TREATMENT AND REHABILITATION OF SEXUAL OFFENDERS

SEMINAR MATERIAL
TREATMENT AND REHABILITATION OF SEXUAL OFFENDERS

NORDIC-BALTIC DIALOGUE,
EXPERT ROUND TABLE SEMINAR

May 2016

Tallinn
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>5</td>
</tr>
<tr>
<td>Paraphilias and forensic psychiatry – to punish or to treat?</td>
<td>6</td>
</tr>
<tr>
<td>Risks and Resources (Protective Factors) of Sexual Offenders</td>
<td>7</td>
</tr>
<tr>
<td>Forensic Psychiatry, Sexual Crimes and Formal Expertise</td>
<td>8</td>
</tr>
<tr>
<td>The Conditions and Practice of Implementing Complex Treatment of Sexual Offenders in Estonia</td>
<td>8</td>
</tr>
<tr>
<td>Restorative Justice in Cases of Sexual Violence</td>
<td>9</td>
</tr>
<tr>
<td>Working with sexual offenders in the Criminal Sanctions Agency of Finland</td>
<td>10</td>
</tr>
<tr>
<td>Therapeutic Work in the Community</td>
<td>11</td>
</tr>
<tr>
<td>Multi-Agency Approach towards Rehabilitation of Sexual Offenders, the Case of Latvia</td>
<td>11</td>
</tr>
<tr>
<td>Rehabilitation of Sexual Offenders in Latvia: Circles of Support &amp; Accountability</td>
<td>12</td>
</tr>
</tbody>
</table>
Foreword

The expert round table seminar was held in Tallinn in May 2016. Its aim was to gather and share effective interventions for treatment and rehabilitation of sexual offenders in the criminal justice system and in the community from the public health, forensic psychiatry and criminal policy perspective in the Nordic-Baltic region. The seminar welcomed participants from various fields of expertise: psychiatrists, psychologists, therapist, police officers, prosecutors, judges, probation officers, prison officers, policy makers (officials from ministries and other institutions) and researchers from the academia.

Sexual violence and abuse causes much harm for the people and society in all parts of the world. Its prevalence varies from region to region, but the consequences for individuals affected by sexual violence may be long-term and multiple. However, there are ways to either prevent or reduce the harm caused by sexual violence.

Many international initiatives call for action to prevent and tackle sexual violence against men and women, child and adult victims. The Council of Europe Convention on Protection of Children against Sexual Exploitation (the Lanzarote convention) stresses the need to prevent sexual offending by offering effective interventions both for those who have not offended and for those accused and suspected during the criminal proceedings, including while carrying out their sentences. Nordic-Baltic countries have various action plans and practices addressing the need to find and implement evidence-based interventions and treatments in the prison system as well as in the community for people who have committed violent offences, including sexual offences.

In this brochure you will find articles by presenters of this seminar. The aim of this material is to contribute to sharing the best practices of treatment and rehabilitation of sexual offenders in the region and to raise awareness of effective measures – either in public health or in criminal justice – for reducing sexual offending.

The seminar materials and presentations will be available at: https://www.just.ee/et/seminar-seksuaalkurjate-kohtlemine

The seminar was financed by the Council of Nordic Ministries and the Ministry of Justice of Estonia.
Our understanding of normal human sexual behavior has changed a lot during the past centuries and especially during the past decades. Homosexuals were sentenced to death in Turku still during the XVIII century and homosexuality was considered a psychiatric disorder up to 1981. Social, cultural, religious and legal context has often been more important than the medical viewpoint when boundaries of normal and abnormal sexual behavior have been defined.

Paraphilic disorders (from the Greek “para” meaning around or beside and “philos” meaning love) are sexual stimuli or acts that are deviations from socially accepted sexual behaviour, but are necessary, and in some cases sufficient, for some persons to experience sexual arousal and orgasm. By their very nature, some paraphilic disorders may predispose an individual to commit sexual offenses. Paraphilic disorders are difficult to study and only a part of sexual offences are discovered by the legal system. The most commonly encountered paraphilias in forensic settings are pedophilia, sexual sadism, exhibitionism, and voyeurism. Paraphilias are often chronic disorders and they are comorbid with other sexual, mood, and personality disorders. The etiology of paraphilias is unknown, they are considered as multifactorial disorders.

Only a part of sexual offenders has a paraphilia and only a part of individuals with paraphilia commit a sexual offence. Paraphilic fantasies are common. Paraphilic patients are mainly men. There is not a typical profile of a sexual offender. About a half of sexual offenders has suffered from sexual abuse during childhood.

In DSM-5 the main changes were: a) the move to distinguish paraphilias from paraphilic disorders (allowing unusual sexual interests to be studied by researchers but only regarded as disorders if they cause distress or dysfunction), (b) introducing criteria for describing paraphilic disorders as being in remission (when they no longer cause distress or dysfunction), and (c) clarifying the relationship between behavior and paraphilias.

The rate of sexual recidivism is often overestimated. It rarely exceeds 15%. According to Finnish statistics the recidivism rate is 11%, but it rises substantially when an offender has committed a previous sexual offence. The recidivism rate after completing the STOP-treatment is 6.5%.

Several actuarial and structured professional judgment methods have been created to estimate the risk of reoffending. According to the meta-analysis of Fazel et al (2012) risk assessment tools produced low to moderate positive predictive values (median 41%) and higher negative predictive values (91%). Instruments to predict violent offending performed better than those aimed at predicting sexual or general crime. Risk assessment tools identify low risk individuals with high levels of accuracy, but their use as sole determinants of detention, sentencing, and release is not supported by the current evidence. Looman et al (2013) found that although the Static-99R predicted sexual recidivism, adding psychopathy and sexual deviance in a Cox regression analysis did not improve the prediction. This held true for child molesters when examined on their own. For rapists, although psychopathy and sexual deviance did not contribute to the prediction of sexual recidivism, for serious (i.e., violent including sexual) recidivism, the inclusion of psychopathy added to the prediction.

Antiandrogen treatment for sexual offenders has been used from the 1960s and there is substantial experience in using hormonal treatment in several European countries. Three categories of pharmacologic agents commonly used to treat paraphilic disorders are selective serotonin reuptake inhibitors, synthetic steroidal analogs, and gonadotropin-releasing hormone analogs. The World Federation of Societies of Biological Psychiatry has proposed an algorithm for the biological treatment of paraphilias. Recent neuroimaging research suggests that functional magnetic resonance imaging may offer further promise in effectively assessing paraphilic disorders to help direct treatment options.

Long term hormonal treatment has many side-effects. Khan et al emphasized in their Cochrane Review (2015) that despite treatment being mandated in many jurisdictions, evidence for the effectiveness of pharmacological interventions is sparse and that no RCTs appear to have been published in two decades. The limitations of older studies do not allow firm conclusions to be drawn regarding pharmacological intervention as an effective intervention for reducing sexual offending.
Risks and Resources (Protective Factors) of Sexual Offenders

Lauri Pihkva, prison psychologist, Tartu (Estonia)
Margus Veem, prison psychologist, Tartu (Estonia)
E-mail: lauri.pihkva@just.ee; margus.veem@just.ee

Estonian prison system has had a special treatment plan for sex offenders (SO) since the year 2006 – the first tests with a programme called TEPS (Group Relapse Prevention Programme) were performed then. A specialized unit was created inside Tartu Prison in 2011, to systematically assess and treat SOs. Since then we have been in close contact with specialists from Finland and United Kingdom and have implemented risk-assessment methods and treatment programmes.

There are many myths associated with SO-s, even among professionals working in close relations with SOs. Deviant sexual behaviour seems to be too off grid, too strange, too frightening to understand.

Since 2015 we have had a chance to speak about SOs in Estonian prison system, but despite the scientific proof, people have a hard time accepting the thought of SOs improving in any meaningful way.

There are some dynamic, i.e. changeable risk factors (STABLE 2007, measurement tool used in Estonian prison system), that affect an offender’s recidivism rate.

Let us play with that thought: Is it possible to increase someone’s recidivism rate?

Some factors from dynamic risk assessment tool STABLE 2007:

- Relationships – pro-social vs. anti-social friends or deprivation altogether, loneliness, isolation.
- Problem solving skills – what if we remove all the possibilities to influence an SOs life in prison (responsibility) and encourage extremely passive lifestyle.
- Negative emotions, stress (see also: stigmatization) – no hope of change. Extremely harsh punishment to induce feelings of gross injustice and give him a “moral excuse” to strike back.

If we believe that there are ways to increase reoffending risk, we would have to accept that it is possible to decrease this risk as well.

There is a common belief that SOs are a very dangerous and highly reoffending group, but the statistics speak just the opposite. SOs tend to reoffend several times less than other types of offenders. The statistics in Estonia show 10% recidivism rate for SOs compared to 52% for thieves and 48% for fraud (recidivism rate in one year after release from prison, the Ministry of Justice, 2007)

It is important to remember though that there are offenders who recidivate in a high rate and those whose rate is very low. Luckily, there are ways to differentiate between them.

To do that, we are using modern assessment tools STATIC 202R, STABLE 2007 and ACUTE 2007. Combining the measurements from these tools gives us a better risk value and also helps us focus our treatment on specific individual targets.

It is a tough challenge not to focus on punishing SOs, hoping it will prevent further offending. Marshall et al. 2005 stress that the sole target of rehabilitation cannot be the reduction of reoffending risk, because this is important for society in general, but not for the offender. Treatment should offer something purposeful for the person - something he believes is important and beneficial for him personally. Only then will he strive to reach his goals and through that reduce the risk of offending. We have to focus on the offender’s personal, meaningful goals and strengths to make a real lasting change. Goals that help him live a good life – a life without offending.

Factors that decrease the reoffending risk and what we do in prison to support them

- Treatment programme New Way (Uus Suund, Nina Nurminen – Finland) – Special individual treatment programme for SOs
- Avoiding „accidentally“ increasing dynamic risk factors (see examples above)
- We implement the Risk-Need-Responsivity principles and use the Good Lives Model to promote positive life goals versus negative (avoidance) goals
- We use Motivational Interviewing techniques to increase the offenders’ willingness to cooperate and to work together toward reaching their positive life goals.
Forensic Psychiatry, Sexual Crimes and Formal Expertise

Anders Lindskog, Specialist in psychology, specialist in clinical sexology, Villa Frisk, Norway
E-mail: anders@villafrisk, http://villafrisk.no/nb/

For centuries, sexuality has been relatively taboo in Norway and this continues to apply today. As a result, sexuality has practically been omitted from doctor and psychologist training programmes. Concurrently, the legal system has found that sex crimes as a topic in itself is complicated, as it has often been necessary to illustrate cases through expert investigations. Specialists in psychiatry and psychology have conducted these investigations. The Nordic Association for Clinical Sexology (NACS) has arranged an independent specialist education programme within sexology for both doctors and psychologists since 2002. This research project has examined the formal expertise in sexology in all experts who have submitted an expert report concerning sex crimes in 2009-2012. During this period, a total of 310 expert reports have been submitted by 99 different experts. None of these experts had a formal exam in sexology.

We can so far only speculate why this is the case, but the few interviews performed during this study indicate several reasons.

- Prosecutors and lawyers believe that both psychiatrists and psychologists are educated in sexology.
- Psychiatrists and psychologists do not see sexology as a separate field.
- Prosecutors and lawyers do not see their mission as truth seeking. They therefore prioritise to use experts that they believe are prosecutor or lawyer friendly, before using specialists in clinical sexology.

This study deems it likely that the use of professionals that are not specialists in clinical sexology, as experts in sexual crime cases, has led to a slower development of the field of forensic sexology. As an example, in clinical work, we meet a broad spectrum of offenders who commit sexual crimes against children.

- psychopaths,
- drug addicts,
- individuals with blocked/damaged sexuality,
- individuals with blocked/damaged attachment,
- individuals caught up in family conflicts,
- individuals with low social competence,
- a mixture of the above.

All these different types of offenders have different needs and respond more or less to different therapeutic interventions. Some of them, like the psychopaths, we have very few functional tools for helping. Others like homosexuals with blocked sexuality are much easier to help.

Using forensic experts who are specialists in clinical sexology would hopefully lead to better assessment of the offenders. This in turn would make it easier to sort the offenders who could profit from treatment on the one hand from those that we are so far not competent to help on the other hand.

The Conditions and Practice of Implementing Complex Treatment of Sexual Offenders in Estonia

Andra Sild, Senior Prosecutor, Northern District Prosecutor’s Office, Estonia
E-mail: andra.sild@prokuratuur.ee

The law amendment that entered into force in Estonia on 1 June 2013 supplemented the Penal Code with §692, which enables convicted sexual offenders sentenced to imprisonment to be released on parole if they agree to participate in the complex treatment and if they committed their index offence due to a mental or a sexual orientation disorder. It is also possible to partially substitute their imposed imprisonment by complex treatment. The complex treatment intended for sexual offenders may contain both a pharmacological approach and a therapeutic approach. The combined effect of those two approaches helps the individual recognise their appearing improper thoughts and the need for a quick intervention. Yet, the treatment does not make the paedophilia problem nonexistent and depending on the individual, the treatment may necessarily be repeated or even lifelong. As a part of the penal system, the complex treatment can currently be applied to a person for at least 18 months and at most 3 years.

Pursuant to the law, complex treatment can be applied only to persons sentenced to 6 months to 2 years of real
imprisonment. Not the entire imprisonment but only a part of it can be replaced with complex treatment.

Certain conditions must be met in order to replace the imposed imprisonment with complex treatment:

- Imprisonment is substituted by treatment only with the person’s written consent which he or she can give after all the impacts of the treatment have been explained to him or her. The treatment is applicable to adults only because the method would be too radical for the health of a minor.
- All persons whom complex treatment is applied to must carry out at least 30 days of real imprisonment.
- If the petition to apply complex treatment is deemed justified in pre-trial investigation, an expert assessment by forensic sexology or forensic psychiatry experts must be obtained because a sexual orientation disorder, e.g. paedophilia must be diagnosed in order to apply the treatment. The expert assessment may also be omitted if there is an earlier diagnosis and the current index offence also clearly indicates that the individual committed the offence due to their sexual orientation disorder.

Another opinion on the possibility of applying complex treatment, seen from a non-medical point of view, is provided by the probation officer who prepares a report ordered by an investigation authority, the prosecutor’s office or court. When preparing the opinion, the official has to take into account the personality of the suspect/accused and his or her living conditions and socioeconomic background.

Although the Penal Code has enabled the substitution of imprisonment for sexual offenders with complex treatment for nearly three years already, the number of cases where complex treatment was applied in practice has been minimal. For example, in the jurisdiction of Northern District Prosecutor’s Office and Harju County Court, complex treatment has been applied in just two cases. There are several reasons why the partial replacing of sentences imposed on sexual offenders with complex treatment has not taken off well.

As the first condition of applying complex treatment is that the offender must be sentenced to imprisonment for at most 2 years, there is not even a theoretical chance to offer the treatment to many individuals. In essence, with the current conditions, complex treatment can be offered only to those having committed the most minor offences: e.g. those who have collected or produced child pornography or induced minors to sexual activities.

Cases from practice can be highlighted where an individual was released from prison on parole at their first-time conviction for a minor sexual offence and he or she was mandated to participate in social programmes or to visit a psychologist. But a new sexual offence was committed during the probation period and the resulting compound sentence from the new conviction exceeded the permitted 2-year threshold of imprisonment and thus the individual was left for years in the vicious circle of imprisonment, on parole release, new offence during the probation and renewed imprisonment. Yet the same person has repeatedly expressed a wish to start complex treatment and admitted that the problem cannot be surpassed on their own and without treatment. It is specifically important for those individuals that the upper limit of imprisonment to allow complex treatment be higher than the current threshold of 2 years.

Another reason is the continued attitude of fear among offenders. It is thought that the main treatment used is hormonal treatment, also called “chemical castration”. This is no doubt frightening and individuals do not consent to treatment. Yet, practicing psychiatrists are of the opinion that it is possible to determine quite accurately what dosage reduces the paedophilic thoughts or generally sexually deviant thoughts, yet enables sexual activity in an intimate relationship so that the individual’s sexual performance remains intact.

Restorative Justice in Cases of Sexual Violence

Dr. Knut Hermstad, Specialist in clinical sexology. Senior advisor at the University Hospital of Trondheim, Norway
Knut.Hermstad@stolav.no

Restorative Justice (RJ) is basically a way of helping victims and offenders in criminal cases to meet and talk together after the crime has taken place. The idea is to cater for the needs of victims, offenders and the wider community so that victims and offenders are put at the center of the handling of the case. Sometimes RJ is an alternative to conventional justice (CJ), sometimes it is just a supplement.
As victims of sexual violence (SV) generally are seen as more vulnerable than victims of other types of crime, it has been discussed whether RJ is an important or useful way of handling the complicated relations between the victim and the offender in these cases. It has also been discussed whether RJ would be a way of signaling that violent sexual crime is not that serious. Due to the power imbalance between the victim and the offender, health care professionals tend to fear that restorative meetings between the victim and the offender could cause retraumatization of the victims. On the other hand, research findings indicate that the victim’s perception of justice and their psychological well-being are improved by participating in RJ programs. Usually sexual violence is taking place between persons who either know each other or have some sort of family relations or social relations. Even though victims do not want to repair broken relations, they might wish to take part in a process where they can find a new platform for their further lives. To most of them it is crucial to get insight into what the offender thinks about what he or she has done.

In Conventional Justice the state authorities have the ownership to the criminal case, which implies that the role of offenders and victims is mostly reduced to be means of evidence in the hands of prosecutors and judges. Sexual violence however addresses the questions of guilt, responsibility and pain more directly and personally than in most other cases. The authorities have to recognize and to take care of these problems when handling SV cases.

Even though RJ has its challenges and limitations, aspects of the restorative thinking could be useful for authorities as well as victims and offenders. In this lesson the outcomes and possibilities of RJ were discussed: how the method could be used in the justice system.

There are four specific and complementary methods to work with sexual offenders in the Finnish Criminal Sanctions Agency. These methods vary in intensity, length and implementation.

- **The STOP-program** is an 85-session group program for medium and high risk offenders. It lasts up to 9 months. The STOP-program has been running since 1999 and it has been evaluated by researchers. The STOP-program is based on cognitive-behavioral theory and on the so called Core program used in England and Wales.

- **Uusi suunta** (“New direction”) is a 16-session individual program for low and medium risk sex offenders. It is also used as a booster program for high risk offenders who have already been on the STOP-program. Uusi suunta has not yet been evaluated by researchers as it has been running since 2012 and the numbers are still quite small. Uusi suunta is based on cognitive-behavioral theory and on the good lives model of change.

- **Medication** is considered with high risk offenders as a part of their probationary conditional freedom.

- **Individual psychotherapy** may be used when such expertise available.

Right now, I am concentrating on Uusi suunta as it is the most modern and most widely applicable way of working with sex offenders in Finland. As mentioned, Uusi suunta combines cognitive-behavioral methods and the thinking of the good lives model. One can also say that the Uusi suunta program combines the so called risk-need-responsivity principle and the influences of desistance theories.

Uusi suunta can be used both in prisons and in probation. It has not yet been used in prevention but this possibility could be worth investigating.

All in all, the Criminal Sanctions Agency of Finland aims to offer a variety of methods for decreasing the risk of re-offending of different kinds of sexual offenders. For high risk offenders we offer intensive and multiple methods. With low risk offenders we concentrate on supporting a better life after imprisonment.
Therapeutic Work in the Community

_Jussi Nissien, psychotherapist, family and network therapist_
_E-mail: jussi.nissinen@welho.com_

The focus of my presentation is in child-oriented sexuality of young people and adults and how it is taken into account in health care, social services and education. In my professional life I have experiences in psychotherapy with pedophiles, hebephiles and men who have sexually offended against children. Most of those men have realized already in their youth that their sexual feelings are oriented towards children. Many of them had thought where or with whom they could discuss their feelings.

What we need to discuss is the obstacles in the way of seeking and getting help when one’s sexuality is oriented towards children. There are internal obstacles: shame, fear of sanctions, fear of losing sexual enjoyment they have found, etc. There are also external obstacles: the public image of pedophiles as child molesters, negative attitudes of professionals against pedophiles, no training of nurses, physicians, psychologists and psychotherapists and the fact that they do not understand the therapeutic needs of these men/women, difficulties to find money for therapeutic interventions, etc. There are some projects where it has been tried to lower the threshold for volunteer therapeutic interventions for pedophiles and men/women who are worried about their sexual impulses.

There need to be better ways how this topic could be taken into account in sex education. Nowadays children are instructed to be aware of the risk of sexual abuse in different contexts. There should also be some messages to those who are already aware or only become aware that their sexual feelings are oriented towards children: where they can get help and how they can become responsible and respected citizens.

I have also experiences with clients who have sexually abused someone and have participated in a rehabilitation program in prison. Their social network is often empty because their offences have caused rejection in friends and relatives. Often they have their own unmet childhood traumas. I discuss about what kind of social and therapeutic support sex offenders need after rehabilitation and prison and how it could be arranged.

Multi-Agency Approach towards Rehabilitation of Sexual Offenders, the Case of Latvia

_Jānis Zārdiņš, Head of Cesis Probation Office, Latvia_
_E-mail: Janis.Zardins@vpd.gov.lv_

Since year 2009, the Multi-Agency Approach is used for dealing with the supervision and rehabilitation of Sexual Offenders in Latvia.

Latvian State Probation Service took a leading role in developing Multi Agency Public Protection Arrangements (MAPPA) in Latvia. The need for MAPPA became obvious because after the first years of the supervision process of State Probation Service clients we realised that work with sexual offenders needs other methods to succeed and achieve the best results. It needs the Multi Agency Approach.

We studied the best practices of Europe, during the MAPPA implementation process in Latvia, and we found one of the most appropriate solutions in the UK. The adaption stage took place through a project in the years 2009-2011. The MAPPA methodology was developed and tested by four pilot sites. A special work group set out a draft of the agreement between the main “players” – the police, the probation system and the prison system for the MAPPA process.

MAPPA as a process involves four stages:

- identification of the client;
- information sharing;
- risk assessment;
- risk management.

The plan for risk management sets the strategy for agencies dealing with the client. It contains several approaches, but rehabilitation is one of the most important ones. The rehabilitation process is mostly done by the agencies, specialists, as well as volunteers and methods which use volunteers, like Circles of Support and Accountability. The latter is another initiative dealing with sexual offenders.

The closing part of the presentation is dedicated to the potential of the Multi Agency approach when dealing with serious offenders, and the new challenges that we are facing as societies.
Rehabilitation of Sexual Offenders in Latvia: Circles of Support & Accountability

Kristīņa Lapina, Latvian Probation Programs Division
E-mail: kristiana.lapina@gmail.com

Circles of Support & Accountability (COSA or Circles) is a unique and innovative community justice initiative for post-release monitoring of medium and high risk sex offenders in and by the community.

COSA is aimed at preventing recidivism by addressing some of the key risk factors for reoffending: social isolation and emotional loneliness. Founded on the principles of restorative justice in Canada in 1994, the Circle’s main function is to reduce the likelihood of reoffending by providing the core member with a temporary surrogate social network, and to help him or her establish a supportive social network of his own. Usually a Circle lasts for about a year and a half, but in some cases it may be necessary to maintain a Circle for a very long or even lifelong period.

In 2002, COSA was first introduced in Europe, in the United Kingdom, where similar good results were obtained. COSA was transferred to the Netherlands in 2008. In a project funded by the European Commission (called Circles), the elements for a successful transfer of COSA from one national context to another were identified. This formed the basis for the project Circles4EU, in which COSA is further implemented in Europe with pilots in Bulgaria, Latvia and Catalonia. In every European country where it has been implemented, the providers and facilitators of COSA have encountered situations that were different from the standard COSA procedures or that needed a special solution.

The Probation Service of Latvia held three Circles with three core members and sixteen trained volunteers. Currently the Probation Service of Latvia continues to work on the next steps of implementation – a national level strategy with non-governmental organization which requires a wider public involvement. The presentation was dedicated to viewing the potential of Circles of Support & Accountability in Latvia.