

*Wolfgang Berner, Friedemann Pfäfflin, Reinhard Eher (Eds.)*

## **„The Benefits of Sexual Offender Therapy“**

9<sup>th</sup> Conference of the International Association for the  
Treatment of Sexual Offenders (IATSO)  
September 6-9, 2006



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# Keynote



## **Effectiveness of Sexual Offender Treatment Programs and Costs Benefit Analyses**

*W. L. Marshall*

*Rockwood Psychological Services, Kingston, ON, Canada*

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This talk will first describe the need for a complete national data base in order to evaluate treatment. Next three possible approaches to evaluating treatment outcome will be considered. The advantages and disadvantages of the Randomized Controlled Trial and the so-called Incidental design will be discussed. An alternative strategy involving estimating reoffense rates based on actuarial risk instruments will be suggested. This will be followed by the description of several studies of treatment effectiveness that have been conducted within Correctional Service of Canada prisons. A comparison in terms of effect sizes will be made between the treatment for sexual offenders and treatments for various other problems (physical health problems and mental health problems). Finally a cost-benefit analysis will show that sexual offender treatment does not have to demonstrate dramatic reductions in recidivism to be cost-effective.

## The Benefits of Sexual Offender Therapy

*Friedemann Pfäfflin*  
*University of Ulm, Ulm, Germany*  
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The author will first address the general topic of the 9th Conference of the International Association for the Treatment of Sexual Offenders (IATSO) and give an overview of the topics that will be presented and discussed at the conference.

He then will argue that cost-benefit-calculations clearly demonstrate the significant reduction of recidivism of sexual offenders due to treatment. It is more effective and less costly than mere long-term detention. Despite such evidence, treatment is not available in many parts of the world. Obviously, linking costs and benefits does not supply a sufficient argument to promote treatment facilities, and benefits should be focussed independent of costs.

Reducing victim harm and integrating or re-integrating sexual offenders in society instead of marginalizing them will allow a more dialectic view of good and evil as compared to the public opinion prevailing in many countries, that evil can be effectively eliminated from societies. Neither primary nor secondary prevention will be able to create a world without sexual crimes, but treatment can teach a humane attitude towards those who fail in society, e.g. by committing sexual offences.

## Crime Statistics and Public Opinion. Two Different Pictures of One Phenomenon

*Christian Pfeiffer*

*Kriminologisches Forschungsinstitut Niedersachsen, Hannover, Germany*  
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The German statistics of police-recorded crime show a decline in sexual murder and many other civil crimes over the 12 years up to 2005. In contrast to that the German public believes or assumes that those crimes have risen strongly. Further analyses of our survey data show that especially the pattern of television viewing is associated with the belief that crime is rising. In addition to that, multivariate analyses make clear that the belief that crime is rising is the factor most strongly associated with a preference for harsher penalties. Moreover, the proportion of people who are in favour of tougher sentencing has increased. So it is no surprise that the punishment level in cases of severe sexual offences has gone up over the last 15 years. The presentation will discuss the significance of these findings for national and international development in crime policy.



## **Integrating Rapist Typologies with Etiological Dimensional Models of Rape**

*Raymond Knight*

*Department of Psychology, Brandeis University, Waltham, Massachusetts, USA*  
[knight2@brandeis.edu](mailto:knight2@brandeis.edu)

Sexual aggression against women is a complex crime, perpetrated by a heterogeneous group of males. This talk presents a model of rape that attempts to integrate developmental and dispositional antecedents and typological differentiation. A brief history of the prior typologies developed in our research program will be presented with indications of the empirical disconfirmations that required structural revisions. The latest revision, which solves the problems encountered by prior models, will be described, and a speculative model that integrates this restructuring with our etiological model of rape will be discussed.

## A Descriptive and Phallometric Examination of Elderly Sexual Offenders

*Liam E. Marshall*

*Rockwood Psychological Services, Kingston, Ontario, Canada*

*[liam@rockwoodpsyc.com](mailto:liam@rockwoodpsyc.com)*

This presentation will examine the existing literature on elderly sexual offenders (ESOs) and report on our most recent research on this group of sexual offenders. Recidivism has been shown to be affected by increases in age such that as sexual offenders age, they become less likely to re-offend. This reduction in recidivism with age is matched by a similar decline in both absolute arousal and circulating testosterone in incarcerated sexual offenders. However, it is not clear if this matching linear decline in maximum arousal at phallometric testing and circulating testosterone is responsible for the observed reduction in recidivism. In our research on ESOs we examined Hanson's (2002) hypothesis that the factors that are most salient to observed reduction in recidivism with age are opportunity for offending, self-control, and sexual deviance. In our research both opportunity for offending and self-control did appear to be relevant for reductions in recidivism with age. However, sexual deviance did not. ESOs were found to be a highly deviant group whether their offending occurred recently or more than 10 years prior to coming to prison. Implications for treatment and future research will be discussed.

## **The Adolescent Who Sexually Offends: Current Knowledge and Standards of Care**

*Michael H. Miner*

*University of Minnesota, Program in Human Sexuality, Department of Family  
Medicine and Community Health, MN, USA*

*[miner001@umn.edu](mailto:miner001@umn.edu)*

This presentation will describe the current research on adolescents who have sexually offended. This survey of the literature will focus on how and if this population differs from other delinquent youth and other youth with behavioral problems. In addition to a review of current literature, data will be presented from an on-going study of adolescent sexual offenders being conducted at the University of Minnesota. Finally, the implications of this research for treatment and assessment will be discussed, along with the development of the proposed IATSO Standards of Care for this population.



## Therapy Relevant Typology of Paedophiles

Wolfgang Berner

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Most traditional typologies on pedophilia and child molestation are variants of a division into three main phenomenologies: 1, the “fixated” type, being interested exclusively in children as sexual partners since puberty, 2, the “regressed” type, having developed first a seemingly common heterosexual or homosexual adult partner orientation, and preferring later on more and more younger partners, and 3, the “antisocial” type, not committed to any sexual partner and ready to exploit women, men and even children for his pleasure. A lot of possible pathways resulting in asexual preference for children have been investigated in the last decade. There are hints on elevated LH-RH secretion after provocation with releasing hormone and recently also signs of dysregulation of the cortisol-feedback loop s, as well as different findings in the fMRI on the one side, signs of unspecific desinhibition and of impulsivity the other side – especially the finding of low intelligence, left handedness, higher age of mothers, more older brothers and more traumatic brain injuries before the age of 6 years are hints in this direction (Bogaert 2001, Cantor 2001, Blanchard 1999, 2002, 2003). Another important path with relevance for therapeutic approaches may be the relation to the obsessive-spectrum disorders (Bradford 2003).

In the Hamburg-algorithm for treatment of exclusive and not exclusive pedosexual interest in the sence of DSM IV – TR the dimensions impulsivity (SSRI-medication) addictive progression (Naltrexon-medication) or antisociality and irristible exclusivity of the pedophile stimulus (antihormonal treatment) are important especially for medication. Since in all cases self-deception and denial plays an important role psychotherapeutic treatment, using cognitive behavioural approaches are offered.

## An Integrated Theory of Sexual Offending

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This paper represents a first attempt to provide an integrate theory to explain the onset, development, and maintenance of sexual offending. According to the Integrated Theory of Sexual Offending (ITSO), sexual abuse occurs as a consequence of a number of interacting causal variables. I examine the factors that affect brain development (evolution, genetic variations, and neurobiology) and ecological factors (social and cultural environment, personal circumstances, and physical environment) and discuss how they impact upon core neuropsychological functions underpinning human action. The IOTSO then explains how clinical symptoms arise from the interaction between these neuropsychological systems and ecological factors. The capacity of the ITSO to incorporate competing theories of sexual offending is considered and I end the paper by critically evaluating its usefulness in stimulating further research and theory development.

## Hypersexuality, Paraphilia-Related Disorders and Sexual Offending

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Population-based as well as clinically-derived definitions for hypersexuality or “excessive” sexual behavior will be presented. The concept of paraphilia-related disorders will also be discussed and data will be presented to strongly suggest that the most common clinical manifestation of hypersexuality are the paraphilia-related disorders, especially compulsive masturbation, pornography dependence and protracted promiscuity. The complex relationship between paraphilia-related disorders and sexual offending will be presented and the clinical importance of including the thorough assessment of paraphilia-related disorders and hypersexuality in sexual offenders will be emphasized. The presence and persistence of paraphilia-related disorders could be an additional indicator associated with both static and dynamic risk factors for sexual offender recidivism.

## **A Neurobiological Perspective on Attachment Problems in Sexual Offenders and the Role of Selective Serotonin Re-Uptake Inhibitors in Treatment of Such Problems**

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This paper will describes what is currently known about attachment from the development, social-cognitive and biological literatures. There is evidence to suggest that a number of sexual offenders report adverse childhood experiences and that they possess attachment styles that they will either have sex with children, perhaps confusing sex with intimacy or in aggressive ways as particularly happens with men who sexually assault adult women. A description of how such 'insecure' attachment styles arising in childhood can affect brain chemistry and brain function and subsequently adult social/ romantic relationships will be included in the presentation, followed by the argument suggesting the possibility of using SSRIs, such as Prozac, as an adjunct to therapy, to counteract such attachment related problems.



## The Berlin Primary Prevention Approach: A Treatment Program for Paedophiles

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From the day the Institute of Sexology and Sexual Medicine was founded at Berlin's Charité Hospital 10 years ago men have consulted its outpatient clinic fearing they may sexually offend against children. These men are well aware of the problematic nature of their sexual preference, they are distressed by their sexual fantasies involving children, and they are seeking therapeutic help in remaining offence free. These men request treatment despite no (current or previous) pressure from the justice system. As a general rule, their numerous attempts to find treatment have been in vain as specialised preventive therapy programs aimed at helping men with a sexual interest in children not to act upon their impulses virtually do not exist in Germany.

Confronted with these circumstances the "Prevention Project Dunkelfeld (PPD)" was initiated at the Institute of Sexology and Sexual Medicine where it is currently being carried out. One goal of this research project is to show that there are men who are sexually interested in children and, therefore - and without any legal pressure -, do not wish to act upon their impulses. However, the main goal is to reduce the number of sexual offences against children by establishing and providing specialised, evidence based preventive treatment for potential and real Dunkelfeld offenders. The design of the research project will be presented and similarities and differences of the Berlin approach and other therapy programs will be discussed.



# Sexual Offenders and their Risk for Reoffense: A Critical Review of Risk Assessment Instruments

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It is generally accepted that actuarial predictions of criminal recidivism are more accurate than clinical predictions and a number of actuarial risk assessment tools have been developed during the last 20 years. A number of studies have compared the instruments established for violent offenders and for sex offenders. Most studies have found little differences between the instruments they compared. We compared the predictive validity of four instruments on a sample of 134 sex offenders who were monitored for an average of 9 years. We used different outcome measures, most importantly sexual and non sexual violent reoffences. Although the Static 99 had a slightly larger AUC in the ROC-analysis, no significant differences were found to the SVR-20 and factor two of the PCL-R. Differences were significant between the Static 99 and the PCL-R total score and the HCR-20, indicating that one has to use the appropriate assessment tool, an assumption that has been debated in the literature. However in doing so, we still find an enormous overlap between reoffenders and non-reoffenders in each risk category defined by these instruments, and the number of false positives and false negatives is high. So how do we individualize correctly and why should we not rely mainly on actuarial instruments for the prediction of recidivism?

1. Instruments constructed from statistical analysis count the most frequent events and leave out rare events, although these rare events might be of high predictive value, e.g. some paraphilias have a high predictive value, but the static 99 makes no reference to them.
2. Clinical risk assessment is often followed by intervention, so the event predicted is prevented and can not be observed by counting the reoffences. This does not mean that the parameters used for clinical assessment are worthless, unless disregarding them does not increase

the number of reoffences. This would be a study difficult to conceptualize.

3. Today we are not so much interested in risk assessment but in optimizing risk management. Risk management is based on short term predictions. Therefore we need flexible and dynamic parameters, that indicate when, how quickly and how much we have to intervene. Static parameters might allow identifying general risk groups but do not give clues for flexible intervention.

Several authors have therefore advocated a combination of actuarial and clinical assessment methods. Chris Webster calls his proposition “structured clinical guides”. We call our proposition “Structured Individualized Risk Assessment and Management (SIRAM)”, in which hypotheses about the factors leading to the offence are individually developed on the basis of empirical knowledge, the influence of these factors is examined by therapeutic intervention (management) and hypotheses accepted or dismissed following such an examination.

## Recidivism and Risk Assessment in Sexual Homicide Perpetrators

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*Introduction:* Despite the lack of empirical data on criminal recidivism of sexual homicide perpetrators, the risk of reoffences is often regarded as high in this offender group. Predictors of criminal recidivism in sex offenders – such as deviant sexual preferences, antisocial personality traits, high scores in risk assessment instruments – have not been validated for sexual homicide perpetrators.

*Methods:* In a first step forensic psychiatric court reports on 166 sexual homicide perpetrators were evaluated in regard to socio-demographic, diagnostic, psychosexual and criminal factors, including risk assessment instruments (PCL-R, HCR-20, SVR-20, Static-99). In a second step data on duration of detention and reconviction rates were obtained from German federal criminal records.

*Results:* Offenders with sexual sadism or other paraphilias, antisocial personality disorder, psychopathy (PCL-R total score  $\geq 25$ ) and higher scores in risk assessment instruments (HCR-20, SVR-20, Static-99) were released less often or after longer periods of detention after the sexual homicide. For released offenders estimated reconviction rates during 20 yrs time at risk (according to Kaplan-Meier survival analyses) were 23.1% for sexual, 18.3% for non-sexual violent offences and 35.7% for any (sexual and non-sexual) violent offences. Sexual recidivism did correlate neither with the diagnosis of paraphilias, antisocial personality disorder, previous sexual or non-sexual violent delinquency, nor with scores in the risk assessment instruments. Only young age at the time of the sexual homicide ( $< 21$  yrs) and longer duration of detention ( $\geq 15$  yrs) was associated with higher rates of sexual reoffences. Non-sexual violent recidivism was correlated with previous sexual as well as non-sexual violent delinquency, psychopathic symptoms (PCL-R  $\geq 20$ ), higher scores in the HCR-20 and SVR-20 and longer duration of detention. The overall violent recidivism

rate correlated with only with time related factors (age at the time of the sexual homicide, age at time of release and duration of detention).

*Discussion:* Non-sexual violent recidivism appears to be more predictable than sexual reoffences. The fact that beside young age and duration of detention none of the investigated risk factors correlated with sexual recidivism, could be explained in different ways: (1) The predictive information of the risk factors was used up in the decisions about release or no-release and can not explain the remaining variance in released offenders. (2) The sample size was too small to achieve statistically significant results. (3) Offenders with signs of high risk for reoffending (e.g. sexual sadism) were released only, if other, risk diminishing or protective factors were present (e.g. antihormonal treatment, intensive psychotherapy, protective social environment after release) who compensated the high risk factors. (4) The investigated risk factors are not relevant for sexual recidivism in sexual homicide perpetrators.

## Dynamic Risk Assessment for Sexual Offenders on Community Supervision

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Working with sexual offenders in the community requires knowing when they are most likely to reoffend and what can be done to reduce that risk. Consequently, the most useful evaluations are those that identify dynamic or changeable risk factors. Dynamic risk factors can be divided into those that are relatively enduring, stable characteristics (e.g., sexual pre-occupations), as well as rapidly changing acute factors, which signal the timing of new offences. In this presentation, I provide an overview of a system of risk assessment for sexual offenders that includes static, stable and acute risk factors (Static-99/Stable-2000/Acute-2000). I will also present the most recent results of a prospective recidivism study (2001 – 2006) of these measures, based on approximately 1000 sexual offenders on community supervision in Canada and the US.

## New Aspects on Innerfamilial Child Sexual Abuse

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Intrafamilial child molesters are usually seen to be at lower risk for reoffense than extrafamilial child molesters. They are found to have fewer preconvictions and less victims compared to extrafamilial child molesters, and are usually seen to exhibit more pedophilic interests.

However, the literature does not take into account some clinical and criminological data, that might indicate a higher relative risk for reoffending in intrafamilial child molesters than generally assumed. We found that there are indeed differences that can not be interpreted in line with the general literature on this topic. Most importantly, the time from onset of offense until official conviction is much longer in intrafamilial than extrafamilial offenders. Thus, a comparison of the time of *reconviction* between groups might not reflect the same time of *reoffense* since biased by a different time period between relapse and reconviction. These can be interpreted to be in line with results of former research, that not the risk of *reoffense* but the risk of *reconviction* might be lower in intrafamilial child molesters compared to extrafamilial child molesters. Results will be discussed and interpreted in terms of treatment needs for both groups of individuals.



## **Forensic Operationalized Therapy / Risk Evaluation System (FOTRES): Presentation of a New Prognostic Quality-Management System**

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FOTRES (Forensic Operationalized Therapy/Risk Evaluation System) is a complex operationalized clinical instrument. With it, the recidivism risk of an offender and the prospect of success of therapy can be assessed. In addition, FOTRES allows the documentation and evaluation of the success of past therapy, as well as evaluating the potency of potentially unstable factors that could influence current relapse risk. In contrast to other clinical instruments of prognosis, there are explicit assessment rules: each individual criterion is precisely defined and there is an evaluation of all variables in each individual case in order to more precisely assess the individual's risk of reoffending. Thus the process begun with the development of criteria lists is continued, aiming at more transparency, comprehensibility and an operationalized structure of the prognosis assessment. FOTRES attempts a qualitatively new step in the development of clinical instruments of prognosis.

The main practical target of FOTRES lies in making available an instrument which provides a standardized system of documentation for quality management of both offense preventive therapies and all types of assessment. The aim is thus to provide a basis for standardization and quality management of risk-focused assessment processes (e.g. expert opinions and therapy) similar to the standardization found in diagnostic manuals. In the lecture, the basic concept and structure of FOTRES, as well as links to current discussion in prognosis science, are presented.

## Sexual Offender Therapy in the Correctional Setting

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This presentation will review the ways in which treatment content and process has changed since 1990. The presenter will draw from her experience as national manager for the Prison Service SOTP, tracking changes in theory, research and clinical practice on which the programme has been based. In particular, the presentation will involve a critique of several common aspects of sex offender treatment: the cognitive distortion model, the emphasis on victim empathy, and the relapse prevention model. The presenter will make suggestions about ways forward in content, process and evaluation of sex offender treatment in 2006 and will make some predictions about how treatment may develop in the next 15 years.

## Risk Assessment – for Profit and Public Safety

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The present paper is an attempt to address some of the ethical issues that are related to the provision of workshops, expert witness testimony, and assessment completion in the area of risk assessment. Psychologists, psychiatrists and other professionals are often engaged in these tasks and have varying levels of competency in the provision of these services. However, professionals are expected to meet the criteria for expertise and these criteria are reviewed in an effort to provide the basis for a curriculum to establish expertise and maintain it over the long term. In addition, an argument is made for all professionals to make a commitment, as the legal profession already does, to do some professional work in the area of risk assessment on a pro bono basis to ensure that both individuals and jurisdictions with less financial capability are still able to obtain a risk assessment or risk assessment training in an adequate manner.

## Algorithms for Medical Treatment of Sexual Offenders

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This lecture gives an overview of current pharmacological treatment of paraphilias and comorbid disorders in sexual offenders. Information about selective serotonin reuptake inhibitors (SSRI) is followed by data about established antihormonal substances (cyproterone acetate/CPA, and medroxyprogesterone acetate/MPA), as well as a more detailed account on luteinizing hormone-releasing hormone agonists (LHRH agonists). Naltrexone will be described as a new pharmacological approach. Different proposals for treatment algorithms for a differential pharmacotherapy of paraphilias will be presented.

## Therapy of Sexual Offenders in Prison: Between Confidentiality and Security Needs

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Since 15 years we offer a cognitive-behavioral treatment program for incarcerated sex offenders in two prisons in the federal state of Schleswig-Holstein (Northern Germany). This work has to be done in an area of conflicts: On the one hand side there is a legitimate interest of legal authorities to have knowledge about the development of the probands and their risk of relapse. On the other hand, psychotherapy can only be effective, if confidentiality is guaranteed. This presentation deals with a framework we developed in effort to satisfy this conflicting needs.

## The Relationship Between Pornography Use and Sexual Offending

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The association between pornography use and sexual offending has been vigorously debated for decades. In recent years, particular attention has been paid to the specific role of child pornography in sexual offending against children. In this presentation, I review the possible links between pornography use and sexual offending, and then the different lines of research that are available to address this important theoretical and practical question. I also discuss recent work on the diagnostic significance of child pornography offending, and the risk for future offenses posed by child pornography offenders.

## Internet and Sexual Offending

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The internet is a huge electronic web consisting of many independent networks and it has revolutionised the interchange of information and communication worldwide since a little more than 10 years. The number of users has risen enormously due to the now inexpensive access to this medium, the simple usage and, since high speed internet, the considerable faster application. By now the different services of the internet (e.g. World Wide Web, e-mail, file transfer, IP-phone) are used by vast numbers of people; a wide range of possibilities for nearly all fields of life and interest is available.

However, as with all tools or technical devices the internet can also be used for criminal offences, for instance for computer espionage and sabotage (e.g. dissemination of computer viruses), for fraud (e. g. phishing mails) and for the publishing of propaganda material of either political or religious fundamentalist groups. In terms of sex offences the internet is generally known as the ideal medium when it comes to spreading child pornography. Besides, chats and internet forums serve as a platform where information about real or fantasized deviant sexual acts can be interchanged and where sex offences are initiated and prepared.

The paper illustrates various relations between the internet and sex offending by giving concrete examples (among others the case of the “cannibal” of Rotenburg). In addition, the author names initial stages for prevention (e. g. improving the media competence of children and juveniles) and strategies for the prosecution. The empiric research of the correlation between internet use and sex offences is only beginning. Possible subjects, ways of investigation and problems are presented.





# Workshops



# Identification and Treatment Implications of Ward and Hudson's Pathways: A Manualized Approach

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The workshop will start with a description of how relapse prevention has been incorporated into work with sexual offenders and a discussion of the shortcomings of the classic relapse prevention model. Specifically, we will note that the original RP model contains only a single process of how sex offenders go on to commit further sexual offences, *viz.* re-offending occurs largely because of skills deficits and that negative mood and/ or adverse life events are the major precursors of relapse. Here we will point out that by placing particular emphasis on these, the model fails to consider situations in which individuals consciously decide to engage in sexually abusive behavior and that an adequate model of the offence process needs to account for this diversity in pathways to offending, and to accommodate individuals whose firmly entrenched beliefs about the legitimacy of sexual contact with children leads them to experience positive emotions we will then describe a more recent approach to understanding relapse: the Ward & Hudson (1998) multiple pathways model of the sexual offence process. This model incorporates concepts from self-regulation research and describes the ways in which offenders control and direct their own actions and describes in detail the phases by which a sexual offense occurs. We have been empirically investigating this notion of offence pathways for several years, these data will be described. Specifically we will report evidence that it possible to classify offenders according to their different routes to offending and follow the phases of relapse. Here we will note that these groups can be broadly defined by the individual offender's goal towards deviant sex (*i.e.*, approach or avoidant), and the selection of strategies designed to achieve their goal (*i.e.*, active or passive). We are now at the stage where we have devised two pathways manuals, (a) *The Self-Regulation Model of the Offence and Relapse*

*Process Manual: Vol I Assessment* (Ward, Bickley, Webster & Beech, 2004) and (b) *The Self-Regulation Model of the Offence and Relapse Process Manual: Vol II Treatment* to both assess phases, goals and strategies in sexual offenders' offense/ relapse processes and to guide treatment. Hence the aim of the workshop will be to describe how the manual can be used to identify such offense pathways and how we suggest that this may contain the first steps in treating different pathway abusers.

## Call Me What? Treat Me How?

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A synopsis of currently used treatment modalities is explained. The hazards and usefulness of frequently used modalities are acknowledged. Adjacent to this, sexual diagnostic labels used in the DSM-IV-TR are questioned and problems created for the therapist, both in and out of a Courtroom setting, are cited. Time for discussion is allotted, as well as limited role-play occurs.

# Das Zusammenspiel von verhaltenstherapeutischen und psychodynamischen Therapieformen in der Behandlung von Sexualstraftätern

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Sexualstraftäter sind keine homogene Gruppe. Es ist daher notwendig, dass sich die Behandlungsrichtlinien nicht ausschließlich am Delikt orientieren, sondern das Störungsbild und die Ressourcen des einzelnen Straftäters berücksichtigt werden.

Zusätzlich muss innerhalb eines Therapiekonzeptes die Entwicklung des Einzelnen so transparent gemacht werden, dass externe Begutachter diese Entwicklung nachvollziehen können ohne auf nähere Informationen der Therapeuten angewiesen zu sein.

Diesen Grundgedanken versucht das Therapiemodell der JA Mittersteig-Wien gerecht zu werden. Ausgehend von verhaltenstherapeutischen Trainingsgruppen über verhaltensmodifizierenden Sexualstraftätertherapieprogrammen und stützenden psychodynamisch orientierten Gruppen bis hin zur übertragungsorientierten Einzeltherapie (TFP) wird am Mittersteig ein gestuftes, störungsorientiertes und überschaubares Therapiemodell angeboten.

Der Workshop präsentiert die Grundlagen, die wesentlichen Inhalte der einzelnen Therapiestufen und eine Evaluation dieses Therapiemodells.

## **Sexual Impulsivity Disorders: Axis I Comorbidity and a Rational Approach for Pharmacological Management**

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Recent research has demonstrated that sexual impulsivity disorders (paraphilias and paraphilia-related disorders) are found associated with certain Axis I psychiatric diagnoses but the identification of those conditions requires a thorough diagnostic assessment. This lecture will review the literature on psychiatric syndromes associated with paraphilic sexual offending, with particular emphasis on subtle mood disorders, childhood attention deficit hyperactivity disorders and conduct disorder and a history of developmental trauma and post-traumatic stress disorder.

The use of more commonly prescribed psychiatric medications based on an identification of Axis I comorbid diagnosis associated with sexual impulsivity will be described. Empirical support for this approach will be reviewed as well. The use of medications that suppress testosterone will be described as well. The pros and cons of each medical approach will also be discussed.

# **Integrating Assessment, Etiology, Prognosis, and Treatment: The Structural Revision of a Rapist Typology**

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Knight (2003, Knight & Guay, 2006) recently proposed a major restructuring of the Massachusetts Treatment Center Rapist Typology, Version 3 (MTC:R3). Not only does the revision solve the empirical disconfirmations that MTC:R3 encountered, but it also provides the basis for a structural integration with the etiological model proposed by Knight (Knight & Sims-Knight, 2003, 2004). The new model will be discussed, and the implications of the model for risk assessment and treatment goals will be elaborated.

# Die Beurteilung des Therapieerfolgs bei psychiatrisch behandelten Sexualstraftätern durch Kliniker und Gutachter

*Hans-Ludwig Kröber, Steffen Lau*

## 1) Methodische Probleme der Verlaufsbegutachtung im Einzelfall

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Die kriminalprognostische Beurteilung von Insassen im psychiatrischen Maßregelvollzug, in der Sozialtherapie oder im Regelvollzug hat eine kurzzeitige (heutige Gefährlichkeit), eine mittelfristige (Lockerungseignung) und eine langfristige Perspektive (Rückfall nach Entlassung). Eine durchgeführte oder aktuell stattfindende Therapie ist dabei einer von mehreren Faktoren, der neben vielfältigen personalen und situativen Merkmalen diese Risikoabschätzungen beeinflusst. Zu klären ist aber erst einmal die grundsätzliche Methodik, mit der Risikobewertungen vorgenommen werden. Im einleitenden Beitrag des Workshops werden daher zunächst grundsätzliche methodische Strategien aufgezeigt und deren jeweilige Vorzüge und Begrenzungen erörtert. Daneben werden einige Besonderheiten der Beurteilung speziell von Sexualstraftätern skizziert und potentielle Implikationen einer stattgefundenen Therapie für den Beurteilungsprozess diskutiert.



## **2) Verwendbarkeit standardisierter Instrumente in der Risikobeurteilung bei Sexualstraftätern**

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Bei der Diagnostik und Behandlung von Sexualstraftätern hat der Rückgriff auf empirische Forschungsergebnisse die Kompetenz in Therapie und Prognosestellung innerhalb der Maßregelkliniken, der Sozialtherapien und auch der Haftanstalten verbessert. Dabei spielt die zunehmend standardisierte Erfassung von Risikofaktoren eine Rolle. Insofern kann eine grobe Zuordnung zu unterschiedlichen Risikoklassen durch die inzwischen gut validierten Instrumente erreicht werden (z. B. HCR, PCL-R, SVR-20, Static-99). Diese werden ergänzt durch die Selbstausskunft von Sexualstraftätern in Fragebogen-Instrumenten wie dem MSI. Allerdings können sowohl Risikoerfassungsbögen wie Fragebögen eine individuelle Beurteilung nicht ersetzen. Sie können insbesondere in nur sehr geringem Maß zur Therapieverlaufskontrolle eingesetzt werden. So bleibt der Nutzen dieser Instrumente nicht zuletzt in einer sorgfältigen Informationserschließung anhand Akten über die Lebens- und Delinquenzgeschichte, wobei diese Daten dann mit dem Aktualzustand abgeglichen werden. Die systematische Erfassung von Risikofaktoren bietet darüber hinaus Ansatzpunkte für eine rückfallpräventiv orientierte Behandlung.

## **3) Die Wahrnehmung des Therapieverlaufs in einer geschlossenen Institution: Möglichkeiten und Grenzen**

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In Maßregel- und Strafvollzugseinrichtungen fußt eine effektive kriminaltherapeutische - also ausreichend rückfallpräventiv wirksame - Behandlung von Sexualstraftätern auf fundierten kriminalprognostischen Einschätzungen. Effektive Sexualstraftäterbehandlung erschöpft sich nicht in der Übertragung der Prinzipien der allgemeinen Psychotherapie

auf den forensischen Kontext, sondern integriert zusätzlich die Befunde der kriminologischen Rückfallforschung in den Behandlungsprozess. Neben der Messung von Veränderungen in der Psychopathologie eines Straftäters muss in der forensisch-therapeutischen Arbeit immer wieder die Frage beantwortet werden, ob eine wahrgenommene Veränderung Einfluss auf die Kriminalprognose (also das Rückfallrisiko) hat. Diese Frage über langjährige Behandlungsverläufe hinweg immer wieder und dauerhaft zu stellen, ist nicht einfach. Aber nur wenn es gelingt, die Kompetenz der Mitarbeiter für diese Auseinandersetzung zu stärken, dieser Auseinandersetzung in besonderen Strukturen der Institution Raum zu geben und diese Auseinandersetzung adäquat zu dokumentieren und, ist man vor Überraschungen durch das Ergebnis einer externen Begutachtung gefeit.

#### **4) Die Wahrnehmung des Therapieverlaufs seitens des externen Gutachters: Möglichkeiten und Grenzen**

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Der Wahrnehmungsvorteil der stationären Therapieeinrichtung liegt darin, dass sie den Probanden täglich sieht und engmaschig begleitet. Der Vorteil des externen Gutachters liegt darin, dass er dem Probanden mit „fremdem“ Blick begegnet, dass er sich alle aktuarischen Informationen über diesen Menschen erarbeitet hat, und dass er emotional unvoreingenommen ist. Auf der Basis seines Aktenstudiums nimmt er einen Abgleich vor zwischen dem aktuellen Zustand des Probanden (seinen Einstellungen, Denkmustern, Handlungsbereitschaften, seiner Emotionalität) und dem, was man über den Probanden in dieser Hinsicht vor der Unterbringung feststellen konnte. Es geht um die Frage, ob sich in der Begutachtungssituation relevante Veränderungsprozesse abbilden, welche die einstige Disposition zu Sexualstraftaten betreffen. Entscheidend ist letztlich nicht, ob spezifische Therapien, das basale sozialtherapeutische Klima oder andere Einflüsse Veränderungen bewirkt haben, sondern allein, ob stabile Veränderungen vorliegen, welche das Rückfallrisiko erheblich senken.

## **5) Die Bedeutung des sozialen Empfangsraums (ambulantes Risikomanagement)**

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Die Beschaffenheit des sozialen Empfangsraums nach einer Behandlung in Haft oder Maßregelvollzug beeinflusst in hohem Maße das Rückfallrisiko. Bereits vor Entlassung ist abzuklären, welche stützenden und kontrollierenden Maßnahmen möglich und geboten sind. Tatsächlich unterliegen gerade Sexualstraftäter regelhaft einer sozialen Ausstoßung, so dass es nicht allein um Arbeit und Wohnen geht, sondern insbesondere um die Eingliederung in ein soziales Netzwerk, das sowohl einer Vereinsamung als auch der Rückkehr in das alte Milieu vorbeugt. Es geht um ambulantes Risikomanagement. Dabei ist nicht allein auf Eigeninitiative oder vorhandene Kompetenzen des Probanden und seiner Sozialkontakte zu vertrauen; vielmehr sollten auch bei sozial kompetenten Entlassenen die institutionellen Möglichkeiten betreuter Wohn-, Arbeits- und Freizeitgestaltung genutzt werden. Wirksam wird sowohl versorgende Unterstützung wie stützende Kontrolle. Ein wesentlicher Knotenpunkt des Risikomanagements sind Fachambulanzen, die nach der Reform der Führungsaufsicht bundesweit einzurichten sind.

## Self-Esteem and Other Esteem in Sexual Offenders

*Ruth E. Mann*

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This workshop will examine research into self-esteem in sexual offenders and will attempt to define the nature of self-esteem deficits related to offending.

The issues covered will include Thornton's notion of Personal Inadequacy, and Mann's notion of Damaged by Others, as well as consideration of the apparent usefulness of the Short Self Esteem Scale (SSES).

As it appears that self-esteem deficits in sexual offenders always exist in the context of poor other-esteem, the workshop will also consider issues of grievance thinking and beliefs that others are deceitful. It will cite recent research that indicates that working on self-esteem in the absence of developing other-esteem will not reduce risk of re-offending.

The workshop will introduce some ideas for working with self- and other-esteem deficits in sexual offenders.

## Therapeutic Processes in the Treatment of Sexual Offenders

*William L. Marshall, Liam E. Marshall*

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This workshop will first outline the results of a review of the general clinical literature on therapy processes (ie, therapist style, client/therapist relationship, group process). Following this, four studies of these processes will be described: 1. an examination of sexual offender clients' perspectives of therapy (Drapeau); 2. a description of the influence of group climate on treatment gains (Beech et al); 3. a content analysis of therapy (Pfafflin); 4. the influence of therapist features on treatment changes (Marshall et al). A discussion will follow of these various factors, including the need to ensure they are present in treatment and how they might influence change. We will then describe our motivationally-based Preparatory Program in order to illustrate how these findings from studies of therapy processes can be put into practice. Finally, we will provide details of an outcome study of our Preparatory Program indicating that it met our aims of facilitating engagement in subsequent full treatment, and reduced recidivism.

## **Beyond Relapse Prevention: The Sexual Health Model in Sexual Offender Treatment**

*Michael H. Miner*

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Sex offender treatment has narrowly defined Relapse Prevention as a model that focuses specifically on issues directly related to the commission of a sex crime. This definition is narrower than originally intended by the developers of this model (Marlatt & Gordon, 1985) and has, for the most part, resulted in taking sex out of the treatment of sexual offending, except to the extent that programs focus on changing sexual fantasies. In this workshop, we will explore the assumptions of a sexual health perspective on sexual offender treatment. We will initially describe the Minnesota Sexual Health Model (Robinson, et al., 2002) which puts sexual abuse and sexual aggression within the context of barriers to the development of sexual health. We will then explore how this model has been applied to sexual offender treatment. This exploration will focus on assumptions about patients, assumptions about the treatment process, and how the use of the Sexual Health Model leads to an intervention with not only a cognitive-behavioral focus, but a strong emphasis on systems theory. Participants will be challenged to explore their beliefs with respect to the nature of the individuals they treat, the methods they use, and the importance and nature of social supports.

# **Forensisches Operationalisiertes Therapie-Risiko-Evaluations-System (FOTRES): Aufbau, Theorie und Demonstration der praktischen Anwendung eines neuen prognostischen Qualitätsmanagmentsystems**

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Mit dem FOTRES (Forensisches Operationalisiertes Therapie-Risiko-Evaluations-System) wurde ein komplex operationalisiertes klinisches Instrument entwickelt. Mit ihm können das Rückfallrisiko eines Straftäters und die Erfolgsaussicht einer Therapie eingeschätzt werden. Ausserdem erlaubt das FOTRES die Dokumentation und eine Evaluation des bisherigen Therapieerfolgs. Zudem wird die Ausprägung potentiell labiler Faktoren bewertet, die Einfluss auf das aktuelle Rückfallrisiko haben können. Im Unterschied zu anderen klinischen Prognoseinstrumenten liegen explizite Auswertungsregeln vor, jedes Einzelkriterium ist genau definiert und es erfolgt eine auf den Einzelfall bezogene Gewichtung aller Variablen, um das individuelle Risiko genauer abzubilden. So soll der durch die Entwicklung von Kriterienkatalogen begonnene Prozess hin zu mehr Transparenz, Nachvollziehbarkeit und operationalisierter Struktur von Prognosebeurteilungen fortgesetzt werden. Das FOTRES unternimmt damit den Versuch für einen nächsten qualitativ neuen Schritt in der Entwicklung von klinischen Prognoseinstrumenten.

In der Praxis besteht allerdings das wesentlichste Ziel des FOTRES darin, mit dem Instrument ein standardisiertes Dokumentationssystem zum Qualitätsmanagement für deliktpräventive Therapien und jegliche Arten von Risikobeurteilungen zur Verfügung zu stellen. Es soll damit ähnlich wie bei der Standardisierung in der Diagnostik durch Diagnosemanuale eine Grundlage für Standardisierung und Qualitätsmanagement in risikofokussierten Beurteilungsprozessen (e.g. Gutachten, Therapien) gelegt werden.

Im Workshop werden grundlegende Konstruktionselemente des FOTRES erläutert und anhand einer exemplarischen Fallbewertung die Struktur des Bewertungsprocederes und einige grundlegende Anwendungsaspekte dargestellt.



## **Stable-2000: An Empirically Validated Method of Assessing the Treatment Needs of Sexual Offenders**

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Stable-2000 (Hanson & Harris, 2001) is a method of assessing the relatively enduring characteristics associated with recidivism among sexual offenders. These criminogenic needs are among the most important treatment targets. Stable-2000 is based on file review and interview information. It specifies the content that should be assessed, but leaves the specific methods of assessment to the skills and resources of the evaluators. In this presentation, I will provide an overview of the Stable-2000 scoring system followed by practice scoring the central factors (i.e., the factors most strongly related to sexual, violent and general recidivism).



# Free Workshops



## **Attachment – An Issue for Last Session or a New Approach in Treatment of Sexual Offenders: Non-Verbal Issues in Treatment Relationships**

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Attachment seems to become the new hot issue in sex offender treatment. In general research on psychotherapy and behavioural change relationships have been a core issue for a long time. Working with attachment means heavy focus on implicit parts of treatment. Implicit means: non-verbal, emotional, pre/ non-symbolized and procedural parts of treatment (Beebe & Lachmann 2002). Most treatments focus on explicit, verbal, formal, rational, conscious intervention, though these aspects of treatment might not be the most important aspects of treatment (Beebe & Lachmann 2002; Stern et al 1998; Stern 2004; Schore 2003). This workshop will focus on theoretical and practical issues regarding non-verbal aspects of treatment of sexual offender.

Workshop will focus on different modes of action in treatment, the role of the therapist, and the relationship to the offender. Participants will be asked to use play own patients in the practical part of the workshop.

# Treating Female Sexual Offenders

*Charleen Steen*

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This workshop will summarize research findings on female offense and offender typologies, the female offender's general personality characteristics, her likely victimology and comorbidity of disorders, and the etiology and methodology of her offending. Treatment recommendations, based on the research, will be described.

## **I. Research findings on female offenders**

- A. Numbers of offenders
- B. Types of offenses
- C. Victims more likely own children or persons known to the women compliance are typically via
- D. Coercion
- E. Large percentage of females committing their offenses in concert with a male offender
- F. Larger percentage of female offenders were victims of sexual and other types of abuse 1.
- G. Often have other disorders
- H. Social deficits
- I. Bases of female offending
- J. Miscellaneous
- K. recidivism

## **II. Treatment needs specific to female offenders**

- A. Group treatment: problems in placing female offenders in male groups
- B. Treatment themes necessary

## How to Use Structured Clinical Guidelines with Actuarial Tools in a Convergent Approach to Risk Assessment

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Many clinicians have already adopted a convergent approach to risk assessment, whether through deliberate adoption of complementary instruments or through informal clinical modification of risk assessment instrument findings. The present workshop is based on the premise that a convergent approach to risk assessment may be both the most responsible and most appropriate approach at this time in the practice of risk assessment, given the lack of research to substantiate a strong superiority of one type of instrument (actuarial risk tests versus structured clinical guidelines) over the other. In addition, it appears that these types of tests are complementary in terms of how risk is conceptualized and analyzed. The model given in this workshop provides a explanatory framework to include in reports to help ensure that clinicians doing risk assessments of sexual offenders are providing the most information possible to decision makers to protect the rights, safety, and security of our clients (the correctional and justice systems, the public, and the offenders).

# Oral Presentations



## **Integrative Psychodynamic Group Therapy with Pedophilic Men - A Qualitative Study**

*Andreas Hill<sup>1</sup>, Anja Sicher<sup>2</sup>*

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In April 1998 the Hamburg model of outpatient group psychotherapy with pedosexual men was set up at the Institute for Sex Research and Forensic Psychiatry at the University Medical Center Hamburg-Eppendorf. The model integrates psychodynamic with cognitive-behavioural methods. The third group with eight patients lasted over 2.5 years (weekly sessions of 90 min., two therapists) and was assessed extensively before and at the end of the therapy as well as during the therapeutic process. The main therapeutic goals were the reduction of deviant sexuality, i.e. of pedosexual fantasies and interests, increased control over deviant sexual fantasies and impulses, support of sexual relationships with adult partners as well as an improvement of the general psychosocial and psychosexual situation of the patients.

*Methods:* Pre-therapy assessment included standardized instruments for personality and psychopathology (SCID-II, Hamburger Persönlichkeitsinventar, SCL-90-R) and for the psychosexual development (Multiphasic Sex Inventory). The pre- and post-status regarding the main therapeutic goals were assessed with instruments of the Sex Offender Treatment Programme (SOTP) in England and Wales (sexual attitudes, attitudes about sex offences, cognitive distortions, victim empathy, relapse prevention) and a questionnaire about deviant sexuality. In addition, treatment success was rated by the therapists using an operationalized questionnaire. The psychotherapeutic process was continuously assessed by self-rating instruments (Gruppenklimafragebogen, Stuttgarter Bogen, Gruppenerfahrungsbogen) and by the therapists (Kieler Gruppenpsychotherapie-Prozess-Skala).

*Results:* Beside pedophilia or pedophilic tendencies all patients showed personality disorders or abnormalities, mainly avoidant, obsessive-compulsive and Borderline PD. At the end of the therapy the general psychopathological symptoms were improved (T-GSI in the SCL-90-R: 62.6



vs. 56.1). The results from SOTP-questionnaires showed a slight tendency for decreased cognitive distortions and improved victim empathy, however no relevant changes were found in the patients capacities of relapse prevention and the self-ratings of deviant sexuality, meanwhile therapists had observed a decrease of deviant sexuality in half of the patients. According to the therapists ratings there were four patients considered as successful, and four patients, including the one who left the group early, as less successful. No significant differences were found between these two subgroups. Patients and therapists rated the group-cohesion similarly; a critical point during the final phase of the therapeutic process (a relapse, i.e. sexual offence, by one patient) was reflected in a decrease of group cohesion. Cohesion was positively correlated with acceptance and active involvement of the patients. Psychodynamic therapeutic factors, such as identification and restaging the primary family, played only a minor role. Emotional involvement and capacity to perceive group conflicts seem to be important predictors of a positive therapeutic process.

*Discussion:* A stronger emphasis on cognitive-behavioral therapeutic elements might increase directly offence-related treatment success (e.g. relapse prevention strategies). Critical phases are those with strong splitting tendencies triggered by confrontation with offence-related behavior (e.g. reoffence by one patient). Additional long-term post-treatment aftercare is desirable to maintain and monitor treatment success. Psychotherapy process studies with larger samples and control groups are necessary.

## **Preliminary Findings from a Cognitive-Behavioral Group Therapy with Internet Sexual Offenders**

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Since 2002 the forensic department of the psychiatric university hospital in Basel, Switzerland, assessed over 40 persons having consumed illegal pornography from the internet, mostly child pornography. Few of them volunteered for therapy, due to psychological strain or insight, some on recommendation from law enforcement. The better part though was remanded for therapy from court. To improve the efficacy and efficiency of guaranteed therapies, to enhance specific knowledge of this type of offender and to adapt therapeutic procedures, we established in 2005 for the first time a group therapy for internet sex offenders. In this weekly cognitive-behavioral group therapy, completed with individualized therapy where necessary, we addressed all essential therapeutic modules also known from child molester therapy and meanwhile published by Taylor, Quayle et al. to be effective.

In our presentation we will describe the sample of the assessed internet sex offenders, our modular therapy concept and we will make recommendations for important adaptations and improvements.

## Psychosexual Characteristics of Sexual Offenders and the Relationship to Sexual Reconviction

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The purpose of present study was to determine if the Multiphasic Sex Inventory (MSI) could be used to predict sexual reconviction. The MSI was administered to 119 convicted male sex offenders. Reconviction data were analysed using the Receiver Operating Characteristic (ROC) over two, five and ten year follow-up periods. Recidivists and non-recidivists are compared. The MSI scales Sexual Obsession and Paraphilia (Atypical Sexual Outlet) obtained good accuracy in predicting sexual reconviction over two and five-year follow-up periods. A confirmatory factor analysis of the MSI scales yielded four factors: Sexual Deviance, Sexual Desirability, Dysfunctional / Justification, and Normal. The Sexual Deviance factor demonstrated good accuracy in predicting sexual reconviction at two-year follow-up while the Normal factor was a poor predictor of sexual reconviction. Compared against an actuarial risk assessment measure for sexual offenders (Static-99), the Sexual Obsession and Sexual / Social Desirability scales, and Sexual Deviance factor made a statistically significant contribution independent of the risk scale in predicting sexual reconviction.

## Rape Myths in Young Offenders

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According to Bohner et al. (2005), the belief in rape myths is a prominent cause of sexual violence. The acceptance of myths that serve to trivialize, justify or deny sexual violence against women, is positively related to men's rape proclivity. With regard to aspects of treatment (e.g. psychotherapy) and risk assessment, it seems to be important to assess rape myths and personality traits in (sexual) violent offenders.

Up to now, we tested about 53 (sexual) violent adolescent/ young adult offenders of a northern German juvenile detention centre with the Illinois Rape Myths Scale (IRMA), the Personality Disorder and Style Inventory (PSSI) and the Taylor Alexithymia Scale (TAS-20).

The preliminary results of the study showed that it is possible to assess rape myths with the IRMA in a sample of relatively young offenders. We found correlations between the IRMA and personality disorders (e.g. antisocial and passiv-aggressive personality disorder).

The preliminary results of our study are very promising and the collection of further data goes on. For the first time in Germany empirical data on the relationship between rape myths and personality variables were elevated. The paper concludes with a discussion on future directions for the examination of rape myths in offenders.

## Personality Characteristics of Male Sexual Offenders Illustrated by NEO PI-R

*Ellids Kristensen<sup>1</sup>, Eva Grahn<sup>1</sup>, Erik Lykke Mortensen<sup>2</sup>*

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This paper reports on 80 male sex offenders (primary nonviolent child sexual abusers) who were tested prior to a treatment program using the five-factor model NEO PI-R and SCL-90R. The study group is compared with Danish norm data.

Preliminary analyses of data indicated that the sex offender group were significantly higher on Neuroticism and significantly lower on Extroversion and Conscientiousness. SCL-90R indicated moderate high GSI, particularly due to high scores on Interpersonal sensitivity, Depression and the anxiety subscales.

## **The State-of-the-Art of Sexual Offender Treatment in Europe. An Update of a Comparative Questionnaire Study in 22 Countries**

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This presentation is based on the results of a recent update of an earlier (2003) questionnaire study among 68 professionals from 22 European countries, working in the field of sexual offender management or forensic health care. The results show the big differences between countries in the development of sexual offender treatment. In most northwestern European countries there has been significant progress in this field: especially in the UK, Flemish Belgium, Germany and The Netherlands. However, much slower progress has been made in southwestern European countries, while in Eastern Europe only incidental non-specific treatment facilities are available or none at all. When treatment does occur in Europe, treatment methods differ markedly between countries ranging from psychoanalytic therapy to cognitive behavioural treatment and biomedical interventions alone. More recent trends in some European countries are -besides the already existing treatment facilities- comprehensive prison programs, the increasing use of North American based risk assessment instruments, specific juvenile treatment programs and sexual abuse prevention campaigns by media. Here again, the northwestern European countries are more advanced and active than the southwestern European countries. It is not easy to explain these differences, for this requires of the observer an in-depth knowledge of the sociocultural context (What is the public opinion about sexual crimes, punishment and prevention?), the judicial system variables (What are the opinions of the courts about court-ordered treatment as a prevention instrument?) and the attitudes of the helping professionals specific to each nation (Aversion toward these clients, preparedness to work with these clients outpatiently in a court-ordered context). The new member states of the European Union ask for support and help with the implementation of modern specific sexual offender assessment and treatment methods. This presentation offers some tentative explanations of the observed differences across countries.

# Cognitive Distortions in Exhibitionists: A Tool for Group Psychotherapy

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Working in group psychotherapy with exhibitionists is sometimes difficult, as the psychological consequences of exhibitionism are not well known. Compared to the consequences of incestuous or paedophilic acts, they are not a subject of interest, especially in the media. Indeed, these consequences do not seem very important / severe in general, but exhibitionists in therapy tend to present many cognitive distortions concerning their victims: „she liked it because she looked twice“, „wearing a short skirt means she wants some sex“ or „she laughed so it means she enjoyed it“, etc. Exhibitionists tend to deny any kind of threat or aggression in their act.

To help these patients' cognitive restructuring, we decided to use a questionnaire to compare victims, non-victims and exhibitionists' perceptions of how a person confronted to an act of sexual exhibition feels and reacts. Such a comparison shows how cognitively distorted these patients are, especially as for victim perception, compared to female victims (N = 85) and to non-victim men (N = 90). These results also helped us build a therapeutic tool to work with these patients in group psychotherapy. This communication will present the results of this study and the tool we now use in psychotherapy with exhibitionists.

## Ergebnisse und Erfahrungen mit der kognitiv-behavioralen Behandlung von Sexualstraftätern im Maßregelvollzug

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In der Forensischen Abteilung der Rheinischen Kliniken Langenfeld wird den nach § 63 StGB untergebrachten Sexualstraftätern angeboten, sich in einer Behandlungsgruppe mit ihrer sexuell devianten und delinquenten Problematik auseinander zu setzen. Die Behandlung in den Gruppen fokussiert vor allem die Rekonstruktion der Straftat(en) und der Delinquenzentwicklung, die Veränderung tatbegünstigender dysfunktionaler Kognitionen, die Förderung der Fähigkeit, Empathie mit den eigenen Opfern zu empfinden, die Erarbeitung eines funktionalen Zusammenhangs von Delinquenz und biographischer Entwicklung und die Etablierung von Rückfallvermeidungsstrategien. Unter methodischen Aspekten orientiert sich das therapeutische Handeln an kognitiv-behavioralen Konzepten. Der Zeitrahmen der Behandlung beträgt etwa 4 Jahre. Bis heute haben 16 Patienten die Behandlung abgeschlossen.

Nach Behandlungsabschluss zeigten sich statistisch signifikante Mittelwertsveränderungen (T-Test für gepaarte Stichproben) bei den folgenden Skalen psychologischer Testverfahren: MSI: „Lügenskala“ ( $T(15) = 2.79$ ,  $p < .05$ ), „Rechtfertigung“ ( $T(15) = 4.71$ ,  $p < .001$ ) und „Behandlungseinstellung“ ( $T(15) = 2.15$ ,  $p < .05$ ); GT-S: „Grundstimmung“ ( $T(15) = 2.55$ ,  $p < .05$ ) und „Durchlässigkeit“ ( $T(15) = 2.22$ ,  $p < .05$ ). Im Gesamtsymptominde des SCL-90-R zeigten sich keine signifikanten Unterschiede in den Prä- und Post-Messungen. Im Behandlungsverlauf nahm die psychische Symptombelastung der Patienten aber zu ( $T(15) = -3.02$ ,  $p = .01$ ).

Bei einem Drittel der Patienten wurde der Behandlungserfolg aufgrund klinischer Beurteilung als erfolgreich eingeschätzt. Die Stärken und Schwächen der von uns durchgeführten kognitiv-behavioralen Gruppenbehandlung werden an einzelnen Behandlungsverläufen von Patienten dargestellt.



## Released Sexual Offenders from Forensic Hospital (§ 63 StGB) – The Way of Reintegration

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The prediction of dangerousness in sexual offenders is still as well complex as insufficient empirically proven. So far more or less valid criteria for predicting recidivism especially for this heterogeneous group have been determined. Nevertheless sexual offenders represent a relatively large group in German Forensic Institutions due to the momentarily restrictive releasing policy. Main scope of the public and the politicians is whether sexual offenders may successfully be integrated in society after their release from an institution.

The Essener Multi Center Prognosis Study analyses by means of central federal agency excerpts and probation officer reports the follow-up time of this group of offenders after their release from a forensic institution.

The results reveal that from 34 released sexual offenders 9 failed rehabilitation after a time at risk of a minimum of 2 years (mean 4 years). Represented are descriptive data from the probation officer reports as well as clinical and actuarial prognostic criteria.

In spite of the heterogeneity of this group certain overlappings concerning sociodemografical aspects could be identified. Furthermore substantial differences in the follow-up time, especially in some aftercare areas could be found.

## Standards in the Use of GNRH-Analogues for the Treatment of Sexual Offenders

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Since the study by Rösler & Witztum in 1998 there has been an increasing interest in the use of LHRH agonists for the treatment of sexual offenders and paraphilic patients. Treatment algorithms by Bradford (2001) or Briken et al. (2003) proposed LHRH agonists especially for the more severe disturbed or dangerous patients. However, controlled studies are still missing and it remains unclear if LHRH agonists are really more effective and have lesser side effects than other antihormonal agents like cyproterone acetate (Androcur®). Since the prescription of LHRH agonists for paraphilic patients in the German speaking countries as well as in the United States is not approved, several ethical and juridical have to be taken in account. It is also unclear how prognostic aspects and decisions in prisons or forensic mental health hospitals are influenced by the use of LHRH agonists. The aim of this workshop is to give an overview about LHRH agonists and to discuss this in the light of ethical and juridical questions. We hope to initiate a process of reflection between experts from different institutions that leads to the formulation of a preliminary consensus guideline for the use of this medication.

# Sex Drive Reducing Agents for the Treatment of Sexual Offenders – Standards of Indication, Treatment and Prognosis

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The therapeutical use of drugs that interfere with the hormonal basis of human sexual arousal shows positive prospect for the treatment of sexual offenders. Nevertheless, the lack of standards concerning indication, treatment schedule, monitoring, documentation, and prognosis for these pharmaceutical strategies needs to be examined accurately (Fiedler, 2004; Hill et al., 2005). Therefore, suggestions for guidelines for the treatment of imprisoned sexual offenders will be presented. Decision-trees for indication will be differentially illustrated and aligned with essential treatment elements, such as education and information of patients, psychological and medical diagnostics, and creation of an individual risk-profil including prognosis for benefits and release (Urbaniok & Endrass, in press; Urbaniok, 2004). Idiosyncratic secondary treatment effects and possibilities of a “normal” non-deviant sexuality will be discussed. Critical aspects of antihormonal interventions will be examined, including insecurities of therapists, ethical questions when benefits for the patient in treatment depends on cooperation in hormonal and psychopharmacological interventions, the question of safety, and uncertainties concerning time and criteria for termination of these interventions. A summary of positive and negative criteria will be offered to enable qualified decision making for or against the implementation of a pharmaceutical therapy for sexual offenders.

## **Selective Serotonine Reuptake Inhibitors (SSRI) in the Treatment of Paraphilia. A Retrospective Study**

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For about 15 years selective serotonine reuptake inhibitors (SSRI) have been used in the treatment of paraphilias. In an open, uncontrolled, retrospective study, which was the first in the German speaking countries we investigated 16 male outpatients, who have been treated for different paraphilias with SSRI and psychotherapy. There was a marked reduction in paraphilic symptoms. Despite high rates of sexual side effects most patients reported a high overall treatment satisfaction. SSRI are an important addition in pharmacological treatment of paraphilic patients, especially with a risk of so called "hands-off" delinquency.

## Dangerous Criminal Sexual Offenders

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The Treatment Institution at Herstedvester in Denmark has since 1989 offered combination treatment to dangerous criminal sexual offenders with risk of relapse into crime, when out of a joint judgement has been concluded, that psychotherapeutic treatment is not sufficient to meet risk of new criminal sexual offences. Many of the treated persons have besides committed other crime involving danger to other persons - for example violence, robbery- and arson.

The term combination treatment is understood to treatment of medical castration that is to say a combined by blood test control, judgement by endocrinological consultation as well as regularly conversation with a clinical judgement by either a psychiatrist or a psychologist.

With this treatment is secured a permanent reduction of the blood concentration of male hormones which correspond to the hormones concentration of boys before in puberty

The purpose of the investigation is to describe the group of sex offenders who are offered antihormonal combination treatment at The Treatment Institution at Herstedvester, and to compare this group with other sex criminal offenders who have been in prison in the same period of time, but not been offered the treatment. The investigation concern the period from 1989 to 2000.

In the investigation have participated 36 persons who have been offered medical castration and 72 persons who have not been offered the same treatment - both who have committed serious sexual criminal offences.

The investigation was started on the first of November 2000 and finished on the 30 of August 2004. All the sentenced are described according to:

- Sociodemografic situation
- Previous criminality
- Previous imprisonment
- Previous sentences

- Psychiatric diagnosis
- Addiction problems
- Imprisonment condition
- Relapse to crime

The participating persons will be described and relapse to crime for those who have been medical castrated will be analysed.

## **Assessment of Risk and Manageability for Individuals with Developmental and Intellectual Limitations who Offend (ARMIDILO)**

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The ARMIDILO is a structured clinical guideline (SCG) instrument comprised of thirty dynamic risk-related factors that are distributed amongst staff/environmental (9 factors) and client categories (21 categories). These two broad categories are subdivided into stable and acute factors. Like other SCGs, the user of the instrument can choose to use the instrument in an actuarial manner (adding up the values), or as an “aide memoire” to provide an overall appreciation of risk, and in this case, manageability. In regards to risk assessment, the ARMIDILO is to be used as part of a convergent approach to risk assessment via the deliberate adoption of a complementary instrument, namely the RRASOR (the precursor to the Static-99) by Karl Hanson. How these two instruments are proposed to be used in a convergent fashion will be explained in the workshop. In regards to risk manageability, the ARMIDILO can be used as an ongoing risk management tool and this will also be explained during the workshop.

## **Sexual Offenders with Learning Disabilities: Risk, Recidivism and Treatment**

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While the literature on the assessment, treatment and management of non-disabled sexual offenders is well established, it is only in recent years that researchers and clinicians have focused on sexual offenders with learning disabilities. This paper offers a review of the literature on risk, recidivism and treatment approaches for sexual offenders with learning disabilities. Due to methodological differences between studies, the prevalence of sexual offending by men with learning disabilities is not clear. The prevalence and characteristics of sexual offenders with learning disabilities is discussed. In comparison to a recent review of the UK sexual recidivism rate for non-disabled sex offenders, the rate of sexual recidivism for offenders with learning disabilities is 6.8 times and 3.5 times that of non-disabled sexual offenders at 2-years and 4-years follow-up respectively. Sexual offenders with learning disabilities are also at greater risk of re-offending in a shorter time period. There are few evaluated community-based treatment programmes for sexual offenders with learning disabilities. A review of published 'adapted' treatment programmes reveals a number of core treatment components.



## Exclusive versus Nonexclusive Type of Paedophilia

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In June 2005 the Charité Hospital's Institute of Sexology and Sexual Medicine started its *Prevention Project Dunkelfeld (PPD)*, a research project aimed at reducing child sexual abuse by providing treatment to men concerned about their sexual impulses with regard to children. Since then more than 170 men have been interviewed regarding their sexual preference for children. In the majority of the cases, men who were finally diagnosed paedophilic came out to be of the exclusive type.

In the process of group therapy, which began in 2006, patients that were formerly diagnosed as nonexclusively paedophilic emerged to be exclusively paedophilic, but not vice versa. The extent to which the frequency of the nonexclusive type has been overestimated in the past as well as its implication for therapy will be discussed.

## **The System for the Classification of Extra-Familial Paedosexuals: A New Development in Typology Research**

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Research consistently illustrates individual differences within groups of sex offenders in general and child molesters in particular. An empirically founded and correctly applied classification has proven its importance in clinical practice. In a study recently performed at the University Forensic Centre, an outpatient treatment facility for adult sex offenders in Antwerp (Belgium), three independent raters classified a sample of male Flemish extra-familial child molesters (N=124) according to a Dutch translation of the original MTC:CM3 criteria. Results tend to confirm reliability and validity of this typology; however the research process revealed some shortcomings that compelled adjustment. Ultimately, a revised classification system for extra-familial child molesters was developed, introducing new types. All existing and new criteria were extensively reviewed and put together in a comprehensive user-friendly checklist (SCEP-1). Further research with this instrument is brought forward as a next, constructive step in the development of an optimal classification system for child molesters.

## Validation of a New Scale for Measuring Victim Empathy in Pedophiles: The Empathy for Children Scale (ECS)

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The measurement of empathy has played a central role in the treatment and understanding of sexual behaviour by adults with children. However, the research to date has not revealed a clear relationship between lack of empathy and sexual behaviour with children. More recent attempts have focussed on empathy specific to sexual abuse. Data is emerging suggesting an empathy deficit specific to sexual abuse of children. For instance, Fernandez and colleagues developed a self-report scale (CMEM) that successfully differentiated child molesters from other groups on victim specific empathy, but not general empathy. During the translation of the CEM into German the current authors identified a number of apparent problems with the original scale. These problems may have effected the validity of the findings to date. Consequently, the current authors adapted the CMEM by refining the scenarios, changing and reducing the number of items, and clarifying some constructs. The new scale was validated using diagnosed pedophiles and non-offenders. Data on internal consistency, re-test reliability and group differences as well as relationships between empathy, social desirability and cognitive distortions will be presented. The results suggest that the new scale is a valid measure of victim empathy.

## Pilot Project: Children and Adolescents who Have Committed Sexual Offences

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The aim of the study is to find characteristics of persons under 18 years old, referred to treatment at Institute for Clinical Sexology and Therapy in Oslo due to sexually abusive behaviour. Most patients received long term psychodynamic / sexological treatment.

Research questions is:

- Characteristics of young persons who have committed sexually abuse and received treatment at ICST
  - Type of sexual offence.
  - Victim characteristics.
  - Did child protection, child psychiatry etc also work with them?
  - Development problems, stressing events, parenting problems, including sexual abuse and violence.
  - Who had the custody over the child / adolescent
  - Did the patients have serious pathology (psychosis, mental retardation etc) which can make treatment difficult?
  - How much treatment did they receive?
  - Were treatment completed.
  - Who paid for treatment
  - Were the patients convicted for sex crimes or other types of crimes?
- Characteristics of the relationship the patients' had to their parents or other significant persons.
- Characteristics of the relationship the patients' had to their therapist at the beginning and end of treatment.
- Can issues in their childhood be connected to later sexual abusive behaviour?

Information are gathered from patient journal of children and adolescents who received treatment at Institute for Clinical Sexology and Therapy during the study (n=15). Preliminary results will be presented.

## The Study of Life Story of Juveniles Convicted of Sexual Offense in Reformatory

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The purpose of this research is to determine the factors which lead the juveniles convicted of sexual offense in reformatory to commit the offense by the life stories and to assessment these factors according to the models of Becker and Kaplan (1988) and Lane (1997) which are constituted of theoretical framework of this research. On the way of this purpose experiences of juveniles before and after offense have been taken in a qualitative research design through life stories.

Through the analysis of the interviews with 30 juveniles convicted of sexual offense about their life stories, important findings have been reached on the determinants of offence behavior. These characteristics are as follows: The personal characteristics of children; factors related to family life of children; factors which related to peer group of children; factors related to school life of children; factors related to work life of children; forms of leisure time activities of children and sexual life. These findings are in tune with the theoretical model of Becker and Kaplan (1988). The findings that the juveniles who have been in a psychical and emotional abusive cycle which have been starting from childhood, are tune with the theoretical model used in the research of Lane (1997).

## **A Developmental Approach to Psychopathology in Adolescent Offenders: Subtyping Sexual Offenders and Assaultive Offenders**

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Research in Germany concerning juvenile sexual delinquency is mainly done by medical professionals, i.e., by assessing case histories. In Canada, Great Britain and in the USA this research is mainly done by psychologists, i.e. by means of psychometric assessment. The purpose of this study was to compare adolescent sex offenders (ASO) with adolescent assaultive offenders (AAO) by combining both assessment methods.

Three offender groups were compared: ASO whose victim/s was/were female adolescent/s or adult/s, called victims women (VW), n=38. ASO whose victim/s was/were (a) child/ren of both sexes, called victims children (VC), n=36. AAO whose victim/s was/were male adolescent/s or adult/s, called victims men (VM), n=33. All male subjects were matched as follows (to restrain confounding variables): German nationality, average intelligence, only hands-on offenders, single perpetrators, age at time of the offence between 14 and 20 years. - Development of the individual, his family, his sexuality (case histories) and his personality (psychometric inventories) was examined. Reclassification was done after factor analysis and subsequent discriminate analysis.

The VW-group was best predicted by sexual development (63%), respectively by individual, familial, and sexual development (71%). The VC-group was best predicted by individual development (78%), no combination was better. The VM-group was best predicted by familial and personality development (67%), no combination was better.

Assessing defined groups of juvenile offenders with different assessment tools seems to be a helpful method to describe the profile of the respective offender group. Items of the case histories were more powerful than psychometric inventories. Limitations of the study concern the choice of the psychometric instruments, the possibility of concealed offences not going with the respective group and other aspects of developmental psychopathology within the respective group (e.g. impulsivity).

## **Clinical and Actuarial Risk Assessment Variable Correlates of Participant Status in a Sexual Violent Predator (SVP) Program**

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Sexually Violent Predator (SVP) programs are relatively new treatment delivery systems. Nonetheless, these programs are growing in complexity, and often include gradations of levels or phases reflective of participant progress, as well as specialized treatment tracks or subprograms. Clinically relevant data regarding individuals committed or detained in such programs remains limited and it is unclear how clinically relevant variables such as diagnosis, commitment status, and risk assessment level relate to program participation status variables such as voluntary engagement in treatment (treatment accepters vs. treatment rejecters), custodial/security management level, assignment to specialized treatment (special needs, severe personality disorder track, etc.), and progress in treatment (treatment phase attained). We will present data summarizing DSM IV R diagnoses, victim characteristics, and actuarial risk assessment statistics for a population of approximately 200 civilly committed sex offenders. The correlation of these clinical and risk-related variables to program participation status variables will be presented with relevant comorbidity analyses. Findings will be discussed in regard to implications for treatment engagement and program design.

## **A Comparison of Sexually Violent Predators and Sexual Offenders not Meeting Sexually Violent Predator Status**

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In this study we will review the prison records of sex offenders incarcerated at a State Correctional Institute in Pennsylvania within the past 5 years. All offenders have been evaluated for meeting the criteria for Sexually Violent Predator based on Pennsylvania State Law. Demographic variables and risk factors for sex offenders who have been designated SVPs and those who have not received SVP designation will be compared. The STATIC-99 and SVR-20 will be used to assess risk for reoffending. The findings of this research will contribute to understanding the factors involved in labeling a sex offender a Sexually Violent Predator.



## **Sexual Offender Risk Assessment Strategies: Is there a Convergence of Opinion yet?**

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While there is no convergence of opinion in the academic literature regarding risk assessment strategies, many clinicians have already adopted a convergent approach to risk assessment, whether through deliberate adoption of complementary instruments or through informal clinical modification of risk assessment instrument findings. The present paper suggests that a convergent approach to risk assessment may be both the most responsible and most appropriate approach at this time in the practice of risk assessment (as opposed to the research underpinnings thereof), given the lack of research to substantiate a strong superiority of one type of instrument (actuarial risk tests versus structured clinical guidelines) over the other as well as the complementary nature of these types of tests in terms of how risk is conceptualized and analyzed. The research regarding the potential benefits of a convergent approach is meager and this issue deserves some attention to ensure that all clinicians doing risk assessments of sexual offenders are providing the most information possible to decision makers to protect the rights, safety, and security of our clients (the correctional and justice systems, the public, and the offenders).

## Adult Sexual Offenders against Minors in Cyprus

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In this paper, the authors aim to present a national study on the reported cases of sexual abuse of minors by adult sex offenders between 1998 and 2003, handled by the Health and Social Welfare Services in Cyprus. The study is in correlation to a previous study for juvenile sex offenders for the same period.

Data was collected through a structured questionnaire where the services were asked to provide all available information for both sex-offenders and victims. Specifically: their demographic data, their educational and employment situation, their family situation, their living conditions, the assessment and treatment interventions, the psychopathology of both, the relationship of offender-victim as well as the type and severity of sexual abuse, recidivism and the juridical path each case had, if any.

The results of the research identify high risk factors to commit sexual violence and the vulnerability of children-victims being in a close relationship with the offenders. The study aims to contribute in the effort of growing efficient prevention and treatment programs in Cyprus.

## Training for Sexual Offender Rehabilitation in a Developing and Multi-Cultural Country

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The rehabilitation of sexual offenders is a new field of professional practice in South Africa. Historically management has focussed on prosecution and imprisonment, without attention to assessment of potential to participate or participation in rehabilitation programmes.

Childline developed rehabilitation programmes for sex offenders in 1989. Initially there was enormous resistance to the implementation of these programmes from Childline's partners, especially role-players in the criminal justice system. There is now a growing interest and acknowledgement of this work. Interest has been fuelled by the dissemination of research and the fact that sexual offences constitute a crime category in South Africa that has continued to increase despite the crime prevention efforts of the SA government and civil society.

Treatment in South Africa is complicated by the multi-cultural context in which rehabilitation is developed and applied. Social norms and customs around sexual behaviour and sexual violence have to be acknowledged and/or integrated into the programmes offered. South Africa's tumultuous political history and the experiences of survivors of transitional instability and violence have also influenced sexual offending and rehabilitation.

This paper describes how Childline's research, rehabilitation programme implementation, historical and multi-cultural factors have informed the development and implementation of training programmes aimed at helping others acquire the knowledge and skill to apply the programmes in a variety of contexts throughout the country. The training programme is described, both with respect to its didactic and experiential content.

## Use of an Exposure Technique in the Treatment of a Sexual Offender

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Sex trauma victims are typically offered therapy based on a three-phase approach: stabilization, traumatic memory resolution and integration where trauma resolution generally involves a form of exposure. A review of the literature shows that exposure therapy has not been applied to work with abusers regarding their perpetrative acts. This presentation will describe a case in which Traumatic Incident Reduction (TIR) (French & Harris, 1999), a type of exposure therapy, was used with a man who sexually abused his niece. At the start of therapy, he was motivated purely by his fear of incarceration and rejection by his wife. As a result of this intervention, he recognized the harm he had caused his niece and was ashamed. Having served time ten years earlier for a previous sexual offence, the difference in his attitude toward police questioning and prison for both crimes will be discussed. Finally, the application of this tool with the abuser will be compared with its application in therapy with sex trauma victims/survivors.

# **A Therapeutic Model of Inpatient Treatment of Juvenile Sexual Offenders with Multiple Traumatisation**

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Although the German public is becoming more aware of sexual delinquency by juveniles and the need to react, there is only little focus on specialized inpatient treatment programs for juvenile sex offenders and even fewer intention to grasp the complexity of antecedents, e.g. the impact of multiple traumata in these youths. The axis 5 of the multiaxial classification system for children and adolescents (WHO) focuses on abnormal psychosocial circumstances. A comparison of descriptive axis 5 data between 36 juvenile sex offenders and a group of 80 male psychiatric patients reveals high numbers of adverse psychosocial circumstances and trauma.

In this paper the author is offering a comprehensive psychotherapeutic model for juvenile sex offenders within an inpatient psychiatric treatment setting. The importance of a holistic approach (Longo & Hunter 2004) combined with family therapy (e. g. Schladale 2005), training of every day competencies and empowerment of social networks is stressed. In order to reach preventive as well as treatment goals it is important to start an intensive and specialised treatment at an early stage of deviancy. Further some recommendations for the empowerment and support of the therapist are developed.

## The Treatment of a Sexual Offender by Proxy: A Psychoanalytic Case Study

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The notion of treating any psychological condition via an intermediary, that is by proxy, is fraught with obvious difficulties:

- The therapist does not have direct access to the proxy patient in question but only the surrogate patient.
- The surrogate is trying to concentrate on themselves and not the proxy patient.
- Whose treatment is it anyway?

I would like to present the case of a middle-aged woman who I have been treating in psychoanalytic psychotherapy. She has had multiple diagnoses including *severe personality disorder* and was referred to me primarily for her suicidal and murderous ideation. Of major significance in her background was the traumatising history of having been sexually abused by her father from the age of ten to sixteen.

I intend to give details of her twice a week, six year long therapy and to show how her improving mental state has led not only to an improvement in her own psycho-social functioning but also in her relationship with her father. In turn, he has also shown significant changes in his behaviour, attitude and emotionality towards his abused daughter. In effect, I believe he has changed as a result of his daughter's therapy.

## **Responding Therapeutically to Sexual Offenders' Expressions of Sexual Attraction toward their Treatment Providers**

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Although it is not uncommon for sexual offenders to indicate that they fantasize about or have sexual feelings toward their therapists (or unit staff in residential settings), this issue is rarely discussed among therapists. Expressions of sexual attraction by sexual offenders can evoke emotional responses such as fear or disgust in therapists, and may be ignored or dismissed by therapists who feel awkward or ill prepared to deal with them. In this session, the various motivations for expressions of sexual attraction by sex offenders to their therapists are explored (e.g., psychopathic manipulation versus intimacy-seeking) and effective responses, depending on the motivation type, are described. Participants will learn to respond to disclosure of sexual attraction by their sex offender clients in ways that may assist their clients in understanding their sexual offending behavior and facilitate their progress in treatment.

## **Paedophilic Men Seeking Help - First Results of the Berlin Prevention Project Dunkelfeld (PPD)**

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Research on paedophilia predominantly has been conducted on men sentenced for child sexual abuse. However, as seemingly only the minority of sexual offenders enters the criminal justice system – the majority remains undetected by authorities, i.e. in the “Dunkelfeld” (dark field) – the respective results can not be generalised. More importantly, research on child sexual abusers does not necessarily tell us anything about paedophilic men. Often, child sexual abusers do not fulfil the DSM-IV Criterion A for paedophilia. Likewise, many paedophilic men never act upon their fantasies but instead manage to control their behaviour, and many are aware of and concerned about the problematic nature of their paedophilic sexual preference and desperately seek help to avoid (re)offending. Confronted with these patients who consulted the out patient clinic of Charité’s Institute of Sexology and Sexual Medicine as potential (re)offenders but without being mandated to do so by any external force (!) a primary prevention project was initiated offering an extensive assessment and therapy both confidential and free of charge.

To date more than 175 men were interviewed. Socio-demographic, psychosexual, and criminological data as well as data regarding clinical symptoms and psychosocial aspects will be presented. The findings raise the question whether preventative treatment of paedophilic men should be a general health issue and not primarily a forensic one.



## **Sexual Offender Treatment - More Than Just Relapse Prevention. Reflecting on the Phoenix Program Experience**

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Sex offender treatment utilizing a CBT/ Relapse Prevention format is widely provided in both institutional and community settings. This mode of treatment has now become the industry standard in treatment provision for this population in North America. It is our tenet that CBT is a necessary but not sufficient component of adequate treatment. The Phoenix Program at Alberta Hospital Edmonton has been providing treatment to adult male sex offenders for almost 20 years and has remained effective throughout that time. This success has been achieved because of a consistent philosophy of treatment. While CBT/Relapse Prevention concepts are a part of the program, they have never been the primary treatment modality. Milieu, relationship dynamics, and modeling respectful compassionate adult interactions are the hallmarks of this program. We expect the patients to be honest and demonstrate responsible adult behaviour. Because therapy occurs in a secure hospital setting, meeting these expectations can be rewarded in a way that cannot be accommodated in correctional settings. The power of interpersonal learning through group psychotherapy provides patients with in vivo learning that is much more significant than simply having an improved skill set to challenge high risk situations.

## Years Teach What Days Never Knew

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This modern/historic perception on the words: Charity, Revenge, Mercy, Justice and in particular Restorative Justice, urges one to positive thinking. How these words affect our treatment process and influence professional therapists is presented. Challenging an introspection of self, so as to make way for new systems, is the goal of this presentation.

## Rehabilitation of Professionals after Professional Sexual Misconduct (PSM)

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The treatment of professionals as sex-offenders is a special challenge for an offence focused intervention technique. Due to their knowledge about their victims (based on their mutual professional relationship), their social position, and their professional knowledge in general, their cognitive distortions tend to be a considerable obstacle in a rehabilitation process. The author presents preliminary results about Boundary Training, which is a modular offence focused intervention program for professionals after PSM. The treatment indication is based on an assessment and on a treatment plan derived from the individual situation. After finishing the Boundary Training monitoring is then part of the rehabilitation process. The results are compared with the treatment experiences of sex offenders when the abuse takes place in a non-professional relationship.

Within the discussion on the subject of PSM there is hope that colleagues realize the inherent danger in their professional career, and that they ask for help if necessary whenever possible before legal and administrative sanctions take place.

## **How it is to Have a Brain – Does Brain Activity Abolish Legal Responsibility of Sexual Offenders?**

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The actual discussion on brain research, free will and legal responsibility repeats all the arguments of a very similar discussion in central Europe a hundred years ago around 1900. Already back then the idea was not new that human perception, emotions, thinking and behavior have a material basis. It is conditioned and limited by the structure and workings of the brain. This applies to sane and sick brains alike. In that debate criminality was made a topic of biology by interpreting it as a symptom of genetic “degeneration”. In regard to brain damage in humans with socially deviant behavior psychiatry claimed responsibility for a large part of the criminals. The debate leads to the conclusion that human behavior cannot be described adequately in physical terms of cause and effect. Substantially more appropriate is the psychological approach to describe reasons, motives and intentions. This method is also accepted by criminal law.

## Neurobiologischer Determinismus

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Verschiedene Autoren vertreten aktuell die These, dass strafbares Verhalten generell durch neurobiologische Defizite verursacht ist. Ausgehend von dieser Kausalitätsvermutung wird aus einer neurobiologischen Perspektive Kritik am Konzept des freien Willens geäußert und die These der neurobiologischen Determinierung allen menschlichen Verhaltens gefolgert. Menschen seien daher nicht für ihre Handlungen verantwortlich und darum müsse auch das Schuldprinzip im Strafrecht aufgegeben werden. Vor diesem Hintergrund ist die seit Jahrhunderten geführte Determinismus-Indeterminismus Kontroverse insbesondere in der Strafrechtswissenschaft neu entbrannt. Bei kritischer Prüfung des aktuellen Forschungsstands wird deutlich, dass die derzeitige Befundlage nicht geeignet ist, allgemeingültige neurobiologische Kausalitäten strafbaren Verhaltens oder die These eines absoluten neurobiologischen Determinismus abzuleiten. Auch der Rückgriff auf das Konstrukt vollständiger Determination aller Phänomene im Universum ist weder - wie behauptet - die logische Folge des Kausalprinzips noch empirisch begründet. Methodisch analysiert entzieht es sich der Falsifizierbarkeit und ist darum als nicht empirisch überprüfbare These ein Glaubenssatz, gegen den es zudem plausible Einwände gibt. Damit ist auch die Kritik am freien Willen und noch viel mehr an der menschlichen Verantwortungs- und Schuldfähigkeit in der zum Teil vorgebrachten Weise nicht stichhaltig. Für die Schuldfähigkeitsbeurteilung bleibt daher das Prinzip relativer Determinierung, also die Bestimmung des Determinierungsgrades potenziell Schuld vermindender persönlichkeits-bezogener Faktoren und damit die konkrete Verhaltensbeobachtung und Verhaltensanalyse ein zentraler und folgerichtiger Ansatzpunkt. Zusammenfassend sind die von einigen Autoren vorgetragenen Thesen der vollständigen neurobiologischen Determination menschlichen Verhaltens und der darauf gründenden Unmöglichkeit individueller Verantwortung und individueller Schuld durch mangelnde empirische Grundlagen einerseits und durch methodische Missverständnisse andererseits gekennzeichnet.

## Privatization in Prison-Services and Forensic Clinics

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Outsourcing of former state services is a wide spread issue. Due to the deficits of national finances in Germany public psychiatric hospitals were readily sold to private health-companies. Linked to these sales, only in the last years the forensic clinics in seven federal states had been privatized. For the prison sector outsourcing and semi-privatization are proposed.

On the other hand the legal legitimation and different organizational tools for private forms of detention are put up for discussion.

The presentation goes beyond the usual dogmatic exchange of ideological positions and uses a broader scope of empirical and qualitative data to represent the process and actual outcome of privatization of the forensic clinic in Hamburg (2005).

As one result of interest in the public discussion, neither the new political nor the legal framework seems to trigger big changes. As main variables for quality of privatized forensic service appear still soft-signs as the management skill of the organization and the motivation and specialization of staff.

## Sexual Offenders in Preventive Detention

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Preventive detention is imposed by court, if a dangerous criminal shows a disposition to relapse. The criminal prognosis should be given by a psychiatrist or psychologist after careful appraisal the offender, his criminal record and personality. Matters of preventive detention are important for forensic psychiatry, nonetheless they have been rarely discussed up to now. At the latest from 1998, when the law to Combat Sexual Offences was enacted in German criminal law, preventive detention was aimed at sexual delinquents. Even though psychiatric relevancy increased and the detention figures rise continuously, data about the expertise's proceeding and the detained clientele is still missing. The speech shall give relevant information by presenting data from the study „psychiatric expertise in the context of preventive detention“, which is actually realised with a grant of the „Deutsche Forschungsgemeinschaft“ (HA 3414/2). Sexual offenders are about 50% of the 100 expert testimonies and adjudgements which were evaluated up to now. Based on our analysis we can make statements about pre-delinquency and sociodemographical aspects, but also, and even more important, about the quality of the criminal prognoses that was given. Amongst other things it is to be verified, if the experts' arguments are responsive to relevant risk assessment instruments, such as SVR-20 or the Static-99.

## Sexual Offences in Schizophrenia

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It is a common prejudice against people suffering from schizophrenia that they are prone not only to violence but also to sexual offences. According to Smith and Taylor “when a man with schizophrenia commits a serious sex offence the illness is, more commonly than not, relevant to that offence.” However, little is known about the risk of committing a sexual offence among men with schizophrenia.

We examined all 1124 offenders not guilty by reason of insanity (NGRI) between 1975 and 2004 who were committed to forensic treatment in Austria. This was possible because in Austria virtually all offenders with schizophrenia are found not guilty and therefore are criminally committed.

Among those offenders, 86 (7.65%) were committed for sexual offences, all of them were male, 47 (54.65%) committed completed sexual offences, 39 (54.35%) attempts, there were about as many child molesters as rapists. The majority of those offenders suffered from learning disabilities or personality disorders without psychosis, some from affective disorders, only 18 (20.93%) suffered from schizophrenia. By means of the Austrian criminal register and statistical data about the population, we found that the risk of men with schizophrenia to commit sexual offences did not exceed that of the general population.



## **Sexual Offenders Institutionalised Pursuant to § 64 of the Criminal Code – Epidemiology and Problems of Treatment**

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Since 1994 a slight decrease in the percentage of sexual offenders institutionalised pursuant to § 64 of the Criminal Code (from 9% to 6% of all sexual offenders) has occurred nationwide. As a rule, the treatment programmes of specialised addiction wards follow a structured plan of treatment; at Reichenau this comprises high-frequency group psychotherapy and a daily structure that is planned throughout. In the course of treatment we have observed that continuation of the tabooing and exclusion of sexual offenders – with which many of them are familiar – within the institution repeatedly creates problems in treatment and in the living together of the sexual offenders with other inmates. Here we try to investigate what dynamics and functions these processes fill in the ward environment. The question also arises whether integrated treatment of these groups in correctional institutions makes sense and is feasible and whether, from a clinical point of view, sexual offenders institutionalised pursuant to § 64 of the Criminal Code differ specifically from other sexual offenders in the penal system. These questions are examined with examples of case studies, and possible consequences for the forms of treatment and accommodation are developed.

## Visual Ratings of Point-Light-Walkers - A New Method to Detect Paedophilic Interests?

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Human gait contains a huge amount of socially relevant information and even highly reduced visual stimuli such as Point-Light-Walkers (PLWs) are sufficient to transmit information about a walking person's gender and age. The aim of our study is to develop a new perception-based method for the detection of paedophilic interests using PLWs as stimulus material. The advantage of PLWs is that they are ambiguous and do not show any explicit sexual content.

Seven prototypical female and 7 male PLWs covering an age range from 4 to 30 years were presented to a group of child molesters ( $n = 21$ ) and a control group ( $n = 30$ ). The experiment consisted of a gender-, attractiveness and age-rating-block. In each block all PLWs were presented twice for 4 s in a random order.

Discriminant Analysis is able to classify 82.4% of all cases correctly as child molesters or control participants, using individual attractiveness- and gender-ratings as predictive variables ( $\chi^2$  (6,  $N = 51$ ) = 28.55,  $p = .00007$ ).

Currently we are collecting additional data to investigate interactions of "victim age" and "victim gender" with visual ratings of child molesters.

# Assessing Sexual Preferences through the Transformation of Arbitrary Stimulus Functions: A Potentially Useful Forensic Assessment Tool

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This paper describes a novel approach to the assessment of sexual interests using the stimulus equivalence paradigm and discusses its potential in the assessment of sexual offenders. An empirical study of 42 individuals is reported in order to demonstrate the paradigm. Analysis of the data revealed patterns of responding that is consistent with sexual interest. However, a number of caveats were identified, one such being gender differences in patterns of responding. These suggest that males were more responsive to the sexually salient experimental stimuli and this is a finding common to other stimuli-based strategies for assessing sexual interest such as the Viewing Time and Attentional Blink paradigms. The utility of the present findings to the assessment of sexual offenders is clarified and discussed.

## **Comparison of Sexual Offenders and Substance Abusers about their Psychophysiological Responses and Cognitive Schema under Stressful Conditions**

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The purpose of this study was to assess and compare psychophysiologic responses as well as cognitive schema for sexual offenders and substance abusers when they were under stress.

24 sex-offenders and 24 substance abusers were recruited as experiment group, and other 24 non-addicted offenders were selected as control group. All the psychophysiologic responses induced in this study were collected by ProComp Infiniti™. Moreover, while two types of addicted abusers were under stressful conditions (indicated by their psychophysiologic responses), their cognitive schema were also collected.

The research results showed:

Sexual offenders tended to have more hyper psychophysiologic responses when under their offense related stimulus than substance abuser and non-addicted offenders. Moreover, most of sexual offenders expressed much more cognitive distortion of denying their offense and blaming their victims, than substance abusers. Substance abusers on the other hand, tended to show higher psychophysiologic responses when under math solving stress, they commonly reported that they were easy to elicit their relapse intention when seeing the film about a persons' injection of heroin.

## Sexual Homicide - A Comparison of Cases

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In this presentation an analysis of Dutch homicide cases: 50 cases of sexual homicide will be compared with 20 cases of homicide of prostitutes.

The study is based on criminal law information and on the forensic mental health reports. These reports were made up in the Pieter Baan Centre, the forensic mental hospital for court ordered assessment.

The main focus of the study will be on the offense script and patterns of the offenses, and the motives and mental condition of persons accused of having committed these serious offenses.

## Sexual Homicide Perpetrators - Criminal Responsibility and Type of Detention

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*Introduction:* Little empirical data are available on decisions upon legal responsibility (§§ 20, 21 German Penal Code) and type of detention (prison or forensic mental hospital, §§ 63, 64 German Penal Code) in sexual homicide perpetrators. We investigated characteristics that differentiate (A) between offenders with full legal responsibility and those with diminished responsibility or non guilty for reasons of insanity, and (B) between offenders who were detained in prisons and those in forensic psychiatric hospitals.

*Methods:* Psychiatric court reports and official federal criminal records on 134 men who had committed a sexual homicide between 1945 and 1991 were retrospectively evaluated by three forensic experts in regard to socio-demographic, diagnostic, criminological and prognostic characteristics, applying standardized instruments (SCID-II criteria, PCL-R, HCR-20, SVR-20, sadistic criteria according to Knight & Prentky). Data on legal decisions concerning the sexual homicide and on criminal reconviictions were obtained from the German federal criminal records.

*Results:* 48.5% (n=65) of the sexual murderers were regarded as diminished responsible and 6.0% (n=8) as non guilty for reasons of insanity, two thirds (66.4%, n=89) were detained in prison and one third (33.6%, n=45) in forensic hospitals. (A) Offenders without or with diminished legal responsibility (n=73) compared to those held fully responsible revealed similar prevalence rates in most psychiatric disorders, but showed more often voyeurism (12.3% vs. 1.6%), avoidant personality disorder (8% vs. 4%) and signs of ADHD (11.0% vs. 1.6%), and as a trend sexual sadism (45.2% vs. 29.5%). If they were diagnosed with a paraphilia (mainly sexual sadism), they were characterized more severe paraphilic symptoms (more often a progressive course of the paraphilia, and primary signs of sexual sadism according to Knight & Prentky). (B) Offenders detained in

forensic hospitals were younger (mean 21 yrs) than the inmates in prison (mean 28 yrs). The forensic patients showed more frequently paraphilias (73% vs. 43%), especially sexual sadism (67% vs. 24%), criteria indicating severity of the paraphilia, as well as personality disorders (91% vs. 74%), especially avoidant (24.4% vs. 5.6%) and sadistic PD (26.7% vs 12.4%), and signs of ADHD (15.6% vs. 2.2%), but less often substance related disorders (42.2% vs. 60.7%) and alcohol intoxication during the homicide (28.9% vs. 49.4%). As expected the offenders detained in forensic hospitals showed more risk factors for sexual and non-sexual criminal recidivism (e.g. more previous rape, higher scores in risk assessment instruments HCR-20, Static-99, SVR-20 overall risk level, but not in the PCL-R). Offenders in forensic mental hospitals had a reduced chance to be released (39% vs. 76%). Kaplan-Meier survival analyses for criminal recidivism revealed no significant differences between the two groups with a trend for more sexual and non-sexual violent reoffences among offenders released from prison.

*Discussion:* Decisions on legal responsibility in sexual homicide perpetrators seem not primarily based on diagnostic features (except for signs of a severe, progressive paraphilia). Despite the fact that sexual murderers detained in forensic mental hospitals showed higher psychiatric morbidity and slightly higher risk factors for criminal recidivism, our data did not confirm previous findings of higher sexual and non-sexual violent recidivism rates for sex offenders released from forensic mental hospitals. This might be due to restricted release rates or specific treatment modalities (e.g. more intensive pharmaco- or/and psycho-therapy) in these institutions.

## Recidivism in Juvenile Sexual Homicide Offenders - A Long-term Follow-up Study

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*Introduction:* Empirical data on recidivism of adolescent sexual homicide offenders are missing. To answer the question, if the risk of sexual, violent and any other reoffending correlates with age at the time of the first sexual homicide, recidivism rates of adolescent and adult sexual murderers were compared.

*Methods:* Psychiatric court reports on 166 male sexual homicide offenders (28% adolescents aged between 15 and 21 yrs) were retrospectively evaluated with an operationalized questionnaire including sociodemographic, diagnostic, criminological and prognostic variables. In a second step we collected information about court decisions, time at risk and reconvictions after release from prison or forensic psychiatric hospital from the German federal criminal records (obtainable for 39 adolescent and 100 adult offenders). Recidivism rates of the adolescent group were compared with those of adult sexual murderers applying Kaplan-Meier survival analysis.

*Results:* Courts decisions upon detention in forensic hospitals were more often made in the group of the adolescent sexual homicide offenders than in the adult offenders (57% vs. 25%). Due to the specific law for adolescent offenders in Germany the young offenders had spent less time incarcerated until release than the adults (mean 13 vs. 16 yrs). Therefore the former adolescents were much younger than the adults when released from prison or forensic hospital (mean 28 vs. 43 yrs). Within 25 years time at risk 50% of the former adolescent sexual homicide offenders, but only 19% of the adult offenders were sentenced again due to a sexual or non-sexual violent offence, whereas release rates were comparable in both age groups. Also the speed of reoffending was higher in the young offender group: 25% former adolescent sexual murderers compared to 3 % of the adults reoffended within the first three years after release from incarceration.



*Discussion:* The results indicate that adolescent sexual homicide offenders are on a higher risk to reoffend with sexual and non-sexual violent offences than those who are adults when committing a sexual homicide. During the first three years after release from detention there is the highest risk of violent reoffending, but there also seems to be a small subsample with a lifetime recidivism risk. To reduce this long-term risk adolescent sexual homicide offenders need special treatment and interventions focussing particularly on developmental factors.

## **Attainment of Treatment Goals and Dynamic Change: Contributions to Sexual Offender Risk Assessments**

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Risk assessment tools based on static variables have demonstrated superior validity over clinical factors in terms of predicting recidivism risk for sexual offenders (Barbaree et al, 2001). However, it is important that post-treatment risk assessments also take into account changes in risk as a result of treatment.

This study examined the extent to which outcomes of treatment were related to risk of reoffending among men who completed a prison-based group treatment program for sexual offenders against children (N = 223). Measures of treatment outcome included the level of attainment of treatment goals (Standard Goal Attainment Scaling for Sex Offenders; Hogue, 1994); and change in dynamic risk factors (Violence Risk Scale: Sex Offender Version; Olver, 2004). The predictive validity of these measures was assessed and compared to that of static tools.

Results indicated that positive scores on both measures of treatment outcome were correlated with reduced sexual recidivism. Furthermore, certain negative treatment outcomes were able to provide incremental predictive validity for recidivism above and beyond static instruments. These results demonstrate that measures of treatment outcome have validity in contributing to risk prediction among treated child sex offenders. Responsivity issues, or factors influencing treatment response, were also examined.

## Prediction of Drop-Out from German Social Therapy

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In the German prison system, treatment for offenders is predominantly offered within therapeutic wards called Social Therapy. Within the last decade, Social Therapy has experienced a huge increase in the number of sexual offenders – the proportion more than doubled. This has partly been due to the fact that legal changes now mandate treatment for this clientele. These massive changes posed great challenges for German Social Therapy: Among other things, motivational techniques for unwilling clients had to be developed, treatment approaches for sex offenders had to be refined or adopted, and personnel had to be recruited and trained. The pressure on German Social Therapy to treat more offenders than before has increased, while at the same time many of the prisoners have no or only minimal motivation to change. Despite these difficulties, research into the question of drop-out from Social Therapy has been rare. This paper deals with the size of attrition, the reasons for non-completion of treatment, and the individual characteristics of drop-outs from Social Therapy institutions in Lower Saxony, Germany. Longitudinal data of an ongoing evaluation study were used to identify socio-demographic, offence-related and psychological predictors of treatment failure.

## **Risk Factors Post-Treatment: Are They Still Predictive for Sexual Offenders?**

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Actuarial instruments firmly rooted to static factors, have become the industry standard for risk prediction. This paper summarizes findings regarding the impact of insight-oriented inpatient group therapy on the risk assessment of convicted adult sex offenders. In a series of papers by this group, successful completion of the Phoenix Program (Alberta Hospital Edmonton) has been shown to ameliorate the influence of static risk factors on sexual offence recidivism. The four established risk factors investigated were: 1) number of prior sex offences, 2) having male victims, 3) serum testosterone, 4) and severity of offender's own childhood victimization. Recidivism was not correlated with any of these factors among patients who completed our treatment program. Recidivism was significantly correlated with these factors for treatment non completers. In addition, the exclusivity of categories of intra-familial and extra-familial offenders (included in most risk prediction instruments) has been cast in some doubt (Studer & Aylwin, 2006). Taken together, these findings give reason to seriously question the use of actuarial risk prediction instruments post-treatment. Treatment completion itself might be a more informative predictor of long term recidivism than the established static risk factors. At the very least, treatment completion should be included prominently in risk assessment instruments.

# Posters



## Media Campaign: „Prevention of Child Sexual Abuse in the Dunkelfeld“

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Research conducted with patients treated at the Charité Hospital's Institute of Sexology and Sexual Medicine showed that therapy motivated men who are sexually interested in children and either have already committed an offence but are unknown to the justice system (Dunkelfeld offenders) or fear to commit an offence (potential offenders) may be reached via media. Based on these results a media campaign was designed and awarded a prize upon being presented at the 7<sup>th</sup> Conference of the International Association for the Treatment of Sexual Offenders" (IATSO) in Vienna in 2002.

In 2005 this media campaign was implemented as part of the *Prevention Project Dunkelfeld (PPD)*, a research project aimed at reducing child sexual abuse. By means of posters, print-media advertisements, television spots, web site, and banners, men who are concerned about their sexual preference for children and in search of treatment were made aware of the Institute of Sexology and Sexual Medicine providing diagnosis as well as consultancy and perhaps treatment at no charge and confidential. The gist of the prevention project's motto is "So that fantasies do not turn into offences", the media campaign's head note is "Do you love children more than you prefer?", and the delivered message is "You are not at fault for your sexual feelings but you are responsible for your sexual behaviour. Help exists! Do not become an offender!" For those interested all information and contact details are available at the project's website [www.kein-taeter-werden.de](http://www.kein-taeter-werden.de). Results of the media campaign will be presented.

## Goal Attainment as a Measure of Treatment Outcome among Child Sexual Offenders

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This study examined the utility of Hogue's (1994) Standard Goal Attainment Scaling for Sex Offenders (SGAS) as a measure of treatment outcome at Kia Marama, a prison-based group treatment program for child sex offenders. The level of attainment of six in-treatment goals was coded retrospectively from file information of 223 Kia Marama completers. Treatment change was also assessed psychometrically, using pre-post scores on a battery measuring sexual attitudes and beliefs, emotional functioning, and interpersonal competence; and actuarial risk of recidivism was assessed using the Static-99.

Results indicated that higher SGAS scores correlated with prosocial psychometric change, and were predictive of reduced sexual recidivism. Low scores on the SGAS goal "Motivation to Change Behaviour" predicted recidivism above and beyond the Static-99 (Total-SGAS scores approached significance here). These results suggest that Goal Attainment Scaling has potential as a simple, valid measure of treatment outcome that may also have applications in risk-prediction.

## Paraphilias and Paraphilia-Related Disorders in Sexual Murderers

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Paraphilic disorders (PAs) and sexual preoccupation are known risk factors for recidivism in sexual offenders. Non-paraphilic sexual excessive behaviors – so called paraphilia-related disorders (PRDs), like paraphilias, are also characterized by sexual preoccupation and volitional impairment and can be diagnosed in paraphilic men. The incidence and clinical significance of PRDs in sexual homicide perpetrators, however, is unknown. We investigated the relationship between PAs and PRDs retrospectively in a sample of 161 sexual murderers. Four groups were compared: men without a PA or a PRD diagnosis, men with at least one PRD but no PA, men with at least one PA but no PRD, and finally, those with a combination of both (PA + PRD). The PA + PRD group had the most lifetime cumulative sexual impulsivity disorders, more developmental problems, the highest persistent frequency of sexual activity, the highest number of previous sexual offences, more sexual sadism and compulsive masturbation. Men of the PRD sub-sample had suffered more from childhood sexual abuse, showed more promiscuity, psychopathy, and alcohol problems. The use of the PRD concept in this special offender group should be further investigated with prospectively designed studies.



## A Neurobiologically Based Alternative to Phallometry

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Phallometry is used either to aid in treatment planning or in predicting reoffending in regards to a sexual motivation of the sexual offensive behavior.

Sexual motivation is based upon an excess of cognitive conscious control of the prefrontal cortex, while emotional motivation of sexual offending is related to unconscious arousal of the emotional (limbic) circuits in the brain.

Cognitive control of the prefrontal cortex with arousal of the parasympathetic autonomic nervous system (leading to a release of testosterone with prolonged erection without habituation) and inhibition of the stress systems (no release of cortisol) can be evoked by fantasy without any external stimulus.

Arousal of the emotional brain circuits is nearly always a response to an external stimulus, and involves arousal of the sympathetic autonomic nervous system (leading to among more a short-term erection with habituation to the external stimuli) and arousal of the stress systems (release of cortisol).

Asking the subjects to evoke by themselves an erection without using their hands but using their preferred sexual fantasy only, and measuring at the same time the balance between the release of testosterone versus cortisol in relation to the measurement of sympathetic autonomous nervous system arousal (with the use of the polygraph) is an useful alternative to the current use of phallometry.

Treatment planning or predicting reoffending in cases of an excess of cognitive control is related to the question whether that cognitive control can be changed by cognitive behavioral treatment. Stress management strategies are more useful in cases of arousal of the emotional (limbic) braincircuits.

## **Social Therapy for Sexual Offenders in Penal Institutions: Criminological Evaluation of the Social Therapy Ward in Halle (Saale)**

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Object of this study is the external evaluation of the social therapy ward in Halle (Saale), one of the largest organizations in the German penal system treating almost only sex offenders (85%).

In order to examine the effect of social therapy, data analyses focus on (a) changes in the dynamic risk factors during the therapeutic process, (b) the stability of the changes after release, (c) the meaning of particular dynamic risk factors for the recidivism.

Data are acquired (1) at the beginning, (2) at the end of the social therapy and (3) as well as two years after release.

The study is focused on these sex offenders treated in the social therapy ward in Halle (Saale). The main group will be compared to other sex offenders, who are in regular penal institutions in Sachsen-Anhalt. Special attention is turned to those sex offenders, who broke off with the therapy or who are attending therapy in prison.

Some conspicuousness already shows according to the static and to the dynamic characteristics. At the moment the data are collected, in the following years the questions will be answered in a scientifically sound manner using the large sample.

## Reconsidering Risk for Reoffense in Intrafamilial Child Molesters: New Aspects on Clinical and Criminological Issues

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Intrafamilial child molesters are widely seen as representing a sex offender population with a lower risk for reoffense than extrafamilial child molesters. Firestone et al. (2000) reported a sexual reoffense rate for extrafamilial child molesters of 15% after a time at risk of 7.8 years, whereas in a different study they found a group of 251 intrafamilial child molesters to exhibit a far lower sexual recidivism rate of 6.4% after a mean period of 6.7 years at risk (Firestone et al., 1999). Greenberg et al. (2000) found biological fathers and stepfathers to be at lowest risk for sexual and nonsexual reoffense, and also found that a group of offenders who were acquaintances to the victims were higher at risk for reoffense than a group who were strangers.

Studer et al. (2000) report that *“it has become dogma in the literature that incest offenders are a group that need only be identified and, once convicted of an offense, have only a small chance of reoffending”*.

In this study offense histories of intra- and extrafamilial child sexual abusers are investigated. It can be shown that the assignment of a child molester either to the extra- or intrafamilial offender group only by information about the index offense is insufficient. The analyses of offense histories exhibit changes in the offense characteristics and victim type of many child abusers during the years. The study concludes that an assignment of an offender either to the intra- or extrafamilial type just by information about the index offense might provide misleading information in terms of risk assessment and treatment.

## **“It’s Like Chocolate” – Psychoeducation and Treatment Compliance for Sex Drive Reducing Agents**

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The frequently noted critic of missing standards for antihormonal, sex drive reducing pharmaceutical treatment of sexual offenders (Fiedler, 2004; Hill et al., 2005) is addressed in this poster, regarding the aspects of psychoeducation and treatment compliance. A checklist of positive and negative criteria, which therapists and patients can consider before treatment, will be presented. An information brochure was developed with patients, who experience such treatment. It explains essentials about sexuality and physical processes (Zilbergeld, 2000), in addition to specifics about the effect and impact of the medication. Additionally, the brochure informs about the realisation of benefits or release perspectives along with therapeutic elements, risk management, and relapse prophylaxis. Finally, patients report about their personal experiences and fears concerning this kind of medication. The patient brochure offers a first source of information for colleagues with less experience with this new therapeutic approach, e.g. working in an ambulant practice.

## Childhood Psychosexuality: Non-Pedophiles versus Pedophiles

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140 adults (N=82 non-pedophiles, N=58 pedophiles, both sexes) had to specify the 5 subsequent persons' age they remember their very first erotic reactions toward. (Retrospective data: with memory effects and hetero-/homophobic recollection biases controlled for by various measures).

1) In both groups, average onset was around age 9 to start erotically reacting to sex phenotypes (at most of prepubescent peers). 2) At age 9 already, later pedophile children's first prepubescent objects were 2 years younger on average than in later non-pedophiles ( $p=0.05$ ; selective recollecting of pedophiles can not fully be excluded, but they couldn't know what non-pedophile controls would answer with respect of same onset age around 9).

3) A subgroup of prepubescent children surprisingly started with spontaneous reactions to *adult* phenotypes (10 %; abuse cases excluded). Their curve of subsequent objects (older pubescents, adults) layed consequently over that of children starting with children.

Results suggest higher risk for pedophile pubescence outcome in children starting with children (75 %). Can prevention programs following „abused-abuser“ - paradigm, then, possibly highten that risk ?

## On Pedophilia Aetiogenesis

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A causal theory will be presented, integrating findings of the past 120 years and own studies on children's object orientation development:

An automatized and self-reinforcing process within the sexual neural system (prefrontal-limbic circuitry) establishes most children's first sexual reactivity toward prepubescent sex phenotypes. Since sexual stimulus-response patterns are self-reinforcing within that neural system and therefore don't extinct, an active overlearning process by adult-specific „secondary“ sex characteristics (absent in prepubescent's sex phenotypes) must take place to overcome them.

*Pedophilia of type I (exclusive type) & type II (non-exclusive type):* Both factors *preventing or enhancing* neural activity beyond optimum required (Yerkes-Dodson - Law) make that crucial process impossible (I) or running incomplete (II): androgene deficiency, childhood depression, ADHD, traumatic psychosexual processing, isolation stress.

*Pedophilia of type III:* Since prepubescent S-R - patterns do not extinct within the sexual system, they get overlearned but *remain stored implicitly* throughout adult life. They therefore can any time reactivate under various conditions (psychodynamics, individualized key stimuli), especially those affecting prefrontal brain's filter selectivity (drugs, tumors, ageing processes, diabetes mellitus, endocrine factors).

## Group-Rape as Group-Activity

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In the summer of 2005 the Dutch society has been shocked by several cases of group rape in the city of Rotterdam. Groups of young men, some as young as nine years had repeatedly sexually harassed and raped young girls in their neighbourhood. What shocked the public most, was that the boys seemed to feel no guilt or shame. In fact, most cases of group rape were disclosed through the testimonies of the boys themselves. Sharing available girls (although they had to be coerced) to them was a way to express camaraderie.

Sexual offending as group-activity is reported throughout history and in diverse cultures. Although the Dutch media presented group rape as a typical phenomenon linked to a specific ethnic minority in Rotterdam, data on juvenile group-offenders show otherwise.

In the past seven years 118 juvenile group-offenders followed a training program, provided by the RNG, the Dutch expert centre on sexuality. Demographic characteristics and data on formal education level, level of sex education, family background, type of offence and motives, type of coercion and type of victims are presented.

## Offender Behavior and Personality in Severe Violent and Sexual Offenders

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In risk assessment and treatment of severe violent and sexual offenders the personality and the crime scene behavior plays an important role. Up to now there is a lack of scientific studies which focus on this topic. In the following studies we explore the relationship between offender behavior and personality traits.

In the *first study* the psychiatric appraisals of male adolescent offender (N= 31) are tested. Personality traits are measured through the FPI-R (personality inventory). By using the Checklist for Offender Behavior (COB) the crime scene behavior of the participants is classified.

In the *second study* (N= 54) severe violent and sexual offenders are examined with the NEO-FFI, the Scale "Risk-Seeking" of the HPI, the SCID-II and the PCL:SV. The offender behavior is tested with the COB.

Although two totally different samples were examined the results show a good fitting. A relationship between the crime planning and personality could not be found. Other variables of the offender behavior reveal strong links to personality traits.

We conclude that these results support the notion of a scientific collaboration between the forensic psychiatry, psychology and the criminal investigation sciences for a better investigation, risk assessment and treatment.



## **A Psychological Treatment Program for Juveniles Sexual Offenders: When I Think of My Self as a Victim and I Don't See the Others as My Victims**

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This presentation aims to describe recent developments of a psychological and psychosocial treatment program for young sex offenders developed at the Centre for Research and Counselling of Victims and Offenders (GEAV) of the Faculty of Psychology and Educational Sciences of the University of Porto – Portugal.

At GEAV we offer juvenile sex offenders a *psycho-educational approach* and, sometimes, a more traditional *psychotherapeutic approach*. This program provides assessment and psychological intervention through individual and group therapy. Behavioural-cognitive and, more recently, constructivist-narrative intervention models are the main frameworks for our treatment program.

The data to be presented include a description of the main goals of this treatment, the characterization of the clients involved in it, the characterization of the assessment and the intervention strategies we use, and some of the outcomes of the treatment. Some reflexions about the specificities of the intervention with young or juvenile sexual offenders who have been, in many cases, victims of abuse or maltreatment are also made. The presentation concludes by outlining some concerns for further research.

## Analysis of Risk Factors and Protective Factors after the Release of Imprisoned Sexual Offenders

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At the beginning of the year 2002 systematic assessment of sexual offenders has been implemented in the penal system in Austria. This assessment is conducted in the Federal Documentation Centre for Sexual Offenders in Vienna 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. On the basis of this information individual recommendations for the offender's treatment are given. The implementation of this system is accompanied by the intention to release even those sexual offenders on parole who are expected to be at increased risk to reoffend. Thus there is the possibility to advise the offender to attend psychotherapy or social support by court, in order get him into a controlled setting even after imprisonment.

The study aims to analyse the influence of the treatment conducted in prison as well as the way of release preparation and subsequent outpatient treatment on sexual offender recidivism.

A first analysis of relapse data on the basis of criminal records displayed that 24,7 % of the 167 offenders had been reconvicted after three years at risk. In detail, 4,22 % of the offenders had been reconvicted for a sexual offence, 10,24 % for a violent offence and 15,66 % for nonsexual nonviolent offences.

The sample analysed represents a negative selection of all sexual offenders imprisoned in Austria, since offenders chosen for the above mentioned assessment are those, who were expected to be on increased risk to reoffend. This fact is also shown by the following mean values of actuarial instruments: PCL-R = 18,87, SVR-20 = 18,56, SORAG = 6,53, Static-99 = 3,57.

Preliminary findings about recidivism data, risk factors and protective factors will be presented.

## **“CogDis”: A First Comprehensive Questionnaire for the Measurement of Cognitive Distortions of Child Molesters (Questionnaire in German)**

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The aim of this present study was to establish a comprehensive questionnaire for assessing cognitive distortions of paedosexual men, independent of a possible judicial conviction. It is intended to reflect the stable, dynamic factor “cognitive distortions” in a valid, reliable and objective way, thus providing a starting point for therapeutic intervention.

The concept of “Implicit Theories” (Ward and Keenan, 1999) forms the basis of this study in a slightly modified version.

The actual scales of “CogDis” are:

- 1: “Sex as a Form of Showing Affection” (13 Items)
- 2: „Child Wants and Needs Sex“ (14 Items)
- 3: „Environmental Circumstances“ (8 Items)
- 4: „Socialized Statements“ (12 Items)
- 5: „Sex Will Not Hurt Anybody“ (6 Items)

The questionnaire “CogDis” could be shown to distinguish between the three experimental groups “paedosexual offenders”, “other sexual offenders” and “control group”. Significant differences between “paedosexual offenders” and “other sexual offenders” were achieved in scale 2. Main differences between “paedosexual offenders” and “control group” were shown in scales 1, 3, and 4. Moreover, it was possible to prove the responsiveness being independent of the tendency of abnegation of the sexual assault. Thus, the “CogDis” has shown good discriminate validity in differentiating the three tested groups.

## **Actuarial Assessment of Sexual Offender Recidivism Risk: A Validation of the German Version of the Static-99**

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The Static-99 is an actuarial risk assessment tool for evaluating the risk of sexual and violent recidivism in sexual offenders. It was developed in 1999 by Karl R. Hanson (Canada) and David Thornton (Great Britain) and is in the mean time regularly used for risk assessment in North America and some countries in Europe. We translated the revised version of the Static-99 (Harris, Phenix, Hanson & Thornton, 2003) and adapted the instrument and the manual to the forensic context in Germany and Austria (Rettenberger & Eher, 2006). In this retrospective study, interrater reliability, concurrent validity and predictive validity of this german adaptation of the Static-99 are presented. The instrument was validated from file information of Austrian sexual offenders, who were convicted between 1968 and 2002. Interrater reliability and concurrent validity were good. The instrument showed good predictive validity for general ( $r = .41$ ,  $AUC = .74$ ), sexual ( $r = .35$ ,  $AUC = .74$ ) and violent ( $r = .41$ ,  $AUC = .76$ ) recidivism. Although further validation studies on German-speaking populations of sex offenders are necessary, these results support the utility of this german version of the revised version of the Static-99 in improving risk assessment of sexual offenders.



## **Residential Treatment Program for Detained and Civilly Committed Sexual Offenders in Washington State**

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The comprehensive treatment program at the Special Commitment Center is based on cognitive-behavioral and social learning models, and includes several components consistent with advancements in the field. The primary method of treatment is open-ended group therapy with a balance of didactic and practical learning activities. Three main types of treatment groups are offered that include sex offender specific goals, social skills, and specialty programs. All treatment groups have a strong motivational component with work related to the stages of change and the self-regulation model of sexual offending. Specifically, clients are requested to create positive approach goal plans and to identify their personal stage of change at the beginning of treatment. Moreover, treatment progress is evaluated according to the stages of change. The focus of sex offender specific treatment is dynamic risk factors in the context of identified pathways for sexual offending (see self-regulation model of sexual offending). Although clients are required to complete sex offender specific treatment to obtain administrative support for release to a less restrictive alternative, they may participate in social skills and specialty programs according to their individual needs. Specialty groups include family and couples counseling, substance abuse, mental illness management, and dialectical behavior therapy (on a newly created and closed unit) for emotionally dysregulated clients. Further, there is a strong emphasis on the therapeutic milieu. All frontline staff (clinical and residential) are required to be trained in the corrective thinking process to assist clients to behave responsibly and challenge their antisocial attitudes.

## Prediction of Attitudes toward Child Sexual Abuse

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The main aim of the present study was to investigate the relative importance of precursors of sexually abusive behaviour as predictors of attitudes toward child sexual abuse. A sample of the Norwegian adult population ( $n = 296$ ), active Christians ( $n = 125$ ), and prisoners convicted of child sexual abuse ( $n = 36$ ) were included in the study. The result showed that the precursors of abusive behaviour served as predictors of attitudes. The relative importance of the predictor variables differed across the samples. Empathy and normlessness were the best predictors of attitudes among the sample of adult Norwegians and the active Christians. View of women was the largest predictor of attitudes among the prisoners. The implications of the results with regard to prevention strategies are discussed.

## Usefulness of the K-SCT Test in Assessment of Sexual Offenders

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In Japan, a tragic incident occurred in 2004. A 36-year old man kidnapped and killed a girl. The criminal had committed several sex crimes in the past and had been insufficiently treated in prison. The Ministry of Justice revised Prison Law, and the treatment program for sex offenders began with both Prison and Probation Offices. We began program for sex offenders as an outpatient treatment service simultaneously with it. This is the trial that aimed at construction of a coherent sex offender service system.

In Japan, study and knowledge about a sexual crime are scarce, and there are few empirical studies. This shows that the assessment itself is an important study.

We carried out a K-SCT (Structured / Kouseiteki Sentence Completion Test) as one of the assessment for sex offenders. As a result, it was thought that this test was effective in aim understanding of the personal cognition of sex offender, such as a personal attitude, a reaction style. Since evaluation of individual and identification of a problem are important in order to make high effectiveness of the program to sex offenders, we consider that use of this test is useful as assessment of their personal cognition.



## Stalking: An Offence Focused Treatment Approach

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Parallel with the implementation of an Anti-Stalking article in the German Penal Code the question arises: what to do with stalkers? Beside the traditional legal interventions treatment approaches have to be considered – at least when there is a chance for modifying their behavior.

In contrast to imprisonment and other forms of punishment an offence focused treatment offers the possibility to change the stalking behavior and to reduce danger related to the threat of the stalker. Stalking consists of a large variety of different behavioural patterns from simple phone calls and e-mails to dangerous assaults and use of weapons – however, one aspect is essential for treatment interventions: in any case stalking is always a relational offence. The stalkers seek to achieve particular goals – in most cases their underlying motivation can be used for therapeutic interventions (e.g. search for intimate relationship).

The treatment approach is based on a understanding of stalking as a pathological behavior related to attachment problems. Stalking is not a disease. According to current findings only a few stalkers suffer from psychiatric disorders at the time of “stalking”. Therefore there is urgent need for different legal procedures for enforcing mandatory treatment (e.g. change of probation laws (Massnahmerecht)). In most cases the stalker’s motivation to receive treatment is not sufficient. Framework, assessment, therapeutic intervention strategies and preliminary experiences with the offence focused treatment approach are presented.

## **An Irish Study of Childhood Abuse and Neglect and Subsequent Experiences of Adult Intimate Relationships in a Population of Men who Have Sexually Abused Children**

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An examination of the histories of men who have abused children suggest that they frequently grow up in families where there are significant disruptions in parent-child relations and where experiences of sexual, physical and emotional abuse are common. Marshall and Barbaree's Integrated Theory of sexual offending proposes that these men subsequently fail to form secure attachment relationships with their parents leaving them vulnerable in adulthood to develop disorganised attachment styles and unable to develop the necessary skills for social interaction and intimacy. The consequence is an adult who is ill-equipped to form and maintain intimate relationships leading to emotional isolation and a fear of intimacy. The present study therefore sought to investigate 1) The incidence of reported childhood experiences of abuse and neglect; 2) Experiences of social and intimate relationships at the time of the offence and 3) Experiences of social and intimate relationships after attending therapy at a community-based treatment centre in Ireland. These aims were achieved by conducting telephone interviews with 700 men who have sexually abused children and have attended the Granada Institute for assessment and therapeutic purposes over the past 10 years. Implications of these findings will be discussed in terms of their relevance to prevention, assessment and treatment within an Irish context.

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