GROUP 2

EFFECTIVE PREVENTION AND ENHANCEMENT OF TREATMENT FOR SEXUAL OFFENDERS

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I. INTRODUCTION

With the increased prevalence of sexual crimes in our countries, it has become important for society to look at positive ways to re-integrate the sexual offenders back into their families and various communities. We the members of Group 2 have been charged with the task of looking at the "Preventive Measures and Community Based Treatment Programmes", with special emphasis on "community-based treatment programmes and supervision – preventive measures and inter-agency co-operation" in identifying current problems and challenges faced by each country/jurisdiction and their practices concerning prevention of sexual offences, punishment and treatment for sexual offenders.

II. CURRENT SITUATION

A. The Current Sexual Offences and the Legal Framework of Punishment and Treatment (See Appendix)

Although reported sex crime in Antigua and Barbuda showed a significant reduction between 2000 and 2004 and the successful prosecution rate was very low, it is believed that the figures are under reported as they have seen a marked increase in unlawful carnal knowledge cases as reflected by the number of prisoners detained in 2005, nineteen compared to six each for 2003 and 2004. In Barbuda, due to its isolation and the uniqueness of the community where almost everyone is related, it affects the reporting of incest cases. Sentencing options for sex offences range from a minimum of five years to life imprisonment.

In Belize, the sex crime situation is stable, however recently they have seen an increase in child abuse (molestation cases) and carnal knowledge cases. It is now becoming alarming as police and court reports are showing that sexual offending is on the increase.

Sentencing options range from a minimum of three years to life imprisonment. Presently there is an ongoing debate on the matter of the reintroduction and implementation of capital punishment as compared to implementation of rehabilitative efforts to address the escalation of criminal situations, for example child sexual abuse cases.

In Guinea, although the laws are in place to govern sex crimes, there is no formal application as many incidents go unreported. Sentences for sex offences range from a minimum three year term to a maximum of 20 years of imprisonment, however capital punishment may be applicable when death occurs.

Hong Kong has seen an increase in the reports of sexual crimes. In 2005 there were 99 rapes and 1136 indecent assault cases; this was a 7.6% and 9.9% increase respectively over the previous years (2004)

reports. Police reports indicate that there is one violent sex case taking place every seven hours. Between 2000 and 2005 the sex crime situation was stable. The majority of the offenders are between the ages of 18-25 (36%). Hong Kong has several laws aimed at providing protection to victims against sexual abuse. The Crimes Ordinance, Cap 200, Laws of Hong Kong is the most prominent of all. This law has been amended to fit the maximum imprisonment term to the gravity of the offences committed. For example the maximum penalty for incest went from seven to 20 years and indecent assault toward a child under 16 was increased from five to 10 years. The maximum term for rape and buggery is life imprisonment. Treatment for incarcerated sex offenders is offered along with that of the general population; however they are housed singly in order to prevent ill treatment by other inmates.

Sex crime in Japan, in particular rape and indecent assault, is on the rise presumably due to a change in victims' attitudes towards making police reports. Treatment programmes for sex offenders were launched to address the issue (2006). Penalties for sex crimes range from fines, six months, three years in other cases to life imprisonment for grave offences such a rape with dangerous and deadly means of harm to murder.

In Uruguay, the sex crime situation is stable; however, the prosecution rate is low due to difficulties in investigation. Sentencing options for sex crimes range from six months minimum or up to 30 years for those who cause death to victims.

All countries/jurisdictions have parole, probation, a combination of both, suspended sentence, and under some circumstances there is a balance between a prison term and payment of fines. Some countries have maintained capital punishment on the law books, in Belize, however, due to human rights legislation, it is no longer practiced

Henry and McMahon (2000) found that 91% of cases of child sexual abuse had gone unreported, and Kilpatrick (1996) showed that 56% of women who were sexually assaulted as adults failed to report the crime.

B. Preventive Measures and Treatment Programmes for Sex Offenders

In the case of Antigua and Barbuda there are no specific treatment programmes in place for sex offenders, some counselling is offered in prison, however, this is not mandatory. In terms of preventive measures there are basically two programmes offered in schools with regards to sex; one is "Health and Sexual Education" and the other "Physical Education". The effectiveness of these programmes however appears to be questionable, as the one is seen as a "How not to get Pregnant" programme, and the other about winning and losing in the sporting arena.

In Belize there is no treatment programme, although it was stated that a programme that would address both the psychiatric and clinical approach is needed. Prevention methods vary from amended legislation with stiffer penalties, social and situational crime prevention initiatives to education and the enactment of rehabilitation. They, however, boast a hotline for reports on criminal activities.

Guinea's prevention is associated with amended laws, education and the practice of social and situational crime prevention initiatives and there are no treatment programmes in place for sexual offenders.

Hong Kong has custodial care treatment and their best practice approach in their institution is to try to eradicate labelling of offenders in the general population. Appropriate assistance is directed towards rehabilitation. Separate therapy units are available to treat and isolate offenders by their typologies. Psychological therapy and working groups are available to address areas of deviant behaviour to prevent re-offending, including cognitive behaviour therapy and treatment evaluation programme development. Evidence based assessment tools are available; however there is need for interdisciplinary collaboration and community participation in rehabilitation and public awareness education. They too have a hotline and mail drop box for information on criminal activities.

Japan has had many initiatives in place over a period of time, not necessarily targeting sexual offenders; however certain aspects of these programmes along with other improvements are being instituted for the effective treatment of sexual offenders (2006). In terms of preventive measures, they have an army of (approximately 50,000) Volunteer Probation Officers, who have been assisting Probation Officers in their

role by interacting with the probationers/parolees on a regular basis.

Japan has several treatment facilities for offenders, these include Juvenile Training Schools and Classification Centres, where assessments are carried out and vocational training is provided. Behavioural/Cognitive therapy is also offered in a group setting. Role-playing and role-lettering from the offender to the victim is another tactic that is utilized to reach through to the offender.

Prisons provide the police with information about sexual offenders including their new address. The police periodically check the sex offenders' residence, and Japanese police departments address public awareness campaigns on how to protect themselves from attacks, also programmes geared at pre-school and school age children teach them of the dangers of abduction. In some areas they have a neighbourhood watch system.

In Uruguay their social and situational crime prevention initiatives, legislative reform, police intervention and cooperation with NGO'S and international organizations provides their basis for preventive measures, however there is minimal treatment in the form of a psychological approach in prison.

It was agreed that although preventive measures are in place for all participating countries/jurisdictions they are neither sufficient, nor for the most part, effective. It was also agreed that information on sex offenders should be kept by law enforcement agencies. Legislation would have to be reformed in order to allow sharing of information among relevant agencies and for supervision and follow-up treatment of offenders.

III. CURRENT PROBLEMS AND CHALLENGES FACED BY EACH COUNTRY/JURISDICTION

A. Prevention and Punishment of Sexual Offences

There is a proliferation of sex information in all countries, and the sex crime situation is grossly under-estimated. There is a very low prosecution rate, which could be blamed on difficulties in investigations and judicial procedures. Many sex crimes go unreported due to low public awareness, inadequate victim protection (victims are afraid of stigmatization, as well as further assaults). There is ineffective information sharing among law enforcement bodies

B. Institutional Treatment for Sexual Offenders

Belize, Antigua and Barbuda, and Guinea have no institutional based programmes for sexual offenders, however Uruguay has a minimal inter-institutional programme which offers psychiatric treatment for the mentally ill, and also addresses the psychological and physical aspects of the offender.

Hong Kong implemented its institutional based treatment programmes in 1998 for all adult sex offenders which provides thorough psychological assessment and a wide range of programmes targeting the reduction of recidivism of sex offenders.

Japan's institutional based treatment programme for sexual offenders was implemented in 2006, based on the cognitive behavioural therapy model, with group sessions, role-play, and role-lettering to victims as part of its core programme.

C. Community Based Treatment Programmes and Supervision

In Antigua and Barbuda, Belize, Guinea and Uruguay there are no community based treatment programmes.

In Hong Kong, community based treatment in respect of sex offenders is only provided for those having been convicted of certain categories of sex crimes with a sentence of two years and above.

In Japan, a compulsory treatment programme for sex offenders on probation and parole was implemented in 2006 which involves cognitive behaviour therapy. In the first place, the community based programme consists of the use of Volunteer Probation Officers (VPO's). The VPO's provide much needed assistance to the Probation Officers, whose caseload on average numbers one hundred offenders with some as many as two hundred and fifty. Reports are generated by the VPO to the Probation Officers who will intervene with

the offender if the need arises. These volunteers have received some formal training, such as elementary training, secondary training, regular training four times a year and special training. However, recently it has become apparent that there are some types of offenders for whom the traditional form of probation treatment has had no effect, especially sexual offenders. This is because they are addicts and the cause of their offences arises from their own "acknowledgement". In 2006 Probation offices started a new treatment measure based on a programme for sexual offenders. In this treatment, probationers/parolees must visit the probation office, and probation officers give them instructions directly based on a programme by the Rehabilitation Bureau of the Ministry of Justice. This programme is based on the cognitive-behavioural approach, and modelled on a programme used in England.

The group compared the features of Institutional based treatment programmes to those of Community based treatment programmes and agreed on the following that:

(i) Institutional based treatment programmes have a pre-set environment, which is a condition that affects outcomes, there are more controls and the participation level is better. The programme implementation is scheduled and there is a time limitation on treatment sessions.

(ii) With regards to community based treatment programmes, there is a certain level of time flexibility both in terms of the offender meeting with the volunteer to fulfil the conditions of the probation order, and delivery of the programme as there is flexibility in regard to the time and place and the amount of sessions one can attend. An ongoing relationship and rapport is also developed between both parties. Volunteers, NGO's, religious organizations and other volunteer organization/community groups can take part in offender rehabilitation (this available resource contributes in lowering the overhead of government institutions), their knowledge and skills provide additional community support to offenders. It is also much more cost effective than incarceration.

(iii) On the downside for community based treatment programmes, we recognized and agreed that treatment providers would have to work alone without immediate expertise or support, that there is a level of difficulty in motivating parolees and probationers (particularly sex offenders) to take part in the treatment, and that the risk of re-offending is greater as there are more open opportunities.

(iv) There is also the need to strike a balance between the offenders' rehabilitation and public safety as they cannot be monitored all the time. The community (volunteers) is made up of just ordinary people, it is important that their skill levels be developed in order to deliver treatment, and that the treatment be based on the offenders efforts to rehabilitate.

(v) A "Through Care" concept which would see the continuation of supervision after release from prison would rely very much on community involvement and the agreement of the sex offender to participate.

D. Preventive Measures

For preventive measures, the group agreed that educating the public at large was critical to the success of any programme being instituted for treatment of sex offenders, and that various agencies and modes of communication could be used to deliver the message, this would include, community and charitable groups, schools, religious organizations and the media. As evident by the sex crime situation in all participating countries, although preventive measures are in place, (situational, social and environmental design and community policing) they are seemingly inadequate to properly address the problem.

E. Inter-Agency Cooperation

In small jurisdictions like Hong Kong, cooperation among government bodies, NGOs and other concerned parties is satisfactory; however for countries with limited resources, both financial and human, inter-agency cooperation is limited. For countries like Japan, sectionalism disturbs effective inter-agency communication.

All participants agreed that protection of personal data would be of major concern and that the focused priority of many of the agencies, like NGO's, religious bodies and charitable organizations would differ, and that a central governing or co-coordinating body to ensure compliance with legislation would have to be put in place.

IV. EFFECTIVE MEASURES AND STRATEGIES TO IMPROVE PREVENTION AND TREATMENT PROGRAMMES FOR SEXUAL OFFENDERS AT EACH STAGE OF THE CRIMINAL JUSTICE SYSTEM

A. Best Practices and Empirical Studies

1. The following were agreed upon as best practices based on the information and lectures we received. We also noted that both Canada and the UK utilize some form of drug therapy treatment; however, not extensively as there are side effect concerns with some of the drugs used. Germany's programme on the other hand deals primarily with persons who have psychiatric issues, and not the general population of sex offenders.

UK

The UK employs a "Risk Management" system which effectively measures static, dynamic and acute factors, and so they are able to project whether an individual is "High" "Medium" or "Low" risk in terms of re-offending. This allows the opportunity for the best treatment plan to be put in place.

The Sex Offender Treatment Programme, whether institutional or community-based utilizes the cognitive behavioural therapy approach, this includes group sessions as well as some role-playing.

Multi-Agency Public Protection Arrangements (MAPPA) is an organization that is responsible for ensuring the dissemination of information to be passed on to prisons, police, the probation service and the community where the offender will be living. In the event of a breach of a probation order a Sex Offender Order has to be issued.

Canada

A wide use of assessment tools to determine treatment needs is utilized by Canada in all of the federal penitentiaries. These also help in determining levels of risk of the sexual offender re-offending.

Principles of Effective Offender Treatment: Risks, Needs & Responsivity by Andrews and Bonta (1998)
Good Lives Model (Ward & Marshall 2004) – goal setting for a better life.

Germany

Germany provides cognitive behavioural and pharmacological treatment for sexual deviant behaviour, and has experienced no relapse from offenders under treatment conditions since 1998 in Haina Forensic Psychiatric Hospital. However, Germany's model only deals with sex offenders who are mentally disturbed and not the general population of sex offenders.

Japan

VPOs accept most sexual offenders returning to their communities after release. It is far more cost-effective to prevent sex offences than to incarcerate and treat sexual offenders.

VPOs invite the probationers/parolees to his or her house about twice a month, and give them instructions and assistance by listening to their problems, etc. Approximately 50,000 VPOs live in the local community where the probationers/parolees also live, and they take charge of them within a so-called distance "so that the soup doesn't get cold", considering the local climate and characteristics. They also make various efforts to help the probationers/parolees be good members of the community, making the most of their local reputation and knowledge.

Hong Kong

Since the establishment of a sex offender evaluation unit in 1998, has observed a decrease in recidivism and effectiveness in ratifying criminal thinking and relapse prevention.

Ward advocated the 'Good Lives Model'. He stated that sexual offenders fail to achieve the goals necessary to have a satisfactorily fulfilled life and that in order to compensate for this they seek more immediate satisfactions without regard for the long-term consequences of these behaviours (Ward, 2002; Ward & Marshall, 2004; Ward & Steward, 2003).

Serotonin reuptake inhibitors (SSRIs) are effective with clients who manifest compulsive-like sexual behaviours (Pearson, Marshall, Barbaree, & Southmayd, 1992).

Most treatment programmes for sexual offenders in North America, Great Britain, Australia, and New Zealand are based on a cognitive behavioural model incorporating relapse prevention strategies (William L. Marshall & Sharon Williams).

2. Empirical Studies

Hanson et al. 2002 combined 43 studies with a sample size of over 9,000

- Sexual recidivism: treated 9.95, untreated 17.3%
- General recidivism: treated 32.3%, untreated 51.3%

Lostel et al. 2005 combined 60 studies with a sample size of over 22,000

- 6% to 37% less re-offending
- Castration and hormonal medication effective
- Cognitive behavioural therapy has an impact on recidivism

B. Effective Preventive Measures/Treatment Models at Each Stage of the Criminal Justice System

While personal data of the individual is to be respected, protection of public safety takes precedence, it was suggested that there should be a data bank for registration and sharing of offender information with other relevant authorities (no consensus was reached on this matter). However, such a measure would need to have legislation put in place to clarify the limitations.

Since trust and consideration are two of the most important things to any human being, it is the opinion of the Group that should disclosure be used, mistrust would be borne and that would only take away from the general idea of community based treatment.

Accessibility to law enforcement agencies through the use of a hotline for reporting of actual or suspicious criminal activity should be available to the public. It was agreed that there is a need for goal setting with probationers (counselling) and to develop specialist probation teams to deal with the sex offenders/sex offences. Public information forums encouraging support for law enforcement agencies through community policing initiatives such as Neighbourhood Watch and Bicycle Patrols. Forums and opinion polls on crime prevention and effective treatment programmes can also be held to contribute to the change in social attitude towards the control of sex information.

It was further agreed that the sex offender should be involved in the goal setting and sharing in order to motivate his/her participation in the community-based treatment programme, and that family and friends should be involved in the process in order to facilitate the reduction in the risk of re-offending. They can provide needed support to both the case manager by providing valuable information about the offender, and to the sex offender, by ensuring to some degree that action plans/goals and objectives are clearly understood and adhered to.

Invite community leaders/professionals to form focus groups to discuss common concerns regarding sex offences and the individual's responsibility and commitment to rehabilitate.

It was also agreed that any initiative undertaken should have some measurement tools in place to check for effectiveness and efficiency.

The prevention of victimization should be our ultimate goal. This means that society as a whole must take some responsibility for reducing sex offences. The first level of intervention begins with parents who must foster self-esteem in their children, by setting good examples, teaching safe behaviour and how to distinguish between "good" and "bad" touching. Parents must also discuss sexual issues, attitudes and behaviour with their children and should monitor their children's caretakers, friends, activities and whereabouts. (Sharon M. Williams, Forum on Corrections Research, Correctional Service of Canada, Vol. 8 No. 2 Managing Sex Offender).

Public opinion has the power to shape legislation, funding decisions, and the political landscape related to the community supervision of sex offenders. Public opinion creates the boundaries within which the

community will support, or at least accept, policy. Public opinion about criminal justice is at times misinformed, and largely as a result of those misperceptions, the public has shown low levels of confidence in the criminal justice system. After learning about a criminal justice issues and having a chance to deliberate over it, the public is much more open to change than conventional wisdom would suggest. (The Office of Justice Programs, US Department of Justice, 2000, Public Opinion and the Criminal Justice System: Building Support for Sex Offender Management Programs).

Not every treatment programme or practitioner views or understands family treatment in the same way, and some apply a more general model, whereas others employ a model more in line with the practices typically associated with systemic forms of family therapy. The role is to help open up or build new channels of communication, to identify or aid in the self-identification of dysfunctional patterns of family behaviour, to empower individual members, and, in some instances, to educate and direct so that the family may become more effective and independent. (Phil Rich, Juvenile Sex Offenders).

Lambert (1992) found that the therapeutic relationship, or factors contributing to the therapeutic alliance, account for 30% of the variance in treatment outcome, regardless of treatment orientation. Included here are items such as caring, warmth, acceptance, affirmation, empathy, encouragement, positive regard, and genuineness. In addition, Lambert and Begin (1993) described reassurance, structure, advice, cognitive learning and cognitive mastery, changing expectations for personal effectiveness, and modelling and success experience as important factors in the therapeutic alliance.

C. Inter-Agency Cooperation to Establish an Integrated Sexual Offender Treatment Model

Although some relationship exists between the police and probation offices, albeit somewhat ambiguous in some countries, it was suggested that meetings between both agencies be held to foster closer ties and discussions in dealing with disclosure of private information and crime enquiries.

The introduction of a system based on the principles of MAPPA (UK based example), filtered information sharing plan that assist each agency in the collective goal of prevention and integrated treatment with necessary confidentiality agreements is desirable.

In most countries there is a need for legislative reform on information sharing and disclosure among relevant agencies in their criminal justice system. Although it is believed that sharing of information is important to achieve improvement of integrated treatment models, in some jurisdictions there is legislation that prevents this from happening.

Components of effective sex offender management include the primary goal, shared by all stakeholders, of preventing future sexual victimization; and multidisciplinary, multi-agency, and collaboration responses on both the case management and policy levels. (The Office of Justice Programs, US Department of Justice, 2002, Managing Sex Offenders on the Community: A Handbook to Guide Policymakers and Practitioners through a Planning and Implementation Process).

D. Preventive Measures/Treatment Models Applicable To Each Country

In Antigua and Barbuda, Guinea, Belize, and Uruguay there could be the introduction of an institutional based treatment plan along the lines of risk assessment, a classification system, and psychological pharmacological and cognitive behaviour with the support of a multi-agency approach. The law, however, would have to be reformed/applied in many instances, and also the necessary infrastructure put in place as some countries suffer from lack of resources.

In Hong Kong the use of pharmacological treatment would be applicable, however legislation is required.

In Japan, the new treatment, which includes cognitive behaviour therapy, will be implemented in 2006; however, there are some additional areas where systems such as MAPPA could be introduced. Introducing pharmacological treatment would be difficult because of the side effects, which have not been denied by the medical field. If it is introduced, it should be used strictly and in a limited way, especially on those who cannot be improved with socio-psychological treatment. Regarding preventive measures, prisons provide the police with information about sexual offenders including their new address; however, sexual offenders are not obligated to notify their new address to the police when a change of address occurs. Therefore, further

consideration should be given whether to place them under an obligation to notify their new address and impose penalty conditions in case of failure to comply.

In areas of prevention, Belize continues to use the community module and inter-agency approach having contact with the schools, neighbourhood watch groups, and citizen liaison and crime committees in discussions of what problems are occurring and developing solutions to address the problems. Similar situations exist in Antigua and Barbuda, Uruguay and Guinea.

E. Possible International Cooperation

It was agreed by all group members that in order to achieve international/transnational cooperation the following would be needed:

1. A memorandum of understanding/international-cooperation between nations for the sharing of knowledge, expertise, best practices, development of treatment plans and preventative measures and research.
2. Accessible website forums on strategies to assist in dealing with the problems of prevention and treatment (e.g. use of Interpol/JICC).
3. Exchange training initiatives among nations also with international/regional NGOs (United Nations, WHO, UNAFEI, etc.).
4. Participation in international conferences on sex offender treatment.
5. Internet forums on sharing and analyzing the challenges of sex crimes.
6. Exchange of outcomes of empirical studies.
7. A website on the latest information on sex crime and treatment of sex offenders for participating countries.
8. A cooperation agreement with participating countries on reducing sex crime.

V. CONCLUSION & RECOMMENDATIONS

- Identify suitable probation officers in each region/area as sex offender treatment personnel/manager/team - expertise, experience sharing, and group therapy sessions incorporating the viewpoint of the victim.
- Involve the community through focus groups to enhance public awareness.
- Change social attitudes through opinion surveys or public forums towards the control of sex information.
- Widely incorporate victim protection measures into the criminal justice system such as psychological assurance during police investigation, video or screening arrangements in court hearings, aftermath counselling, and expression of empathy or confession by offenders.
- Goal setting and sharing with probationers to motivate participation in community-based treatment programmes.
- Training to be provided to probation officers by experts of various disciplines.
- Families and friends of sex offenders to be involved in treatment and support of the offender and give valuable information to probation officers.
- A system similar to MAPPA should be adopted.
- Invite community leaders/professionals to form focus groups to attract common concern for sex offences and individual's responsibility and commitment for reducing sex crime.
- Incorporate the 'Good Lives Model' in the treatment regime.
- Measurement of achievement through data analysis and surveys.
- Governments should provide employers with subsidies to employ offenders; this would provide a mechanism within the community to support offenders.

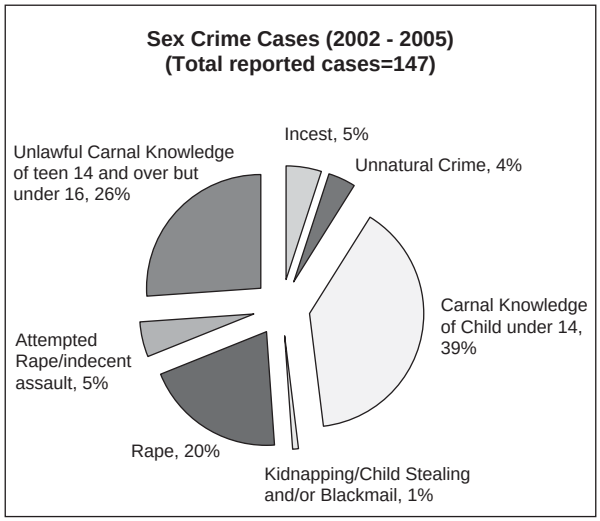
APPENDIX

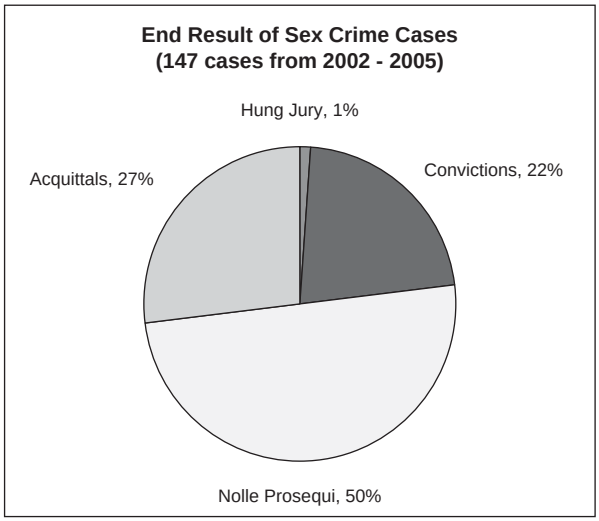
Current Situation of Sexual Offences and Other Related Offences

1. Antigua and Barbuda (pop. 70,000)
Rape cases – 2000-2004

	Reported	Detected	Arrested	Withdrawn	Prosecuted
2000	96	40	40	0	1
2001	73	0	49	0	0
2002	34	0	17	0	0
2003	55	0	23	3	0
2004	29	0	0	0	0

2. Belize (pop. 250,000)





3. Guinea (pop. 7,518,000)
Court Cases

N*	Year	Number	Age	Nature of offence
1	2004/2005	6	1960/1980	Hit and wound wilfully
2	2004/2005	2	1951/1960	Abandonment of family
3	2004/2005	7	1946/1984	Rape
4	2004/2005	3	1956/1982	Removal of child
5	2004/2005	2	1956/1971	Own child killing

Source: Judicial Police Guinea

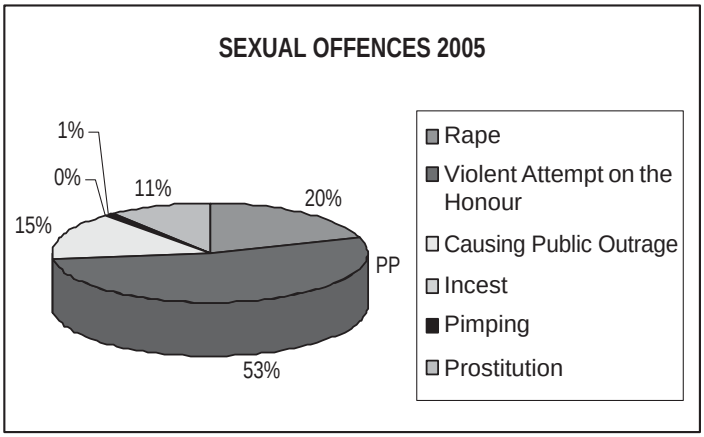
City Police headquarters Conakry Statistics 2005: 39 cases of rape, 1 own child killing case and 1 abortion case.

Child Rape Cases (Source: Police Judicial Guinea)

2002	2003	2004	2005
52	71	13	26

4. Uruguay (pop. 3,340,000)
Cases 2005

Rape	138
Violent Attempt on the Honour	369
Causing Public Outrage	106
Incest	2
Pimping	5
Prostitution	74
Total	**694**



5. Hong Kong (pop. 6,940,000)

Year	2000	2001	2002	2003	2004	2005
Rape	104	95	95	70	92	99
Indecent Assault	1124	1007	991	1018	1034	1136
Other Sexual Offences	938	753	773	900	1082	1042

Table: Crime Statistics from Hong Kong Police (cases reported).

6. Japan (pop. 126,870,000)

Fig. 1: Number of reported cases and cleared cases, and clearance rates for rape
Fig. 2: Number of reported cases and cleared cases, and clearance rates for indecent assault