A penological perspective on the treatment of child molesters in the prevention of recidivism

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This article looks at child molesters, the profile of child molesters, aspects that contribute to them offending, the role of therapists and the treatment process. It illustrates the role of the Department of Correctional Services (DCS) in the rehabilitation of child molesters. Data was collected by means of questionnaires and interviews with 20 respondents working as social workers within corrections. The general perception within the community is for these offenders to be locked up and for them not to reoffend when released. Although the Department of Correctional Services is responsible for and should play a vital role in the rehabilitation of child molesters, the community and other important stakeholders such as church leaders, teachers and social workers also need to help in this difficult process of change management among these sex offenders.

INTRODUCTION

Reports and articles of child molestation can regularly be found in the media. The Beeld (2009:1 & 2010:1) reported on the trial of a child pornography case in South Africa; nine adults stood trial on charges of molesting children and the possession of child pornography. The nature of child molestation manifests itself in different forms such as sexual harassment, sexual touching and having sex with a child (statutory rape). Although various therapeutic programmes and help are available to the victims of child molestation, the treatment of the real problem, the child molesters, is a neglected area in the fight against crimes against children. The imprisonment of child molesters is merely a temporary solution and only prevents this appalling crime during their incarceration. Sooner or later most offenders, including child molesters, are released back into society. Therefore, every effort should be taken to ensure that child molesters receive therapeutic interventions to break their deviant behavioural patterns after their release.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007, which came into effect on the 16th of December 2007, is an important development in the fight against crimes against children. Section 72 of the Act provides for the implementation of Chapters 1 to 4 and 7, dealing with the creation of statutory sexual offences and special protection measures facilitates efforts to fight sexual crimes against vulnerable groups, including women and children. It also calls for the holistic management of sexual offences by all role-players within the criminal justice system, including DCS.

Thus, the rationale behind this research based upon the mandate of the Sexual Offences Act, lies in the identified need for critical intervention strategies in the rehabilitation of child molesters to prevent them from reoffending. The White Paper on Corrections in South Africa (South Africa 2005:2) mentions a paradigm shift in the treatment and management of these offenders. Previously, these offenders were merely detained within a correctional facility to keep communities safe. The new trend is to rehabilitate these offenders in order to bring about change and for them to return to their respective communities as good citizens after their release. The Department of Correctional Services has developed policies to manage this category of dangerous offender. The Sexual Offences Act 23 of 2007 was welcomed in the approach to treating and managing child molesters and made a valuable contribution. It facilitated rigorous public debate and responses from victims and organisations supporting victims of crime. The aim of the Act is to strengthen the country’s efforts to fight sexual crimes against these vulnerable victims.

The role of the Department of Correctional Services in the rehabilitation of sex offenders is critical. Plaatjies (2008:239) states that the media often reports when someone on parole commits a crime of a sexual nature resulting in a public
outcry and the Department of Correctional Services is blamed for not adhering to its policies. A further aspect, according to McAlindden (2007:10), is the reality that child molesters and sexual offenders will eventually be released back into the community. The Department of Correctional Services needs to deal with this and needs to be proactive in order to support these offenders when they are placed back in the community. The question is whether the DCS is capable of rehabilitating these offenders as mandated in the White Paper on Corrections (South Africa 2005:2). Will child molesters be rehabilitated to such an extent that they do not reoffend? Ongoing therapeutic interventions with child molesters are important to prevent reoffending; it is easy for these offenders to fall back into their old habits. The ideal situation, for society, would be for child molesters to be detained indeterminably, and locked up behind barbed wire. However, it is inevitable that these offenders will be paroled and released, and then returned to the community. This is a reality communities do not really want to accept (McAlindden 2007:10).

All child molesters have individual differences and different levels of cognition, which necessitate different methods of behavioural intervention and treatment methods. The article looks at the profile of this group of offenders and identifies the characteristics of child molesters, risk factors causing them to offend, and finally explores the role of therapists in therapeutic interventions and the treatment process. The article gives feedback on the findings from data collected by means of questionnaires and interviews with 20 social workers on the role of the Department of Correctional Services in the rehabilitation of child molesters (Jonker 2011:18).

The standard minimum rules for the treatment of offenders is applied within this discourse and the question that is often asked is addressed namely; “Who are the people committing offences against children?” Another relevant and important guiding question is, “How do we effective treatment and long term cognitive change management of these offenders?”

DEFINITIONS
To clarify and operationalise concepts within a South African context is essential.

Child molester
A child molester is a person who has committed an indecent assault against a child or who has raped a child. Bartol and Bartol (2008:422) define a child molester as someone who has sexual contact with or sexually abuses a minor child. The term can also used to describe someone who has frequent sexual contact with children. Child sexual abusers are “adults who involve minors in virtually any kind of sexual activity ranging from photographing children in lewd poses, to [having sexual] intercourse with them” (Champion 2001:41).

Child molestation
Child molestation is a term used in general to describe the sexual abuse of children. For the purposes of this article child molestation can be described as a common-law crime which includes rape, indecent assault and incest. It is also a statutory crime where an indecent act is committed with a boy or girl under the age of 18 years. The law wants to protect the dignity and right to privacy of the child through legislation (Steyn, Grobbelaar & Snyman 1995:63).

Self-esteem and cognitive restructuring
Self-esteem is the person’s own evaluation of himself or herself. This evaluation arises from how that person perceives him or herself and can play a role in his or her behaviour. When speaking of cases of child molestation, it refers to the molester’s perception of himself or herself which is developed through the years and the role it can play in his or her molestation of children (Steyn 1999:13).

Cognitive restructuring can be applied as a paradigm to address self esteem issues and thinking errors in sex offenders such as blaming others, denial, justifying behaviour, lying, minimising the harm and damage caused by their actions, power play (Glick 2006:2-4). Cognitive restructuring implies that the sex offender’s emotions and behaviour can be greatly affected by what they think. Thus by changing the manner in which they think, they can consciously change their habits of what they say to themselves and what mental images they present to themselves. Whereas some programmes target historical, unchangeable factors, effective treatment that targets dynamic risk factors leads to a reduction in sexual recidivism (Beggs & Grace 2011). This includes assessing change in custody status, within an institution; assessing the extent of progress an individual has made in treatment and assessing whether a sex offender has made sufficient progress in an institutional treatment programme to release him to the community (Witt & Schnieder 2005:55).
Preparatory programme
According to the Preparatory Programme for Sexual Offences of the Department of Correctional Services (South Africa 2006), the offenders’ hope for the future is enhanced with this programme and they are prepared to live a life without crime. The main criteria are to address the sexual offending behaviour through acquiring relevant knowledge and skills. According to Marshall, Marshall, Fernandez, Malcolm and Moulden (2008:25) a preparatory programme takes a motivational approach where theoretical approaches are integrated to maximise effective treatment of sex offenders.

Restorative justice
According to Zehr (1997:20), restorative justice is “a process to involve, to the extent possible, those who have a stake in a specific offense and to collectively identify and address harms, needs and obligations in order to heal and put things as right as possible.” It is a process where offenders can be held responsible and accountable for the crimes they have committed, and repair the trauma caused to their victims, with the possibility of restoration of relationships between offender, victim, families and the community (Plaatjies 2008:33).

METHODOLOGY
A phenomenological paradigm (Huysamen 1994:165) was used for this study. This provided for an in-depth understanding of the child molesters’ formative years which led to this negative behaviour. Research shows that child molesters do not function in isolation and that their behaviour has an influence on their families and the community. They function in an integrated and interactive manner with their internal and external environment. Research by Hanson (2001:58) indicates that child molesters can possibly be rehabilitated when they are subjected to intensive, long-term therapy. However, they must adhere to intensive and continued programme participation during their incarceration and more importantly, still during their conditional release as part of their social reintegration. However, current interventions and programmes offered to imprisoned child molesters seem to be inadequate to reduce recidivism among these offenders after their release.

The empirical part of the study took place from April 2010 to April 2011 at selected prisons in Gauteng, South Africa (Jonker 2011:22). Information on the treatment of sentenced child molesters was collected from personal interviews as well as data gathered by means of a questionnaire completed by 20 social workers in Gauteng correctional centres. The social workers who were selected agreed to participate voluntarily. Great care was taken to ensure that prospective interviewees clearly understood what the research was about and that they had a choice about participating. Permission to conduct research was gained to conduct interviews and distribute questionnaires among social workers in the Department of Correctional Services and the informed consent of all participants was received in order to meet the ethical standards of this form of research. Interviews were also held with these social workers. Only correctional centres in Gauteng were included within the sample because of time and cost involved. However, all social workers in the Department of Correctional Services need to adhere to the same policy and service levels to be included in the sample.

The number of social workers in Department of Correctional Services at the time of the study numbered 473, but only about 400 were working directly with offenders; the remaining 73 staff was in managerial positions in the Department of Correctional Services. This creates a major obstacle in the treatment of sex offenders because of the shortage of specialised workers to work intensively with this category of offender. Their caseload of 400 social workers for a population of 162162 inmates implies that there are 405 offenders to every social worker (Jonker 2011:22). According to the Department of Correctional Services Social Work Policy (South Africa 2007:7), each social worker is required to carry a caseload of 240 offenders. This results in a heavy case load and that there definitely are too many offenders per social worker.

Responses to the questionnaires which were distributed to the respondents before the interviews were conducted, as well as responses from respondents during the interviews are summarised below per question (Jonker 2011:103):

In the first question the respondents were asked what the obstacles are in the treatment they have rendered to child molesters in order to determine what the challenges are for social workers when rendering services to these offenders. The following feedback was given:

• The child molesters are not easily identified from the general prison population; 80% of the social workers state that they do not have access to the records of offenders to enable
them to see which offender is serving a sentence for a sexual offence.

- The information that they sometimes obtain about the crime that was committed is not sufficient; they often need to request more information such as the presiding officers sentencing remarks. This can become a lengthy and time consuming process.

- All the respondents concur that these offenders try to maintain a low profile and do not want to participate in programmes because there is a stigma attached to this kind of offence. This finding is supported by other researchers (Prendergast 2004:3; Bartol & Bartol 2008:449).

- Another obstacle, according to all the respondents, is that some social workers working in correctional centres are not adequately trained to present a sex offender programme. Prendergast (2004:291) highlights the fact that therapists need to be trained in this specialised field. Some respondents said that because they have never specialised in this field, they feel that they are not equipped for this kind of therapy. Furthermore, there is no evidence that training is provided for support services by the Department of Correctional Services in this regard.

The following feedback was given:

- Illiteracy and language are two problems the social workers experience when rendering a treatment service to child molesters.

- Of the 20 respondents, 16 also experience that sex is an unmentionable topic for a female therapist in a correctional setting. It is difficult for some of the social workers to discuss certain sex issues with offenders; most of them are females who are working with male offenders.

- Sixteen of the social workers also respond that child molesters do not admit their guilt and will often deny their involvement in the crime. The admission of guilt is a prerequisite for successful rehabilitation and without it is almost impossible for cognitive restructuring to take place and to address and correct think errors among sex offenders (Marshall et al., 2008:26). Therefore, if child molesters do not accept responsibility for the crimes they have committed, they remain reluctant to change.

In the second question the respondents were asked what kind of therapy is done with child molesters. The question included an option of responses ranging from individual therapy, group therapy, both forms of therapy to or none of them. The Department of Correctional Services Social Work Policy is very clear in that social workers are required to use all the methods available to them to do effective counselling.

The following feedback was given:

- According to the responses, all 20 respondents conduct both individual and group therapy. They conclude that it is important to see most of the offenders individually to work on their individual problems. This is supported by current international practises in sex offender treatment (Witt & Schneider 2005:48)

The respondents were asked about access to treatment in question three and how child molesters are referred to them for therapy. This question aimed to determine how child molesters become involved in therapy.

The following feedback was given:

- Child molesters often ask to see a social worker. They do this through a complaints and request process where they register their need to see a social worker.

- A few of the offenders register for a programme to prepare themselves for when they see the parole board regarding their placement on parole.

- In certain prisons like Krugersdorp, Leeuwkop, Johannesburg and Boksburg, the parole board or the case management committee refers child molesters to social workers. The social workers then have to write a comprehensive report on the sexual offenders for consideration of placement on parole. In some of these cases, the unit manager refers child molesters for therapy after having worked through the case files.

- In a few cases, the court instructs that a particular offender must undergo a sex offender programme before release. The case management committee informs the social worker accordingly.

In question four, the respondents were asked if therapy is compulsory for child molesters. This question was asked to ascertain whether social workers force them to attend programmes, or not? The Social Work Policy of the Department of Correctional Services in this regard was also important for the study. According to the Social Work Services Policy (South Africa 2007:1) and the White Paper on Corrections (South Africa 2005:33), the following is stated regarding therapy for offenders: “The core function of
Social Work Services is to assess the offenders and provide needs based Programmes and Services in order to enhance the adjustment, social functioning and reintegration of offenders back into the community.” “Participation in programmes is voluntary, except those cases in which it is necessary to expect participation from a person in a certain programme (for example when the Court recommends...)”. According to the mission of the Department of Correctional Services, therapy for offenders is conducted on a voluntary basis, unless instructed with a court order.

The following feedback was given:

- Ten of the respondents said that offenders are not obliged to be involved in therapy.
- In some cases, according to two respondents, the parole board will only consider offenders for placement on parole if they have completed a sex offenders’ programme.
- One social worker replied as follows: “Involvement in social work programmes is a requirement of the Parole Board for all offenders irrespective of their crimes”.
- Seven respondents said that therapy is not compulsory but voluntary.

According to the responses, some social workers are confused as to whether therapy for child molesters is compulsory or voluntary.

The respondents were asked in question five if they are aware of any child molesters that were not involved in any treatment programme for their deviance.

The following feedback was given:

- Six of the respondents said they were aware of child molesters who had not received therapy.
- One respondent was not sure.
- Thirteen respondents said they were not aware of any child molesters who were not receiving therapy.

The variety of answers to this question can be ascribed to the fact that most social workers do not have access to computers or databases which provide information on all the sentenced child molesters.

In question six, the respondents were asked if they separate the child molesters from other sex offenders. This question was asked to determine if sex offenders are placed together in their treatment programmes.

The following feedback was given:

- Fewer than four of the respondents said they separate the child molesters from other sex offenders.
- Sixteen of the respondents do not separate them, because the number of child molesters is relatively small, and they cannot work with a group that is too small.

In question seven the respondents were asked if they conduct group therapy separately for different categories of sex offenders. This question was asked to indicate what is done and to see if it is important to separate them or not.

The following feedback was given:

- Only one social worker separates the different categories of sex offenders.
- Nineteen of the respondents include both child molesters and rapists in their sex offender programme. They find it very difficult to have only child molesters in a programme. According to experts (Prendergast 2004:3), it is not necessary to divide these types of offenders. It is mostly a good idea to mix rapists and child molesters, because they can learn from each others’ bad behaviour and how not to repeat it in the future.

Howard (2002:2), on the other hand, applies the Canadian programme, in which the different sex offenders are separated.

The respondents were asked in question eight to describe the treatment programmes that they apply for child molesters including the duration thereof, number of sessions and number of group members. This question was needed for qualitative analyses of the sex offender treatment available and implemented in corrections in South Africa.

The following feedback was given:

- Eight social workers do a three-month programme with 15 group members which consist of weekly one-hour sessions for three months.
- Eleven of the respondents do 12 two-hour sessions with 12 offenders.
- One social worker runs a programme with eight 35-minute sessions.

Although the treatment paradigm of DCS includes a sex offender preparatory programme it is not yet approved. It seems that social workers, at their own initiative and on an adhoc basis, conduct their own programmes individually, focusing on what they personally and from their own experiences, think is important. Social workers have contextualised and changed certain topics in the programme to try and make it more appropriate to the needs of their clients.
In question nine the respondents were asked how much time they spend on the treatment of child molesters.

The following feedback was given:
• Nine of the social workers said that child molesters do not admit guilt, thus it is their perception that they do not want to become involved in therapy. Research also indicates that without the child molesters’ participation and willingness to accept guilt, treatment is very unlikely to be successful (Glick 2006: 406). After an assessment is done, the social workers spend a lot of time in therapy with these offenders to help them gain insight into their problems/crime and the damage and harm they have caused. They spend more time on therapeutic interventions with child molesters than on less serious crimes (house-breaking). It can be necessary that follow-up interviews are conducted after the completion of programmes.

In question ten the respondents were asked what their opinion of the departmental treatment programme is.

The following feedback was given:
• Fifteen of the social workers said that the current programme is not effective. They are overworked and cannot work with sex offenders without specialisation in this difficult and complex area. It is not easy to validate the treatment programme, and they do not know if it has had an impact on the offenders who have been involved. It is their opinions that more research needs to be done and that the treatment programme needs to be reviewed and carefully assessed within the South African context. Child molesters need to be monitored and an evaluation of the progress made with child molesters needs to be done during their incarceration as well as after their release.
• Eleven social workers are of the opinion that they do not have a standardised programme; each worker compiles, adjusts and individualises the programme according to the needs of the group of participants. They also felt that they are not trained in this specialised field and feel insecure when dealing with sexual offenders in groups.
• One social worker was quoted: “It is a specialised field, and I am trying to work on cognitive distortions and improving empathy; does this really address the offending behaviour?”
• Six of the respondents also indicated that attention needs to be given to personality disorders. Some of these offenders may have personality disorders but these suspected problem area that further exacerbate treatment efforts can only be diagnosed and treated by a clinical psychologist.

The existing sex offender programmes in the Department of Correctional Services are not very effective according to the respondents. Much more research needs to be done towards improving the programmes and most importantly, Africanising them. Another negative of existing programmes is that no time is spent working on the denial these offenders experience or on addressing their cognitive distortions. Thus the need for cognitive restructuring treatment programmes. A further limitation in the current system is that programmes are not designed with the aim of measure the level of success of the treatment.

In question eleven the respondents were asked what constraints they experience when they conduct the preparatory programme. The programme focuses on the biological development of humans and the sexual response cycle. Triggers that lead to re-offending are discussed, as well as responsibility taken for their offences.

The following feedback was given:
• All the social workers are of the opinion that they need specialised knowledge pertaining to their work with child molesters. They require access to personal details, including the offenders’ background, history and personality disorders.
• According to all 20 of the respondents, not much is done to work on the child molesters feelings of denial, and little is done to help them gain insight into their behaviour and taking responsibility for their actions. The contents of the programme do not address the risk factors associated with child molestation. Personality disorders are also a concern, and social workers are not trained to treat these offenders.

There are many constraints, one of which originates from the lack of involvement by correctional officials (Jonker 2011:108). They do not support professional staff and obstruct the rehabilitation process by delaying or not bringing offenders to the social workers’ offices on time for the programme. Many of these officials leave offenders alone with social workers in their offices, instead of acting as a secure presence
and staying within range to offer assistance if they feel threatened. The social workers admit to feeling unsafe during group therapy sessions with sex offenders, and cannot focus on the programme they present. Furthermore, due to inherent cognitive distortions child molesters usually deny their involvement in the crime which makes it difficult to work with them. These child molesters do not trust the therapists easily, and it may take a few sessions before they trust the process enough to gain insight in their own problems. In addition, the current programme in Department of Correctional Services focuses more on treatment interventions for rapists than on child molesters.

In question twelve the respondents were asked what they would like to change in the treatment of child molesters.

The following feedback was given:

- Sixteen of the respondents indicated that they would like to have a standardised programme designed specifically for child molesters. They also need to get thorough training to work with child molesters and other sex offenders. If they believe they if they specialise in this area, they can deliver a more effective service. The programme must also be tailored to measure the prognosis of the offender and to ascertain whether it is successful or not. If offenders feel uncomfortable in a group session, the social workers must know how to assist them, and to rather involve them in long-term, individual counselling. Specific topics, for example, admitting guilt, empathy for the victim, how to prevent a relapse and gaining insight into the fact that children are not sex objects, need attention.

- All 20 of the respondents feel that the treatment environment needs to be user friendly. Correctional officials need to be educated in the importance of the rehabilitation process and how important it is for them to support such treatment initiatives. Both qualitative and quantitative measures need to be implemented such as more time for therapy sessions and additional qualified and motivated social workers are needed to have successful outputs. They express the need for intensive training which allows them to gain a better understanding of the prognosis for rehabilitation of child molesters, and more information on the people behind the mask who portray themselves as normal, acceptable and well behaved yet hide a secretive and dysfunctional persona.

The respondents were asked in question eleven if they know of statistics that are available on the levels of reoffending of child molesters in South Africa. This question was asked to see if there are measurements in place in the Department of Correctional Services to determine if child molesters reoffend.

The following feedback was given:

- More than 17 of the respondents are not sure about this, and say that they rarely know if offenders even have previous convictions.

- Three of the social workers request a SAP 69 from which they obtain information on previous convictions. Child molesters will not easily admit if they have a previous conviction of the same kind.

- One social worker said that she is currently treating a child molester who has a previous conviction of the same nature. According to her it is very difficult to work with child molesters, because they are in denial of their wrongdoing, and do not believe they need to change. Unfortunately the National Register for Sex Offenders has not been fully implemented. If it were, it would be much easier for social workers to track down child molesters’ previous convictions.

There is a need to have statistics available countrywide about sex offenders. If they reoffend, social workers and psychologists need to be able to source this information (Jonker 2011:109). Currently, there are no statistics available to professionals.

In question 14 the respondents were asked who they see as the role-players when child molesters are released from prison. They identified the following role-players Department of Correctional Services, social workers, churches, schools, non-government organisations (NGOs) like Child Welfare or the National Institute for Crime Prevention and the Integration of Offenders (NICRO) as well as the community.

According to the respondents, when child molesters are placed on parole the community corrections office is usually involved with the release. In some correctional centres there are social workers who can assist the offenders with continued programmes after release. In some correctional areas, the psychologist from the correctional center is able to deliver services to released offenders if they need help. Spiritual care workers or pastors from local churches are sometimes involved in supporting these offenders. The community and volunteers also assist the Department of Correctional Services in its task
to assist released offenders. In some cases, welfare organisations are involved in therapy for both offenders and their families upon release. The respondents were asked, in question 15, what aftercare and programmes are available to child molesters when they are released from prison.

The following feedback was given:

• All 20 of the respondents said that the social workers at the community corrections offices offer programmes and provide aftercare to offenders. There is also involvement from non-government organisations and National Institute for Crime Prevention and the Integration of Offenders to assist offenders with the reintegration process. Unfortunately, these services are not available at all the correctional centres in South Africa because of the limited number of social workers and psychologists employed by the Department of Correctional Services.

In question 16, the respondents were asked if there is any form of restorative justice when child molesters are released from prison.

The following feedback was given:

• According to all 20 respondents, the Department of Correctional Services is currently busy with the implementation of restorative justice principles in its programmes. However, the department needs to deal with some challenges before the principles can be successfully implemented. If restorative justice is facilitated prior to release; the request must come from the offenders. Furthermore, it can only be successfully implemented if the victims are willing to take part in this process. In this specific type of crime, it is rare that the victims willingly to participate.

GUIDELINES FOR TREATMENT IN A CORRECTIONAL SETTING

Before any treatment can begin, it is important for social workers to assess the offender in an attempt to get to know the person and gain a better understanding of this individual. This entails an assessment of the dynamic and static risk factors (those factors contributing to the criminal behaviour that can or cannot be changed through therapeutic interventions) to develop an understanding of or profiles of the client, as well as any personality or behavioural disorders they may be suffering from – in this case, the sexual offending. A thorough assessment must be carried out before any planning for the treatment of the offenders can be done. The question of contributory factors to the offending behaviour is also important. Why do these people commit these offences and do they seek help? What is their motive for their involvement in this therapy? Is it willingly, because they want to change their negative behaviour, or are they forced by the court to become involved in therapy, or for purposes of consideration for parole? Answering these questions can have an impact on the success of the intervention and whether they follow through and complete the therapy or not.

Another important aspect is that social workers in the Department of Correctional Services must be trained to present this type of programme (Jonker 2011:44). According to Prendergast (2004:4), social workers who work with child molesters but who are not trained in this field, feel scared and uncomfortable and cannot carry out successful therapy with them. One must take into consideration that child molesters are often manipulative with very strong defence mechanisms. Therapists need to understand interviewing techniques as well as treatment techniques that are used when working with these types of offenders (Bartol & Bartol 2008:448).

According to Prendergast (2004:123), the following specialised treatment techniques are used when working with child molesters:

• Individual or group techniques
• Verbal techniques in combination with psychotropic medication
• Rational emotive techniques
• Behaviour modification techniques
• Cognitive behavioural techniques
• Psychodynamic therapy
• Self-help groups
• Chemical or physical castration

First contact

Treatment starts immediately within the first session and continues until the very last session. The first session is usually a psycho-educational session, where what is expected from the offenders is clarified. The confidentiality between the offender and social worker is highlighted. Offenders receive a personal questionnaire which they have to answer. The roles and responsibilities of both the social worker and the offender need to be explained.

Interviewing principles

The social worker needs to be skilled and undergo specialised training to work with child
molesters. The social workers must understand the personality traits of child molesters. Treatment that produces positive results must be implemented. The social workers must know the defence mechanisms that these offenders have in place and how to deal with them. Defence mechanisms sometimes prevent child molesters from deriving any benefit from the treatment process. It is crucial for social workers to be trained to facilitate their communication with this group of offender and to listen to and pick up on cues which will improve the offender’s chances for treatment and change. The offenders’ psychological readiness for therapy or not will be evident in this phase (Prendergast 2004: 124-136).

Terms and conditions
Developing trust between the social worker and the offender is essential for successful therapy (Prendergast 2004:136). The child molesters must also know that there are certain rules to adhere to during the therapeutic sessions.

Group therapy versus individual therapy
Both individual and group therapy should be used when doing therapy with child molesters. Issues which emerge from group discussions can be followed up in individual sessions. A further technique of role-play can be successfully used to change behaviour.

Prendergast (2004:138) suggests that during group therapy the group members should include offenders with different offences; child molesters can create a defensive block against the therapist and make therapy difficult. It is best to include rapists as well as child molesters. However, this is contradicted by other researchers.

The following five Cs of treatment are also very important when doing therapy with these offenders (Bartol & Bartol 2008:625; Jonker 2012:46):

Confrontation
The social workers must be active, in control and confront the offender. The offender needs to be confronted with the reality and implications of the offence committed and the full impact it had on the victim and the community.

Cautions
Child molesters are manipulative, use defence mechanisms and are unpredictable. The social workers must be aware of these stumbling blocks to successful therapy and must be trained to deal with manipulation and they need to handle this challenge.

Confirmation
Child molesters often lie and facts need to be confirmed. This can be done when looking at the facts surrounding the offence, the SAP 69 or the remarks made by the court to corroborate or disprove information supplied by the offender. The offender can thus be challenged by the social worker and this can be brought into the therapeutic session.

Group therapy can be used to confirm what the offenders have done; child molesters sometimes confide in a fellow molester who can then give the information in the group.

Control
The social workers must be careful to stay in control of sessions and not let these offenders control the process. It is impossible to maintain control if the therapist becomes one of the group. The social workers role as a facilitator of the entire process must be clearly explained to all participants’ right at the beginning of the treatment process.

Consistency
Aftercare treatment is important and essential for these child molesters. If they do not have a support system, it is easy for them to suffer a relapse. A support system must be set up during their incarceration so that once they are released, they are secure enough and have the support to continue with ongoing therapy.

CHARACTERISTICS OF SEX OFFENDERS/CHILD MOLESTERS
In this article the characteristics of child molesters are examined for purposes of assessment and treatment of this category of offender within a correctional context. There are two kinds of patterns characterising child molesters, the obsessive-compulsive pattern or the impulsive versus compulsive pattern and distinctive characteristics.

Obsessive-compulsive disorder
When child molesters enter the criminal justice system, they have usually committed deviant sexual acts for a long time. Often the behaviour begins from late childhood to early puberty. Many are also diagnosed with obsessive-compulsive disorder (Hilarski & Christensen 2006:48).

“Obsession” can be defined as “an idea or impulse which persistently preoccupies an individual even though the individual prefers to be rid of it. Obsessions are usually associated
with anxiety or fear and may constitute a minimal or a major disturbance of or interference with normal functioning or thinking” (Beech, Craig & Browne 2009:211). It is thus the presence of an irresistible idea or urge tinged with emotion.

“Compulsion” can be defined as “the state in which the person feels forced to behave against his or her own conscious wishes and judgment” (Beech et al. 2009:212). It is an irresistible urge to perform an irrational act which is in conflict with the will.

The process can be described as follows (Prendergast 2004:8):

- The idea occurs, triggered by a traumatic incident and a fantasy follows.
- The fantasy persists, although there are attempts to get rid of it – obsession now exists.
- The obsession results in a fantasy that leads to the deviant idea, which becomes habitual and then compulsive.
- Over a period of time, this obsession is acted out in some form.
- When physical strength and body development increase, the behaviour becomes more in tune to complete the obsessive fantasy; the offenders are at their most dangerous point and will victimise someone if they are not detected.

Prendergast (2004:8) still believes that these offenders have a free will. However, it is compromised because of the dynamics which lead to the compulsive behaviour. Child molesters will easily promise not to repeat the offence, although they usually fail unless there is therapeutic intervention. Sometimes they even need to be removed from society. Compulsion is a characteristic of all sex offenders, especially child molesters.

**Impulsive versus compulsive disorder**

The difference between adult child molesters and adolescent child molesters is that adult offenders offend in a pre-planned manner and adolescent act impulsively. This is important because it becomes a predictor in treatment outcome. According to Prendergast (2004:16), most child molesters start their offending behaviour during late childhood or early adolescence. They are not caught and, if they are, they get away with it by manipulating untrained therapists. Early identification and detection of these individuals is essential for the effective prevention of further incidents of sexual victimisation.

**Distinctive characteristics of child molesters**

Previously it was believed that child molesters do not want to be helped. New research, however, shows that child molesters want to get help and understand their problem (Steyn 1999:234). Steyn (1994:3) gives information on the profile of child molesters as well as reasons of why child molesters offend. The following was found in Steyn’s research as well as in therapy done by Prendergast (2004:3):

**Family of origin**

In the family of origin the parents have intense conflict and domestic violence becomes part of their lives. Alcohol or drug abuse is usually part of their everyday life. Another concern can be single parents who do not show an interest in their children’s lives. They have too much work and too many worries, they do not have time or energy left for their children and may even reject them. The children experience feelings of not belonging and rejection which has an impact on the emotional developmental phase they are going through at that stage. Sometimes single parents are in relationships with people who could possibly be child molesters and who focus on these vulnerable families. Steyn (1994:5) conducted her study on stepfather figures who molest the children in their new families.

**Personal development**

Child molesters never develop their skills or personality to the fullest. In school they do not do well and have poor relationships with their peers and teachers. They never feel equal to their peers (Steyn 1994:10). An inadequate personality is the one trait which all child molesters have in common. They constantly measure themselves against others and feel that they are a failure. Prendergast (2004:20) mentions that these people almost “set themselves up to fail” later in their lives and that they have a tendency to change work regularly. They struggle to be responsible and do not take control in their lives.

**Marital and family life**

Child molesters usually experience problem relationships in their marriage as well as with other people. Their own framework of marital and family life is distorted, and they cannot use it as an example in their own lives. They are very manipulative and need to be in control of every situation. They control their partner and children, and allow very little space for their family’s initiative. They also manipulate a situation to keep control (Prendergast 2004:6).
Relational issues
Child molesters have an inability to be assertive, and are usually either passive or aggressive in their behaviour. They cannot relate to their peer group. When in school they do not have friends their own age; they are either the “leader” (because of being older and stronger) playing with younger children, or they are the “mascot” for elder children (they do not need to compete with them but are the “batboys” and do work for them).

According to Prendergast (2004:73), on the surface these people look sociable. However, they never become intimate with anyone and do not trust other people. When these offenders reach puberty they want to please their peers. This becomes a crisis as they do not develop relationships with other teenagers and they are tagged as “different”.

Problems in recreation time
These offenders never learn to keep themselves busy or become involved in hobbies or sports. They do not have any hobbies except watching pornography. The more they watch pornography, the more deviant their behaviour becomes (Prendergast 2004:78).

Sexual performance problems
Child molesters have strong performance needs. Sex is never for fun and enjoyment; it must have a purpose (Prendergast 2004:85). They masturbate compulsively and even if they have had sex, they can have a few masturbating sessions afterwards. They feel better about themselves after this by either proving something or by denying it. If they are rejected, punished or feeling lonely, the masturbation helps them feel good again.

Prendergast (2004:88) further concludes that some of the child molesters have an unrealistic “small penis” complex. These offenders sometimes confess in therapy that they have a small penis. This can be blamed on a lack of adequate sex education. It is important to note the importance they assign to this. A small penis makes them feel less of a man, unable to satisfy a woman and a failure, which justifies their deviant behaviour. They rationalise that they will become involved with people with small genitals – which in this case are children. Child molesters also have distorted sexual values and belief that sex equals love. Prendergast (2004:94) states that “this is the most destructive of all distorted values found in sex offenders”. When victims ask the question “why” regarding this sexual behaviour, offenders use the word “love” – e.g. “I’m showing you love” or “I want you to feel good because I love you”. They convince themselves that whatever they have done is because they love their victims.

Another trait of the child molesters’ behaviour is their deviant arousal patterns: when the compulsion is active the offenders cannot get aroused to a normal sexual stimulus but need their own deviant stimulus pattern (Jonker 2011:46).

Factors active in maintaining sexually offensive behaviour are as follows:
- Excessive arousal to deviant stimuli
- Deficient arousal to normal stimuli
- Lack of social skills (lack of assertive skills, lack of friendship skills, lack of sexual knowledge and skills)
- Lack of coping skills (low self-esteem, poor relaxation skills, inability to control impulses) (Prendergast 2004:98).

Low self-esteem
Child molesters do not believe in themselves and do not feel good about themselves. Other people do not accept them easily. Child molesters are exposed to a lot of negative messages. From their school performance, sport or relationships they always get negative messages. Their parents are never satisfied with anything these children do. When they get good marks, the parents will ask why the marks were not better. When they do well in sports, the parents want to know why they were not first or did not win. No matter what they do, their perfectionist parents are always dissatisfied (Jonker 2011:46).

This perfectionist behaviour becomes a barrier in the therapeutic process. Child molesters have an intense need to be accepted and will do anything to gain acceptance from the therapist (Prendergast 2004:99).

Exaggerated needs for control
Control is a dominant, constant factor in the crimes committed by child molesters. Prendergast (2004:48) discusses three avenues through which sexual deviates express their need to control another person:
- Using force and violence to express anger and hatred towards the victim through forced sexual acts.
- Using violence and terror by denigrating the victim through sadistic injury to genitals.
- Using seduction to satisfy their need for acceptance through seduction fantasies.

Rape is usually the outcome of this controlling behaviour. Unfortunately, this can end in murder.
because the satisfaction experienced from the feeling of being in control is short lived.

**Pervasive guilt and subjective judgment**

There is a difference between guilt and taking responsibility when working with child molesters or in dealing with their resistance to change. Their guilt was initiated mostly with hurtful things their parents said, and they can never forget it. The most damaging statement of all is: “I wish you were never born”. They often hear that they were not planned and their parents regretted that they were conceived, together with their inadequate personality, weak ego structure and low self-esteem, they experience guilt in everything they do (Jonker 2011:46).

These children hate themselves, and feel guilty when they fail or misbehave towards their already rejecting parents. Because this guilt is pervasive, it affects every level of the child molesters’ existence; therefore, a holistic approach is needed when treatment is considered (Prendergast 2004:58). Subjective judgment memories can be described as a trait which all child molesters have. These can be described as memories from the past which they learned from their parents or other authority figures, and memories from their adult self which they learned by their adult self.

Prendergast (2004:59) describes subjective judgement as follows:

- Subjective judgment is judgment about past behaviour, based on parent values which are not the values of the child.
- Perfectionism develops – failure is assured.
- Self-punishing behaviour is the outcome and influences motivation.
- Intense guilt persists and influences all aspects of their lives.
- The same behaviour in others is considered acceptable.

This is a constant no-win situation that the offenders experience. They see themselves in a negative light, despite all the positive things in their lives (Jonker 2011:47).

**SUMMARY**

The subject of sex offender rehabilitation has evoked much criticism. Some supporters of rehabilitation say that treatment is effective and reoffending after therapeutic interventions is reduced. Critics of treatment efforts maintain that treatment is not effective and that there is still reoffending among sex offenders who have attended treatment programmes. The importance of the community in the rehabilitation process is also highlighted as crucial. These offenders need a great deal of support and guidance when they are released. When they are realise they may relapse, they need to know where they can go for immediate help and support. NGOs such as NICRO or Khulisa, together with churches, play an integral role in this support. They will work in a multidimensional approach involving the offenders’ family and significant other and the community. The restorative justice approach should be encouraged in the rehabilitation process of sex offenders to ensure the involvement of those directly harmed and to restore the balance in the community (Jonker 2011:46).

According to the White Paper on Corrections (South Africa 2005:2) and the Social Work Services Policy (2007), rehabilitation of offenders is at the centre of all activities and is mandated by legislation. Offenders need to be rehabilitated by addressing their needs and problems. Unfortunately, the Department of Corrections is not fulfilling its obligation according to its stated policy in the rehabilitation of child molesters. A significant challenge is that rehabilitation is still voluntary and child molesters will not easily admit that they are guilty, so they will not attend therapy voluntarily. Child molesters rarely take responsibility for their actions; they do not reach out for voluntary help because they believe they did not harm anyone (Jonker 2011:46). This attitude makes it difficult to instigate and maintain therapeutic interventions for these offenders in order to ensure a good prognosis for change management and preventing a relapse.

**Endnote**

1 Research forms part of the masters’ degree study of Dina Jonker with Prof J Kriel as supervisor.

**REFERENCES**


Steyn, AME. 1999. 'n Kriminologiese analise van die manlike kindermolesteerder. Submitted in accordance with the requirements for the degree of Doctor of Literature and Philosophy in the subject of Criminology, University of South Africa, Pretoria.