

BOOK REVIEW: Therapy of Sex Offenders and Protection of Community in Croatia

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The issue of treatment of sex offenders, including persons diagnosed with paedophilia, as well as their follow up in the community, has become a topic of expert discussions in our country. (Muzinic, 2009)

Sex offences have always engendered interest and been treated in different ways. This book's intention is to point out the increase of frequency of sex offences, the increase in brutality and the ever more severe consequences for the victim of sexual violence, their families and persons close to victims. It is difficult to say exactly what the prevalence is of such offences because of very high number of unreported cases. It is not rare for a sex offender to have more than one victim before being apprehended. This book deals with sexual delinquency both from the points of view the offender and the victim. It also offers recommendations on how to protect the community from possible new offences and new offenders. Truly, the prevention has no alternative. (Muzinic, Vukota, 2010)

This is the first time in Croatia, that a book has been published intended to offer relevant and topical knowledge on sex offenders' treatment to such wide range of experts. The book is about very current content, which media frequently paint in sensationalist colours and which up to now has been relatively neglected in professional publishing. With this book the expert, the public and all who are interested in the topic, finally have a scientifically, theoretically and empirically based framework for understanding the phenomenon in its entire complexity. Topics range from various forms of the phenomenon, specifics of perpetrators, consequences for victims through to the possibilities and significance of therapeutic and preventive action. (Ajdukovic, 2010)

Experts of various profiles - psychiatrists, psychologists, epidemiologists, lawyers, social pedagogues, criminologists, political science - participated in the making of this book.

In 2005, the Croatian Prison System initiated a pilot project on sex offenders' treatment entitled "Prevention of Relapse and Control of Impulsive Behaviour". The programme has been enriched with knowledge from training in the Netherlands and is implemented in two penitentiaries in Croatia. Sex offender's treatment programme has been reinforced through training of prison system's staff that took place in 2007 and 2008 within MATRA Project financed by the Kingdom of the Netherlands. (www.bolnica-vrapce.hr). After probation service is established in Croatia, it will be necessary to monitor sex offenders and, particularly for high risk individuals, provide the possibility for continuation of treatment in community with supervision and follow-up.

The book Treatment of Sex Offenders is divided in four chapters. First chapter, titled *Sexual Delinquency and Typology of Offenders* includes the following articles: (1) Lana Muzinic "Paedophilia - from Diagnostics to Therapeutic Guidelines", (2) Goran Arbanas "Paraphilia, Rape and Incest" (3) Renata Odeljan and Anita Matijevic "Characteristics of Offenders, Type and Modality

of Sex Offences " (4) Miroslav Goreta, Ivana Peko-Covic and Zeljko Majdancic, "Topical Issues in Forensic Psychiatric Expert Examination of Sexual Delinquents " (5) Lana Muzinic, Damir Rosic, Sasa Moric, Martina Superba "Penological Psychiatric Characteristic of Sex Delinquents " (6) Gordana Buljan Flander and Swea Jelic "Adolescents as Perpetrators of Sex Offences - Overview of typologies, Etiological and Other Factors (7) Lana Peto Kujundzic "Juveniles as Perpetrators of Criminal Acts of Sexual Intercourse with Child", (8) Blaženka Guberina Korotaj, Ljiljana Vukota "Sexual Abuse in Childhood and Sexual Delinquency", (9) Ljiljana Vukota "Theories of Sex Offences - Marshall and Barbaree Integrated Theory. Second chapter of the Treatment of Sex Offenders includes the following articles: (10) Tija Zarkovic Palijan, Drazen Kovacevic, Marijana Sarilar and Sanja Radeljak "Treatment of Sex Offenders" (11) Andreas Romanus Anna Rijk "Treatment of Sex Offenders in Dutch Prison" (12) Lana Muzinic and Sasa Moric "Application of Cognitive-Behavioural Therapy in Treatment of Sex Offenders" (13) Ljiljana Moro and Tanja Franciskovic "Psychotherapy Approach in Sex Offenders Therapy" (14) Miroslav Herceg and Lana Muzinic "Pharmacological Treatment of Sex Delinquents" (15) Lana Muzinić "Therapy of Adolescents - Perpetrators of Sex Offences", (16) Elvira Koic "Scale for Assessment of Risk of Sex Offence". Third chapter is titled *Consequences of Sex Offences and Treatment of Victims* and includes the following articles (17) Maja Mamula "Victims of Sexual Violence", (18) Goran Arbanas "Post Traumatic Stress Disorder with Victims of Rape", (19) Domagoj Stimac "Treatment of Sexually Abused Children" and (20) Ida Samanović "Working with Victims of Sexual Violence". Fourth chapter, the last one, titled *Protection of Community* includes the following articles (21) Vesna Babic "The Role of Probation in Monitoring of Released Sex Offenders and Possibilities for the Continuation of Treatment in Community", (22) Renata Odeljan and Anita Matijevic "Possibilities of Prevention of Sex Offences against Children" (23) Maja Gabelica Supljika, Gordana Filipovic and Mila Jelavic "The Role of Ombudsman for Children in the Prevention of Sexual Abuse of Children and in Raising Awareness and Responsibility in Community", (24) Branko Peran "The Role of the Police in Prevention and Protection of Community from Sex Offenders, (25) Dusan Miljus "Reaction by Public and Media towards Sex Offenders" and (26) Ksenija Turkovic and Aleksandar Marsavelski "Treatment of Sex Delinquents - Positive Regulations and Possible Legal Solutions". (Ajdukovic, 2010)

Work with sex offenders is very complex and delicate because this subject is very difficult to talk about and it is very difficult to admit that sexual violence has been committed. Offenders have to accept responsibility for their actions; they have to learn what empathy with the victim is and they must clarify what their risk factors are that might lead to re-offending. Urges that are aimed at children, for example, may not disappear as a result of treatment but more important is to learn how to control them and to prevent relapse. Treatment should last as long as necessary and it should continue in the community. A major role in this should belong to probation service and probation officers. It is necessary to train and organise an interdisciplinary team for the purposes of conducting treatment, risk assessment, follow up and supervision. Such a team should include the police, psychologists, psychiatrists, social workers, probation officers, lawyers and other experts. The justice system has to take part in creating laws and regulations that would enable such an integrative approach to the problem and help organise this systematic treatment. (Muzinic, Vukota, 2010)

There is not any one single theory that would completely encompass the field of sex offenders. This is partly so because of the vast differences among perpetrators. Offenders vary in their choice of victims, based on gender, age, etc. They also vary in the type of offence and the mode of offending. The fact is that the theories are intended for conceptualisation of problem of an individual offender and some of them have extraordinary clinical and practical value. Programmes that are being implemented in the world lean towards one or more of these theories. Likewise, the programme implemented in the Croatian prison system is based on multifactor theories - Marshall and Barbaree Integrated Theory (Marshall, Barbaree, 1990), Ward and Siegert's pathway model, a descriptive

model of relapse prevention and a model of self regulation (Ward et al, 1988). The latter is likely the most represented in treatment programmes. Eminent creators of theories on sex offences contemplate possibilities of structuring unique theory of sex offences. Meanwhile, in Croatia, we have to think about how to improve programmes of sex offenders treatment., how to train experts, diagnose offenders and include them in treatment, both during their sentence and upon release. We must continue to follow them to determine the success of treatment or recidivism. All authorities, within their respective jurisdictions, have the responsibility to attempt to decrease recidivism, decrease to number of offences, raise the level of care and intervention for victims and to foster preventative strategies. In addition to enabling the structure of efficient treatment programmes, theories of sex offences also enable the structure of efficient preventive programmes and early interventions for the benefit of both offenders and victims. That being said, we have to emphasise the importance of education, personal qualities, situations, family and development context as well as cultural and social environment. (Vukota, 2010)

The role of sexual abuse in childhood on later development of a sexual offender is not entirely clear. Finally, problem of sexual abuse, experience of sexual abuse and influence thereof to the later development of personality is so complex that it is not realistic to expect that science and clinical practice will have complete answers to these issues soon. However, studies show that certain factors definitely relate to sexual violence and are sufficient for guiding future research and structuring programmes of psychological support and therapeutic work with sexually abused children and with sex offenders against children. Research points towards sexual abuse in childhood being one of risk factors for development of sexual delinquency. Most knowledge and conclusions on this issue is based on studying the accused and the sentenced for sex offences and they represent some 10 per cent of the actual number of offenders (Stimac, 2008), namely *tip of the iceberg*. Therefore, it would be essential to include in both research and in treatment as many sentenced offenders as possible both in prison and on probation. (Vukota, Guberina)

This book also gives an account of issues in the expert examination of sexual delinquents. Goreta and associates (2010) state that as often as not psychiatric examination of sex offenders is very complex task mainly because of the lack of cooperation on the side of the examined party. As a rule, the examined party denies having committed a crime or the existence of any sort of sexual psychopathology. Unless reliable information can be obtained from another source (eligible for expert examination purposes) a court expert should not make a diagnosis of sexual disorder based solely on subjective diagnostic criteria, such as wishes, urges, fantasies, fears etc. (in all cases in which these criteria are not founded on personal interview with the examined party). Information regarding the potential sexual deviance of the examined party, collected within current judicial process - most commonly included in statements of victims and other witnesses - may only be used for making a conditional diagnosis. Such a conditional diagnosis will become final only in the event that the court accepts them as reliable evidence by the end of the proceedings. Considering the generally insufficient knowledge on expert examination and treatment of sex offenders it is necessary to provide for additional educational programmes for all types of experts engaged in this field.

Only a smaller number of sexual delinquents actually have a diagnosis of true mental illness or underdeveloped intellectual capacities. More often, sex offenders are people who meet the criteria for some type of personality disorder. They have pronounced inclinations towards sexual delinquency, impulsive acting out or they have sexual disorders or deviations (Muzinic, 2005).

A special chapter in the book is dedicated to consequences for victims, especially children. It illustrates the basics of treatment and psychological consequences that may appear after sexual violence. It also outlines the features of juvenile sexual delinquents whose, part in the overall sexual

delinquent population cannot be negligible (Muzinic, Vukota, 2010)

The goal of sexual delinquents' treatment is to reduce recidivism of sex related criminal acts. Psychotherapeutic and psychosocial interventions (with emphasis on learning social skills) are used in the treatment as well as psychosexual education. The dominant therapeutic method is cognitive behavioural therapy. At the beginning and at the end of treatment it is important to have completed a risk assessment for re-offending or risk for committing new sexual offences. Empathy for the victim is developed with the offender. The offender must work on changing attitudes and understanding the unacceptability of her/his behaviour. A strategy is developed for identifying and avoiding risk factors. They must learn about acceptable sexual behaviour and control of aggressive and impulsive behaviour. It is necessary to develop interdisciplinary services for treatment and follow up in the community with the possibility of ordering security measures for dangerous offenders. A recidivism prevention program must also include the probation system. (Muzinic, 2008)

The ongoing pilot programme, Treatment of Sex Offenders, is showing a tendency to grow into a comprehensive programme for sexual delinquents. It would include all penitentiaries and the probation system, in order for treatment to continue in the community.

Demands are becoming more frequent for more severe punishment of offenders, for more radical treatment and for creation of database for sex offenders against children. All the above said calls for good multidisciplinary cooperation of experts - lawyers, the police, social pedagogues, psychiatrists, psychologist, social workers, criminologists and others. All should work together on better prevention of re-offending. Treatment programmes that started in the prison system should continue through the probation system, namely into the community, especially where it concerns dangerous sex offenders. Supervision of offenders and their treatment cannot cross the line into human rights violations or jeopardise their protection of privacy and right to rehabilitation. Data on sex offenders should be available only to experts in charge of their treatment and supervision. Introduction of comprehensive treatment through the penal system and supervision in the community would make prevention of violence possible and reduce re-offending (Muzinic, 2009.).

Sex offenders treatment is a complicated and demanding field that requires psychological and pharmacological methods of therapy. (Herceg, Muzinic, 2010)

Cognitive-behavioural therapy has been the proven therapy of choice in treatment of sexual delinquents. (Marshall et al, 1999, Spencer, 1999). Therapy that includes a component on prevention of relapse is especially successful. (Laws et al, 2000). It can be implemented in penal institutions, prisons, psychiatric clinics or in outpatient treatment. Production of an offence chain for each delinquent, identification of risk factors, development of strategies for avoiding such factors and development of empathy for the victim are the most important goals as they are important in reducing re-offending. Especially important is supervision upon release from an institution where treatment was implemented, particularly after serving a sentence. The system of supervision and continuation of treatment in the community are necessary especially for high-risk sex offenders, with the aim of protecting the community from new sex offences. Initiation of treatment of sex offender in prison system is merely the beginning of comprehensive systematic treatment. Such treatment, with support by justice and other authorities, would be implemented in penal institutions and continued in the probation system with supervision, treatment and evaluation of offender in the community. The goal of treatment is to achieve control over unacceptable sexual behaviour, impulsiveness and urges. The theoretical basis of our treatment in the Croatian prison system is group therapy following cognitive behavioural principles with relapse prevention. (Muzinic, Moric, 2010)

Through analysis of socio demographic, criminologic and psychiatric characteristics of sexual

delinquents who are serving prison sentences major features have been identified. These include that most offenders are married or live with a common-law spouse, have primary school education and medium likelihood of criminal relapse. Victims are mostly underage women and the offenders are most commonly the father, stepfather or adoptive father. Most offenders meet criteria for personality disorder with a pronounced inclination towards sexual delinquency or impulsive acting out. In order to prevent re-offending, offenders are included in special programmes during the enforcement of their sentence. Knowledge of basic criminological features helps treatment staff and the community in general to produce treatment programmes and preventive measures for the protection of the community and potential victims. (Muzinic et al, 2010)

Goreta and associates conducted a survey in the Vrapče Psychiatric Hospital (2004). According to their research, 50 per cent of examined delinquents committed rape, 25 per cent lewd act and 12 per cent sexual intercourse with child, which is related to a diagnosis of paedophilia. Antisocial personality disorder is most commonly represented in the most common offence - *rape*. A diagnosis of alcohol abuse or alcohol addiction was found in 26 per cent of the sample, confirming the previously known criminogenic effect of alcohol abuse in both violent and sex offences (Goreta et al, 2004).

In the today's world, one of the most topical issues is whether to establish a special register of sex offenders against children and whether such record should be made available to the public. In the Republic of Croatia, such special register does not exist so the data on sex offenders is kept together with the data on offenders of other criminal acts in the Criminal Records of the Ministry of Justice. However, there may be circumstances under which it is helpful to reveal such data when it concerns perpetrators of criminal acts against sexual freedom and sexual morality committed against a child or underage person. An exception is made for institutions entrusted with education, nurture, nursing or care of children or minors, who are given access to the data, subject to a reasoned request. Treatment of sexual delinquents requires and deserves special attention. (Turkovic, Marsavelski, 2010)

According to universal understanding, adolescents who commit violence against children are a serious social problem. It is very important to develop strategies and procedures for intervention and treatment. Treatment accompanied by judicial measures (supervision, monitoring, reporting, prevalence of new sexual offences, supervision by probation officers) can reduce the risk of re-offending. Most popular and most applied therapy for adolescent sex offenders is cognitive behavioural therapy that includes relapse prevention as is used in the treatment of adults. In addition, family therapy, psychosocial intervention and possibly a pharmacological treatment, may also be used. The most important goal of the treatment is to reduce re-offending and to reintegrate the offender well into society. (Muzinic, 2010) Work with adolescents in Croatia is part of the programme development plan.

Founding and development of probation is underway in the Republic of Croatia. The idea of introducing a probation system has been initiated by the Prison System Administration. In work related to enforcement of prison sentence and in achieving its purpose (*...equipping person for living in community in compliance with the law and social rules*) professionals encounter insufficient support in social environments both during the enforcement of sentence and upon offender's release. It is not only about assistance and support in the process of rehabilitation of an offender but also about appropriate treatment of the victim and victim's family as well as the offender's family. By establishing probation, a special institution for treatment of offenders, conditions are created for an increased level of humanity, human rights protection and comprehensive treatment of both offenders and victims. However, this process must be accompanied by development of services in other institutions, bodies or associations. It is important to stress out that an offender, when

sentenced, is only temporarily isolated from the community and subsequently returns to the community. Expert treatment given during the sentence and assisting in the offender's reintegration into the community will significantly influence the risk of re-offending and safety of the community. Victims of criminal acts against sexual freedom and morality are in an especially sensitive category and issues of support, assistance and protection are very complex. Only through the networking of all departments and resources, can we reasonably expect to improve or enhance the situation in this area (Babic, 2010).

The authors hope that this publication facilitates agreement between professionals about such topical issues as sexual delinquency. This includes a range of issues from treatment to improved protection of the community. Thus, the authors recommend the publication to all experts who work with sex offences, delinquents and their victims. It is also recommended for experts who work in prevention and/or treatment, for students who are preparing for professions that require knowledge about sexual violence, as well as to citizens who, when well informed, directly influence safety of individual and of community. (Muzinic, Vukota, 2010)

This book contains quality information, which may directly influence the safety of individuals and the community. Given the abundance of multidisciplinary content, this book will certainly awaken a sense of responsibility and enlarge the capacity of all social agents to coordinate and integrate their response, potentially benefiting victims, perpetrators and the community at large. The goal of the book is to trigger interest by experts in clinics, practitioners and scientists to dedicate more of their work to this important field, resulting in reducing relapse and reoffence, as well as assisting victims of sexual violence.

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