

**THE ROLE OF THE DEPARTMENT OF CORRECTIONAL SERVICES IN THE  
REHABILITATION OF CHILD MOLESTERS**

by

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I declare that: **THE ROLE OF THE DEPARTMENT OF CORRECTIONAL SERVICES IN THE REHABILITATION OF CHILD MOLESTERS**, is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

D.C. JONKER

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## **SUMMARY**

This report is the result of a literature study and questionnaire which gave insight on the role of Department of Correctional Services in the rehabilitation of child molesters. Correctional Services has adopted a new approach, where offenders need to change their negative behavior and be rehabilitated. Corrections have a societal responsibility towards the community to guide the offender on his rehabilitation path.

This study was conducted to give a better understanding of rehabilitation to child molesters. It seems that child molesters will re-offend if they are not included in a thorough treatment programme. The purpose of this research is to determine if the Department of Correctional Services delivers on its legal and social responsibility towards the rehabilitation of child molesters. It is evaluated against international benchmarks.

In this study the researcher gathered information on the profile of a child molester, the programmes currently available in Correctional Services, and also the involvement of the community in this process. Corrections cannot work alone, and needs the help of the community and leaders in the community to assist it in this process.

Correctional Services faces many challenges in order to succeed in the rehabilitation of offenders. Currently there is a shortage of social workers and psychologists in the Department of Correctional Services, and the Department cannot, therefore, fully succeed in its rehabilitative role. Another aspect is that treatment is voluntary, and offenders can decide if they want to become involved or not. Only if the judge decides that the offender must be included in therapy, can he be forced to do so.

## **KEY TERMS**

Correctional Services; White Paper on Corrections; rehabilitation; re-offending; treatment programmes; social workers; psychologists; children; child molesters; sex offenders; community; community reintegration; offender; victim; restorative justice; policies.

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## **CHAPTER 1**

### **OVERVIEW OF THE STUDY**

#### **1.1 INTRODUCTION AND BACKGROUND**

The political changes which started in 1990 had an impact on the old prison system. The primary function of the Prison Services was to keep offenders in safe custody until they were released. In 1991 the Prison Services was separated from the Department of Justice and became the Department of Correctional Services. After a long path the White Paper on Corrections was released in 2005. The White Paper focuses on the rehabilitation of offenders and their humane treatment (2005:2).

Reports of child molestation in the media have become commonplace. One of the most recent trials in this regard in South Africa, is the child porn case reported in *Beeld*, where nine adults stood trial on charges of molesting children and child pornography (2009:1); (2010:1). The nature of child molestation manifests itself in various forms such as sexual harassment, sexual touching and having sex with a child –the latter being statutory rape. Although there are various therapeutic programmes and help available to the victims of child molestation, the treatment of the real problem, the child molester, is lagging far behind. The mere imprisonment of child molesters provides temporary prevention of this despicable crime to society. It is common knowledge that sooner or later most prisoners (including child molesters) are released into society. Therefore, all efforts should be made to ensure that child molesters do not continue with their practices after release.

During imprisonment, child molesters should be subjected to treatment interventions which are directed towards the behaviour modification of sex offenders in general and child molesters in particular. Furthermore, child molesters should also be subjected to continued treatment interventions during their conditional release.

Child molestation as a crime phenomenon covers a wide spectrum of scientific knowledge which can only be incorporated in this study in terms of a focused literature review. Therefore, the intention of this study is not to cover the phenomenon of child molestation in its entirety, but rather to focus on elements of the phenomenon per se. The focus of this study is to conduct an investigation into the role of the Department of Correctional Services in the rehabilitation of the child molester. As such, the focus of this study is to analyse aspects such as the obligations of – and current treatment interventions practiced by – the Department of Correctional Services in respect of child molesters in particular. International practices are also discussed in this study, to provide a benchmark for good correctional treatment programmes for child molesters.

According to the researcher's own personal experiences when working as a social worker in Correctional Services, programmes for child molesters were not implemented and the policy was very vague on service delivery and treatment of these offenders. The White Paper highlights the importance of rehabilitation to all offenders, and Correctional Services needs to play its role in this process.

## **1.2 DEMARCATION OF THE STUDY**

In pursuing the rehabilitation of offenders, a needs based approach should be applied. Current social work policy in Correctional Services highlights the importance of

rehabilitation of offenders in Correctional Services. It states: “It is through rehabilitation that this Department can respond to its obligation of providing services to ensure that those who are convicted for contravening the law ... will ultimately leave the correctional centre as a law-abiding, responsible and productive citizen” (Department of Correctional Services Social Work Services Policy, 2007:1). Rehabilitation of offenders must be done while taking the needs of offenders into account. The social work policy provides guidelines and standards to ensure effective practice of social workers in the Department of Correctional Services. One objective of this policy is to provide needs-based programmes and services to special categories of offenders. The policy principles link with this, and can be described as acceptance of all offenders, availability and accessible services to all offenders, quality services, confidentiality, consultation, interventions, partnership, referrals and recording.

The said social work services policy is implemented nationally and every social worker in the Department of Correctional Services needs to adhere to this policy. It is monitored by head office, the regional offices, the Area Commissioners’ offices, as well as each correctional centre. According to this policy, the social work programmes which are rendered must be quality assured and accredited. The social workers need to be trained to render these programmes. Programmes which must be rendered to offenders are substance abuse, aggressive behaviour management, marriage and family care, life skills and the sexual offender programme. The focus is on sexual offenders – and not only rapists or child molesters. These both form part of the sexual offender programme. The Deputy Director: Social Work Services said in an interview with the researcher, that the sexual offender programme which the Social Work Services aims to use has not yet been approved by the Department of Correctional Services. The social workers make use of certain parts or extracts of the programme, but it is not finalised or approved.

Demarcation of literature review

The study did not focus on all categories of sexual offences, but specifically on child molesters.

The researcher limited the empirical research to interviews with social workers working in the Gauteng Department of Correctional Services.

### **1.3 RATIONALE AND MOTIVATION FOR THE STUDY**

The researcher worked as a social worker in the Department of Correctional Services for more than ten years. It was during this period that the researcher realised that sexual offenders need specialised rehabilitation programmes in order to reduce their tendency to re-offend. After attending several workshops (offered by the Child Abuse Treatment and Training Centre as well as social workers in private practice), it became clear to the researcher that child molesters have an unique profile which requires specialised treatment.

The rationale behind this research lies in the need for the successful rehabilitation of child molesters to prevent them from re-offending. A reduction in re-offending indirectly result in a reduction in crime.

The White Paper (2005:2) mentions that there is a change in how offenders are dealt with. Previously, they kept the offenders in prison to keep communities safe, but the new trend is to rehabilitate these offenders to become good citizens after release. Policies and documents have been developed to manage dangerous offenders such as child molesters. The Sexual Offences Act was welcomed (South Africa, 2007), and caused public debate – and also an emotional response from victims and organisations which supports the

victims of crime. The Act helps to focus on the country's effort to fight sexual crimes against children as a very vulnerable group.

The role that the Department of Correctional Services plays to rehabilitate these offenders, is important. Plaatjies (2008:239) mentions that the media often reports when someone on parole commits a crime of sexual nature, and will blame the Department of Correctional Services for not adhering to its policies. A further aspect, according to McAlindin (2007:10), is the reality that child molesters and sexual offenders are released back into the community, and the Department of Correctional Services needs to deal with this and plan what it can do to support these offenders when they are placed back into the community. To ignore this can cause havoc, and it is better to work on solutions with the government, to help these offenders and to reduce their recidivism rate.

The purpose of the study is to investigate whether the Department of Correctional Services adheres to its policy and the White Paper on Corrections, which emphasises that rehabilitation is of the utmost importance. Child molesters in many societies are a subject of trouble/burden, with normal codes, taboos, norms and expectations and these offenders are seen as evil, by societies, and they have no tolerance of them (Bartol & Bartol, 2008:388). It is common knowledge that these offenders are released and placed back into their community after completing their sentences. The question is whether the Department of Correctional Services rehabilitated them as laid out in its White Paper and Policy on corrections (2005). The question is whether child molesters will be rehabilitated to such extent that they do not re-offend.

Sexual assaults against children are all too common, and the long term-psychological effects of these victimisations are devastating (Bartol & Bartol, 2008:446). Treatment of child molesters can be successful, if there are programmes available and if continuous monitoring and supervision is part of the treatment process (Bartol & Bartol, 2008:448).



The child molester sometimes ends up in prison, where he is in the ideal situation to receive intense therapy for his problem. Unfortunately there are some obstacles in the way.

Firstly, the child molester is in denial, and does not have insight into his problem. This hinders his progress to rehabilitate. Secondly, the social workers working in the Department of Correctional Services are not trained or equipped to work in a therapeutic way with the child molester. The child molester is sometimes involved in programmes, but it does not resolve his emotional problems which led to the molestation.

One must ask the question if it is not better to rehabilitate the already-known child molester to not re-offend, rather than only doing crime prevention with people about whom there is no evidence that they can offend. The researcher hoped to find an answer to this by the end of the research study.

#### **1.4 PROBLEM STATEMENT AND RESEARCH QUESTIONS**

Child molesting is a problem that is increasing worldwide (Schurink 1996:6). The literature indicates that child molestation is a large problem, and the question is why this specific problem is not yet solved and why it is actually becoming worse. If child molesters are not rehabilitated or led to change of behaviour during sentence the reality is that their release will pose a risk to children.

Children who are molested experience negative emotions and problems in their lives due to this molestation, and it has a negative influence on their lives. Psychological problems also surface in these childrens' lives (Carl, 1987:53; Rech & Jahn 1989:34).

Therapeutic programmes are available for the victims of child molestation, but although all these programmes are available, the real problem is not dealt with in depth – namely, the offender or child molester (Steyn 1999:3).

If the responsible community wants to get rid of this problem, they need to look where they can start to deal with this sickness. It is important to give attention to the child molester to help prevent re-offending after release from the prison. Gilgun and Conner (1989:249) motivate that attention must be given to the profile of the child molester to get a better picture of his problem. If this problem of molesting children can be treated, the hypothesis can be made that a child will not be molested again by the rehabilitated child molester. Child molestation is a serious crime, and the offenders end up being imprisoned for long periods of times. Correctional Services has a moral and legal obligation to rehabilitate these offenders and reduce the risk of re-offending. According to Prendergast (2004:123) and Osborn (2007:6), child molesters can be rehabilitated when they are subjected to intensive long-term therapy and continued programme participation during conditional release as part of social reintegration.

There are challenges facing Correctional Services on delivering its moral and legal obligation. According to Department of Correctional Services Head Office, two programmes are available for sex offenders: one is a preparatory programme presented by trained correctional officials and consists of basic information on sex offending. The therapeutic programme is not approved by the minister of Correctional Services yet, so the social workers present programmes for sexual offenders, based on programmes from previous training. These programmes are not standardised.

Another challenge facing the Department of Correctional Services is the insufficient number of social workers and psychologists available in the field to render these services. The Psychology Directorate is currently not functioning well, and the last count, done in 2008, showed that, countrywide, there were only 36 psychologists available in the Department of Correctional Services. Social workers in the Department of Correctional Services numbered 473 on 31/05/2011, but not all render services to offenders. There are 241 correctional centres/prisons in South Africa, and the number of offenders was 162 162 on 28/02/2011. There is therefore one social worker for every 343 offenders, and this makes effective service rendering very difficult. The caseload of social workers is supposed to be 240 offenders per social worker. There are too few social workers to perform effective services and programmes to offenders.

Another challenge is posed by interventions done by Correctional Services during social reintegration of child molesters after release. Not all social workers refer these released offenders to other therapists/Non Government Organisations. They rarely monitor or supervise them, due to their own caseload, and sometimes there are no social workers available at community corrections.

Current interventions and programmes offered to imprisoned child molesters are inadequate to reduce recidivism among these offenders after their release.

The researcher intended to test the above assumption by collecting and analysing information related to the core research question for this study, namely:

**To what extent does Correctional Services deliver on its social and legal responsibility towards the rehabilitation of incarcerated child molesters?**

The core research question can further be divided into related sub-questions, namely:

- Does the mandate of Correctional Services sufficiently cater for the rehabilitation of child molesters?

- Is there a clear, written, legal and policy framework in place which spells out the role of the Department of Correctional Services in the rehabilitation and social reintegration of child molesters?
- Are there programmes available which are specifically aimed at the rehabilitation of child molesters?
- Are these programmes appropriate, and benchmarked with international best practice?
- To what extent is Correctional Services geared, in terms of resources, to provide the required services to child molesters?
- What are the realities and challenges that Correctional Services is facing with regard to the rehabilitation of child molesters?

This study was aimed at creating a theoretical framework for the treatment of child molesters. The study also aimed at gaining a better understanding of the specific role that the Department of Correctional Services could and should play in the rehabilitation of, and a reduced recidivism rate among child molesters.

## **1.5 PURPOSE OF RESEARCH**

The purpose of the research is to determine to what extent Correctional Services delivers on their social and legal responsibility towards the rehabilitation of child molesters, as evaluated against international benchmarks.

## **1.6 OBJECTIVES OF THE RESEARCH**

The objectives of the study are:

- to describe and analyse the social and legal responsibilities of Correctional Services towards the rehabilitation of child molesters.
- to analyse Correctional Services' service delivery with regard to the rehabilitation of child molesters in terms of international benchmarks.
- to make recommendations aimed at improved service delivery towards the rehabilitation and social reintegration of child molesters.

## **1.7 KEY TERMINOLOGY**

### **DEPARTMENT OF CORRECTIONAL SERVICES**

Correctional Services is an arm of the State and wants to ensure that the vision of correction contributes to nation building (White Paper on Corrections , 2005:12).

### **CORRECTIONAL OFFICIAL**

Every correctional official is a potential rehabilitator, and every person in the care of the DEPARTMENT OF CORRECTIONAL SERVICES may become a law-abiding citizen through correction (White Paper on Corrections, 2005:12).

## **CORRECTIONS**

This includes all facilities, programmes, procedures, personnel and techniques concerned with the intake, custody, supervision and treatment of offenders (Schmallegger, 2005:G6).

## **CORRECTIONAL CENTRE/PRISON**

This is any place established under the Correctional Services Act 111 of 1998 as a place of reception, detention, confinement, training or treatment of persons under protective custody to which any such person has been sent for the purpose of imprisonment, protection, detention, labour or treatment.

## **CHILD**

A 'child' refers to a person from birth to 18 years old (Children's Act, 2005:20).

## **CHILD MOLESTER**

A person who has committed an indecent assault against a child, or who rapes a child, can be described as a child molester. Bartol and Bartol (2008:422) define a child molester as someone who has sexual contact or sexually abuses a minor child. It can also be someone who has frequent sexual contact with children.

## **CHILD MOLESTATION**

Child molestation is a vague term which is commonly used to describe sexual abuse of children. For the purposes of this study, 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

eighteen years. The law wants to protect the dignity and right to privacy of the child, through legislation (Steyn, Grobbelaar & Snyman, 1995:63).

## **SELF-ESTEEM**

Self-esteem is a person's perception and evaluation of himself and the roles they fulfil. In this case it is the child molesters' perception of himself, which is developed through the years, and how it can play a role in molesting children (Steyn, 1999:13).

## **HELP**

It is a learned service given to individuals or a group, to improve their social functioning. The child molester will receive help to give him insight into his problem and negative behaviour, so that he can understand why he molests children, and change this into positive behaviour which will prevent him from re-offending (*Social Work Dictionary*).

## **CORRECTIONAL COUNSELLING**

Van Voorhis, Braswell and Lester (2004:41) define correctional counselling as counselling which takes place in a correctional setting where one's client is a criminal. It is an intensive, purposeful and interactive process between a counsellor in a correctional environment and a client who has been found guilty of committing a crime.

## **PRISONER/OFFENDER**

According to the Correctional Services Act, it is any person, whether convicted or not, who is detained in custody in any prison, or who is being transferred in custody, or who is en route from one prison to another prison.

## **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).

## **SOCIAL WORKER**

A social worker is a professional person who helps people to improve their social wellbeing or functioning (*Social Work Dictionary*,1984:34 ).

## **REHABILITATION**

Rehabilitation can be described as change. Offenders must realise that their previous behaviour was wrong, and if they can show remorse there is a possibility that they can change. It is not a once-off event – it should be regarded as a process (Cilliers & Kriel, 2008:62). Rehabilitation can also be described as treatment, intervention, correction, development and reform (Edgar & Newell, 2006:11). Luyt (2003:31) also highlights the element of healing, as there is a need to prepare offenders for reintegration.

## **1.8 RESEARCH METHODOLOGY**

### **1.8.1 PARADIGMATIC PERSPECTIVE**

In this research, the phenomenology paradigm is used. This is an in-depth understanding of the child molester’s formative years which led to this negative behaviour. The child



molester does not function alone, and his behaviour influences other people who are around him, including his family and the community. He functions in an integrated and interactive manner with his internal and external environment

### **1.8.2 THEORETICAL ASSUMPTION**

Research indicates that child molesters can be rehabilitated when they are subjected to intensive, long-term therapy and continued programme participation, during conditional release, as part of their social reintegration. However, current interventions and programmes offered to imprisoned child molesters are inadequate to reduce recidivism among these offenders after their release.

### **1.8.3 CENTRAL THEORETICAL STATEMENT**

Exploring and describing the role of the Department of Correctional Services in the rehabilitation of the child molester will provide a framework which can promote the rehabilitation of imprisoned child molesters, and reduce recidivism among these offenders after their release.

Demarcation/limitation of studies:

The research took place from April 2010 to April 2011 at selected prisons in Gauteng, South Africa. Information on the treatment of sentenced child molesters was collected from the social workers in Gauteng correctional centres, and involved the permission of the Department of Correctional Services as well as the relevant role players. Interviews were also conducted with these social workers.

Only correctional centres in Gauteng were used, because of time and cost involved. All social workers in the Department of Correctional Services need to adhere to the policy and service levels of Corrections. There was some difficulty in including psychologists

in this study, because the post of Director: Psychology Services had been vacant since 2008, and the Department of Correctional Services was not able to assist the researcher with information on their services.

#### **1.8.4 METHODOLOGICAL ASSUMPTION**

The researcher studied the Gestalt theory, where a person is viewed in a holistic way. Many social workers in Correctional Services are using this method in therapy. The focus is on the relationship between the therapist and the offender, and the experience in the current moment. The focus is on the 'here and now'. Every individual must be considered in the context of his environment. The focus is on the current problem – namely, the molesting of a child. His past will only be used to solve his problem.

#### **1.8.5 RESEARCH DESIGN**

According to Hagan (2000:68), a research design is the plan or blueprint for a study, and includes the 'who', 'what', 'where', 'when', 'why' and 'how' of the investigation. A qualitative, descriptive, exploratory and contextual design was followed in this study.

The study was based on a qualitative design, where information on the role of Correctional Services, with regard to the rehabilitation of child molesters, was collected by means of a literature review and semi-structured interviews with social workers working in correctional centres in Gauteng. The design is explorative, and attempts to explain the role and responsibility of Correctional Services in the rehabilitation of child molesters. It is also descriptive, and information was collected on what Correctional Services is currently doing in terms of the rehabilitation of child molesters. The collected information was contextualised and benchmarked against the backdrop of good practice in other countries, regarding the rehabilitation of child molesters.

This research looked at the exploration and description of the role and social responsibility that the Department of Correctional Services has in the rehabilitation of child molesters. It also involves the identification of therapists working with child molesters in prison. Data gathering was through semi-structured, phenomenological [an approach that concentrates on the study of consciousness and the objects of direct experience (*Concise Oxford English Dictionary*)] interviews and a questionnaire, with these therapists. A literature control was conducted in order to verify findings.

### **1.8.6 RESEARCH STRATEGY**

A phenomenological/appreciative inquiry strategy was followed, and can be described as the structure of experiences of a group of people. In this study, a questionnaire was given to social workers, whereby information on their experiences and work with child molesters was gathered. They were also interviewed, to obtain a better picture of the role they play in the rehabilitation of child molesters.

### **1.8.7 ETHICAL MEASURES**

This research was guided by the ethical aspects set out in the Unisa Standards. The ethical code of conduct for correctional officials as well as the ethical code for social workers, was adhered to. The following guidelines were followed in this study to ensure compliance with ethical measures:

- The right to privacy, confidentiality and anonymity was ensured through the following:

The findings of the research have been communicated in such way that data cannot be linked to a specific social worker. All data and information obtained has been treated as confidential and therapists will stay anonymous.

- The right to equality, justice, human dignity and protection against harm

The research has been planned and executed in such a way that will be beneficial to, and excluded the exploitation of, social workers.

- The right to freedom of choice, expression and access to information

Therapists' involvement was voluntary, and they could withdraw or terminate participation at any stage, without fear of prejudice. Therapists were informed of the purpose of the research, methods and procedures, recording of data, duration, nature of participation, and the possible advantages and benefits of the research.

- The right of the community and the science community

The quality of the research was ensured through high standards of research planning, implementation and reporting. The researcher stayed neutral and unbiased through the 'bracketing' of her own views and experiences. The research was done honestly and without manipulating of any data. Conclusions are justified and findings reported fully. The social workers' input has been acknowledged. Acceptable procedures and methods of science were used.

### **1.8.8 TRUSTWORTHINESS**

Lincoln and Guba (1985:289-291) are of the opinion that trustworthiness will be maintained by using strategies of credibility, applicability, dependability and confirmability.

### **1.8.9 DATA COLLECTION**

The exploration and description of therapeutic programmes for child molesters in South African prisons were done in this research. This involved the identification of social

workers, meeting the sampling criteria, and in-depth, semi-structured, phenomenological interviews and questionnaires with them. Field notes and observations were recorded, and data analysed. A literature control was conducted to verify the findings.

## **1.9 POPULATION AND SAMPLE**

The targeted population was identified as social workers who worked in prisons in Gauteng. Specific elements were included in the sample – this is called ‘purposive sampling’ (Strydom & De Vos, 1998:198).

### **1.9.1 Sampling criteria**

The researcher randomly selected social workers in the Department of Correctional Services in Gauteng Correctional Centres, because Gauteng Province is the smallest geographic area with the most prisons per square kilometre. In addition Gauteng was selected due to considerations of cost. The policy for social workers is implemented nationally and every social worker in the Department of Correctional Services needs to adhere to this policy.

There were 20 social workers who participated from several large Correctional Centres. The specific Correctional Centres should not be mentioned because it may contribute to identification of participants which researcher wish to avoid.

### **1.9.2 Data Collection**

Data was collected by means of semi-structured, in-depth phenomenological interviews, and a questionnaire (Annexure A)

Request for participants to participate was done in collaboration with the Director: Social Work Services in the Branch Development and Care, Department of Correctional Services.

## INTERVIEWS

Individual interviews were conducted, where questions were asked in a structured way. Some questions in the questionnaire were discussed in detail. Both the researcher and social workers participated in this process. The researcher had semi-structured interviews together with the questionnaire which contributed to the exploratory research method.

## QUESTIONNAIRE

Some questions were open and some closed, in the questionnaire. A response rate of 80% was achieved, which can be described as good.

## DOCUMENTATION

Magazines, newspapers, media reports and information on the internet were collected and integrated into the data that was available.

## LITERATURE REVIEW

According to Babbie (2004:113), the literature review should answer questions. The researcher conducted a literature search to build theory and to determine what information is available on the topic. The literature study was a formulation of research questions. Books, relevant government documents, unpublished dissertations, theses, treatment programmes and an Internet search have been studied to contribute in the exploration of the specific topic.

### **1.9.3 Data Analysis**

The data was broken down into manageable themes and patterns. According to De Vos (2002:239), data analysis brings order, structure and meaning to the collected data.

While busy with interviews, the researcher already began to analyse the redesigning of questions to focus on the central themes of the interviews. Qualitative data analysis took place, and the meaning of peoples' everyday lives was looked into.

Bless and Higson-Smith (1995:143) point out that after data has been analysed and the findings have been stated on the basis of qualitative analyses, the procedure and the findings must be thoroughly and critically reviewed to identify any errors of measurement, bias and mistakes that could distort the description of the aspect of social reality under the study.

The data was analysed as follows: the researcher read and re-read the field notes from the participants. The data was then classified into simple content categories, the researcher read the field notes again to test, revise and refine the gross classification. All the data were put together and sorted into themes.

### **DATA RECORDING**

Interviews were not audiotaped, as permission to do so have not been granted by the Department of Correctional Services. The researcher took notes during the interviews; these notes were transcribed verbatim, and the results were analysed. Field notes were taken, and were recorded soon after the interviews took place.

## **1.10 VALUE OF THE RESEARCH**

### **1.10.1 VALUE FOR SCIENCE**

In South Africa, this particular field has not yet been explored to its fullest extent. The scientific fields of offender rehabilitation and social services as well as communities can benefit from this research:

- Value for offender rehabilitation: The outlining of the current programme in the Department of Correctional Services, as well as the recommendation made by this research, can assist Corrections in their rehabilitation process – which can lead to a possible reduction in the number of child molesters who re-offend.
- Value for social services: There could be a possible reduction of the number of children who are victims of molestation. If only one child can be helped through this research, and not become a victim of a child molester, the research will have been worthwhile.

### **1.10.2 VALUE FOR SOCIETY**

Child molestation is a growing problem (Bartol & Bartol, 2008:389) which needs urgent attention. This type of crime is very sensitive, and a person who is found guilty of such an offence is stigmatised by the community. Recommendations are made in this study which can promote the successful reintegration of child molesters into the community after release. The community loathes this type of crime, and wants it to be resolved.

### **1.10.3 VALUE FOR THE ADMINISTRATION OF JUSTICE IN SOUTH AFRICA**

From the literature (Bartol & Bartol, 2008:389; Prendergast, 2004:3; Steyn, 1999:234; Champion, 2001:41), it is clear that the child molester has specific problems and needs. The child molester can receive help for his specific problem while in prison, and when he is released he will have the skills to cope better in situations – the result of which will be



a reduction in the possibility of re-offending. One of the aims of Corrections is to rehabilitate offenders (White Paper on Corrections, 2005:21, 24).

The number of victims will be reduced, and the already overcrowded prisons will have fewer offenders who have re-offended.

## **1.11 CONCLUSION**

This chapter introduced the topic of the role of the Department of Correctional Services in the rehabilitation of child molesters. In the rationale and problem statement, the ability of Correctional Services to fulfill its role towards the rehabilitation of child molesters was questioned. The assumption was made that current interventions and programmes offered to imprisoned child molesters are inadequate to reduce recidivism among these offenders after their release.

The paradigmatic perspective of the research was described, as well as the research design, strategy and methods. In Chapter 2, the focus is on the profile of the child molester. The treatment of the child molester is also described by means of a penological perspective on the treatment of child molesters, the role players in the treatment of child molesters, and correctional practices for the treatment of child molesters.

In Chapter 3, the role of corrections in the rehabilitation of child molesters is discussed and benchmarked against international standards' good treatment programmes for sexual offenders, and child molesters in particular. Chapter 4 focuses on the analysis and interpretation of empirical findings, and in Chapter 5 a summary, conclusions and recommendations of the research findings are given.

## **CHAPTER 2**

### **PENOLOGICAL PERSPECTIVE ON THE REHABILITATIVE TREATMENT OF OFFENDERS WITH PARTICULAR EMPHASIS ON IMPRISONED CHILD MOLESTERS**

#### **2.1 INTRODUCTION**

The focus of this chapter is to discuss the rehabilitative treatment of offenders, and in particular, imprisoned child molesters, from a penological perspective.

The retributive approach towards punishment is described by Terblanche (1999:240) as an approach according to which the offender must be punished to prevent him from committing further crime, and therefore the offender needs to be rehabilitated. When the offender is sentenced to imprisonment, the community will be satisfied that justice has been done, and feels safe because the criminal is removed from society. Ultimately, this criminal will go back to the community and often re-offend, because in prison they rarely learn anything from the crime that has been committed. Fortunately, this antiquated approach, where offenders were only locked up for safekeeping, has changed. The Department of Correctional Services locked up offenders and gave little attention to their rehabilitation. The criticism of this old approach has led to a change in corrections – namely, a new focus on safekeeping and rehabilitation (White Paper on Corrections, 2005:4).

With the White Paper on Corrections (2005:4), prisons became correctional centres of rehabilitation, and a second chance is given to offenders to change their negative behaviour. There is provision made for corrective behaviour by the provision of programmes to address the offending behaviour (White Paper on Corrections, 2005:39).

The advantage of imprisonment is to remove criminals from the community so that the community feels safer. Imprisonment also provides the opportunity for treatment and the rehabilitation of offenders. Where there are psychologists and social workers available in a prison, they can also help offenders to deal with their emotional and psychological problems. In a rehabilitation-based correctional system, the uneducated and low-educated offenders are motivated to finish school while in prison, and religious support is also available inside prison. Where programmes exist, offenders are guided towards insight into their problems and the wrong of criminal behaviour. According to information gathered from the Department of Correctional Services, there are only a limited number of psychologists available. In 2008 there were only 36 psychologists available for more than 160 000 offenders, and the Directorate: Psychology Services has been vacant since 2008. This will have an influence on both service rendering and the legal responsibility regarding the rehabilitation of child molesters.

There are also many disadvantages of imprisonment. Some of these are as follows:

- It is expensive to keep offenders in prison.
- The offender's family experiences financial difficulty if it is the breadwinner that is in prison.
- The relationship with their families gets stressed because of a lack of contact.
- Boredom
- Gangsters in prison
- Negative influence from other inmates.

Correctional Services realised that they needed to look at behavioural change from the offender, to succeed in their goal. Previously, prisons were seen as “breeding grounds of criminality, places of punitive authoritarianism and backwaters of everything despised by society” (White Paper on Corrections, 2005:4). Offenders are now given a second chance to become ideal citizens of South Africa. Rehabilitation becomes a very important part of Corrections. Cilliers (2008:62) states that “when discussing punishment, we must obviously consider not only the community and the criminal’s victim, but also the offender, who is after all, a fellow human being and an inseparable part of social reality.” The offender must be treated rather than punished.

As a point of departure, the terminology, concepts, programmes related to, and role-players involved in, the treatment of offenders, is described in this chapter – i.e. the definition of ‘rehabilitation’, the concept of punishment, models influencing the correctional system, imprisonment versus rehabilitation, treatment programmes for child molesters in South African prisons, and the role players in the rehabilitation process.

## **2.2 DEFINITION OF REHABILITATION**

Rehabilitation is defined in many ways, as a result of the different viewpoints of the various sciences. Each science emphasises a different element when defining rehabilitation. Psychologists say that rehabilitation is about therapy or treatment. The social worker will say it is about the individual’s social functioning, and to uplift him to a higher level of functioning in a social system. (Cilliers, 2008:64-65).

According to Schmallegger (2005:454-455), rehabilitation is about reforming offenders, with a view to self-improvement, self-enlistment, self-control and a greater acceptance of responsibility towards themselves and other people. The social work dictionary defines

rehabilitation as restoring a client to a useful constructive place in society through some form of therapeutic retraining (*Defining social work dictionary* 1984:93).

Rehabilitation, according to Champion (2001:663), is a philosophy of corrections where it is believed that offenders can change their offensive behaviour through the learning of skills they have not acquired previously in their lives.

Rehabilitation can therefore be seen as the correcting of negative, destructive behaviour by the learning of skills to improve one's life. For rehabilitation to be successful, offenders need to be treated as individuals, and the community must form part of this process. Stigmatisation of these offenders must be limited when they are reintegrated into communities, to help them to feel part of the community. If they are rejected, it can make them feel unwelcome, and re-offending is a possibility (Bartol & Bartol, 2008:620).

In view of the above rehabilitation, it is a very important aspect of the offender's path to heal. Every person has the ability to change their negative behaviour to more positive behaviour. It can be described as the correction of offending behaviour. Most of the times they need guidance and support to do this. Offenders mostly have no coping skills, and lack life skills, so they need to be guided in their way to rehabilitation. The mission of the Department of Correctional Services is as follows: placing rehabilitation at the centre of all Departmental activities in partnership with external stakeholders through

- creating an enabling environment where negative behaviour can be changed to positive behaviour.
- creation of opportunities, development of new skills and knowledge to prepare offenders to stay in the society after release.

- this process starts where the offender has insight in his need to change his criminal behaviour (White Paper on Corrections 2005:37-39;48-49).

The White Paper on Corrections focuses on the following aspects (2005:11-13;30-39;48-49):

- Correcting correctional clients, to promote human development and social responsibility
- Offenders realising what impact their crime has had on the victim
- Separating the offender from offending behaviour
- Changing criminal attitudes, behaviour and social circumstances
- Promoting positive values and responsibility
- Preventing recidivism
- Focusing on a holistic approach in a multi-disciplinary team
- Addressing the causes of criminal behaviour (imperative)
- Empowering offenders through skills development
- Conducting needs and risk assessment of offenders
- Successful social reintegration of offenders back into communities and delivering after-care services (Hesselink-Louw, 2004:29).

Edgar and Newell (2006:11) describe rehabilitation as treatment, intervention, correction and development to reform criminal and anti-social behaviour.

### **2.3 THE CONCEPT OF PUNISHMENT**

Johnstone (2003:1) is of the opinion that” punishment in general and imprisonment in particular are used in efforts to deter criminal lawbreakers from re-offending, to discourage others tempted to commit a crime, to keep troublesome people out of

circulation or subject them to intense supervision and to express society's disapproval of criminal behaviour".

Cilliers (2008:63) is of the opinion that there are different views on how an offender is rehabilitated by punishment. Two approaches can be discussed in this regard, namely:

- Punishment provides an opportunity for the offender to rehabilitate.
- Punishment has a rehabilitative effect.

It can be said, in the first approach, that if a child molester is sentenced to imprisonment, he will be in a system where there is an opportunity for him to change his behaviour and criminal activity. In prison he can receive treatment to change his criminal behaviour, and rehabilitation can be a penal objective.

The second approach is that punishment can bring about behavioural change in offenders. The intention of punishment is to bring the offender to the realisation that the crime he has committed was wrong, and that it will not be tolerated by the community. To have a deterrent effect, punishment must be unpleasant for the person who is punished. Imprisonment deprives the offender of freedom of movement, and can therefore be regarded as unpleasant, for prisoners. It is also common knowledge that child molesters are not accepted by other inmates, and they tend to make it unbearable by other inmates during incarceration. However, punishment in itself is not enough to bring about the required behavioural change in offenders. Punishment must therefore include an element of treatment which is essential for child molesters to gain insight into their criminal behaviour and to provide them with guidelines to improve their skills as law-abiding citizens. The typical programmes which can bring about change in child molesters are described in Chapter 3.

There are two punishment theories, according to Champion (2001:43-45), that stand out – namely: absolute theory and relative theory.

### **2.3.1 ABSOLUTE THEORY**

#### **Retribution**

This **theory** is about what happened in the past. Champion (2001:43) states that an offender must be punished for the crime he has committed. According to the Old Testament, it is “an eye for an eye, a tooth for a tooth”. Schmalleger (1995:368) concludes that retribution is an ancient goal, and is founded in the Bible.

The child molester must compensate for the pain caused to his victim. He must get what he deserves for the pain caused. The punishment that he receives must fit the crime he has committed. The greater the offence, the greater the punishment must be (Champion, 2001:44). It can also be seen as revenge exacted by the State. The punishment the offender suffers measures or equals the pain the victim has suffered. The offender must experience pain to make things right for the victim (Zehr, 2006:59).

### **2.3.2 RELATIVE THEORY**

This theory looks into the future and emphasises **prevention, deterrence or reformation**.

#### **Prevention/deterrence**

Another objective of punishment is deterrence, and is based on the belief that potential criminals will not commit crime, as they are aware and fear possible consequences (Plaatjies, 2008:63). Snyman (2002:18) has a different opinion, and states that



imprisonment is not really a deterrent, when looking at the 90% re-offending rate in South Africa.

According to Champion (2001:44), people will think before committing a crime if they see that offenders are punished for the crimes they committed. If one commits a crime, there are consequences one might suffer. Imprisonment is unpleasant, and can prevent some offenders from committing a crime again. Some people will not commit a crime because they are scared to go to prison. It represents “more pain than pleasure”.

Unfortunately, child molesters rationalise their crimes, and believe they did not do anything wrong. They are also not often caught and punished, because of prolonged court cases. It is not the severity of the sentence that will prevent potential offenders, but that they will get caught and punished (Snyman, 2002:19).

### **Just desserts**

**‘Just desserts’ is punishment that is equal to the severity of the crime.**

This is based on Cesare Beccaria’s ideas on punishment and described in Bartollas(2002:493). The judge needs to match the sentence to the seriousness of the crime committed. People feel satisfied if a person receives a sentence equal to the crime committed. If an offender is given a light sentence for a serious crime, the public feel dissatisfied (Champion, 2001:44). The offender needs to be awarded the punishment he deserves.

### **Incapacitation**

This is a philosophy of corrections that says the offender should suffer loss of freedom. The more serious the offence committed, the greater the loss of freedom (Champion, 2001:44). The public wants to be protected from criminals, and when put in prison the

criminal is effectively removed from society. According to Nesor (1993:32), the criminal must be taken from society to prevent continuous harm to people.

Prisons are overcrowded, and the trend that corrections is taking is probation and community corrections. This places certain offenders under supervision in the community. The offender must adhere to minimum conditions and restrictions, to help prevent re-offending.

Imprisonment is only temporary, and most offenders will be released at some stage. Rehabilitation must start to take place while they are in prison, to help ensure that the offender becomes a law-abiding citizen after imprisonment (Nesor, 1993:32-36).

## **Rehabilitation**

“In a perfect world, corrections correct the behaviour of offenders and makes former criminals law-abiding and respectful of the rights of others” (Champion, 2001:45). Unfortunately, two thirds of convicted offenders re-offend, and it varies with the offence type. The offender must take responsibility for his negative/criminal behaviour. Only when the offender accepts responsibility for his crime, is he able to change because he realises it was wrong; he needs insight into his wrongdoing.

According to du Preez (2003:22), the offender’s future behaviour must be changed by changing his current behaviour. Corrections must have the objective that offenders become law-abiding and rehabilitated citizens. In South Africa, there are programmes, therapy, and individual and group counselling available at some prisons, to help sentenced offenders correct their negative behaviour (White Paper on Corrections,

2005:36). The offenders are motivated by correctional officials, as well as professional therapists, to participate in these therapeutic programmes. However, many offenders do not want to become involved in these programmes, and thus do not want to be helped. Child molesters, especially, have a problem admitting that they have done something wrong.

Reparation and restoration is an important part of rehabilitation (White Paper on Corrections, 2005:79-83), and can be ordered by the court as part of the sentence, or between the victim and the offender, where the offender admits his guilt, takes responsibility for his actions and pays restitution to his victim.

## **2.4 MODELS INFLUENCING THE CORRECTIONAL SYSTEM**

There are competing philosophies about punishment, which explain the functions of corrections (Champion, 2001:20-25). There are five models, and each gives reasons why someone becomes a criminal. Each model also gives a solution that will invalidate this criminal behaviour. The five models Champion discusses are the following: the medical model, the rehabilitation model, the community model, the retribution model and the justice model.

### **2.4.1 MEDICAL/TREATMENT MODEL**

In the medical model, criminal behaviour is seen as a sickness that can be treated. An offender cannot control his criminal activity because of this “illness”. According to Allen (1981:3), certain events in a person’s past will influence his behaviour. If a therapist knows what happened in an offender’s past, mechanisms can be put in place to change behaviour.

Champion (2001:23) also maintains that criminal behaviour is a result of a psychological condition that can be treated. Unfortunately, the recidivism of offenders has caused the community to lose faith in this model, and factors such as overcrowding in prisons make it difficult to change criminal behaviour.

#### **2.4.2 REHABILITATION MODEL**

This model is about rehabilitation and the reformation of an offender. Offenders can be rehabilitated by means of vocational, educational and treatment programmes. The problem with this model is the individualisation of the treatment. Offenders with similar offences may be involved in different treatment programmes – which complicates the treatment of offenders. Overcrowding can also influence the success of this model. The number of offenders, compared to therapists or educationists, makes it difficult for this model to be successful.

#### **2.4.3 COMMUNITY MODEL**

**Alternative methods of sentencing need to be part of the judicial system, to prevent further overcrowdings in prisons.**

This model has to do with the reintegration of the offender into the community. It focuses on the offender's adaptation into the community after release. The positive aspects of this model are that an offender can still have relations with his family. The offender can also work and earn money to maintain his family and pay restitution to his victim. Furthermore, the offender can still attend psychological programmes or social work treatment to change negative behaviour.

The offender also does voluntary community work, and gives back to the community. This makes the offender's integration into the community easier. The community sees that the offender shows remorse for the crime committed – which signals a positive message that the offender wants to change his deviant behaviour.

#### **2.4.4 RETRIBUTION MODEL**

Punishment must be in line with the severity of the crime. An offender should get what he deserves. In the Bible it is written: “an eye for an eye ...”. This model states that rehabilitation is not so essential: it is more important to receive a punishment that fits the crime.

This model is also about the classification of the different offences. Offenders who steal are incarcerated together in a minimum security facility. Offenders who committed serious crimes such as murder or sexual offences are incarcerated in maximum facilities.

#### **2.4.5 JUSTICE MODEL**

This model also rejects rehabilitation of offenders as the main objective of punishment. All people should receive equal treatment under the law, and sentencing disparities should not be tolerated (Champion, 2001:24).

This model also argues that an offender’s sentence must be in accordance with the seriousness of the crime committed, as reflected by the community’s attitude regarding such an offence. A person has a choice of committing a crime or not, and if he chose to commit a crime he must take the blame and punishment for it.

## **2.5 RELATIONSHIP OF IMPRISONMENT, COMMUNITY CORRECTIONS AND REHABILITATION**

Imprisonment is a punishment for a crime committed, and the offender must not see it as the end of the world, but rather have a positive attitude, and use the opportunities to change his life. The different prison settings and their relationship with rehabilitation is discussed.

### **2.5.1 TRADITIONAL PRISONS**

The primary aim of these prisons is safe custody and security. Certain limitations are part of the offender's life, and his freedom is taken away in this process. These prisons are also characterised by a shortage of professional staff who can care for the psychological or social needs of offenders.

In traditional prisons the offenders are rarely separated according to their different offences. It is possible that child molesters, murderers and robbers could all be detained within one cell. The ideal would be to keep aggressive offenders separate from less serious offenders.

Zupan (1991:74) highlights the following shortcomings in the architecture of traditional correctional facilities:

- Alternating staff observation leaves inmates unsupervised for substantial periods of time.
- Inadequate classification systems cause predatory inmates to be assigned to the same housing units as more vulnerable inmates.

- Little can be done to protect inmates from one another when they are locked in dormitories.
- Swift turnover among inmates creates an unstable and unpredictable environment.
- Overcrowding forces inmates to close proximity to those who have reputations for aggressive and violent behaviour.

It is often found that child molesters are abused or attacked by other prisoners because of the crime they have committed. If they are detained and treated in a section separate from other prisoners, child molesters will be able to focus on their treatment programmes instead of fearing for their lives. Champion (2001:41) mentions that child molesters are seen as the 'lowest of the low', and other offenders harm them. In some cases child molesters are used by other offenders for sexual pleasure.

Separation of prisoners is discussed in section 7 of the Correctional Services Act. Section 7(2) of this Act makes provision for separate custody of

- sentenced and unsentenced prisoners.
- male and female prisoners.
- child and adult prisoners.
- further categories of prisoners, such as aggressive and non-aggressive offenders, who may be kept separate from one another in accordance with the regulations.

According to the Correctional Services Act, it does not compel the authorities to separate categories of prisoners (other than the first three categories), but does allow for it. That is, although it is not compulsory to separate, for example, aggressive prisoners from non-aggressive prisoners, it is possible to do so. It is further possible to separate prisoners in accordance with the types of crimes they have committed. Therefore, it is possible to

separate sexual offenders from prisoners who have committed other types of crimes, or at least to separate prisoners who have committed violent crimes from those who have committed non-violent crimes.

Even though the Act does not compel the Department of Correctional Services to separate prisoners on the above grounds, it will always be advisable to do so if practically possible.

Group treatment of child molesters is problematic if they are kept in different sections. If they are kept in one section, the social worker can concentrate on a standardised sex offender treatment programme, where child molesters can easily be mobilised to participate as a group. Individual therapy can also take place more easily in that specific section.

### **2.5.2 UNIT MANAGEMENT CORRECTIONAL CENTRES**

Unit Management prisons are planned for detention, rather than for punishment, and provide inmates with an environment that ensures safe and secure detention (Bruyns, Jonker & Luyt, 2000:224).

The architecture within these prisons can be described as follows:

- The living units are arranged in such a way that correctional officials can observe all areas within the unit.
- Functional living units lead to improved observation of prisoners, and problems can be detected before they become critical.

As a result of this architecture, there is a greater level of personal safety for staff and prisoners – staff are more satisfied, and inmates are more relaxed.



Continuous and active observation is a critical component of inmate management. Correctional officials can regularly move among inmates, and have conversations with them. Active observation helps to detect conflict, tension or non-conforming behaviour (Zupan, 1991:115-116). The White Paper on Corrections (2005:42) mentions that the goal is to divide offenders into smaller units that are manageable, and the result will be effective restorative rehabilitation, with a multi-disciplinary team helping the offender to rehabilitate.

Unit management within prisons also provides for the classification process and case management of offenders, which allows for the following (Bruyns et al., 2000:228-229):

- Inmates with special needs can be assigned to specific house units; sexual offenders can therefore be kept in the same unit and receive treatment for their offending behaviour.
- Group sessions and programmes are used to deal with problems; in the case of the child molester, the specific problems that led to the crime can receive attention from professional workers.
- A trusting relationship develops because each prisoner has one correctional official whom they can talk to about their problems or needs. A safer environment and support system is developed.

The conclusion is that it is better to keep child molesters in a Unit Management facility to promote the success of the treatment programmes with these prisoners' specialised needs.

### **2.5.3 COMMUNITY-BASED SENTENCE**

Community corrections are a relatively new trend within the corrections industry. Community-based sentences direct the offender to render a form of sentence to the benefit of the community. The offender is kept out of prison, and can continue with his daily life and earn money to look after his family. He still lives with his family, and has them as a support system. When the offender does community service free of charge for

the crime committed against the community, the community is satisfied that law and justice triumphs.

Sometimes, child molesters qualify for a community-based sentence. However, various aspects have to be taken into consideration when a child molester receives a community-based sentence. The involvement, support and mentoring of the community is important. The possibility that the offender will have contact with his victim, need to be controlled and monitored by correctional officials and the community. Champion (2001:42) is of the opinion that child molesters cannot easily be managed in a community, because of the diversity in their personalities and the crimes they have committed.

In Canada, a Circle of Support and Accountability model was developed in 1994, and works well with child molesters. A full discussion is presented in Chapter 3. Members of the community, as well as professional people, support and guide the released offender, and their goal is that this offender never re-offends. The released offender must be successfully integrated into the community, and they give them support, advocate them and hold them accountable, so that they do not re-offend. The result is a safer community.

The child molester is subjected to a crime-free life during the period of the sentence. Some critics will say that a community based sentence can contribute to the rehabilitation of an offender. However, the treatment of a child molester in the community requires special attention. Aspects which should be considered include:

- Treatment in the community is more available and can be more holistic
- The offender will be committed to undergo treatment when placed under community corrections

- The victim, if it was his child or step-child what will happen to the victim if he is going to stay at home? The possibility that the child must be placed in a safe place is relevant.

Other aspects that must be taken into consideration are:

- The role players involved (such as therapists, the family and the church need to come up with a plan to protect the victim from further abuse or trauma.
- The social workers from Correctional Services need to work closely with social workers from relevant Non Government Organisations to successfully implement and integrate this sentence.

## **2.6 TREATMENT PROGRAMMES FOR CHILD MOLESTERS**

The rehabilitation of offenders is about guiding them to stop their negative behaviour and change it to more positive behaviour. However, the correctional environment is not the ideal place for the treatment of offenders. In the correctional centre, the offender is taken away from his family members, freedom of movement is limited, food is poor, contact with family is restricted and offenders are in continuous contact with gangsters. It is therefore questionable whether offenders who become involved in rehabilitation programmes are serious about changing their behaviour, or whether they are doing it to escape the negative prison environment – even if only for a few hours per day.

Offenders must be provided with programmes to help them in their rehabilitation while in prison. The following goals of a comprehensive programme are given by Cassella (as quoted by Kratcoski, 2004:201):

- The programme should include a complete, individualised assessment and treatment path.
- The offender must accept responsibility for his offence and be aware of his offending behaviour.
- The treatment should assist the offender to learn to intervene and break his offence pattern, and learn techniques to control, manage and stop this behaviour.
- The therapy must provide re-education and re-socialisation to replace anti-social thoughts and behaviour with a positive self knowledge and new attitudes and expectations for him to have healthy relationships.
- The offender needs parole or correctional supervision to safely test his newly-acquired insights and control mechanisms in the community.
- Each offender needs a post-treatment support group and continued post-release access to therapeutic treatment.

In a correctional centre there are social work programmes, psychological therapy, religious programmes and educational programmes available.

### **2.6.1 Social work programmes**

The Department of Correctional Services puts rehabilitation in the centre of all their activities, and legislation has facilitated this process. The policy for social workers was developed for social workers to guide them in the work they do with offenders. Standards and mechanisms are there to ensure effective implementation of social work in the Department of Correctional Services. Basic principles of social work are used to work with these offenders. Social workers are coordinated and regulated by this policy to ensure efficiency and effectiveness of service delivery.

The core function of social work services in the Department of Correctional Services is to assess the offender and provide need-based programmes and services in order to enhance the adjustment, social functioning and reintegration of offenders back into the community (Social Work Policy Corrections, 2007:1).

These programmes are therapeutic, and need to be presented by a qualified social worker with a relevant social work degree and registered at the South African Council of Social Service Professions. The adaptation of the offender in prison also needs some attention. Problems that cause the offender to commit a crime are discussed, and techniques to overcome these problems are handled.

Typical programmes that social workers present in South African prisons include life skills, anger management, a sexual offenders' programme and the pre-release programme (Prendergast, 2004:3). Other programmes given, during an interview with head office, are marriage and family care enrichment, youth resilience enhancement, "cool and fit for life" and a substance abuse programme. Each of these programmes is described briefly to highlight the contents thereof:

### **Life skills programme**

During this programme, attention is given to the offenders' self image, communication skills, handling of conflict, problem solving, and assertiveness. Offenders develop their potential, and need to face life and participate in a social setting. This programme is carried out weekly for two hours over a period of six weeks.

### **Anger management programme**

This programme is for violent offenders, as well as offenders who need some help with the handling of their anger behaviour. How to handle difficult situations, and keeping an anger diary, are some aspects covered in this programme. Offenders learn skills to change aggressive behaviour. This is carried out for two hours over an eight-week period.

### **Sexual offenders programme**

The current sexual offenders' programmes are targeted at both child molesters and rapists. It is called the Preparatory Programme on Sexual Offences. Some of the aspects covered in this programme include factors that cause offending behaviour, victim empathy, self image, communication and conflict handling, and relapse prevention. This is carried out for two months, in weekly two-hour sessions. A discussion follows in Chapter 3.

### **Marriage and Family Care Enrichment programme**

This programme focuses on the improvement and repair of meaningful relationships. Difference in female and male roles is discussed. The programme is followed weekly and consists of two-hour sessions, over a period of eight weeks.

### **Youth Resilience Enhancement**

Youth offenders are equipped with specific skills to develop resilience and fight the temptations of getting back into criminal activities. The programme consists of two-hour sessions, weekly over a period of eight weeks.

### **Cool and Fit for Life**

This therapeutic group deals with attitudes, peer pressure, feelings that a person experience, different beliefs, fears that can rule a person's life, and how to deal with life in general. This programme is weekly consisting of two hour sessions, over a period of six weeks.

## **Substance Abuse Programme**

Where their offending is related to drugs or alcohol, offenders need to be guided to obtain insight into the negative effects of their behaviour.. Their physical, emotional, psychological, spiritual and social well-being is discussed during this eight-week course.

### **2.6.2 Psychological programmes**

These programmes are offered by registered psychologists, and focus on the different personality types of offenders. Psychologists usually have individual sessions, during which they help offenders to understand themselves and change their own behaviour. This department is currently not functioning, and the position of the Director: Psychology Services has been vacant since 2008. In 2008 there were only 36 psychologists appointed for offenders in custody in South Africa. Currently, the offenders number is about 162 162, and 36 (or fewer) psychologists clearly indicated that they cannot render the services required for rehabilitation. These programmes are conducted on a voluntary basis, unless otherwise structured by the court.

### **2.6.3 Educational programmes**

Educational services must be available to all offenders, and education can play a role in less re-offending when offenders are educated. Offenders need to reach their full potential through education (Van Voorhis, Braswell, Lester, 2004:13).

During these programmes, basic information is given to the offender about certain issues in their life where they need more knowledge. Some institutions use their teachers or correctional officials to present these programmes. Educational programmes include the HIV informative programme, basic education on aspects such as hygiene matters, and literacy classes.

#### **2.6.4 Religious programmes**

The ideal situation is to have a pastor or priest involved in these programmes. Currently, not all the prisons have a religious worker. Some churches in the community also deliver a service to offenders. This is very positive, and plays an integral role in the rehabilitation and reintegration process. If a prison has a pastor, they focus on church ceremonies and projects on religion (White Paper on Corrections , 2005:36-37).

#### **2.6.5 Recreational Activities**

Recreation is good for offenders – it keeps them busy and they do not have to read or write, so illiterate offenders can participate. Competition is healthy, and they can learn skills such as communication, and that winning is not everything, so they learn to deal with losing. If they are disabled, they can also participate in arts and crafts.

### **2.7 ROLE PLAYERS IN THE REHABILITATION PROCESS**

Rehabilitation is only effective if the offender has a willingness to change. Rehabilitation cannot be forced upon someone, and the offender must be willing to leave behind his old negative behaviour and be open to becoming a better person. There are different role players involved in the rehabilitation process of the South African Correctional Services. They are the offender, the correctional official, the professional therapist, the community and the victim.

The role of the community in the rehabilitation of the offender is stated in the White Paper on Corrections, 2005:179): “The forging of closer links and cooperation between



the Department, the community and other state departments is crucial in the fight against crime, reparation of relationships and the rehabilitation of offenders.”

### **2.7.1 THE ROLE OF THE OFFENDER**

Rehabilitation can only take place if the offender himself wants to change his criminal behaviour. With the child molester it is a difficult choice to make, because they do not believe that they caused any harm to anyone (Steyn, 1999:3). It is a long process, in the treatment of the child molester, for them to gain insight into their destructive behaviour. If they do not gain insight in their negative, destructive behaviour, they will not rehabilitate, and one day they will be released and remain a potential danger to children. The possibility of re-offending is common among these types of offenders.

Participation in treatment programmes is usually not compulsory, and offenders can choose to become involved in programmes, or not. In some cases, the magistrate will make it part of the ruling that a child molester must participate in a treatment programme to correct his behaviour. This is not an ideal situation, because the offender can resist participating in the programmes – which will have a negative effect on efforts to address his destructive behaviour.

According to Deutchman (2007:15), there are three keys elements required to change the offenders’ attitudes – namely: relate, repeat and reframe. Each of these elements is explained briefly:

- **Relate:** This is when an offender has a new relationship with a person or

community, which inspires him. In this process they idealise or relate to a person/community in such a way that it can restore their hope in life and make them believe that they can change. This can be described as a role model, for an offender. The offender takes all the positive aspects of his role model and then tries to change his life according to his role model's example.

- **Repeat:** When new behaviour patterns become part of one's life, it will take a lot of repeating before it become part of one's life. This can only happen when the offender acts in such a manner without even thinking about it. A good teacher will give guidance and direction to help offenders reach their dreams. In the case of a child molester, new behaviour patterns need to become part of their lives. Their way of thinking and doing things need to change drastically. They will only achieve this when they learn new cognitive behaviour patterns and repeat it every day.
- **Reframe:** The new relationships with other people help the offenders to learn new ways of thinking about their lives and situations. Other ideas and ways of doing things become more part of their lives. Offenders will look at everything in a way that was not known to them before (Deutchman, 2007:15). For child molesters it is a new way of thinking and doing things. They will also gain insight into their crime, and that it was wrong. It is also important for them to realise the pain they caused the victim.

Offenders will ultimately either re-offend, or they will make a success of their lives. The choice will be in the hands of the offender, and one's ego-strength can also play a role in the choices one makes in life. The support system that a offender has, can also guide him in choices that he makes in future.

According to Bartollas (1985:256), ex-offenders can be put into three groups, namely: those who will ultimately fail and re-offend, those who will make an insignificant change in society, and, lastly, those who will be successful.

Three reasons why offenders who want to succeed, fail, are: failure of will, lack of satisfaction from the straight life, and the inability to 'make it' in the free world (Bartollas, 1985:261). Each of these aspects is explained briefly:

### **Failure of will**

Offenders leave prison with certain expectations. When these expectations are not met, they find it difficult to adapt in the outside world. They find it difficult to deal with real issues such as not finding a job, or not having a supportive system, and then they easily turn again to a life of crime. The offender must be willing to change from offending behaviour to leading a normal life. If there is not the will to do so, they will end up in criminal activities once more.

### **Dissatisfaction with the straight life**

Sometimes offenders do not want to leave a crime-filled life. They are used to this life only, and it was exciting for them. They earned easy money through crime and when they have difficulty in finding a job, they easily turn back to their previous lives. They had all these unrealistic dreams, and when these are not met they easily fall back to crime. It is difficult to break criminal patterns, if someone has been used to this kind of living for many years.

### **Inability to make it in the free world**

It is very difficult to find a job when one has a criminal record. As a result of imprisonment, offenders are removed from their family for many years – which creates a distance between the offender and his family. After release, the offender struggles to socialise in a normal way. The offender can feel like a failure and go back to his familiar criminal life.

The importance of a support system after release cannot be underestimated. If this is lacking, the road back to crime is very easy.

### **2.7.2 THE ROLE OF CORRECTIONAL OFFICIALS**

The correctional official is a person in a position of power, who can help the offender in the rehabilitation process.

The White Paper on Corrections (2005:114) states that each member in Correctional Services plays a role in the rehabilitation process of prisoners, and suggests a good relationship among all members – including social workers, psychologists, nurses, educationists, religious workers and discipline officials.

The correctional official is in direct contact with offenders on a daily basis, and therefore is in the ideal position to fulfill the role of guiding, monitoring, facilitating and developing the offenders.

### **2.7.3 THE ROLE OF THE VICTIM**

The victim's involvement in this process is also important. Before release from the prison, the restorative justice process takes place, and the victim needs to be involved. Especially with a child molester, it is a good suggestion for him to show his remorse towards his victim. He admits that he has hurt the victim, and with this indirectly admits

that he has a problem. Unfortunately, these victims do not always want to be involved in this process.

This is also very sensitive, and there needs to be a professional person, such as a social worker or a psychologist, involved. The victims also need to have their own support system to guide them through this restorative process.

#### **2.7.4 THE ROLE OF PROFESSIONAL OFFICIALS**

These include social workers, psychologists, educationists, religious workers and nurses. These professionals can deliver programmes to offenders, and three factors are involved: education, experience and personal suitability (Bernfeld et al., 2001:208-209). These factors are explained briefly:

- **Education:** This refers to academic credentials. Ideally, staff should have completed their university or college programme in the behavioural sciences. If a registered professional is used for programmes, the credibility of the programme is enhanced. Social workers need to be registered with the South African Council for Social Service Professions yearly, and must adhere to their ethics and rules. Psychologists are also registered with the Board of Healthcare Workers and need to adhere to certain rules.
- **Experience:** The ideal is to have staff with previous experience when working with sexual offenders or violent offenders. It is also good to have experience in a correctional facility. Experience as a therapist is also of benefit, because the therapist knows all the principles and techniques and can use them in the programmes.

- **Personal Suitability:** To work effectively, professional staff must be sensitive, empathic, friendly, enthusiastic and trustworthy. Good writing skills, as well as good listening skills, are also of great value. They need to have certain characteristics to work with child molesters.

Most sexual and violent offenders resist treatment. Therefore, professionals working with these difficult clients must be motivated, and they must believe in rehabilitation (Bernfeld, 2001:209). They must be firm and have definite boundaries, but also implement reasonable time frames for expected behavioural changes. Treatment is a long-term process, and positive results usually take time.

### **2.7.5 THE ROLE OF THE COMMUNITY**

The aim of a prison sentence is to keep offenders away from the community and to rehabilitate them so that they can be good citizens when they are released. Certain programmes must form part of the rehabilitation process, to prepare the offender for reintegration into the community. Therefore, the community is an important role player in this process.

If the relationship between the community and Correctional Services is good, it can promote the offender's successful reintegration into society after release. Furthermore, it is very important for the community to understand the conditions of parole and community corrections. If they realise that these offenders still need to adhere to certain conditions, and be controlled, it makes them more positive about the reintegration process.

The community can also assist the offender in possible work, religious support or emotional support from Non-Government Organisations (NGOs). All of these can help in the offenders' reintegration process.

The Department of Correctional Services wants to restore families, and close family relationships are important and necessary when offenders are released. Rehabilitation cannot be successful without communities and other partners (White Paper on Corrections, 2005:90).

According to Plaatjies (2008:310), communities can become involved in the following ways:

- Creativity when conflict must be resolved
- School groups visiting prisons
- Dealing with cultural differences
- Symbolic condemnation
- Restorative Justice/ Circles of Support and Accountability
- Responses from schools and churches regarding crime prevention

Strong community support is needed, and information must be given to communities regarding the grooming process, before actual abuse takes place (McAlinden, 2007:78, 84-87). Re-offending can possibly be prevented if patterns of this offending can be identified.

## **2.8 SUMMARY / CONCLUSION**

Rehabilitation of an offender is a very important aspect in Correctional Services. In this chapter, it is highlighted that the rehabilitation process includes the offender, victim, correctional officials, professional officials and the community. It is a process that starts

when an offender is admitted to prison, until successfully reintegrated into the community after release.

The community wants to see a reduction in recidivism, and therefore the rehabilitation of an offender is regarded as very important. Unfortunately there are a number of obstacles in the way of the rehabilitation of offenders. A good relationship between the professional officials and correctional officials can contribute to the rehabilitation process. It is also important that each one knows what their specific role is in the process.



## **CHAPTER 3:**

### **PROFILE AND TREATMENT OF A CHILD MOLESTER**

#### **3.1 INTRODUCTION**

Child sexual abusers are “adults who involve minors in virtually any kind of sexual activity ranging from photographing children in lewd poses, to intercourse with them” (Champion, 2001:41).

All child molesters have similarities as well as differences in their personalities, behaviour and treatment. This chapter deals with the profile and the treatment of child molesters, as well as the Standard Minimum Rules for the Treatment of Offenders. A question often asked is: “Who is this person who commits these types of offences against children?” “How do we treat these offenders?” is another relevant and important question to ask before working with them.

Before any treatment can begin, it is important for the therapist to know something about the client, such as the characteristics or profile of the client, as well as the disorder he is suffering from – in this case, the sexual offending. A thorough assessment must be carried out before any planning can be done with these offenders. The question of the offending behaviour is also important. Why does this person commit these offences, and do they seek for help? What is their motive for this therapy? Is it willingly, because he wants to change his negative behaviour, or is he forced by the court to become involved in therapy? Answering these questions can have an impact on whether he follows through with the therapy or not.

Another important aspect is that the therapist, social worker or psychologist in the Department of Correctional Services, who conducts these programmes, must be trained to present this type of programme. According to Prendergast (2004:4), therapists 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, and therapists need to understand interviewing techniques, as well as treatment techniques, that are used to work with these types of offences (Bartol & Bartol, 2008:448).

This chapter looks at patterns of child molesters, the profile of a child molester, aspects that can cause him to offend, the role of the therapist, the treatment progress, the importance of group and individual therapy, the White Paper on Corrections, the Children's Act, restorative justice, the current sex offender programme in the Department of Correctional Services, the success of the treatment, Standard Minimum Rules for the Treatment of Offenders, and treatment programmes internationally.

### **3.2 PATTERNS OF CHILD MOLESTERS**

There are two kinds of patterns involved when trying to understand the profile of a child molester – namely, the obsessive-compulsive pattern or the impulsive versus compulsive pattern. Each of these patterns is discussed:

#### **OBSESSIVE-COMPULSIVE DISORDER**

When the child molester enters the criminal justice system, he has committed deviant sexual acts for a long time. This can be seen from late childhood to early puberty.

Obsessive Compulsive Disorder can be diagnosed as a disorder from which these offenders suffer.

‘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 to the deviant idea, and becomes habitual and then compulsive.
- Over a period of time, this obsession is acted out in some form.
- When the person’s physical strength and body development increase, the behaviour will become more in tune to complete the obsessive fantasy, and the offender is at his most dangerous point, and will victimise someone if he is not detected.

Prendergast (2004:8) still believes that these offenders have a free will, but it is dimmed 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, and sometimes they need to be removed from society. Compulsion is a characteristic of all sex offenders – especially child molesters.

## **IMPULSIVE VERSUS COMPULSIVE DISORDER**

The difference between the adult child molester and the adolescent child molester is that the adult offender offends in a pre-planned manner and the adolescent acts impulsively. This is important, because it becomes a predictor in treatment outcome.

According to Prendergast (2004:16), most child molesters started their offending behaviour during late childhood or early adolescence. They are not caught, and if they are caught, they got away by manipulating untrained therapists. Early identification and detection of these individuals is essential for the effective prevention of further incidents of sexual victimisation.

### **3.3 PROFILE OF A CHILD MOLESTER**

Previously, it was believed that child molesters do not want to be helped, but new research shows that child molesters want to get help and want to understand their problem (Steyn, 1999:234). Child molesters can be male or female but in this study the focus was on male child molesters. Little information is available about female child molesters. People working with child molesters need to be skilled and follow programmes in sexual offending. Currently, in the Department of Correctional Services there are not enough social workers or psychologists to do both training and intensive therapy with child molesters.

## ***DISTINCTIVE CHARACTERISTICS OF A CHILD MOLESTER***

Steyn (1994:3) gives information on the profile of a child molester, as well as reasons, in her research, on why child molesters offend. The following was found in her research, as well as therapy done by Prendergast (2004:3):

### **3.3.1 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 interest in their child's life. They have too much work and too many worries, and do not have time or energy left for their child, and reject the child. The child experiences feelings of not belonging and rejection, and this has an impact on the emotional development phase he is going through at that stage. Sometimes, the single parent is in a relationship with someone who can possibly be a child molester and who focuses on this vulnerable family. Steyn (1994) has done her studies on the stepfather figure, who molests the children in his new family.

### **3.3.2 Personal development**

Child molesters never developed their skills or personality to the fullest. In school they did not do well, and had poor relationships with their peers and teachers. They never felt 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 they have a tendency to change from work regularly. They struggle to be responsible and do not take control in their lives.

### **3.3.3 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 will control their partner and children, and little space will be given for their own initiative. They will also manipulate a situation to keep control (Prendergast, 2004:6).

### **3.3.4 Relational issues**

Child molesters have an inability to be assertive, and are most of the time either passive or aggressive in their behaviour. They cannot relate to their peer group. When in school they will not have friends their own age, they would either be the “leader” (because of being older and stronger), playing with younger children, or they will be the “mascot” for elder children (they will not have 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, but they never become intimate with anyone, and do not trust other people. When these offenders reach puberty they want to please their peers, and a crisis becomes part of their life because they don't have relationships with other teenagers, and they are tagged as “different”.

### **3.3.5 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, according to Prendergast (2004:78).

### **3.3.6 Sexual performance problems**

Child molesters have strong performance needs. Sex is never for fun and enjoyment, but 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 to 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 and unable to satisfy a woman, and a failure, and this 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 a victim asks the question “why”, regarding his sexual behaviour, they use the word “love” – e.g. “I’m showing you love” or “I want you to feel good because I love you”. He convinces himself that whatever he has done is because he loves his victim.

Another trait of the child molester's behaviour is his deviant arousal patterns: when the compulsion is active, the offender cannot get aroused to a normal sexual stimulus, but needs his own deviant stimulus pattern.

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).

### **3.3.7 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 were exposed to a lot of negative messages. In school performance, sport or relationships, they always get negative messages. Their parents are usually never satisfied with anything these children do. When they get good marks, the parents will ask why the marks are not better. When doing 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.

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 (Prendergast, 2004:98-100)



### **3.3.8 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 needs 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 control feeling is shortlived.

### **3.3.9 Pervasive guilt and subjective judgment**

There is a difference between guilt and taking responsibility, when working with a child molester in dealing with their resistance to change. Their guilt started 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". If they often hear that they were not planned, and their parents regretted they were conceived, together with their inadequate personality, weak ego structure and low self-esteem, they experience guilt in everything they do.

The child hates himself, and feels guilty when he fails or misbehaves towards his already rejecting parents. Because this guilt is pervasive, it affects every level of the child molester's 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, and 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 his life.
- The same behaviour in others is considered acceptable.

This is a constant no-win situation that the offender experiences. He sees himself in a negative light, despite all positive things in his life.

### **3.4 ROLE OF THE THERAPIST**

It is very important for the therapist to remember that the child molester is highly manipulative, and has strong defence mechanisms. The therapist must have a good understanding of interviewing techniques as well as specialised treatment techniques. The therapist needs to be trained to work with this kind of client – not every social worker or psychologist can do therapy with child molesters (Prendergast, 2004:291). Some therapists cannot work with child molesters, because they were themselves molested as children, and have averse feelings towards child molesters. It is better for them not to do therapy with child molesters. Some therapists have small children, and experience it as too close to their situations, and would rather not work with them.

The social workers and psychologists who work with child molesters need to have a good support system and a stable family life where they can receive guidance and support.

They also need regular supervision, where they can discuss the difficulties they experience in the therapy with child molesters. Group supervision with other therapists from Non Government Organisations also needs to be encouraged, to have a link with therapists of victims. The question of ethics is also important, and needs to be respected.

### **3.5 TREATMENT PROCESS**

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

- 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 from the first session and continues until the last session. The first session is usually a psycho-educational session, and what is expected from them is clarified. The confidentiality between client and therapist is highlighted. A personal questionnaire is given to the client, where answers are given spontaneously or planned. The role of the therapist and the client needs to be spelled out.

### *Interviewing principles*

The therapist needs to be skilled, and undergo additional or specialised training to work with child molesters. The therapist must know the personal traits of child molesters. Treatment that produces positive results must be implemented. Defence mechanisms that these offenders have in place, and how to deal with these, must be known. Defence mechanisms sometimes prevent child molesters from deriving benefit from the treatment. The therapist must also have good listening skills. Their readiness for therapy will be seen in this phase.

### *Terms and conditions*

Trust between the therapist and the client is essential for successful therapy. The choice of words which the client uses says a lot about the client's feelings (Prendergast, 2004:136). The child molester must also know that there are certain rules to which they must adhere.

### *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. Role play – a further technique – can be successfully used to change behaviour.

During group therapy, Prendergast (2004:138) suggests, the group members should include offenders with different offences, because child molesters can create a defence block against the therapist and make therapy difficult. The best compilation is to include rapists as well as child molesters.

The five 'C's of treatment are also very important when doing therapy with these offenders, namely:

## **Confrontation**

The therapist must be active and in control, and confront the client. The client needs to be confronted with the offence he committed and the impact it has had on his victim.

## **Cautions**

Child molesters are manipulative, use defence mechanisms, and are unpredictable. The therapist must know that the molesters can manipulate the therapy process, and they need to deal with this challenge.

## **Confirmation**

Child molesters are usually lying, and facts need to be confirmed. This can be done when looking at the offence or the remarks made by the court.

Group therapy can be used to confirm what they have done, because they sometimes confide in a fellow molester who can then give the information in the group.

## **Control**

The therapist must be careful to stay in control, and not let the molesters control the process.

It is impossible to have control, if the therapist wants to be one of the group members. The role of a facilitator must be explained to them at the beginning of the 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 relapse. When released, arrangements must be made for them to become involved with ongoing therapy (Bartol & Bartol, 2008:625-628).

### **3.6 POLICY ON THE TREATMENT OF CHILD MOLESTERS IN SOUTH AFRICAN CORRECTIONAL CENTRES**

The White Paper on Corrections, the Policy on Correctional Services, and the Children's Act are all legal frameworks that give guidelines on working, and the importance of therapy with these offenders. Correctional Services has a societal responsibility to help offenders with the rehabilitation process (White Paper on Corrections, 2005:7).

#### **3.6.1 White Paper on Corrections**

According to the White Paper (2005:4), Correctional Services is the last resort for the correction of offending behaviour. The State is the facilitator of rehabilitation and correction. Other agencies such as the justice system, the police (SAPS), NGOs and the Department of Social Development, are also involved.

Correction is a shared responsibility between Correctional Services and the society. There is a challenge for a prison warder to become a role model and rehabilitator. Rehabilitation is also within the persons themselves who want to change. Correction and rehabilitation are key concepts in the new strategic direction of the Department (White Paper on Corrections, 2005:11). The Department of Correctional Services focuses on need-based interventions to achieve its objective of rehabilitation.

The offender is influenced to adopt a positive value system and norms. There are six key areas within the Department of Correctional Services when implementing rehabilitation:

- Correction – addressing offending behaviour
- Development – help with skills development of the offender
- Security – the safety of offenders, correctional officials and the community is important
- Care – mental well-being of inmates and access to social services and psychologists

- Facilities – the conditions where offenders stay must take human dignity into consideration
- Aftercare – help with successful reintegration into the community (White Paper on Corrections, 2005:7).

Chapter Three of the White Paper covers the issue of “Correction as a Societal Responsibility”. The family is regarded as one of the most important factors in a person’s life. If the family doesn’t function optimally, it can contribute to crime, and in some cases even re-offending. Offenders can also re-offend if they go back to their dysfunctional families. These families are usually characterised by unemployment and lack of formal structure. Substance abuse prevails, and it is easy for released offenders to relapse under such conditions. The importance of the community to support offenders when released, should not be underestimated.

The Department also needs to create an environment where these offenders can change their negative behaviour. “The creation of an environment in which offenders are encouraged to discard negative and destructive values and replace them with positive and constructive values can be said to be the core business of the Department of Correctional Services” (White Paper on Corrections, 2005:35).

The importance of a working relationship between the Department of Correctional Services, families and other societal institutions, is of paramount importance for the successful rehabilitation of offenders (White Paper on Corrections, 2005:34-36 )

### **3.6.2 Children's Act**

The objects of the Act (South Africa,2005) are the strengthening of families, and giving effect to the constitutional rights of children, and include the best interests of the child, family care, social services, protection from abuse or neglect, and the well-being and monitoring of children.

According to the Children's Act, abuse of a child is when harm is done to a child – and includes sexually abusing a child or allowing a child to be sexually abused. Sexual abuse in relation to a child means sexually molesting a child or exposing a child to pornography.

The Department has a significant role to play in preventing the released child molester to sexually molest a child again.

One of the basic needs of the child is to be protected from physical or psychological harm, and therefore needs to be protected from child molesters. When child molesters are released from prison, they need to have changed their behaviour, in the end, so as not to harm any child again. Many people in the community would like to have offenders locked up, never to be released to society again. Unfortunately, these child molesters will be released, and communities need to have a strategy in place to deal with this (Plaatjies, 2008:239-240).

The Department of Correctional Services has thus a responsibility towards children to rehabilitate these offenders so that they do not re-offend. As discussed earlier, the offender himself must also be committed to rehabilitating himself.

According to the Act, child molesters can never again work with children, and their names are put on a Sex Offender Register which indicates that they are unsuitable to work with children.

The best interest of the child is very important, and must always be the goal when treating child molesters. These offenders need to understand the damage they have



caused to their victims. Because of their strong defence mechanisms, it is difficult to guide them towards this insight. They need to gain insight and accept personal responsibility for the hurt they have caused the victim. When they are exposed to seeing the crime from their victim's point of view, empathy can develop.

The Children's Act is there to give effect to certain rights of children which are in the Constitution, and to principles relating to the care and protection of children. Parents' responsibilities to protect their children are also highlighted in the Children's Act.

### **3.6.3 Social Work Services Policy**

The policy was developed to enhance the rendering of social work services to offenders. It has the basic principles of the social work profession with regard to offenders' needs and interests. This policy gives guidelines on social work services rendered to offenders and gives uniformity to what services and programmes must be rendered to offenders.

The objectives of the policy are to

- regulate social work services to offenders
- render efficient and effective social work services
- protect client and therapist
- social workers must be regulated according to legislation and codes of ethics governing the profession of social work in Corrections
- develop and provide needs-based programmes to special categories of offenders
- optimise participation of offenders in social work services
- develop a body of knowledge and best practices on social work services
- market social work services

- encourage multidisciplinary team working with offenders
- restore relationships between victims, offenders, families and the community
- prepare offenders to become law-abiding citizens after release
- develop partnerships when rendering social work services

Policy principles include acceptance of all clients, availability and accessibility of services, respect for human dignity, quality services, confidentiality when working with clients, social work interventions, consultations, consent of clients when getting involved with therapy, partnership, referrals to other therapists or organisations, and recording of all work done with clients.

This policy is implemented nationally, and the Accounting Officer will see that all social workers adhere to this policy. Head office, regional offices and Area Commissioners monitor the social workers on a regular basis (Department of Correctional Services: Social Work Services Policy, 2007:7-11).

#### **3.6.4 Restorative justice**

Restorative justice is a problem-solving approach to crime, and involves the offender, the victim, their families and the community. The goal of restorative justice is to heal the harm caused by the offender. If a convicted offender commits the same crime again, the retributive system has failed in changing the behaviour of the offender, and, surely, the victim's safety was not guaranteed (Plaatjies, 2008:239). The offender must realise the harm and hurt they have caused to the victim, and this can happen through restorative justice. The offender must be held accountable, in restorative justice (McAlindin, 2007:6).

The goal is also to create peace in communities, and to encourage participation between the victim and the offender, to find solutions for conflict. Forgiveness by the victim is

regarded as a bonus. Restorative justice, when working with sex offenders, can ensure that the victim is safe, both the victim and offender receive therapy, and are reintegrated into the community. Communities will feel safer if they know they are part of this process (McAlindin, 2007:6).

When implementing restorative justice, caution needs to be taken that the victim is not victimised by the child molester. Preventative measures need to be taken by parents in the community.

### **3.7 TREATMENT FOR CHILD MOLESTERS IN SOUTH AFRICAN CORRECTIONAL CENTRES**

The current rehabilitation programme for sexual offenders, by the Department of Correctional Services, is not implemented by all the correctional centres. This sex offender treatment programme is not even approved by the Minister of Correctional Services, and the social workers use whatever they think is important; in some cases they do not even run a sex offender programme (Chapter 4).

There is currently a “Preparatory Programme on Sexual Offences” for sexual offenders. This programme focuses on group work therapy, and guides offenders towards gaining knowledge on basic sex-related issues.

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. Elements of basic life skills and restorative justice are also covered in the rehabilitation programme.

The offenders get referred to a social worker or psychologist when they need more serious intervention. The objective of this programme is to provide knowledge to sexual offenders about their sexually offending behaviour as well as targeting the offending behaviour.

Goals of the programme:

- Identify why they have offended
- Give information on basic sexual development and biological development of humans
- Information given on legalities of sexual offending
- Roles and identity differences between male and females
- Identify triggers to sexual offending and how to prevent them
- Taking responsibility for their offending behaviour and consequences of the crime
- Restoration of relationships through restorative justice
- Guidance to empower them not to re-offend, as well as relapse prevention  
(Correctional Services Preparatory Programme on Sexual Offences, 2006:3).

This programme is conducted once a week over a period of nine weeks, for 60-90 minutes per session. The offenders receive a workbook where they have to do homework for the next session. An attendance register is completed at every session, each member in the group evaluates the process, and the therapist evaluates each member's participation during the session.

Although the Department of Correctional Services has a programme for sexual offenders, it still faces some challenges in terms of the rehabilitation of child molesters. These challenges are discussed in the final chapter.

### **3.8 SUCCESS OF TREATMENT**

The treatment approach of child molesters is based on cognitive-behavioural intervention, and the goal is to prevent a relapse. This kind of treatment includes both individual and group therapy. There are different opinions on the success of therapy. Some studies

show that treatment is effective, but others indicate that recidivism is not reduced after treatment (Prendergast, 2004:4)

Some critics maintain that treatment reduces re-offending, while others differ and state that re-offending is still occurring even after a child molester has undergone therapy.

#### *Treatment is effective*

Several studies have reported positive results regarding the effectiveness of treatment. In one of the studies it was found that the re-offending rate of child molesters who completed treatment was 13%, while re-offending was 17,7% for the group that did not complete their treatment (Osborn, 2007:6).

A study conducted by Osborn (2007:7) shows that only 2% of treated offenders re-offend, while 25% of non-treated offenders re-offend. It can be said that different studies show that the re-offending behaviour is lower when offenders are treated, and also when they finish their treatment.

A report by Hanson et al. (2002) on the effectiveness of psychological treatment for child molesters, indicates that the recidivism rates were 12,3% for the treated group and 16,8% for the untreated group. Osborn (2007:9) found a recidivism rate of 14,5% for treated and 33,2% for untreated child molesters, in a Canadian correctional facility.

#### *Treatment is not effective*

Some of the critics conducted their own studies, and concluded that child molesters cannot be treated.

When an empirical study was done with child molesters, the treated group had no significantly lower recidivism rate compared to the group receiving no treatment (Hanson, Steffy & Gauthier, 1993:646:652).

Furby et al. (1989:27) conclude that “there is yet no evidence that clinical treatment reduces rates of sex re-offences in general...” They conclude that more modern techniques may hold good results for effective treatment of child molesters.

Difficulties when measuring recidivism, according to Osborn (2007:9), is because of the definition of recidivism and inaccurate measuring of it in sexual offences. Sexual re-offending is not easily registered, because there is a secretive nature when sexual crimes are committed. The sexual register which is managed and updated by the Department of Justice and constantly updated, could in future assist in the measuring of recidivism.

Child molesters definitely benefit from treatment, and are the best group of sexual offenders when cognitive behavioural modification is part of the treatment plan.

### **3.9 INTERNATIONAL STANDARDS IN TREATMENT**

The focus of this chapter is also on the treatment of imprisoned child molesters. The aim is to describe what treatment is available internationally, as well as in South African correctional centres. The policies and the Act from the Department of Correctional Services were studied and the complexity in the treatment of these offenders was discussed. International standards relevant to, and treatment programmes available to, child molesters in prisons, are also discussed.

Although the circumstances in South African correctional centres are different from those in other countries, certain basic aspects are the same. The goal must be, in the end, to

“break the cycle of crime”, and although the White Paper on Corrections in South Africa (South Africa, 2005:74) is the responsibility of Government, it should rather be between the government and the community.

### ***3.9.1 INTERNATIONAL STANDARD MINIMUM RULES FOR THE TREATMENT OF PRISONERS***

South Africa is one of the countries which signed the Standard Minimum Rules for the Treatment of Prisoners, and therefore, these rules need to be obeyed. Although these are guidelines for inmates in general, many of the rules also apply to imprisoned child molesters. The Standard Minimum Rules of particular interest to child molesters are discussed in this chapter, with an indication of how these rules are applied in the South African Correctional Services.

#### **PART I**

##### **Rule 7:**

7. “(1) In every place where persons are imprisoned there shall be kept a bound registration book with numbered pages in which shall be entered in respect of each prisoner received:

- (a) Information concerning his identity;
- (b) The reasons for his commitment and the authority therefore;
- (c) The day and hour of his admission and release.

(2) No person shall be received in an institution without a valid commitment order of which the details shall have been previously entered in the register.”

This rule is about the basic information of prisoners. It is important to have the details of a prisoner’s offence, in a register. With this information, all the sexual offenders and child molesters are registered in the prison system, and can be involved in treatment programmes for child molesters. In South Africa this information is not available in all prisons.

**Rule 8:**

8. “The different categories of prisoners shall be kept in separate institutions or parts of institutions, taking account of their sex, age, criminal record, the legal reason for their detention and the necessities of their treatment.”

**In South Africa, child molesters are not kept from other kind of offenders. They are in the same section as other offenders. The ideal situation is to have these offenders all kept in the same section, away from other offenders.**

Different categories of prisoners are to be kept in separate institutions and their criminal record taken into account when placing them. Thus, child molesters can be kept in a separate section and focused therapy can be given to them.

**PART II**

**Rule 58:**



58. “The purpose and justification of a sentence of imprisonment, or a similar measure deprivative of liberty, is ultimately to protect society against crime. This end can only be achieved if the period of imprisonment is used to ensure, as far as possible, that upon his return to society the offender is not only willing, but able, to lead a law-abiding and self-supporting life.”

The protection of the community against crime is very important. When the child molester is released from prison, he must be willing and able to be a law-abiding citizen.

**Rule 59:**

59.” To this end, the institution should utilize all the remedial, educational, moral, spiritual and other forces and forms of assistance which are appropriate and available, and should seek to apply them according to the individual treatment needs of the prisoners.”

Individual treatment needs of prisoners are very important. The child molester has specific emotional needs and problems that need attention. This differs from other prisoners, and needs specialised treatment.

**Rule 61:**

61.” The treatment of prisoners should emphasize not their exclusion from the community, but their continuing part in it. Community agencies should, therefore, be enlisted wherever possible to assist the staff of the institution in the task of social rehabilitation of the prisoners. There should be, in connection with every institution,

social workers charged with the duty of maintaining and improving all desirable relations of a prisoner with his family and with valuable social agencies. Steps should be taken to safeguard, to the maximum extent compatible with the law and the sentence, the rights relating to civil interests, social security rights and other social benefits of prisoners.”

Before release, the prisoner must be prepared to be reintegrated into society and become a part of the community. It is a fact that child molesters are stigmatised in society and not welcomed after release in the community (Bosch-Britz, 1999:13). These offenders will be released, and communities also need to be informed of this, and they need to work together with other role players to handle it (McAlinden 2007:10). Offenders need to be prepared for this negative behaviour from the community; otherwise they will relapse when rejected by the community. Support systems need to be created in the form of NGOs. In Canada they have extended support for child molesters after release: the Circles of Support and Accountability (Plaatjies, 2008:240).

**Rule 63:**

63. “(1) The fulfilment of these principles requires individualization of treatment and for this purpose a flexible system of classifying prisoners in groups; it is therefore desirable that such groups should be distributed in separate institutions suitable for the treatment of each group.”

The individualisation of treatment is very important, and classifying of prisoners in groups is important. Unit management prisons are therefore the ideal when doing individualised therapy.

**Rule 64:**

64.” The duty of society does not end with a prisoner's release. There should, therefore, be governmental or private agencies capable of lending the released prisoner efficient aftercare directed towards the lessening of prejudice against him and towards his social rehabilitation.”

Aftercare is very important when prisoners are released. With child molesters it is very important to have a support system in place when they are released. This will help in relapse prevention. The role of community corrections and other welfare organisations is very important for these offenders to become part of society again.

**Rule 65:**

65.” The treatment of persons sentenced to imprisonment or a similar measure shall have as its purpose, so far as the length of the sentence permits, to establish in them the will to lead law-abiding and self-supporting lives after their release and to fit them to do so. The treatment shall be such as will encourage their self-respect and develop their sense of responsibility.”

This rule focuses on life after release, and wants offenders to be law-abiding citizens who have self-respect. If a child molester is not helped and treated during imprisonment, he will not have the ego-strength to become a law-abiding citizen with self-respect. The stigmatising of their offence is difficult to let go of.

**Rule 66:**

66.” (1) To these ends, all appropriate means shall be used, including religious care in the countries where this is possible, education, vocational guidance and training, social casework, employment, counselling, physical development and strengthening of moral character, in accordance with the individual needs of each prisoner, taking account of his social and criminal history, his physical and mental capacities and aptitudes, his personal temperament, the length of his sentence and his prospects after release.”

A whole team of professional people needs to work together to treat each prisoner according to their individual needs, and take into account their social, criminal, physical and mental history. The child molester has specific problems that needs attention, and a multidisciplinary team in prison can adhere to this.

**Rule 67:**

67. “The purposes of classification shall be:

(a) To separate from others those prisoners who, by reason of their criminal records or bad characters, are likely to exercise a bad influence;

(b) To divide the prisoners into classes in order to facilitate their treatment with a view to their social rehabilitation.”

Prisoners are to be separated in order to treat them according to their different social problems/needs. Prisoners with the same problems or negative behaviour are to be held in a separate section, and social treatment can be given to them.

**Rule 68:**

68.” So far as possible, separate institutions or separate sections of an institution shall be used for the treatment of the different classes of prisoners.”

Separate units or sections are to treat the different classes of prisoners. The child molester can be kept in a different section than a murderer. Their profiles of crime are different, as well as the treatment of different offences.

**Rule 69:**

69.” As soon as possible after admission and after a study of the personality of each prisoner with a sentence of suitable length, a programme of treatment shall be prepared for him in the light of the knowledge obtained about his individual needs, his capacities and dispositions.”

Every prisoner should be involved in a treatment programme after an assessment is made and information is gained about his individual needs, his capacities and character. According to Kruger (1995:58-60), an intensive evaluation and assessment needs to be compiled and a care plan must follow. West (1987:242) also elaborates on the importance of a thorough assessment.

**Rule 79:**

79. “Special attention shall be paid to the maintenance and improvement of such relations between a prisoner and his family as are desirable in the best interests of both.”

The relationship between the prisoner and his family needs attention and must be maintained. With child molesters, their family rejects them and does not want to have a relationship with them anymore. Sometimes the child victim is by law forbidden to have contact with the offender, and the mother will support her child and divorce the child molester. Care must then be given to help him with another support system to be there for him – e.g. his parents or siblings.

**Rule 80:**

80.” From the beginning of a prisoner's sentence consideration shall be given to his future after release and he shall be encouraged and assisted to maintain or establish such relations with persons or agencies outside the institution as may promote the best interests of his family and his own social rehabilitation.”

Relationships after release need to receive attention. A plan must be incorporated for his support system after his release. Outside agencies such as NGOs or churches, need to become involved when therapy starts to be of assistance, when he is released.

**Rule 81:**

81. “(1) Services and agencies, governmental or otherwise, which assist released prisoners to re-establish themselves in society, shall ensure, so far as is possible and necessary, that released prisoners be provided with appropriate documents and identification papers, have suitable homes and work to go to, are suitably and adequately clothed, having regard to the climate and season, and have sufficient means to reach their destination and maintain themselves in the period immediately following their release.”

Services and agencies which assist prisoners after release, need to be put in place. They need to plan together with Correctional Services for the reintegration of the prisoner into the community. Reintegration is about role playing that helps and guides the prisoner’s release process. Child molesters, when released, need support systems to help them put a relapse prevention plan in place. This can assist them to obtain help before they have a relapse or re-offend (Burton & Rasmussen, 1998: 243).

**3.9.2 INTERNATIONAL TRAINING COURSE**

The 133<sup>rd</sup> International Training Course was held during 15 May – 23 June 2006. The course looked at the “Effective Prevention and Enhancement of Treatment for Sexual Offenders”.

During this course, current sexual offender treatment in correctional institutions, as well as new treatment programmes, were examined. Some countries have units for sexual offenders, and provide intensive treatment to achieve better effects.

Each child molester has their own unique problems, such as low self-esteem, inability to control their anger, and substance abuse – which was possibly there when the crime was committed, and it is therefore necessary to do a reliable risk and needs assessment when a therapist starts the treatment process. It is suggested that it is important to explore possible strategies at each stage of the criminal justice system, from the preventative activity, investigation process and prosecution, to rehabilitation of offenders.

The United Nations has taken measures to contest problems related to sexual offences. Although each country differs, there are certain aspects that are the same regarding treatment for sexual offenders. Information is shared about sexual offences, punishment, prevention, the treatment of sexual offences, and the challenges that each country experience regarding this issue.

In summary, among the major topics to be discussed are the following:

- (1) To examine and analyse the current situation of sexual offences, the legal framework of prevention, punishment, and treatment for sexual offenders, and practices and programmes for prevention and treatment:
  - (a) Current situation of sexual offences and other related offences
  - (b) The legal framework of punishment and treatment
  - (c) Preventive measures and treatment programmes
- (2) To identify current problems and challenges faced by each country/jurisdiction, and their practices concerning prevention of sexual offences, punishment and treatment for sexual offenders.



- (a) Investigation, prosecution, and sentencing procedures (including legislation and punishment)
  - (b) Institutional treatment programmes
  - (c) Community-based treatment programmes and supervision
  - (d) Preventive measures
  - (e) Inter-agency cooperation
- (3) To explore effective measures and strategies to improve prevention and treatment programmes for sexual offenders at each stage of the criminal justice system.
- (a) Best practices and empirical studies
  - (b) Effective preventive measures/treatment models at each stage of the criminal justice system
  - (c) Inter-agency cooperation to establish an integrated sexual offender treatment model
  - (d) Preventive measures/treatment models applicable to each country

### **3.10 UNITED NATIONS COMMISSION ON CRIME PREVENTION AND CRIMINAL JUSTICE**

The Programme Network Institute (PNI) Workshop was held in Vienna on 23 April 2007, hosted by the International Centre for Criminal Law Reform & Criminal Justice Policy. They highlighted the safe and successful offender reintegration strategies and named the CoSA Model (Circles of Support and Accountability).

Standard minimum **Rule 64** is important and the role of society when a sexual offender (child molester) is released, is outlined.

**Rule 17.2 and 19.2** (UN Standard Minimum Rules for Non-Custodial Measures – Tokyo Rules) are also important, and examine public participation and volunteers when offenders are released in the community. The involvement of the community and volunteers can also be a safety net for the child molester and help prevent relapse to his previous negative behaviour. Osborn (2007:6) confirms that 17% of child molesters who did not become involved in treatment programmes, re-offended.

#### **3.10.1 Circles of Support and Accountability Overview (CoSA):**

This programme started in 1993 in Canada and is currently very successful. The involvement of the community is very important. When a sexual offender or child molester is not treated in prison, he will be a high risk to re-offend, and it will increase if there are no social support or community resources.

#### ***CANADIAN RESULTS***

Sex offenders with no CoSA:

These offenders have a high rate of re-offending – they re-offend at rates predicted by actuarial measures. This can be confirmed by the research done by Osborn (2007:6).

Sex offenders with CoSA:

- They re-offend 50-60% below expected recidivism rates
- Offences is less brutal, less invasive and less injurious
- More than 80% fewer instances or sexual re-offending
- More than 70% fewer offences of any kind
- Over 75% fewer charges laid against them after release (Bob Brown, PNI Workshop:2007-04-23).

**Rule 22.1** UN Standard Minimum Rules for Non-Custodial Measures –Tokyo Rules)

Here it is all about other agencies all working together to help offenders reintegrate into the community. This means other departments in the criminal justice system, social development, and welfare agencies in fields as health, housing, education, labour and mass media.

The mission emphasises “the promotion of effective partnerships to improve the administration of criminal justice in Canada”. A committee is compiled which included senior police, correctional officials, parole board officials and attorneys.

In England, the MAPP (Multi Agency Public Protection Arrangements) Committee has originated. Assessment and management of offenders who create a risk of serious harm, is the objective of MAPP. McAlinden (2007:10) is of the opinion that child molesters will be released on parole, and communities must be prepared for this and work together with the government on successful reintegration of these offenders.

### **3.10.2 CoSA and MAPPA**

Over a three year period (2002-2005), 8 out of 20 sexual offenders involved in the CoSA/MAPPA exhibited re-offending behaviours:

- No one was reconvicted for a new sexual offence.
- One offender was reconvicted for breach of the Sex Offence Prevention Order.
- In 7 of the 8 cases it was the activities of CoSA (Circles of Support and Accountability)/MAPPA that identified the recidivist behaviour.

The important role of the community and volunteers is highlighted in combatting the re-offending of child molesters. There are certain challenges that still need attention:

- Criminal justice partners must link with one another.
- More focused research and evaluation is needed.
- Communities must play a significant role when releasing sexual offenders.

## **3.11 TREATMENT PROGRAMMES FOR SEXUAL OFFENDERS: INTERNATIONALLY**

### **3.11.1 BRITISH PRISONS**

Since 1991, a Sex Offender Treatment Programme is voluntarily available in British prisons. The aims of these programmes are to change cognitive behaviour and develop victim empathy by the offender. Relapse prevention awareness is also an important aspect. Anger management, relationship skills and fantasy modification is also worked into this programme to make it more intense. They must also accept accountability and responsibility for their behaviour.

The programme consists of 86 sessions of 2 hours each. They must be motivated to avoid re-offending, and they must develop empathy for their victim. If they realise what damage they have done to their victim, it will influence the possibility of re-offending. Coping strategies to avoid relapse are achieved through this programme.

After this programme, they can become involved in a 60-hour Booster programme. The offender is prepared for release and for the realities facing them when they are released.

The offenders are also involved in a 50-hour “Thinking Skills Programme”. In this programme they receive information on problem solving and decisionmaking skills. They need to realise the consequences if they offend again, and consider alternatives.

Before this programme starts, each sex offender is assessed and screened. The success of this programme is based on group cohesion. There must be collaboration between prison and probation services. Follow-up programmes after release are very important, and support must be given to these offenders.

There is some exclusion in this programme. The following offenders cannot participate: offenders who are mentally ill, those with a severe personality disorder, those whose IQ is less than 80, and those who pose a suicide risk.

Sexual offenders who have attended these programmes show a reduction in re-offending. (Prison Sex Offender Programme: MAPPA: 2002-2005).

### 3.11.2 CANADA

The Canadian Correctional Services is at the forefront when it comes to sexual offender treatment programmes. Many offenders receive treatment which helps them not to re-offend. The John Howard Society works with sex offenders, and determines which treatment methods work the best for which sex offenders. It is important to differentiate between rapists and child molesters. A different treatment programme is used for child molesters (they victimise children) as which is used for rapists (they mainly victimise adult women).

Child molesters can be subdivided further into incest offenders (familial relation) and non-incest offenders (no familial relation). Hanson (2001) concludes that child molesters are the least likely to re-offend if treated for their problem. This treatment programme is run by the Alberta Mental Health Board. They use a comprehensive approach, where the whole person is treated – not only the crime that was committed. A combination of several therapies, in a conducive environment, is used to obtain the best results.

The Alberta Mental Health Board offers the Phoenix Treatment Program. They treat convicted sex offenders who volunteer from the federal and provincial correctional systems. The treatment varies over a period of six to ten months. The sex offenders are required to attend 32-35 hours of therapy weekly, which includes psychotherapy, victim empathy, cognitive restructuring, anger management, recreation, substance abuse, relapse prevention, life planning and goal attainment.

#### *Psychotherapy*

This is a psychological phase, and various aspects are discussed, including socialisation with other people, relationships with the opposite sex, and family background, and a genogram can be compiled to obtain more information on this. A genogram is a family tree with three or four generations and records major family events such as marriage, divorce or role alignments.

#### *Victim empathy*

This exposes the offender to the victim's point of view, and there is encouragement of empathy for the victim. The offender must also take responsibility for his actions.

### *Cognitive restructuring*

Attention is given to identifying and challenging cognitive distortions. The therapist's argument against these distortions is not as effective as those of the other group members who argue and confront these distortions in support of the therapist.

### *Anger management*

In this session, controlling of anger is discussed as well as why they experience this anger.

### *Recreation*

In this session they discuss their hobbies and things they do in their spare time. They need to keep themselves busy, otherwise they tend to have deviant fantasies which can become a crime if they do not work on it.

### *Substance abuse*

Alcohol and drug use lower one's inhibitions and self-control. If they are under the influence, they can easily become involved in crime, because they do not think properly or act in a sober manner.

### *Relapse prevention*

The offender is taught to recognise seemingly unimportant decisions (SUD), which are the decisions taking place in them to re-offend. An example would be to go for a walk in the park where you know children are playing.

### *Life planning*

They have to compile a plan for their life: what they would like to achieve and how they will achieve it. They need to know where they are going to, and what support they will have after release.

### *Goal attainment*

This is the procedure of how they will achieve their goals. Success is measured by the offender having stopped offending, as well as the ability to adapt in the community and to prevent replacing their sex offending with another pathological behaviour.

The treatment consists of three phases:

*Phase 1:*

The intense 6 to 12-month treatment schedule that is discussed in the previous paragraph, and which consists of all the aspects to help change their behaviour.

*Phase 2:*

When the offender is in the community, he becomes involved in treatment for 4-8 months. The treatment is daily, for four hours in the evening. He receives support from his group; it helps him not to re-offend, and makes him strong to resist temptation.

*Phase 3:*

This is a weekly follow-up group, and stretches over a longer period. It continues until the offender feels he is ready to cope on his own. Here he can have lifelong membership, and there is support from the Phoenix Program staff.

This programme is voluntary, and is seen as one of the most effective sex offender treatment programmes available. The recidivism rate for offenders attending this programme is low, and this programme has received a great deal of respect in the treatment arena. (Howard, 2002:10).

### **3.11.3 COUNTERPOINT HOUSE: EDMONTON**

This programme focuses on adolescent sex offenders between the ages of 13 to 18. The aim of this programme is the reduction of adolescent sex offender recidivism. They remain in the



Alberta Mental Health Board Unit for a minimum period of six months. There are eight beds in this facility.

The programme includes the following aspects:

The offenders attend the day programme, which includes school, part-time or full-time work, and four community recreation outings per week. Therapy consists of cognitive restructuring, psychotherapy and skills therapy:

### *Cognitive restructuring*

Attention is given to identifying and challenging cognitive distortions. Group members need to confront one another to argue these distortions, and support the therapist in changing their way of thinking. Offenders need to deal with their offence patterns, to prevent further offences.

The session focuses on sexual fantasies which caused them to offend initially. They need to record their sexual fantasies. Deviant fantasies are discouraged, and replaced with appropriate fantasies (Howard, 2002:11).

### *Psychotherapy*

The focus of this group is “getting out the secrets”. This is based on the idea that child molesters live secret lives, and are often victims of sexual abuse themselves (Howard, 2002:13).

The success of this group lies in participation of group members, personal disclosure, the ability to discuss sexual offending, insight in personal issues that lead to offending behaviour, and also victim empathy.

### *Skills therapy*

This is divided into three sections, namely: anger management, relapse prevention and psychosexual education.

Anger management deals with the anger which they struggle to deal with. Offenders learn skills to cope with their anger. A distinction is made between aggressive and assertive behaviour.

In relapse prevention, they attempt to help offenders identify and address the high-risk incidents which promoted their sexual offending, and they learn to avoid re-offending. Subjects discussed are: empathy, urge control and cognitive restructuring.

The part on psychosexual education is about sexual offending issues, the effects of victimisation, the law, and offender and victim characteristics. A psychiatrist is available, and sometimes it is important to give psychotropic medication to offenders. The psychiatrist also trains the therapists in treatment of these offenders, and gives support to them.

#### **3.11.4 NEW ZEALAND**

Marques (1999) debates the effectiveness of sex treatment programmes in reducing sexual recidivism. There are many factors that can be the reason for ineffective sex treatment programmes. In New Zealand, treatment programmes tend to have positive evaluation outcomes. Australian sex treatment programme effectiveness is not determined, and needs serious evaluation.

Prison- and community-based programmes are available for adults and adolescents who have sexually offended. Treatment programmes differ from programmes in Australia.

They focus on the following:

- child molesters
- include strong cultural components in the treatment that benefit indigenous and non-indigenous offenders
- no separation between indigenous and non-indigenous offenders
- strong relapse and integration components in the treatment

### ***KIA MARAMA TREATMENT PROGRAMME***

This is a group-based programme where group members challenge one another.

Cognitive behavioural theory and social learning theory are incorporated, and include the following:

- understanding the offending behaviour
- arousal conditioning – identifying and decreasing deviant sexual behaviour
- victim empathy
- relationship skills
- relapse prevention
- relapse planning and aftercare

This programme is all inclusive, and gives attention to important aspects in the therapeutic process of the sex offender. This programme is based at the Rolleston prison in Christchurch.

The programme consists of a 60-bed unit for convicted offenders. The programme is very structured, and stretches over a period of 33 weeks, where inmates are involved in 9 hours of therapy per week.

### ***THE PIRITI SPECIAL TREATMENT PROGRAMME***

This programme is based at the Auckland Prison, and consists of a 60-bed special treatment unit for child molesters. The aim of this programme is to treat men who have committed sexual offences against children, and help them to avoid re-offending.

The programme takes each offender's characteristics, rehabilitative needs and cultural background into consideration. Restorative activities are used together with therapy, to make it more successful. There are ten group members involved in a programme, which runs over six months. The programme is voluntary, and they must admit to their crime. They must not suffer from a mental illness, and not be convicted of a sexual offence against someone under the age of 16 years. They must be 20 years or older.

When offenders are admitted to this programme, they undergo psychological assessment for three weeks, and must abide by the rules of the therapeutic programme. They must be honest about their offence, and open to changing this negative behaviour. They must stay away from drugs or other illegal activity, or sexual activity, in the unit.

After release, they attend monthly relapse prevention programmes, as well as support groups which are facilitated by trained probation officers.

### **3.11.5 AUSTRALIA**

The efficiency of sex offender treatment programmes is not available. There are currently five different programmes for sex offenders available in Australia. The Male Adolescent Program for Positive Sexuality (MAPPS) is a program that has been used since 1999. This is Victoria's first offence-specific programme targeted at adolescent perpetrators of sexual abuse.

The importance of the intervention in adolescence is as follows:

- 30-50% of child molestation cases are perpetrated by adolescent males.
- Early interventions prevent future victims.
- Early intervention before the behaviour becomes chronic or embedded.

The young adolescent must take responsibility for his offending behaviour, and change to leading a life without offending. This process already starts in the courtroom, and continues throughout treatment. It is continuous, with no definite end date.

A group process is followed over a period of 11 months, with weekly sessions. Individual as well as family sessions form part of the treatment process. The offenders are constantly challenged by their offending, and are motivated to be honest and optimistic about changing their behaviour.

This programme includes the following:

- cognitive restructuring
- social skills improvement
- relapse prevention
- victim awareness
- education on sex and sexuality

The five stages of the programme are as follows:

- *Assessment of child molester*

During this process, information on the general history, sexual history, statement of abuse, pattern of abuse, motivation of abuse, criminal history, degree of compulsivity, impulse control problems, distortion of thought and mental illness, is assessed and discussed.

- *Basic group process*

Basic aspects are discussed, such as social skills, sex education, conflict and anger management training, and also self-esteem. Many child molesters have low self-esteem, and this needs attention. Basic exercises to improve self-esteem are: How do I describe myself? What would I like to change? How do people see me? How did my thinking about myself get me here?

- *Transition programme*

This part is about change, and how to change behaviour, thoughts, impulse control and deviant fantasies.

- *Advanced group*

This is about relapse prevention and how to prevent re-offending. Skills are learned on how to change behaviour, and thoughts that lead to offending.

- *Follow-up and support*

This is an ongoing process, and these services are also available when they are released on parole.

### ***CUBITT PROGRAMME***

This programme accommodates 40 moderate to high risk sex offenders. This programme has an adapted programme which concentrates on sex offenders who are illiterate, experiencing communication problems, borderline functioning (personality disorder), or other special needs (for instance a low IQ). It is essential that the child molester takes responsibility for his offending behaviour. The duration of the programme is 12 months. The aim of this programme

is to identify the offending cycle of sex offenders, to evaluate victim issues (the reality of the damage they have done to the victim, victim empathy) and to develop a relapse prevention plan.

With relapse prevention they are taught to recognise seemingly unimportant decisions (SUD) which put them in a position to re-offend. Dangerous situations are identified in each offender's own context, and evaluated in terms of frequency and outcome.

### **3.12 SOUTH AFRICA**

There is currently a Preparatory Programme on Sexual Offences in South African correctional centres. It is for offenders with sexual offences, and was compiled after the White Paper on Corrections (2005) stipulated that Corrections is a key delivery area with regard to rehabilitation.

This programme is discussed in detail in Chapter 4, but it is important to state that it focuses on knowledge of and insight into basic sex-related themes. Attention is also given to the legal implications of offending, causes of sexual offending behaviour, as well as taking responsibility for the offence and attending to themes such as the consequences of crime, and restorative justice.

Other important aspects are coping and decision making skills which empower the offender in his future life planning, and relapse prevention is also discussed. The programme has practical exercises in a workbook to ensure maximum participation during the programme (Department of Correctional Services Preparatory Programme, 2006:2).

### 3.13 CONCLUSION

In this chapter, the profile of a child molester was given as well as the role that Correctional Services plays in the rehabilitation of child molesters. The societal responsibility is also explained, and it can be concluded that the Department of Correctional Services has, indeed, a very important role to play in the rehabilitation of child molesters.

Information is also given about the White Paper on Corrections and what it says about rehabilitation. The role of the Children's Act is also given, and the link between the Act and the rehabilitation of offenders is explained.

The subject of sex offender rehabilitation has evoked much criticism. On the one hand some supporters of rehabilitation say that treatment is effective and re-offending of these offences has reduced. Critics of treatment maintain that treatment is not effective, and there is still re-offending among sex offenders who have attended treatment programmes.

The importance of the community in the rehabilitation process is also highlighted as being very important. These offenders need a great deal of support and guidance when they are released. When they are on the verge of relapsing, they need to know where they can go for help and support. Non Government Organisations, such as NICRO or KHULISA, together with churches, play an integral role in this support, and will work with the whole family, offender and community as such.

The restorative justice approach should be encouraged in the rehabilitation process of sex offenders.



## CHAPTER 4

### ANALYSIS AND INTERPRETATION OF EMPIRICAL FINDINGS

#### 4.1 INTRODUCTION

In this study, the researcher explored the role of the Department of Correctional Services in the rehabilitation of child molesters. The community wants these offenders to be locked up and not to re-offend when released. Although the Department of Correctional Services 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 process.

It is often seen in the media that many sex offenders re-offend again (*Beeld*, 2011:1; Bartol & Bartol, 2008:620). Ongoing therapy with child molesters is important to prevent re-offending, because it is easy for these offenders to fall back into old deviant habits. The Circles of Support and Accountability programme in Canada is a good example where child molesters and sex offenders receive support in the community, after release. The community does not want child molesters to re-offend, and want to live in a safe society. The ideal situation would be for child molesters to be kept in prison, safely, by using locks and barbed wire. Unfortunately, these offenders will be paroled and released, and then they will be reintegrated in the community. This is a reality which communities do not really want (McAlinden, 2007:10).

The focus of this chapter is to give feedback on the findings from data collected by means of a questionnaire and the interviews with 20 social workers. A summary of the findings are given at

the end of this chapter. In the next and final chapter, recommendations are made in terms of the findings.

## **4.2 FINDINGS WITH REGARD TO THE RESEARCH QUESTION**

De Vos (1998:115-116) concludes that research is based on certain questions that need to be addressed. These questions are aimed at finding answers to the gaps that have been identified, and on which the research is based. The following research questions were posed in Chapter 1, and guided the study on which the findings and recommendations are based.

### **To what extent does the Department of Correctional Services deliver on its social and legal mandate towards the rehabilitation of imprisoned child molesters?**

The White Paper on Corrections and the Social Work Services Policy in the Department of Correctional Services both focus both on the sex offender and not on the child molester. They both cover the Sex Offender Treatment Programme and service delivery to the sex offender. The difference between a rapist and a child molester is not manifested in their policies. In some countries, such as Canada, there are different programmes for rapists and child molesters (Chapter 3) because there is a difference in the victim's profile and the act.

According to the respondents, the Department of Correctional Services focuses on both rapists and child molesters during the programme. The policy and the White Paper also base their service level standards on the term 'sex offender'. Chapter 3 discusses this, and also compares international practices.

### **Does the mandate of the Department of Correctional Services sufficiently cater for the rehabilitation of child molesters?**

The mandate of the Department of Correctional Services focuses on sex offenders and not on child molesters, and about 50% of the respondents felt that Corrections needs to separate the child molester from the rapist, because the focal point is different. The successes that Canada has with their different programmes, in Chapter 3, can perhaps motivate the Department of Correctional Services to research this further.

**Is there a clear and written legal and policy framework in place which spells out the role of the Department of Correctional Services towards the rehabilitation and social reintegration of child molesters?**

Both the White Paper on Corrections as well as the Social Work Services Policy focus on the rehabilitation and social reintegration of sex offenders. They do not only focus on child molesters. Chapter 3 discussed this clearly.

The respondents also indicated that they run the sex offenders programme with rapists and child molesters. The Sexual Preparatory Programme that is currently used includes both rapists and child molesters.

**Are there programmes available which are specifically aimed at the rehabilitation and social reintegration of child molesters?**

A preparatory programme is available, but not implemented in all the correctional centres. This information was given during the interviews and the answering of the questionnaire. It is discussed in Chapter 3, and the objective is to involve sex offenders in a correctional programme that addresses their sexual offending behaviour, through knowledge and skills. The possible causes of offending, information on their biological development, legal implications of sexual offences, roles and differences between males and females, triggers that can lead to sexual offending and the handling of it, taking responsibility for their offending, restoring relationships through restorative justice, and empowering offenders not to re-offend, are all topics covered in the programme.

There is a sex offender treatment programme waiting for the approval from the Minister of Correctional Services, and it will be implemented as soon as it is approved.

### **Are these programmes appropriate and benchmarked with international best practices?**

There are still many improvements that can be made in this programme, and 80% of the respondents said it must be standardised for child molesters. Areas of improvement in the current preparatory programme include focusing on the child molester, the profile of the child molester, focusing on the improvement of their self-image, handling of rejection, cognitive therapy and taking responsibility for the crimes they have committed. The period of the programme is too short to have serious behaviour changes taking place. More research needs to be done on what is relevant and non-relevant in the current programme.

In Chapter 3, international treatment programmes were discussed, and the following aspects can be mentioned: Britain, Australia and New Zealand do have sex offender programmes, and the programmes stretch over a period of one to two years and are very intense. In Canada they separate the child molester from the rapist, and the programme is followed over six to ten months. The intensity is more in other countries than in South African correctional centres.

### **To what extent is Correctional Services geared in terms of resources to provide the required services to child molesters?**

The Department of Correctional Services is not currently equipped to succeed in their services to rehabilitate child molesters. They have a shortage of social workers and psychologists, who are the role players in the rehabilitation process. There are currently only 473 social workers, and in 2008 there were only 36 psychologists available for a population of 162 162 offenders. 60% of the respondents indicated that their focus is on crisis intervention and not on effective programme delivery. The sex offender programme is also not approved by the Minister. In countries such as England and Canada there are sufficient programmes and professionals available to help sex offenders in their rehabilitation process. Different programmes available internationally are discussed in Chapter 3.

## **What are the realities and challenges that Correctional Services is facing with regard to the rehabilitation of child molesters?**

Social workers experience confusion regarding the policy on compulsory or voluntary involvement of offenders in programmes: 50% of the respondents think programmes are compulsory and the other 50% think they are voluntary. According to the tasks of social workers, “prisoners are voluntarily engage in social work services. They have the right to decline services if they so wish.”

The policy of Social Work Services is clear, in that rehabilitation is the priority of the Department of Correctional Services’ activities. They are developed to ensure that Social Work Services are available to all offenders and to ensure effective social work practices in the Department of Correctional Services. The policy is not clear on voluntary or compulsory involvement in programmes for offenders. The Social Work Services and Psychology Services mission and vision states:”Participation in programmes is mainly voluntary, except in cases in which it is necessary to expect participation in a certain programme (for example when the court recommends that an offender should receive treatment”). This unclear statement causes the professional officials in the Department of Correctional Services to have different interpretations of it.

Another obstacle for social workers is that they do not have a computer programme where information on all sentenced child molesters is available and accessible to them. They find it very difficult to get information on the types of sentences of offenders.

Another challenge is the available sex offender treatment programme (Preparatory Programme), which is not standardised, and not focusing on child molesters but on sex offenders as a group. The sex offender programme is also not approved at this stage, and social workers use their own (in some cases limited) knowledge, and work it into the programme to suit the client, according to 80% of the respondents. A lack of training in this specialised field is another barrier. All the respondents said that social workers do not feel they can render a service in such a specialised

field if they are not equipped to do so. This can be motivated by Prendergast (2004:291), and is discussed in Chapter 3.

The physical environment is also challenging, according to 80% of the respondents. Social workers need to work with child molesters, but do not feel safe in the correctional centres. There are not always correctional officials to secure their safety while conducting programmes. They would then rather not work in programmes with these child molesters, if they do not feel safe.

There are no records kept or statistics available on the rehabilitation of child molesters, and success can therefore not be measured. The Deputy Director: Social Work Services said that they fill in a form to record how many offenders they treat monthly, but no statistics are kept to see which offenders re-offend.

Aftercare is also another challenge. The White Paper on Corrections and the Social Work Policy also focus on the importance of the community after an offender is released. At some Community Corrections offices, no professional worker is available, due to a shortage of professionals in the Department of Correctional Services to run programmes, and this makes it difficult to involve relevant role-players such as church leaders, social workers, NICRO or other welfare organisations. Limited information is available to the respondents on how child molesters are referred for support to a Non Government Organisation after release. According to the policy procedures, the offender is referred with a referral letter or telephone call, and this links him to the required service.

#### **4.3 RESPONSES TO THE QUESTIONNAIRE AND INTERVIEWS**

**Responses to the interview schedules which were distributed to the respondents before the interviews as well as responses from respondents during the interviews are summarised below per interview item:**

- 1. What are the obstacles in the treatment that you have rendered to child molesters?*

This question was asked to determine what the challenges are for social workers when rendering services to child molesters. The following feedback was given by the social workers in the questionnaire: The child molester is not easily identified, and 80% of the social workers conclude that they do not have access to the records of offenders, where they can see which offender is in for a sexual offence. The information that they sometimes obtain is not sufficient regarding the crime committed, and they often need to request more information from the court – such as court remarks. This can become a lengthy process. These offenders will also keep a low profile, and do not want to participate in programmes because there is a stigma on this kind of offence (Prendergast, 2004:3; Bartol & Bartol; 2008: all the respondents).

Another obstacle, according to all the respondents, is that most social workers working in prisons are not trained to present a sexual offenders' programme. Prendergast, in Chapter 3, highlights the fact that therapists need to be trained in this specialised field. Some respondents said they have never specialised in this field, and feel that they are not equipped for this kind of therapy. No training is provided by the Department of Correctional Services in this regard.

Illiteracy and language are also two problems they experience and the respondents have difficulty in rendering a treatment service to child molesters. Of the respondents, 80% also experience that sex is a taboo topic for a female therapist in a correctional setting, and it is difficult for some of the social workers to discuss certain sex issues with offenders because they are mostly females working with male offenders.

Most of the social workers also experience that child molesters do not admit their guilt, and will often deny their involvement in the crime. It is common knowledge that admission of guilt is a prerequisite to successful rehabilitation; therefore, if child molesters do not accept responsibility for the crimes they have committed, they remain immune to change. This makes it very difficult, if the social workers are not trained or experienced to deal with this type of offender.

The number of social workers is 473, but only about 400 are working with offenders; the others are in managerial positions in the Department of Correctional Services. This is an obstacle, because there is a shortage of specialised workers to work with these offenders intensively. Their caseload is 400:162162 and represents 405 offenders to every social worker. Each social worker is supposed to have a caseload of 240 offenders, so there are definitely too many offenders per social worker.

## **Conclusion**

It is very difficult to work with child molesters, because they are in denial of what they have done. They also do not take responsibility for their actions, which makes therapy with them extremely difficult, while the chances of rehabilitation remain slim.

A feeling of unsafeness is experienced by the social workers, because the correctional officials do not guard them in the sections where the programmes are conducted. The majority of social workers (respondents) indicated that they are not equipped to present a sex offenders' programme.

## **2. *What kind of therapy is done with the child molester?***

**Individual Therapy**

**Group Therapy**

**Both**

**None**



This question was asked to determine what therapy is conducted by the social workers. The policy is very clear, in that social workers need to use all the methods available to them to do effective counselling.

All the respondents are conducting both individual and group therapy. They conclude that it is important to see most of the offenders individually to work on their individual problems.

## **Conclusion**

Both individual and group therapy are conducted with child molesters. The child molester usually approaches the social worker for involvement in programmes. Because the policy is not clear, and due to certain obstacles, the social workers rarely know which offenders are in for a sexual related offence. The Parole Board or Case Management Committee will also refer these offenders to become involved in therapy, according to 60% of the respondents.

### **3. *How does the child molester get referred to you for therapy?***

This question was asked to determine how child molesters become involved in therapy.

Child molesters often ask to see a social worker, and do it through a complaints and request process where they register in a book that they need to see a social worker. A few of the offenders will register for a programme to prepare themselves for when they see the Parole Board for placement on parole. In certain prisons, the Parole Board or the Case Management Committee will refer the child molester to a social worker, to write a comprehensive report to consider placement on parole.

In some of these cases, the Unit Manager will refer a child molester for therapy when they have worked through the case files. In a few cases, the court instructs that a particular offender must undergo a sex offender programme before release, and the Case Management Committee will inform the social worker about this. Psychologists are minimal; the Directorate has been vacant

since 2008, and the researcher could not gathered any information regarding the number of psychologists currently available. In 2008 there were only 36 psychologists for about 160 000 offenders, countrywide.

## **Conclusion**

The child molester usually approaches the social worker for involvement in programmes. The Parole Board or Case Management Committee will also refer these offenders to become involved in therapy.

### **4. *Is the therapy to child molesters compulsory?***

This question was asked to find out what the social workers do with child molesters: do they force them to attend programmes, or not? The policy regarding this was also important to study.

Almost half of the respondents said that offenders are not obliged to be involved in social work or psychology therapy. In some cases, according to two respondents, the Parole Board will only consider an offender for placement on parole if he has 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".

A few social workers said that therapy is not compulsory but voluntary. According to the Social Work Services Policy and the White Paper on Corrections, 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 is necessary to expect participation from a person in a certain programme (for example when the Court recommends...)".

## **Conclusion**

According to the mission of the Department of Correctional Services, therapy for offenders is conducted on a voluntary basis, unless instructed by means of a court order. There is confusion among social workers as to whether therapy for child molesters is compulsory or voluntary, because 50% said it is compulsory, and 50% said it is voluntary.

### **5. *Are there any child molesters that you are aware of, that were not involved in any treatment for their problem?***

About 30% of the respondents said they were aware of child molesters who are not receiving therapy, one worker was not sure, and the rest 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.

## **Conclusion**

According to the social workers they are not sure if there are any child molesters who are not involved in therapy. They do not have details available of all the offenders' crime details.

### **6. *Do you separate the child molester from other sex offenders?***

This question was asked to determine if sex offenders are all included together in their treatment programmes.

Less than 20% of the respondents said they separate the child molester from other sex offenders. The rest of the respondents don't separate them, because the number of child molesters is relatively small, and they cannot work with a group that is too small.

## **Conclusion**

The social workers said they deal with all sex offenders in one programme, because the number of child molesters is very small in relation to the total group of sex offenders.

### ***7. Is group therapy conducted 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.

Only one social worker separates the different categories of sex offenders. All the other social workers 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 offences. It is mostly a good idea to mix rapists and child molesters, because they can learn from each other. Howard (2002:3) on the other hand, has introduced the Canada programme, and according to him it is good to separate the different sex offenders. This is discussed in Chapter 3.

### ***8. Describe the treatment programme that you use for child molesters (e.g. duration, amount of sessions, amount of group members).***

This question was needed to analyse what sex offender treatment is available in Corrections in South Africa. It is discussed in Chapter 3.

Although there is a Sex Offender Preparatory Programme in the Department of Correctional Services, it seems that each social worker is conducting their own programme, focusing on what they think is important, and not using the programme as it is given to them. They have changed certain topics in the programme to try and make the programme work for them.

Some social workers do a 3-month programme with 15 group members and it consists of one-hour sessions weekly for 3 months. A few respondents are doing 12 sessions of two hours, with 12 offenders. One social worker does a 8-session programme which only lasts 35 minutes per session. One prison has a 10-week programme which is 2 sessions a week, consisting of one-hour sessions, with 6-8 offenders per programme.

## **Conclusion**

The sex offender's programme from the Department of Correctional Services is not yet approved and are not standardised.

### ***9. How much time do you spend on the treatment of child molesters?***

Some of the social workers said that child molesters don't admit guilt, and therefore don't want to become involved in therapy. After an assessment is done, some social workers spend a lot of time in therapy to help these offenders gain insight in their problems/crime and the damage they have caused. They spend more time on child molesters than on less severe crimes (housebreaking). In some cases, follow-up interviews are conducted after the completion of programmes.

### ***10. What is your opinion of your treatment programme?***

Most of the social workers said that this programme is not effective. They are overworked and cannot specialise in such a difficult area. It is not easy to validate the programme, and they don't know if it has had an impact on the offenders. They feel that more research needs to be done, and the treatment programme needs to be reviewed. Child molesters need to be monitored, and evaluation needs to take place of the progress made with child molesters.

Some social workers feel that they do not have a standardised programme, and each worker compiles and adjusts the programme according to the needs of the group participants. They also experience that they are not trained in this specialised field, and feel insecure in dealing with sexual offenders in groups. One social worker is quoted as saying: “It is a specialised field, and I am trying to work on cognitive distortions and improving empathy; does this really address the offending behaviour?” About 30% of the respondents also indicated that attention needs to be given to personality disorders, because many of these offenders have a personality disorder. Intense psychological work needs to be done with offenders who have personality disorders. Unfortunately, there is no psychologist available at most of the prisons.

## **Conclusion**

The programme does not seem to address the needs of this specific category of offenders and much more research needs to be done towards improving the programme. Another negative aspect of this programme is that no time is spend to work on the denial these offenders have or their cognitive distortions.

### ***11. What constraints do you identify in this programme?***

This question needs to point out the difficulties the social workers experience when conducting the Preparatory Programme.

There are many constraints – one of which originates from the lack of involvement by correctional officials. They do not support professionals and bringing these offenders in time to their offices, for the programme. Many of these officials are not supportive by keeping close to the social worker’s office as security. The social workers feel unsafe with a group of sex offenders, and cannot focus on the programme that they present.

The programme focuses much more on rapists than on child molesters. The child molesters usually deny their involvement in the crime, and this makes it difficult to work with them. The

child molester does not trust the therapist easily, and it can take a few sessions before they trust the process enough to gain insight into their problem.

The social workers feel that they need specialised knowledge pertaining to their work with a child molester – their background, history, prognosis, and personality disorders. The contents of the programme is not specific enough to address specific problems which child molesters experience.

### **Conclusion**

The current programme focuses more on rapists than on child molesters. There is not much done to work on their feelings of denial, and little is done to help them gain insight into taking responsibility for their actions, according to all the respondents. The contents of the programme are not specific enough to address specific problems. Personality disorders are also a concern, and are not given attention.

### ***12. What would you like to change in this treatment of child molesters?***

Almost 80% of the respondents indicated that they would like to have a programme specifically for child molesters, which is standardised. They also need to get thorough training to work with child molester and other sex offenders. If they specialise in this area, they can deliver an effective service. The programme must measure the prognosis of the offender to see if it is successful.

If an offender feels uncomfortable in a group session, they must know how to assist him, and involve him in long-term individual counselling. Specific topics are, 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.

All the respondents feel that the environment needs to be user friendly. Correctional officials need to be educated in the importance of the rehabilitation process. More time and more social workers and psychologists are needed to have successful outputs. They would like more awareness of the prognosis of a child molester, and obtain more information on the person behind the mask, who portrays himself as a normal, acceptable and well-behaved person.

## **Conclusion**

A standardised programme is needed to treat child molesters, and thorough training is needed to equip the workers to carry out this treatment. A suitable environment, and the help of correctional officials, is also important, in order to be successful. There is a need for a greater number of professional officials to work with these offenders, in order to have successful results and a possible reduction in re-offending.

### ***13. Are there statistics available for the re-offending of child molesters?***

This question was asked, to see if there are measurements in place to determine if child molesters re-offend.

More than 80% of the respondents are not sure about this, and say that they rarely know if an offender has previous convictions. Some social workers request a SAP 69, from which they obtain information on previous convictions. The child molester will not easily admit if he has had 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. It is very difficult to work with a child molester, because he is in denial of his wrongdoing, and does not believe he needs to change.



Unfortunately the Sex Offenders Register is not implemented fully. If so, they could then more easily track down a child molester's previous conviction(s).

## **Conclusion**

There is a need to have statistics available, countrywide, about sex offenders, and if they re-offend, social workers and psychologists need to be able to source this information. Currently, there is no statistics available to professionals. They do not know who re-offend and needs to be involved in therapy. If the Sex Offenders Register is in place they can use this tool to see who re-offend and needs help maybe when they are released and on parole.

### ***14. Who are the role players when a child molester is released from prison?***

A child molester is usually placed on parole, and the Community Corrections office is involved with the release. There is a social worker who can help and assist him with programmes. In some areas, the psychologist from the prison can also deliver services if the offender needs help. Spiritual care workers, or pastors from churches, are sometimes involved in support to these offenders. The community and volunteers sometimes also assist the Department of Correctional Services in its task to assist offenders when released. In some cases, welfare organisations are also involved in therapy for the offender and his family, upon release.

## **Conclusion**

There is a great deal of support available to offenders when they are released. They also need to take the responsibility to ask for support or help, if they need it. The community can also keep an eye on child molesters, and be there to help if they have a relapse. A re-offending situation can possibly be prevented if the community is more involved.

**15. *What aftercare and programmes are available to the child molester, when he is released from prison?***

All the respondents said that the social workers at the Community Corrections Offices do programmes and aftercare to offenders. There is also involvement from NGOs and NICRO to assist offenders. Unfortunately, all these services are not available at all the correctional centres in South Africa.

**Conclusion**

More aftercare is needed for child molesters, to support them and to decrease the possibility of re-offending.

**16. *Is there any form of restorative justice when a child molester gets released from prison?***

The Department of Correctional Services is currently busy with the implementation of restorative justice, but there are some challenges which they need to deal with before it can be successfully implemented. Restorative justice is facilitated prior to release, and the request must come from the offender. It can only be successfully done if the victim is willing to take part in this process. In this specific crime, it is rare that the victim is willing to participate.

**Conclusion**

Restorative justice is not implemented in the Department of Correctional Services at all correctional centres. The victim has a big 'say', and an integral role to play, in restorative justice. The Department of Correctional Services also need to start with Restorative Justice already in the assessment phase.

#### 4.4 POLICY COORDINATION

The policy on rehabilitation in the Department of Correctional Services, the social work policy and restorative justice all refer to the rehabilitation of offenders in the Department of Correctional Services. These policies have implications for the South African correctional system regarding its societal responsibility. If the Department of Correctional Services does not adhere to its policy, it is failing society regarding the rehabilitation of offenders.

According to the White Paper on Corrections in South Africa (2005:54), rehabilitation can be improved by the following:

- Development of individualised need-based rehabilitation programmes; although Corrections has a Preparatory Sex Offender Programme, this programme needs to be standardised and the focus needs to include child molesters. Currently, this programme is not effectively used by all social workers, and they feel that this programme is lacking important aspects when rehabilitating child molesters.
- Marketing of rehabilitation services to increase offender participation – i.e. voluntary participation by offenders (White Paper on Corrections, 2005:113). The problem is with the term ‘voluntary’. Child molesters usually do not admit that they have committed a crime, and seldom take responsibility for their offence. If a programme is voluntary, they will not attend it. If the programme is compulsory, then work can be done with them.
- Establishment of formal partnerships with the community to strengthen the rehabilitation programmes. Rehabilitation is related to reintegration, but is not only the responsibility of the Department of Correctional Services. There are currently a few organisations involved when child molesters are released, but more can be done to involve the community.

## **4.5 CONCLUSION**

In this chapter, attention is given to the analysis and interpretation of the empirical findings. Although Correctional Services has a role and responsibility towards the rehabilitation of child molesters, they are not doing what they have been mandated to do. According to the White Paper on Corrections and the Social Work Services Policy, 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, Correctional Services is not fulfilling its obligation according to its stated policy in the rehabilitation of child molesters.

Chapter 2 gave information on the profile of the child molester, as well as details on correctional treatment for child molesters. The role of Corrections in the rehabilitation of child molesters was explained in Chapter 3, and information was given on treatment programmes in South African prisons, compared to international treatment programmes available to child molesters. South African rehabilitation for child molesters is not up to standard, and cannot be compared with treatment offered overseas. Research indicates that child molesters have a high recidivism rate, and the Department of Correctional Services needs to have treatment available to prevent these offenders from re-offending.

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. They rarely take responsibility for their actions, and if help is voluntary, they do not reach out for help, because they believe they did not harm anyone. With attitudes like this it is difficult to work with these offenders.

## **CHAPTER 5**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

In this chapter, the researcher explores the role of the Department of Correctional Services in the rehabilitation of child molesters, and a summary and conclusion is given about the research that was done. The recommendations derive from the preceding study and will contribute to penal science as well as correctional practices. There are still solutions lacking to many problems in Corrections, some action can be taken which can lead to the rehabilitation of offenders. The researcher will make some recommendations as to what the Department of Correctional Services can do in South African prisons, which can help the Department to fulfil its role as rehabilitator working with child molesters.

For many years, prisons were seen as breeding grounds for criminality, and a place where criminals were merely dumped and forgotten by society. The new trend of the Department of Correctional Services is for prisons to become correctional centres of rehabilitation where offenders are offered hope to change their negative lifestyle into a positive one, and become good members of society (White Paper on Corrections, 2005:7). The community, on the other hand, wants dangerous offenders to be taken out of their community, and if they need to be placed back in the community, they want civilised and rehabilitated citizens. The onus is on the Department of Correctional Services to rehabilitate these dangerous offenders (Plaatjies, 2008:284).

In this study, the role of Correctional Services in the rehabilitation of child molesters was investigated. Information on the treatment programmes available to imprisoned child molesters in South African was gathered, and analysed by means of an analysis of the policy framework on

rehabilitation. Structured interviews were also conducted with social workers regarding the operational aspects of programmes offered to imprisoned child molesters, in order to determine to what extent Correctional Services meets its responsibility in this regard.

The aim of this study was to explore the role of Corrections in the rehabilitation of child molesters. In the researcher's opinion, that aim has been achieved, and, as an outcome, recommendations are made for improvements on the current programme and its implementation.

## **5.2 ACHIEVEMENT OF THE AIM AND OBJECTIVES OF THE STUDY**

The aim of the study was to explore the role of the Department of Correctional Services in the rehabilitation of child molesters. The researcher's opinion is that the aim was achieved, and the role of the Department of Correctional Services was explored in Chapters 2 and 3 and, as an outcome, recommendations have been made in order to make their role more effective.

Each of the objectives is now indicated, with a discussion of how they are achieved.

### **OBJECTIVE 1**

**To analyse and describe the social and legal responsibilities of Correctional Services towards the rehabilitation of child molesters.**

In Chapter 3, the social and legal responsibilities of Correctional Services were discussed. Legislation, as well as policies for the treatment of child molesters, was discussed, and rehabilitation of child molesters was also explained. Gaps and challenges that have been identified in the Department of Correctional Services were discussed in chapters 2 and 3. The community expects offenders to be rehabilitated on being released, and the White Paper on Corrections in South Africa (2005:36-37) highlights that rehabilitation is now the focus point of Corrections. The Child Care Act also focuses on the protection of children. The Department of Correctional Services has good intentions to rehabilitate offenders, but there are many obstacles in the way when the rehabilitation of child molesters are attempted.

## **OBJECTIVE 2**

**To evaluate Correctional Services' service delivery with regard to the rehabilitation of child molesters, in terms of international benchmarks**

In chapter 1 a summarized literature study was done and information was gathered via internet, books, journals and the media regarding the rehabilitation of child molesters in South Africa and internationally. Chapters 2 and 3 have a more comprehensive description of rehabilitation and child molesters.

Chapter 2 as well as Chapter 3 gave info on the service delivery to child molesters by Department of Correctional Services. The programmes and services available to child molesters was discussed and also compared to the international standards for the treatment of child molesters. Currently the sex offender treatment programme in Department of Correctional Services still needs approval before it can be implemented. The Sex Preparatory Programme is not on standard if comparing to treatment programmes internationally. The treatment of child molesters has little monitoring mechanisms. The Policy on Social Work is also vague and the wording of voluntary involvement for offenders in treatment, makes effective treatment for child molesters difficult.

## **OBJECTIVE 3**

**To make recommendations towards the improved service delivery aimed at the rehabilitation and social reintegration of child molesters**

Recommendations are made in Chapter 5. Findings from both the literature review and questionnaire are taken into consideration when recommendations are made. A lot can still be done in the process of rehabilitation of offenders. There is also a need for the community to be

more involved in the social reintegration of child molesters. Bartol and Bartol (2008:626) claim that the community is very important when child molesters are re-integrated in the community. The COSA programme is a support programme that helps re-offending of sex offenders and child molesters by giving them support and a safe environment when they are released. Currently this programme is not practised in South Africa, but is very successful overseas.

Plaatjies (2008:287) has the view that the child molester must take responsibility for the harm they have caused to the victim and the community, and this can be reduced when restorative justice is successfully implemented. Although there are guidelines for good practice in the Department of Correctional Services, the hard reality is that there are differences in the profile of offenders, type of offences and the circumstances in which these crimes took place. Government needs to encourage offenders to become involved in community activities, and support services must be available for released child molesters. The outcome must be to reduce the rejection of child molesters by the community and service providers.

### **5.3 WHITE PAPER AND POLICY**

The Policy on Correctional Programmes, Social Work Services, the White Paper on Corrections and the Children's Act were all taken into consideration when the research commenced. These policies have certain implications, and create expectations that child molesters and sex offenders will be rehabilitated while in prison. Literature reveals that rehabilitation is a process in a person's self to make changes in their lives. The Department of Correctional Services will have to put the means in place to do this.

From the analysis of the rehabilitation approach discussed in the White Paper on Corrections, it was found that this general approach is problematic when dealing with child molesters, because the term 'voluntary' in the vision and mission of social work, is a problem that needs attention. Child molesters are in denial about their offences, and will not take responsibility for their deeds (Bartol & Bartol, 2008:446), and if they have the option, they **will not** attend any counselling voluntarily. If the term "voluntary" can be changed to "compulsory" involvement in



programmes, for child molesters/sex offenders, they will be forced to participate in programmes and change their negative behaviour, and, in the end, give something back to the community.

The Social Work Policy is not very clear on programme involvement for child molesters and whether it needs to be compulsory or voluntary. The White Paper states that rehabilitation is the new trend that Correctional Services chose. The mission and vision of Social Work Services and Psychology Services states that programmes to offenders are offered on a voluntary basis, unless the court decides that a specific offender needs specific interventions and programmes. More intense and thorough training on the policies must be given to all correctional officials, and also to social workers and psychologists. They need to know what the policies expect from them as therapists (Chapters 2 and 3).

Another recommendation is that offenders must be involved in therapy on a compulsory basis, for the offender to change their negative behaviour and give back to the communities. Bartol and Bartol (2008:446) mention that child molesters rarely take responsibility for their actions, and blame the crime on things beyond their control. If offenders do not take responsibility for their offences, they will not voluntarily attend programmes – they will feel they haven't done anything wrong.

## **5.4 RECOMMENDATIONS**

The recommendations are made with regard to findings emanating from the literature review in chapters 1 and 3, as well as information gathered and analysed by means of questionnaires and interviews with social workers in the Department of Correctional Services (see Chapter 4). In the process of the analysis of gathered information and recommendations for improvement, the researcher also relied on her past experience, working for the Department of Correctional Services as a social worker for more than ten years.

According to the White Paper on Corrections (2005:13), every correctional official is a rehabilitator, and every person in their care can become a law-abiding citizen through correction. However, findings from this study indicate that this ideal will remain a dream, unless drastic measures are taken to improve existing practices in the correction and the ultimate rehabilitation of imprisoned child molesters.

## **RESEARCH**

Ongoing research needs to be done into the role that the Department of Correctional Services plays in the rehabilitation of child molesters. Their monitoring and evaluation is important, and needs further research. Monitoring, evaluation and research are important tools for government departments to be held accountable in terms of services they promise to deliver (Plaatjies, 2008).

## **ADMINISTRATION**

From the questionnaire and interviews with the respondents, the social workers do not have access to the administration system where they can see which offenders have been sentenced for child molestation or sex offences. If they could have access to this system, it could help them in their task of rehabilitating child molesters.

The way of referral also needs to be improved. Currently, an offender is referred by the Parole Board Case Management Committee, or the offenders themselves. The information in Chapter 2 also indicates that child molesters rarely admit to their offences, and do not voluntarily seek help.

The social workers also need to feel safe when they present programmes to these offenders, and the correctional officials can help with this by escorting them to the sections where they present these programmes, and guarding them at the same time. The Unit Management prisons represent

the ideal situation, where the officials can guard them through a window or glass door, or watching with cameras while they present their programmes.

## **CURRENT TREATMENT**

The social workers do not have time to see every prisoner. It is important to work with child molesters, because their recidivism rate is very high. If they are involved in treatment, the recidivism rate will be reduced. If they can do a good assessment they can compile a treatment programme for each child molester and measure the progress of rehabilitation.

The programme is not user friendly for offenders with a low IQ level. Other problems with the current programme are as follows:

Thorough training is needed when working with child molesters. Social workers need to be trained to work with these offenders. If there are social workers who do not feel equipped to work with child molesters, they need supervision and guidance in order to conduct therapy.

The shortage of social work personnel also needs attention. There are currently 400 social workers for 162 162 offenders. Their caseloads are too heavy to work intensively with offenders. Correctional Services needs to employ more social workers. The caseload per worker is not supposed to be more than 240 offenders per social worker, but is currently 405 offenders per social worker. There is definitely a shortage of social workers in the Department of Correctional Services. It is not possible for social workers to work intensively with offenders if they are overloaded with work.

The period of treatment required to be effective is very vague. In some South African prisons they involve these offenders in a programme over a period of 8-12 weeks. Studies in other countries show that intensive therapy over a year is necessary for child molesters and sex offenders to make behavioural changes. A thorough assessment of the offender needs to be done, and the most appropriate programmes and interventions for him need to take place to address the criminal behaviour.

The programme needs to make provision for extended intervention with high risk offenders who might relapse after release. Therapy in the community after offenders are released and need support is another recommendation. When communities are involved with released offenders and are supportive, they can possibly help to prevent the relapse of a child molester.

## **5.5 SUMMARY AND CONCLUSION**

Correction and rehabilitation is not only the responsibility of the Department of Correctional Services; society also has a role to play (White Paper on Corrections, 2005:12). Correctional Services also has a major role in the rehabilitation process, but it seems as if it is not successful in the rehabilitation of child molesters.

Treatment is associated with lower rates of recidivism, but it is still up to the offender to become involved in therapy. These offenders have a high risk to re-offend, and must be a high priority to include in therapy. Sex offenders are the most difficult type of offenders to treat (Bartol & Bartol, 2008:625-628), and there is a limited amount of literature supporting positive outcomes. Further research needs to be done, and tools to measure the treatment progress that reduces the recidivism rate, need to be developed.

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## **ANNEXURE A: QUESTIONNAIRE**

### **SECTION A: DEMOGRAPHIC INFORMATION**

**1. Gender:**

- Male**
- Female**

**2. Workplace:**

- Correctional Centre**
- Community Corrections**
- Head Office/Regional Commissioner's Office**
- Other (specify)**

**3. Your professional capacity:**

- Social worker**
- Psychologist**
- Religious worker**
- Other**

**4. Number of years working in your current position:**

**0-1 Years**     

**2-5 Years**     

**6-10 Years**   

**More**

**SECTION B: PRISON**

**1. What are the obstacles in the treatment that you have rendered to child molesters?**

**2. What kind of therapy is done with the child molester?**

**Individual Therapy**

**Group Therapy**

**Both**

**None**

**3. How does the child molester get referred to you for therapy?**

**4. Is the therapy to child molesters compulsory?**

- 5. Are there any child molesters, that you are aware of, who were not involved in any treatment for their problem?**
- 6. Do you separate the child molester from other sex offenders?**
- 7. Is group therapy conducted separately for different categories of sex offenders?**
- 8. Describe the treatment programme that you use for child molesters (e.g. duration, number of sessions, number of group members).**
- 9. How much time do you spend on the treatment of child molesters?**
- 10. What is your opinion of your treatment programme?**
- 11. What constraints do you identify in this programme?**
- 12. What would you like to change in this treatment of child molesters?**

### **SECTION C: REINTEGRATION**

- 1. Are there statistics available of the re-offending of child molesters?**
- 2. Who are the role players when a child molester is released from prison?**

- 3. What aftercare and programmes are available to the child molester, when he is released from prison?**
  
- 4. Is there any form of restorative justice when a child molester gets released from prison?**

