

Sexual Offences

class 3

Treatment of sexual offenders



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KATEDRA PRAWA KARNEGO WYKONAWCZEGO

Introduction

Abuse is abuse

- ▶ No one „asks" to be abused
 - ▶ Not all sex offenders are the same
 - ▶ Punishment- only responses to sexual abuse don't reduce risk
 - ▶ The right treatment can work
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- ▶ Sexual offence is defined as any crime that involves sexual intercourse or any other sexual act. The main crimes in this category are rape, assault by penetration, and sexual assault. There are also a range of offence governing sexual activities with children.
 - ▶ It follows that sexual crimes are linked not only to passion but also to violence, anger and power.

Persons who are victimized

- ▶ As many as 90% of persons reporting sexual victimization know the offender
- ▶ 2/3 or more of known offenses occur in the person's own home
- ▶ As many as 90 % of persons who are victimized fail to report their abuse to authorities or others in a position to help

1. Myth of stranger/danger
 2. The vast majority of sexual abuse really does happen within the context of a relationship
 3. It isn't just a sexual violation but it is also a relationship violation, physical violation
- ▶ No victim „profile”

Persons who are victimized

- ▶ No victim „profile”
- ▶ Although some level of dependence on is common
- ▶ Most people do not report for variety reasons
- ▶ Sexual violence can have psychological, emotional, social and psychical effects on a survivor

- ▶ Looking sexy is not the same thing as wanting sex
- ▶ Reactions to being abused can vary widely
- ▶ Sexual abuse poses an unacceptable risk of harm (the nature of harm is unpredictable)
- ▶ Legal proceedings can themselves cause harm

Media - real problem

- ▶ Sex offenders commonly portrayed as persistent in their behavior despite punishment and rehabilitation
- ▶ The media can „affect public perception of sex crimes by over-reporting single incident behaviors

Treatment

People who complete treatment programs do re-offend at lower rates

- ▶ 26.3 % reduction in the most recent study
- ▶ Are they cured?
- ▶ They can learn to change their behavior.
- ▶ Rehabilitation/ treatment instead of cure

What court/parole officers can do to support treatment?

- ▶ „Your behavior is going to determine how probation/parole goes.

Treatment of sexual offenders

Cognitive-Behavioral:

- ▶ Change thoughts, patterns and behavior
 - ▶ Development of pro-social/ non-offending attitudes and beliefs
 - ▶ Building skills for managing risks
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- ▶ Then, later pharmacological interventions

Medical method- medication is used to reduce the amount of testosterone in the sexual offender. The goal of medication treatment is to reduce or suppress the deviant sexual urges or fantasies. The medication only works while the drug is being taken.

Castration- it is also one of medical ways. By surgically removing the testicles of a sexual offender this will take away the sexual urge.

Andrews & Bonta

5th edition
the
psychology
of criminal conduct

Three principles:

- ▶ Risk
- ▶ Need
- ▶ Responsivity

D.A. ANDREWS / James BONTA



Risk factors:

- ▶ Antisocial values and attitudes
- ▶ Antisocial behavior
- ▶ Antisocial personality structure
- ▶ Antisocial peer affiliation

The risk principle

The Risk principle:

- ▶ Effective programs match the level of treatment intensity to the level of risk posed by the offender
- ▶ High risk= high intensity

Environmental & situational elements + personal elements = risk

The need principle

The Need principle:

- ▶ Effective programs target identified criminogenic needs
- ▶ Sexual offenders require treatment programming individualized and specific to their needs.
- ▶ Other programs may result in some additional gain, but the risk for sexual recidivism likely will not be reduced

Responsivity principle:

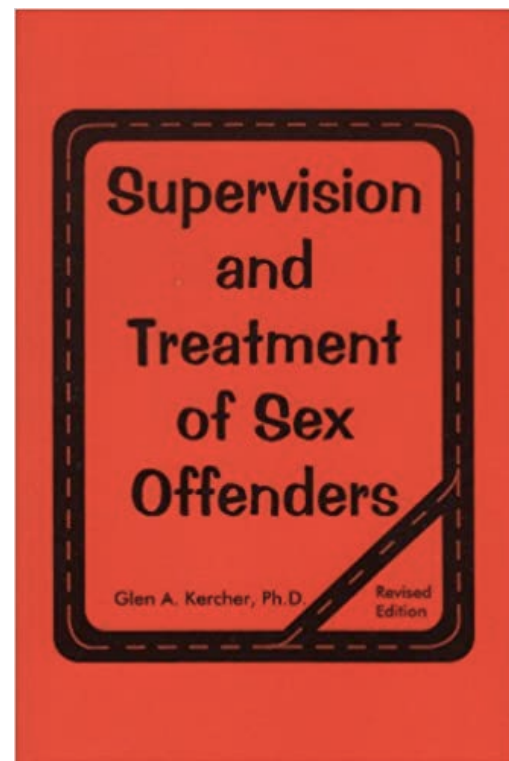
- ▶ Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

Indicators of quality of treatment

1. Attendance
2. Engagement in program
3. Completion
4. Quality relationship with service provider
5. Respect, positive attitude
6. Showing change on the intermediate targets

Supervision

1. Supervision and treatment are often tightly linked.
2. More risk= more supervision.
3. Officers should also remember that all people can change.
4. Not all sex offenders need intensive supervision.



Treatment obstacles

Treatment Obstacles

- ▶ The public wants to see these people locked up and punished
- ▶ Society causes obstacles because they are not willing to provide money for these types of programs
- ▶ Most of the money provide money for these types of programs goes for community based programs
- ▶ This may lead to untreated sexual offenders being released back into society without any treatments.

Special issues

- ▶ Female re-offence rates of 1 - 5 %
- ▶ According to criminal statistic 75% of sexual predators are males and 25% are females

