

Sex offender assessment and risk management in Sweden; Adolescents and Adults

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Abstract

Sweden has gone through a lot of changes in sexual abuse legislation over the past 10 years. Which have been driven by political changes, professional dissatisfaction and the public engagement with the topic of sexual abuse. Even though Sweden making it easier to convict sex offenders, Sweden is still is a very liberal country that does not use the polygraph, does not register sex offenders or have mandatory treatment in prison. This article will give a brief insight in the Swedish legislation, treatment practice and public view.

Key words: Sweden, Risk Assessment, sexual offender management, Treatment

Introduction

Sweden is a small country in Scandinavia with only 10 million inhabitants. Because the population density differs greatly from the south to the north, with large rural areas in the north, the possibility to get treatment and help, in the close community, gets harder the further north you go. The communities and regions in Sweden all follow the same laws and regulations.

Sweden is a country that is traditionally socialistic and focused on equality and human rights. Everybody should have the same chance in the society it doesn't matter if you're from a poor or rich family, what gender you are or if you're from a minority. All Swedish citizens have an equal right free education all the way through to university and the same opportunities to get health care, parent leave and pension; all social provision is provided by the state.

The overall approach to and beliefs surrounding sentencing, punishment and prison are that the individual who has committed an offence is a person that needs assistance and treatment. The management of adult, sexual offenders is run and executed by the Swedish Prison and Probation Service (Kriminalvården). In Sweden you become an adult when you turn 18, but the social service manages the placements in residential units and family homes until you turn 21.

There are no national regulations or guidelines for adolescents with a sexual abusive behavior. The lack of knowledge amongst caseworkers within the social service impacts whether or not adolescents with sexual harmful behavior receives risk assessment and treatment. The general idea towards adolescents with sexual harmful behavior is that, in many cases, professionals would not prosecute, assist and rehabilitate rather than judge. In many cases professionals minimize the seriousness of the behavior of the young person, and neither the adolescent with sexual harmful behavior nor the victim, gets any treatment. The consequences of such neglect and a lack of treatment can be severe as demonstrated by a Swedish follow-up study, where 22 young adults who displayed harmful sexual behavior during adolescence were interviewed. Half of the respondents, who did not receive any specialized treatment, expressed critics of the absence of specialized interventions. Some were left with ongoing problems, confusion around sexual matters

and lack of guidance that affected them in adulthood (Kjellgren, 2018).

The public view of sex offenders and legislation

Every time there is a high profile case the public and media raise their voices for longer sentences and discuss how dangerous sex offenders are as well as how high their recidivism rate is. In 2016 20 300 sexual assaults were reported, 6720 were labeled as rape out of those 689 lead to convictions (BRÅ, 2018). Ten percent of the sentenced Swedish sex offenders are reported getting reconvicted within ten years. There have been changes in the rape laws continually the last 15 years since as it was too few cases that actually got reported and too few of the ones reported and prosecuted that led to sentencing the offenders.

Sweden has since 1 of July this year has a new law stating that sex without consent is rape, even if there are no threats or force involved. A person must give clear consent, verbally or physically. Prosecutors will from now on not have to prove that violence was used or that the victim was in a vulnerable state in order to establish rape. If a person is passive or gives ambiguous signals there is no consent to sexual activity. In the law two new types of offences were introduced, negligent rape and negligent sexual abuse, carrying a maximum prison term of four years.

When it comes to adolescents very few under the age of 18 gets convicted. Young people are considered as criminal responsible at the age of 15 but special policies are applied for young people under the age of 18 as waivers of prosecution and transference of jurisdiction to the local social welfare services (Janson, 2004). At the age of 15 a person can consent to sexual activities.

There is no registration of sex offenders when you've finished your sentence and there is no mandatory follow up when you have completed your prison sentence. Although treatment follow up is offered by the probation services.

Risk assessment and Treatment

In Sweden risk assessment tools for adults you commit sexual offences (i.e., SVR 20, STATIC 99R + STABLE 2007) are used only if the person gets convicted to probation or prison. There are a few specialized prisons that offer treatment, but it's not mandatory to attend in those programs. The Swedish Prison and Probation use the program ROS - Sex Offender Treatment Program. This Canadian program was translated, adapted and implemented in the Swedish prison and probation service 2003.

In 2011 the Swedish prison and probation service did a treatment follow up of 484 convicted males sentenced for sexual crimes. The prisoners attending treatment was compared to a group convicted for similar offenses that did not go through the program. Eight percent of the group who completed treatment was suspected to have reoffended compared to 10 percent of the non-treated prisoners. (Kriminalvården, 2011; Långström, Jacobson, & Berg, 2015)

There are six units offering specialized residential programs but only a handful specialized outpatient clinics in Sweden focusing on adolescents with a sexual harmful behavior. Some adolescents are risk assessed and offered specialized treatment. The risk assessment tool used in Sweden is the ERASOR - Estimate of Risk of Adolescent Sexual Offense Recidivism, which was introduced in 2004. The treatment for adolescents is most often CBT based. A few of the residential homes for adolescents are trying to implement DBT -Dialectical behavior therapy in order to make treatment for adolescents more skills based. At residential homes delivering compulsory care (The

National Board of Institutional Care) a program based on DBT was recently implemented that will be evaluated.

There is an ongoing Swedish study, with pretest-posttest design, of a clinical group of adolescents displaying harmful sexual behaviors that all received specialized residential care after being assessed with the ERASOR (Kjellgren). The study aims to identify how potential sexual reoffending by follow correlates with the risk factors identified by assessment. Further the study will explore the treatment effects on social functioning and wellbeing among the sample.

The polygraph is not used in Sweden either on adults or adolescents.

Support for offenders

In respect to helping offenders in the community there are limited resources. Currently, there is only PrevenTell.se a national helpline run by ANOVA (the former Center for Andrology and Sexual Medicine at Karolinska University Hospital), who also provide a specialized clinic where people can get help with treatment and chemical castration. In addition, Probation is trying to implement Circles of Support and Accountability but it is still in its developmental stages. For adolescents there are very few out patient clinics that can offer treatment and support after residential care and they are all situated in the southern part of Sweden.

Summary and Conclusions

Treatment for adults are regulated and the same for offenders all over Sweden although treatment in jail or probation is voluntary. Regarding adolescent it varies greatly all over the country and even within the same community. There's very few outpatient clinics that have the knowledge to risk assess and to offer treatment. Treatment for both adolescents and adults is on the Swedish political agenda right now especially since it is a year of election. National guidelines for adolescents are being discussed which would make it easier to have mandatory education for the social service and therefore make it possible for adolescents with sexual harmful behavior to be comprehensively assessed including a risk assessment and to receive treatment even if they live in the more rural areas. More research is greatly needed both regarding the population, risk assessment and treatment.

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