexual offender treatment through international communication and the exchange of ideas, research and treatment methods.

Dario Dosio
Scientific Conference President
Dear Colleagues!

The Norwegian Arrangement Committee kindly invites you to attend the 11th IATSO Conference in Oslo, Norway 1st - 4th September 2010. The conference will take place at Oslo Congress Centre, a venue surrounded by several accommodation facilities, restaurants and shopping possibilities. Its 10 minutes walk to the Central Station where the airport train takes you to the airport within 25 minutes.

We invite you to take part in new reflections and thinking in the field of treatment of sexual offenders. Having behind us years of heavy weight on punitive strategies as main reactions to all sorts of criminality, it now seems to be a growing interest for the so-called "Restorative Justice". The restorative thinking points out restoration for both victims and offenders as central to the way of handling illegal acts. But could Restorative Justice be an alternative to the traditional legal system in sex offending cases, or does it just have to be a supplement? How are the therapist’s private values and moral standards influencing the treatment process? What is the role of empathy in therapy? How can professionals take care of a humanistic perspective in their work? Other questions will be how to make research more relevant to clinical work, and clinical work more relevant to research.

Our aim is to make the conference an arena for introducing new voices and fruitful discussions in the field of sex offender treatment and research.

Welcome to Oslo 2010.

The Norwegian Arrangement Committee
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Leuprorelin allergy as a side effect of chemical castration and, as a consequence, the discussion about surgical castration

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A 42 years old rapist, who committed several sexual offences since teenage age, was in safe custody. There he decided to participate in the chemical castration with Leuprorelin, which was about 12 years after an antiandrogen therapy with Cyproteronacetat that failed because he committed sexual assaults under therapy.

He developed a rare, localized, late-phase response allergy jet after the first monthly Leuprorelin Depot-Injection. This allergy became obvious and even more severe after the second and third injection with rising of the testosterone-levels from previously castration-levels to normal levels. We describe the changing behavior, sexual drive and thoughts as well as the compliance of the patient with the quickly changing testosterone-levels and how we managed the allergy problem. We also present our indication for use of the chemical castration with LHRH agonists, the reaction of the Swiss jurisdiction on this therapy in respect to our new penal code since 2007 and we discuss the scientific, political and ethical view of a possible surgical castration.
The impressive effectiveness of chemical castration with Leuprolelin on a homosexual sadistic and schizoid sexual murderer with elimination of the previously dominating sadistic thoughts and drive

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Four years ago a 36 year-old schizoid and homosexual sadistic man committed a very brutal sadistic sexual murder of a 16-year-old boy. Before that the perpetrator was socially isolated and living without attracting attention. “Thanks” to his schizoid disorder he explained his murder, his perverted sadistic thoughts and behavior in a very detailed and unemotional way, though his lawyer told him repeatedly to keep still during the court hearings. Because of his obtruded sadistic sexual thoughts, he did not make any progress in psychotherapy. His thoughts were so intense, that every time he spoke about the crime he became lust for another slaughter. Therefore, he was chemically castrated with Leuprolelin, which showed after two weeks, by reaching the testosterone-levels of castration, an impressive reduction and later an elimination of his sadistic thoughts. We describe the changes of his sexual thoughts and of his schizoid personality disorder as well as the better psychotherapeutic access under castration.
There are no secrets in long term treatment efficacy: A Western Canadian experience

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The Phoenix Program at Alberta Hospital Edmonton provides inpatient therapy to convicted adult sex offenders. Our treatment program has been operating with minimal modifications, for over 21 years. Over this same period of time, Canadian prisons have experienced several philosophical shifts in their attempt to address treatment needs of a changing sex offender population. As a result, long term recidivism data is difficult to acquire and comparative interpretation is problematic. Our data show a sexual offence recidivism rate of 9.2% for treatment completers vs. 14.5% for treatment non-completers (p = .048) among a sample of N=576 convicted sex offenders with a mean time at risk of 122.1 months (SD = 58.3 months; range = 6 - 215 months). This paper reflects on the components required for this program’s successful longevity. Several facets of program operation are reviewed, including issues of program philosophy, program milieu, clinical autonomy, and administrative support. Issues typically considered to be secondary, such as staffing are underscored. Given our emphasis on ‘how’ treatment is provided rather than ‘what’ treatment is provided, issues such as staff member’s professional ability, personal suitability, and adherence to boundaries are highlighted as being vital to the clinical success of this program. Given Alberta’s geographic distances, cultural diversity, and legal principles derived from British common law, many of the lessons learned are applicable to our African colleagues.
Personality characteristics of sex offenders: How intractable are they?

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Sex offender treatment is frequently viewed with scepticism; personality is typically viewed as enduring and intractable. Data will be presented to challenge both of these notions. 40 adult male sex offenders participating in group psychotherapy at the Phoenix Program, Alberta Hospital Edmonton, participated in a prospective study examining (among other things) changes in personality structure over time in therapy. Stability of personality and rigidity of social capability were assessed using the Personality Research Form (PRF), the Jackson Personality Inventory (JPI), and the Interpersonal Competency Questionnaire – Revised (ICQ-R). Pre- and post-treatment data demonstrated important personality changes which fit very well with overall treatment goals. Personality differences between sex offenders who completed treatment and those who did not will also be examined.
Drug problems among adolescent sexual offenders – Implications for the management

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Studies of adult sexual aggressors have continuously demonstrated that the majority admit the onset of some form of sexual offending before 18 years of age. Although alcohol and drug abuse has been frequently associated with violent crimes in general, studies on alcohol and drug problems among adolescent sexual offenders have been seriously neglected. This study evaluates the alcohol and drug consumption between adolescent sexual aggressors who offended against children and those who offended against adults and verifies the differences related to the dimensional aspects of the personality.

It was a cross-sectional study carried out by the ABSex. The sample comprised 35 adolescent sexual offenders below 20 years old. The offenders against adults showed more problems with drug use than the group who offended against children. Besides, the sexual offending behavior of the aggressors against adults showed to be more one facet of the opportunistic exploitation of others. Offenders against children revealed significantly fewer mean scores of Persistence and Novelty Seeking than aggressors against adults.

Adolescent sexual offenders against children present some different characteristics from adolescent sexual aggressors against adults with reference to drug problems and aspects of temperament. This has helped our service to create different proposals for the management of these offenders.
Symposium on women sexual offenders: 
Female sexual abusers: A comparison with men who sexually abuse children

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While there has been substantial work on the development of measures to assess the criminogenic needs of male sex offenders, the equivalent work has not been undertaken with women who sexually abuse. The extent to which female abusers share the same ‘offence specific’ problems as male sexual offenders has yet to be examined. This presentation reports a national UK study of over eighty female sexual abusers drawn from criminal justice and child protection sources who have been assessed on a range of standardised psychological measures. The presentation has three main sections. The first describes the developmental and offence characteristics of the women studied. The second reports on the socio-affective, personality and ‘offence specific’ problems (e.g. cognitive distortions, victim empathy, etc) of the women as measured on a range of psychometric tests which have been standardised on British non offending women. The third compares the female abusers with a large sample of male sex offenders assessed on the same standardised measures. The results show that female sexual abusers share many characteristics with men who sexually abuse children. These include socio-affective problems in the area of self-esteem, emotional loneliness, social competence etc and also similarly poor levels of victim empathy and high levels of cognitive distortions. Finally the paper examines how these characteristics vary across different types of female sexual abusers and considers how these findings can guide treatment interventions.
Symposium on women sexual offenders: Assessing female sexual offenders’ motivations and cognitions: An exploratory study

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Semi-structured interviews eliciting cognitions and motivations were carried out with 15 incarcerated female child sexual abusers (nearly 40% of the current female sexual offender prison population). Qualitative analysis indicated that four of the five motivational schemas (implicit theories) underlying sexual offenders cognitions found in men could be clearly identified in women, these were: Uncontrollability (UN, identified in 87% of participants), Dangerous world (DW, 53%), Children as sexual objects (CSO, 47%) and Nature of harm (NH, 20%). Entitlement, a final implicit theory (IT) commonly found in males, was not identified in any participants. Further analysis indicated that there were four main groups of offenders within the sample based on combinations of these ITs. These were: 1) presence of DW/CSO indicating sexual motivation and cognitions with fear of violence; 2) presence of DW/no CSO, indicating fear of violence with no sexual cognition or motivation; 3) presence of CSO/no DW, indicating sexual motivation and cognition. The NH IT also strongly featured in this group; 4) presence of UN/no DW or CSOs, indicating lack of control, sometimes with sense of protection for the victim. Suggestions are made on how the results can inform theoretical developments in the field as well as policy and practice.
Changes in attachment in a young violent sex offender. A therapeutic case history

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The paper is a presentation of the first results from an ongoing research project at the University of Oslo in cooperation with the Institute of Clinical Sexology and Therapy. The project is an in-depth qualitative analysis of 8 intensive psychoanalytically oriented psychotherapies with adolescent rapists who have committed violent rapes of peers or adult women. All subjects are immigrant youths who have grown up in areas with low socioeconomic status and are related to criminal gangs.

All subjects undergo extensive personality measures prior to and at the end of therapy. The main focus however is on process material from the psychotherapies, through analysis of audio recordings of all therapy sessions.

This paper is an analysis of the process of change in one of these youths. The focus is on change in how he relates to the rapes he has committed. This is analysed through the process material, focusing on sessions where the crimes are brought up as a theme, explicitly or implicitly. These changes are then compared to changes in the youth measured in the Adult Attachment Interview, analysed through discourse analysis. The results show many changes, reflected both in process material and the AAI. The changes are particularly evident in the analysis of the implicit levels of communication.
Development, implementation and evaluation of a treatment programme for incarcerated rapists in a South African context

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South Africa has one of the highest rape figures in the Western world. The paper focuses on the development, implementation and evaluation of incarcerated rapists in a unique South African context. The aim of the programme was to facilitate rehabilitation of incarcerated rapists to protect the community and assist rapists to lead law-abiding lives in the community after release. The researcher will provide information regarding the treatment programme and give insight into the differences between Western and African cosmologies regarding world views on sexuality and rape. This is an attempt to create awareness and understanding of the difficulties involved in developing and evaluating such a treatment programme. Traditional views and customs and modern views regarding sexuality and rape will be discussed. The researcher utilized a processual approach as well as two models of change to guide the different processes within the research process. The findings determined that the treatment programme for incarcerated rapists was effective for first-time rapists and recommendations were made for future research.
Practical aspects in the biomedical treatment of sexual offenders

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Randomized controlled studies on pharmacological treatments for sexual offenders with the outcome criterion “recidivism” are still lacking. On the other hand, there is a substantial scientific knowledge about the wide range of psychiatric comorbidity in sexual offenders. Empirically-based treatment especially of impulsivity, anxiety and mood disorders in these patients may also ameliorate the sexual impulsivity. The prescription of testosterone lowering agents should be restricted to paraphilic sexual offenders with an at least moderate or high risk for hands on sexual offences and should always be combined with psychotherapy. The decision process for different treatment options will be described focusing on aspects of comorbidity, risk, and motivation.
An integrated treatment programme for sex offenders. What happens after release from prison?

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In cooperation with the Hamburg Ministry of Justice, in 2003 we started a group therapy programme for sexual offenders released from prison. Until today, 36 offenders with legal restraints participated in the program with a treatment duration from less than one month up to 4.5 years. But more than half of the clients participated from 6 to 24 months. Each participant was diagnosed according to DSM-IV-TR criteria for axis I disorders and using the SKID-II interview for personality disorders. More than half of the clients were diagnosed with paedophilia and in 83 % a personality disorder was found (mainly antisocial, borderline and avoidant). But only about half of the released offenders were compliant and suitable for group therapy. The rest was offered monthly contacts with a psychiatrist, whom they reported about their life circumstances. In two cases antihormonal treatment was offered in addition for some time (three months and more than four years respectively). The withdrawal rate for both forms of treatment together was 35 %. Therapeutic effects were evaluated using instruments developed for the Sex Offender Treatment Programme (SOTP) in England and Wales (Empathy for Women Questionnaire, Sex Offence Attitude Questionnaire, Opinions Questionnaire, Consequences Task, and Relapse Prevention Interview). Results showed improvements in most of the investigated domains. Specific therapeutic techniques, that focus on the multiple disorders, and difficulties according to the legal framework of the group therapy are discussed. While psychotherapy requires a high degree of compliance, sometimes not affordable by the clients, the advice to see a psychiatrist on a regular basis may be psychologically less strenuous and therefore more acceptable for some clients with poor insight in their problems. New juridical regulations in Hamburg provide such a form of mandated contact in cases where regular psychotherapy is not feasible. Future investigation is needed to find out the effect of such measures for crime prevention.
The implicit theories of rape prone men

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Ward proposed that information processing theory might shed some light on the confused concept of offender’s “cognitive distortions”. Ward suggested that schemata (termed implicit theories; ITs) should be considered as causal theories that interact with personal experiences to form coherent structures that help to both explain and predict our own and other’s behaviour.

The key aim of the present research is to determine whether rape prone men hold different schema from nonrapists that motivate and facilitate their behaviour. This study involves the innovative use of the lexical decision paradigm to implicitly measure the ITs of rapists and rape prone men. The lexical decision task (LDT) measures how quickly participants classify stimuli as either words or non words. It is thought that when a person has a strong mental representation of a word, or a particular group of words, they will be quicker to identify it than other words, or non words. In this LDT participants are primed with an unfinished sentence that will appear on the screen. This is then replaced by the target word and the participant decides whether the target word is a word or a nonword. Target words will be taken from three groups; (1) offence supportive words – words that finish the sentence in an offence supportive manner, (2) non offence supportive words – words that finish the sentence in a non offence supportive manner, and (3) nonwords. We predict that rape prone men will be faster to respond to the offence supportive words compared to controls, indicating a stronger mental representation for that theme. Findings are discussed in terms of future treatment programmes for rapists.
Assessment of Risk and Manageability for Individuals with Developmental, Intellectual, or Learning Limitations who Offend (ARMIDILLO)

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In this workshop the idea of expanding structured clinical judgement from primarily offender variables to a broader framework in which environmental (including staff) variables are given equal consideration in a comprehensive risk appraisal conducted for risk management purposes of intellectually disabled individuals is discussed. It is posited that only by contextualizing the individual’s risk within environmental variables can an accurate portrayal of current dynamic risk (and hence the management of that risk) be construed. The workshop will discuss the use of the ARMIDILLO as a structured clinical guideline instrument for the assessment of risk and risk manageability. Finally, the workshop will provide some guidelines on the implementation of the ARMIDILLO given that it is only at the “research” or “pilot” stages of its development.
The title of this paper evokes two main themes to most readers: first, gang members victimize others sexually, and second, gang members are often sexually victimized themselves as youths. While we have found evidence for both of these themes, we are more interested in a third theme. That is, the changing ethos of sexual offending as a gang-related normative activity in some of the more violent street gangs in New Zealand. In years gone past, according to several older ex-gang members, any form of sexual assault was seen as an inexcusable offence – against the rules of the gang – and such behaviour was often dealt with in a very violent manner. Over time, sexual assault in the context of family violence (i.e., rape of a spouse or girlfriend) has become viewed as “private business” and is routinely ignored by the gang hierarchy. Much more recently, a spate of child sexual assaults has resulted in an ongoing presence of gang members in prison and in the treatment centres in New Zealand. Currently only sexual offenders who have committed crimes against children are housed and treated at the Te Piriti and Kia Marama Treatment Centres. The gang members in these centres have been “allowed to retire” from the gangs, as opposed to meeting a violent end. Our interest is in prevention of such crimes and our hope is to work with the gangs in this regard.
The Offender Sexual Assault Protocol for the reduction and management of male rape in South African correctional centres

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It is postulated that male-on-male inmate sexual assault and rape is a universal problem in male correctional centres. From a current South African study it is evident that the reasons for rape in one correctional centre include that an agreement had not been reached between inmates and because of that the rape took place, corruption by correctional officials, the involvement of prison gangs and the use of deception by the perpetrators. Six of the one hundred research participants interviewed, revealed that they had been the victims of rape. All the victims were raped within days or weeks after their arrival at the correctional centre. Five of the research participants reported that they had sexually assaulted and/or raped other inmates. Four of the perpetrators were awaiting trial for an aggressive offence (armed robbery) and one for a sexual offence (rape). The perpetrators forced their victims to engage in oral sex, inter-femoral sex and anal sex.

Emanating from the feedback of the participants as well as the literature review, the researcher developed an Offender Sexual Assault Protocol, which consists of three components namely the Department of Correctional Services (DCS) awareness component, the reduction component and the intervention component. The DCS can use this protocol to reduce and manage sexual assault and rape in male correctional facilities.
Sex education for incarcerated men in a prison in Florencio Varela, Argentina

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The paper describes the author’s experience in Florencio Varela prison. It is an experience that shows the possibility of development of sex offenders treatment beginning by sex education in prison.

The author was invited in four opportunities to speak about AIDS prevention in sexual intercourse among the incarcerated men in a prison of highly dangerous people. That was the beginning of speaking about sex feelings, relationship about men and women, their children’s parental love and their family in a group class.

The programm accepted by Argentine prisons includes issues such as family education, parents’ relationship with their children, and children’s care on topics such as sex offence. The opportunity was given to enter in prison to work with men, accompanied by a colleague.

The conclusion of the four experiences was that it useful to enter to prison:
1. to speak with the prisoners to talk about their sexuality
2. for the problems they have in prison related to the threats be discovered as sex offenders
3. for the rape they suffer from their mates
4. for the guide they learn to give to their children preventing to repeat their history

Sex Offenders Treatment in prison is still a dream to conquer.
How police interviewers can assist sex offenders to provide accounts

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In many countries the traditional way that police officers have interviewed/interrogated those whom they suspect of having been involved in serious wrong-doing has involved a ‘pressurising’ or an ‘oppressive’ approach. However, recent research in Sweden, Canada and Australia clearly suggests that sex offenders are more likely to provide valid accounts to the police if they are interviewed in a ‘humanitarian’ way. This presentation will overview such research. It will then describe the major change (that commenced in 1992, and is still ongoing) in the way that police officers are now trained to interview in England and Wales so as ‘to seek the truth’ rather than ‘to gain confessions’. The presentation will finish by describing recent research (based on real-life audio-taped police interviews with suspects) which demonstrates that good (humanitarian) interviewing skills are related to more cooperation and responsiveness and to less reactance from suspects. It will conclude by suggesting that the police enabling sex offenders to provide valid accounts may also set the scene for greater effectiveness of subsequent treatment.
Existing measures aimed at restricting the use of the internet as an avenue to initiate sexual activities with adolescents

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The only way to prevent children from becoming the victim of a sexual offender while using the Internet is by acting in a pro-active way and preventing paedophiles from gaining access to children via the Internet. Preventative measures that can curb the use of the Internet as an avenue to initiate sexual activities with adolescents do exist. However, the mere existence of these measures does not ensure children’s safety. Therefore parents and caregivers need to know how to effectively protect their children. The focus of the presentation will be on existing preventative measures that can be used to restrict sexual activities with adolescents via the Internet. It will include an exposition of different filtering and blocking software programmes that can either be installed on the user’s home computer or at the Internet Service Provider (ISP). In addition the advantages and disadvantages of the different types of software will be discussed. Subsequently an overview of current South African legislation pertaining to Internet paedophilia will be given. Finally an outline of the importance of parental awareness will be given, as it is imperative that parents familiarise themselves with the Internet and popular Internet language (online lingo) in order to protect their children against online sexual predators.
Symposium on women sexual offenders: Assessing and treating women who sexually offend: What do we know and what do we still need to know

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As female sexual offenders increasingly come to the attention of the criminal justice system, we need to develop a better understanding of the issues related to the assessment and management of these women. This paper will provide a review of the current knowledge in the area of risk of sexual recidivism, assessment, and treatment needs of women who sexually offend. First, a review of the reported sexual recidivism rates of women sexual offenders in several jurisdictions, including the U.S., England, Australia, and Canada will be presented. Second, on the basis of available evidence, factors related to sexually offending behaviour in women will be discussed. Finally, treatment aspects will be detailed, including a contrast and comparison between male and female offenders. Tentative conclusions will be provided to help evaluators, case managers, and treatment providers in their assessment of risk of recidivism, and management and treatment of female sexual offenders.
Developing empathy: The psychological treatment of young sexual offenders in Brazil

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Sexual violence is a large public health problem confronted by Brazilian society. In São Paulo, almost 5% of male inmates are serving a sentence for a sexual offense. Between young sexual offenders, this number is 2%. The paper presents a description of a new methodology used in the psychological treatment of young sexual offenders inmates of correctional system in São Paulo. We made a description about the adolescents profile, their familiar disjunctions, the beginning of their sexuality and some others typical traits, that define the deficits in their profiles. The process is a short-term therapy treatment, with empathy training, to enhance empathetic feelings and understanding and increase prosocial behavior. The methodology used in this process is the psychodrama, the development of empathy (William Marshall), the Bandura’s social learning, and development of a moral code according to Kohlberg and Hoffman.
A study of adult intimate relationships and sexual dysfunction as indicators of risk in a population of men who have sexually abused children

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In order to establish an accurate assessment of risk in a sample of 193 out of a cohort of 672 men who sexually abused children and attended treatment, this study identified dynamic risk factors associated with early developmental difficulties, adult intimate functioning, and sexual self-regulation. It explored the association between these factors and treatment outcome.

The study established that childhood experiences impact significantly on the quality of adult relationships. It also found that, at the time of offending, the offenders experienced significant loneliness and isolation, disorganised adult attachment styles, protracted negative experiences in intimate relationships, and sexual dysfunction and dissatisfaction. Following treatment in a community based treatment programme, significant and enduring improvements were found on each of these factors and a recidivism rate of 1% was found on follow-up.

The implications of this study are that, in men who sexually offend against children, poor capacity for adult relationships, intimacy deficits and sexual dysfunction are significant dynamic factors that are amenable to community based targeted intervention.
Sentencing with the purpose to treat sexual offenders – success rates

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Sentencing of sexual offenders should include orders that accused undergo mandatory sexual offending treatment programs whilst incarcerated. Sexual offenders should be separated from other offenders thereby encouraging them to participate in these specific programs. Over-crowding of prisons in South Africa is a problem which may be counter-productive to the treatment of sexual offenders. Sexual offenders are also often targeted by other prisoners who commit sexual assaults on them as a punitive measure. The feelings of anger that certain sexual offenders possess at the time of the commission of the offence, may increase if they are victimized in prison. This will also prevent effective treatment.

Although sentencing may order that an accused undergo sexual treatment programs whilst in prison, staff shortages and lack of resources may prevent the program from being adequately implemented. Presiding officers in court must be empowered to include in their sentence ways of curbing sexual re-offending once prisoners are released into the community. Sexual offenders once released on parole should be placed under correctional supervision, thereby ensuring that compulsory treatment programs are continued. This will ensure the controlled and monitored re-integration of the sexual offender into the society.
The role of the prosecution versus the magistracy in eradicating drug abuse and the treatment of sexual offenders with specific reference to methamphetamine usage by gangs in the Western Cape

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Methamphetamine, commonly known as “TIK” in the Western Cape province of South Africa induces psychotic symptoms which when used prior to sexual offending leads to greater violence in committing this offence.

“Crystal meth” usage has become extremely popular in the gang members of the Cape Flats causing these youths to become more sexually active whilst on a “high”, having very little regard for practicing safe sex. This directly contributes to increasing levels of HIV infection.

The role of the prosecution and the magistracy in raising awareness of the dangers of this drug will be discussed with the emphasis on prevention through offender treatment and public policy.

Community resources need to work hand in hand with the criminal justice system to find ways to combat this system abuse which directly impacts on the levels of violence in sexual offending. The effective role of community policing, the prosecution and the magistracy will be discussed in encouraging and placing public awareness on these drug related violent sexual offences.

The need for legislation to control the sale and manufacture of this drug and ways of treating sexual offenders who are dependant on this drug will be discussed.
Alcohol use does not impair male age-estimation of female faces

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One interpretation of ‘reasonable grounds’ for unlawful sex with a minor is mistaken age. We examined perceptions of attraction and age of immature and mature photos of female faces as a function of make-up, sex and age of observer and alcohol consumption under naturalistic conditions. Persons in bars rated the attractiveness of composite faces of young females with or without additional make-up, concurrent blood-alcohol level being measured using a breathalyser. A non-sex-specific preference for immature faces over sexually mature faces was found. Contrary to prediction, alcohol and make-up did not inflate attractiveness ratings in immature faces. While alcohol disrupted the processing of cues to maturity in female observers, it had no effect on men’s age perceptions of mature and immature female faces, even at high levels, suggesting age perception is primal for male mate preference. Participants consistently overestimated the age of sexually immature- and sexually-mature faces by an average of 3.5 years. This study suggests that alcohol consumption and make-up use do not interfere with age-perception tasks, and may not cause apparent mistaken age in cases of unlawful sex with a minor.
Implementing a National Sexual Offender Rehabilitation Program for Incarcerated Sexual Offenders

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In 2002 the Federal Documentation and Evaluation Centre for Sexual Offenders was implemented into the Austrian prison system aiming to initiate and provide a nation wide basis of sexual offender rehabilitation programs according to risk, needs and responsivity of offenders. In 2008 an evaluation study of the program was started. In this presentation, an overview about 800 Austrian imprisoned sexual offenders, who where evaluated so far, is given in terms of their psychiatric diagnoses, personality and sexual disorders, and risk category.

Results of a controlled research study 4 years after release are also presented. However, since reduction of sexual reoffenses – which had a quite low base rate – was evident but did not reach statistical significance, violent reoffenses dropped to a third compared to a risk controlled group of sexual offenders.

We therefore conclude that nation wide sexual offender treatment programs which are systematically organized, will lead to a dramatic decrease in the violent reoffense rate of sexual offenders.
The role of childhood sexual abuse in sex offending

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Catamnestic studies of sexually abused children have found an elevated risk of adulthood offending. Studies among offenders have repeatedly reported an elevated prevalence of childhood sexual abuse (CSA), especially among sex offenders.
This study aimed to examine if sex and violent offenders differ in regard to childhood sexual and violent abuse. From correctional and court files socio-demographic, psychiatric and criminological data were collected for a representative sample of violent (n = 292) and sex offenders (n = 159) in the Canton of Zurich, Switzerland.
The prevalence of CSA was significantly higher in sex offenders than violent offenders while the prevalence of childhood violent abuse was similar in both groups.
Logistic regression analysis showed sexually abused offenders differed substantially from those not sexually abused. They were more likely to commit a sex offence, to have a pertinent criminal record (OR = 2.6) and a history of court-ordered therapy (OR = 2.6). They were also more likely to have grown up under a combination of distressing living conditions, to be mentally ill, and to prostitute themselves.
These findings corroborate the assumption that sex offenders more often have been victims of CSA, that they tend to offend more persistently and that forensic psychotherapy is less successful with them.
Marital rape among socially deprived women of a developing country

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Objectives: Intimate partner violence is a serious public health problem affecting mostly women. The objectives of the study were to determine the magnitude and factors associated with sexual intimate partner violence in women of a low income country.

Methodology: 500 mothers who delivered a live singleton baby were interviewed from September - December 2005 presenting to tertiary care hospitals of Karachi. Sexual abuse was determined by WHO Domestic Violence Module. Data were analyzed using appropriate descriptive analysis and the relationship between sexual abuse and the risk factors was determined using multiple logistic regression methods.

Results: Twenty one percent of women reported experiencing sexual abuse in their married life. Factors such as physical and emotional violence (OR 7.84; CI 2.41, 25.56), contraceptive failure (OR 5.42; 1.71, 17.16), women’s age (OR 8.73; CI 2.72, 28.06) and lack of dowry at the time of marriage (OR 6.78; CI 1.12, 21.33) were independently associated with spousal abuse during pregnancy. Women who had social support were less likely to be abused by their spouse (OR 0.54; CI 0.31, 0.94).

Policy Relevance: The magnitude of sexual violence among women represents a serious reproductive health concern of Pakistan. This has been recognized as a risk factor to women’s sexual and reproductive health. Strong social support is protective of abuse. It is recommended that counseling against abuse be provided to the couples against the identified risk factors and social groups should be formed to protect women against abuse.
Induction of illegal sexual behaviour as side effect of antipsychotic treatment?

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Sexual offences committed by schizophrenic patients are not of particular forensic-psychiatric relevance, but they often suffer from sexual problems as a consequence of the disorder itself or of its treatment. Many antipsychotic drugs inhibit the dopamine receptor in the brain which causes an increase of prolactine and hence an impaired sexual function.

We report the case of a 32 years old hebephrenic male patient, who confessed during his 12th hospitalisation to an intern that he felt some homopaedophilic urges. Even though it was registered in the file it was never addressed by the medical staff. Months later, his antipsychotic medication was changed by his GP from the atypical neuroleptic drug olanzapine to the novel antipsychotic drug aripiprazole. The patient started long walks and encountered playing boys on schoolyards with whom he started sexual activities. After he had been blackmailed by some of these boys, he reported to the police and confessed what he had done. He was send to a psychiatric hospital for treatment.

Aripiprazole is in fact recommended for schizophrenic patients suffering from sexual dysfunction. A careful evaluation of the sexual needs and history not only of such patients, but of schizophrenic patients in general is recommended.
The Danish Sexual Offender Treatment and Research Program (DASOP). “The Danish Model”
Implementing a preparatory program for sexual offenders in the Penal Treatment Institution at Herstedvester

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To motivate imprisoned sexual offenders to accept sexological and psychiatric treatment, a compulsory preparatory program has been introduced in the assessment and referral unit in the Penal Treatment Institution at Herstedvester. The program is designed to support inmates to work in a group setting and to set objectives for change.
The socio-cultural context of sexual offending in South Africa: Are we all products of rape?

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The authors ascribe to the integrated theory of sexual offending, which refers to four inter-related explanations: developmental factors; socio-cultural context(s); transitory situational factors; and motivations to sexually offend. The authors believe that, in South Africa, the socio-cultural context is key to understanding, and therefore treating, sexual offending.

This paper explores the principles and practices that combine to make South Africa a ‘rape-friendly’ environment. Firstly, the paper will examine issues such as: the acceptance of interpersonal violence as a way of dealing with problems; social acceptance of male domination and patriarchy; negative attitudes towards women; the availability of pornography; rape myth acceptance; cultural practices such as ukuthwala; and the sexualisation of children. Secondly, the paper will analyse the implications for sexual offending treatment that arise from South Africa’s specific socio-cultural context. Thirdly, the paper will posit recommendations for sexual offending treatment and public policies in the light of the above.
Symposium on women sexual offenders - Overview

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The main aim of this symposium is to provide a collection of papers, from leading international forensic researchers, on the clinical features of women sexual offenders. Research examining women sexual offenders’ treatment needs is still very much in its infancy and so a symposium devoted to this topic is bound to be popular with a whole range of professionals attending the IATSO conference. I have invited four internationally recognized speakers to comprise this symposium: Antony Beech, Franca Cortoni, Richard Beckett, and myself (Theresa Gannon). All authors have published articles and conducted research examining the aetiological features of women sexual offenders which fit together nicely into a symposium format.
Symposium on women sexual offenders: Offence-related interpretative bias in female child molesters

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Although female child molesters are believed to hold offence supportive cognitions that facilitate their sexual offences, there have been no experimental studies used to investigate this. Using an implicit memory task, we show that female child molesters – relative to female offender controls – are more likely to interpret ambiguous social information in an offence supportive manner. The results suggest that female child molesters hold a series of beliefs about men’s dangerousness and power that place them at significant risk of abusing children in the presence of a male perpetrator. Implications for treatment are discussed.
Symposium on women sexual offenders: A descriptive offence chain model for women sexual offenders

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We conducted semi-structured interviews with 22 women sexual offenders about the cognitive, behavioural, and volitional factors associated with their sexual offences. Using a grounded theory approach, we constructed a descriptive offence chain model that describes the sequence of cognitive/affective and behavioural events associated with female-perpetrated sexual offending. The model incorporates background factors, proximal factors, offender type, offence behaviour, and offence consequences. This is the first attempt to develop a descriptive offence chain for women sexual offenders and the findings suggest that the model is reasonably valid and reliable. Future theoretical, research, and clinical implications of the model are discussed.
Sexual violence in South African men’s prisons: dynamics and consequences

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Historically sex and sexual violence in South African men’s prisons has received little of the attention they urgently require. Recent revelations into prison corruption have gone some way in exposing widespread sexual violence, but understandings of the dynamics surrounding it remain underdeveloped, as does insight into its significant impact - for society as a whole. Reporting qualitative and quantitative findings of the Centre for the Study of Violence and Reconciliation (CSVR) this paper outlines the key circumstances in which sexual violence and coercion occurs and investigates the place of the practices within the prevalent inmate culture - strongly influenced by gangsterism. The paper argues that through experiences of prison sex and sexual violence, and the treatment of these in the dominant cultures of inmates and officials, intolerances are bred and further violence begotten. Especially destructive are the consequences for attitudes and identities concerning gender and sexuality. Furthermore, it highlights how these processes are intertwined with those outside of prison. Sexual violence in prison is directly related to that occurring between men and women outside. It endorses and generates destructive and harmful masculine identities at the heart of much sexual violence generally. Finally, the paper raises key areas for urgent intervention.
Diagnosing inmates for psychosexual rehabilitation and treatment in Malaysian prisons

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For a psychosexual treatment to be effective in deterring future sexual offences, it is necessary to appropriately diagnose the problems related to the particular sexual offence. It is unsuitable and misleading to coerce sexual offenders to undergo rehabilitation or treatment that does not address their particular situations. This is analogous to treating carbuncles without fully understanding the nature of diabetes.

The foundations for this effort was the recidivism rate of ex-inmates, the degree of violence experienced by victims, and the need to effectively rehabilitate convicts prior to release. Therefore the purpose of this paper was to develop a relevant psychometric battery for use in diagnosing inmates incarcerated for sexual offences in Malaysian prisons. It was believed that with the proper diagnosis, rehabilitation and treatment of sexual offenders in prison would have a higher probability of success in preventing recidivism.

A psychometric battery was developed and tested amongst 92 sexual offenders in prison. The results of the battery include differences in sexual predatory styles, erroneous beliefs regarding sexual practices, the presence of personality disorders, a history of family problems, lack of religious/moral understanding, and a history of behavioural problems during childhood and adolescence. The degree or severity of problems differed for each case.

The results indicated that effective rehabilitation for sexual offenders needs to be constructed according to the diagnosis rather than as a general program addressing all sexual offenders regardless of the type of sexual offence, psychological problem, or delinquency present. The prior practice of non-segregation was the main reason for recidivism amongst released sexual offenders as well as the inadequacy of the existing program to effectively rehabilitate incarcerated offenders. This was especially pertinent to the deficiency of addressing variables that trigger sexually violent behaviour.
Risk assessment and management of high-risk sex offenders in Switzerland by interdisciplinary boards using the method of structured professional judgement

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As a consequence of the serious relapse of a sex murderer on leave in 1993, the so called “boards for the assessment of offenders dangerous to the public” must advise the penitentiary administration services as well as the responsible courts in all decisions about transfer or discharge of high-risk offenders.

In our presentation we will, for the first time, present the results of two cohort studies:
First the study on risk assessment of the Forensic Department of the Basel Psychiatric Clinic with a follow up of 401 subjects for 11.7 years on average and a mean time at risk of 7.3 years which proved the high prognostic reliability of the criteria based risk assessment for all type of offences.
Secondly we will present the data of a prospective study of 101 high-risk offenders, where 56 offenders were transferred or discharged with only 15 relapses during 6 years on average, none of them classified as severe. This study suggests likewise the high reliability of the criteria catalogue and the respective management for high-risk offenders.
The Danish Sexual Offender Treatment and Research Program (DASOP). “The Danish Model”
Group treatment of sexual offenders

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This presentation reports on long-term outpatient treatment in groups of sexual offenders. Based upon experiences within “The Danish Model”, the presentation will in particular describe methods used and developments achieved in integrated psychodynamic/cognitive group therapy.
Developmental pathways and recidivism in juvenile sexual homicide perpetrators

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Empirical knowledge about people committing sexual homicides as juveniles is still rare. In a sample of psychiatric forensic reports about 166 sexual murderers 19 (11%) were juveniles (14 to 17 years of age) at the time of the sexual homicide. The development of those young offenders was characterized by early permanent stressors in the first six years of live (e. g. chronic diseases, absent fathers, continuous parental conflicts, physical abuse or emotional neglect) and psychological symptoms that usually became visible after reaching school age (e. g. school failure, absence of peer relationships and psychological disorders). Regarding these factors, three types of psychosocial development were distinguishable (antisocial, paraphilic or rather inconspicuous). Follow-up information about release and reconviction rates was obtained from German federal criminal records. The mean time span from the first sexual homicide until the information of the federal criminal records was 28 years. For sexual and violent reoffences the estimated recidivism rate for 20 years time at risk was 50 % for juvenile and 24 % for adult sexual homicide offenders, whereas the non-sexual non-violent recidivism rates were similar in both age groups (juvenile 52 % vs. adult 53 %). In the juvenile sample four types of longtime delinquency progressions were distinguishable. Case examples exemplify the relations between psychosocial development and long term delinquency.
Evaluation of the Hamburg Project for children and adolescents who are at risk for sexual offending

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In 2006 the Senate of Hamburg has concluded a model project for minors (12 to 17 years of age) who are suspected of sexual assaults. Since autumn 2007 these minors are registered by a specific section of the Hamburg youth welfare office, to decide about the further proceeding in each case. The Institute for Sex Research and Forensic Psychiatry was commissioned to evaluate the model project for the duration of three years. Various established diagnostic instruments are used to assess intelligence, psychopathology, deviant sexual behaviour and the risk for sexual offending shortly after registration. Depending on those measures, minors with multiple risk factors are assigned to a specific therapy. The therapeutic process is documented continuously. In addition, minors who are suspected of sexual assaults are compared to minors who committed non-sexual violence. Three years after the end of the model project the recidivism rates of both groups will be measured by an evaluation of the federal criminal records. Up to now approximately 50 children and adolescents are included. Preliminary results of this sample will be presented.
The influence of actuarial risk and denial on sexual recidivism

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The aim of the study reported here was to examine the relationship between denial (assessed psychometrically), static risk, and sexual recidivism in 250 sexual offenders treated in the UK in prison or the community in the mid to late 90’s. Denial was measured three ways: A denial index resulting from the combination of several measures of different aspects of denial, absolute denial, and denial of risk. Static risk (measured using the Risk Matrix 2000) was examined for its moderating role. Cox regression analyses revealed that higher levels of Denial on the Denial Index and Denial of Risk predicted decreased sexual recidivism independent of static risk at pre-treatment. There was no support for static risk as a moderating variable. Kaplan-Meier survival curves revealed that high risk offenders showing low levels of Denial on the Denial Index reoffended at a faster rate than any other group at pre-treatment. The same pattern emerged for those high risk offenders who did not deny they presented a risk for future offending at pre-treatment. These findings will be discussed in the light of the psychological processes that may be in operation for high-risk sex offenders.
The use of pharmacotherapy with high-risk sex offenders

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The treatment of high-risk sex offenders is a crucial issue for any country, with the three main methods being: psychotherapy, surgical intervention and pharmacotherapy. This looks at the latter option, i.e. the use of medication. Usually referred to under its more emotive title of ‘Chemical Castration’, this paper looks at the use of anti-androgens, such as Medroxyprogesterone Acetate (MPA), Cyproterone Acetate (CPA) and Luteinizing Hormone-Releasing Hormone Agonist (LHRH-A); and also Selective Serotonin Reuptake Inhibitors (SSRI’s). It explains what the drugs are, how they work and how effective they are for high-risk sex offenders. The paper then looks at some ethical and legal issues such as consent; whether the treatment should be voluntary or mandatory; whether it should indeed be classified as treatment or punishment and finally whether it should be used with convicted offenders or made freely available to all. Implications of risk and cost are also discussed.
Juvenile sex offenders: differences in recidivism of treated and untreated offenders

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We study approximately 350 juvenile sex offenders who were referred for screening for at least one hands-on sex offence in the Netherlands between 1988 and 2003. From analysis of their screening files and their rap sheets, we describe these offenders in terms of sampling offences, demographics, family background, personality disorders, victim characteristics, and co-offending patterns. Next we compare recidivism to a new sex offence for those who received treatment for their sampling sex offence, and those who did not. As treatment was not imposed randomly, we statistically correct for differences in risk factors between the two groups. We end with policy implications and implications for treatment.
Restorative Justice as a challenge to traditional legal strategies in sex offending cases

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Over the last 20 years countries around the world have offered much attention to legal and punitive strategies in sex offending cases. By prescribing longer sentences authorities intend to give signals of concern for the risk situation and solidarity with potential victims. Also in Norway punitive strategies have become popular among many politicians. However longer sentences don’t show practical evidence in terms of reduced numbers of sex offences. The possibility of a severe punishment may on the other hand lead to hesitation among jury members and judges to find the defendant guilty, and thus victims may feel they are being let down by the justice system rather than supported.

If the justice system can’t provide justice and support who else can then? South Africa is a leading example in the world on how severe legal and moral problems connected to racial violence and abuse, might be worked out by use of other than traditional punitive strategies. “The Truth and Reconciliation Commission of South Africa” (TRC) dealt with crimes being done in the apartheid period by establishing meeting places between offenders and victims, but without prescribing prison punishment for the offenders. The principle of the commission was the truth in exchange for punishment.

Also in sex offending cases victims may sometimes need the truth in exchange for punishment. Most of them want to hear the offender say: “I’m so sorry for what I did to you, it’s all my fault”. In a courtroom words of confession hardly can be said, because these rooms are not – and maybe should not be – places for forgiveness or reconciliation. In Trondheim we’re now going to establish a Restorative Justice Project in cooperation between the Trauma Center at the University Hospital and the Minister of Justice. The title of the project is “Guided dialogues”. Victims who are motivated here will be given the opportunity to meet their offenders, supported and guided by an experienced therapist. To be prepared for such meetings both victim and offender have to go through a period of therapy. From clinical work we know that offenders often feel powerlessness and inferiority against women, sometimes also they find themselves...
in existential crisis. The aim of the project is to help victims as well as offenders to overcome traumas and victimisation. Focus in the project will be rape incidents between young people who know each other and have some or another relation. Participation will be offered regardless of whether the case is reported to the police or not. Questions of legal reactions will not be dealt with, which means that victims are free to report the case to the police. Since most cases of this kind are not reported, the alternative probably will be a silence characterised by no help to neither the victims nor the offenders.

In Norway about 10% of all sex offences are reported to the police, out of these 10 percents there will be a prison sentence in somewhat 15-20% of the incidents. As long as 95-97% of all sex offences are let to the parties themselves, the justice system seems to be marginalised regardless of authorities’ wishes to provide public prevention and victim solidarity by use of punitive remedies. Though the aim of the project is not to handle sex offending cases outside the justice system, the project as such is a challenge to the traditional punitive philosophies. The needs of alternatives seem to be more than obvious.
Psychosomatics, dependency and sadism – Chances and limitations of forensic psychotherapy

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As a child and as an adult, P suffered from enuresis, stuttering and growing anxieties. He had serious difficulties at school and did not finish his professional training. Little by little, he became a loner. Until the age of 28, he lived together with his mother. During puberty, he started to abuse alcohol and tranquilizers. Until his confinement in the forensic department at the age of 36, he had stalked women he knew from his working place, robbed and molested foreign women on motorbikes and stolen pictures showing holy women out of a church and out of a museum. During the first months in forensic psychotherapy, he fought for being placed in the halfway house he had been before, he escaped three times mainly in order to get and take beer. During his confinement, he locked in a female patient he had fell in love with and kissed her against her will – until she got finally saved after several minutes. After this quite dangerous assault, he slowly changed his attitudes, lost weight, coped much better with his anxieties and started to talk about his sexual problems. He started a relationship with another female patient who does not want to sleep with him but who likes to keep a relationship based on talking and tenderness. He continued to paint in oil – what he had done from the age of 29 years –, mainly portraits of women and landscapes, and he developed an adherence to catholic pictures showing the virgin Mary including miracles (Lourdes etc.). The forensic psychotherapy supported also his social rehabilitation by adequate work in a shop. The enforcement of rules played a very important role – he often tried to bribe and repeat his pattern of forcing others to get love. We often had to undertake compulsory measures – at present we are not convinced that he can live on his own, therefore we rehabilitate him in a halfway house where he cooperates against his will.

Forensic psychotherapy has to deal with the contents of the patients’ biography and crimes, but it also has to repeat patterns the patients re-enact. The paper reflects the case history in the light of contemporary psychoanalytic and group analytic concepts.
Intermediary services for child witnesses testifying in criminal court proceedings in South Africa

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Efforts to reduce the trauma suffered by child witnesses in the South African adversarial criminal justice system are impaired by arguments that the prosecution of crimes cannot disregard the rights of the alleged perpetrator. Leading the testimony of a child witness is a highly specialised task, and the criminal prosecutor and defence council are not skilled in these methods. Intermediary services for the child witness in court is thus paramount to reduce undue mental stress experienced by the child witness before, during and after testifying. This paper highlights the fact that crime against children and the subsequent criminal proceedings where the child is required to testify as a witness occurs with sufficient frequency to warrant intermediary services to all child witnesses required to testify in South African criminal courts. Practical implications for practise are highlighted in order to improve the current intermediary process. The paper reflects on intermediary services rendered for 3 000 child witnesses in the Gauteng-West region and discusses experiences and challenges from the perspective of both the child witness and the intermediary. The paper also provides supportive literature and a statistical overview of the work done by the Bethany House Trust, a NGO, in this regard.
Giving account: A study of Irish Roman Catholic clergy who have sexually abused minors

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This study is based on an in-depth analysis of 40 hours of group and individual interviews with a small group of Irish Roman Catholic priests and religious brothers who had sexually abused children and who were in treatment for their sexual offending at the Granada Institute in Dublin – a community based treatment programme for sexual offenders. The aim of the study was to engage with the first-person narratives of the participants as they gave account of their sexual offending, in a manner that would allow for the individual and contextual meaning of their stories to emerge. The results of the study adds depth to current understandings of the problem of sexual abuse by Roman Catholic clergy and contributes to more informed therapeutic work in this area. The chosen methodology was so designed so as to enable the participants to discuss the meaning of the abuse for them and how it came to be, from their own perspective and in their own words. Arising from these accounts and incorporating a comprehensive review of the relevant literature the study provides a model of performance that can help conceptualise, never justify, the perplexing phenomenon of child sexual abuse by Roman Catholic clergy.
The impact of clerical and seminary culture on Irish Roman Catholic clergy who have sexually abused minors

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This presentation is based on a study involving Irish Roman Catholic priests and religious brothers who had sexually abused children and who were in treatment for their sexual offending in Dublin, Ireland. The aim of the study was to provide a model of performance that would help conceptualise, never justify, child sexual abuse by Irish Catholic clergy. The methodology involved an analysis of the first-person narratives of the participants as they gave account of their sexual offending and a comprehensive review of the relevant literature. The aspect of the study that will be highlighted in this presentation relates to the impact of clerical culture and seminary training on sexual offending by Irish Catholic clergy. By drawing on the clergy perpetrators’ accounts of their offending and Church Leaders’ accounts of their handling of abuse complaints, previously under-theorised cultural and systemic features of the aetiology of sexual abuse by Catholic clergy are brought into view. The parameters of individual responsibility and systemic accountability are also theorised. The presentation concludes by arguing for more research on those aspects of clerical culture and seminary training that have a place in the prevention and treatment of sexual abuse by Roman Catholic clergy.
Pornography’s influence on sexual offending:
Important moderating factors

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Pornography’s influence on sexual offending has been examined with re-
gard to antisocial attitudes, sexual arousal, and aggressive behavior. Thus
far, studies have shown that pornography use is associated with various
negative outcomes, although the relationship has generally been small.
Some have acknowledged that individual differences (e.g., propensity to
commit sexual aggression) are important moderators of this relationship
and recent studies have shown higher risk individuals are more nega-
tively influenced by pornography than lower risk individuals. Unfortunate-
ly, this research has utilized cross-sectional designs and focused solely on
community samples, and thus, longitudinal investigations of pornogra-
phy use among convicted sexual offenders have been noticeably absent
from such investigations.
The present study examined the unique contribution of pornography use
(frequency and type) to the longitudinal prediction of sexual and non-
sexual recidivism in a sample of 341 child molesters. Results indicated
that after controlling for risk of sexual aggression, pornography added
significantly to the prediction of recidivism. Statistical interactions indi-
cated that frequency of pornography use was primarily a risk factor for
higher risk offenders, when compared to lower-risk offenders, and that
pornography use containing deviant images was a risk factor for all
groups.
The manualisation of persons or the personalisation of manuals

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The manualisation of treatment makes clinical treatment and the measurement of outcomes both objectively accessible and statistically quantifiable. The personalisation of treatment is intended to give clinical relationships a subjective aspect in the belief that personal inter-awareness on both the part of the therapist and the client enhances treatment. We intend to raise this debate for discussion without necessarily resolving it by focusing on four main areas of contention:

1. Behavioural therapy produces change that is verifiable whilst insight therapy is difficult to quantify or prove and may sometimes appear to be counterproductive in changing behaviour.

2. Best practice requires adherence to an evidence-based protocol not ‘intuitive’ perceptions.

3. Higher academic degrees or rigorous clinical trainings are not necessary as only minimal training is needed to offer effective manualised treatment.

4. Personal and subjective attributes are not seen as important in the outcome of treatment but they might be the most effective measures of all.
Should psychologists ever change reports: Ethical, legal issues and guidelines

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Hired as a friend of the Court, or by a neutral adjudicator, reporting a risk assessment based only on static variables, without cross-examination, seems to allow the psychologist the comfort of standing firm on the report exactly as written. Hired by an advocate, whether it be defence attorney or prosecutor, and having to apply findings of risk, assessment of dynamic and acute variables, pathology, personality, interpersonal relationships, work and social circumstances, requires interpretation, and judgment, and sometimes changes in wording of the report, to help an adjudicator make decisions. Assisting an adjudicator to achieve restorative justice, or the re-integration of an offender into society, or family seems to invite a dialogue with the psychologist, not static reports. The referral question, discussion with a referring advocate, drafts, new data, new circumstance, new questions, direct testimony and cross examination point to the need for guidelines of the ethics and legitimacy of changing the content of reports: A touchstone is recommended.
A temporary initiative to treat convicted sex offenders was launched in 1997 and subsequently made permanent in 2001. The initiative is divided in two: Treatment as an alternative to, or a supplement to imprisonment. About 100 convicted are treated each year. The treatment is based on collaboration between the Department of Justice, the Ministry of Social Affairs and the forensic psychiatric departments in Aarhus and Funen, and the Sexological Clinic in Copenhagen. The treatment methods are psychiatric/sexological in nature, and they primarily consist of individual and/or group therapy in addition to social training efforts and possible pharmacological intervention.
Presentation of the accredited ROS program (Na SOTP in Sweden)

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Presentation of the accredited ROS program (Na SOTP in Sweden) both the group version combined with individual therapy and the newly developed individual version, ROS Individ.
The program is inspired from and developed in close cooperation with CSC in Ottawa, Canada. The group version was accredited fully in 2006. The individual version is hopefully to be accredited in June 2008. The modifications from the Canadian program are: We have completed the emotion component with two themes around shame and guilt. We have also involved “the good life model” more in combination with the self management component.
The individual program has been developed to meet the needs from high risk persons in the prisons that are not suitable for group interventions for example when the person has a high level of psychopathy in his profile, he has language difficulties (the individual program will be presented also in an English spoken format) and also in the probation service there have been some difficulties in forming groups and therefore it will be of great need to meet the offenders in an individual format.
Presentation of the accredited ROS program (Na SOTP in Sweden): VICTIM GATEWAY

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To complete the treatment in the ROS program in Sweden we have developed a victim gateway for the safety of the victims of both sexual offence and domestic violence. Some years back we had the experience that victims came to the prison to visit their offender. We found out that although the victims said that they came out of free will and wanted to continue the relationship it was clear in many cases that they were frightened and felt forced psychologically to come. Three years ago we started an investigation and a pilot scheme at two prisons in Sweden. The report was presented last spring and now the Head Office of the Correctional Service in Sweden has decided together with the government authorities to start this kind of victim gateway at every prison where there are sex offenders and/or men sentenced for domestic violence. The goal is to protect the victims and to make it possible for victims and offenders to meet in a safe context and to make a possible separation more safe for the victim. The presentation will contain a description how the victim gateway works, when to use it, who will be involved and some cases will also be presented.
Towards an understanding of muti murder: Human body parts for traditional medicine

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Muti is a Zulu (umuthi) word meaning medicine. Muti murder is defined as a murder in which body parts are removed from a live victim for the purpose of using the body parts as an ingredients in a form of traditional medicine. The victim usually dies as a result of blood loss from the wounds. While genital organs are often removed during such crimes, the uninformed might make the incorrect classification that it is sexually motivated crime. The term muti murder has been used interchangeably with the term ritual or sacrificial murder, often adding to confusion in terminology and definitions regarding these types of cases. This paper is based on the author’s experience investigating such crimes and provides an overview of muti murder, explains the context in which these types of murder occur, and defines the offenders and victims involved.
Relational perspectives and results in psychological treatment of sex offenders

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Relapse prevention programs of sex offenders have shown to have little or no effect with respect to recidivism 10 years after finishing treatment. Focusing on antecedent conditions like attachment style and sexuality might add new knowledge to the understanding and treatment of sex offenders. Sexuality is not only used for satisfying sexual needs, but also to create relations through sexual attractions. In contrast to the relapse prevention paradigm, the present study will focus on the development of relational aspects based on an understanding of the attachment failure from early childhood and its consequences for later relations. In the present lecture I will present the essential content of the therapy focusing on attachment, mentalization, sexuality and affect control, and the result from treatment of 37 individuals sentenced for rape. Such therapy takes time, on average 4.8 years, but both the outcome and the cost-benefit are worthy of being considered.
The Danish Sexual Offender Treatment and Research Program (DASOP). “The Danish Model”
Treatment in cognitive start groups

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This presentation refers to experiences within a short-term group therapy to introduce sexual offenders to treatment. The objective in this context is in particular to create a setting and an alliance that makes it possible to overcome the anxiety of talking about the sexual crimes the patients themselves have committed. Moreover, this course also has psychoeducational aims and idealistically speaking the short-term group therapy gives the patient an opportunity to begin setting up a list of problems to debate in - and goals for - the continuous treatment.
The Danish Sexual Offender Treatment and Research Program (DASOP) “The Danish Model”
Motivation for change and treatment of sexual offenders

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Within the field of sexual offender treatment it is widely agreed that motivation is of paramount importance to treatment participation and outcome. However, research concerning the matter seems rather sparse and inconclusive.
In this presentation major findings will be shortly presented and discussed before commenting on the question of motivation as a prerequisite for treatment and the difference between motivation for change and treatment motivation.
Childhood sexual offences: Neurobiological and clinical consequences

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Objective: To establish evidence that Childhood sexual abuse may cause structural and functional changes in the brain and the installation of psychiatric disorders.
Methodology: Based on chronological research in specialized literature, on the study of its psychiatric consequences and the clinical experience of the author; through “Longitudinal-observational-retrospective” study conceived to establish the etiological relationship between disorder of low incidence, and/or conditions of extended latency.
Results: Sexual violence experienced in infancy may provoke neurobiological and clinical consequences, with some emerging late in life. Several regions in the brain suffer structural and functional changes, in all likelihood triggered by abuse and neglect suffered in childhood. The most affected regions are: the limbic system: the corpus callosum, prefrontal cortex and gyrus cinguli. Posttraumatic stress disorder, borderline personality disorder (BPD), depression (D) and attempted suicide (SA), at any age, are associated with sexual violence suffered in childhood.
Conclusions: Sexual abuse in childhood is likely to play a part and be the precursor of changes in the limbic system: hippocampus; amygdala; corpus callosum; gyrus cinguli and prefrontal cortex and the precursor too of serious psychiatric illnesses: Posttraumatic Stress Disorder (PTSD); Borderline Personality Disorder (BPD); Depression (D) and Suicide Attempts (SA).
A descriptive analysis of child sex offender in Cape Town, South Africa

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A feature assumed to characterize many offenders in South Africa is that they emanate from communities that have inadequate resources, unsatisfactory parental supervision and general profiles that suggest a highly compromised quality of life. It would also appear that the child abusers in these communities often have histories of substance abuse, unemployment and extreme poverty. The socio-economic profile presented by perpetrators appears to mirror those of the families of the children who are most vulnerable to harm and sexual brutality. It is also apparent that many of the children molested or even killed in South Africa know their assailant.

The notion – that sex offenders look different, speak differently or act differently – appears to be ubiquitous. Sex offenders are a heterogeneous group with few shared characteristics apart from the predilection for deviant sexual behaviour. However, available information and research on the characteristics of sex offenders and effective interventions remain limited in South Africa.

The effective management of sex offenders continues to be a vexing issue in South Africa, just as it is internationally. Sexual offending, especially against children, remains a complex and challenging psycho-social problem with profound emotional and psychological costs to individuals and their families and major social ramifications.

This paper is based on a study of sex offenders in a community-based intervention program in Cape Town, South Africa. The findings presented will test whether common assumptions are supported. The assumptions tested by this presentation will include arguments that increased numbers of known sex offenders are not imprisoned but remain in their communities and families. The sex offenders who formed part of this study all participated in a community-based intervention program between 1992 and 2008.
The Dangerous Prisoner (Sex Offender) Act 2003. Dilemmas, conflicts and concerns: A practitioner’s perspective

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The Dangerous Prisoner and Sex Offender Act 2003 (DPSOA 2003) was passed in Queensland Australia to manage high risk offenders. Under this act, offenders are supervised beyond their sentence, and required to adhere to conditions imposed by Department of Corrective Services, including engaging in mandated treatment. This legislation is controversial and often a focus of sustained media attention. Proponents of the legislation argue its necessity for community safety, however, its implementation has attracted criticism from human rights advocates and academics amongst others. This presentation discusses the impact of engaging sexual offenders in treatment within this context.
Root cause driven prevention

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For many decades violence within families was all too often relegated to being a non-justiciable matter, deserving neither the attention of the police nor that of the courts. This created a climate of secondary victimisation. Cases were also not reported because of shame, embarrassment, possible intimidation and fear of revenge. An innovation approach has been adopted that has as its goal to turn victims into survivors by keeping their interests central to all decisions, as well as the design of victim-friendly facilities. For CJS to benefit its intended users it must be responsive, expeditious, accessible, effective and efficient. These are the factors upon which the Thuthuzela Model was designed. This model of a walk-in center and a dedicated court centralizes the service provision under one roof with clear agreed protocols and standard operating procedures. These seamlessly link the reporting, investigation and adjudication processes, ensuring holistic victim and case management. This both restores the dignity and confidence of the complaint and ensures the accountability of the offender. The results attained with this model are a sharp increase in conviction rates. The increase in the number of reports as well as the retention of the victim within the system is a clear sign of an increase in confidence and reliance on this model. Although by no means an end in itself we have reason to celebrate this model and its growth to an internationally recognized best practice, but we keep sharp focus on the fact that the primary trophy remains a reduction in the incidence of sexual abuse in the country. This is why the Anti-Rape Strategy rests on the three pillars of Prevention, Response and Support.
Psychosexual education for young sexual offenders – An integrated treatment approach for juveniles in a child and adolescent psychiatric outpatient clinic in Zurich, Switzerland

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The Child and Adolescent Forensic outpatient clinic as part of the department of Child and Adolescent Psychiatry of the University of Zurich, Switzerland takes on a unique role. It is the only one in its form in Switzerland and it has been treating Juvenile Offenders since 2004. The treatment programme for young sexual offenders (ThepaS) combines a psychoeducational and a cognitive-behavioral approach in a group setting with a multimodal programme. It emphasises on an integration of psychosexual understanding of the individual itself and its (psychosexual) interaction with its surrounding. In doing so, the programme ultimately hopes to achieve a risk reduction and a relapse prevention.

In form of a case study, we like to present the first results of our programme. Initially a description will be given of the various cultural and social backgrounds of the members of the groups, their offending behaviour and their psychopathological symptoms at the start and at time of completion of the programme. Subsequently, we will be using specific pre-post statements of the members themselves to formulate a conclusion as to the effectiveness of the different modules of the programme. Lastly, an outlook will be presented and further information given on future studies.
Reducing risk for reoffending

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Our model of treatment, contrary to the usual CBT model, identifies and builds on clients’ strengths and emphasizes approach goals that are exclusive of offending. In this sense it is consistent with the current positive psychology model of treatment for all disorders. Our program has three phases. The first phase is aimed at motivating and engaging the offenders and is, accordingly, at this stage directed at supporting each offender’s efforts to participate without challenging his distortions and minimizations. The second phase addresses, in a more challenging way, those targets identified as criminogenic factors such as social and relationship deficits, sexual preoccupation, deviant sexual interests, offense-supportive cognitions, poor coping and mood management skills, and poor self-regulation. The final phase uses the Good Lives Model as the basis on which to identify future goals and the steps necessary to achieve them. A limited set of avoidance strategies are generated as well as support groups.

Finally a long-term (10 years follow-up) outcome study of 534 released sexual offenders will be described that reveals 3.2% recidivism in the treated clients.
The treatment of “categorical denial” in sexual offenders

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Deniers are a challenging group in general as they may refuse program-
ing, be removed from a general treatment program for refusing to ac-
cept responsibility, be difficult to engage, or drop out of treatment. This
seminar is designed to outline a successful treatment strategy for work-
ing with a denier population, as indicated by our emerging research,
which will be presented. The presenter will discuss the available litera-
ture as it pertains to denial and relate this specifically to the development
of our strategy. Through the use of case studies participants will learn
how we conduct a “denier’s group” as well as how to manage some of the
unique challenges posed by working with this population.
Sexual addiction in sexual offenders: Prevalence and correlates

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This paper will report on our studies on the relationship between sexual addiction and sexual offending. The prevalence of sexual addiction in sexual offenders (43%) was found to be greater than in socio-economically matched community participants (17%). The rate of sexual addiction in the socio-economically matched community participants was much higher than the estimates of the prevalence of sexual addiction in the general community (3-6%). Sexual addiction was not found to be co-morbid with alcohol or other drug addiction. Nor were sexual addicts more likely than non-addicts to engage in sexual behaviors with others. Sexual addicts were, however, more likely than non-addicts to use sex as a coping strategy. We are currently investigating the relationship between sexual addiction and schema, attachment, and shame and guilt. These results and their implications for the treatment of sexual offender sexual addicts, and our treatment results with sexual offender sex addicts will be presented.
Operating a unit for mentally disordered sexual offenders

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We will begin by describing the unit, its physical layout, and the staff (professions) who serve the unit. This will be followed by a description of the residents including their offenses and diagnoses (Axis 1 and Axis 2). Next we will describe the psychological and psychiatric programs that are offered, how these are implemented, and how we determine effectiveness. We will point to the difficulties these offenders present in terms of managing the unit and how we deal with these problems. Finally we will describe some tentative data on positive changes on a measure of “quality of life” of the offenders over the time they are at the unit.
The benefits of an “open” or “rolling” approach to running sexual offender treatment programs

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The Rockwood program for the treatment of sexual offenders has been run for many years in an “open” or “rolling” format. This approach has yielded extremely good outcome in terms of recidivism data. It is an approach that is grounded on research into the positive characteristics of therapists in both the general psychological and the specific literature on the treatment of sexual offenders. This seminar will outline this research and highlight the benefits of conducting open groups. In addition results from a new study in this domain will be presented. In this research the Moos Group Environment Scale was administered at various points to assess differences on each of the subscales between an open group and a closed group run by the same experienced facilitator.
Evaluating sexual offender management in Austria’s Correctional system

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At the beginning of the year 2002 systematic assessment of sexual offenders has been implemented in the Austrian penal system. This assessment is conducted in the Federal Documentation Centre for Sexual Offenders while the offender serves his sentence in an Austrian prison. The purpose of this assessment is to generate a detailed diagnosis of the offender’s personality as well as a comprehensive risk assessment. By means of this information individual recommendations for the offender’s treatment are given. Furthermore, it is attempted to release even those sexual offenders on parole who are expected to be at increased risk to reoffend in order to advise them to attend psychotherapy, social support or the like.

The study aims to analyse the influence of treatment and support conducted in prison as well as the way of release preparation on sexual offender recidivism. Data are compared to sexual offenders imprisoned before structured sexual offender management was implemented. Findings about recidivism data considering different offence categories, time span between release and recidivism and different risk and protective factors’ influence will be presented.
The effectiveness of restorative justice systems

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This paper explores the use of restorative justice as a response to sexual crime. The management of high risk sex offenders, particularly in the community post-release, has been a key focus of contemporary popular and official discourses on sexual offending. Many jurisdictions have enacted a range of recent control in the community measures such as sex offender registries, community notification and other punishments based on public shaming. These measures, together with the response by the media and the public to the presence of sex offenders in the community, may fail to prevent reoffending and impede offender rehabilitation. This paper argues that the use of punishment alone via formal criminal justice is an inadequate response to sexual offending. Although controversial, this paper advocates the use of restorative justice practices with sexual crime. Drawing on a range of empirical studies and the author’s own research, restorative justice is presented as a proactive, holistic response to the problem and ultimately as a more effective means of reducing the incidence of sexual offences and sex offender recidivism. It is argued that the previously piecemeal initiatives in this area which have proven effectiveness should be further extended within the criminal justice system as a mainstream response to sexual crime.
Development of the Multi-Agency Sex Offender Risk Assessment and Risk Management (MASRAM) Arrangements in Northern Ireland

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This proposed presentation will provide a full explanation of the development of the multi-agency arrangements for sex offender risk assessment and risk management in Northern Ireland, and will indicate where problems existed, how these were overcome and some of the issues now being considered.

Following some high profile sexual abuse scandals in the United Kingdom in the 1980’s and 1990’s considerable pressure was put upon the criminal justice agencies to more effectively address the issue of public protection from sex offenders. In Northern Ireland a multi-agency conference was set up in May 1997 and working group formed with a term of reference to develop multi-agency arrangements for the assessment and management of the risks posed by sex offenders. The group met between 1997 and 2001 when the procedures they had developed were launched as a pilot scheme in September 2001. Evaluation of the arrangements six months later identified that they did represent a significant improvement to public protection. The arrangements were formally launched in May 2002 as the Multi-Agency Sex Offender Risk Assessment and Risk Management (MASRAM) arrangements.

Since their launch the arrangements have been subjected to three major inspections by the independent Criminal Justice Inspection in Northern Ireland. The arrangements, which had been developed on the basis of voluntary co-operation between the criminal justice, public health, housing and a variety of non government organisations are to be put on a statutory basis with effect from 1st April 2008.
Internet offenders – a “new” offender category?

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The internet as medium of sexual offenses raises new questions regarding the “old” problem of sexual offending. Are Internet Sexual Offenders (ISOs) a new typology of offenders, or do they mainly use new methods for sexual molestation?

Current research pointed out the critical role of dysfunctional intimacy, self-confidence, and deviant sexual preference in internet offenders. However, not much is known about the risk and treatment factors of ISOs and their recidivism risk or association with contact offending. Internet offenses are divided into four categories: (1) Distribution of child pornography, (2) sexual molestation of minors via chat rooms, (3) facilitating of contact offenses by online-grooming of prospective victims, and (4) communicating and networking between pedophiles. A substantial part of the research has so far focused on the area of child pornography while not much empirical research does exist regarding offense patterns and offender characteristics of ISOs in comparison to contact offenders. What is to say with our current knowledge, ISOs are not a homogenous group of sexual deviants but can be classified into different subtypes regarding their history, dangerousness and treatment responsivity.

Our review provides an overview about this offender category and describes the current state of knowledge and research.
According to current literature, the two major predictors of sexual recidivism are criminal lifestyle and sexual deviance. Considering the latter aspect, it makes sense that a risk measure must address an offender’s sexual arousal pattern. Research shows that different types of sexual offenders demonstrate distinct patterns of risk for reoffending. For example, Serin, Mailloux and Malcolm found that rapists reoffended more often than child molesters; among the latter, child offenders with male victims display higher recidivism rates than those with female victims, and extrafamilial child molesters are at higher risk than incest offenders. Hence, an assessment tool that both depicts sexual deviance as well as allows for these peculiarities is needed for a comprehensive risk estimation of a sexual molester. The penile plethysmograph (PPG) is an obvious but controversially discussed estimation method for this task.

The presented review aims to give a comprehensive overview about the current research on risk factors of sexual recidivism and how they are influenced by confounding variables such as the offender’s age. Finally, the role of phallometry will be discussed.
In order to transgress the sexual mores of most societies one would have to overcome a range of social inhibitions, moral constraints and legal injunctions. Moreover, one’s intent would have to be both determined and perverse. By ‘perverse’ I mean offending against the natural social or cultural order. What would cause an individual or a group to allow this to happen?

Firstly, one’s family, sub-culture and wider cultural values all play a deciding part. If sexual barter, sexual exploitation, sexual abuse or sexual blame are an intrinsic part of one’s upbringing then the structure of one’s sexual thinking becomes distorted and, ultimately, fragmented or rent asunder.

One might then use sexual power or sexual victimhood to engage in personal and social attempts at sexual pairing that could lead to sexual exploitation, cruelty and criminal offending.

An alternative to simply punishment might be to create a mindful environment where an attempt can be made to undo past familial and subculture norms and mores and where the possibility of sexual mending may occur.
Drugs, sex, and aggression: The association between substance use, abuse, and sexual aggression

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This presentation will focus on the how drug and alcohol use and abuse is associated with sexual aggression. The issue will be explored from the perspective of causes and correlates of perpetration and victimization. Sexual aggression has been found to relate to alcohol and drug use in at least three ways. That is, alcohol and drugs can serve as a disinhibitor for aggressive behavior, chronic abuse of alcohol and drugs may be part of a general antisocial lifestyle that also includes sexual assault, and there may be common causes of substance abuse and sexual aggression, such as impulse control, emotional instability, environmental instability, peer pressure, and general indulgence. The literature addressing these three possible mechanisms will be reviewed and data will be presented from Michael Miner’s research with adolescent sexual offenders, adolescent delinquents, and men who have sex with men. This presentation will also explore how alcohol and drugs are associated with being the victim of sexual assault. Again, data from Dr. Miner’s research will be explored, as will the literature on sexual abuse and rape victimization. The implications of the extant literature and the available data will be addressed.
The use of psychometrics for treatment planning of sexual offenders in prison

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The management of sexual offenders’ treatment planning is not a simple matter of arbitrarily deciding, from a selection of possible treatments, which treatment is appropriate for all the incarcerated sexual offenders. Rather, it is a complex process involving the consideration of various cognitive and behavioural dimensions for every offender. This is due to the differences in motives, family upbringing, history of criminal behaviour, and the trigger of the sexual offence itself.

The process of designing an appropriate treatment plan is made easier and more objective with the use of available or organization-specific psychometrics. This approach, implemented in Malaysian prisons during 2006 has enabled a more effective and efficient management system for the treatment of sexual offenders. The treatment of issues and problems relating to sexual offences has shown a marked improvement in changing offenders’ cognition and behaviour to acceptable norms. This in turn has positive implications on public safety and recidivism rates. This paper is concerned with delineating the various utilization of psychometrics in five stages of the treatment of sexual offenders. The first involves the typology of the sexual offence itself. The second is the identification of mistaken beliefs, cognition, and behaviours related to the sexual offence. The third is related to the seriousness of the mistaken beliefs, cognition, and behaviours. The fourth stage involves the actual planning and subsequent treatment for the offender. The fifth stage evaluates the effectiveness of the treatment plan in either correcting behavioural problems or reducing the likelihood of recidivism.
Reframing Sexual Violence through discourses of culture and modernity

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In many South African communities, modernity in the form of industrialization resulted in the migrant labour system, which uprooted communities and families. Men’s (particularly black men) ‘forced’ mobility between home (rural) and work (urban) disrupted fixed notions of gender and culture which resulted in shifting identities that are neither categorically ‘traditional’ nor “modern”, but rather a complex negotiation of the two. An example of this ambiguous form of South African masculinity is the president of the African National Congress, Jacob Zuma who is publicly “modern” but privately “cultural”. The purpose of this paper is to explore the intersections of modernity and culture in the construction of sex offender masculinities in South Africa, through the analysis of interviews conducted in August-September 2007. This preliminary research/paper will seek to reframe the discussion on culture and sexual violence through the exploration of the mutual constitution of culture and modernity in shaping sex offender masculinities.

1 Black is used as analytical category. The author does not believe that ‘race’ exists but has rather used these terms in the paper to contextualize South African masculinities in a post-apartheid context.
Until death us do part? Homicide risk in intimate partner sex offenders

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It is widely recognised that sexual violence against women is often committed by a known individual. A substantial proportion of these sexual assaults are committed by the victim’s current or previous intimate partner. Less widely discussed within the Sex Offender literature however is that sexual assault by an intimate partner is a recognised risk factor for IP homicide.

Given this lack of integration of theoretical perspectives, it is possible that formulations which primarily identify intimate partner sexual offenders as sex offenders, and thus approach assessment, interventions and community support through this lens, may fail to adequately protect the public through inappropriate conceptualisation of risk.

This presentation will use illustrative case examples, and relevant findings from Intimate Partner homicide studies and the sex offender literature to highlight key issues of practical relevance to the assessment and risk management and post release supervision of IP sexual offenders.
Cultural issues and myths among juvenile offenders

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During my work with juvenile sex offenders I have found that the dynamics for sexual offending is totally different to that of adult male rapists. In the case of an adult male rapist issues such as lack of nurturing, domineering mother figure, parental (maternal) abuse, physical and sexual abuse have been identified as triggers or causes of rape. With juvenile sex offenders I have often found that cultural beliefs and myths have led to the conviction of rape. In my program I use narrative psychology to help offenders retell their stories. I also combine the treatment with cognitive behavioural therapy to identify triggers and ways to prevent rape or sexual offending.
Preventing sexual violence through effective sexual offender treatment and public policy

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Background: South Africa’s commitment in combating sexual violence is deafening, it has since committed itself in a number of domestic Laws and International binding documents.

Possible means of implementing this prevention: Creation of effective organizations to support and help sexual offenders to change their attitudes, perceptions and behaviors related to sexual violence. Full funding of such formed organizations is critical, for them to be able to provide and stabilize the core services for such offenders. Restorative Justice is to be fully funded, and given necessary resources, to promote offender’s accountability, to their victims and the society at large.

Possible means of monitoring effectiveness of these organisations: An independent body to be formed i.e. Secretariat, which will oversee the effectiveness of such organizations and their programs.

Funding of these organisations: Fund such programs with fines and penalties collected from the Law Breakers, to avoid using Tax Payers monies. Funding of such Programs to be included in the government’s financial year’s budget with particular reference to the Department of Justice, Department of Safety and Security, Department of Correctional Services, and Department of Social Development, in whom these offenders are mostly in their care.
Integrated sex offender treatment: What the sex offenders say works in THEIR treatment

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A qualitative study was carried out within the Granada Institute (a community based group treatment programme in Dublin, Ireland) to identify what all participants (therapists and clients) believed to be the most important aspects of the treatment model. Mann noted a conspicuous absence from the literature of the voice of those who are the recipients of sex offender treatment and argued that without their viewpoints the benefits of treatment cannot be fully maximized. Thus this study deliberately included both therapists and group members as respondents to a semi-structured interview which was designed around the four main components of positive therapeutic outcomes, Therapeutic Relationships, Expectancy & Hope, Technique and Extratherapeutic Change. The findings showed a large degree of congruence between the two sets of respondents and these will be discussed. This presentation will also outline other important findings such as the clients’ definition of the characteristics of therapy, what the group members expect from each other and the importance they place on the ethos and hospitality of the staff. The significance of these findings for successful treatment will be discussed at the presentation.
Difficulties and differences when treating adults who rape as opposed to paedophiles

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The goal of this presentation is to provide understanding in the difficulties and differences when treating adults who rape as opposed to the paedophiles. The management of sexual offences in a correctional milieu poses a variety of challenges which need to be addressed. The goal would therefore be to challenge the cognitive distortion that adult sexual offenders may still be having and capacitating them with the knowledge and skills in dealing with this deviant behaviour.

The objectives of this presentation are outlined as such:

- To ensure that all role players and stakeholders understand their roles and importance in the rehabilitation process of sexual offenders.
- To provide an insight into the cognitive incongruence of the sexual offenders and seeking ways to understand what they have committed, how the offence was committed and what needs to change rather than merely asking for forgiveness.
Research: The life experience of adolescent sexual offender: Factors within the family that contribute to offending behaviours

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South Africa has one of the highest rates of sexual abuse on children, and we are exposed to children abusing others. Childline KZN offers a remedial programme for children who have committed sexual crimes on other children. The process is also informed by research, encompassed in this paper.

A qualitative research paradigm probed the life experiences of abusive children. The aim of the research: to understand the impact of the interacting context of the family on the child and how these factors may influence offending behavior. A collective case study design was used.

The study underlies the importance of addressing multiple issues of problematic family relationships, unresolved trauma, other psychosocial problems, and the South African context as an influence.

Research objectives:
- Exploring relationships within the child’s family context.
- Ascertaining experiences of abuse experienced.
- Exploring the child’s sexuality and the role that significant others play in this process.
- Exploring sexual experiences linked to sex offending behaviour.
- Exploring the child’s perception of his offending behaviour.

Some recommendations were made.
The Impact of culture of sexual offending

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Traditionally, feminist theory and perspective has lead the way, directing how we treat victims as well as informing the way we approach punishing and rehabilitating sex offenders. Now we are researching the role culture plays in treatment and must delve into the many cultural dimensions to elucidate how culture, in all its meanings, affects sexual abusive behavior. Understanding and incorporating culture will help us understand what within certain cultures can instigate or inhibit sexually abusive behavior, ultimately allowing us to prevent sexual assault. In addition, understanding cultural constructions which create the identities of offenders will lend us information to better treat and contain sexually violent individuals. This discussion will explore the different ideas of culture, from the culture of violence to specific sub-cultures including class, ethnicity, etc., and how they interrelate for the treatment and rehabilitation of sexual offenders.
Sexual Offender Treatment: Its scope, its power, and its benefits for society

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In his presidential address, the speaker will outline the aims, standards and outreach of the International Association for the Treatment of Sexual Offenders (IATSO). He will then present data as to the effectiveness and effectivity of different kinds of treatment for sexual offenders. Finally, he will argue that criminal justice as well as adequate means of coping with them, including treatment for sexual offenders, are corner stones for a democratic society.
Castrating human rights: A rights based approach to the use of anti-libidinal suppressants with high-risk sex offenders

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The use of anti-libidinal drugs on sex offenders, although used in the US and European countries, is not in widespread use in other parts of the world. Briefly, it is the use of medication to ‘treat’ and help manage the risk posed by high-risk, highly deviant sex offenders, and in particular paedophiles. Often referred to with its more emotive title of ‘Chemical Castration,’ this paper details what this form of treatment is, how it is used and its effectiveness in preventing re-offending. The paper will then assess the human rights implications of its use and importantly, whether the use of sexual suppressants with or without consent is a viable option in light of obligations under International Human Rights Law. The human rights implications will be premised on the concept of human dignity, a concept enshrined internationally and in the South African Constitution.
The standardized prediction of sexual motivated hands-on reoffenses of convicted sexual offenders

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The research and practice of sexual offender recidivism risk assessment has made important advances in the last decades. Maybe the most meaningful advance has been the development and promulgation of actuarial instruments that are demonstrably predictive of different recidivism outcomes. This study is part of a prospective, longitudinal research project to evaluate the reliability and validity of different recidivism risk assessment methods for sexual offenders. We present data about the recidivism risk prediction of the five most commonly used risk assessment instruments for sexual offenders: We present data about the Static-99, Rapid Risk Assessment of Sex Offender Recidivism (RRASOR), Sex Offender Risk Appraisal Guide (SORAG), Sexual Violence Risk-20 (SVR-20), and Psychopathy Checklist-Revised (PCL-R). The focus of the present study is exclusively on the prediction of violent sexual reoffenses or the so-called sexual motivated hands-on or contact offenses. Although previous studies suggested that standardized risk assessment instruments are able to predict recidivism of sexual offenders with regard to more general recidivism criteria (e.g. general criminal or general violent recidivism), our results indicate that there is until now no evidence that these instruments are actually able to predict especially sexually motivated hands-on reoffenses.
Ethical issues in the treatment of adolescent sex offenders

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Few types of mental health treatment present as many ethical challenges as the leadership in planning treatment programs for youths who have sexually offended. In addition to the usual issues related to minors, and the involuntary aspects of the treatment and the limits to full confidentiality, there is often involvement of treatment providers from many professions. Also involved with these youth are other support services such as correctional staff, youth workers, schools and group homes. This can lead to a complex situation in which it may be difficult to navigate an easy ethical path for program leaders, so as to confidently lead other professionals in the field.

This presentation presents a brief vignette, followed by a discussion of the need to acknowledge and help resolve ethical considerations in planning and maintaining a treatment program that is in place for adolescent offenders in several OPD sites in British Columbia, Canada. A framework will be presented for the examination of any medical ethics issue. This can be applied to ethical dilemmas as they arise. Finally we will look at any guides or processes or reference materials that can be used to guide us in resolving ethical issues in this difficult area.
Enhancing community collaboration to stop sexual harm by youth

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This presentation provides a framework for a comprehensive, community-based response to sexual harm by youth. The purpose is to illustrate how collaboration with youth, families, juvenile justice, and all service providers can influence successful outcomes. Research indicates most adolescent sex offenders pose a manageable level of risk to the community. While professionals are committed to collaboration, implementation can be quite challenging. Success depends upon a range of issues that provide a reasoned approach for determining the existence and extent of sexual harm, enhancing sexual health and well being for everyone. This presentation addresses how a comprehensive, research-based response can:

- Reduce harm.
- Influence least restrictive placement.
- Provide a full continuum of care.
- Involve all participants in a way that promotes successful outcomes.
- Be cost effective.

Personnel from juvenile justice, social services, and private agencies are challenged to provide a congruent approach in order to provide a cohesive message that reflects an empirically driven philosophy of care.
An analysis of the phenomena of child on child abuse

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This is a study of the young, not-yet pubescent, individuals whom none of us want to label with a pejorative term like sexual offenders. These children are not yet old enough to engage in consensual sexual intercourse, but resort to the use of bribery, coercion, trickery, threats and various other forms of manipulation to violate other children.

Objective: This study is based on the need to know more about these children, and thus explores who they are and what makes them sexually violate other children?

Method: Quantitative, as well as qualitative data was collected using questionnaires. An Exploratory Descriptive Approach was then used to analyse the data according to three contributory factors:

- The relationship between the media and the expression of sexualised behaviour.
- The relationship between attachment figures and the violating child.
- The relationship between the family and the violating child, in terms of intergenerational patterns.

Results: The results indicated that a strong relationship between the sexualised behaviour of the child, and the media exists. It was also found that the violating child was likely to have experienced the absence of an adequate male role model. In addition, the children seemed to learn by what they live, suggesting that violence begets violence.

Conclusions: This research has served as the basis for the development of a Teddy Bear Clinic Model of Intervention for these young individuals, and a Teddy Bear Clinic Assessment tool for court purposes.
The management of young male sexual offenders: A teddy bear clinic model for intervention

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The workshop that will be presented, will review the primary target areas in treating young sexual offenders, 16 years old, or younger. It will begin with a discussion of the Cognitive Behavioural Approach to treating young sexual offenders, as this is the first stage of Rehabilitation to be received by these individuals. The young offenders are compelled to attend this stage of treatment, but are only permitted to join, if they have admitted to the offence.

At the point of completing the course of Cognitive-Behavioural therapy, these young offenders are offered the opportunity to attend voluntary programs that encourage positive ways in which to engage with the environment, and ultimately, turn a negative situation into an opportunity for growth. These programs include:

- Art and music therapy, which have a culturally focused method of fostering rehabilitation through enhancing creative expression.
- ‘Fighting with Insight’, a sports and fitness related therapy that involves enrolling in a boxing academy to foster rehabilitation through the development of the capacity to respect and manage physical aggression.
- Animal facilitated therapy, which could be the way forward for the community service of these individuals, as they learn relational skills in the process of taking care of different animals.

The workshop will include the presentation of exercises and methods that are used, as well as their applicability to different populations. By the end of the workshop, participants will be familiar with the key areas to address in treatment of young sexual offenders, as well as key methods of treatment.
Training educators to deal with the sexual abuse of school children

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Objective: The basis for training educators to deal with the sexual abuse of school children comes from a preliminary study on „Perceptions of Sexual Abuse among Educators of Children and Adolescents in Different Educational Contexts“. During this preliminary study, which was carried out during the academic year of 2005-2006, the training of educators in Gauteng was initiated.

Theoretical basis: This training programme was designed on the basis of the idea that the best way to get a group involved in a problem is through their learning to identify it, and feeling equipped to address it.

Technique: These educators were primary and secondary school teachers, and they were trained according to the research action methodology. The primary objective was to furnish education professionals with the knowledge and the skills to identify sexual abuse, to intervene and manage the problem, and finally to analyse their knowledge base before and after the training.

Content: The course content that participating teachers were offered throughout the training, included theoretical content related to the concept and characteristics, as well as the latest thinking about abuse, and knowledge and management of instruments for the detection of abuse at school.

Outcome: This program will enhance a significant source of assistance in facilitating the immediate identification of child abuse, and the effective assistance of the abused child.
The comparisons among treated, non-treated sexual offenders, and general population in Taiwanese samples: What they have learned from therapy?

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In this study, three Taiwanese samples, treated, non-treated sex offenders, and general community samples were recruited to explore (1) the differences among them in empathy, shame, and guilt, (2) the role of empathy in therapy for high risk group, (3) the role and relation of empathy to self-focused attention, shame, and guilt.

The results were, firstly, both non-treated and treated sexual offenders showed better performance than community samples on guilt, empathy, and positive self-focused rumination, but worse performance on negative self-focused rumination. Additionally, both treated and non-treated also showed better performance on Perspective Taking and Empathic Concerns, but not on Fantasy and Personal Distress. Thirdly, significant differences were also found on guilt and Empathy among different risk groups. Most worthy noticing results were that the highest risk showed the best performance on both Perspective Taking and Fantasy, but not on Personal Distress and Empathic Concern. Finally, self-esteem, guilt, positive self-focused rumination are better predictors for perspective taking; and self-esteem, shame, and self-focused rumination are better predictors for personal distress.

In conclusion, there seem to be no differences found both in positive and negative knowledge/ability between treated and non-treated sexual offenders, both also performed better than community samples. Non-treated offenders seemingly already know what is right/wrong; especially they are very good at some empathic abilities. Also, while exploring differences among different risk groups, the highest risk performed the best empathic ability and positive self-conscious affect. Most worthy noticing results were that the highest risk performed great empathic techniques, but not in the ability of Personal Distress and Fantasy. Based on the results, this study suggests that empathy deficit may not be the critical problems for sexual offenders, especially for higher risk group. To high-
er risk group, it is the problems of their ability of self-awareness and will-
ingness to aware victim’s states. From a therapeutic perspective, in addi-
tion to technique training, more efforts need to be focused on affect per-
ception and recognition of the offender himself and others, especially to
the victim. For future research, how, when and why sexual offenders
change their mind to hurt the potential victim while feeling easily able to
empathize the potential victim at the same time is very important.
Childhood sexual abuse experiences of female student teachers in Zimbabwe

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The study investigated childhood sexual abuse (CSA) experiences of student teachers in Zimbabwe. A convenience sample of 112 female respondents (mean age = 27.4 years) responded to a retrospective questionnaire which assessed abusive childhood sexual experiences. Data were analysed descriptively. The overall prevalence rate for child sexual abuse was 43.8 %. Contact CSA 42 (37.5 %) was slightly more common than non-contact CSA 35 (31.3 %). Prevalence was higher among participants who grew up in urban 42 (37.5 %) than in rural 7 (6.3 %) areas. Major perpetrators were boyfriends 70 (45.5 %), uncles 21 (13.6 %), school bursars and family friends’ sons were 14 (9.1 %) each, respectively. Abuse occurred at the perpetrator 70 (45.5 %) and victim’s 63 (40.6 %) places of residence, as well as at school 14 (9.1 %), and in movie houses 7 (4.5 %). Abuse was reported to have happened several times (45.5 %), once (40.9 %) and twice (13.6 %). Only 7 (14.3 %) of the sexually victimized respondents reported the abuse. The findings clearly show that female student teachers were sexually abused during their childhood.
Management of child sexual abuse cases by female school heads in Zimbabwe

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This study is one of the first of its kind that seeks to determine the nature, extent and causes of child sexual abuse cases and how Zimbabwean female primary school heads handle such cases in their schools. Seven female primary school heads from Masvingo province were interviewed on this subject as part of data collection process. Data was analysed using the interpretive/qualitative case study methodology. Findings of the study show that the following forms of child abuse were prevalent among Zimbabwean primary school pupils: sexual abuse of girls; physical assault and punishments; denial of food/feeling hungry/fainting (emotional/psychological abuse); and lack of cash to buy clothes/stationery. Most school heads were aware of these child abuse cases in their schools. The study also found that most pupils were sexually abused at home by close relatives. In order to prevent child abuse in their schools, school heads have now instituted mechanisms of detecting and promptly tackling sexual abuse cases albeit with little success. School heads have also adopted a human relations approach encompassing nurturing and a concern for the welfare of the school children in addressing this issue. As such, there is a need for schools and communities to work together in order to combat child sexual abuse in Zimbabwe.
Understanding and responding to sexual offending by youth in remote Australian indigenous communities

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This symposium will comprise three individual papers focused on the question of how best to understand and respond to sexual offending by young people in remote Australian indigenous communities. We will describe our theoretical and practice model, and present research results concerning the characteristics of this client population, the ecological and situational context of the offending, and the effectiveness of our practice model. Our aim is to stimulate discussion about providing specialised services to geographically dispersed and culturally diverse client groups, and how these services can be extended to secondary and primary prevention. We are very interested to exchange ideas and practice experience with others involved in similar work in different ethnic and cultural settings. To facilitate this exchange, we plan to devote 20-30 minutes of the symposium time to focused discussion and debate. This symposium will take up issues of direct relevance to five of the IATSO conference themes: 1) the management of sexual offences in the context of cultural diversity, 2) the impact of culture on sexual offending, 3) managing sexual offending in the context of high levels of sexually transmitted infections, 4) integrated service delivery catering for prevention, reaction and support, and 5) rehabilitation and treatment of young sexual offenders.
Evaluation of sex offender treatment in the Netherlands: A quasi experimental study

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Randomized Clinical Trials in the evaluation of sex offender treatment are largely considered unethical because a random control group should remain deliberately untreated. In an attempt to do the scientifically next-best thing, this study compares recidivism rates for retrospectively matched convicted sex offenders who received either inpatient treatment, outpatient treatment or prison sentence only. Preliminary results from a larger study (n=1000 eventually, now n=175) will be presented, considering offender and offence characteristics, in- and outpatient-treatment and recidivism rates. The subjects were sex offenders convicted in the Netherlands and discharged from Dutch prison or treatment facilities between 1996 and 2002.

Are the treated and untreated subgroups comparable on other variables and are the recidivism rates different for the treated and untreated patients?
Sexual homicide perpetrators: A comparison of child versus adult victims

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Psychiatric court reports on 166 men who committed a sexual homicide in Germany were diagnosed and evaluated by three raters using DSM-IV criteria and standardized instruments. Data on duration of detention and reconviction rates were obtained from German federal criminal records. Offenders with homicide victims exclusively under the age of 12 yrs (n=35) were compared to offenders that killed exclusively adults (≥18 yrs, n=100). Sexual murderers with child victims showed more often pedophilia (43% vs. 4%, p=.000), but less narcissistic personality disorder (0% vs. 13%, p=.025). Previous to the sexual homicide they had committed more often sexual child abuse (46% vs. 16%, p=.008). Child victim sexual murderers experienced fewer physical abuse during childhood (54% vs. 74%, p=.030). There was no group difference in suffering from sexual abuse during childhood. The child victim group was detained more frequently in a forensic psychiatric hospital (59% vs. 26%, p=.002). No group differences were determined regarding rates of release or reconviction rates. As expected sexual homicide perpetrators with child victims were more often diagnosed with pedophilia, although this diagnosis was not established for the majority of the child victim offenders. According to the literature rapists generally show more characteristics of antisocial personality disorder than sexual child abusers. Such differences could not be found, except for higher rates of previous physical violence. This might be due to the fact that a high degree of violence and antisocial characteristics is needed to commit a sexual homicide – whether the victim is a child or an adult.
The content of an intervention program for incarcerated rapists

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There is a need for the development of more scientifically evaluated programs in Correctional Services. Existing programs are often developed only from literature study and not empirically proven and needs based. For the purposes of this study an assessment was done of the needs of incarcerated rapists in order to be able to develop a program that will focus on their real life situation supported by a literature study. The program will be evaluated by way of both quantitative and qualitative measuring instruments on a before and after basis. The Solomon Four Group experimental design will be used to evaluate the program. The focus of this study is, however, on the content of the program.

The following examples of topics to be included in the program can be mentioned. Relationships, with the aim to realise the importance of relationships with God, the self, friends, family and society. The consequences of rape on the victim, society and the self, the reasons for committing rape and the role of alcohol and drugs in rape will also receive attention. Life skills in general, such as the handling of aggression, good communication skills, the acceptance of responsibility for actions and self-assertive behaviour will also be included in this program.
Mentoring sexual brokenness among offenders in South African correctional facilities: A Pretoria (tswane) case study

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The Criminological Regenerational Organisation Within Africa (CROWA) focuses on Criminological and Victimological research with strong practical outcomes in volunteerism within a private practice context. The Criminologist/Victimologist as multi-disciplinary facilitator/mentor has a very important role to fulfill in developing an Emotional, Ecological and Moral Intelligent (EEMQ) life style among sexual offenders and communities to reduce and prevent crime such as sexual offences as well as recidivism.

This paper will reflect on a case study in the Pretoria Central Correctional Facility where Criminologists from CROWA are mentoring sexual offenders as part of an inter-cultural volunteerism intervention programme to treat sexual brokenness amongst sexual offenders and other inmates (since pornography seems to be prevalent in South African Correctional Facilities). During the CROWA EEMQ Sexminart development programme the sexual offender progresses from participant to mentor to other inmates to actively play a role in the rehabilitation of any form of sexual brokenness.

The role and involvement of the Victimologist in the VOC (Victim Offender Conference) as part of an inter-cultural restorative justice process of a pedophile (case study) will also be highlighted in this paper. Through continuous assessment and the offender’s involvement as mentor and in the VOC this interactive and inter-cultural process enhances any rehabilitation resulting in the reduction of re-offending and recidivism.
Thirty year follow-up of recidivism

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Seven hundred and fifty men were eligible for sex offender treatment and interviewed at a large university for acceptance into the treatment program. Thirty years after the first of these men entered the sex offender treatment program, Bureau of Criminal Apprehension (BCA) records were reviewed. Men who were assessed for admission into the sex offender program fell into three groups: those who completed treatment, those who almost completed treatment, and those who dropped out. Recidivism rates were analyzed for comparison across groups. The hypothesis is that, while treatment may be necessary for some offenders, others may not need treatment to maintain a healthy lifestyle.
Sibling incest: Characteristics and dynamics of adolescent sibling incest offenders compared to non-sibling sex offenders

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The aim of this study was to explore differences regarding the characteristics and dynamics of sibling incest offenders, compared to a group of non-sibling offenders. The sample consisted of 45 male adolescent sex offenders. Differences regarding family dysfunction, the offenders’ prior victimisation, offending behaviour and duration of the sexual abuse were studied. The sibling incest offender group had more often grown up in dysfunctional families compared to the non-sibling offender group. Moreover, the results indicated that the offending behaviour in the sibling incest group was more severe than in the non-sibling offender group. The present study gives some empirical support that sibling incest can be one sign, among others, of maltreatment during childhood. Hopefully, the present study can lead forward to further research about the impact of early attachment on sexual development, and thereby contribute to the development of theories on this subject.
More harm than good: Sex offender laws in the US

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Federal law and the laws of all 50 states in the US now require adults and some juveniles convicted of specified crimes that involve sexual conduct to register with law enforcement – regardless of whether the crimes involved children. So-called “Megan’s Laws” establish public access to registry information, primarily by mandating the creation of online registries that provide a former offender’s criminal history, current photograph, current address, and other information such as place of employment. In many states everyone who is required to register is included on the online registry. A growing number of states and municipalities have also prohibited registered offenders from living within a designated distance (typically 500 to 2,500 feet) of places where children gather – for example, schools, playgrounds, and daycare centers. Our research reveals that sex offender registration, community notification, and residency restriction laws are ill-considered, poorly crafted, and may cause more harm than good.

The evidence is overwhelming that these laws cause great harm to the people subject to them. Proponents of these laws are not able to point to convincing evidence of public safety gains from them. Registration laws should be narrowed in scope and duration. Publicly accessible online registries should be eliminated, and community notification should be accomplished solely by law enforcement officials. Blanket residency restrictions should be abolished.
Penile Plethysmography – 50th Anniversary: Useful diagnostic tool or illusion?

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Penile plethysmography as a diagnostic tool was first time introduced in Prague 1957. After half a century the technical part was very much improved from the first cumbersome volumetric tool to these days computerized close-to-polygraph tool. Unlike the technical progress, still many questions remain. Some scientists have doubt about psychometric bases of PPG assessments, speaking about dubious value of test procedure. Many sexologists – on the other hand – still appreciate its diagnostic potential. The author wants to discuss the use of the invention and give some impulse to agreement of use in 21st. century. Accepting certain limitations (especially speaking about different validity in different diagnoses) claims that use of PPG preferably as diagnostic tools in daily practice as well as in forensic sexology still has its place. Especially when combined with other, merely psychological approach. Illustrated with some typical findings can give an idea of value of assessment.
Intellectually disabled offenders: Risk factors and recidivism after treatment

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A cognitive impairment is considered to be a risk factor for delinquent behavior. Intellectually disabled offenders who were convicted for sexual offences were likely to abuse children. Due to impulsive behavior and inadequate coping strategies, they are said to recidivate more often than offenders who function at a normal cognitive level. Other risk factors associated with an intellectual disablement are ‘unemployment’ and dysfunctions in social relationships. So far, no Dutch studies have been published that address risk factors and recidivism rates among this group. The sample consisted of 45 intellectually disabled adult male sex offenders who were admitted to intensive treatment. The average total WAIS IQ-score was 80. Recidivism was defined as a new arrest or conviction for a sexual offence, violent non-sexual offence, property offence and any offence (general recidivism). The average follow-up period was 39 months. File information on several demographic and treatment characteristics was also gathered. Results showed that re-arrest rates for general and sexual recidivism were much higher (42.8% and 27.4%) than re-convictions rates (21.2% and 8%). Differences in re-arrest and re-conviction rates were minimal for property offences (11.2% and 8.7%) and violent non-sexual offences (4.8% and 4%). Cognitive functioning was not related to delinquency. These results and other results will be discussed in our presentation.
Work with children who are sexually aggressive: An overview of policy and legislation supporting the treatment of children and an overview of a treatment programme designed to meet the requirements of Law and Policy

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South Africa’s commitment to the UNCRC resulted in extensive legislative reform relating to children, including children in conflict with the law. These reforms also impact on the management of the child sex offender. The Children’s Act and the Child Justice Bill contain numerous provisions that will impact on the management of these children. These reforms will be briefly described, as well as their impact on implementation of treatment programmes.

The Childline KwaZulu-Natal Programme for children who commit sexual offences was first offered in 1989, but has developed and changed considerably over the past 2 decades in response to the changing needs of children referred to Childline KwaZulu-Natal. Research into the lives of referred children has also contributed to the development, content and effective implementation of the programme. Research enabled a clearer understanding of the individual needs of the children, and these have been integrated into the assessment and treatment planning and implementation process.

The programme follows a cognitive-behavioural approach and its content and process will be described during the presentation.
Professionals as sex-offenders. Assessment and treatment. Differences and similarities between South Africa and Europe

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Despite the clear warning provided by the historical Hippocratic Oath and codes of ethics medical and other helping professionals remain hesitant in discussing the problem of institutional abuse, committed by sex-offenders working in institutions and structures providing care to children. As professionals they are given access to vulnerable clients. It can be assumed that some of these would look for a particular profession in order to be able to act out their deviant sexual urges. There is a structural correspondence to CSA (child sexual abuse) insofar as these professionals use their professional power and position to abuse clients. The two presenters provide an overview on assessment and treatment of this special group of sex-offenders. The low relapse rate of <1% for rehabilitated professionals strongly supports this approach. The implications for medical training and rehabilitation of professionals who have become sex-offenders are discussed. Case histories and problems with case management from both the European and South African contexts illustrate the topic.
Sexual offenders on the admission ward: Theoretical taxonomy and practical relevance

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According to the taxonomy of Beier, various types of sexual offenders can be differentiated with respect to their offences. In the following presentation, this approach is evaluated for practical relevance: Since 2000, all patients of the Haina Forensic Hospital have been registered in the hospital’s own data base. We selected all persons who committed a sexual crime, examining frequencies of offences and diagnoses. Furthermore, we analyzed staff reports and actuarial data regarding violent incidents and social behavior after admission to hospital. Preliminary analyses suggest that (1) rape/sexual coercion and (2) sexual child abuse were the most common offences. Dissocial personality disorder was the most common diagnosis in the first cluster, whereas pedophilia was mostly diagnosed in the second one. In addition, preliminary data analysis suggests more violent incidents and reduced or conflicting social behaviors in the first group, whereas the second one seems to be more socially adjusted on the ward and produced significantly less incidents. Overall, over 70% of the sexual offenders admitted to our hospital could be classified with this scheme. Taking into consideration the limitations of our present findings, we discuss the validity of the taxonomy at the end.
Treating sexual offenders within multiple prison and community sites: Putting theory into practice

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This presentation will discuss the theory and practice of an integrated approach to the treatment of sexual offenders across multiple prison and community sites. The NSW Department of Corrective Services Sex Offender Programs will be used as an example of practice. The theory and practice of programs designed to motivate and prepare sexual offenders for treatment will be outlined. The issues of treatment intensity, treatment context (the use of therapeutic communities), treatment type (group vs. individual treatment), and treatment dosage (for low to high risk offenders) will be discussed for a range of different sexual offenders. The goals of targeting responsivity issues to enhance treatment attractiveness and reducing treatment attrition will be mentioned. A discussion of the need for specialist programs, i.e., for Categorical Deniers or "Special Needs" sexual offenders and evidence for their effectiveness will also be presented. Prison and community-based follow-up treatment and supervision will also be discussed.
Rape and child sexual abuse in the Czech Republic: Results of three representative studies

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Objectives: Estimation of the prevalence of rape and child sexual abuse in general population and in the police statistics after the political changes in the Czech Republic after 1989.

Sample and Method: Representative samples of Czech men and women (about 6 000 respondents) older than 15 years were anonymously interviewed about their experiences with sexually aggressive behavior (as victims and perpetrators as well) and with the sexual abuse in childhood every five years from 1993.

Results: In our research from 2003 12 % of Czech women were raped (in 1993 13 % and in 1998 10 % also 12 %). The perpetrator was in 35 % their own partner or husband, only in 9 % they were raped by a stranger. Only 4 % of these cases were reported to police. In 46 % of raped women were found further negative effects of this traumatization.

11 % of Czech women and 3 % of Czech men in 2003 said to be abused in the childhood (in 1993 8 % of women and 5 % of men, in 1998 10 % of women and 7 % of men). In 2003 42 % of women and 32 % of men were abused by a relative, a stranger was a perpetrator in 30 % of abused women and in 32 % of abused men. The victimisation was most frequent in the age of 12 – 13 years. Negative effects of this trauma for their further life were experienced by 47 % of abused women and only 27 % of men.

At the same time police statistics prove, that the number of sexual crimes does not follow the number of crimes in general.

Conclusion: Sexual crimes in the Czech Republic are not connected with the political and social changes in the post-communistic development. The forms and the prevalence of rapes and sexual abuses of children remain quite stable. The police statistics (reported crimes) prove, that the number of investigated sexual crimes does not follow the curve of general criminality.
Notes from a small island: An exploration of the offending process in the use of internet child pornography & its relationship to contact offending in the UK

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It is now widely recognised in the UK that more and more people are entering the criminal justice system convicted of internet child pornography offences, yet to date, when compared to other forms of sexual offending, there has been very little in the way of systematic research effort about the functions of downloading, the types of individuals who access such material and the risks that they pose to children. Clinicians are frequently being asked to assess and treat such individuals, yet there is currently little empirical data to inform best practice.

This paper presents a qualitative exploration of the stages in the offending process of viewing Internet child pornography. The potential crossover issues between non-contact Internet sexual crime and contact sexual offending is explored. Factors which appear to facilitate or inhibit a contact offence are discussed and a theoretical, conceptual model of the offending process, employed by a sample of UK Internet sex offenders is outlined.

This study used a qualitative methodology. Convicted British sex offenders in a South Wales Prison, who were serving a custodial sentence for an Internet child pornography offence were invited to participate. Of those who responded, sixteen offenders were interviewed for approximately 90 minutes, and the qualitative data was analysed using the Grounded Theory approach. Information was obtained regarding Pre-Offence Internet Use, Setting Events, Escalating Deviant Internet Use and Engagement or Abstention from further offending behaviour.
Agency, relatedness, inner peace and problem-solving in sexual offending: How sexual offenders prioritise and operationalise their Good Lives conceptions

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Forty-nine untreated, imprisoned sexual offenders completed interviews and questionnaires to explore how they prioritised and operationalised three ‘goods’ from the Good Lives Model, at the time of offending. The relationship between the offenders’ problem-solving ability and the priorities they assigned to the goods of (1) agency, (2) relatedness and (3) inner peace at the time of offending, was also explored. A measure of problem-solving ability was obtained using the SPSI-R, and measures of functional and dysfunctional problem-solving styles were obtained from its subscales. The results suggest a lack of scope in offenders’ Good Lives conceptions, as participants assigned agency and relatedness high priority, whilst assigning inner peace little. Inner peace was managed with maladaptive strategies such as distraction or use of alcohol, which impacted negatively on the achievement of the other two goods. Those who assigned high priority to relatedness tended to have functional problem solving styles. However, there exist problems in operationalising agency and relatedness, as there tended to be conflict among the means used to achieve them. Directions for treatment and future research are suggested.
The need to build a just society

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It is my respectful submission that we seem to be placing the “Cart before the Horse”, since the Public, that is, the tax paying populace and all Citizens in general are at the mercy of Government Departments that are not adequately sensitized or at all, to deal with the Sexual Offences pandemic we find ourselves in.

By this I mean, there is too little suitably qualified persons in the SAPS, NPA and even Social Services to deal with victims of Sexual Offenders and thus are unable to then deal with the Sexual Offender, particularly our dear Children, victim/offender. The very soul of Society, “The Family“ has been allowed to disintegrate and it is from this, with respect, we find ourselves in such dire consequences with our unacceptably high Social Offences, i.e. Maintenance, Domestic Violence, Rape, Incest etc.

My respectful submission is, Government must, from the President downward, firstly acknowledge the existence of HIV/Aids, start listening to the people and make all Public servants, which, in my mind, includes Politicians and the Judiciary, accountable for and actions and reactions they undertake verbal or other, lest, we end with just another talk shop without successful implementation possible.

I may come across as missing the point, but, with respect, I believe we cannot reform an offender equitably, if we do not have or have a grounding to build a just society.
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