

# **SOCIAL WORK PREVENTION PROGRAMMES FOR PRE-TEEN SEXUAL OFFENDERS**

by

**JOAN CAMPBELL**



**Dissertation presented for the Degree of Doctor of  
Philosophy in Social Work at the University of Stellenbosch**

**Promoter : Professor S. Green**

**April 2005**

## **Declaration**

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and has not previously, in its entirety or in part, been submitted at any University for a degree.

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**SIGNATURE**

**25-11-2004**

**DATE**

## SUMMARY

It is generally accepted that pre-teen sexual offences are becoming a widespread problem in South Africa and social workers are ill-equipped to render a competent service to prevent these youth offenders from re-offending. To date, the social, judicial and legislative systems do not provide any definite guidelines to prevent pre-teen sexual offenders from re-offending.

The purpose of this study was to present guidelines which could serve as a framework when designing prevention programmes for pre-teen sex offenders. With the results of the study an attempt will be made to augment the knowledge and skills in this area in the social service delivery system, in order to render a professional and effective service to prevent pre-teen sexual offenders from re-offending. The objectives of the study were: first, to explain policy under the South African criminal justice system regarding crime according to the Sexual Offences Act, no 23 of 1957, and the Child Care Act, no 74 of 1983, as well as government and non-government services available to children under the age of 13 who sexually offend; second, to describe the social and personal circumstances of pre-teen sexual offenders in order to illustrate the nature of the deviant sexual behaviour of these children and to determine the need for prevention programmes; third, to reflect on the nature and function of prevention programmes for pre-teen sexual offenders and to investigate the need for social workers to utilize these programmes in welfare agencies in South Africa; fourth, to determine the nature of social work programmes which social workers in welfare agencies are using to address the needs and/or problems of pre-teen sexual offenders; and finally, to describe the knowledge and practice skills needed by social workers to design prevention programmes for pre-teen sexual offenders.

The literature review was focused on research findings relating to issues examined in this study. An exploratory research design for the study was confined to a purposive sample of 79 respondents who were identified from a universe of 130 social workers to assess their need to develop prevention programmes in order to render a competent service to pre-teen sex offenders and their families. The results were analysed mainly quantitatively.

The empirical study enabled the researcher to draw certain conclusions. The main finding was that pre-teen sex offences were on the increase, and that social workers therefore required ever greater knowledge and skills to empower them to use existing prevention of re-offending programmes for pre-teen sexual offenders, or alternatively, needed to develop their own such programmes.

A number of recommendations flowed from the findings. The main recommendation was that welfare organisations rendering child care service should ensure that social workers have at their disposal a diverse knowledge and skills base consisting of the most significant prevention models and approaches to enable them to design their own prevention programmes for pre-teen sexual offenders. The welfare organisations should further supply social workers with training opportunities to enable them to design prevention programmes, thereby empowering them to render a professional service to pre-teen sexual offenders and their families. Finally, preventing pre-teen sex offenders from re-offending should be a state-driven initiative and national and provincial governments should provide adequate policies and facilities for the implementation of prevention programmes for pre-teen sexual offenders.

## OPSOMMING

Dit word algemeen aanvaar dat die problem van voor-tiener seksuele oortreders ernstige afmetings in Suid Afrika aanneem en dat maatskaplike werkers nie toegerus is om 'n effektiewe diens aan hierdie kliëntegroep te lewer om sodoende heroortreding te voorkom nie. Die maatskaplike en regstelsel, asook wetgewing, beskik tans oor geen definitiewe riglyne rakende die voorkoming van heroortreding deur voor-tiener seksuele oortreders nie.

Die doel van hierdie studie was om teoretiese en praktiese riglyne daar te stel vir die ontwikkeling van individuele voorkomingsprogramme vir voor-tiener seksuele oortreders. Met die resultate van die studie sal probeer word om die maatskaplike werk diensleweringstelsel bedag te maak op spesifieke kennis- en praktykvaardighede ten einde 'n bevoegde diens aan voor-tiener seksuele oortreders te lewer.

Die doelwitte van die studie is as volg: eerstens, om die regstelsel ten opsigte van kinders en jeugdige seksuele oortreders te verduidelik aan die hand van die Wet op Kindersorg, (Wet 74 van 1983) en die Wet op Seksuele Oortredinge (Wet 23 van 1957), sowel as staats- en nie-staatsdienste beskikbaar vir kinders onder die ouderdom van 13 jaar wat seksueel oortree; tweedens, om die sosiale en persoonlike omstandighede van voor-tiener seksuele oortreders te beskryf om sodoende die omvang van afwykende seksuele gedrag te illustreer en die behoefte aan voorkomende programme te demonstreer; derdens, om die omvang en funksie van voorkomingsprogramme vir voor-tiener seksuele oortreders te ondersoek en om vas te stel of maatskaplike werkers 'n behoefte het om sulke programme aan te wend in welsynsorganisasies; vierdens, om vas te stel watter programme tans deur maatskaplike werkers in welsynsorganisasies gebruik word om in die behoeftes van die voor-tiener seksuele oortreder te voorsien; en laastens, om die kennis en praktykvaardighede te beskryf wat nodig is vir dienslewering aan die voor-tiener seksuele oortreder.

In die literatuurstudie is gefokus op sake wat in hierdie navorsing te berde gebring is. 'n Verkennende navorsings ontwerp is benut om die studie te doen en 'n doelbewuste steekproef van 79 respondente uit 'n universum van 130 maatskaplike werkers is ingesluit om te bepaal of hulle 'n behoefte het om voorkomingsprogramme te ontwikkel om sodoende 'n effektiewe diens aan voor-tiener seksuele oortreders en hul gesinne te lewer. Die resultate is hoofsaaklik kwantitatief ontleed.

Na aanleiding van die empiriese ondersoek is bepaalde gevolgtrekkings gemaak. Die vernaamste bevinding was dat daar 'n toename is in voor-tiener seksuele oortredinge en dat maatskaplike werkers 'n behoefte het aan kennis en praktykvaardighede om hulle in staat te stel om hul eie voorkomingsprogramme te ontwikkel vir intervensie met voor-tiener seksuele oortreders.

Aanbevelings voortspruitend uit die bevindinge sluit in dat die welsynsorganisasies wat fokus op kindersorgdienste moet verseker dat maatskaplike werkers oor grondige kennis en vaardighede sal beskik ten opsigte van spesifieke modelle en benaderings om sodoende hulle eie voorkomingsprogramme vir voor-tiener seksuele oortreders te ontwikkel. Welsynsorganisasies moet verder maatskaplike werkers oplei om hulle te bemagtig om self voorkomingsprogramme te kan ontwikkel en sodoende 'n effektiewe diens aan voor-tiener seksuele oortreders en hul gesinne te lewer. Ten slotte moet inisiatiewe vir die voorkoming van voor-tiener seksuele oortredinge deur die staat geloods word en die nasionale en provinsiale regerings moet voldoende wetgewing en fasiliteite vir die implementering van voorkomingsprogramme vir voor-tiener seksuele oortreders beskikbaar stel.

## ACKNOWLEDGEMENTS

I would like to express my sincere thanks to the following individuals for their invaluable assistance

- Professor Sulina Green for her professional guidance, encouragement and inspiration.
- The University of Stellenbosch for financial assistance.
- The respondents who participated in the study without whose co-operation the study would not have been possible.
- Helaine Pelsler for assistance with the editing of the thesis.
- My husband, Mark, for the technical layout of the thesis as well as his encouragement and support.
- Our three daughters, Myrna (12), Jamie (9) and Emma (5) for having patience with me while working on the thesis.
- My Creator, who blessed me abundantly and who gave me the strength to persevere.

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# CHAPTER 1

## GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

### 1.1 INTRODUCTION

It is generally accepted that pre-teen sex offences are on the increase and that social workers are unable to prevent their clients from re-offending. It is therefore important to understand how these pre-teen sex offenders slip through the cracks in the social, judicial and legislation system.

The researcher is a social worker in private practice specializing in intervention with child sexual offenders for the past four years subsequent to obtaining her Masters degree on the sexual behaviour of children and the effect of parental sex education. During this period, she became increasingly aware of the fact that, in South Africa, pre-teen sexual offences are rapidly becoming a social problem. Furthermore, pre-teen sex offenders and their families are perceived to be a very complex situation fraught with its own distinctive problems.

For social workers to intervene and prevent the pre-teen sex offender from re-offending requires thorough knowledge of, and insight into, the psychological and psycho-social contextual factors that preceded the sexually abusive episodes. It requires attention to both the power of the present, and the lingering impact of the past. The social work profession, with its distinctive systems approach, is especially suited to meet the unique needs of these young offenders and their families within both a micro- and a macro-interactive context.

Without knowledge of, and insight into, the dynamics of the complex and interactive nature of the pre-teen's cognitive thought processes, affective and physiological development, behavioural aggression and sexual behaviour, the social worker cannot guide the pre-teen sex offender, with the assistance of his/her family, to achieve multiple behavioural, emotional, attitudinal, interactional, cognitive and physiological changes effectively to maintain control of his or her behaviours. To prevent the pre-teen from re-offending, the social worker should assist the pre-teen sex offender to master developmental tasks, thus learning to understand and change his/her sexually abusive behaviour while he/she might still be more accessible and responsive to intervention than when the deviant cycle has already been well-established.

This chapter deals with the outline of the problem, the motivation for the proposed study, aim of the study, field of research, research methodology, outlines of the literature review and factors facilitating or limiting the research.

## **1.2 OUTLINE OF THE PROBLEM**

Pre-teen sexual offending is an important social phenomenon to be investigated, since it is believed to be emerging as a problem in South Africa (Annual Report of Nicro, 2001; 2004; Wood and Ehlers, 2001). The scope of the problem may be underestimated because pre-teen sex offenders who are known to the system may represent only a small proportion of youths who have committed such offences (Annual Report of Nicro, 2000; Wood and Ehlers, 2001; Wood, Welman, and Netto, 2000). A marked tendency in South Africa is that the number of children reported for sexual offences is increasing (Department of Correctional Services, 2002). In the Western Cape the rate is growing by 38 arrests per annum (Redpath, 2000). Statements in the media (Supt. Jan Swart, Head of the Child Protection Unit, Goodwood, during a television interview on 6 December 2001 on E TV News; Cape Argus, Tuesday 25 May 2004) indicated that the perpetrators of sexual offences are getting younger, as reflected in police records of child sexual offenders as young as six years. Correspondingly, these statements are confirmed in the Annual Report of Nicro for 2000 as well as in a profile on youth sex offenders by Wood (2000). In line with local studies, international studies (Erooga and Masson, 1999; Gil and Johnson, 1993; Hoghughi, 1997; Laws, 1989; Righthand and Welch, 2001) of adult and adolescent sex offenders suggested that many of these offenders began their sexually abusive behaviour in their pre-teen years. More specifically, research (Araji; 1997; Barnes-September, Mayne and Brown-Adam, 1999; Erooga and Masson, 1999; Gil and Johnson, 1993; Hoghughi, 1997 and Laws, 1989) reported that the onset of sexual offences appears to be between the ages of six and nine.

However, most sexual offences by pre-teen children go unreported to authorities or are not recognised or dealt with as such (Gil and Johnson, 1993; Righthand and Welch, 2001; Ryan and Lane, 1997; Wood, 2001; Wood and Ehlers, 2001). This dilemma of unreported pre-teen sex offences fuels a perception that pre-teen sex offences are not a crime or claim impunity from the law. The Child Justice Act of 2001 states that children under the age of ten years cannot be prosecuted and a child who, at the time of the alleged committing of an offence is at least ten years of age, but not yet 14, is presumed not to have had the capacity to appreciate the difference between right and wrong and have acted accordingly.

While research has been done (Barnes-September et al. 1999; Erooga and Masson, 1999, Gil and Johnson, 1993; Hoghughi, 1997; Laws, 1989; Ryan and Lane, 1997) in South Africa and other countries into the significant numbers of adult sex offenders who reported the onset of arousal to children during young childhood (six to nine years) and concern that abuse of other children may continue into adulthood, there has been little consideration for the prevention of such behaviour or treatment of pre-teen children who sexually offend others. Abel and Warberg (1996) reported that if a

youth begins to engage in sexual offences and is not subject to prevention of re-offending or negative consequences of such actions, the child's behaviour will be reinforced by the innate positive reinforces of the sexual act. These inherent positive reinforces include the pleasure of arousal or orgasm, stress reduction and the feeling of power the child may feel over another child.

The problem is further compounded when pre-teen sex offenders do get reported to welfare organisations, and social workers lack the knowledge and expertise to render services to this young population effectively (Wood and Ehlers, 2001), which makes it impossible for them to achieve multiple behavioural, emotional, attitudinal, interactional, cognitive and physiological changes to maintain control of their behaviours. This means the pre-teen sex offenders receive limited professional guidance to prevent them from re-offending. The ramifications of not preventing pre-teen sexual offenders from re-offending, are that they will possibly continue their sexually abusive behaviour, especially when they return to a dysfunctional home environment where the previously existing levels of psycho-social adversity, poverty, physical, verbal and emotional abuse simply continues.

Erooga and Masson (1999:xxi) defined the youth sex offender as a minor who commits any sexual act with a person of any age against the victim's will, without true consent or in an aggressive, exploitative or threatening manner. The most effective form of managing these youths who commit sexual offences against others is to protect all children from sexual assault and include all youth sex offenders in a prevention of re-offending programme (Erooga and Masson, 1999; Hoghughi, 1997; Righthand and Welch, 2001). While there has been research (Barnes-September et al. 1999; Erooga and Masson, 1999; Gil and Johnson 1993; Hoghughi, 1997; Laws, 1989) into the significant numbers of adult and adolescent sex offenders who reported the onset of arousal to children during young childhood (six to nine years) and concern that abuse of other children may continue into adulthood, little consideration has been given to the prevention of such behaviour in pre-teen children who sexually offend others.

From the above it is clear that pre-teen sex offences present a major challenge to social workers dealing specifically with children, facing the day-to-day dilemmas of how to prevent pre-teen children from sexually abusing others. Since not much is known in the social profession about preventing pre-teen sex offenders from re-offending, it is essential that research be undertaken to increase the knowledge and skills in this area to allow social workers to render a professional and effective service to prevent pre-teen sex offenders from re-offending.

### **1.3 MOTIVATION FOR THE STUDY**

Literature with regard to pre-teen sexual offences, is limited in South Africa. Since 1980, international research and treatment programmes for youth sex offenders have proliferated, although the researcher is not aware of programmes for pre-teen sex offenders available to social workers at local welfare organisations. Currently, there is one youth sex offenders programme, SAYStOP (South

African Young Sex Offenders Programme) aimed at adolescents, available in South Africa. This is still a pilot programme currently run by a collaborative partnership including, the Institute of Criminology of the University of Cape Town, Community Law Centre of the University of the Western Cape and Nicro (Wood et al., 2000). The developers of the SAYStOP programme advise that the programme is only suitable for offenders between 12 and 16 years who have committed a sex crime and who are first offenders (Wood et al., 2000). For the adolescent sex offender to qualify for inclusion in the programme, the offence needs to be reported to the formal criminal justice system, the magistrates court must advise the prosecutor on the suitability of the programme for the adolescent sex offender, the young offender must accept responsibility for his/her offence and the victim must give consent for the young offender to undergo treatment instead of being referred to a court. Referrals to the SAYStOP programme are done by the prosecutor and the formal criminal justice system. Even though the SAYStOP programme aims at treating adolescent sexual offenders, many seem to continue to slip through the criminal justice system. It is noted that adolescent sex offenders who do not fit the selection criteria, as well as pre-teen sexual offenders who also do not fit the age criteria for inclusion, receive no specialized intervention procedures for their sex offences or sexually aggressive and sexually reactive behaviours. The researcher further noted that social workers in general lack knowledge and skills to prevent pre-teen sex offenders from re-offending and have limited access to literature or existing programmes to render a service to pre-teen sexual offenders or children with sexually reactive or sexually aggressive behaviours.

Studies (Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997) revealed a number of salient psychological, sociological, behavioural and interpersonal characteristics of children who commit sex offences. These predisposing factors generate and sustain sexual offences in children. Some research (Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997) highlighted an inescapable consequence of society's overwhelming preoccupation with sex and the rapid change in sexual norms, which shape individual attitudes and create an atmosphere in which sexual offences amongst children flourish. In addition, Gil and Johnson (1993) and Ryan and Lane (1997) argued that families of pre-teen sexual offenders are most often dysfunctional, where alcohol and drug abuse exist and pre-teens are victims of sexual and physical abuse. To further compound the problem, research (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz, Blackwell, Daley and Bentley, 1982; Ryan and Lane, 1997) indicated that deficient parenting styles, such as lack of positive sex education, lack of supervision and setting boundaries for children as well as displacement of responsibilities by parents to pre-teens and a general lack of parenting skills, predispose pre-teen sexual offences. In addition, correlating studies postulated that peer pressure (Ryan and Lane, 1997; Gil and Johnson, 1993) and exposure to pornography (Becker and Hunter, 1992; Ford and Linney, 1995) are predisposing risk factors of pre-teen sexual offences. Some research also highlighted interpersonal characteristics, such as difficulties in selfpresentation, assertiveness, sympathy and sensitivity skills (Gil and Johnson, 1993; Hoghughi, 1997; Laws, 1989; Maletzky, 1991) as well as inadequate social skills, poor peer relationships, and social isolation (Becker, 1998; Fehrenbach, Smith, Monastersky and Deisher, 1986; Katz, 1990; Miner and Crimmins, 1995) as predisposing risk

factors. Available research in South Africa (Wood et al., 2000) suggested that adolescent sex offenders live in an environment characterized by overcrowding, alcohol abuse, sexual abuse, physical abuse, domestic violence and crime. The sex offender tends to be either socially isolated or to have inadequate social skills. Behaviourally, the child is easily angered, has poor impulse control, plays truant, picks fights and can be cruel towards animals. The abovementioned factors all of which form part of an insidious phenomenon in South Africa, contribute to sexual offending amongst children and affect the lives of many families and society (Barnes-September et al., 1999; Sloth-Nielsen, 1997; Wood et al., 2000; Wood and Ehlers, 2001).

It is evident from the literature, with regard to preventing pre-teen sex offenders from re-offending, that success is more possible if the prevention programme is individually tailored and offence specific. Individual prevention programmes can therefore assist pre-teen sex offenders in resolving their personal traumatic experiences, which are linked to the sexual offence. Circumstances around a sex offence are different for each pre-teen sex offender and the prevention programme needs to address the specific needs of the specific child in treatment. As a result, specifically tailored programmes for pre-teen sex offenders are most effectively addressed by targeting risk factors that predispose youths to sexual behaviour problems and that precipitate the sexual abuse.

Today, the phenomenon of sex offences, including adolescent and pre-adolescent sex offences, constitutes one of the most marked social problems in South Africa. Therefore, the social work profession should study this phenomenon and take cognisance of literature, research and practices in this field. A greater understanding of the dynamics of the complex and interactive nature of the pre-teen's cognitive thought processes, affective and physiological development, behavioural aggression and sexual behaviour allows the social worker to guide the pre-teen sex offender, with the assistance of his/her family, to achieve multiple behavioural, emotional, attitudinal, interactional, cognitive and physiological changes effectively to maintain control of his or her behaviour. During discussions with social workers, it became clear that they felt uncertain about how to prevent pre-teen sex offenders from re-offending. From the perspective of social workers, it is evident that information on prevention programmes specifically to prevent pre-teens from re-offending, is overdue. The involvement of the social worker can make a difference by turning a hopeless struggle into a constructive movement towards preventing pre-teen sex offenders from re-offending, and consequently shortening the cycle of sexual offences, on condition that the social worker is knowledgeable about the dynamics of sexual offences and prevention programmes for pre-teen sex offenders. The ultimate aim of prevention programmes would be to protect society by preventing re-offending through early and appropriate re-education and by encouraging the developmental needs of pre-teen sex offenders.

In South Africa, there is a dearth of literature and research on how to prevent pre-teen sex offenders from re-offending. This study will demonstrate that the social worker, by preventing the pre-teen sex offender from re-offending will, through early and appropriate prevention strategies, re-educate and encourage the developmental needs of the pre-teen sex offender, and will contribute to the protection of society. Therefore, this study may add a new dimension to the services of professional social work

to prevent pre-teen sex offenders from re-offending by using technological skills in the interest of effective service. It is believed that this dissertation could also be applied effectively to develop preventative programmes for learners at school as part of the life skills and sex education syllabus.

In her private practice, the researcher regularly encounters great need for information on how to prevent pre-teen sex offenders from re-offending, due to the current lack of access to information and local programmes. This research could supply social workers with a body of knowledge that could serve as a basis for more effective and appropriate prevention strategies incorporated into future programmes designed to prevent pre-teen sex offenders from re-offending.

A personal interest in pre-teen sex offenders, the dearth of relevant literature, and the fact that there is an increasing need for prevention programmes for pre-teen sex offenders, have motivated this research.

#### **1.4 AIM OF THE STUDY**

The aim of the study is to present guidelines for prevention programmes for pre-teen sexual offenders.

In order to achieve the aim of the study, the following objectives have been formulated:

- To explain policy under the South African criminal justice system regarding crime under the Sexual Offences Act, no 23 of 1957, and the Child Care Act, no 74 of 1983, as well as government and non-government services available to children under the age of 13 who sexually offend.
- To describe the social and personal circumstances of pre-teen sexual offenders in order to illustrate the nature of the deviant sexual behaviour of these children and to determine the need for prevention programmes.
- To reflect on the nature and function of prevention programmes for pre-teen sexual offenders and to investigate the need for social workers to utilize these programmes in welfare agencies in South Africa.
- To determine the nature of social work programmes which social workers in welfare agencies are using to address the needs/problems of pre-teen sexual offenders.
- To describe the knowledge and practice skills needed by social workers to design prevention programmes for pre-teen sexual offenders.

#### **1.5 FIELD OF RESEARCH**

Demarcation of the field of research is necessary in order to ensure feasibility of the study. The field of research is therefore demarcated to that of the child care service and specifically the social workers who render services to pre-teen sex offenders, which serves as the point of departure for this study. In order to make the field of research accessible to the researcher, as well as cost effective, the field of

research is further demarcated in terms of area offices in the Western Cape where child care services are in operation.

The target group consisted of social workers from three different welfare organisations in the child welfare service. The three organisations were ACVV agencies in the Western Cape, BADISA agencies in the Western Cape and the Child Welfare Society in Cape Town. The group was chosen according to specific academic requirements. Social workers of family and child welfare organisations in the Western Cape who render services to families and children who were willing to participate were selected by means of purposive sampling (Rubin and Babbie, 1993). For practical reasons, such as location of the researcher, the geographical area for the empirical research was limited to the Western Cape.

## **1.6 RESEARCH METHODOLOGY**

The following method was implemented.

### **1.6.1 Literature study**

The purpose of a literature review or study is defined by Yegidis and Weinbach (1991:48) as providing a basis and background for the research study. According to them the literature review or study serves to put the researcher's current efforts into perspective in relation to previous research on the topic and in view of advancing existing knowledge.

The researcher conducted an extensive literature review and she analysed indigenous and foreign literature in books, journals, policy documents and draft interim policy reports from social services and related fields such as justice, childcare legislation and psychology. The purpose of the literature review was dual by nature: first, to ascertain what research had already been done in this field and second, to determine the appropriateness and feasibility of this study. In accordance with Schutt (1996:39) the literature study was carried out through a bibliographic computerized search conducted at the J.S. Gericke Library at the University of Stellenbosch. With the help of a subject reference, the researcher identified applicable sources and also utilized the libraries of the Universities of the Free State, Cape Town, Pretoria, Witwatersrand and UNISA, as well as the Erica Theron Reading Room of the Department of Social Work at the University of Stellenbosch. Literature such as policy documents, draft interim policy reports, relevant Acts and statistical reports were obtained from the PAWC, Social Services Head Office and Cape Town Service Office, the Department of Education, Western Cape and the SAPS, Western Cape Youth Desk. CD ROM searches were done on Sociafile and Popfile. Towards the end of 2000, a printout from the Human Sciences Research Council was applied for to establish what research had been or was currently being done in this field. A confirmation was received that there was no current research and that no study focusing on developing individual programmes for pre-teen sex offenders had yet been undertaken from a social work perspective.

The researcher continued the search for appropriate material including websites and information network systems. It was necessary to utilize modern technology for the evaluation of the quality and the selection of the relevant information from the plethora of available data.

As relevant information in this field is limited, the researcher extended the search to fields of psychology.

### **1.6.2 Research method**

The **exploratory research design**, as applied in this study, does not propose any hypothesis. Rubin and Babbie (1993:257) asserted that the main condition for an exploratory research design is imperfect knowledge about a phenomenon. Conclusions from exploratory research can be accumulated for future experimental or descriptive studies. In accordance with this statement and considering the lack of research on prevention programmes for pre-teen sex offenders, this research study would, on completion, be described as an exploratory study.

This study mainly aims to refine concepts and develop questions and hypotheses for further research (Mouton and Marais, 1990:43). The strategies implemented for this exploratory research study include a review of available relevant literature and a survey among social workers who render a service to pre-teen sex offenders by means of appropriate questionnaires, as well as an once off interview with two social workers at specialised agencies to respond to one question in the questionnaire.

The research is mainly **quantitative** and there are also elements of a qualitative nature (Babbie and Mouton, 2001; Grinnell, 1993). The results of quantitative studies done by other researchers (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, Fisher, Broughton, Houston and Shafran, 1998; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Freeman-Longo, Bird, Stevensen and Fiske, 1994; Pithers, Gray, Busconi and Houchens, 1998b; Prentky, 1997; Rasmussen, Burton and Christopherson, 1992; Ryan and Lane, 1997; Wood and Ehlers, 2002) will be implemented, particularly when describing the dynamics of the complex and interactive nature of pre-teen sex offenders and their families.

No single theory is pre-eminent when guiding pre-teen sex offenders and their families. The research was based on multiple theories and techniques to prevent pre-teen sex offenders from re-offending. By combining and utilizing these theories and techniques to develop individualized treatment programmes to prevent pre-teen sex offenders from re-offending and also applying specific intervention tools, the social workers will be able to assist the pre-teen sex offenders in addressing the complex and interactive nature of their cognitive thought processes, affective and physiological development, behavioural aggression and sexual behaviour as well as reaching out to their families.

### **1.6.3 Method of sampling**

The **universe** of the research study consisted of the 130 respondents at the three welfare agencies who render services to pre-teen sex offenders. Two other agencies were also approached to take part

in the study but they refused without giving any reasons. As stated before, the method of **purposive sampling** was used because the respondents in the child care service in the Western Cape were selected according to the criteria for inclusion (Grinnell, 1993). The **universe** were social workers (not auxiliary social workers) in the employment of the BADISA (25 social workers) and ACVV (90 social workers) in the Western Cape and the Child Welfare Society in Cape Town (15 social workers) who render services to reported cases of pre-teen sex offenders. The universe was therefore 130 social workers and the **purposive sample** was 79 as well as an once off interview with two social workers at two specialised agencies to respond to one question in the questionnaire.

The research study was carried out by means of **self-administrated questionnaires**, according to Rubin and Babbie (1993:335) one of the main methods of administering survey research. Permission to carry out the survey was obtained from the heads of BADISA, ACVV and Child Welfare Society in Cape Town. The aim and objectives of the study were discussed with the managers of these three agencies and they had the opportunity to review the proposed questionnaire. They were also ensured that all data gathered would be treated and dealt with as confidential material. After these methodological matters were discussed, permission to conduct the survey was confirmed by the three heads of the welfare organisations. The questionnaires were hand delivered to the heads of the relevant welfare organisations for distribution to the study population. The heads of the welfare organisations requested the social workers in their agencies who were regarded as the universe to complete the questionnaire and it was then mailed by the managers to the social workers. The self-administered questionnaires were collected from the heads of the welfare agencies concerned, after completion. Seventy nine (N=130) of the social workers comprising the purposive sample completed the questionnaires. Mainly quantitative data was included in the questionnaires. According to Grinnell (1993:185:185), quantitative data attempt to count and correlate phenomena. This study attempted to seek answers in respect of the utilization of programmes to prevent pre-teen sex offenders from re-offending, the need for social workers to be trained to design individualized prevention programmes, the extent of pre-teen sex offences reported to welfare organisations, the predisposing risk factors of pre-teen sex offenders, assessment of policies relating to pre-teen sex offences and recommendations to enhance professional service delivering at welfare organisations. In this regard, closed and open-ended questions were included in the questionnaire. The questionnaires consisted largely of structured questions, but they also provided various unstructured or open-ended questions in order to give respondents the opportunity to answer questions in their own words. Open-ended questions were specifically included so that the researcher could form an idea of the range of knowledge, feelings, attitudes and perceptions of respondents as proposed by Schutt (1996:280).

#### **1.6.4 Data processing procedure**

The research study further included the manual processing of the collected data by the researcher. The corresponding number of responses to closed questions by the respondents were noted separately. Responses to open-ended questions by the respondents were listed and categorized. The data were analyzed and compared in order to obtain the most general opinion or feedback. The

results were also correlated to existing theory. Tables and figures were used to illustrate the frequency distribution of data and findings. The findings were finally formulated into guidelines to be applied in practice.

## 1.7 FACTORS FACILITATING OR LIMITING THE RESEARCH

The main limitation and deficiencies of this study could be summarized as follows:

Initially, the lack of literature regarding pre-teen sexual offences, especially from a social work perspective, was a problem. However, this problem was resolved by consulting foreign literature on several related disciplines, especially psychology.

Some welfare organisations and individual social workers were reluctant to participate in research of this nature. The two welfare agencies who refused to participate (as previously mentioned) in the study did not give any reasons. Due to ethical obligations on the side of the researcher they could not be forced to participate because the researcher had to show respect for their decisions. The fact that they did not participate did not have any impact on the results of the study because there were three other agencies who were willing to be included in the research. Factors that played a role in the resistance to participate might include the fear by social workers of being exposed as lacking such knowledge and/or intervention skills.

A shortcoming of the study was that no pilot study was done to test the questionnaire with the aim to identify obstacles in the execution of the empirical study. If a pilot study was done the non-response by the social workers who participated in the study (purposive sample) could possibly have been avoided. Similarly a follow-up survey or focus groups would have eliminated this shortcoming of the study.

There were numerous obstacles in the process of interviewing heads of some welfare organisations. Some of them cited the time factor as a problem and they were unwilling to be interviewed by the researcher. Because of their resistance and unwillingness to participate in the study, follow-up interviews or focus groups were not possible.

Many respondents did not answer the questions, especially open-ended questions which may be due to lack of knowledge, fear of exposure and a lack of interest to be involved in the research study.

## 1.8 PRESENTATION OF THE RESEARCH

**Chapter one** discusses the outline of the problem, motivation for the proposed study, purpose of the study, field of research, research methodology and factors facilitating or limiting the research.

**Chapter two** outlines the definitions of pre-teen sexual offences and classifications of pre-teen sexual offenders. It also examines the etiological factors that predispose pre-teen sexual offences and provide an overview on all aspects of social and personal circumstances.

**Chapter three** focuses on the existing and proposed legislation policy under the South African criminal justice system regarding crime under the Sexual Offences Act, no 23 of 1957 and the Child Care Act, no 74 of 1983 relating to arrest, assessment, detention and criminal procedures applicable to children who are suspected of having committed a criminal offence, including sexual offences.

**Chapter four** presents programmes for sexually aggressive and sexually offending pre-teens. It further outlines a comprehensive overview of these programmes and examines and compares different prevention strategies available to social workers who work with pre-teen sexual offenders.

**Chapter five** discusses the different standards for the development of prevention programmes for pre-teen sex offenders. It also outlines multiple theoretical approaches and treatment modalities that have been found useful for intervening with sexually offending pre-teens, as well as evaluating programmes to ensure effective interventions. Theoretical and practical guidelines for social workers to design prevention programmes for pre-teen sexual offenders were presented.

Based on the empirical research, **chapter six** describes the strategies for pre-teen sex offenders by social workers, the need for social workers to be trained to develop individualized prevention programmes to treat pre-teen sex offenders, the extent of reported cases of pre-teen sex offences, assessment of policies relating to sexual offences and recommendations to improve prevention of re-offending services for pre-teen sex offenders.

**Chapter seven** contains conclusions, comments and recommendations based on the research findings.

## **CHAPTER 2**

# **A PROFILE OF PRE-TEEN SEX OFFENDERS : DESCRIPTIONS AND THEORETICAL PERSPECTIVES**

### **2.1 INTRODUCTION**

Friedrich (1990), Gil and Johnson (1993) and Ryan and Lane (1997) agreed that sexually offending behaviours of pre-teens do not occur without cause or in a vacuum, and that familial and extra-familial environments play a salient role in the development, maintenance and prevention of such behaviours. Correspondingly, Araji (1997) stressed that without information on the etiological factors that caused the sexual offence, the social worker will be unable to utilize appropriate programmes or develop prevention strategies that can effectively address the pre-teen sex offenders' sexually offending behaviours. In line with the aim and objectives of this study, this chapter will describe the social and personal circumstances of pre-teen sexual offenders in order to contribute to the greater understanding of the origin of pre-teen sexual offending.

In order to assist the social worker who renders a prevention service to sexually offending pre-teens, this chapter will focus on the body of knowledge that underlies the sexual offence of the pre-teen. First, the definition of sexual offence according to South African laws (Child Care Act no 74 of 1983 and as amended, 1996; Domestic Violence Bill no 75 of 1998; Sexual Offenders Act no 23 of 1957 and the Constitution of the Republic of South Africa Bill, Act no 108 of 1996) will be explained. Second, different types and classifications of pre-teens who have committed sex offences will be discussed. Next, the theories on the etiology of pre-teen sexual behaviours will be discussed. Fifth, the social circumstances that cause pre-teen sexual offenders to sexually offend will be explained and finally, the characteristics of pre-teens who sexually offend, that will demonstrate that some characteristics can be used to identify some of the causes that contribute to pre-teen sexual offences will be discussed.

For the purpose of this study, pre-teen children are categorised into two age groups: young school-aged children (5 – 7 years) and latency-aged children (8 – 12 years) (Gil and Johnson, 1993; Johnson, 1991 and Johnson, 1995). The term “juveniles” refers to children older than ten who have been prosecuted and found guilty of an offence. A continuum of sexual behaviours of young school-aged

children (5 – 7 years), latency-aged children (8 – 12 years) and adolescents (13 – 16 years as well as different theories of etiology to explain pre-teen sexual offences will be discussed.

In order to identify behaviours considered sexually offending for pre-teens, the definition of pre-teen sexual offences are discussed as follows.

## **2.2 DESCRIPTION OF PRE-TEEN SEXUAL OFFENCES**

The following discussion will elaborate on various definitions of a sexual offence according to South African laws (Child Care Act no 74 of 1983 and as amended 1996; Domestic Violence Bill no 75 of 1998; Sexual Offenders Act no 23 of 1957 and the Constitution of the Republic of South Africa Bill, Act no 108 of 1996).

The first definition is taken from legislation. According to the stipulations of the abovementioned laws, a sexual offence against a child occurs when a child is engaged in sexual activities, which the child cannot comprehend and for which the child is developmentally unprepared and therefore cannot give consent. These sexual activities include all forms of oral-genital, genital or/and anal contact by or to the child. It also includes non-touching abuses such as exhibitionism, voyeurism or using the child in the production of pornography. These sexual activities are against South African laws (Child Care Act no 74 of 1983 and as amended 1996; Domestic Violence Bill no 75 of 1998; Sexual Offenders Act no 23 of 1957 and the Constitution of the Republic of South Africa Bill, Act no 108 of 1996) as well as being social taboos of society (Barnes-September et al., 1999; Kairys et al., 1999; Lewis, 1999). The terminology sexual misuse implies sexual stimulation that is inappropriate but not necessarily abusive for the age and level of development of the child (Ryan and Lane, 1997).

With reference to pre-teen sex offenders, the minimum age of criminal responsibility stipulated in the law is ten years, with a rebuttable presumption of criminal capacity between the ages of ten and 14 years. A child who has reached the age of ten years but below 14 years, may only be prosecuted for a sexual offence if it was proved beyond a reasonable doubt that the child did have the capacity to differentiate between right and wrong and act accordingly (clause 6 of the draft Bill (Bill B)).

While the seriousness of pre-teen sexual offences is finally beginning to receive some attention from a few professionals, Sloth-Nielsen (1999) referred to the Issue Paper which provided statistical evidence to illustrate that a relatively small number of children between seven and 13 years are actually arrested, tried and convicted in criminal courts. In accordance with Sloth-Nielsen (1999) Wood and Ehlers (2001:3) reported that children under the age of 14 are seldom prosecuted for sexual offences due to both professionals and the broader community being of the opinion that these children are engaging in harmless “sex play”.

From the above descriptions it is clear that the South African laws do not provide for sexual offences committed by pre-teen children under the age of ten years. To identify sexually offending behaviours, current literature written by professionals who treat or conduct research on pre-teen sexual behaviour problems was reviewed. It was noted that many labels are used to describe and define pre-teen

sexual offenders, including “children who abuse” (Cunningham and MacFarlane, 1996); “children who molest” (Gil and Johnston, 1993); “child perpetrators” (Cunningham and MacFarlane, 1996; Johnson, 1995); “children with sexual behaviour problems” (Pithers et al., 1998), “sexually aggressive children” (Araji, 1997; Cantwell, 1995) and “children who sexually act with criminal intent” (Hindman, 1994).

After reviewing existing parameters of pre-teen sexual offending, it can be concluded that Ryan and Lane’s (1997) definition of pre-teen sexual offences is the most comprehensive, and is most widely referred to in similar studies.

Ryan and Lane (1997) defined sexual offences by pre-teen children as any sexual interaction with person(s) of any age that is perpetrated against the victim’s will, without consent or in an aggressive, exploitative, manipulative, or threatening manner. As noted previously, the definition of the acts that constitute sexual offences between pre-teens cannot be approached in terms of behaviour alone, but the relationship, dynamics and impact on the victim must be considered as well. In order to ensure truthful classifications of pre-teen sexual offences, age and behaviour identifiers are often inadequate parameters, and further evaluation is required. According to Ryan and Lane (1997) the parameters that are most useful when assessing the presence or absence of *exploitation* are equality, consent and coercion. The following discussion will elaborate on these three parameters:

According to Ryan and Lane (1997) *equality* considers differentials of physical, cognitive and emotional development, passivity and assertiveness, as well as power and control. Physical differences such as size and strength may be assessed with ease while cognitive and emotional differentials may be more reflective of life experience. Similarly, power and control issues and passivity and assertiveness may be used to define the roles of two pre-teens in an interaction in order to clarify the equality or inequality of the two in a specific situation. The pre-teens who feel inferior in a peer relationship, may be victimized by a peer as surely as a smaller child may be victimized by the older child (Ryan and Lane, 1997:3-5).

*Consent* is the second parameter of exploitation according to Ryan and Lane (1997) is considered to be a concept beyond the competence of the pre-teen child. Even older adolescents are not allowed to give legal consent in important decisions. Consent is an agreement including the following: understanding of what is proposed based on age, maturity, developmental level, functioning and experience; knowledge of societal standards of what is being proposed; awareness of potential consequences; assumption that agreements or disagreements will be respected equally; voluntary decision and mental competence (National Task Force on Juvenile Sexual Offending, 1993). Difficulties arising in the assessment of consent stem from a confusion regarding the distinction among compliance, cooperation and consent. The outcome may be the same in terms of behaviour, but the intent, motivation and perception are quite different, so the experience and impact are not the same. Ryan and Lane (1997) asserted that consent implies that both persons have similar knowledge, understanding and choice, whereas cooperation implies an active participation regardless of belief and desire and may occur without consent. Compliance may mean passively cooperating without resistance in spite of opposing beliefs or desires (Ryan and Lane, 1997:5).

According to Ryan and Lane (1997) *coercion* is the last factor in defining exploitation in pre-teen sexual offences and refers to the pressures that deny the victim free choice. Perceptions of power is often exploited to coerce cooperation, while size differentials may coerce compliance. On a different level coercion involves secondary gains or losses that may result from the interaction. Secondary gains are put to use in bribery to coerce cooperation or compliance in return for emotional or material gains. When money, treats, favours or friendship is offered in return for sexual interactions, the bribe is the tool of coercion. More subtle secondary gains lie in the nurturance and caring that pre-teen offenders offer within exploitative relationships. Secondary losses for lack of compliance may also be material, but most often they lie in the victim's fear of rejection or abandonment including the loss of love, friendship or caring. Coercion extends into the domain of threats and overt violence. Threats of force or violence are more common elements of coercion than are actual violence. Ryan and Lane (1997:5) concluded that threats and acts of violence are less common in the sexual abuse of children than in sexual assaults against peers, since it is usually possible to coerce a child without using violence or force (Ryan and Lane, 1997:5).

Closely related to the parameters that Ryan and Lane (1997) used to define pre-teen sexual offending, other researchers (Araji, 1997; Cunningham and MacFarlane, 1996; Friedrich, 1990; Gil and Johnson, 1993; Johnson and Feldmeth, 1993; Pithers et al., 1998; Ryan, Blum, Sandau-Christopher, Law, Weher, Sundine, Asler, Teske and Dale, 1993; Sgroi, Bunk and Wabrek, 1988) have proposed similar criteria to differentiate developmentally expected sexual behaviour from offending sexual behaviours in children younger than 13 years. It is noted that other variables to assist differentiation of expected and offending sexual behaviours include: (a) children's age, (b) children's maltreatment histories, (c) differences in stature or competence that imply discrepancies in power or sophistication, (d) children's responsiveness to adult intervention and supervision, (e) sexual behaviours children have performed, (f) children's affect while engaging in sexual activities, (g) the compulsivity of the sexual behaviours, and (h) the degree of coercion used to gain victim compliance or submission. Although these criteria are useful in determining whether children have engaged in offending or non-offending sexual behaviours, it seems that Ryan and Lane's (1997) parameters are more comprehensive and introduce improved standards for assessing offending or non-offending pre-teen sexual behaviour for the following reasons. Ryan and Lane (1997) did not focus on age disparity but rather on the relationship and the interaction of those involved. Their definition recognizes that children in the peer group sexually offend or molest each other. It is further noted that Ryan and Lane (1997) did not focus on maltreatment histories, the compulsivity of the sexual behaviours or responsiveness to adult intervention to determine whether the sexual act was sexually offending or not. However, in keeping with Ryan and Lane's perspective on assessing pre-teen sexual offences, Gil (1993) and Cunningham and MacFarlane (1996) also indicated the need to consider the nature of the relationship and interaction of the victim and abuser, particularly as these related to the factors of consent, compliance and cooperation.

It became evident that the abovementioned parameters introduce improved standards for the assessment of pre-teen sexual offences. Concern however, exists that the criteria will employ

subjective judgment rather than objective measurement, and a true differentiation between expected, therefore normal, and offending pre-teen sexual behaviours is dependent on knowledge of child development as well as child sexual development, which professionals often lack.

A continuum of sexual behaviours will be discussed as follows to demonstrate the progression of normal to sexually aggressive behaviours in children.

## **2.3 TYPES AND CLASSIFICATIONS OF PRE-TEENS WHO HAVE COMMITTED SEX OFFENCES**

Based on a review of literature of the past decade dealing with sexually abusive pre-teens, it became apparent that professional practitioners and researchers use a continuum of sexual behaviours to demonstrate the progression of normal to sexually aggressive behaviours in pre-teen children. The following will elaborate on the wide variety of labels that are used when describing such sexually abusive behaviours.

### **2.3.1 Clinical classification of problematic sexual behaviour in children**

Pithers, Marques, Gibat and Marlatt (1993) were the first and only researchers to date, who developed empirically derived and clinically relevant classification of children with sexual behaviour problems. The outcome of their research and classification is being discussed as follows.

In order to understand Pithers et al.'s (1993) assessment of problematic sexual behaviours of pre-teen children it is necessary first to determine normal sexual behaviours of pre-teen children according to definitions of Pithers and his colleagues. Three stages of normal sexual development for pre-teen children are distinguished. Until five years old, children's curiosity about their bodies leads them to touch both themselves and others. According to Pithers et al. (1993) this is considered exploratory looking and touching. From six to ten years, this curiosity takes the form of a game, such as playing "doctor". At 11 and 12 years old, self-stimulation continues but relationships with the opposite gender can involve kissing and touching.

Pithers and his colleagues (1993) studied a sample of 127 children aged six to 12 who had exhibited sexual behaviour problems. These authors used their model of normal sexual development as discussed earlier, but determined problematic sexual behaviours within the framework of the following five factors. They classified as "problematic" sexual behaviours that were (a) repetitive; (b) unresponsive to adult intervention and supervision; (c) equivalent to adult criminal violations; (d) pervasive, occurring across time and situations or (e) highly diverse, consisting of a wide range of developmentally unexpected sexual acts.

Pithers et al. (1993) found that children who gave evidence of sexual behaviour problems varied significantly on numerous aspects, including historical, demographic, behavioural and diagnostic factors. They also varied regarding to number of victims, degree of aggression used during the sexual abuse, sexual penetration, psychiatric diagnoses and internalising and externalising behaviours.

These authors identified five types of children with sexual behaviour problems. The five types differed significantly in psychometric scores, maltreatment histories, observational measures of sexual and nonsexual behaviours, psychological diagnoses and indices of aggression. These five types of pre-teens children with sexual behaviour problems are: sexually aggressive children; abuse reactive children; non-symptomatic children; rule-breaking children and highly traumatised children.

The following will elaborate on the factors that distinguish the five different subtypes of pre-teen children with sexual behaviour problems as classified by Pithers et al. (1993).

#### *2.3.1.1 Sexually aggressive children*

The sexually aggressive children tended to have the highest scores of conduct disorder diagnoses. They were less often victims of sexual or physical abuse themselves and more likely to physically penetrate their victims (Pithers et al., 1993).

#### *2.3.1.2 Non-symptomatic children*

As the classification implies, these children were non-symptomatic and were within the normal range on most test measures. They typically did not have psychiatric diagnoses, exhibited low levels of aggression in sexual behaviour and had the fewest victims. These children were most likely to have sexual offenders in their extended family (Pithers et al., 1993).

#### *2.3.1.3 Highly traumatised children*

Both the highly traumatised and the abuse-reactive children typically were among the youngest and had on average the highest number of victims. These two groups of children had been sexually and physically abused by the largest number of perpetrators (Pithers et al., 1993).

The highly traumatised children evidenced the highest rates psychiatric diagnoses and posttraumatic stress disorders. Their parents were more likely, compared to other parents, to report feeling less attached to their children.

#### *2.3.1.4 Abuse-reactive children*

The abuse-reactive children had the shortest time span between experiencing personal abuse and the onset of victimisation against others. They evidenced a high level of maltreatment and had a high number of sexual abuse perpetrators. This group had a high rate of psychiatric diagnoses and the highest incidence of oppositional defiant disorders. Occasionally they used aggression during their sexual offences (Pithers et al., 1993).

#### *2.3.1.5 Rule-breaking children*

The rule-breaking group included a higher number of girls and had a greater time delay between their own experiences of victimisation and the onset of their abuse against others. These children had

higher levels of sexualised and aggressive behaviours and were more likely to act out in non-sexual ways. They had the highest numbers of sexual offenders within their extended families (Pithers et al., 1993).

These authors (Pithers et al., 1993) concluded that across all five subtypes, specific aspects were found to be associated with the number of victims abused by these children. The children who themselves had been abused by more perpetrators and the children who had weak emotional attachments with their parents had greater numbers of victims.

Pithers et al. (1993) emphasized that these are rough guidelines for evaluating children's sexual behaviour. Note should be taken of Pithers et al. (1993) when they cautioned professionals not specifically trained in this field not to assess pre-teens' sexual behaviour.

It can be concluded from Pithers et al.'s (1993) clinical study that families of children with sexual behaviour problems have an array of characteristics indicating parental and familial distress, including poverty, domestic violence and sexual victimisation.

Having reviewed the existing literature on pre-teen children with problematic sexual behaviour, it should be noted that disappointingly little controlled research has been done on pre-teen sexual offending, or on pre-teens with problematic sexual behaviour. To overcome the limitations of available controlled and clinical research, non-clinical subgroups and descriptions will be described to further elaborate on pre-teen sexual offences.

### **2.3.2 Non-clinical subgroups for classifying pre-teen sexual offences**

With reference to international non-clinical and uncontrolled studies, subtypes and classifications of pre-teen sex offenders, are being discussed as follows.

Several studies of pre-teen sexual offences conducted in the United States of America, United Kingdom and Europe. Some of the central findings were the attempts by researchers to distinguish children's normal sexual behaviour from sexually offending behaviour. One method was to compare pre-teen children who have never been sexually abused and were considered to exhibit normal sexual behaviour with pre-teen children known to have been sexually abused.

- **Comparison between sexually abused and non-sexually abused children**

One of these studies referred to was done by Friedrich (1990:51-56), who drew on several international studies to identify normal sexual behaviour in non-sexually abused children, which he compared with children who had been sexually abused. Friedrich (1990) indicated that non-sexually abused children show normal sexual behaviours, whereas deviations from normal sexual behaviours are linked to children who have been sexually abused. The author therefore implied that being a victim of sexual abuse results in sexual behaviours that are advanced beyond the age of children. Friedrich furthermore indicated that sexually abused children are more compulsive and resistant to treatment and that they do not demonstrate inhibitions associated with normal sexual behaviour. In contrast to

Friedrich's research, it could be argued that sexual abuse does not have a similar impact on all children. Many children who have been sexually abused come from populations stigmatized by low income, family dysfunction and family violence and it is often impossible to conclude whether the sexual abuse caused the child's deviation from normal sexual behaviours. Gil and Johnson (1993) stated that children who suffer from emotional, physical or sexual abuse can use sex as a way of making friends or coping with feelings such as loss, abandonment, fear or loneliness.

- Age appropriate behaviour

In Gil and Johnson (1993), Gil described age appropriate behaviour of pre-school children, young school-age children and latency-children. It is noted that the criteria Gil used are borrowed from Goth, Loredó and McFadin (1982) and Sgroi et al., (1988). Gil and Johnson (1993) proposed that the following indicators be used to determine problematic sexual play between children. Where children with an age difference of more than three years play a sex game, some concern is warranted. Children suffering from developmental delays or severe immaturity may also become targets of sexual abuse by peers. Children with a substantial size or status difference or where one child has power over another causes concern for possible sexual abuse. Gil (Gil and Johnson, 1993) further noted that the dynamics involved in age appropriate sex play compared with those in problematic sexual behaviours, differ. Problematic sexual behaviours have themes of dominance, coercion, threats and force. Children involved in these types of behaviour are anxious, fearful, angry or tense.

It is thus evident that Gil (1993) differentiated between what is considered normal sexual behaviours and abusive sexual behaviours by assessing (a) motivational factors, (b) abuser-victim relationships, (c) types of behaviours, and (d) the affect expressed. It holds the assumption that the motive for normal sexual behaviours is curiosity, consent and limited to touching and looking. In contrast, abusive sexual behaviours are viewed as involving coercion, bullying, and a power-control imbalance.

- Abnormal sexual behaviours

Closely related to Gil's (1993) classification of sexual behaviours are Johnson and Feldmeth's (1993) four groups of sexual behaviours of pre-teen children. These groups include normal sexual behaviour (group 1), sexually reactive behaviour (group 2), extensive mutual sexual behaviours (group 3) and sexually molesting behaviours (group 4). Feldmeth's description of normal sexual behaviours corresponds with the views of researchers discussed previously. The second group has a wider range of sexual behaviours in comparison with children in the "normal" age group. The children in the third group use sexual behaviours as coping mechanisms in their dysfunctional home environment. The fourth group consists of children who molest other children. These children's thoughts and actions are pervaded by themes of sexuality, their deviant sexual behaviours continue and increase over time and they have feelings of loneliness, rage and fear. Children who molest others choose children who are weaker or more vulnerable to involve in their sexually aggressive behaviours.

Similar to Gil (1993) and Johnson and Feldmeth (1993), Cunningham and MacFarlane (1996) defined abnormal sexual behaviour as a mean deviation from sexual behaviours normally expected of a given

age group. In addition to these unexpected sexual behaviours, abnormal sexual behaviours are defined as including coercion, threats, aggression and secrecy. Concurrent with Gil (1993) and Johnson and Feldmeth (1993) Cunningham and MacFarlane (1996) indicated that consent must be considered when deciding whether the sexual behaviour was abusive. It is obvious that Cunningham and MacFarlane's (1996) factors measuring consent are closely related to that of Ryan and Lane (1997). In order to ensure an accurate definition of abnormal or offending sexual behaviours, Cunningham and MacFarlane (1996) referred to the following indicators:

- (a) To understanding what is proposed based on age, maturity, developmental level, functioning and experience;
- (b) To have knowledge of societal standards for what is being proposed;
- (c) To be awareness of potential consequences and alternatives;
- (d) To assume that agreements or disagreements will be respected equally;
- (e) To voluntary decide to participate.

Using the abovementioned indicators to assess sexual behaviours, professionals working with pre-teen sexual offenders will be able to differentiate normal sexual behaviours from abusive sexual behaviours.

- Sexual disturbances

Berliner and Rawlings (1991) proposed yet another system for classifying child sexual behaviours. In their continuum, they used the term "disturbance" to describe sexual behaviours that deviate from those expected as part of normal sexual behaviour. The sexual disturbances are categorized into three levels. The first category, "inappropriate sexual behaviour" includes typical sexual behaviours that occur in inappropriate situations; the behaviours interfere with the child's development; they are persistent despite intervention; the behaviours are accompanied by other forms of disturbed behaviours; and multiple sexual behaviours are reported. The second category, "developmentally precocious behaviours" includes simulated or completed intercourse in addition to the behaviours listed in the first category. The third category, "aggressive sexual contact" involves sexual interaction with physical force or injury.

In accordance with Gil (1993), Johnson and Feldmeth (1993), Cunningham and MacFarlane (1996) and Ryan and Lane (1997), Berliner and Rawlings, (1991) considered the behavioural criteria alone to be incomplete evidence of sexual disturbances. It is noted that all of the above researchers expressed the need to qualify the presence and severity of children's sexual behaviour with reference to the developmental, familial and interpersonal environments in which they were manifested. In contrast to other typologies, Berliner and Rawlings (1991) focused on the relationship between sexual and psychological disturbances.

Rasmussen et al. (1992) only outlined the conditions that would earn the label of inappropriate sexual behaviour. These conditions were echoed by those described by Gil (Gil and Johnson, 1993) and

included a power and role difference between perpetrator and victim, and elements of coercion such as tricks, bribes and force. In addition Rasmussen et al. (1992) included predatory patterns to set up a victim as a condition for inappropriate sexual behaviours in children.

- Sexual behaviour of pre-teen children

Hindman (1994) employed three terms to describe the sexual behaviour of pre-teen children. The term “sexual curiosity” is used to describe normal sexual behaviour. Another term used by Hindman (1994) is “abuse reactive”, used to describe children who had been sexually abused in the past. In some situations these children repeated these experiences on other children. The third term or category is described as “culpability”. Hindman (1994) described these children as committing sexual crimes and having criminal intent. They understand that the behaviour is not only inappropriate but also as having a consequence or punishment. Hindman developed an assessment test of 16 items to evaluate whether the children should be charged with crimes, whether they are at risk of becoming sex offenders or whether they are simply engaging in normal sexual curiosity.

- Types of childhood sexual behaviour

Hall (1995) developed four categories to classify different types of childhood sexual behaviour: developmentally expected, sexualised, sexually intrusive and sexually offending. Only the last two categories were considered to constitute sexual behaviour problems. Sexually intrusive children engage in abusive behaviours without force or planning whereas sexually offending children plan their acts, which may include force.

- Categories of sexually abusive behaviour of children

To distinguish between various sexual behaviours, Ryan and Lane (1997:231-232) proposed six categories of sexually abusive types of children. Ryan and Lane (1997) noted that pre-teen child molestation typically involves a younger child. The legal definitions of the age difference vary from more than two to four years younger than the perpetrator, depending on the country in which the distinction is made. Behaviours may involve simulating sex on a victim as well as touching, rubbing, kissing, penetration or sucking of the genitals, and being clothed or unclothed. Ryan and Lane (1997) further noted that victims are usually relatives or acquaintances. Ryan and Lane (1997) categorized child sexually abusive behaviours as follows:

- (a) Rape or sexual assault behaviours involve force, coercion, violence, intimidation and aggression. Victims may be of any age and may be known or unknown to the perpetrator. Behaviours may include penetration, touching, rubbing, kissing, sucking, biting, pain infliction, anger discharge, torture, or sadism.
- (b) Hands-off behaviours involve exhibitionism, voyeurism and obscene communication. Exhibitionism constitutes displaying one’s genitals or nude body to a victim of any age. Voyeurism is an attempt to observe someone unclothed or involved in sexual or hygiene

behaviour without his/her knowledge. Obscene communication involves obscene telephone calls or written messages to a victim of any age.

- (c) Frottage is rubbing one's genitals against a victim.
- (d) "Grabbage" is grabbing breasts, buttocks, or genitals of a victim of any age.
- (e) Harassment is unwelcome sexual advances or requests for sexual favours despite the victim's distress or request to stop.
- (f) Exploitation includes exposure to sexual material beyond the victim's age or developmental level, enticing a victim to pose for nude photographs or child pornography, encouraging a young child to wear or display certain clothing for sexual gratification, engaging a known sexual abuse victim in complying with sexual requests, providing alcohol or drugs to an individual to decrease the child's resistance to sexual interaction, or taking advantage of a developmentally delayed individual's desire to be accepted in order to be sexual with that youth.

In line with other classification systems discussed (Hall, 1995; Hindman, 1994; Rasmussen et al., 1992) Ryan and Lane (1997) argued that additional factors besides sexual behaviours had to be evaluated when distinguishing normal from problematic sexual behaviours. These included the nature of the relationship and interactions of the children involved. In comparing Ryan and Lane's (1997) typology of normal and problematic sexual behaviours with the typology in studies by Gil (Gil and Johnson, 1993), Johnson and Feldmeth (1993) and Cunningham and MacFarlane (1996), it is evident that respect towards sexual behaviours and accompanying social factors determine the progression from normal to abusive or offending sexual behaviours, regardless of different terminology. In line with Gil (Gil and Johnson, 1993) and Cunningham and MacFarlane (1996), Ryan and Lane (1997) indicated the need to consider the nature of the relationship and interaction of the victim and abuser, particularly as these relate to factors of consent, compliance and cooperation.

From the above it is clear that there are more commonalities and than differences between the descriptions examined in this discussion. It appears that when the term normal is used, it often describes sexual behaviours that occur as a result of natural human biological and physiological developmental processes. In contrast, the terms problematic, abnormal, abusive or offending are used to indicate that something has happened to disturb the sexual behaviours that would be expected as part of a natural developmental process. The typologies discussed are useful to assess problematic sexual behaviour as they describe a range of sexual behaviours and associated social and psychological factors that can assess whether children's sexual behaviours are normal for their age or not. It was further noted that sexual behaviours are defined within a socio-cultural context to indicate what is considered the norm in a given society, culture or group. Because of the consistency of which behaviours and factors can be used to identify normal and abusive sexual behaviours, these typologies can be regarded to constitute a standard for the assessment of problematic sexual

behaviours of pre-teen children which can be utilized by social workers and other health care professionals in South Africa.

## **2.4 THEORIES ON THE ETIOLOGY OF PRE-TEEN SEXUAL BEHAVIOUR**

Literature (Araji, 1997; Gil and Johnson, 1993; Ryan and Lane, 1997) reveals that theoretical models to understand sexually abusive behaviour were developed only during the early 1980s. As mentioned earlier in this chapter, different variables, when linked together, constitute theories about why pre-teen children commit sexual offences. These variables include, individual characteristics; interactional factors between the family members; children's subjective perceptions of these interactions and societal factors such as cultural, group or family values and norms. When these variables are linked together, they become etiologies that could explain sexual behaviours of pre-teen children. It was furthermore clear from the literature review that it is imperative for social workers to understand the theory behind the behaviours before intervention is initiated. The following discussion will elaborate on the theories of the etiology of sexually offending behaviours which can be useful to understand pre-teen sexual offending and will outline some of the key concepts. The following theories will accordingly be discussed: feminist approach; family systems perspective; dynamic perspective; psychological perspective; developmental theory, learning theory, psychosis theory, physiological theory, intrapsychic theory, attachment theory, addictive theory, cognitive theory, and the integrated theories.

### **2.4.1 Psychosis theory**

From the literature (Gilbly et al., 1989; Ryan and Lane) it was evident that being mentally handicapped does not cause people to commit sexual offences. The notion that sexual perpetrators must be mentally ill as a causal explanation for their behaviour is the oldest and most widely accepted theory in the community (Ryan and Lane, 1997:20). In contrast, Knopp, Freeman-Longo, and Stephenson, (1992) reported that less than eight percent of the total population of sexual offenders is psychotic. This concurs with the study by Gilby et al. (1989) that the frequency of sexual behaviour problems did not differ significantly according to an individual's levels of intellectual functioning. Similarly, in a more recent study, Bourke and Donohue (1996) found that only 14 percent of youth sex offenders in their sample were diagnosed as mentally handicapped. Ryan and Lane (1997:20) noted that sexual offences might be symptomatic of the underlying illness rather than descriptive of the illness itself. In the relatively rare cases where sexually abusive behaviours are associated with borderline schizophrenic or psychotic conditions, psychiatric hospitalisation and treatment to control the underlying personality disorder would be a prerequisite to any assessment of continued risk of sexual offence (Ryan and Lane, 1997). It can be argued that because members of the mentally handicapped population are usually institutionalized, they are not a threat to the community. In addition, it can be assumed that mentally handicapped persons in institutions are more closely observed compared to intellectually normal people, which could explain the greater number of observable sexual behaviours.

### 2.4.2 Physiological theory

Literature (Van der Kolk, 1982) relating to the physiological theory indicated that research into the basic sciences that described brain functions, especially neurotransmitters relating to emotional states, has supported clinical applications of pharmacological interventions in the treatment of various psychiatric disorders including sexual offending.

It was further apparent that the central finding in the physiological theory when applied to sexual offending is the assumption that neurological and hormonal factors cause pre-teen children to offend, and they are therefore genetically predisposed towards this behaviour. Ryan and Lane (1997:20) asserted that the attraction of a biological explanation for sexual offending is because any physiological perspective would support the view that sex offenders are born rather than raised without environment having to bear any guilt. The physiological theory further provides evidence that neurological factors have also been linked to other elements of human conditions and behaviour such as aggression, memory and learning. In addition, hormonal factors are also known to exert powerful influences on many aspects of psychological, emotional and physiological functioning in ways that affect feelings and behaviour (Ryan and Lane, 1997). Ryan and Lane (1997) and Yates (1987) explained how a physiological response such as eroticism becomes linked to a sexual behaviour. Yates' (1987) argue that young children can become sexually experienced regardless of their age because sexual responsiveness does not require cognitive skills. Yates (1987) noted that children with sexual experience fail to differentiate between affectionate relationships and sexual relationships and become aroused by routine physical or psychological closeness. In addition, erotic expression becomes so satisfying that few comparable rewards satisfy this need. It is thus evident that the physiological theory appears useful when explaining sexually abusive behaviours of young children who have the capacity to become sexually stimulated by certain sexual acts through stimulus response but who are not at the developmental cognitive stage to understand the act. For example, a child who has had sexual intercourse at a young age without understanding the act could continue to respond to an erotic stimulus because the rewards are satisfying.

Ryan and Lane (1997) reported that anti-testosterone drugs such as Depo-Provera have been used in the treatment of adult sex offenders to reduce the frequency and intensity of arousal. For the sex offender that has too frequent or continual arousals, a reduction of that physical condition may reduce the perceived need to engage in sexual behaviours and consequently may reduce the rate of offending. However, impaired growth failure in an immature male is a significant risk, and anti-testosterones are rarely an option in the treatment of young people (Ryan and Lane, 1997:20).

It seems that although sexual offending of young children can be explained by the physiological theory, it should be used with caution to explain adult sexual offending since the assumption is that sexual offending is beyond an offender's control. The sex offender never takes responsibility and the burden of guilt shifts to the environment.

As can be seen, the physiological theory assumes that neurological and hormonal factors cause pre-teen children to offend, and such behaviour is therefore inborn. The relationship between sexual offending and the presence of neurocognitive deficits has been established.

### **2.4.3 Intra-psychic theory**

Based on the review of literature it was evident that some of the earliest theories explained sexual offending as a symptom of intra-psychic conflict. Developed by Freud (1954), the intra-psychic theory postulates that people have two basic instincts: sexuality and aggression. These instinctual expectations for gratification and the external demands for socially acceptable behaviour are often in conflict. The Freudian theory assumes that three elements of personality (the id, the ego, and the superego) are in unconscious, internal conflict. The id, operating on the pleasure principle, seeks immediate gratification of sexual and aggressive impulses; the ego, related to the reality principle, attempts to direct impulses into socially acceptable channels; and the superego is composed of the moral and ethical judgments that produce shame and guilt. It would seem that Freud's (1964) theory supposes that interruption in the development of the individual might later manifest in dysfunctional behaviour symptomatic of personality disorder. It is further apparent that Freud's theory of the psyche is so deep-seated in sexuality and aggression that this theory appears to be applicable to the manifestation of sexual aggression. In contrast, it is noticed that Freud had little explanation for the origins of sexually abusive behaviour in children since he appeared to have had certain difficulties himself in accepting the abusive nature of sexual contact between children and adults (Freud, 1964; Erooga and Masson, 1999). It was further noticed that Freud (1964) was not clear on the limitation of sexual behaviours and experimentation in normal young children. Erooga and Masson (1999) stated that Freud's (1964) final formulation that childhood sexualised behaviour was the result of attempts by the child to come to terms with Oedipal conflicts, a wish to have sex, with the parent of the opposite sex is unsatisfactory and limited.

In keeping with the intra-psychic theory, Groth, and Burgess (1977) investigated the intra-psychic conflict as the causative factor in sexually exploitative behaviours. Similar to Freud's (1963) studies, Groth et al. (1977) viewed child molesters as either fixated or regressed paedophiles, which according to this viewpoint, underpins the development of the child molester. In addition to Freud's theory, Groth et al. (1977) recognized that some molesters have an exclusive interest in having sex with children, while others are also interested in sexual activities with peers. The hypothesis is thus that the fixated paedophile has suffered a developmental arrest, which causes his/her sexual interest to remain in childhood, whereas the regressed paedophile has reached adult development, but then trauma or stressed causes a regression to a previous stage of sexual development and behaviour.

Holding the opposite view, McDougall (1990) postulated that there is little or no evidence of the possible role of early trauma in the origins of later sexual deviance or sexual offending. McDougall's (1990) central finding was that sexual perversions are acts of the sexual offender who uses his/her sexual capacity to deal with deeper narcissistic issues.

In the terms of the intra-psychic theory, aspects of early sexualised behaviour which may have been induced by child sexual abuse, can become imprinted on the brain chemistry, consequently leading to a persistent state of arousal in the young child which can then result in a tendency towards sexually abusive behaviour.

#### **2.4.4 Learning theories**

In the literature (Bandura, 1977; Skinner, 1974) it is apparent that there are three learning theory perspectives. The first learning theory which was developed by Pavlov (1927), is classical conditioning, where the simultaneous experience of a stimulus and a reward leads to a pairing of the two in a classical condition of learning. When applying the classical learning theory on the pre-teen sexual offender, the assumption is that the sexually abused male may regard "being a male" in terms of sexual abuse. The second learning theory which was developed by Skinner (1974), is operant conditioning in which children learn to manipulate their environment to satisfy their needs. By learning through trial and error, they learn to identify what will help them to get what they want. Bandura (1977) developed the last learning theory called social learning, which is concerned with learning through the example set by others. This theory postulates that being a victim of sexual abuse or witnessing other children and parents engage in sexual behaviour, or watching pornographic films, teaches the child actual ways in which to perform sexual acts (Erooga and Masson, 1999; Hoghughi, 1997; Ryan and Lane, 1997). The learning theories are to some extent echoed by many studies (Erooga and Masson, 1999; Finkelhor and Browne, 1986; Gil and Johnson, 1993; Hoghughi, 1997; Ryan and Lane, 1997) which support the finding that the cycle of sexual abuse is based on the assumption that children learn abusive sexual behaviour through repeated conditioning with positive or negative reinforcement.

It is noted that both Finkelhor and Browne (1986) and Gil and Johnson (1993) operated from the perspective of the learning theory to explain the process of traumatic sexualisation. For example, if a pre-teen sexual offender exchanges sweets for sex, the victim is taught and therefore learning that sex can be exchanged for sweets. In line with the learning theory, the child is thus behaving in a sexually inappropriate way through repeated conditioning with positive (sweets) and negative (sex) reinforcements. Another consideration is, that when aggression is part of the victim's learning process, the victim is expected to learn sexually aggressive behaviours which he or she will repeat as an abuser. It can also be that, although the learning theory can assist a social worker to analyse and predict future sexual behaviour, unfair predictions of future sexual offending could be made. It can be argued that it is important to reassure victims of sexual offences as well as their parents that not all victims of sexual offences would necessarily become sexual abusers.

It is clear that pre-teen sexual offenders can learn to respond to specific stimuli in specific ways. The learning theory further recognises that if coercion or learning together with aggression is part of the sexually offending process, we should expect that the victim has learnt sexual abuse and could possibly repeat the abusive behaviour.

#### 2.4.5 The developmental theory

The three most influential and global developmental theories are those of Piaget's (1929) theory of cognitive development, Erickson's (1965) theory of psychosocial development and Freud's (1964) theory of personality development. Each views development from birth to maturity in the context of a different stage and each of these stages is dependent on the previous one.

It was evident from the literature study that most practitioners, identify guidelines for what is considered normal sexual development at various ages and use this standard for measuring behaviours that deviate from these expectations. Araj (1997) wrote that when the developmental theory is applied to sexually offending pre-teens the focus is on the development of factors such as social and family values, norms, organizational patterns and interactions, and media information that influence children's thinking and behaviours about sex. In addition to these normal patterns of developmental, the developmental theory also encompasses the notion of disruptions that occur during a child's development and how these disruptions help explain offending sexual behaviours of pre-teen children (Cunningham and MacFarlane, 1991; 1996 and Friedrich, 1991). There is a reasonable amount of consensus (Finkelhor and Browne, 1986; Gil and Johnson, 1993; Gordon, Schroeder and Abrams, 1990; and Hoghughi, 1990) that children who have been sexually abused develop an unusual or excessive preoccupation with sexual matters. In accordance with the above, Hoghughi (1997) argued that pre-teen children who have not developed secure emotional attachments to their parents may disclose greater vulnerability towards sexually abusive behaviour. These children are deprived emotionally and have discovered that they can attract attention through sexually abusive behaviour.

There is a reasonable amount of consensus that positive early childhood experiences are of vital concern and that the family and the environment are essential influences in the development of sexuality (Cunningham and MacFarlane, 1991, 1996; Freeman-Longo, 1986; Friedrich, 1990, 1991; Groth, 1979; Hoghughi, 1997; Steele, 1986). Alternatively, lack of empathic care, family trauma, physical and sexual abuse, neglect, scapegoating, undefined family roles and boundaries and exposure to sexually traumatic experiences in the environment may contribute to the development of abusive sexual behaviours (Cunningham and MacFarlane, 1991, 1996; Freeman-Longo, 1986; Friedrich, 1991; Groth, 1979; Steele, 1986).

All of the above suggest that deviant socialisation experiences such as sexual abuse and inadequate parenting, distort the normal sexual development of children. These traumatic events cause an interruption in the normal sexual development of a child. It seems that pre-teen sexual offenders cannot be understood or treated successfully if social workers do not consider the developmental levels of children, as was discussed earlier in this chapter.

#### **2.4.6 Attachment theory**

The attachment theory draws extensively on the concept of internal models that represent the individual's view of himself and others as positive or negative. This theory was developed by Bowlby (1973) and extended by Ainsworth (1989) and Main, Kaplan and Cassidy (1985). From the literature it was apparent that the attachment theory has not been widely applied to sexual offending. However, it was evident that many of the early childhood variables are related to disrupted early relationships (Friedrich 1990; Gil and Johnson 1993; Pithers et al., 1998; Marshall, Barbaree and Eccels, 1991; Ryan and Lane, 1997; Ward, Hudson and Siegert, 1995). Marshall et al. (1991) noted that most pre-teen sexual offenders suffer from attachment disorder. The disruptions that are the focus of the attachment theory are framed in the context of traumatic events that include absent or disrupted attachment, sexual abuse, physical abuse, neglect and emotional abuse. Poor quality attachments are associated with parents who are absent or rejecting in the way they relate to their children, who are insensitive to their needs, who lack warmth and have difficulties in showing affection. Children who form poor attachments with their parents learn inappropriate relationship styles.

Attachment theories imply that early relationships provide internal representations of relationships that affect self-image and expectations in relationships throughout the lifespan. Friedrich (1990) referred to research that showed that children with insecure attachments have an impaired sense of self, are less communicative of their emotions, and their interactions with others reinforce their poor self-image. Bartholomew (1990) and Bartholomew and Horowitz (1991) described categories of attachment: (a) secure, (b) anxious/ambivalent and (c) avoidant. By applying these categories in the assessment of sexual offenders, Ward et al. (1995) suggested that sex offender subgroups could be differentiated in terms of motive, victim selection, grooming, coercion and offence variables.

From the above it is apparent that secure parent-child attachment bonds are formed when the parent is confident, responsive, sensitive, warm, affectionate, empathic, trustworthy and consistent. Children with secure parent-child attachments view themselves and others as positive and establish positive relationship styles. Alternatively, children with weak parent-child attachment bonds have a negative self-image and have serious problems in relating effectively with their peers, which is one of the characteristics of pre-teen sexual offenders.

#### **2.4.7 Addictive theory**

Because all sexual behaviours potentially include a physiological reward, e.g. intimacy, arousal, orgasm and tension reduction, theorists have explored the addictive qualities of sexual offending. From the literature it was evident that the addictive theory focuses on the assumption that sexual arousal is a powerful reinforcer of sexual acts and thus the behaviour that facilitates this, may become addictive. Carnes (1983), who developed the addictive theory, applied the model to sexually related disorders. According to Carnes (1983) sexual addiction considers faulty beliefs and impaired thinking as a distorted view of the world and thinking errors. The sexual behaviours of the sexual offender

become unmanageable due to the offender's preoccupation, ritualization, compulsivity and subsequent despair. It seems as if the addiction theory is similar to Pavlov (1927) and Skinner's (1974) physiological rewards theory relating to compulsive qualities of sexual offending.

Breer (1987) expanded the addictive theory for use in treating youth sex offenders. In keeping with the addictive theory, Cunningham and MacFarlane (1996) drew on Breer's (1987) theory as a guide to developing pre-teen sexual offending treatment programmes and materials. Breer (1987) postulated that reinforcement of sexually inappropriate behaviours can occur as a result of specific sexual behaviours or in response to fantasies about sexually abusing behaviours. A study by Gray and Pithers et al. (1993) corresponded with Breer's (1987) hypothesis that youth sex offenders may use fantasies to work themselves up to the actual sexually offending behaviour. Alternatively, Gil and Johnson (1993) found that pre-teens do not engage in a substantial use of sexual fantasies.

The addictive theory further explores the family of origin and current relationships for co-addictive systems and patterns, which includes boundaries and role reversals, control battles, unrealistic expectations and deviant modelling of sexual attitudes and behaviours.

As was seen, the addiction theory asserts that inappropriate sexual behaviour can be reinforced by the physiological reward of sexual offending. The model can be used to identify and treat the early stages of repetitive sexually deviant behaviours before they become compulsive or addictive.

#### **2.4.8 Cognitive theory**

The cognitive theory was developed by Piaget (1929) and subsequently applied in the assessment and treatment of pre-teen sex offenders with cognitive distortions. The cognitive theory recognizes that the pre-teen sexual offender assumes that his/her sexually offending behaviour is acceptable, justifiable or harmless. Erooga and Masson (1999) described distorted cognitions or thinking errors as beliefs or attitudes that justify, rationalize or support the sexually offending behaviour. It seems as if pre-teen sexual offenders distort the role of the victim in the abuse, portraying the victim as in some way responsible for encouraging or initiating the sexual act. These cognitive distortions or irrational rationalizations are essential to the offender's ability to overcome the societal taboo against abusive behaviour. Many pre-teen sexual offenders think differently from non-offenders and it was suggested by Ryan and Lane (1997), that this relates to the earliest developmental stages where the infant first formed his view of the world and accommodated his experiences. Yochelson and Samenow (1976) published a comprehensive theory of cognitive distortions which Ryan and Lane (1997) developed further. Correlating with Yochelson and Samenow (1976) Ryan and Lane (1997) described distorted thinking patterns as pervasive in their interpretations and reactions to other life experiences.

From the above, it is clear that the cognitive theory suggests that pre-teen sexual offenders lack accountability due to their denial of personal responsibility for their actions. This attitude manifests in the form of cognitive rationalizations for their actions. This denial of responsibility also extends to non-

sexual offences. It seems as if there is a basic lack of consideration which can be linked to the attachment theory.

#### **2.4.9 Family systems perspective theory**

For many years, intrafamilial sexual offending was seen as a family problem. Weiner (1964) was the first to report that incest was viewed predominantly as a family dysfunction. During the 1970s, the first shift in family systems thinking removed the responsibility away from the child victim, but mothers were still thought to play a colluding role. Although Giarretto (1978) agreed with Weiner (1964) that incest was a family dysfunction, he encouraged the legal system to hold both parents accountable. This was to some extent echoed by Zaphiris (1978) who described the dynamics of the incestuous family as conditioning the family to allow and support the incestuous relationships. It was only during the mid 1980s that Conte (1986) and Finkelhor and Araji (1983) placed the blame and responsibility for intra-familial sexual abuse unequivocally on the perpetrator.

There is a reasonable amount of consensus that the family systems theory assumes that the experiences of the family develop and sustain the sexually abusive behaviour (Finkelhor, 1979; Gil and Johnson, 1993; Hoghughi, 1997; Laws, 1989). The basic principle of the theory emphasizes the wholeness of the family system in which the whole is seen as more than a sum of the parts. The underlying assumption is that the explanation of the individual's behaviour is considered in the context of the whole family system because all parts are considered interdependent and related to one another with repeating patterns. The theory views the family as bound together in ways that make individual explanations for behavior incomplete. The systems theory further assumes that a change in any of the members will effect change in other members (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992).

From the above, it is clear that the family systems theory assumes that the family is responsible for the sexually offending behaviour. The child is no longer seen as the causal part of the problem since the family system and interrelations of the various dyads remain the focus and marital problems are often blamed.

#### **2.4.10 Integrated theories**

Many offence-specific treatment programmes use eclectic approaches that incorporate aspects of different theories. This is because the integration of various theories in practice provides the fullest understanding of the offender's personal patterns and the greatest potential for success in reducing sexual offending.

One of the earliest integrated theories was Groth's (1977) application of developmental and intrapsychic conflict theories to distinguish "fixated" and "regressed" paedophiles. Groth's (1977) theory serves as a reminder that there are different reasons for sexual offending and different theories need to be applied to understand sexual offending.

Alternatively, Lanning (1987) contributed a concept of profiles based on behaviour patterns that could distinguish a “situation molester” and a “preferential molester” and characterizes them according to personal characteristics, motivation, victim criteria, modus operandi and use of pornography.

The most widespread theory used to understand sexually abusive behaviour in pre-adolescents and adolescents is the four-preconditions model developed by David Finkelhor and Araji (1983). Finkelhor and Araji (1993) conceptualised a four-factor model of molestation that identifies and explains four areas of sexual offending: (a) emotional congruence, which explores the reason why the offender might find it satisfying to relate sexually to a younger child (possibilities include delayed development, mastery of victimisation and identification with aggressor); (b) sexual arousal in respect of children, which explores the origin of sexual preference (possibilities include arousal in childhood, childhood sexual trauma, operant conditioning, modelling or misattribution); (c) blockage, which explores reasons that might prevent success in sexual relationships with equal and consenting age-mates (for example intra-psychic conflicts, fear, adult sexual trauma and poor social skills); and (d) disinhibitions, which include conditions that might interfere with normal inhibitions against such behaviours (examples such as psychosis, substance abuse, senility, impulse disorders, rationalizations and stress).

In accordance with Finkelhor and Araji (1983), Erooga and Masson (1999), claimed that the integrative theory model is the most useful in understanding sexually abusive behaviour in young children. Hoghughi (1997) maintained that although this theory is more concerned with child sexual abuse, it can be adapted to help make sense of other abusive behaviour. It seems as if this model most effectively explains the incorporation of multiple theories into a single framework to demonstrate the diversity and complexity of sexual offending.

Another consideration of an integrative theory is that of Weissberg (1982), who conceptualised a simplistic analysis of multiple maladaptive responses to stress, which included incest and sexual offending. His concept identified a stressful precipitant that caused normal functioning to fail, followed by stages of denial, disorganisation and symptom formation to a maladaptive behavioural reaction. In contrast to Finkelhor and Araji (1983), Weissberg focused on both predispositions and precipitating factors to promote adaptive responses during treatment.

Another example of the integrated theory was evident in the work of Abel, Becker, Cunningham-Rathner, Rouleau, Kaplan and Reich (1984). They used a behavioural approach in the treatment of pre-teen sex offenders although they also included a “lifeline” theory converting time from birth to the present, pinpointing significant events, patterns and escalation of dysfunction, especially experiences of victimisation or loss, sexual fantasies and behaviours and offences in order to explore the etiology and progressions. It is noted that the lifeline approach correlates with the developmental theories in focusing on early childhood experiences as environment that are essential influences in the etiology of sexual offending.

Finally, Prentky, Knight, Rosenberg and Lee (1989) integrated different theories by using a decision tree that categorizes sexual offenders according to the following: the role of aggression in the offence

as instrumental or expressive; the manner of relating to the victim as objective, related or exploitative, and the prior level of achieved relations as either fixated or regressed. This approach guides treatment planning and supports different diagnoses and treatments for sex offenders. The integrative theory of Prentky et al. (1989) also serves as a classification system with implications for prediction and prevention.

It is clear that the integrated theory does not only use one approach, but represents extractions or bits and pieces from general psychological theories to explain pre-teen children's sexually offending and aggressive behaviours. By incorporating a variety of theoretical approaches, the social worker can assess and plan treatment, which represents a significant step in tailoring therapy to the specific problem of the pre-teen sexual offender.

#### **2.4.11 Feminist theory**

The Feminist theory addresses some of the issues which are of special concern to society. These issues include social structures in which women are alienated from mainstream norms, in which they are in subordinate positions; suffer poverty and deprivation, operate within poor kinship networks and are exposed to deviant experiences. There is further consensus (Dale, Davies, Morrison and Walters, 1986; MacLeod and Saraga, 1991; Mackinnon 1987; Van der Hey, 1992) that the crux of the Feminist theory is that society is male dominated and renders women and children powerless. In accordance with earlier studies (Koss, and Denero, 1987; White and Humphrey, 1990), Barbaree et al. (1993) found that sexually aggressive males describe themselves in more traditionally masculine terms compared to sexually non-aggressive males. In addition, both Barbaree et al. (1993) and White and Humphrey (1990), found that sexual aggression occurs only when insecurity accompanies traditional masculinity. Quackenbush (1989) found that the underlying reason why males offend sexually is their lack of social skills or empathy, which encompasses such expressive competencies as concern for, and ability to empathize with others. Quackenbush (1989) further explained that sexually offending males would rely on social myths in negotiating social interactions, with sexual aggression being a consequence. Abbey (1991) further extended this theory by indicating that once males have developed a sexual schema about females, they are likely to interpret ambiguous evidence as confirming their pre-existing beliefs. It is noted that others too have suggested that sexually aggressive males lack empathy (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1991; Deitz et al., 1982; Friedrich et al., 1991; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995).

The Feminist theory can be viewed as an approach which suggests that various factors combine during the life of a young male which increase his chances to sexually offend a female. Familial and social attitudes and behaviours that condone violence as an interpersonal strategy and that degrade women appear to play a significant part in motivation to sexually offend females.

#### **2.4.12 The functional analysis theory**

Functional analysis is a psychological theory, which is generally adopted by psychologists when analysing and explaining the interdependent elements of causation, triggering and maintenance of sexually abusive behaviour. According to Samson and McDonnell (1990) the theory deals with a whole spectrum of interdependent elements causing sexual offence. As does the integrated theory or the diathesis-stressor theory, this approach identifies the antecedents, the behaviour itself and its consequences. The antecedents concern the background, personality, predisposition, context, facilitation and triggers. Predisposition concerns poor inhibition against breaking a rule, which is comparable with the physiological theory, especially with reference to the neurotransmitters relating to emotional states. The context concerns what the children were doing, for example, watching erotic material, which would raise concerns for improved supervision. A typical trigger factor could be that someone invites the perpetrator to play a sexual game. The behaviour is predisposed by the time, location and the vulnerability of the victim. Consequences concern the physical, material, social and psychological gains and losses of the perpetrator's behaviour (Hoghughi, 1997; Samson and McDonnell, 1990). In line with the learning theory, the total balance of the interdependent elements of causation is seen as contributing to the learning history of the offender and affecting the probability of sexually offending again.

From the above, it is evident that interdependent elements cause and maintain sexually offending behaviour. The sexual offender analyzes the consequences in broad terms of a "good-bad" balance sheet as he/she learns to continue or avoid the sexually offending behaviour. The consequences can include physical, material, social and psychological gains and losses.

#### **2.4.13 The diathesis-stressor theory**

From the literature review, it is apparent that the diathesis-stressor theory is the theory most often used by psychologists to assess all forms of abnormal behaviours, including sexual offending (Davidson and Neale, 1990; Herbert, 1991; Marshall and Eccles, 1991).

The diathesis-stressor theory suggests that abnormal behaviour is the consequence of personal factors and external stressors. This theory is closely related to the developing theories of sexually abusive behaviours which assume that deviant socialization experiences, including sexual victimisation and poor parenting, block and distort acquisition of necessary competencies for normal sexual development. With reference to the diathesis-stressor theory, Hoghughi (1997) suggested that personal factors include anything from genetic predisposition, poor parenting, inadequate emotional bonding and a history of sexual abuse. Alternatively, stressors include any event that has a negative impact on the child such as anger or sexual arousal. To implement the diathesis-stressor theory, it is suggested to classify the factors leading to the sexual offence within a framework which include the following subheadings for assessment: genetic constitutional factors (temperament and IQ); home atmosphere (relationships, discipline, disharmony, separations); stage of development of the offender

(pregnant, puberty, starting school “terrible two’s”); development crisis (birth, pregnancy); personality factors (extraversion, introversion, self-esteem); milestones (health, identity, school, skills); current life circumstances (housing, neighbourhood, friendships, activities, achievements); socio-economic demographic variables (race, class, income level); person variables (cognitive, expectancies, motivation) and situations which lead to the offence (persons, place, time, circumstances). It is noted that the framework incorporates theories from the physiological theory focusing on genetic constitutional factors, the development theory focusing on the child offender’s disposition, family systems theory focusing on the home atmosphere and childrearing, attachment theory focusing on emotional bonding and the cognitive theory focusing on the cognitive interpretation of the offence including thinking errors to justify the sexually offending behaviour. Various researchers (Davidson and Neale, 1990; Herbert, 1991; Hoghughi, 1997; Marshall and Eccles, 1991) state that all these factors within the framework of the diathesis-stressor theory are implicated in sexually abusive behaviour of youth sex offenders and need to be assessed before treatment.

From the above, it is clear that the diathesis-stressor theory uses ten factors of causation to assess and explain sexual offending of youths. It is a relatively comprehensive yet simplistic method to assess the cause of sexual offending. The vulnerability factors and stressors must be assessed to understand how the sexual abuse occurred and what should be done to reduce the risk of its recurrence. It is further evident that the framework utilizes the same sets of factors as are employed in the explanation of any abnormal behaviour or criminal act.

#### **2.4.14 The sexual abuse cycle theory**

The final theory to be discussed is the sexual abuse cycle theory, which was developed by S. Lane (1997) and is used in the majority of treatment programmes throughout the world to treat youth perpetrators of sexual abuse (Erooga and Masson, 1999). According to Lane (1997), the sexual abuse cycle links negative affective states and deviant sexual fantasies. It further involves dysfunctional responses to problematic situations or interactions. The responses are based on distorted perceptions relating to power and control, which become sexualised.

The sexual abuse cycle consists of the following three main phases: the precipitating phase, the compensatory phase and lastly the integration phase (Ryan and Lane, 1997).

The three different phases will be discussed as follows. When discussing these factors the pre-teen sexual offender will be referred to as “him”. It is however also applicable to female pre-teen sexual offenders.

##### **2.4.14.1 The precipitating phase**

During the precipitating phase, the child sex offender is reacting to something that has occurred. The event is neutral, but the meaning the child attaches to the event dictates the affective and behavioural response. The meaning of the event is subject to the child’s conclusions about the world and himself.

A healthy response includes being aware of the internal affective reactions, thinking clearly and accurately about the problem and using a diversity of social competencies and resources to deal with the problem. In the sexual abuse cycle, the response to the event is maladaptive and unhealthy. The interpretation of the problem is based on distorted judgment. In a sequence of distorted perceptions, the child concludes he/she is being treated unfairly. The child then assumes that he/she will continue to experience similar or worse circumstances and imagines the outcomes. Then he/she tries to avoid the anticipated outcomes. Children without a sexual problem will initially respond to a situation in the same way the child sex offender does, but eventually they will recognize and interrupt the process or re-act in a non-abusive way.

As can be seen, the distortions may be based in adaptive defences that developed during early childhood experiences or may reflect the beliefs and defensive coping styles of others who have served as role models. When the distorted or inaccurate perceptions become a habitual way of interpreting certain types of events, the process occurs nearly automatically. This precipitating phase develops so quickly that the child sex offender has little conscious awareness of the process. The distorted beliefs and thoughts become so ingrained and a part of the child's defence mechanism that it helps the child avoid the discomfort associated with his thoughts and feelings. Factors that should be considered during this phase will be discussed.

- **Events as triggers**

The nature of the events that lead to the precipitating phase is most frequently helplessness, lack of control, sense of abandonment or perceived abandonment. The events and associated feelings are interpreted by the child sex offender in ways that result in negative self-perceptions. Each subsequent situation that the child perceives as similar strengthens the negative self-image and distorted perceptions. The reaction to the current situation may appear to be out of proportion to the situation because the youth sex offender is reacting to an accumulation of internal responses to past and current events. The child sex offender manages the anxiety related to the historical and current events through the sense of control, empowerment and temporary relief experienced in the maladaptive cycle. As the cycle is repeated, it is generalized to an increased variety of situations. This means that more events remind the child sex offender of the original situation and there is less tolerance for any type of situation that evokes feelings of powerlessness. Ryan and Lane (1997) reported that the most frequently reported historic events that elicit feelings of helplessness are parental divorce, death of a significant person, change in environment, sexual physical or emotional abuse, family violence or dysfunction, rejection, public humiliation, betrayal and awareness of family members' involvement in deviant sexual behaviours. Events or situations that trigger the cycle prior to the sexual offence are most commonly moving house, feeling put down or challenged, entering a new school, poor grades, rejection, parental conflict, criticism, parental remarriage, feeling unaccepted, inadequate, power conflicts and skill deficits.

- **Personalized distortions**

The first cognitive distortion in the sexual abuse cycle, reinforces the youth sex offender's sense of vulnerability, powerlessness and inadequacy. The distortion implies how the youth has interpreted the event over a period of time. When the youth has the core belief that he should be able to end or control threatening events, his adequacy is continually questioned and his negative self-concept is increased. This distortion is linked to misattributions of the locus of control. He feels responsible for controlling events outside himself and fails to recognize his ability for internal control.

- **Negative anticipation**

The sexual abuse cycle progresses to the stage where the youth begins to predict that the future will be similar to the past. The process is one of generalization or exaggerations. The youth makes assumptions about probable outcomes and the predictions become his expectations. The youth becomes defensive, then plans how he is going to handle the situation. There is a general increase in anxiety and hopelessness. The youth sex offender feels incapacitated, depressed and incompetent. His thoughts include statements like "always" and "never".

- **Hopelessness distortion**

As the youth assumes that the situation will worsen in the future and that he will have no ability to prevent it, he has more feelings of hopelessness. Depression and anxiety increase to an uncomfortable level and the groundwork is laid for defensive reactions. The youth is thinking "I can't do anything about the situation."

- **Avoidance**

Now, the youth sex offender tries to cope with the situation by avoiding it. The success is temporary and the uncomfortable feelings intrude again. The avoidance behaviours include increased sleeping, substance abuse, spending time on his own, excuses to avoid activities, playing video games, listening to music, wearing earphones to avoid interaction with others, extensive daydreaming, excessive reading, and engaging in solitary activities. Unable to deal with the negative self-perceptions, fears and uncomfortable feelings, the youth finds himself pondering about the problem and his self-perceived shortcomings. Because the misperceptions are not corrected, his helplessness continues and is gradually replaced by anger (Ryan and Lane, 1997).

All of the above indicate that the youth sex offender lacks tolerance for feelings of helplessness and has distorted conclusions about adequacy and power.

#### 2.4.14.2 The compensatory phase

The compensatory phase contains elements of both sexualised and non-sexualised expressions of control and dominance. By means of irresponsible use of power, the youth attempts to improve his

self-perceptions. Power-based beliefs and behaviours provide a sense of mastery, empowerment and excitement that compensate for previous feelings of inadequacy and helplessness. The youth assumes that the problems can be solved through retaliation or that he is entitled to feel better by compensating behaviours.

The cycle continues with anger and blaming others. The youth usually expresses his anger through non-sexualised power-based behaviours. The gratification is effective but temporary, and the youth experiences a need to further gratification. His behaviours initially meet that need and he continues to engage in power-based behaviours that culminate in an abusive behaviour to maintain the same level of gratification (Ryan and Lane, 1997).

It is clear that the youth thinks that being powerless is equivalent to being weak, and that one should be able to control external circumstances, and that demonstrations of power emphasize one's strength and adequacy.

The compensatory phase of the sexual abuse cycle will be elaborated on.

- **Externalising distortion**

The compensatory phase starts with externalizing distortion. As the youth is thinking about his/her situation, he becomes increasingly frustrated. As his/her anger begins to increase, he/she blames someone else for what he is experiencing. He does not blame himself, because that will strengthen his/her sense of powerlessness and inadequacy. As his outrage increases, he begins to think about retaliation. He is thinking, "It's their fault."

The first observable compensatory response consists of control seeking behaviours. The youth seeks a sense of adequacy and empowerment by trying to dominate or exert control over others. The youth views control-seeking behaviours as a defensive reaction to prevent the assumptions that he fears will occur or to retaliate against those whom he views as responsible for what he is feeling or thinking. The distorted sense of empowerment masks the previous experience of helplessness, vulnerability and negative self-perceptions. Control-seeking behaviours may be expressed aggressively, passively or passive-aggressively. The associated thinking involves a sense of anger, entitlement and superiority. Misuse of power may involve efforts to dominate, control others, retaliation efforts and sarcasm. Such behaviours may include having to win at games, arguing, slamming doors, walking out of a confrontation, needing to have the last word, pressing one's point until it is accepted, not following directions, victim-stance response, derogatory statements, ignoring others, substance abuse, lying, breaking rules, failing to do what was requested, manipulation, tricking, intimidation, threats, superior stance, bragging and setting others up to get into trouble. It is evident that thoughts associated with these behaviours might include, "I'll show them" (Ryan and Lane, 1997).

- **Power and control**

The sense of empowerment that results from power-based behaviours is fairly brief. The more habituated the response patterns are, the shorter the positive effects. It is clear that the youth does not realize that his expressions of power represent an ineffective and maladaptive coping response. The control he is seeking does not really resolve his problem and the youth is faced with self-doubt and negative assumptions. His anxiety increases as he continues to achieve empowerment through the misuse of power. The youth can no longer manage his anxiety adequately and the cycle continues (Ryan and Lane, 1997).

- **Increased need for distortion**

The sexual abuse cycle progresses to an increased need for distortion. This distortion is brief and is characterized by the youth's sense of not having adequately shown others that they had no right to treat him in a specific way. The misuse of power did not create an enduring sense of control, and his anxiety returns as the perceived need for control continues. The gratification from expressing power-based behaviours is so satisfying that the youth wants to obtain more gratification. He now experiences an increased need for control. He is now thinking, "I really will show them" (Ryan and Lane, 1997).

- **Sequence of fantasies**

The next stage is a sequence of thoughts or fantasies that progresses from non-sexualised control-seeking thoughts, to sexual thoughts that involve some element of control, to contemplate sexual abuse. The effect continues to be compensatory as the youth offender experiences himself as powerful, heroic, irresistible or invincible. The youth assumes that because others do not know what he is thinking, he is somehow controlling the victim. These fantasies may be short, and serve as a compensatory purpose and involve the misuse of power.

The non-sexualised control-seeking fantasies are elaborations of previous power-based behaviours, which involve more expressions of power, themes of domination, retaliation, humiliation and aggression. Violent fantasies appear to be out of proportion to the situation. These fantasies include being in charge of the world, school, family, beating someone up, killing someone, torturing someone or making someone crawl for forgiveness. Associated thoughts include: "They will be sorry if I do that" or "They will never do that to me again."

The youth sex offenders eventually begin to have sexual fantasies. The youths usually switch to sexual fantasy as they begin to recognize that they would be unable to do the things they have been thinking of and their sense of gratification and superior self-perception diminish. As they start to think of sexual matters, they experience an associated sexual arousal, the gratification resumes and the behaviours seem more conceivable. Other youth sex offenders simply feel that sex would make them feel better.

When the youth sex offenders have power-based sexual fantasies, they exhibit increased sexual preoccupation. They make more sexual comments than usual, tell more sexual jokes, exhibit an increased interest in pornography, engage in more masturbatory activity and have increased sexualised perceptions. As they begin to sexualize others, they may misinterpret nonsexual cues.

As the youth thinks of engaging in sexual behaviours, it provides an enhanced self-perception. The youth sees himself as desirable and in control. The associated arousal and psychological pleasure contribute to positive associations with sexualised controlling thoughts that are more gratifying than the pleasure associated with non-sexualised power-based thoughts. The youth is now more likely to engage in sexual fantasies in the future when he needs to perceive himself in a more positive light or needs to reduce internal discomfort.

Now, the youth begins to realise that his sexual fantasies are not attainable. He begins to shift his thoughts to sexual behaviour that is daring. He thinks of ways to make it achievable and considers likely victims.

The youth starts to think: "What if?" or "I wonder what it would be like?" When the youth sex offender thinks about the sexual abuse and experiences arousal, he may reject the idea based on values or internal sanctions against such behaviours. The offending thoughts may recur many times and the youth may masturbate to the ideations as he continues to reject the idea after each fantasy of sexual abuse. This process contributes to the development of deviant sexual arousal. The experience of arousal associated with thoughts of controlling sexual behaviours or sexually abusive behaviours enhances the youth's feeling of well-being. He develops an association between sexually abusive behaviours and well-being which reinforces inappropriate sexual arousal. This process also provides compensatory anxiety reduction and increased perceptions of being powerful and in control.

As the thoughts of sexual abuse are repeated, the sense of excitement and gratification begins to decline. The youths begin to add elements to their fantasies to maintain the level of excitement and gratification, for example, additional sexual behaviours, increased elements of control or improved ways of making the abuse possible. Some youths begin to feel uncomfortable with their thoughts and try to stop or repress their fantasies. When they finally abuse someone sexually, they initially fail to recall previous thoughts of sexual abuse thoughts and assume the idea just popped into their head. Other youths may continue to refine their fantasy until they arrive at the ideal scenario. They may repeat this ideal fantasy several times. The repetition and improvement of the fantasies become the basis for planning and become an intellectual rehearsal for future sexual offences (Ryan and Lane, 1997).

- **Offence setups**

In keeping with the sexual abuse cycle, the young sex offender lays the groundwork for committing a sexual abuse act. Through his thoughts and behaviours, the youth sex offender's fantasies become a plan. Once, a victim is selected and objectified, the possibility of successfully engaging in the sexual

behaviour is evaluated. Next an opportunity is developed or situation is exploited while his behaviours are rationalized and justified. This reinforces his belief that he is capable of carrying out the abuse and a decision is made to engage in this behaviour.

Throughout out this process, the youth offender feels a thrilling sense, empowerment, anticipation and sexual arousal. When the youth has engaged in previous sexually abusive behaviours, the process moves rapidly through to this stage. It is difficult for the youth offender to stop the process during this stage due to the internal gratification.

The following steps will elaborate on the sex offender's progress through the offence setup phase prior to the actual sexual abuse (Ryan and Lane, 1997).

- **Planning**

Planning involves the stage of refining of the youth offender's repetitive sexual fantasy. The original scheme to offend becomes more specific and is modified based on situational aspects. For some youths this plan is more elaborate or detailed, and for others they may consist of fragments or a vague outline of the planned offence. The young offender becomes increasingly excited about the anticipated plan and continues to feel a sense of empowerment and mastery.

The planning phase includes thinking about strategies that would increase victim compliance or cooperation, selecting the best opportunity, and deciding what to do during the sexual offence. The youth offender predicts the victim's thoughts and behaviours, as well as anticipating his own pleasurable experience.

Youth sex offenders, who engage in repeated sexual offences, indicate that their offences become less exciting over time. They adjust their plans to maintain a certain level of excitement by introducing more intrusive sexual behaviours, manipulating their victims to agree to more sophisticated behaviours, adding to the amount of control and coercion involved. The youth sex offender maintains elements of his original plan, but adds new elements to it. He is now increasing the risk of the offence, adding punitive aspects, choosing a new location or introducing rituals (Ryan and Lane, 1997).

- **Victim selection**

The process of victim selection implies that the youth sex offender is choosing a person who would be most likely to comply with the sexual offences. This implies that he chooses the most vulnerable victim according to him. The sex offender's perception of the vulnerable victim is based on characteristics that can be exploited, manipulated or coerced. The youth sex offender will not abuse someone he does not believe he can control.

Other criteria related to choosing a victim are age, gender, personality traits and physical features of the youth. When the victim is known, the youth sex offender will develop a relationship or interaction with the potential victim and identify ways to complete the sexual offence. If the victim is a stranger, the youth sex offender may take advantage of an opportunity that presents itself, for example to stalk.

When the victim has been selected, the youth sex offender fantasizes about controlling the victim. He expects the victim to behave and react in the way he has fantasized. The youth sex offender may become angry or attempt to use nonsexual control if the victim is behaving differently than he expects (Ryan and Lane, 1997).

- **Grooming and stalking**

Grooming involves behaviours used by the youth sex offender to increase the likelihood that his sexual offence will be successful. Grooming is a way of scrutinising the victim's responses to intrusive behaviours or boundary violations. Grooming trains the victim to be comfortable with the sex offender's behaviours. The youth sex offender looks for a power difference between himself and the victim. It is this power differential that will make the sexual abuse successful. Power differential involves a lack of equality of knowledge, awareness, strength, experience, status or power. The grooming may involve buying the victim treats, expressing expectations of obligation, controlling the victim's behaviour, or criticism. The youth sex offender may further develop a special relationship with the victim, involving trust or closeness, establishing a power position by directing the victim to do various behaviours, becoming an adviser to the child, developing a pattern of paying the victim for favours, seemingly accidental genital touch during play or being aggressive in nonsexual situations to make the victim afraid of him.

The youth sex offender may distort the victim's response to his grooming behaviours in order to meet his own emotional requirements. If the victim allows the sexual abuse, the sex offender may feel adequate, capable, accepted and worthwhile. If the victim exhibits fear, the sex offender may feel powerful.

Grooming involves tricking the victim to decrease resistance. Later the youth sex offender may point out to the victim that he or she had previously not questioned the sexual interaction. In this way the youth sex offender also convince himself that the victim had not minded the sexual abuse. The grooming also increases the youth sex offender's comfort with the sexual offence.

Through stalking the youth sex offender learns about the potential victim's habits and routines. He identifies the most likely situation or timing to sexually offend the victim successfully (Ryan and Lane, 1997).

- **Opportunity**

Opportunity implies the location or situation that presents the youth sex offender with the best possibility for successfully committing the sexual offence. He may create an opportunity or take advantage of a situation. He might lure the victim to an isolated site or he might suggest an activity that will afford an opportunity to engage in the sexual offence, like taking the victim to a toilet. Some youth sex offenders will decide to commit a sexual offence and seek an opportunity over a long period to time. Others may experience a strong urge to offend sexually and immediately seek an opportunity.

Some youth sex offenders prepare themselves through use of pornography or pictures that have sexual meaning to them and then use a situation that is available.

As the youth sex offender engages repeatedly in sexual offences, he appears to take more risks. The more risks he takes, the greater the feelings of achievement, empowerment and entitlement (Ryan and Lane, 1997).

- **Justifications**

Justifications indicate rationalizations and distortions developed to support the youth sex offender's sexual abuse. These distortions help the youth sex offender to overcome internal prohibitions against the offence. Distortions include the following thoughts: "he likes me and would like to do this" or "he is my friend and won't tell" or "I am teaching them something clever they did not know." These perceptions are enduring beliefs and difficult to correct. The justifications involve reinterpreting and re-labelling the behaviour as not abusive, attributing positive motivations to his behaviours and viewing the victim as willing to participate or deserving to be abused (Ryan and Lane, 1997).

- **Objectification**

Objectification is a way of viewing a victim as an object whose purpose is to satisfy the youth sex offender. The victim's rights, wants and needs are discounted. The victim's behaviours are often distorted by the youth sex offender as being supportive of the sexual offence.

- **Super optimism**

Super optimism means the youth sex offender believes that he can successfully engage in the sexual offence without detection, interference or consequence. Young sex offenders refer to super optimism as superman thinking. Thoughts include: "I am too clever to be caught" or "I will get away with it." The youth sex offender even believes that if caught he will experience no or minor consequences. Even when there are consequences, the youth sex offender overestimates his ability to handle them.

- **Decision to act**

The decision to act occurs immediately prior to the sexual offence and involves the following factors: excitement, sexual arousal, thrill, risk, super-optimism, anticipation, empowerment, eradication of remaining inhibitions and entitlement. Many youth sex offenders report an adrenalin rush before the offence. They report a rapid heartbeat, heightened awareness, a sense of being focused and increased alertness just prior to committing the offence.

- **Sexual abuse**

Sexual abuse indicates a sexual act that involves the misuse of power and occurs without the consent of the victim. The sexual behaviours include exposing; voyeurism; frottage; obscene phone calls or

notes; grabbing sexual body parts; simulating intercourse; genital fondling; oral-genital or oral-anal contact; vaginal anal penetration via digital; penile or foreign object; inflicting pain during sexual behaviours; taking pornographic pictures; showing a victim sexually explicit materials; providing sophisticated sexual information and sexual harassment (Ryan and Lane, 1997).

#### 2.4.14.3 Integration phase

In this phase, the youth assimilates and integrates the experience of sexually abusing someone. Subsequent to declining of the excitement, thrill, arousal and empowerment of the sexual offence, the youth attempts to recapture a feeling of adequacy and satisfaction. After reinforcing the success of the sexual abuse, the youth doubts whether he will get caught out and suffer any consequences. The youth reassures himself that he would not get caught, but starts to experience ambivalence about the offence. These concerns threaten his sense of adequacy, control and empowerment. He struggles internally but decides he is in control and suppresses his concerns (Ryan and Lane, 1997).

The following discussion will elaborate on the dynamics of the integration phase.

- **Reinforcing distortion**

Now the youth sex offender questions why the actual abuse did not meet his expectations. In order to achieve a sense of control, he reassures himself that he was adequate. Typical thoughts are, "I pulled it off." "She liked it, I could tell." "I was great."

- **Fugitive thinking**

After reassuring himself of his adequacy, his concerns about getting caught reappears again. He now thinks he should not have committed the offence and his thoughts involve guilt or remorse. He fears the consequences and has a false sense of guilt. A sexually abusive youth has no concern about impact on the victim but rather worries about how he will be perceived if he gets caught. His typical thoughts include: "My friends will call me names." "My parents will disown me."

- **Control Distortion**

At this time, the youth sex offender becomes convinced that the victim will not disclose the abuse. He reinforces this belief by convincing himself that he is still controlling the victim, justifies his offensive behaviour and reassures himself of his adequacy. He also reaffirms the distortion that the victim enjoyed or deserved the sexual offence. His thoughts might include: "I really scared her, so she won't tell", or "She promised she won't tell."

- **Reframing**

When the youth sex offender's fears are diminished, he begins to experience ambivalence about himself and the offence. Throughout this stage, the youth alters between self-doubt and self-criticism.

He starts to question his ability to control his urges (Ryan and Lane, 1997). The conflict the youth experiences becomes the basis for low self-esteem and feelings of inadequacy.

- **Suppression distortion**

In the final sexual abuse cycle, the youth enhances his view of himself and his sense of self-control through self-deception and suppression. He convinces himself that he is in control of his behaviour and his sexual urges. He reminds himself that he is different from those who abuse sexually. Eventually he decides he does not have to worry about it because his sexual behaviour is not a problem and that it will not happen again. Typical thoughts are: "I will just stop and then I don't have a problem", or: "If I can control myself, I am not a bad person:

Despite the youth's suppression of his concerns, self-doubt continues to increase anxiety and a sense of inadequacy. When these emotions are coupled with the original sense of powerlessness and perceptions of inadequacy, the youth sex offender becomes more vulnerable to subsequent situations that may elicit similar perceptions. There is increased defensiveness and self-protection, resulting in sensitivity and misinterpretations of more situations. Because of the gratification experienced by the compensatory response style, the pattern of sexual offence is repeated.

As can be seen, the sexual abuse cycle can be used to develop a clear understanding of the patterns of the sexually abusive youth. The youth can understand and interrupt the progression towards offending behaviour, as well as learn to modify the cognitions, arousal and ineffective coping styles that support the abusive behaviour (Ryan and Lane, 1997).

From the above, it is noticeable that the theory describes a cyclical process because the behaviour sequence is viewed as repetitive and it is assumed that previous offences move parallel to and reinforce subsequent offence patterns. As opposed to an impulse that causes the sexual offence, it is further apparent that coercion, manipulation and exploitation as well as power and control over the victim cause the young offender to offend. Another characteristic of the sexual abuse cycle is that once the abusive act is repeated, it will continue until something intervenes to stop it.

The sexual abuse cycle can be used to understand the pattern of thinking of the pre-teen offenders, as well as their behaviour and emotional responses to sexual abuse. The perpetrator can consciously develop other ways of coping with stress or abusive stimuli and in this way reduce the likelihood of further sexually abusive behaviour.

From the previous discussion it is clear that most theories are extractions from general psychological theories. There is a general agreement among researchers that children who are abusive are reacting to traumatic events of being sexually abused themselves, although some theories indicate that some children may sexually abuse others without having been victims of sexual abuse. However, it is clear that there are not yet any studies or theories either deriving from a discipline or specifically related to sexually abusive acts, which explain or predict sexually abusive behaviour as uniquely different from other deviant acts. It can therefore be argued that it still remains an unresolved question whether

sexually offending acts are fundamentally different from other deviant acts, other than through orientation to specific opportunities.

It is of some concern that researchers are noticing a worldwide escalation in pre-teen sexual offences, specifically in South Africa, as will be discussed.

## **2.5 INCIDENCE OF PRE-TEEN SEXUAL OFFENCES**

A literature review (Gil and Johnson, 1993; Ryan and Lane, 1997) suggested that during the early 1980s, subsequent to the awareness of adolescent sexual offending, similar behaviours in pre-teen and younger children were also recognized. Many of these sexually abusive behaviours are not harmless and local professionals (Sloth-Nielsen, 1999; Wood, 2000; Wood and Ehlers, 2001) stated that many of these pre-teen sex offenders were not charged for sexual offences because they were being perceived as being involved in harmless sexual games; charges were withdrawn because of the young age of the offender and when a child was successfully prosecuted for a sexual offence, magistrates often suspended the sentence.

There is a worldwide escalation in the rate of pre-teen sexual offenders. Araji (1997) reported that the 1980 Uniform Crime Reports of the United States of America identified 208 children under the age of 12 who were arrested for rape. Thirty-seven of these children were ten years old or even younger. Araji (1997) indicated even higher rates for 1979: in that year, 249 children under the age of 12 were arrested for rape; 66 of these children were ten years or younger. Although The Uniform Crime Reports stopped reporting the ages of the offenders during 1980 for reasons not disclosed, it reflected an increase in younger sexual offenders (Araji, 1997). More recent surveys of pre-teen and younger children with sexual behaviour problems (including non-adjudicated children) indicated considerably higher rates of sexually abusive behaviour by pre-teen children compared to the rates cited in the Uniform Crime Reports. For example, English and Ray (1991) reported that the Washington Department of Social and Health Services had 641 cases of pre-teens under the age of 12 who had raped, molested or engaged in non-contact sexual offences such as exposing, masturbating in public or voyeurism. Gray and Pithers' Vermont studies (1993) identified 200 children under age ten who had sexually offended other children, between 1984 and 1989. Even more alarming, they identified 100 children who had sexually offended against others in a single year, 1991. Ryan and Lane (1997) referred to a study sample of 616 juveniles over the age of 12 who had been referred for evaluation or treatment for committing a sexual offence, of which 25.9 percent admitted to been sexually abusive prior to their 12th birthday. In an extensive review of the published and unpublished literature relating to pre-teen and younger children who have been sexually aggressive, Araji (1997) stressed that research in this area is in its infancy and observed that many findings are merely clinical interpretations.

South African published studies, which specifically reported prevalence or incidence of children and adolescents who sexually offend, are rare. A marked tendency in South Africa is that the number of

children reported for sexual offences is increasing and in the Western Cape the rate is growing by 38 arrests per annum (Department of Correctional Services; 2002; Redpath, 2000). Some information on the extent of the problem can be obtained from different Child Protection Units. The interpretation of this material however, is complicated by the fact that children under the age of ten years cannot be prosecuted and professionals at the Child Protection Unit are of the opinion that these children are involved in “sex play.

Note should be taken of Wood (2000) who argued that sexual offences by children are often described as just “sex play”, “sexual experimentation” or adolescent adjustment reaction. In many cases these children are not even charged. When charges are laid, they are often withdrawn due to the age of the child alleged to have committed the offence or the relationship between the child and the victim. In many cases the child and the victim are living in the same community, attend the same school or are biologically related. When charges are laid against a child, prosecutors often tend to withdraw the case on the grounds of the young age of the accused (Wood, 2000). When a child actually is convicted, the magistrate will often hand down a suspended or postponed sentence. Wood (2000) emphasized that this dismissive attitude results in children not being held accountable for their actions. These children return to their communities without intervention or assistance to understand and change their offending behaviour.

From the above, it is evident that professionals lack awareness that pre-teen children could engage in sexually abusive and offensive behaviour, especially aggressive and violent behaviours traditionally associated with adults and adolescents. Together with this lack of awareness from professionals, denial and minimization on the part of parents, teachers and healthcare workers when they are exposed to the problem of sexually aggressive or offending behaviours are explained. The end result will be a culture of denial wherein children’s sexually abusive behaviours become characterized as exploratory and harmless or simply dismissed as reactions to their own sexual victimisation. Even if sexually aggressive pre-teen children are reacting to their sexual victimisation or dysfunctional home environment, the sexually offending behaviours must be the issue initially addressed. For this reason, closing the awareness, definitional, descriptive and treatment gaps is the first step toward preventing sexually offending behaviours in the future. Ultimately, this is the aim of this study – to present theoretical and practical guidelines for social workers to design prevention of re-offending programmes for pre-teen sexual offenders.

First and foremost it is important that social workers are informed about the pre-teen sex offenders’ social circumstances that cause them to commit sexually offences, as will be discussed.

## **2.6 SOCIAL CIRCUMSTANCES**

From a prevention perspective, failure to appropriately recognize, assess and treat pre-teen sexual offenders represents an “overlooked opportunity”. That is, given the young ages of pre-teen sex offenders, it can be assumed that greater success is possible at stopping their deviant sexual

behaviours than has been shown with adolescent and adult offenders since these children have generally had a shorter time for patterns of sexually abusive behaviours to develop and become reinforced. It is therefore vital for social workers who work with pre-teen sexual offenders to be informed about their social circumstances and characteristics that cause them to offend sexually. In line with the aim of the study, social workers should be provided with theoretical and practical guidelines to assist them with designing prevention programmes for pre-teen sexual offenders. The social circumstances of pre-teen sexual offenders are being discussed as follows.

Factors such as childhood experience of abuse, neglect, family instability, disorganisation, sexual abuse and violence have been found to be prevalent among youths who offend sexually. Various studies (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich et al., 1991; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995) suggested that the role of child maltreatment in the etiology of youth sex offending is prevalent. The literature (Erooga and Masson, 1999; Gil and Johnson, 1993; Hunter and Figueredo, 1999; Ryan and Lane, 1997) also indicated that many risk factors have their origin in the home environment of the young sex offender. Ryan and Lane (1997) pointed out that circumstances, experiences and parental models in the early life environment may support the development of sexual deviance.

It became apparent that the interactions and climate within a pre-teen's home environment are important determinants of sexually aggressive or offending behaviours. Recognition of the role the home environment plays in creating sexually aggressive or offending pre-teen children has been noted by many researchers and is reflected in the following discussion.

### **2.6.1 A continuum of sexual environments in the home of pre-teen children**

Special mention will be made of Johnson's (1993) descriptions of typologies of family environments that are conducive to creating normal to sexually aggressive behaviours of pre-teen children. Additionally, other prominent researchers' typologies of family environments will be discussed.

As mentioned earlier, Johnson (1993:16-18) described a continuum of six different types of sexual environments, which can be found in homes of pre-teens. All these homes, with the exception of the sexually neutral home, are characterized by family dynamics that seem to accompany youth sex offending behaviours. These homes range from sexually neutral; sexually repressed; sexually and emotionally needy; sex as a commodity; sexually abusive to multigenerational sexually abusive homes, and will be discussed as follows.

#### **2.6.1.1 Sexually neutral homes**

Johnson (1993) described these homes as supportive and healthy in which natural sexual socialization and communication according to the developmental level of the children takes place. Johnson (1993) further explains that these families have boundaries for nudity such as, limiting nudity

to going to and from the bathroom and changing clothes. Children are allowed to explore sexually and sexuality is not considered disgusting, repulsive or repugnant. There is adult supervision and children are not allowed to watch explicit sex on television, videos, internet or movies (Gil and Johnson, 1993). These principles correlate with observations by Hoghughi (1997:5) that pre-teen children in these homes are adequately supervised to prevent sexually offending behaviours.

From the above, it is clear that in a sexually neutral home, parents feel secure in their sexuality and children are free to ask questions about sex and explore their sexuality in a developmentally appropriate way. Sexual issues are dealt with accordingly and emotional, physical and sexual boundaries between family members are respected.

#### *2.6.1.2 Sexually repressed homes*

The second type of home environment described by Johnson (1993) is the sexually repressed home in which sex is experienced as a “dirty activity” and where the family values reinforce this belief. Johnson (1993) observed that in these homes sexuality is not acknowledged openly and parents warn their children against the evils of sex by using religious teachings. Sexuality is forbidden and therefore sexual thoughts and feelings are unacceptable. Parents in repressed families often use power parenting methods and religion to teach their children to avoid all feelings, thoughts and behaviours related to sex and sexuality. Gil (1993) warned that children from these homes may feel compelled to seek information from peers or pornographic magazines or videotapes, which could progress to children engaging in sexually offending behaviours.

Similar to Johnson’s (1993) sexually repressed homes is Ryan and Lane’s (1997) typology of the perfect family. They (1997) described these homes as the model of traditional life with males and females assuming traditional roles. Family members expend much energy in maintaining the image of perfection because there is a great fear that the family could disintegrate. If deviant sexual behaviours occur in this family, there is an attempt to demonstrate that the child offender’s behaviour is the only family abnormality.

From the above, it is clear that sex is considered private and sexuality is not displayed in the sexually repressed home. Therefore, children are not educated about sex and they learn that anything to do with sex is a taboo topic.

#### *2.6.1.3 Sexually and emotionally needy homes*

The next type of home that Johnson (1993) distinguished, is the sexually and emotionally needy home which is emotionally impoverished, lacks appropriate affect, has dangerous secrets, distorted attachments and a history of disruptions in care as well as function. In these homes, sex is used to meet the emotional needs of unsatisfied yearning parents. These parents generally come from an abusive and neglectful background and they are constantly in search of love, companionship and caring. Amongst the people they attract, an adult loving relationship is almost impossible to find, and

sex is often a substitute for love. Gil (Gil and Johnson, 1993) added that sex is confused with real love, which results in parents compensating sex for love. When the parent is without an adult sexual partner, the child could be used as a substitute sexual partner. The incestuous parent is frustrated, powerless and in pain and has chosen a child to meet his or her needs to feel superior, in control and comforted. Sexually abusive parents focus mainly on their own desires and do not comprehend to what extent they are abusing the child, although the child is aware of fulfilling the emotions and sexual needs of the parent. Using the child as a substitute only lasts until the adult finds a new partner. Additionally, Johnson (1993) noticed that parents, who are using their children as substitutes, have weak physical boundaries and they may sleep and bath with their children or allow their children to witness sexual acts within the family. As a result of weak emotional boundaries, the parent depends on the child for support, companionship and caring which aggravates the need of this parent to turn to the child for his sexual needs.

In line with Johnson's (1993) sexually and emotionally needy home is Larson and Maddock's (1986) affection-exchange family, where a family member uses sexual abuse as a means to express affection for a family member. In addition, Gil (1993) asserted that in these homes, the child has taken on the role of the parent. Correlating with Johnson's (1993) assumption that the parents use the children only as a substitute for a sexual partner within their peer group, Larson and Maddock (1986) also described their affection-exchange family as not being emotionally close and without appropriate and healthy forms of physical contact. Both Johnson (1993) and Larson and Maddock (1986) agreed that violence and physical force are typically not used to gain compliance, but great effort is expended to keep the relationships a secret. Alternatively, Gil (1993) described this type of home as emotionally barren. In these families, parents are unable to meet the emotional and physical needs of their children. They lack the understanding and the skills for successful parenting, and they meet their needs having molesting their children.

As outlined above, in the sexually and emotionally needy home children are used to meet the emotional, physical and sexual needs of the parents. The parents may use their children as replacements for adult partners until adults can be found for this role. It is also clear that boundaries among family members are not respected.

#### *2.6.1.4 Sex as a commodity*

The fourth type of home described by Johnson (1993) is a home in which sex is used as a commodity for money and drugs or in which children are used as prostitutes. Although parents do not sexually abuse their own children, general boundaries and members' personal space are not respected and minors may observe the sexual activities of their parents.

Johnson (1993) noted that although sexual molestation does not take place, parents are grossly dysfunctional and there is a lack of formal education of, and general concern for their children. Due to the emotional needs of the children and their exposure to sex, siblings may engage in incestuous

behaviours among themselves. Erooga and Mason (1999) agreed that the norms and values of these families sustain such incestuous behaviours between siblings.

From the above, it is clear that in homes in which sex is used as a commodity, children are often engaged in the exchange process. The family members are dysfunctional and drug abuse is a way of coping within this chaotic home environment.

#### *2.6.1.5 Sexually abusive homes*

Subsequent to the home where sex is a commodity, Johnson (1993) described the sexually abusive home as one where one or both parents sexually abuse their children. Occasionally, the sexual abuse of the child by one parent takes place without the knowledge of the other parent. In some cases, one parent could be aware of the sexual abuse, but is incapable to end the abuse. Johnson (1993) explained that this is because the perpetrator is often the parent that provides for the family, and disclosing the abuse might lead to severe financial repercussions. The sexually abused children could be uncertain of the support of the non-abusive parent and therefore they tolerate the abuse. Johnson (1993) further rationalized that when the abusive parent assumes that the child victim will be supported by the other parent, he uses threats to keep the child quiet.

In respect of the sexually abusive home, Ryan and Lane (1997) described a home where parents sexually abuse their children as an exploitative home. They noted that in exploitative homes family members may be viewed as property and parents expect children to meet parents' needs. On the other hand, the children believe the degree to which they are successful in meeting their parents' needs determines how much their parents care for them.

Gil (1993) suggested that families who sexually offend their children exhibit low self-esteem, impulsivity and low frustration levels. They reflect an inability to identify or meet their own needs and lack problem-solving skills. They further exhibit emotions of helplessness and hopelessness and experience frequent losses. Gil and Johnson (1993) agreed that social isolation of family members from the sexually abusive home is quite common. Similar findings were reported by Friedrich (1990). Gilinas (1988) claimed that relational imbalances exist in incestuous families, resulting in unfair treatment of specific families. Gil (1993) extended Gilinas' (1988) view of incestuous families when she used the concept of power to explain how children in sexually abusive homes can be singled out for victimisation.

As set out above, children in the abusive family are often molested by both parents. The non-offending parent is disempowered and may not know how to stop the sexual abuse. Secrecy is of great importance, and threats, bribes or physical aggression is used to ensure silence.

#### *2.6.1.6 Multigenerational sexually abusive homes*

Finally, Johnson (1993) reported that in multigenerational sexually abusive homes, there are continuous incestuous activities that are pervasive and span generations. The sexual abuse is

committed by the more powerful member of the family and those with less power are the victims. While some of these relationships appear to happen by mutual consent, it is impossible for the individuals to give consent because of covert and overt sexual messages that are prevalent and which confuse the individuals about sexual expression and its limits and boundaries.

Johnson (1993) also noted that denial may have hidden many forms of dysfunction, including substance abuse, physical, sexual and emotional abuse. Other patterns frequently identifiable in these families include sexualised problem solving, attention or compensation, objectification, exploitation and the pairing of intimacy and aggression. Often distress, tension, anger, fury and cruelty become associated with sex. Intimacy may be misrepresented, tending to be exploitative rather than giving and sharing. Johnson (1993) found that the core of the relationship is sex and need, as opposed to love and caring. Sexualised models of coping may be a risk factor. Sex becomes a way to stop emotional pain and emptiness. In these homes children do not learn to trust adults, because the adults do not set a trustworthy example. Sometimes these children, not knowing whom to trust, are molested outside the home as they seek emotional satisfaction. These principles correlate with findings by Larson and Maddock's (1986) description of the affection exchange process in the family. Larson and Maddock (1986) observed that these family members engage in sex on a daily basis. Sexuality and sexual behaviour may be covert and overt. Johnson (1993) and Larson and Maddock (1996) stated that people or family members outside the home environment may also be involved in the sexual abuse. Power imbalances also operate in sexually abusive families where the person with the least power is singled out as a victim of sexual abuse, and the child victim's ability to form empathic relationships is hampered by affective parental neglect (Gil, 1993). Because they learn from their own experiences of how they are treated as well as from observing their parents, these children do not realise when they are sexually intruded upon or when they are sexually intruding on someone else.

It is clear that in multigenerational sexually abusive homes, sexual abuse may occur simultaneously in numerous generations across the family and the extended family, representing a cycle of abuse. Powerful family members sexually abuse those who are powerless by using emotional or physical force to gain compliance. The sexual abuse may also be precipitated beyond the home environment.

From the discussion above, it would seem that the terminology used to describe various categories of home environments varies among the different typologies discussed in terms of what specific home environment is more or less likely to promote or maintain sexually aggressive or offending behaviour. The central finding is that common threads run through many of the types of homes, but they also vary enough to offer different insights into how sexually aggressive or offending behaviours develop. Alternative influences beyond the home environment that cause sexually aggressive or offending behaviours will accordingly be discussed.

### **2.6.2 Family and home environments of pre-teen sex offenders**

In the following discussion an in-depth look will be taken at the home environment that extends beyond the home, and extra-familial environments and situations that may precipitate or facilitate

sexually abusive behaviours. The family and extra-familial environments will accordingly be discussed in two different categories e.g. sexual and physical abuse and communication styles of the parents.

#### *2.6.2.1 History of sexual abuse and physical abuse*

Available research on families of sexually aggressive and offending pre-teen children were reviewed and it was concluded that the family interactions are the primary source of the sexual problem evidenced by the children.

Prentky et al. (2000) suggested that the function of child maltreatment in the etiology of sexual offending appears quite complex. This assumption correlates with research (Araji, 1997; Becker, 1998; Erooga and Masson, 1999; Fehrenbach et al., 1986; Friedrich et al., 1991; Gil and Johnson, 1993; Kahn and Chambers, 1991; Pithers et al. 1998a) that indicated that the families of pre-teen children who engage in sexually aggressive behaviour are inclined to be dysfunctional, exhibiting high rates of parental separation, domestic violence, substance abuse, highly sexualised environments including exposing children to sexual activity, pornography and covert and/or overt sexual abuse, poor role models, unsatisfactory parent-child relationships and parental histories of childhood abuse.

Pithers et al. (1998a) conducted the most comprehensive research study into caregivers of pre-teen children with sexual behaviour problems. They used a structured interview and standardised measures to investigate the qualities of these caregivers. Results suggested that the caregivers and their families experienced constant stress. It was concluded that of the 72 children in the study, 75 percent resided with their biological parents and 25 percent with foster parents. Thirty-eight percent of the families' annual income fell below the federal poverty level which was defined as a family of four or more with an annual income of less than \$15,000. A comparison between biological and foster families revealed that 72 percent of the biological families and 28 percent of the foster families had annual incomes below the poverty level. The families also had a high rate of single parenting - approximately half of the parents (51.4 percent) were living with a partner. More recent studies (Araji, 1997; Becker, 1998; Erooga and Masson, 1999; Friedrich et al., 1991; Gil and Johnson, 1993; Kahn and Chambers, 1995) validated Pithers et al.'s (1998a) assumption that the families of pre-teen sexually aggressive or offending children are poor.

Pithers et al. (1998a) further suggested that the home environments of sexually aggressive pre-teen children, particularly their biological families, were described as disorganized and those families evidenced a high rate of sexual abuse histories. Most families (72 percent) included at least one sexual abuse victim (excluding the sexually aggressive child being studied), and more than half of the extended families (62 percent) included at least one person (other than the child being studied) who had offended sexually. Ninety-four percent of the sexually aggressive pre-teens and children had been sexually abused by a relative. Only 10.3 percent of these children assumed responsibility for their sexually aggressive behaviours. More than half of the pre-teen and younger children studied had witnessed domestic violence in their home environment. Pithers et al. (1998a) indicated that most (70.2 percent) pre-teen sexual offenders had witnessed violence between their biological parents.

They further indicated that 20 percent of the others had observed violence between their parent and a partner. Foster families seemed to provide more functional environments, experienced less conflict and were more interconnected.

In line with Pithers et al. (1998a), other studies (Araji, 1997; Becker, 1998; Becker and Hunter, 1992; Erooga and Masson, 1999; Friedrich et al., 1991; Gil and Johnson, 1993; Fehrenbach et al., 1986; Kahn and Chambers, 1991) also confirmed that childhood experience of sexual abuse has been associated with youth sex offending. A large-scale research study by Becker and Hunter (1993) reported that the rates of youth sex offenders who have experienced sexual abuse as children range from 40 to 80 percent. In contradiction, other studies (Knight and Prentky, 1993; Spaccarelli et al. and Kimbal and Guarino-Ghezzi, 1996) claimed that such abusive experiences of youth sex offenders have not consistently been found to differ significantly from those of other non-sexual youth offenders. In addition, an earlier study by Smith and Monastersky (1986) found that among the youth sex offenders in their sample, there was a relationship between childhood experience of sexual abuse and higher rates of nonsexual re-offending but lower rates of sexual re-offending. Correlating with studies by Smith and Monastersky (1986), a more recent study (Ryan and Lane, 1997) of childhood experiences of being physically abused, being neglected and witnessing family violence has also been independently linked to sexual violence in youth offenders. More specifically, Becker and Hunter (1993) reported that the proportions of youth sex offenders who have experienced physical abuse as children range from 25 to 50 percent.

Several studies compare different aspects linked to the actions of pre-teen sex offenders. Becker and Hunter (1992) researched the influence of sexual victimisation and family support as a motive to sexually offend. The study indicated four variables predictive of sex offending: younger age at the time of victimisation, greater numbers of abusive incidents, longer period between sexual abuse and disclosure, and lower level of perceived family support following the disclosure of the sexual abuse. Becker (1997) further compared youth sex offenders who had been sexually or physically abused with those who had not. It was found that the sexually abused youths began their sex offending 1.6 years earlier than the non-abused group, had twice the number of victims, were more likely to have had both female and male victims, and were less likely to limit their offending to family members. Other research into various offender groups noted that offenders with histories of maltreatment began offending at earlier ages than offenders who were not maltreated. For example, Knight and Prentky (1993) found that rapists who began offending as youths had suffered higher rates of emotional neglect as children compared to rapists who began their assaults in adulthood. Child molesters who began offending as youths also had suffered higher rates of physical abuse as children than did child molesters who began offending in adulthood.

Hunter and Becker (1998) and Kahn and Chambers (1995) stated that the incidence of abusive histories varies extensively for sexually abusive youths. Studies (Hunter and Becker, 1998; Kahn and Chambers, 1991) indicated that a history of physical abuse has been found in 20 to 50 percent of sexually abusive youths and a history of sexual abuse in 40 to 80 percent of youths who sexually

offend. Rates of physical abuse and sexual victimisation are even higher in samples of pre-teen sexual offenders (Gray et al., 1997; Mathews et al., 1997). Hunter and Becker (1998) reported that the age of commencement, number of incidents of sexual abuse, the period of time elapsing between the sexual abuse and its initial report as well as perceptions of the responses of the family to knowledge of the sexual abuse are all significant in understanding why some sexually abused youths continue sex offences while others stop. In line with developmental theories, Hunter and Figueredo (1999) support the notion that child molestation may be related to an offender's restaging or recapitulation of his own sexual victimisation. According to Hunter and Figueredo (1999), tests of the recapitulation theory on a sample of 131 rapists and child sexual offenders revealed that child offenders who committed their first assault when they were younger than 13 were offending sexually at a younger age than offenders who committed their first sexual offence in young adulthood or adulthood. They also experienced more severe sexual abuse than offenders with adult onset of sexual abuse. No evidence was found of recapitulation of sexual abuse among rapists in this study. It should be pointed out, however, that regardless of whether or not they were sexually abused, all offenders in the sample went on to commit sexual offences. It is thus evident that youth sexual victimisation is not the only factor to explain sexual offending. There is therefore no inevitable link that exists between experiencing sexual abuse as a child and growing up to be a child molester. It is further clear that the severity of the long-term effects of childhood sexual abuse is influenced by factors such as, age at onset of abuse, duration of abuse, the child's relationship to the offender and invasiveness and/or violence of the sexual offence. In line with Hunter (Hunter and Figueredo, 1999) an earlier study by Prentky and Bird (1997) also reported that child molestation may be related to an offender's restaging or recapitulation of his own sexual victimisation.

Surprisingly, Becker and Hunter (1997) compared youth sex offenders with youths who have committed non-sexual offences and revealed that sex offenders may have suffered higher rates of childhood physical abuse. However, when Knight et al. (1994) compared youth sex offenders only with youths who have committed nonsexual violent offences, this result was not replicated. It can be assumed that a history of physical abuse is correlated with some type of violent behaviour but not necessarily with sexually violent behaviour.

Although the samples discussed above did not diverge considerably regarding the experience of intra-familial sex abuse, it was clear that child offenders who began offending as youths had higher rates of sexual victimisation experiences throughout their childhood compared to rapists who began their sex offending as adults. It was further evident that youth rapists, compared to those who began sexual offending in adulthood, tended to come from families where sexually deviant or abusive behaviour was directed at other family members. Research conducted by Righthand and Welch (2001) indicated that data on sex offenders who had no official record of youth sex offences, but who admitted to such behaviour in a confidential, computer-generated interview, showed similar results. In this group, offenders who began perpetrating as youths, contrasted with those who began as adults, had overall higher rates of childhood sexual victimisation, their sexually abusive experiences began at younger

ages and the sexual assaults they experienced as children tended to be more severe (i.e., on a scale ranging from fondling to intercourse).

In line with international research (Gil and Johnson, 1993; Ryan and Lane, 1997), local researchers (Wood et al., 2000) generated a profile of adolescent sex offenders. The study revealed that adolescent sex offenders live in an environment characterized by overcrowding, alcohol abuse, domestic violence and crime. In line with the aim of this study, the social and personal circumstances of South African pre-teen sex offenders will be examined and further discussed in chapter six.

From the discussion, it is suggested that a history of child maltreatment — whether neglect, physical abuse, sexual abuse, or any other type of victimization — may ultimately prove to be an important predictor of pre-teen sexual offending. When a social worker evaluates the role of the family in causing pre-teen children to commit sexual offences, it is important to take note of the family system perspective, as discussed previously in this chapter. The family perspective most effectively assists the social worker in understanding as much as possible of the family of origin. The family system perspective will demonstrate how some family dynamics relate to the developmental history of the person who becomes a victim or perpetrator. The family system perspective will further determine the roles and interactions that serve as models for future relationships as well as relating to the system that allows or supports the occurrence of pre-teen sexual offences. Additionally, the family system perspective can be used to distinguish between those variables that cause the sexually offending behaviour, the behaviours that support or maintain the sexually offence and consequential variables or the reactions to the sexually offending behaviours. To assist the social worker in assessing the family variables, it is further important to understand the communicating styles and family involvement, as will be accordingly discussed.

#### *2.6.2.2 Communicating styles and family involvement*

Family factors such as communication styles and family involvement can also influence the behaviour of pre-teen sexual offenders. In the following discussion, the focus will be on covert abuse and non-sexual family interactions in families that cause pre-teen children to offend sexually.

Friedrich et al. (1991) were of the opinion that the psychosexual equilibrium in the home environment is influenced by the following factors: the onset of parenthood; the sexual adjustment of the parents; the sexual development of the child and the impact of the child's sexual development on the sexual adjustment of the parents. They explained how a family in which parenthood begins in adolescence has different psychosexual issues over a period of time compared to a family in which parenthood begins in adulthood. Additionally, Friedrich et al. (1991) assumed that the emergence of a child's sexual interest can set off a series of transactions leading eventually to sexual misuse in a family where the parents feel trapped, their sexual experiences are curtailed, or where marital instability exists. On the other hand, Erooga and Masson (1999) were of the opinion that the way sex and sexuality are expressed and how parents relate to each other differ in each family, and subsequently influence the sexual development and sexual characteristics of pre-teen children. Erooga and Masson

(1999) did not focus on outside factors influencing the sexual equilibrium of the home environment, but were of the opinion that some families have an adaptive capacity, which other families lack, that will assist them in dealing with traumatic changes in the home environment.

Gil and Johnson (1993) reported that the families of pre-teen sexual offenders have high levels of personal and social stress, misuse substances and have patriarchal norms. More specifically, parenting skills are characterized by a high degree of frustration, punitive child-rearing skills and triangulation, which refers to the process of involving children to meet certain goals in an adult relationship.

In line with Gil and Johnson (1993), Pithers et al. (1998) measured the individual functioning of the female caregivers of pre-teen sexual offenders. The results indicated that these caregivers were notably more psychologically distressed than most people in the general population. Furthermore, the biological parents measured significantly more distress compared to the foster parents. However, both the biological and foster parents evidenced significant parenting stress that justified referrals for professional intervention. Yet again, the biological parents measured notably more stress than the foster parents. Both groups indicated their children as a major source of their parenting stress, and parents evidenced impaired attachments to their children. Regardless of these findings, the parents typically denied having any problems related to parenting and appeared defensive about some personal difficulties.

In concordance with Pithers et al. (1998), research conducted by Finkelhor (1979), Hoghugh (1997:63), Jehu (1990:18) and Erooga and Masson (1999:7) showed that pre-teen sexual offenders who receive inadequate parenting are exposed to inappropriate sexual role models. The earlier study by Finkelhor (1979:118) indicated that when children grow up in families where family discord exists, they receive contradictory messages, especially about sex. Finkelhor (1979) believed first of all, that these contradictions leave the children confused and uncertain about appropriate sexual values and they become less capable of coping in abusive situations. Second, in families experiencing much conflict, children are not well supervised and thus more vulnerable to sexual abuse. Third, if the family has been disrupted by conflict or separation, the children may be anxious about losing another loved one. This may produce feelings of desperation in a child and may lead to sexual ties with other family members.

In line with Finkelhor's (1979) assumption that emotions of desperation may cause children to have sexual ties with family members, Gil and Johnson (1993) also noted that interdependency of the family traps the members within the dysfunctional patterns. It appears that alliances are formed to prevent disclosure of the sexual abuse, thus keeping the family intact. More specifically, Gil and Johnson (1993) indicated that mothers who molest their sons have intense dependency needs. When the mothers do not have an adult male companion available, they will frequently try to diminish their need for comfort and companionship by approaching their sons. The sons would console their mothers when they are alone or distressed. This is in direct contrast to their generally hostile behaviour toward their sons and contributes to the confusion of boundaries experienced by their sons. This relationship

between the sons and their mothers would last until the mothers find new male partners; when the sons would be rejected again. The sons will live in a continuous struggle between intense jealousy, intense shame, intense need for love and understanding, and helplessness, hopelessness and confusion. The jealousy they feel towards their mother's male friends is compounded by the jealousy they feel towards their siblings when they receive attention from their mother. This anger is displaced to the siblings whom they then molest. The boys know that by molesting their sister they can hurt their mothers. The boys have no conscious awareness of sexual desire for their mothers, but the relationship with their mothers are fraught with ambivalence and strong emotions. Gil and Johnson (1993) assumed that the physical and emotional absence of parents intensifies the mutual dependency and sexual curiosity between siblings. As a result, they seek sexual contact as a natural extension to meet their intimate needs. Gil and Johnson (1993:145) further noticed that where sibling incest occurs, the relationship between the parents and the children is distant. The mother has several male companions who are emotionally and physically abusive towards her. Substance abuse is frequent amongst parents and the children are physically abused. The biological father never plays a significant role in the lives of the children. Gil and Johnson (1993:83) described the mother as hostile towards her son and it seems as though the son can never please her. This hostility is a displacement of her desire to retaliate against the father of her son.

Similar to Gil and Johnson's (1993) finding that the relationship between parents and children is distant, a study by Blaske, Borduin, Henggeler and Mann (1989) indicated that supportive communication and comments that facilitate dialogue are limited in the families of pre-teen sex offenders, whereas negative communication, for example, aggressive statements and interruptions, are frequent. A more recent study by Miner and Crimmins (1995) reported that young sex offenders appear to be more disconnected from their families than are other youth offenders and, consequently, cut off from potential sources of emotional support. A comparable study by Kobayashi, Sales, Becker, Figueredo and Kaplan (1995) reported that more positive relationships between pre-teen sex offenders and their mothers are related to decreased levels of sexual aggression in youth sex offenders. More specifically, Weinrott (1996) indicated that there is strong evidence that family instability and problems in parent-child attachment in childhood are associated with more intrusive types of pre-teen sexual offending. In line with Weinrott (1996), Kimball and Guarino-Ghezzi (1996) found that the young sex offenders in their sample identified as child molesters described significantly more continuing conflict with a parental figure compared to young sexual offenders that were identified as rapists. From the research it would seem that youth rapists are significantly more likely than youth molesters to perceive their parents as unsupportive of treatment. In addition, a study by Borduin, Henggeler, Blaske, and Mann (1989) indicated that adequate support and supervision are lacking in the families of young sex offenders.

Extending the research into the individual functioning of caregivers, Becker and Hunter (1997) studied the multiple factors that determine child sex offending. One variable, "caregiver inconstancy", measures the frequency of changes in primary caregivers and the longest time spent with any single caregiver and it indicates the permanence and consistency of the child's interpersonal relationships

with significant adults. Caregiver inconstancy, a powerful predictor of the degree of sexual violence expressed, interferes with the development of long-term supportive relationships, increasing the probability of an attachment disorder. As discussed earlier, attachment disorders may be characterised by intense anxiety, distrust of others, insecurity, dysfunctional anger and the inability to acquire normal age-appropriate social skills. Similar to previous studies (Friedrich 1990; Gil and Johnson 1993; 1991; Pithers et al., 1998; Marshall et al., 1991 Ryan and Lane, 1997; Ward, 1995), Becker (1998) concluded that early childhood experiences of caregiver inconstancy may cause interpersonal deficits and low self-esteem that undermine development of secure peer relationships.

Studies differ as to the percentages of pre-teen sex offenders who are from intact families. Some studies (Kahn and Chambers, 1991; Fehrenbach et al., 1986) indicated that less than one-third of youth sex offenders in their samples resided with both birth parents. Accordingly, the results from the Becker and Hunter (1997) also indicated that youth sex offenders who committed sexual assaults against victims who were their peers or older were more likely to come from single-parent homes (78 percent) than those who committed "paedophilic" offences (44 percent) or mixed offences (37 percent). Those who committed "paedophilic" offences frequently lived with foster or blended families (53 percent). A study of juvenile sex offenders by Miner, Siekert, Siekert and Ackland's (1997) indicated that only 16 percent of their sample came from intact families. In contrast to these studies, Cellini (1995) conducted a study, which indicated that approximately 70 percent of youth sex offenders lived in two-parent homes at the time their sex offending behaviour was revealed. It was unclear whether the two parents in these homes were both birth parents. Together, these various studies suggested that many youth sex offenders have been exposed to physical and/or emotional separations from one or both parents. The reason for the separation might have been family instability, parental separation or divorce, or residential placement of the youth offender.

In a comparative study, Bagley (1992) found that youth sex offenders and especially sexually assaultive youths, were described as typically coming from intact, "hothouse" families that commonly evidenced severe pathology, including child maltreatment. The parents of sexually aggressive youths compared to other youth offenders evidenced higher levels of marital stress. Furthermore, the parents of sexually assaultive youths had more mental health problems that required intervention, and the fathers evidenced slightly greater rates of alcohol abuse. Parents of sexually assaultive youths were more likely to be overly ambitious for their children and extremely critical of inferior school grades. Correspondingly, Miner et al. (1997) described youth sex offenders in their sample as coming from "chaotic" family environments. More specifically, nearly 60 percent of the biological fathers had histories of substance abuse, and 28 percent had criminal records. The biological mothers compared to the fathers, were less likely to have had histories of substance abuse (28 percent) or criminal records (17 percent). However, the mothers were more likely compared to the fathers to have received psychiatric treatment (23 percent versus 13 percent, respectively). Furthermore, nearly one-fifth of the youth sex offenders' siblings had criminal records, and 29 percent of biological siblings and 20 percent of stepsiblings had psychiatric histories.

Studies conducted by Stagg, Wills, and Howell, (1989) indicated that male children who witness domestic violence tend to engage in externalising behaviour such as interpersonal aggression, more than their female counterparts. In concordance with Stagg, et al. (1989), Fagan and Wexler (1988) as well as Smith (1988) agreed that witnessing domestic violence is linked to the probability of pre-teen sexual offending, as well as the severity of disturbed sexual behaviour. O'Keefe (1994) suggested that the consequences of exposure of sexual abuse may be cumulative, as well as interactive with other developmental experiences, such as child abuse and neglect.

The discussion above demonstrates the important roles that specific familial environments play in shaping the pre-teen child's sexually aggressive or offending behaviours. It further illustrates how covert abuse is a complex process, whereby parents transmit to a child, consciously or unconsciously, their own unresolved problems, frustrations and needs. Since covert abuse operates at the cognitive rather than the behavioural level, the family's specific underlying problems are more difficult for the social worker to detect compared to problems that are manifested overtly. It is therefore important that social workers who work with pre-teen sexual offenders become more attentive to the role that covert abuse plays in the development of sexually aggressive behaviours to enable them to prevent sexually abusive behaviours by pre-teen children. The review above shows that covert abuse can have consequences just as damaging, that can lead to sexually aggressive and offending behaviours in pre-teens. It was further shown that sexually abusive behaviours do not occur without cause and that familial and extra-familial environments play a salient role in the development and maintenance of such behaviours. It is thus obvious that social workers as part as their preventative strategy should be aware of the covert and salient interactions in the environment that cause sexually abusive behaviours.

The following discussion will demonstrate how the characteristics of pre-teens can be a predisposing risk factor to sexual offending.

## **2.7 CHARACTERISTICS OF PRE-TEEN SEXUAL OFFENDERS**

It was apparent from an overview of the retrospective and prospectives studies of youth sexual offending, that the behaviour of pre-teens covers the same range as that of adolescent sexual abusers. This discussion will demonstrate some characteristics that can be used to identify some of the causes that contribute to pre-teen sexual offences as well to identify similarities and differences among abusive groups. The similarities and differences will be categorized according to their histories of sexual abuse, use of pornography, academic performance, intellectual and cognitive impairments, cognitive distortions, mental disorders and substance abuse.

### **2.7.1 Individual characteristics of pre-teen sexual offenders**

Becker (1990) and Knight and Prentky (1993) documented that research had repeatedly indicated that youth sex offenders have significant deficits in social competence. Becker (1998) reported that a

variety of studies have implicated the inadequate social and interpersonal skills, under-assertiveness, and poor self-esteem that characterise youth sexual offenders. In line with Becker (1998), Fehrenbach et al. (1986), Katz (1990) and Miner and Crimmins (1995) found that inadequate social skills, poor peer relationships, and social isolation are some of the obstacles identified in these youths. More specifically, Miner and Crimmins (1995:9-11) indicated that youths who have sexually offended have fewer friends in the peer group and feel less positive attachment to their schools, compared with other delinquent and non-delinquent youth offenders. Their research indicated that isolation and poor social adjustment are distinguishing characteristics of youth sex offenders. Therefore, treatment should focus on the ability to build interpersonal attachments, which can minimize the tendency to engage in sexually abusive and aggressive behaviours. It is further apparent that distorted cognition about the negative effects of the offence and the lack of empathy with the needs of others, combined with distinctive patterns of making claims on others, indicate that the underlying common behaviour may be the coercive and manipulative approach of the pre-teen sex offender (Mezey, Vizard, Hawkes and Austin, 1990; Ryan and Lane, 1997).

As previously stated, for the purpose of the discussion, individual characteristics will be categorized, and discussed as follows.

#### *2.7.1.1 Sexual histories and beliefs*

Hunter and Figueredo (1999) found four variables predictive of pre-teen sex offending in their study: younger age at the time of victimisation, higher rates of sexual abuse incidents, longer period between sexual abuse and disclosure, and lower level of perceived family support following the disclosure of the sexual abuse. Becker (1998) reports on a comparative study of youth sex offenders who had been sexually or physically abused with those who had not. Their study showed that the sexually abused juveniles began their sex offending 1.6 years earlier than the non-abused group, had twice the number of victims, were more likely to have both male and female victims, and were less likely to limit their offending to family members.

Research (Becker, Kaplan, Cunningham-Rathner, and Kavoussi, 1986; Groth, Longo, and McFadin, 1982; Ryan and Lane, 1997) further indicated that adolescent sex offenders generally have had earlier consenting sexual experiences, while Knight and Prentky (1993) suggested that their experiences have exceeded the experiences of a control group that have not committed sex offences. Previous experiences with sexual dysfunction, generally impotence or premature ejaculation, have also been reported in juvenile sex offenders (Knight and Prentky, 1993). Interestingly, a study conducted by Ryan and Lane (1997) of 1600 juvenile sex offenders described by 90 independent contributors from 30 states in America, suggested that only one-third of the juveniles perceived sex as a way to demonstrate love or caring for another person, while 23.5 percent perceived sex as a way to experience power and control, 9.4 percent to dispel anger and 8.4 percent to injure, humiliate, or punish.

Furthermore, Friedrich and Luecke (1988) also noticed experiences of severe sexual victimisation among sexually aggressive children when compared with two samples of children who were not sexually aggressive (one with a history of sexual victimisation and one without). The pre-teen children who were sexually aggressive experienced more severe types of sexual abuse that usually involved genital contact and penetration. The motive for children to molest others is seldom to obtain sexual pleasure, but rather to express internalised anger or tension. Johnson (1995) reported that a minority of children who molest, describe their inappropriate sexual behaviour as striving for pleasure. Searching for sexual gratification is the result of increased hormonal levels after having experienced earlier sexual abuse. Children who molest, experience heightened physiological arousal to different emotions. For example, they are extremely lonely, feeling hopeless, jealous, angry, tense or anxious. These emotions of tension and anxiety result in physiological arousal. The environmental factors and feelings are paired so that children who recall a violent scene and who feel sad, also feel aroused and seek to discharge the arousal immediately. The arousal is discharged against people in physically, verbally or sexually aggressive ways. Once a physiological response has been established, it can be revoked when exposed to the same stimuli. Subsequently a physiological response pattern, relating to sexually aggressive behaviour patterns, develops (Gil and Johnson, 1993).

Although pre-teen sex offending may emerge early in the developmental process, there is no evidence to imply that the majority of sexually abusive youths become adult sex offenders. Correspondingly, other studies (Elliott, 1994, Loeber and Stouthamer-Loeber, 1998) also suggested that pre-teen sexual offending often does not continue into adolescence or adulthood, although those who commit rape may continue to abuse. Since the majority of pre-teen sex offenders go unreported, it is difficult to determine whether young pre-teen sex offenders continue their sex offending into adulthood. Even if a young sex offender does re-offend in adolescence or adulthood subsequent to treatment, it is unlikely for the parent to bring the sexual offender back to the social worker who originally treated the offender. It is apparent that when a youth sex offender re-offends, the parents assumes that the treatment was unsuccessful due to the incompetence of the social worker.

#### *2.7.1.2 Pornography*

Research into the role of pornography in young sex offending is limited. However, Becker et al. (1992) indicated in their study that only 11 percent of the young sex offenders reported that they did not use pornography. Approximately 74 percent reported that pornography increased their sexual arousal, three percent stated it decreased their arousal while 23 percent said it had no effect. There was no relation between the subjects in terms of use of pornography and number of victims or in terms of category of pornography used and number of victims.

Wieckowski, Hartsoe, Mayer, and Shortz (1998) reported that exposure to pornography at a young age was common. These authors further indicated that 97 percent of the young sex offenders had been exposed to X-rated magazines or videos while the average age of exposure was about 7.5 years. Correspondingly, Ford and Linney (1995) reported that 42 percent of young sex offenders,

compared with 29 percent of young violent non-sexual offenders and status offenders, had been exposed to hardcore, sexually explicit magazines. The young sex offenders had been exposed at younger ages, ranging from 5 to 8 years. Surprisingly, Mathews et al. (1997) reported high rates of exposure to pornography in young female sex offenders.

Barnes-September et al. (1999:56) indicated that after adult pornography was legalised in South Africa in 1996, there has been a decline in values, a violation of children's rights, and a sex industry that has grown into one of the most lucrative and powerful industries of modern times. Barnes-September et al. (1999) further noted that during the past decade there has been an increasing flood of pornography in South Africa and during this time there has been an increase in child rape and molestation. The Child Protection Unit of the South African Police Service and Childline also reported that there has been an increase in child-on-child sexual crimes since 1994.

A study done by Gordon et al. (1990) compared the sexual knowledge of sexually abused children to that of non-abused children. The sexually abused and non-abused children were of similar age and social class. The result of the study showed that sexually abused children did not have more knowledge about sex compared to the non-abused children. Inappropriate sexual behaviour does not result in more sexual knowledge or more understanding of sexuality. Sexually abused children, who exhibit problematic sexual behaviour, are re-enacting that behaviour from their experience and do not have an increased understanding of sexuality. Children who have been exposed to adult sexual behaviour, for example, through watching adult movies, may exhibit demonstrations of problematic sexual behaviour. Wood et al. (2000) noted that pre-teen sex offenders living in poor families are likely to have witnessed others engaging in sexual intercourse.

### *2.7.1.3 Academic performance*

In general, studies report that young sexual offenders experience academic difficulties (Bourke and Donohue, 1996; Fehrenbach et al., 1986; Friedrich and Luecke, 1988; Kahn and Chambers, 1991; Miner et al., 1997; Pithers and Gray 1993). For example, a study conducted by Kahn and Chambers (1991) indicated that more than half of the young sex offenders had evidenced at least one of three types of difficulty at school: disruptive behaviour (53 percent), truancy (nearly 30 percent) or a learning disability (39 percent). A study by Fehrenbach et al. (1986) indicated that only 57 percent of the sample had achieved grade-appropriate placement or better. In line with Fehrenbach et al. (1986), Bourke and Donohue (1996) reported that 49 percent of the young sex offenders in their sample had academic problems, 38 percent had been placed in special classes, and 14 percent were diagnosed as mentally handicapped.

In another study to assess learning difficulties as a potential factor contributing in young sex offenders, Langevin et al. (1996) examined the case files of 162 male sex offenders who had participated in a treatment programme. The researchers reported that 50 percent of the sample had repeated a grade. Although the majority of the subjects (43 percent) had repeated only one grade, 14 percent had repeated two grades and 3.5 percent had failed three or more grades. Seven subjects had been

placed in special education classes as children. Together, 53 percent of the subjects experienced learning difficulties during childhood. In contrast to Langevin et al. (1996), O'Brien (1991) reported that 32 percent of the young sex offenders in his sample were described as above average in their academic performance.

#### *2.7.1.4 Intellectual and cognitive impairments*

Some researchers (Awad and Saunders, 1989; Levin et al. 1992) indicated that intellectual and cognitive impairments are factors that should be investigated in future studies of child sexual offenders.

In a very early but significant comparative study (Atcheson and Williams, 1954) of youth sex offenders and delinquents who had not committed sex offences, the sex offenders showed slightly lower IQ scores. More than one quarter (25.2 percent) of the juvenile sex offenders had IQ scores below 80, compared to only 11.1 percent of the delinquents. Additionally, Award and Saunders (1989) reported that violent juvenile sex offenders are inclined to have lower IQ scores than non-violent sex offenders. Ferrara and McDonald (1997) argued that such differences may be linked to higher rates of neurological impairments among violent offenders.

McCurry, McClellan, Adams, Norrei, Storck, Eisner and Breiger (1998) observed that verbal deficits in juveniles who had conduct disorders and who scored within the average range on standardised tests were linked to higher rates of aggression and antisocial behaviour. To investigate the role of verbal deficits in adolescents and pre-teen children with inappropriate sexual behaviours, McCurry et al. (1998) studied 200 juveniles with serious psychiatric disorders of whom 99 evidenced inappropriate sexual behaviours such as hypersexuality (37 subjects), exposing (24 subjects), and victimizing (38 subjects). Analyses indicated that, in general, subjects with lower IQ scores evidenced considerably more inappropriate sexual behaviours than did those with higher scores. This conclusion was particularly true for subjects who molested or raped victims. Additionally, subjects who evidenced the most severe inappropriate sexual behaviours had verbal IQ scores that were significantly lower than their performance IQ scores. It was noted that underperformance in verbal cognitive functioning, reflected by impulsivity and poor judgment, may have contributed to the increased rates of serious inappropriate sexual behaviours among these subjects.

Research conducted by Lewis, Shanok, and Pincus (1981) and Ferrara and McDonald (1996) examined the possible neurological deficits in a group of juvenile sex offenders and a comparison group of juveniles who had committed non-sexual but violently assaultive offences. Psychological tests were administered, and sleep electroencephalographs (EEGs) were completed when possible. There was no variance on full-scale, verbal or performance IQ scores. Sex offenders evidenced more difficulties on the reading test than the comparison group (5.59 versus 3.95 years below grade level, respectively). The results of the EEGs indicated direct evidence of neurological impairments among the juveniles from both groups: 23.5 percent of the sex offenders and 3.3 percent of the comparison group evidenced major abnormal EEGs or "grand mal"-seizures. The finding of neurological

impairments in both groups of juvenile offenders corresponds with other research regarding juvenile delinquents and violent juvenile offenders.

Ferrara and McDonald (1996) suggested that academic functioning is not determined exclusively by intellectual or neurological functioning (parental level of education and support, truancy, and other variables are important); however, learning disorders are related to below-average academic achievement. Additionally, although the role of learning disabilities has not been well investigated, one study (O'Brien, 1991) indicated that of a sample of 170 male young sexual offenders, as many as 37 percent experienced learning disabilities.

The occurrence of attention deficit disorders in juveniles with sexual behaviour problems has been examined. Kavoussi et al. (1988) reported that of the 58 young sex offenders who had been evaluated or treated in an outpatient sex offender programme, approximately seven percent met the full diagnostic criteria for attention deficit disorder as specified in the Diagnostic and Statistical Manual of Mental Health Disorders, 3rd Edition (DSM-III). Nearly 35 percent of the young sex offenders evidenced several symptoms of an attention deficit disorder. Miner et al. (1997) indicated that more than 60 percent of the juveniles in their study evidenced hyperactive and restless behaviours, and approximately 75 percent exhibited attention problems, a learning disability, or both.

Ferrara and McDonald (1996) observed that research on juvenile delinquents has demonstrated two areas of impairment: difficulties with executive functions such as planning, abstraction, inhibition of inappropriate impulses and cognitive flexibility as well as difficulties with receptive and expressive language. Ferrara and McDonald (1996) noted that at least some juveniles who sexually offend do not differ considerably from juveniles who commit other types of offences and that some juvenile sex offenders evidenced cognitive deficits comparable to those identified in other groups of juvenile offenders. Ferrara and McDonald (1996) concluded that between one-quarter and one-third of juvenile sex offenders may have some form of neurological impairment.

Corresponding with Ferrara and McDonald (1996), Langevin et al. (1996) also studied the impact of learning difficulties in adult sex offender treatment, and noted that cognitive and neuropsychological testing revealed that the average level of intellectual functioning of the sample was in the average range. A closer investigation, based on normative data, concluded that more than expected scored within the borderline range of intellectual functioning (i.e., IQ of 70–79), fewer than expected were within the bright normal range (IQ of 110–119), and more than expected scored within the very superior range (i.e., IQ of 130–140). Neuropsychological testing with the Halstead-Reitan Battery concluded that 33 percent of the sample scored within the impaired range, which corresponds with Ferrara and MacDonald (1996).

From the above, it is clear that youth sex offenders share the following common characteristics: high rates of learning disabilities and academic impairment, the presence of other behavioural problems and conduct disorders, some have the same diagnosable psychiatric disorder; and difficulties with impulse control and judgment. Despite the results of the abovementioned research projects, it was

noted that the existing studies are flawed in that they do not adequately compare young sex offenders with children with normal behaviour, but instead with violent or juvenile delinquents.

#### *2.7.1.5 Cognitive distortions and attributions*

Knight and Prentky (1993) reported that some factors evidenced in abused children may have relevance for young sex offenders who have been maltreated. For example, they refer to research indicating that abused children show less empathy than non-abused children, have difficulty recognizing appropriate emotions in others and have trouble recognising another person's perspective. This corresponds with research conducted by Kahn and Chambers (1991) and Schram, Milloy and Rowe (1991) indicating that cognitive distortions, such as blaming the victim, were associated with young sex offenders.

It seems that pre-teen sexual offenders lack a sense of accountability, which is a denial of personal responsibility for their offences. The pre-teen sexual offenders rationalize their behaviour and show a lack of consideration for others' feelings. Their denial of responsibility can also extend to non-sexual actions. Researchers (Erooga and Masson 1999; Gil and Johnson 1993; Hoghughi 1997) stated that pre-teen sexual offenders have cognitive disturbances in their interpersonal relationships, which cause them to have negative peer and adult relations, resulting in them having few or no friends. Their relationships with peers are generally characterized by antagonism, fear, uncertainty and many disagreements. They have poor social skills and they show low tolerance of others. Their problem-solving and coping skills are almost non-existent and they are generally anxious and depressed. Laws (1989) and Shapiro (1991) noted that these cognitive distortions are also precursors to their sexually abusive behaviour.

#### *2.7.1.6 Mental health symptoms and disorders*

Another aspect that may cause pre-teen sexual offenders to commit sexual offences are mental health symptoms and disorders. Diagnoses of conduct disorder and antisocial behaviour have been evidenced in populations of young sex offenders (Kavoussi, et al. 1988; Miner, et al. 1997). For example, Kavoussi et al. (1988) indicated that the most common DSM-III diagnosis in their sample of male juvenile sex offenders was a conduct disorder (48 percent). A higher percentage of conduct disorders was evidenced among juveniles who had raped or attempted to rape (75 percent) victims older than themselves.

In addition to conduct disorder diagnoses and anti-social behaviour, studies described other behavioural and personality characteristics in young juvenile sex offenders. For example, impulse control problems and lifestyle impulsivity have been associated with juvenile sex offending (Prentky et al., 1997; Smith et al., 1986). Carpenter, Peed and Eastman (1995) reported that the young sex offenders who sexually offended against younger children showed higher scores on the Schizoid, Avoidant and Dependent scales of the Millon Clinical Multiaxial Inventory (MCMI) than those who offended against age peers. Carpenter et al. (1995) also found that the degree of narcissism in the

group of young sex offenders who offended against peers was significantly higher compared to the degree of narcissism in the group who offended against younger children. In another study, Schram, Milloy and Rowe (1991) described just more than 50 percent of their sample of young sex offenders as shy or immature.

Studies (Becker, Kaplan and Tenke and Tartaglino, 1991; Becker and Hunter, 1997) indicated that juvenile sex offenders have higher rates of depressive symptoms compared to the general juvenile population. Sexually aggressive juveniles who had experienced childhood physical abuse or sexual abuse had higher rates of depressive symptoms, with as many as 29.2 percent of these offenders appearing severely depressed (Becker, 1997).

A few studies of children who demonstrated sexual behaviour problems reported major psychopathology in the subjects or their families (Ferrara and McDonald, 1996; Gil and Johnson, 1997). Lewis et al. (1981) reported that sexually aggressive juveniles evidenced higher levels of "emotional disturbance" compared with other juveniles.

Bagley (1992) studied male juveniles in two residential treatment programmes. He found that juveniles with sexual behaviour problems, as compared with an age-matched control group of juveniles with no record of sexual problems, evidenced higher levels of hyperactivity or restlessness; more depression and anxiety; more histories of fire setting, encopresis (defecation in inappropriate places); running away; more early-onset neurological conditions or illnesses; more learning disorders and health problems beginning at an earlier age.

#### *2.7.1.7 Substance abuse*

It became evident that studies vary widely on the significance of substance abuse as an aspect in sex offending among pre-teen sexual offender and juveniles. Lightfoot and Barbaree (1993) found that rates at which juvenile sex offenders were found to be under the influence of drugs or alcohol at the time they committed their offences ranged from 3.4 to 72 percent. Even though substance abuse has been acknowledged as a problem for many juveniles who have offended sexually (Kahn and Chambers, 1991; Miner et al., 1997) the role of substance abuse in sex offending remains unclear, and for some juveniles substance abuse may not be related to sex offending.

Miner and Crimmins (1995) found that the substance abuse histories of juvenile sex offenders were comparable to those of youths who had not committed any sexual or non-sexual offences. Becker et al. (1992) reported that although 62 percent of the juvenile sex offenders in their study disclosed their alcohol use, only 11 percent indicated that alcohol use increased their sexual arousal. Faller (1988:341) reported that drugs can increase the sexual drive of the perpetrator and cause a lack of inhibitions, which increases the risk of sexual offending. Alternatively, when drugs are given to the victim it can cause loss of memory and of resistance. Statistical analyses indicated that the juvenile sex offenders who reported increased arousal had more victims compared to those who said alcohol had no effect on their arousal or who said they did not drink. It was further evident that illicit drug use

was less frequently reported than alcohol use among these juveniles: 39 percent reported illicit drug use of which only 23 percent reported that it increased their sexual arousal. There was no statistically significant correlation between subjects in terms of drug use and number of victims.

It is clear from the discussion above, that there is insufficient evidence to identify substance abuse as a causative factor in the development of sexually abusive behaviour.

This discussion focused on the characteristics of young sex offenders and indicate that pre-teen sex offenders have higher levels of aggression, levels of coercion and levels of sophistication in committing sexually aggressive and offending acts compared to pre-teens who do not commit such offences. They are also less empathic, show higher levels of escalating sexual violence, and exhibit greater resistance to acknowledging the seriousness of their behaviours and slower response to the distress of their victims. It is further evident that there is little evidence of substance-related-offences. Finally, it is also clear that they are more likely to internalize as well as externalize their aggressive behaviours as demonstrated by depression and antisocial behaviours.

## **2.8 COMPARISON BETWEEN THE CHARACTERISTICS OF MALE AND FEMALE PRE-TEEN SEXUAL OFFENDERS**

Ray and English (1995) conducted a comparative study of girls and boys who were described as sexually aggressive by an American state social service agency. Results indicated that the girls tended to be younger compared to boys and were unlikely to have perpetrated acts of rape. (Rape was defined as involving force or no consent and vaginal, oral or anal penetration with a penis or object.) The majority (94 percent) of the girls in the sample had been victims of sexual abuse, compared with 85 percent of the boys. A greater percentage of girls than boys (94 percent versus 86 percent) had a history of multiple types of abuse, including sexual abuse, physical abuse, emotional abuse, and/or neglect. All of the children in the Ray and English sample (1995) evidenced various behaviour problems while receiving treatment. Girls were more likely than boys to play truant, to steal and to display temper tantrums. The girls appeared to have more adequate social skills and displayed more empathy toward their victims compared to boys who were more coercive and sophisticated in their sex offending. The use of sexual aggression seemed to be of greater escalation in boys than in girls. An additional significant difference was that although approximately one-third of all the young sex offenders studied were legally charged with a sex offence, only two girls were charged with sex offending. The study also established that girls were significantly more likely than boys to receive assessment and treatment for their sexual abuse. In an earlier study conducted by Fehrenbach et al. (1986) they found that most girls who sexually victimized younger children, did so while engaged in a childcare situation. In their sample, more than half (53.6 percent) of the girls committed some form of penetration (oral, anal, or vaginal intercourse or other forms of penetration) while the rest (46.4 percent) engaged in fondling.

Hunter and Becker (1994) conducted a descriptive study of ten girls who had sexually offended and who were receiving treatment for emotional and behavioural problems. Although the study is limited by the small sample size and lack of a comparison group, it is informative. The majority (80 percent) of the girls had high rates of intervention from previous mental health services. All of the girls described a history of sexual victimisation experiences which included the following: all had been sexually abused by more than one offender; the number of offenders ranged from two to seven; experiences of victimisation began during the first eight years with the median age of 4.5 years; all of the girls reported being sexually abused by a male; 60 percent were sexually abused by a male and a female; 90 percent of the girls reported actual or attempted vaginal penetration; 60 percent reported actual or attempted anal penetration; 70 percent reported having had oral sex performed on them and all reported being fondled; 90 percent reported that force was used in their sexual victimisation experiences; 80 percent reported that they experienced some sexual arousal during at least one of their experiences as a victim. The girls reported the following in regard to their sex offending behaviour. They typically victimized younger children; victim ages ranged from 1 to 13 years, with a median age of 5.5 years. They most frequently victimized strangers (39.4 percent); other victims were siblings (30.3 percent), other relatives (18.2 percent) and acquaintances (12.1 percent). The majority of the girls (89 percent) had fantasies about the deviant sexual behaviour. Their sexual offences included vaginal intercourse (70 percent), anal intercourse (10 percent), oral sex (70 percent) and fondling (100 percent). Most of the girls in this sample also engaged in non-sexual delinquent behaviours such as stealing and physical aggression, although they had not been formally charged for these behaviours.

Similar findings were obtained by Bumby and Bumby (1997) from their sample of 12 young female sex offenders who were patients at a psychiatric facility for children and adolescents with emotional and behavioural disorders. Again, the girls in this sample tended to victimize younger victims. Most often their victims were family members (75 percent). In contrast to the sample studied by Hunter and Becker (1994), none of these girls victimized strangers. Eleven of the 12 girls offended their victims during childcare. A review of the characteristics of the girls in the Bumby and Bumby (1997) sample showed that the majority (83 percent) of the girls experienced academic difficulties, although only three fell within the average intellectual range; all but one had peer problems at school; and two-thirds had been suspended or expelled for physical aggression toward peers or teachers or for other causes. Most of the girls had experienced behaviour problems: 75 percent had abused alcohol, 58 percent had abused drugs, 58 percent had run away from home, 58 percent had played truant from school, and 33 percent had been arrested for stealing. Psychiatric diagnoses of the girls included conduct disorders, oppositional-defiant disorder, major depression, posttraumatic stress disorder, adjustment disorder and chemical dependency. The majority (83 percent) of the girls had received previous mental health treatment, a third (33 percent) had histories of self-mutilation and 58 percent had attempted suicide. Most of the girls (67 percent) had anger control problems and all of them suffered from low self-esteem. Their relationships with their peers were very strained; 75 percent of the girls were described as significantly socially isolated, which was possibly related to their high rate of aggressive behaviour

toward peers (67 percent). More than half of the girls in the sample (58 percent) were described as sexually promiscuous, having had many sexual relationships with older males. All of these girls had been victims of sexual abuse themselves. They tended to have been sexually abused by more than one person. The majority (75 percent) of the girls had been physically abused while 42 percent had experienced emotional or physical neglect. Their families were generally described as dysfunctional and chaotic.

Bumby and Bumby (1997) also compared 18 young sex offenders to a group of female non-offenders, young male sex offenders and male non-offenders. All the juveniles were inpatients at a psychiatric facility for children and adolescents with emotional and behavioural disorders. Psychological test results indicated that the young female sex offenders had experienced a number of psychological symptoms and difficulties. They had higher rates compared to the female non-offenders on the psychopathic deviate, paranoia and psychasthenia scales of the Minnesota Multiphasic Personality Index-Adolescent (MMPI-A). However, the young female sex offenders did not differ significantly from the male sex offenders and male non-offenders. The young female sex offenders showed significantly more symptoms of anxiety and depression (including attempting suicide and suicidal thoughts) than the female non-offenders but did not differ from the male sex offenders in this regard. The female sex offenders had higher scores of academic failure (having to repeat one grade in school) and truancy compared to the young male sex offenders but did not differ from the female or male non-offenders on these measures. Even though delinquent behaviours, socially inappropriate behaviours and status offences were frequent among young female sex offenders, the frequency did not differ significantly compared to the groups, with the exception that young female sex offenders had higher rates of drug abuse and sexual promiscuity than the young male sex offenders. Although high rates of childhood sexual victimisation occurred across all groups, the young female sex offenders evidenced considerably more sexual abuse than the other groups.

In the largest study to date, Mathews et al. (1997) compared 67 girls who were referred to treatment subsequent to histories of sex offending with 70 boys who also had a history of sexual offending. The samples did not meet scientific standards of comparability and statistical tests of differences between groups could not be used. However, a review of the results, indicate some significant similarities and differences between the girls and the boys. The girls and boys evidenced similar offending behaviours in terms of offence types and style of victim selection. For example, both girls and boys committed the following types of offences: fondling (77.6 percent girls, 75.4 percent boys), oral sex (47.8 percent girls, 29.7 percent boys) and vaginal or anal intercourse (26.9 percent girls, 54.5 percent boys). Both groups of boys and girls tended to victimize young children of the opposite gender. In contrast to the boys, and consistent with other studies, the girls had more severe victimisation experiences themselves. The girls evidenced a higher average number of perpetrators, younger age at the time of first victimisation and were more likely to be a focus of their perpetrator's aggression. Girls were also three times more likely than boys to have been victimized by female perpetrators. Girls, similar to the boys, developed sexual identity problems subsequent to victimisation by a perpetrator of the same sex. In addition to a history of abuse and trauma, the girls in the study typically came from families

evidencing high levels of dysfunction and an absence of parental support. Their family environments typically appeared detrimental to the development of healthy attachments and a positive self-esteem. Even though the minority of the girls evidenced symptoms of psychopathology and limited offending behaviours, about one-third of the girls in the study showed mild to moderate levels of psychopathology and about half of the entire sample appeared to have moderate to severe psychopathology. The following problems were identified: behaviour associated with conduct disorders, impulsivity, substance abuse, suicidal behaviours and unprotected sex. A subgroup of the girls also showed deviant sexual arousal patterns, posttraumatic stress disorder, depression and anxiety.

The data from the abovementioned studies suggest that biological and socialisation factors create a higher threshold for the externalisation of experienced developmental trauma in girls than in boys. Alternatively, young girls are generally less likely than young males to manifest the effects of maltreatment in the form of interpersonal aggression or violence. Young girls who develop such patterns of behaviour are generally those who have a history of extremely high levels of such developmental trauma in the absence of environmental support for recovery and the absence of healthy female role models.

## **2.9 COMPARATIVE STUDIES OF PRE-TEEN CHILDREN AND ADOLESCENTS WHO OFFEND SEXUALLY**

English and Ray (1991) conducted one of only a few studies that compared pre-teen sexual offenders with adolescent sexual offenders. Since these researchers divided and compared groups by age, the findings allow the reader to pinpoint risk factors typically relating to young sex offenders. The findings of English and Ray's (1991) study will accordingly be discussed.

English and Ray (1991) conducted a comparative study involving children who committed sex offences. English and Ray (1991) studied 271 juveniles who sexually offended by comparing the pre-adolescents (32.8 percent) with the adolescents (67.2 percent). Even though the study indicated many similarities between the groups such as previous aggressive behaviour, psychiatric problems and levels of intellectual functioning, the adolescents evidenced higher rates of aggression and coercion and more sophistication in committing their sex offences. Adolescent sex offenders were also less empathic, were more likely to minimize the seriousness of their offence and evidenced a greater escalation of sexual violence. The adolescents also had higher scores of depressive symptoms and suicidal gestures. Araj (1997) assumed, that the latter difference might reflect developmental differences between the groups, as the older group might have begun to internalise their turmoil in addition to expressing them outwardly. English and Ray (1991) also found that both pre-adolescents and adolescents had a moderate to moderately high number of risk factors that were associated with repeated offending. The pre-adolescent children's families evidenced significantly more domestic violence, anger management difficulties, unclear boundaries regarding the privacy of family members, history of family abuse and parental problems with managing the child's alleged sexual misconduct.

Additionally, the pre-adolescent sex offenders had significantly higher levels of social isolation and current life stresses.

From the discussion it is clear that if intervention does not occur with sexually aggressive pre-teen sexual offenders, their sexual behaviours become more sexually sophisticated and show an escalation of aggression, coercion and violence, greater resistance to intervention and decreased levels of empathy towards their victims. This is of great concern because if limited intervention and prevention occurs, which is currently the case in South Africa as will be discussed in the next chapter, the cycle of abuse continues. If the cycle of abuse continues, not only will the number of victims increase but also the number of youth sex offenders.

### **2.9.1 Juveniles who have committed sex offences versus other types of offences**

Based on research (Milloy, 1994; Miner and Crimmins, 1995) on the differences between individual young sex offenders and young sex offenders as a group and other juveniles who have been abused and traumatised and have had very difficult lives, the question can be posed whether juveniles who have committed sex offences are a distinct group in need of specialized intervention, or whether their requirements could be met through treatment that is effective with youths who have committed other types of offences?

According to Righthand and Welch (2002), comparative studies relating to the differences between young sex offenders and other young offenders are limited.

Miner and Crimmins (1995) suggested that all studies relating to young sex offenders and juveniles who commit other types of offences indicate that they share similar characteristics. In line with Miner and Crimmins (1995), Milloy (1994) conducted a comparative study of 59 youth sex offenders and 132 other juvenile offenders as part of a needs assessment survey. The study indicated that although the youth sex offenders had several distinctive characteristics, they shared many more characteristics with juveniles whose offences were non-sexual.

In contrast to the non-sexual juveniles offenders, the youth sex offenders were more likely to have a history of sexual abuse, have major mental health problems, require health or dental hygiene education, lack appropriate peer relationships and have problematic sexual identity. They tended to have more adequate intellectual functioning, fewer previous offences and convictions and less substance abuse. Their general recidivism rate was lower than that of other offenders. When they did re-offend, their crimes tended to be non-sexual and non-violent. After a three year follow-up period, only 22 percent of the youth sex offenders had sexually re-offended. Only 15 percent had been adjudicated for numerous separate incidents of sex offences. In contrast, 78 percent had been convicted of both sex offences and other types of offences. The findings suggest that when a longitudinal perspective is used, young sex offenders appear to be but one piece of a pattern of generalized delinquency.

Corresponding to Milloy (1994), Miner and Crimmins (1995) compared youths in juvenile sex offender treatment programmes with juveniles who self-reported committing other types of offences and juveniles who reported no criminal behaviours in a national survey of juveniles. Again, hardly any differences were found in the criminal-related attitudes of young sex offenders and other young offenders. However, the youth sex offenders differed from the other offenders in their overall negative attitude regarding most types of criminal behaviour. In addition, they were also more detached from family interactions. It might be the young sex offenders' social isolation from peers and family allows them to contravene a generally pro-social belief system and behave in antisocial ways.

In line with studies (Milloy, 1994; Miner and Crimmins, 1995) referred to earlier in this chapter, a study by Spaccarelli et al. (1997) supported findings suggesting that many youth sex offenders also perpetrate other types of offences and are difficult to distinguish from delinquents with no known history of sexual assault. Spaccarelli et al. studied a sample of 210 persistent delinquent youths, 24 of whom had been arrested for a sex offence and 26 of whom self-reported committing sex offences for which they had never been arrested. There were no differences on any of the measured variables between the combined group of 50 youth sex offenders and a group of 106 juveniles who had been arrested for violent but non-sexual offences.

From the previous discussion, it is clear that young sex offenders do not appear significantly different from their otherwise delinquent juvenile peers. If anything, they tend to come from somewhat less disorganized and criminal families. Nevertheless, from the discussion it is evident that their families show high levels of family and parental pathology, including unstable family backgrounds, parental violence, and sexual and physical abuse and neglect.

## **2.10 CONSEQUENCES FOR PRE-TEENS WHO HAVE SEXUALLY OFFENDED**

The sexual offence of the pre-teen child sets the perpetrator apart from his peers, and outside the norms of his culture. The deviancy carries its own stigma, and the sexually offensive pre-teen's self-image is affected by his evaluation of his behaviour. Since the values of the culture are known to him, he learns to keep his thoughts and behaviour a secret in order to avoid the consequences. In the end, his secrecy fails to defend against the fear and guilt that reflect on his self-image.

Ryan and Lane (1997) explained that early experiences of sexual offending are followed by a resurgence of anxiety. Thoughts may reflect a temporary feeling of guilt relative to the failure of the behaviour to promote an enduring sense of control. Gilgun and Connor (1989) claimed that in the absence of a confidant, there is no external source to validate or adjust the thoughts or behaviour. In the aftermath of the sexual offence, fears of discovery and consequences produce an immediate anxiety, as the ramifications of the offence affects the youth's self-image. The youth sex offender attempts to suppress and deny the sexual deviance, but as similar behaviour recurs, the youth must assimilate the deviant self. He isolates himself, which prevents normal learning and development of interaction with age-mates and fosters shame regarding deviant thoughts and behaviour (Gilgun and

Connor, 1989). It seems that prior to discovery of the sexual offence, the fear of disclosure may be overwhelming, and the youth's efforts to keep the secret may be extreme. The preoccupation with the sexual deviance may further interfere with other areas of functioning, and the youth's self-image is under constant self-scrutiny. In the long term, the youth could assimilate the role of being a perpetrator into his sense of self. His/her awareness that others do not share his/her beliefs alienates him/her further from non-exploitative relationships, and his/her deviance may become an all-inclusive identity. This will result in the youth becoming even more isolated. He/she feels increasingly empty inside and loses the ability to view anything except through the filter of who is dominant in any situation and striving to keep himself/herself in that position. When he/she meets a traumatic experience, he/she has no alternative internal resources to rely on except to seek an expression of greater power. It is clear that this isolation contributes to the diminished self-correction of his/her behaviour.

In line with Ryan and Lane (1997), Erooga and Masson (1999) agreed that following the disclosure, the pre-teen's initial fear of consequences often proves to have fallen short, as he/she may be devastated to learn the true extent of the consequences.

Soon the pre-teen sex offender learns that the police investigation and court proceedings and treatment may represent a greater intrusion into his life than his worst expectations. Ryan and Lane (1997) stated that most pre-teen sex offenders have little idea that the sexually offending behaviour is actually illegal and they could not have anticipated the public embarrassment and intrusion that may follow. The pre-teen sex offender feels shame, guilt, stigma, parental disapproval, threats and fear of punishment. For those in treatment programmes, the process is long, time-consuming and uncomfortable. Even the treatment has consequences. The youth perpetrator is told that there is no cure, only tools to control his behaviour. He learns that he will always be a suspect when a sexual assault occurs in his vicinity. Freeman-Longo (1996) wrote that in many countries the laws require youth sex offenders to register with local police, and in some areas, public notification laws inform neighbours of the youth's history of sexual offences. However, in South Africa, pre-teen sex offenders are not listed and neighbours are not informed about the sexual offences in their neighbourhood. Ryan and Lane (1997) argued that although some pre-teens may pose a risk to community safety, laws to inform the neighbourhood about child sexual offenders fail to discriminate among youths on any basis of differential diagnosis or changes resulting from participation in treatment. The result is that the pre-teen sex offenders' past stretches out before them endlessly into the future.

## **2.11 SUMMARY**

In this chapter various definitions of pre-teen sexual offences and classifications of pre-teen sexual offenders was examined. It was apparent in this chapter that most practitioners and researchers use a continuum of sexual behaviours to demonstrate the progression of normal to sexually aggressive and offending behaviours. It was demonstrated that there are a wide variety of labels that are used when describing sexually abusive or offending behaviours. The labels tend to vary according to discipline or perspective of the researcher. Since it was apparent that many of these pre-teen sex offenders come

from dysfunctional and abusive family environments, the discussion extended to the theories of etiology of pre-teen sex offenders. A number of family dysfunctions that act as contributors to sexual offending were identified. Within these homes are children who are recipients of multiple types of physical and sexual abuse; experience abuse that is extreme and of longer duration; are victims of sexual abuse experiences that involve genital contact and various types of intercourse; are exposed to sexualised adult behaviours and who exist in families characterized by aggression, anger, conflict and little parental support. Evidence in this chapter indicates that family interactions are the primary source of the problem. These family interaction patterns are characterized by (a) abuse, neglect and abandonment, and (b) aggressive, angry, conflictual, sexualised, repressive or all five sexual climates that are contributing to children linking aggression with sexual acts.

In the next chapter the theoretical overview of the South African criminal justice system relating to pre-teen sexual offences will be discussed. Existing and proposed legislation regarding the arrest, assessment, detention and criminal procedures applicable to children who are suspected of having committed a crime will be outlined and examined.

## CHAPTER 3

# OVERVIEW OF THE SOUTH AFRICAN CRIMINAL JUSTICE SYSTEM REGARDING PRE-TEEN SEXUAL OFFENDERS

### 3.1 INTRODUCTION

As outlined in chapter one, pre-teen sexual offences are emerging as a problem in South Africa. The extent of the problem may be underestimated because pre-teen sex offenders who are known to the system may represent only a small proportion of those who have committed such offences (Annual Report of Nicro, 2000; Wood and Ehlers, 2001; Wood et al., 2000). Thus, most sexual offences on children by pre-teen children go unreported to authorities or are not recognized or dealt with as such due to the ignorance of the social workers or the criminal justice system (Righthand and Welch, 2001; Wood et al., 2000; Wood and Ehlers, 2001). When social workers do not take appropriate steps to prevent the children from re-offending, these children do not receive a service that would assist them to understand and change their abusive behaviour. Due to limited prevention programmes available to social workers, the need to educate social workers in this regard has become critically important. In addition, the dilemma of unreported pre-teen sex offences fuels a perception that pre-teen sex offences do not constitute a crime or remain exempt from the law. This chapter is an attempt to explain policy under the South African criminal justice system regarding crime under the Sexual Offences Act, no 23 of 1957 and the Child Care Act, no 74 of 1983 as well as government and non-government services available to children under the age of 13 who sexually offend, as being one of the objectives of this study.

In this chapter an overview of the South African criminal justice system relating to pre-teen offences, including sexual offences will be presented. According to South African legislation, the minimum age of criminal responsibility is fixed at ten years, which implies that most pre-teen children do not have criminal responsibility. Pre-teens older than ten years but younger than 12 years are further protected by South Africa's adoption of the 1989 United Nations Convention on the Rights of the Child which protects children under the age of 14 from being detained in prison.

In line with the children's rights approach, children's court has become central to youth justice, since a substantial number of child offenders, including child sex offenders, are living without adequate adult supervision, no longer attend school, are unkempt and ill-fed and often display uncontrollable and

offending behaviour. From the discussion that follows, it will be evident that the protection of the rights and interests of children is balanced against the protection of the community.

In this chapter, the existing and proposed legislation regarding the arrest, assessment, detention and criminal procedures applicable to children who are suspected of having committed a criminal offence, including sexual offences will be described. In line with the goals of the study, the chapter will explain policy under the South African criminal justice system, regarding crime under the Sexual Offences Act, (Act No.23 of 1957) and the Child Care Act, (Act No.74 of 1983). It will be apparent from the discussion that follows that children under the age of 14, which includes pre-teen sexual offenders, may not be detained in prison. The abovementioned policy further stipulates that pre-teen sex offenders may be in police custody pending the conclusion of the preliminary inquiry. It further lays down the procedures regarding pre-trial assessments relating to the circumstances surrounding the offence, its impact on the victim and the child's intention to acknowledge responsibility for the offence. The draft Bill (Bill B) proposes the provision of a greater range of diversion options for youth offenders, with which social workers need to familiarize themselves. Finally, legislation provides for specific treatment for accused children during the trial phase. In the following discussion it will be apparent that specific sections in the Criminal Procedure Act (Act No.51 of 1977) protect the rights and needs of children in conflict with the law. As will be discussed, several sections in the Child Care Act (Act 74 of 1983) as amended can be utilized to protect and intervene with children who are in conflict with the law. Finally, this chapter will include proposed legislation with the intention of establishing a comprehensive criminal justice system for children in South Africa. This chapter intends to facilitate knowledge and understanding of the criminal justice system for social workers, thereby ensuring the continual development and improvement of prevention strategies for pre-teen sex offenders in South Africa.

### **3.2 EXISTING AND PROPOSED LEGISLATION RELATING TO PRE-TEEN OFFENDERS**

In South Africa juvenile offenders are basically managed within the broad adult criminal justice system (De Villiers, 1988:531; Howes, 1992:109). Management of juvenile offenders falls within clauses of the Criminal Services Act (Act No.51 of 1977) as amended, clause 29 of the Correctional Services Act (Act 8 of 1959) as amended and the Probation Services Act (Act No.116 of 1991). Although some provisions in this legislation make concessions for children under 18, such as the requirement that parents are notified of the arrest of a child, that proceedings are to be held in camera, and provisions enabling the imposition of different sentences for children, the justice system has generally treated juveniles as smaller versions of adult offenders (Davel, 2000). The aforementioned three Acts provide a certain degree of protection to juvenile offenders; however, a comprehensive holistic criminal justice system for children in South Africa has not yet been realized (Ladikos, 1997:45).

According to Sloth-Nielsen (2000:436), the term juvenile court is misleading, as there are at present no specialized courts for children under the age of 18 years. In cases where sentences exceed the jurisdiction of the district courts, children appear in regional courts and in exceptional circumstances,

such as treason, rape and murder, children may appear in the High Court (Sloth-Nielsen, 2000:436-437). Unlike the United Kingdom, Australia, New Zealand and Europe, most children who are in conflict with the law in South Africa appear in ordinary criminal courts, although the hearings are in camera. In some large urban jurisdictions, unofficial juvenile courts hear cases where children are involved, but this does not occur uniformly, and it seldom occurs in smaller towns.

Davel (2000) asserted that during the 1980s, many children were imprisoned without trial for their political beliefs and international criticism escalated. As the conditions for transition to democracy began during the early 1990s, detention without trials ceased. Over the next three years, advocacy groups focused on the situation of children who had been arrested, detained in prisons and convicted of common criminal offences. These children were viewed as victims of unjust apartheid repression. Advocacy efforts were lobbying for the creation of a separate child justice system, underpinned by separate legislation.

Before the drafting of legislation for a separate child justice system commenced, an amendment to Clause 29 of the Correctional Services Act 8 of 1959 regarding child detention was promulgated in May 1995. The amendment to Clause 29 of the Correctional Services Act 8 of 1959 was to prohibit the pre-trial incarceration of children. However, the implementation of the amendment to Clause 29 of the Correctional Services Act 8 of 1959, was not successful due to the fact that alternative welfare facilities were not available or secure enough to detain pre-trial children with the result that many children placed at welfare facilities such as places of safety absconded. The unavailability of secure places of safety ended in political crises which government was forced to address. The crises caused by the release of children from prison in 1995 resulted in the formation of the Inter-Ministerial Committee on Young People at Risk, chaired by the Minister of Social Development. Sloth-Nielsen (2000:391) assumed that aspects of the Inter-Ministerial Committee process have played an important role in child justice reform in South Africa. The emphasis was now no longer on the parent being unable or unfit to take care of a child, but on the child being in need of care as well as the protection of the right of the child.

International law has ushered in what has been described as a revolution in the administration of child justice. The main reason for this is the adoption of the 1989 United Nations Conventions on the Rights of the Child, which contains guidelines on international standards for child justice. Consequently, several aspects of the United Nations Convention on the Rights of the Child are regarded as having significantly upgraded international law norms on child justice.

On 16 June 1995 South Africa endorsed the United Nations Convention on the Rights of the Child. This convention recognizes a broad range of children's rights and provides a comprehensive structure within which the issue of child justice must be put into practice. In order to implement the principles underpinning the Convention, South Africa is required in terms of Article 40 (3) thereof to establish laws, procedures, authorities and institutions specifically applicable to children or youths in conflict with the law (Cassim, 1998:333). A further important provision regarding the judicial authority is to be found in article 40(2) of the Convention on the Rights of the Child, which indicates that every child

alleged of committing a crime has the right to have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law and to have his or her privacy fully respected at all stages of the proceedings (Davel, 2000:346). This implies that the South African Law Commission was requested to undertake an investigation into juvenile justice in order to make recommendations to the Minister of Justice for the reform of the law relating to children and youths. A final proposed draft Bill, referred to as Bill B, as included in the Report of Juvenile Justice, represents the recommendations of the South African Law Commission for the reform of the law relating to children or youths in conflict with the law (Report: Juvenile Justice, 2000:X1).

In the remainder of this chapter the present and proposed legislation relating to child criminal justice will be discussed.

### **3.2.1 Age and criminal capacity of children**

The Criminal Services Act (Act No.51 of 1977) together with the Correctional Services Act (Act No.8 of 1959) acknowledges a child to be a person under the age of 18 years. The Child Care Act (Act No.74 of 1983) as amended, provides protection for all children under the age of 18 years. Davel (2000:397) stated that international and constitutional law demonstrated effectively that the age of 18 should be the upper age limit for separation of children from the adult criminal justice system. According to Clause 10 of the Child Care Act (Act No.74 of 1983) additional protection to children under the age of seven years is provided if they are maintained away from their parents and are born out of wedlock or awaiting adoption. Permission from the Commissioner of Child Welfare is required to maintain these children away from their parents for longer than 14 days by all persons excluding the managers of maternity homes, a place of safety or children's home.

The Convention on the Rights of the Child (1989) sets a standard for ratifying countries, such as United States, the United Kingdom, Australia, New Zealand, Canada and South Africa, concerning the minimum age at which children should be liable to criminal proceedings. The requirements are not onerous, and the applicable provision merely states that ratifying countries should seek to promote the establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law (SA Law Commission: Issue Paper 9, 1997:10). The Convention does not specify a particular fixed age. The European Court of Human Rights recently pointed out that there is not yet a commonly accepted minimum age for the imposition of criminal responsibility in Europe. Balgopal (1997:3) noticed that countries in South Asia, which include Bangladesh, India and Pakistan posted years as the age of criminal liability with a rebuttable presumption of incapacity till the age of 12 years. The age of criminal liability in developing countries in other parts of the world, particularly in South America varies significantly, ranging from 14 to 18 years. The Committee on the Rights of the Child has consistently criticized countries where the minimum age of criminal responsibility has been fixed at younger than ten years (Davel, 2000).

It is further noted in the Issue Paper that South Africa had one of the lowest ages of criminal capacity in the world with a commencement age of seven years. A child younger than seven years is in terms of criminal and common law irrebuttably presumed to be *doli incapax* and therefore not capable of crime. A child between the ages of seven and 14 years is in terms of criminal and common law rebuttable presumed to be *doli incapax*, which implies that they are partly protected from prosecution. Children between seven and 14 years cannot be prosecuted unless the court proves that the child in question can distinguish between right and wrong and knew that the committed crime, like sexual offending, was seriously wrong. Once a child is 14 years old, he/she is fully criminally liable and is dealt with according to normal criminal procedure (Cross, Jones and Carol, 1988; Olmesdahl and Steytler, 1983:236; SA Law Commission: Issue Paper 9: 1997:8-9). Davel (2000:309) stated that the rebuttable presumption was intended to protect children as it was stated that the rule and its application in practice did not in fact present an impediment to the prosecution and conviction of young offenders since it was too easily rebutted. Many children are not equipped to defend themselves in criminal proceedings where their lack of capacity may be at issue.

In clause 6 of the proposed Bill (Bill B) the common law regarding children below the age of 14 is revoked. The minimum age of criminal responsibility is increased from seven to ten years, with a rebuttable presumption of criminal capacity between the ages ten years, but below 14 years. A child who has reached the age of ten years but is below 14 years, may only be prosecuted if it was proved beyond a reasonable doubt that the child did have the capacity to differentiate between right and wrong and act accordingly. The Director of Public Prosecutions has to issue a certificate confirming an intention to proceed with the prosecution of such a child. The motivation is to encourage the diversion of the majority of cases in this age group while still maintaining the discretion with regard to the prosecution of these children. The draft Bill (Bill B) proposes in clauses 7, 8, and 9 that age assessments by probation officers, magistrates presiding at preliminary inquiries and district surgeons be carried out prior to children being arrested or charged.

Sloth-Nielsen (2000:398) referred to the Issue Paper, which showed statistical evidence to illustrate that a relatively low proportion of children between seven and 13 years are actually arrested, tried and convicted in criminal courts. Sloth-Nielsen further emphasized that the Issue Paper questions how the children below this minimum age are dealt with in the legal system as a whole. Although these children may not be held criminally liable, it is important to ensure that the causes of the child's offending are examined and dealt with. This principle correlates with the suggestion of the Inter-Ministerial Committee on Young People at Risk (1996) that the children's court should become more central to the issue of youth justice since a substantial number of child offenders are living without adequate adult supervision, are no longer attending school regularly, are often bedraggled, unkempt and ill-fed or by virtue of their infringement of the law displaying uncontrollable behaviour.

Corresponding with Sloth-Nielsen (1997), Wood and Ehlers (2001:3) reported that children under the age of 14 are seldom prosecuted for sexual offences. The latter argued that this is due to both

professionals and the broader community holding the viewpoint attitude that these children are engaging in harmless “sex play”.

However, the proposals in the draft Bill (Bill B) ensure that children below the minimum age of prosecution are nevertheless subject to some procedures as will be discussed as follows.

### **3.2.2 Arrest and detention of children**

Another aspect of importance in the legislation is the arrest and detention of youths. The aim and conditions of arrest and detention of children, including assumed pre-teen sex offenders, in terms of the criminal and child care legislation will subsequently be discussed.

Probation officers are required to assess children, including pre-teen sex offenders, after arrest and before their first court appearance. The probation officer will assess the extent and circumstances relating to the assumed sexual offence and will accordingly advise the court on treatment options.

The purpose of arrest is to bring an accused before a court to answer to a charge (Hiemstra, 1987:79). In the Criminal Procedure Act (Act No.51 of 1977), subsection 50(4) and (5) refer to the management of children under 18 years. First, it is mandatory to inform the parent or guardian of a person under 18 years, if reachable, of the young child's arrest without undue delay by the investigating officer concerned. Thereafter the probation officer or if not available the correctional officer, in whose area of jurisdiction the arrest has taken place, has to be notified of the arrest of the child.

In terms of the new proposed legislation regarding children in conflict with the law, which include pre-teen sexual offenders, the draft Bill (Bill B) determines that the purpose of arrest is to bring a child before a preliminary inquiry by a magistrate. The Bill further protects the child by providing alternatives to arrest, for example requesting a child to accompany the police official to attend a preliminary inquiry or by issuing a written notice to the child, and if available the parents or family to appear at a preliminary inquiry at a specified time and place. In terms of clause 14 of the draft Bill (Bill B) subsequent to the arrest of a child, the police officer she/he must notify a probation officer in whose area of jurisdiction the child was arrested within 24 hours of such an arrest. The police officer is also required to take the child to a probation officer within 48 hours after the arrest (Report: Juvenile Justice, 2000:XI, XVI, 228, 229, 231).

With regard to the Child Care Act (Act No.74 of 1983) as amended, only children who have absconded from institutions, place of safety or custody of any person in which they were placed in terms of this Act or the Criminal Procedure Act (Act No.51 of 1977) or have failed to return to the institutions, places of safety after cancellations or expiration of leave of absence, may be detained without a warrant by a policeman, social worker or authorized person. However, children under the age of 14 years, which include pre-teen sex offenders, may not be detained in prison as will be discussed later in this study.

### 3.2.3 Detention of children

After arrest, many children in practice do remain for limited periods after arrest in police custody until the finalization of the preliminary inquiry or assessment. In contrast to this practice, both the first and the second amendments to Clause 29 of the Correctional Services Act had prohibited detention in police cells after first appearance in court. However, the draft Bill (Bill B) makes provision for the allowance in police custody pending the conclusion of the preliminary inquiry. It is argued that such detention may be justified on the grounds that it will ensure assessment and diversion options. In addition, it may be in the best interest of a child to be detained in a police cell close to the family, rather than being transferred to a place of safety, far away from home (Davel, 2000:402-410). Nevertheless, due to the vulnerability of children in police custody, legislation and recommendations in the draft Bill (Bill B) protects such children, as will be discussed accordingly.

Clause 71 of the Criminal Procedure Act (Act No.51 of 1977) exclusively applies to the release of children in custody. In accordance with this Act, the child may be released on bail, released in the custody of a probation or correctional officer or detention in an amended, instead of a prison (Sloth-Nielsen, 1996:63,64). Clause 72(1)(b) of the Criminal Procedure Act deals with the release on warning of a juvenile accused, but the responsibility for his presence in court is placed on the person in whose custody he/she is (Hiemstra, 1987:160, 161).

Requirements for detention of unconvicted children under the age of 18 years are contained in section 29 of the Correctional Services Act (Act No.8 of 1959) as amended. This Act specifies that if a child in custody cannot be released in terms of section 71 or 72 (1) (b) of the Criminal Procedure Act (Act No.51 of 1977) as previously discussed, the child may be detained in a police cell for a maximum of 24 hours after the arrest, before he or she is brought to court. An additional condition is that detention must be necessary and in the best interest of justice. The interest of justice is to be determined by a list of factors which include the best interest of the child, any previous convictions, the likelihood of the child returning to stand trial or to attend the proceedings of the preliminary inquiry, the length of time the child has been in detention and may remain in detention and the possibility that, if convicted, a substantial sentence of imprisonment would be imposed (Sloth-Nielsen, 2000:408).

The Implementation of the Convention on the Rights of the Child (January, 2000:49-51) proposes that the present time limit of 24 hours, which governs the detention of children under the age of 14 years in police cells prior to first appearance in court be altered to 48 hours. It is argued that the detention is justified on the grounds that it will ensure the efficacy of other procedures in the legislation designed to benefit children, such as assessment and diversion.

Only after the conclusion of the preliminary inquiry does the possibility of detention in a prison arise, and then only if the child is not going to be referred to a place of safety or secure care facility. Where a child has been remanded to a place of safety or secure care facility, the child must appear in court every 60 days, and where the child is in prison, this must occur every 30 days (Bill B, par 5.45). In terms of clause 81 (4) of clause 29 of the Correctional Services Act (Act No.8 of 1959), a child remains

in detention in a place of safety, secure care facility or prison pending trial in a court and if the trial of the child is not concluded within a period of six months, from the date upon which the child has pleaded to the charge, the child must be released from detention, unless charged with an offence listed under Schedule 3, namely murder, rape or two forms of robbery. According to Clause 29 of the Correctional Services Act, there are a few important limitations that have been placed upon the discretion of the court to detain a child in prison. In particular importance to this study, is the prohibition on detention in prisons of children below the age of 14, which include pre-teen offenders.

In terms of certain serious offences and under certain conditions as specified in Clause 29 of the Correctional Services Act (Act No.8 of 1959) as amended, children from the age of 14 to 17 years, may be detained in prison after his or her first court appearance. First, there should be reason to believe that the detention of the child is in the interest of justice, no secure place of safety within a reasonable distance to the court is available and the child is being accused of an offence specified in Schedule 2 of the Correctional Services Act or any other offence or circumstances of such serious nature as to necessitate such detention.

Schedule 2 offences include the following:

- murder
- rape
- robbery where wielding of a firearm or any dangerous weapon or the infliction of grievous bodily harm or the robbery of a motor vehicle is involved
- assault with intent to commit grievous bodily harm or when a dangerous wound is inflicted
- assault of a sexual nature
- kidnapping
- any offence under any law relating to the illicit conveyance or supply of dependence producing drugs
- any conspiracy, incitement or attempt to commit any offence referred to in this schedule (Davel, 2000:410).

The Correctional Services Act (Act No.8 of 1959) as amended allows for magisterial discretion when determining detention of unconvicted youths (Sloth-Nielsen 1996:67). The aforesaid Act further specifies that an unconvicted child who has been detained in prison after his first court appearance, has to appear in court every 14 days in order to reconsider the order. The motive for these court appearances is to obtain a place of safety as defined in the Child Care Act (Act No.74 of 1983) as amended, for the children concerned. It is clear that even though the child older than 14 years is detained as an offender, he/she is protected in terms of care by the Child Care Act.

In accordance with the Correctional Services Act (Act No.8 of 1959) as amended, the principle is the same as the conditions specified for detention of children between 14 to 17 years as contained in

clause 36 (4) of the draft Bill (Bill B). However, specified conditions have been altered or added in view of the best interests of children and considering the best interests of justice. These additional conditions include that if evidence presented in court indicates a substantial risk that a child will cause harm to other youths in a place of safety or secure care facility, he or she may be detained in prison. Accordingly, the 14 days extension to reconsider the order relating to detention of children in prison is then changed to 30 days. With regard to children in places of safety and secure care facilities a 60 day extension is granted. The motivation for the extensions is for the court to ensure that the child is properly treated. Schedule 3, in the draft Bill (Bill B), includes offences in terms of which a child may be detained in prison. Two types of offences have been added in view of the offences specified in Schedule 2 of the Correctional Services Act (Act No.8 of 1959) as amended. Firstly, Schedule 3 includes any offence related to the dealing, smuggling and possession of ammunition, firearms, explosives or armament. Secondly, the schedule incorporates any offence related to exchange control, corruption, extortion, fraud, forgery, uttery or theft. The draft Bill (Bill B) accentuates that the detention of unconvicted children should only take place as a measure of last resort, and the least restrictive form of detention suitable to the child and his or her circumstances must be selected (Report: Juvenile Justice, 2000:XIC, 244,245,312).

In line with the draft Bill (Bill B) the formulation of limitations upon judicial discretion was also supported by the constitutional imperative that detention must be used only as a measure of last resort, but also by the concern that substantially retrogressive proposals might be regarded as violating international or constitutional norms (Sloth-Nielsen, 2000:406).

From the above, it is clear that legislation and recommendations in the draft Bill (Bill B) provide for detention and release of assumed offenders, excluding pre-teen children, within constitutional limits. Based on the fact that many pre-teen offenders and victims are family or well acquainted through living in the same community or attending the same school, a suggestion could be that pre-teen sex offenders older than ten years accused of rape can serve as a deprivation of liberty while it provides time for probation officers to assess the children in order to make recommendations. Thus, concern can be raised about serious pre-teen sex offenders who may pose a threat to communities if they are not detained until the pre-trial assessment is completed.

The desirability of pre-trial assessments of children in order to acquire background information on youth offenders had been advocated at the Conference on Child Justice Reform held in Cape Town during 1994. The referral and pre-trial assessments, as recommended at the Child Justice Reform Conference be discussed subsequently.

### **3.3 REFERRAL AND PRE-TRIAL ASSESSMENT**

The South African Law Commission in the Report on Juvenile Justice (2000:13 & 77) describes assessment as "...a process of evaluation of a child, the child's development and competencies, and the child's home and family circumstances. With regard to a child accused of having committed a

crime, an assessment would include an understanding of the circumstances surrounding the offence, its impact on the victim and the child's intention to acknowledge responsibility for the offence". As outlined in the following discussion, the researcher holds the view that the assessments by probation officers of children accused of having committed a crime, play a central role in view of the outcome of the criminal justice system.

Referral and assessment entail the role, duties and powers of probation officers relating to the arrested and awaiting trial children. Probation officers are social workers appointed in terms of clause 2 of the Probation Services Act (Act No.116 of 1991). A probation officer appointed in terms of the Children's Act (Act No.33 of 1960) is also considered to have been appointed as a probation officer under the Probation Services Act. The responsibilities of probation officers in terms of the Probation Services Act are primarily to advise the court on treatment options of an accused, to report to the court regarding the progress and supervision of an accused placed under probation, and to implement crime prevention programmes.

At present there is no provision for pre-trial assessment in the Criminal Procedure (Act No.51 of 1977, which stipulates that assessment is a necessity in the management of child offenders in the criminal justice process. Although an interest in pre-trial assessment by social workers has been advocated at the 1993 Conference on Child Justice Reform held in Cape Town, assessment services were first established in the Western Cape in 1994. The initial goal of the assessment process was firstly to verify the alleged age of the accused child, second to locate the parents or guardians if possible, and third, to plan for placement of the accused child while awaiting trial. It soon became accepted that the development of effective pre-trial procedures, including the promotion of diversion, was dependent on early intervention by probation officers to direct cases to the children's court, to recommend diversion and to provide prosecutors with brief social history reports. Since 1995 probation officers have been appointed in terms of the Probation Services Act (Act No.116 of 1991) to assess arrested and awaiting trial children in view of release or suitable placement in respect of diversion of the criminal proceedings (Sloth-Nielsen, 2000:412).

Transformation of the juvenile justice system in South Africa and amendment of legislation prohibiting the holding of awaiting trial children in police cells or prisons required an increase in the duties of probation officers (Gildenhuys, 2002:44). The extended role, duties and powers of probation officers relating to children accused of having committed a crime are described in the proposed draft Bill (Bill B) (Report: Juvenile Justice, 2000:XVI, XVII, 246-253). The draft Bill (Bill B) in clause 39 specifies that an assessment of every child must be undertaken or authorized by a probation officer. It was proposed that the process should be a vital aspect of the pre-trial management of children. The general intention was that assessment should be a compulsory procedure for all arrested children (Report on Juvenile Justice, 2000). However, provision is made for the possibility that the assessment is incomplete prior to the holding of the inquiry. In clause 56 (4) and clause 60 (3) in the inquiry, a magistrate must determine if an assessment has been completed and if not, establish the reasons for the failure to comply with the provisions of the legislation (Report on Juvenile Justice, 2000).

The assessment procedure in terms of the Child Justice Bill (2001) forms part of an incorporated system designed for the efficient management of children who are in conflict with the law. The assessment procedure will play a critical role to ensure that the benefits of diversion and the preliminary inquiry procedure are achieved. This will be accomplished by evaluating the child and his or her family life and the circumstances surrounding the commission of the offence in order to generate a report containing motivated recommendations on how the matter should proceed (Report: Juvenile Justice, 2000; Sloth-Nielsen, 2000). In the following section, the relevant procedures for an assessment by social workers appointed as probation officers will be outlined.

### **3.3.1 Person most suitable to assess a child in conflict with the law**

According to the South African Law Commission (2000), probation officers have been identified as the most suitable persons to conduct the assessment procedure. Reasons to utilise the services of a social worker appointed as a probation officer to complete the pre-trial assessment will be outlined.

A probation officer has the initial contact with the child offender via the intervention of a police official. In terms of clause 14 of the draft Bill (Bill B) the police official who has arrested a child or who has used an alternative to arrest in terms of clause 11 (6) of the draft Bill (Bill B) must within the following 24 hours after the arrest, inform the probation officer in whose jurisdiction the child was arrested of the arrest or the use of alternative arrest. In addition, where a child has been arrested, the police official must take the child to the probation officer within 48 hours after the arrest of the child. If the 48 hours period expires over a weekend or on a public holiday, the police official must ensure that the child is taken to the probation officer on the first working day after the weekend or public holiday (SA Law Commission Report on Juvenile Justice, July 2000; Sloth-Nielsen, 2000:412). It is further asserted that probation officers are more sympathetic and a better choice, and who will further the best interest of the child compared to police officials. Compared to police officials, probation officers have also had more success in tracing parents of guardians into whose custody an accused child can be released, compared to police officers (Davel, 2000:412). The services of probation officers are perceived as invaluable in respect of the efficient functioning of the children's court (Davel, 2000:412).

### **3.3.2 Location where the assessment must take place**

According to clause 39 (1) of the draft Bill (Bill B), the assessment must take place either at the magistrate's court, the offices of the Department of Welfare or any other suitable place authorised by the probation officer. Currently, the tendency is either to assess the child at the police station or at the magistrate's court. The advantage of preferred location is that the child is easy to locate and accessible for the probation officer. Conversely, the disadvantage of this location is that it is not a child friendly atmosphere. The second disadvantage is that the police cannot always be counted on to bring the child to the probation officer. However, in terms of clause 44 (1) of the draft Bill (Bill B), a probation officer, once notified of the arrest can issue a requisition notice to the arresting officer or any other

police official to bring the child immediately to the location where the assessment is to be conducted (Report: Juvenile Justice, 2000; Sloth-Nielsen, 2000).

### **3.3.3 Attendance at the assessment**

With reference to clause 40 of the draft Bill (Bill B), the child and the child's parent, if available, or an appropriate adult, if available, must attend the assessment. However, in terms of clause 41 (2) of the draft Bill (Bill B) the probation officer can exclude the appropriate adult from the assessment if that person is obstructing the completion of the assessment. Clause 44 (4) of the draft Bill (Bill B) states that the probation officer is obliged to make every effort to locate a parent or appropriate adult in order to complete the assessment. With reference to clause 44 (1) of the draft Bill (Bill B), the probation officer has the power to require the arresting officer or any other police official to notify, in the prescribed manner, a specified parent or appropriate adult to appear at an assessment and ensure the provision of transport in order to secure the parent or appropriate adult's attendance at the assessment. In accordance with the powers of the probation officer in terms of the Probation Services (Act No.116 of 1991), clause 44 (2) of the draft Bill, confirms that the probation officer may authorise any person to locate the child's parents or appropriate adult and notify them to attend the assessment or preliminary inquiry. However, in terms of clause 44 (5) of the draft Bill (Bill B), if the probation officer has taken all reasonable steps to locate the parent or appropriate adult, but remained unsuccessful, the probation officer may conclude the assessment in their absence.

In terms of clause 43 (1) of the draft Bill (Bill B), the parent or appropriate adult, who has been notified to attend an assessment in the manner discussed in the previous paragraph, is compelled to attend the assessment. Although, in terms of clause 43 (4) of the draft Bill (Bill B) the parent or appropriate adult may apply to the probation officer to be exempted from attending the assessment. If the probation officer grants the exemption, it must be done in writing. If it appears before the assessment that the parent or appropriate adult has not yet been notified to attend the assessment, the probation officer, in terms of clause 43 (2) of the draft Bill (Bill B), may issue a requisition notice, to be delivered by a police official, calling on them to appear, or where the interests of justice require, the probation officer may give them oral notification to appear at the assessment. If the parent or appropriate adult has been notified to appear at the assessment and has not been exempted from such attendance and then fails to attend, the parent or appropriate adult is, according to clause 43 (5) of the draft Bill (Bill B), guilty of an offence.

Along with those persons mentioned above, who must attend the assessment, the draft Bill (Bill B), further provides for various other persons who may attend the assessment. With reference to clause 41 (2) of the draft Bill (Bill B), these persons include the relevant prosecutor, the child's legal representative, a police official, any other person whose presence is necessary or desirable for the assessment and any other person permitted to attend by the probation officer. However, in terms of clause 41 (2) of the draft Bill (Bill B), the probation officer has the power to exclude any of the above persons from attending if that person is obstructing the completion of the assessment. Clause 41 (3) of

the draft Bill (Bill B), provides that if there is any risk that the child may escape or endanger the safety of the probation officer during the assessment, a police official must attend the assessment (Report: Juvenile Justice, 2000; Sloth-Nielsen, 2000).

Where a child is younger than ten years and the child or the parent or appropriate adult fails to attend the assessment or fails to comply with any obligation imposed upon the child or upon the parent or appropriate adult by a probation officer in terms of clause 46 of the draft Bill (Bill B), the probation officer may request the children's court having jurisdiction to open an inquiry (Report: Juvenile Justice, 2000: XVI, XVII, 251, 252).

As can be seen, the probation officer has substantial powers to enable him or her to notify parents or another appropriate adult to attend the assessment in order to complete an effective evaluation of the accused child and his or her circumstances.

### **3.3.4 The purpose of the assessment**

The ultimate result of the assessment process is the assembly of a report that contains background information on the personal circumstances of the child and the circumstances of the commission of the offence with a view to providing motivated recommendations on the management of the child. The purposes of assessment as set out in clause 38 of the draft Bill (Bill B) will accordingly be discussed:

#### *3.3.4.1 Estimating the probable age of the child if the age is uncertain*

In the absence of a birth certificate, clause 9 (1) of the draft Bill (Bill B) requires the inquiring magistrate to make a determination of age, which must be considered the correct age until any contrary evidence is placed before the inquiring magistrate or any court. It is important to note that the age estimation can determine whether the child is to be prosecuted at all, having regard to the minimum age of criminal capacity, whether the child can be detained in a prison if he has not yet been released and ultimately on sentence options if a conviction is obtained.

In addition, clause 7 of the draft Bill (Bill B) indicates that if a police officer is uncertain about the age of a child alleged to have committed an offence, but believes that the child's age would make the provisions of the draft Bill (Bill B) applicable to the child, then the police officer must take the person to a probation officer for an age estimation. Respectively, if a police officer has reason to believe that a child alleged to have committed an offence is below ten years of age, the police officer cannot arrest the child but must take the child to a probation officer for an age assessment.

In terms of clause 8 of the draft Bill (Bill B), the probation officer is required to obtain relevant information to the probable age of the child concerned and to complete a prescribed form in this regard. Clause 8 (2) of the draft Bill (Bill B) states that in making such an estimation, information must be considered according to the following order of cogency:

- A previous determination of age under this legislation, under the Criminal Procedure Act 51 of 1977 or by a Children's Court Commissioner under the Child Care Act 74 of 1983.

- Statements from the parent, legal guardian, person likely to have direct knowledge of the age of the child, the child or person alleging to be a child.
- A baptismal certificate, school registration forms, school reports or other similar information.
- An estimation of age made by a medical practitioner. This referral will occur in terms of clause 8 (5) of the draft Bill (Bill B) where the probation officer is unable to estimate the age of the alleged offender or where the age is in dispute.

Any documentation must be attached to the form referred to in clause 8 (2) of the draft Bill (Bill B) and the form must be available when the child appears at the preliminary inquiry.

- According to clause 44 (1) (b) of the draft Bill (Bill B), to obtain the above information relating to the age of the child, if the age is uncertain, the probation officer is empowered to obtain documentation relevant to proof of a child's age from a specified place or a specified person (Report: Juvenile Justice, 2000: XVI, XVII, 251, 252).

The draft Bill (Bill B) also endeavors to protect children below the age of criminal capacity, namely children younger than ten years, with regard to addressing behavioural problems, links with organized crime and exploitation by others. According to the draft Bill (Bill B) children below ten years who are alleged to have committed offences, may even be brought to assessment by a probation officer. The powers of such assessments are set out in clause 46 of the draft Bill (Bill B). Upon completion of the assessment of the child younger than ten years of age, the probation officer concerned may:

- refer the child to the children's court ;
- refer the child or the family of the child for counselling or therapy;
- arrange for support services to the child or family of the child;
- arrange a conference, which must be attended by the child, his or her parent or an appropriate adult, and which may be attended by the alleged victim, a police official and any other person likely to be able to provide information for the purposes of the conference; or
- decide to take no action (Report: Juvenile Justice, 2000: XVI, XVII, 251, 252).

The purposes of the conference convened by a probation officer are:

- to assist the probation officer to establish the circumstances surrounding the allegations against the child; and
- to formulate a written plan appropriate to the child and relevant to the circumstances.

According to clause 2 (b) in the draft Bill (Bill B), the written plan must specify the following:

- specify the objectives to be achieved for the child and the period within which they should be achieved;

- contain details of the services and assistance to be provided for the child and for the parent or appropriate adult;
- specify the persons or organisations that will provide such services and assistance;
- indicate the responsibilities of the child and of the parent or appropriate adult;
- indicate personal objectives for the child and for the parent or an appropriate adult; and
- contain other relevant information relating to the education, employment, recreation and welfare of the child (Report: Juvenile Justice, 2000: XVI, XVII, 251, 252).

In addition, the probation officer must record the outcome, with reason, of the assessment and the decision made in terms of a proposed plan. This record must be submitted within a month of the decision, to the Child Justice Committee.

From the above it is clear that the emphasis is on preventing children, including pre-teen sexual offenders, from entering deeper into the criminal justice system. Along with clause 6 of the draft Bill (Bill B), any child below the age of ten years is irrebuttably presumed to lack criminal capacity and as such cannot be prosecuted. Instead the child is referred to the children's court where intervention options include, counselling, utilizing support services or no intervention at all for the child and his or her family. As a result the Family Group Conference Report (1997) states that too often prosecutors recommend that pre-teen sexual offences be withdrawn on the grounds of the young age of the offender. Concerned exists that this dismissive attitude results in pre-teen sex offenders not being held accountable for their actions and that these young offenders are returned to their community without any referral to a programme or service that would assist them to alter their sexually offending behaviour.

From the discussion it is evident that the assessments by probation officers of youths accused of having committed a crime play an important role in preventing these children from entering deeper into the criminal justice system. The main purpose of assessment by probation officers of children or youths after arrest, before their first court appearance, is to determine whether diversion should be recommended. The process and purpose of diversion will accordingly be discussed.

### **3.4 DIVERSION**

According to the draft Bill (Bill B), diversion means the referral of children alleged to have committed offences away from formal court procedures with or without conditions (South African Law Commission, 2000:220). The draft Bill (Bill B) proposes for the provision of a greater range of diversion options. According to the draft Bill (Bill B), a diversion option means a plan, programme or prescribed order with a specified content and of specified duration and includes an option which has been approved in terms of the regulation to this Act, by the office for Child Justice (South African Law Commission, 2000:220). The concept and administration of diversion is included in legislation as

contained in the draft Bill (Bill B) and will accordingly be discussed (Report: Juvenile Justice, 2000:XVII-XIV, 253-261).

Diversion is an important alternative available to prevent children from entering deeper into the criminal justice system. The central purpose of assessment by the probation officers of children after their arrest and before their first court appearance, is to establish whether diversion should be recommended.

The general purpose of diversion, in terms of clause 48 of the draft Bill (Bill B), includes the following objectives:

- encourage the child to be accountable for the harm caused by the offence;
- meet the particular needs of the individual child;
- promote the reintegration of the child into the family and community;
- provide an opportunity to those affected by the harm to express their views on its impact on them;
- encourage the rendering to the victim of some symbolic benefit or the delivery of some token as compensation for the harm;
- promote reconciliation between the child and the person or persons or community affected by the harm caused;
- prevent stigmatizing the child and prevent adverse consequences subsequent to being subject to the criminal justice system; and
- prevent the child from having a criminal record (Report: Juvenile Justice, 2000: XVI, XVII, 251, 252); Draft Bill (Bill B).

As outlined in the previous paragraph, the objective of diversion falls within the traditional aims of diversion such as preventing a child from acquiring a criminal record and from the stigmatization and adverse consequences subsequent to being subject to the criminal justice system, and the restorative-justice philosophical framework. The latter encourages the child to be accountable for the harm caused by him/her and taking steps which are aimed at meeting the needs of the victim, promoting the reintegration of the child into the family or community, giving victims an opportunity to express their views regarding the impact of the offence, and to encourage restitution to the victim (Davel, 2000:426-427). It is thus evident that restorative justice philosophies may be influential across the entire spectrum of diversion.

The Discussion Paper (SA Law Commission Discussion Paper No 9 on Juvenile Justice) provides a set of minimum standards with regard to the content of diversion options. These include the consent of the child concerned, a ban on corporal punishment and humiliation as elements of diversion as well as exploitative, harmful and dangerous diversion options. The goals of the diversion option must promote dignity and wellbeing of the child, development of the child's sense of self-worth and ability to

contribute to society, be age appropriate and impart useful skills. In terms of clause 45 (7) (a) of the draft Bill (Bill B), the probation officer is required to have a good understanding of the provisions in the draft Bill (Bill B) relating to diversion, in order for him or her to make an informed recommendation, once the assessment is finalised.

The draft Bill (Bill B), clause 49, further indicates that any diversion option, which is to be used, must comply with minimum standards aimed at ensuring that children are not exploited or hurt, and that the options are proportionate to the harm caused and to the circumstances of the child. The most important aim is that diversion options should have positive results, by helping children to understand the impact of their behaviour on others as well as to heal relationships (Report: Juvenile Justice, 2000: XVII, 253, 254). These principles contained in legislation are, according to Chadbourne (1998:33), supported by the youth's perspective on juvenile justice.

The draft Bill (Bill B) clause 49, further includes the provision that any diversion option, which involves service delivery, must be registered in terms of the regulations to the legislation. The abovementioned Bill also sets out additional minimum requirements to diversion and diversion options, which will accordingly be listed.

- Children may not be excluded from a diversion programme due to an inability to pay a prescribed fee.
- A child of ten years and older may be required to perform community service as an element of diversion, with due consideration to the child's age and development.
- Diversion options must be appropriate to the age and maturity of the child.
- Diversion options must not be exploitative, harmful or hazardous to a child's physical or mental health.
- Diversion options, where reasonably possible, must impart useful skills and include a restorative (compensation or restitution) justice element, which aims to heal relationships, including the relationship with the victim.
- The diversion option may not interfere with a child's schooling.
- The diversion option must be presented in a location reasonably accessible to children.
- Children who cannot afford transport in order to attend a selected diversion option should, as far as is reasonably possible, be provided with the means to do so (Report: Juvenile Justice, 2000:XVII).

Before a probation officer can recommend diversion, he or she has to be satisfied that the child meets the criteria laid down in clause 51 of the draft Bill (Bill B) to determine whether the child can be considered for a diversion option. The guidelines laid down for diversion will subsequently be outlined:

- The child must voluntarily acknowledge responsibility for the alleged offence.

- The child must understand his or her right to remain silent and must not be unduly influenced in acknowledging responsibility.
- There should be sufficient evidence to prosecute.
- The child and his or her parent or an appropriate adult, if such person is available, must give consent to diversion and the diversion option.

When the probation officer recommends a particular diversion option, consideration must be given to the following issues:

- A diversion option must be selected from an appropriate level in terms of this section.
- The child's cultural, religious and linguistic background must be taken into account.
- The child's educational level, cognitive ability, domestic and environmental circumstances must be taken into account.
- The proportionality of the option recommended or selected must match the circumstances of the child, the nature of the offence, and the interests of society.
- The child's age and developmental needs must be taken into account.

Probation officers may have continued responsibilities after a diversion option has been selected. In terms of clause 52 (7) of the draft Bill (Bill B), the inquiring magistrate or court must identify a probation officer or any other suitable person to monitor the child's compliance with the conditions of the selected diversion option. According to clauses 53 and 54 of the draft Bill (Bill B), it is the responsibility of the probation officer to coordinate family group consultations and victim-offender mediations according to specified provisions in the draft Bill (Bill B).

The power to divert a matter lies with the State prosecution. According to Section 6 of the Criminal Procedure Act (Act No.51 of 1977), the director of public prosecutions or any person conducting a prosecution at the instance of the state has the authority to withdraw a charge before an accused pleads to a charge, in which case the accused will not be entitled to a verdict of an acquittal in relation to the charge. With reference to an accused who has pleaded but has not been convicted the director of public prosecution has the power to stop prosecution in which case the court trying the accused will acquit the accused in respect of that charge.

In terms of clause 55 of the draft Bill (Bill B) the probation officer must submit the assessment report containing recommendations concerning the diversion of a child to the prosecutor of the district court having jurisdiction. Upon consideration of the recommendations, the prosecutor may apply his or her power to withdraw charges or alternatively must coordinate for the opening of a preliminary inquiry to consider diversion (Report: Juvenile Justice, 2000:XIX, 261)

From the above it is clear that the draft Bill covers recommended procedures to be followed from when a pre-teen sex offender older than ten is apprehended for sex offending until sentencing. The draft Bill (Bill B) further seeks to entrench diversion as a central feature of the proposed new child justice

system. The only official diversion programme available to pre-teen sex offenders older than ten years is the SAYsTOP programme offered by Nicro. The latter is a programme that is used as an intervention at the point where the sexual offending behaviour first comes to the attention of the courts with the aim of preventing recidivism. However, SAYsTOP has been developed for youth sex offenders between the ages of 12 and 16. This implies that no specialized intervention is available for child sex offenders younger than 12 years who are charged with sexual crimes. Although some private practitioners specialize in treating young sex offenders, the courts do not use their services due to the high cost involved in therapeutic intervention. Alternatively, families of pre-teen sex offenders who can afford private intervention choose to dismiss therapeutic intervention due to the stigma attached to juvenile sex offenders.

### **3.4.1 Range of diversion options**

The introduction of diversion options presents creative and constructive alternatives to existing sentencing options. According to Shapiro (1997) the appropriate diversion placement is an attempt to hold the offending child responsible and accountable, to address the motivations for the offending behaviour and to potentially provide an opportunity for reparation and integration.

In South Africa, Nicro is currently the primary provider of formal diversion programmes. Nicro presents five diversion programmes nationally namely, the YES programme; Pre-trial Community Service programme, Victim-Offender Mediation, The Journey and Family Group Conferencing and the SAYsTOP programme (Sloth-Nielsen and Muntingh, 1999; Wood and Ehlers, 2000 and 2002). SAYsTOP (South African Young Sex Offenders Project) is the programme for sex offenders between the ages of 12 and 16 years of age. However, diversions are predominantly used for cases where children have committed minor offences, excluding sex offences. The YES programme, a six-session life-skills programme, is the most utilized programme (Wood and Ehlers, 2002). The SAYsTOP diversion programme for sexually offending youths has the ultimate aim to prevent re-offending through early and appropriate intervention. The remainder of this section will be devoted to a discussion of diversion options available to youth offenders.

According to Davel (2000) it is the responsibility of the Minister of Welfare and Population Development to develop suitable diversion options for children in conflict with the law. A register of children who have been diverted is to be kept by said Minister.

The Discussion Paper of the South African Law Commission (Discussion Paper No 79 on Juvenile Justice) opted to include information about the actual content of diversion options in the proposed legislation. Lists of possible diversion choices are outlined in the Discussion Paper's draft Bill (Bill B). The intention of the diversion choices is to encourage proportionality in the selection of diversion options and to ensure that diversion is not reserved for first offenders exclusively, but that appropriate diversion could be used in appropriate circumstances for those accused a second time. As can be seen, the preferred approach in which the decision as to when diversion would be appropriate, would

be related to the individual circumstances of the case and the child concerned, opposed to being offence based (SA Law Commission Issue Paper No 9 on Juvenile Justice, 1997).

According to Davel (2000) there are three diversion options in South Africa set out for children aged ten years or older that reflect the important feature of hierarchy in the diversion level, with level one comprising the least onerous and level three the most onerous options. Alternatively, Wundersitz (1997) stated that Australia and the United Kingdom moved away from the three-tiered system towards a two-tiered system based on cautioning at the front end and family conferencing as the second tier. In the United Kingdom, the tiered approach includes a police caution and referrals to a youth offender team. As can be seen, South Africa utilizes level three options, which seems to be uncommon in contemporary child justice statutes. However, due to the high crime rate amongst youths, level three options are intended to be used as a final attempt to prevent children from entering the criminal justice system. The three diversion options will subsequently be outlined according to clause 52(5) of the draft Bill (Bill B).

#### *3.4.1.1 Three diversion options*

Level one diversion options include the following alternatives as presented.

##### **Level one diversion options**

- An oral or written apology to a specified person or persons or institution;
- A formal caution given to the child offender in the prescribed manner with or without conditions;
- Placement under a supervision and guidance order in the prescribed manner for not longer than three months;
- Compulsory school attendance order in the prescribed manner for a period not exceeding three months;
- Family time order in the prescribed manner for a period not exceeding three months;
- Positive peer association order in the prescribed manner in respect of a specified person or persons or a specified place for a period not exceeding three months;
- Good behaviour order in the prescribed manner;
- An order prohibiting the child from visiting, frequenting or appearing at a specified place;
- Referral to counselling or therapy for a period not exceeding three months;
- Compulsory attendance for a specified vocational or educational purpose and for a period not exceeding five hours each week, for a maximum of three months;
- Symbolic restitution to a specified person, persons, group or institution; and

- Restitution of a specified object to the victim or victims of the alleged offence where the object concerned can be returned or restored.

As can be seen from the above, the first level options focus on positive peer association and expect the child offender to behave in an appropriate and positive manner while counselling not exceeding three months serves as the most intense intervention option.

Level two diversion options include the following alternatives as presented.

#### **Level two diversion options**

- Any of the options under first-tier diversions provided that the maximum period not exceeding 6 months;
- Compulsory attendance at a specified centre or place for a specified vocational or educational purpose for a period not exceeding eight hours each week, for a maximum of six months;
- Performance without remuneration of some service for the benefit of the community under the supervision or control of an organisation or institution, or a specified person or group identified by the probation officer for a maximum period of 50 hours, and to be completed within a maximum period of six months;
- Provision of some service or benefit to a specified victim or victims in an amount which the child or the family can afford;
- Payment of compensation to a maximum of R500 to a specified person, persons, group or institution where the child or his or her family is able to afford the compensation;
- Where there is no identifiable person or persons to whom restitution could be made, provision of some service or benefit or payment of compensation to a community
- Organisation, charity or welfare organization can be made;
- Referral to appear at a family group conference, a victim-offender mediation or other restorative justice process approved by the Child Justice Committee.

The maximum time period for which most orders in terms of second-tier diversions can be imposed is extended to six months. Any two of the options listed in Table 3.2 can be used in combination.

From the above table it is clear that the focus is on restorative justice options, such as referral to a family group conference or to victim-offender mediation.

Level three diversion options:

These options can only be applied in the case of a child of 14 years or older if there are grounds to believe that a court, upon conviction of the child, would impose a sentence involving detention of the child for a period not exceeding six months.

Level three diversion options as indicated.

### **Level three diversion options**

- Referral to a programme with a residential element, where the duration of the programme does not exceed six months, and no part of the residence requirement exceeds 21 consecutive nights with a maximum of 35 nights during the operation of the programme;
- Service without remuneration for the benefit of the community under the supervision and control of an organisation or institution, or a specified person or group identified by the probation officer for a maximum period of 250 hours within a maximum period of 12 months;
- Where a child is over the age of compulsory school attendance as referred to in the South African Schools Act, 1996 (Act No. 84 of 1996), and is not attending formal schooling, compulsory attendance at a specified centre or place for a specified vocational or educational purpose for a maximum period of no more than 35 hours per week, to be completed within a maximum period of six months;
- Referral to counselling or therapeutic intervention in conjunction with any of the options listed in Tables 3.1; 3.2 and 3.3.

According to clause 52(5) of the draft bill (Bill B), the third level options are intended to be used as a final attempt to keep the child out of the criminal justice system. Davel (200:426) emphasized that programmes with residence requirements do not yet exist in South Africa, although wilderness leadership camps and other outdoor experiential learning programmes have been suggested by service providers. Nicro has successfully piloted a six-month vocational programme, “The Journey” for child offenders out of school.

The probation officer continues to have responsibilities once a diversion option has been selected. In accordance with clause 52(7) of the draft Bill (Bill B), the inquiring magistrate or court must identify a probation officer or other suitable person to monitor the child’s compliance with the conditions of the selected diversion option. In terms of clause 53, and 54 of the draft Bill (Bill B), it is the responsibility of the probation officers to convene family group conferences and victim-offender mediations according to the specified provisions in the draft Bill (Bill B) as will be discussed below.

#### **3.4.2 Failure to comply with diversion orders**

When a child that has been diverted at a preliminary inquiry fails to comply with any order relating to the diversion, the inquiring magistrate may issue a warrant of arrest to appear in court. The inquiring magistrate must inquire as to the reasons for the child’s failure to comply with the diversion order. Subsequent to evaluating the reasons not to comply with the diversion order, the inquiring magistrate may apply the same options but with altered conditions or apply or make any other appropriate order which will assist the child and his or her family to comply with the diversion order. However, the prosecutor may alternatively decide to proceed with the prosecution in which case the matter must be set down for plea and trial in a court. The warrant for arrest may be suspended by the inquiring

magistrate, and the police official required to execute such a warrant may instead employ an alternative to arrest referred to in clause 11 (16) of the draft Bill (Bill B).

The draft Bill (Bill B) not only suggest a hierarchy of diversion options, but it also broadens the realm of possibilities by listing many inexpensive and easy to implement possible diversion choices such as the family group conference as will subsequently be discussed.

### **3.4.3 The family group conference**

In addition, the restorative justice orientation of the draft Bill (Bill B) has been strengthened by the inclusion of the family group conferences as an alternative diversion.

The family group conference makes decisions regarding the resolution appropriate to the child, the alleged victim and his family. Any resolution as described previously in the diversion options may be chosen as a resolution option. The resolution plan must specify the objectives for the child and the period within which they are to be achieved. The plan must further contain details of the services and assistance to be provided for the child and the family. The probation officer must record, with reasons, the plan that was formulated at the family group conference.

According to the draft Bill (Bill B) as well as Davel (2000), the family group conference may occur under the following circumstances:

- Whenever a child has been requested to appear at a family group conference, the probation officer concerned must be notified in writing.
- The probation officer must convene a conference within 14 days, but not later than 21 days, by setting the time and place of the conference; taking steps to ensure that all persons entitled to attend the conference are notified within a reasonable time of the time and place of the conference.
- No notice need be given to any person whose whereabouts, after reasonable enquiries, are unknown.
- When the family group conference fails to take place, the probation officer must arrange for an alternative date and notify the persons involved.
- People entitled to attend a family group conference are the child involved and a parent or an appropriate adult; any other person requested by the child; the probation officer; the prosecutor; the arresting official or other police official; the victim of the alleged offence and, if such victim is under the age of 18 years, his or her parent or an appropriate adult; the legal representative of the child; a member of the community in which the child is normally resident; and any person authorised by the probation officer to attend the conference.

If no agreement can be reached regarding the plan, the conference must be closed and the probation officer must refer the matter back to the inquiring magistrate or the court for further consideration. When a child fails to comply with the plan formulated by the family group conference, the provisions of

clause 68 and 82 (9) relating to the failure to comply with diversion orders, apply as discussed previously.

Subsequent to the formulation of the plan by the family group conference, the probation officer must submit it within seven days to the inquiring magistrate. The proceedings of a family group conference are confidential and may not be used as evidence in subsequent court proceedings.

In similar vein, the above procedural detail is applicable to any other restorative justice process that may be used as a diversion option as well as a victim-offender mediation. According to clause 54 of the draft Bill (Bill B), the inquiring magistrate or presiding officer in a court can refer a child to a victim-offender mediation. The probation officer must convene a victim-offender mediation and may regulate its procedure as he or she deems fit (Davel, 2000:427).

#### **3.4.4 Determining whether a child is in need of care**

Another consideration prior to finalisation of the preliminary inquiry, the inquiring magistrate may make an order that the matter can be diverted where the prosecutor has indicated that diversion can be considered. Where the inquiring magistrate has reason to believe that the magistrate has reason to believe that the child is in need of care, he may order that the preliminary inquiry be closed and the matter be transferred to the children's court.

According to clause 45 (7)(d), the assessment report must include recommendations as to whether the matter can be transferred to a children's court inquiry and the report must state the reasons for such a recommendations.

The referral of a matter to the children's court must be considered by a probation officer when making a recommendation in terms of clause 45(7)(d) of the draft Bill (Bill B), or an inquiring magistrate in terms of clause 61 (4); or a court when the following information becomes apparent:

- If the child has previously been assessed on more than one occasion in regard to minor offences committed to meet the child's basic need for food and warmth and if on this occasion again have again committed such an offence;
- if the child is the subject of a current order of the children's court;
- if the child is abusing dependence or producing substances;
- if the child does not live at home or in suitable substitute care and is alleged to have committed a minor offence in order to meet the child's basic need for food and warmth;
- or if the child can be described as a child according to clause 14 of the Child Care Act, 1983.

If the probation officer decides not to recommend a referral to a children's court, the reasons must be noted on the assessment report. The probation officer must subsequently consider other measures in terms of the Child Care Act of 1993.

When the referral of a matter to a children's court inquiry takes place subsequent to the conviction of the child, any previous finding of guilt must be considered not valid.

In spite of all the diversion options available to magistrates and prosecutors, they are under the current legislation very limited in terms of formal sentencing options available. Budgetary constraints and changes in policy have led to the closure of many reform schools and schools of industry which in the past accommodated a large proportion of sentenced children (Davel, 2000). The sentencing options available to magistrates have been either to postpone or suspend sentences or imprisonment. The use of suspended and postponed sentences can be problematic in that the child is not held accountable for his/her actions and no therapeutic intervention is given to make him understand his/her behaviour. A popular sentence of community service for child sex offenders also does not bear any reference to the crime committed. SAYStOP, the diversion option for youth sex offenders older than 12 years also encounters logistic problems such as lack of family support for the offender, stigmatization, language barriers and transport and location challenges especially in the rural areas, which render the programme attendance complicated and in some cases unattainable.

The South African Law Commission in the Report on Juvenile Justice (2000:13-14) proposes an important new procedure called the preliminary inquiry, which will be mandatory in all cases involving children under the age of 18 years, and which must take place before the child first appears in court. The aims of the preliminary inquiry will be discussed as follows.

### **3.5 PRELIMINARY INQUIRY**

The aims of the preliminary inquiry, as proposed by The South African Law Commission in the Report on Juvenile Justice (2000:13-14), are to make sure that the case of each child or youth is carefully considered and to give each child or youth the maximum opportunity to be diverted away from the criminal justice system. In addition, the preliminary inquiry aims to provide better protection to those children or youths proceeding to trial from the risk of pre-trial detention.

Article 40(3) of the Convention on the Rights of the Child requires a State Party to establish separate laws, procedures and authorities and institutions which are specifically applicable to children alleged as accused of or recognized as having infringed the penal law. At the very basic level, the Convention requires that ratifying countries, such as South Africa, establish separate child justice systems for children under 18 years. However, the Discussion Paper (SA Law Commission Discussion Paper No 79 on Juvenile Justice, May 1997) pointed out that the idea of an inquiry is not new to magistrates, as at present, the plea procedure is an inquisitorial process, the motive being that providing for decisive early intervention at a premature point in the criminal process would effectively screen out a large number of cases without the necessity of court proceedings. Legislation and procedures relating to the preliminary inquiry are discussed as follows.

### 3.5.1 The objectives of the preliminary inquiry

The objectives and manner of conduct of the preliminary inquiry are set out in clause 56 of the draft Bill (Bill B). According to the draft Bill (Bill B), the preliminary inquiry is presided over by a magistrate referred to as the inquiring magistrate as appointed by the chief magistrate of the magisterial district concerned. The inquiry is an informal procedure and may be held at any place, except the court unless no other suitable place is available. The preliminary inquiry must take place within 48 hours after the arrest.

The objectives of the preliminary inquiry, according to clause 56 of the draft Bill (Bill B), are to inquire into the following:

- determine whether a probation officer has assessed the child and, if not, whether convincing reasons exist for not making an assessment;
- establish whether the matter can be diverted before plea;
- identify a suitable diversion option where applicable;
- establish whether the matter should be transferred to a children's court for an inquiry to be held in terms of the provisions of the Child Care Act, 1983 (Act No. 74 of 1983);
- provide an opportunity for the prosecutor to evaluate whether there is sufficient evidence for the matter to proceed to trial;
- ensure that all available information relevant to the child and the circumstances around the offence is considered in order to make a decision regarding diversion and placement of the child;
- ensure that the views of all persons present are considered before a decision is taken;
- encourage the participation of the child and his or her parent or an appropriate adult in decisions concerning the child;
- determine the release or pending placement of the child;
- conclusion of the preliminary inquiry;
- appearance of the child in a court; or
- transfer of the matter to the children's court.

It is thus evident that these objectives cover four themes: secure assessment and the provision of social welfare information, enhancing the likelihood of diversion, providing for participation of the child and his or her parent or family and deciding on detention or release. In terms of young sexual offenders, if they are between the ages of 12 and 16 years, they can be referred to SAYStOP diversion programme after attending a preliminary inquiry. In such cases, the outcome of the preliminary inquiry would result in the magistrate referring the child to attend the SAYStOP

programme. After the child has completed the programme, the facilitators would send a termination letter to the court and the criminal charges would subsequently be withdrawn. Furthermore, the outcome of the preliminary inquiry could also result in magistrates proceeding with prosecution. The child could then be ordered to attend a SAYStOP programme as part of a condition linked to a sentence. The magistrate may decide to link other conditions to the child's sentence such as community service or time curfews. However, subsequent to the preliminary inquiry, cases involving children under the age of ten years and in most cases under the age of 12 years are transferred to a children's court for an inquiry to be held in terms of the provisions of the Child Care Act, 1983 (Act No. 74 of 1983). As stated in previous sections, concern can be raised about the pre-teen sexual offenders being returned to the community without any referral to a programme of service that would assist them to deal with their sexually abusive behaviour.

### **3.5.2 Procedures of the preliminary inquiry**

The inquiring magistrate may subpoena any person whose presence is necessary for the conclusion of the preliminary inquiry or request the attendance of any other person, who may contribute to the proceedings. The magistrate may further request any documentation which is relevant to the proceedings.

The inquiring magistrate must ensure that the persons present at the inquiry are informed of the recommendations in the probation officer's assessment report. The probation officer at the preliminary inquiry may be requested to elaborate or justify any recommendations as well as the correctness of any statement made in the assessment report, which may be challenged by any person present at the preliminary inquiry. At the finalisation of the preliminary inquiry the inquiring magistrate may make an order that the matter be diverted, if the prosecutor has indicated that diversion can be considered. Where the inquiring magistrate has grounds to believe that the child is in need of care in terms of clause 70 (2) of the draft Bill (Bill B), he/she may order that the preliminary inquiry be closed and the matter be transferred to the children's court. The inquiring magistrate must evaluate the reports provided by the arresting police relating to the arrest of the child. When the inquiring magistrate is of the opinion that an arrest or detention in a police cell was unnecessary, he has to notify the Child Justice Committee of the district referred to in section 104 of the draft Bill (Bill B).

Where the prosecutor decides to proceed with the prosecution of the child, the matter may be set down for plea and trial in a court. The prosecutor must inform the inquiring magistrate of the place and time where the child or youth is to appear for plea and trial (Report: Juvenile Justice, 2000: XXI, 226, 267).

Where the prosecutor indicates that the matter can be diverted, the inquiring magistrate must make an order relating to an appropriate diversion option or options. It is clear that the probation officer's assessment of the child is a determining factor in the result of the preliminary inquiry relating to the child.

In addition to the diversion options set out in section 52 of the draft Bill (Bill B), the inquiring magistrate may after consultation with the persons present at the preliminary inquiry, develop an individual diversion option which meets the purposes or aims set out in the diversion. This places the inquiring magistrate in a position to advance the development of diversion, especially in rural areas where welfare services are not readily available (Davel, 2000:432).

Where a child and his or her parent or an appropriate adult has been requested to appear at a preliminary inquiry by a police official in terms of section 26(1) or by a probation officer in terms of section 45(10) and fails to appear at such inquiry, the provisions of section 26(3), (4) and (5) of the draft Bill, (Bill B) apply to such failure. In accordance with the abovementioned sections of the draft Bill, the person who fails to see that the child complies with any conditions is guilty of an offence and liable upon conviction (Davel, 2000: 433; Report: Juvenile Justice, 2000: XXI, 226, 267).

According to section 63 of the Bill, it is indicated that information regarding a previous diversion or previous conviction may be given to the official responsible for the inquiry. However, no information provided at a preliminary inquiry by any person is admissible in any subsequent court proceedings. Davel (2000:433) noted that respondents to the Discussion Paper viewed their concern that diversion would lose credibility if children were repeatedly diverted without ever being called to account for their offence. Respondents in the Discussion Paper (SA Law Commission Discussion Paper No 9 on Juvenile Justice, December 1998) argued that the revelation of prior criminal history is necessarily in the interest of informed decision-making, which is in the child's and public interest. However, knowledge of past criminal convictions or diversions gives rise to the practical difficulty that any officer presiding at an inquiry where such information comes to light would be unable to preside at trial. This is in view of the well-established principle in South Africa with regard to impartiality that is required of judicial officers who are called upon to determine guilt or innocence. This means that judicial officers are excluded from presiding at a trial if he or she has knowledge of previous convictions.

The proceedings of a preliminary inquiry according to section 64 (1) of the draft Bill (Bill B) indicate that if the child concerned in the preliminary inquiry is a co-accused with an adult, the case of the adult must be separated from that of the child. If the child is a co-accused with one or more other children, a joint preliminary inquiry may be held but different decisions may be made in respect of each child.

In accordance with respondents to the Discussion Paper (SA Law Commission Discussion Paper No 79 on Juvenile Justice, December 1998), concerns exist about the procedure that no information provided at a preliminary inquiry by any person is admissible in any subsequent court proceedings. The diversion programme for youth sex offenders will lose its credibility if children accused of committing sexual offences were repeatedly diverted without ever being held responsible for their previous sexual offences. It seems that if a diversion programme has not benefited a youth sex offender during the initial workshop, a subsequent programme with the same contents will also fail to be effective. More severe sentences as a punishment together with specialized individual intervention that would meet the needs of the youth perpetrator seems necessary. It can be assumed that youth sex offenders attending successive SAYStOP programmes with first time youth sex offenders will send

out the message to fellow programme attendees that they will not be held accountable and will not be penalized for their abusive actions.

Countries such as the United Kingdom, New Zealand, Scotland and New South Wales in Australia have a justice system for children which include additional specialized personnel and teams or panels, compared to South Africa where the system seeks to utilize existing personal to achieve the goal of a separate system, distinct from the adult criminal justice system (Davel, 2000:435).

The draft Bill (Bill B) states that a preliminary inquiry should be able to be remanded in order to give it a fair chance of achieving its objectives. However, mindful of the potential danger that cases may continue in limbo for indefinite periods and that children may be detained in police custody during this time, specific guidelines for allowing the inquiry to be remanded have been included in the draft Bill (Bill B) and will accordingly be discussed.

#### *3.5.2.1 Remanding of the preliminary inquiry*

A new procedure enabling the remanding of a preliminary inquiring for what has been termed a detailed assessment appears in clause 66 of the draft Bill (Bill B). Clause 66 of the draft Bill (Bill B) provides that any person may request the inquiring magistrate to remand the inquiry for the purpose of a further detailed assessment of a child by a probation officer. If the inquiring magistrate is of the opinion that there are exceptional circumstances warranting a further assessment of the child, he/she may remand the preliminary inquiry for a period of 14 days to enable a detailed assessment to be conducted. This detailed assessment should take place in the home of the child concerned, unless it is not in the best interest of the child, in which case this assessment may be conducted in a residential facility.

According to the draft Bill (Bill B) a preliminary inquiry may be remanded under the following circumstances:

- securing the attendance of a person necessary for the conclusion of the inquiry;
- establishing the attitude of the victim to diversion;
- further planning a diversion option;
- finding alternatives to pre-trial residential detention;
- assessing the child, if no assessment has previously been undertaken;
- for purposes of noting a confession;
- if there is reason to believe that such remand will increase the prospects of diversion, another 48 hours is granted for the preliminary inquiry;
- if there is the possibility that the child may be a danger to others or to self;
- the fact that the child has a history of repeatedly committing offences or abscondment;

- the social welfare history of the child;
- the possible admission of the child to a sexual offenders' programme, substance abuse programme or other intensive treatment programme; and
- the possibility that the child may be a victim of sexual or other abuse.

From the above it is clear that the remanding of a preliminary inquiry is to give a youth offender, specially a youth sex offender that qualify for the SAYStOP programme, as well as substance abusers, a final chance to increase the prospects of diversion.

#### 3.5.2.2 *Release or placement of child by inquiring magistrate*

Another opportunity to remand the inquiry has been included in the draft Bill (Bill B) where there is reason to believe that such remand will increase the prospects of diversion.

The inquiring magistrate must make an order regarding the release or placement of the child until the next appearance of the child at a preliminary inquiry or in court, where:

- the preliminary inquiry is remanded in terms of section 65 or 66;
- the matter is to be transferred to the children's court in terms of section 61(4);
- the matter is to be set down for plea and trial in a court.

If a detained child is considered for placement, the inquiring magistrate must apply for release from detention. When the matter is to be transferred to the children's court, the preliminary inquiry must be closed. If it is decided that the matter must be diverted, the prosecutor must withdraw the charges against the child and the preliminary inquiry must be closed.

Upon consideration of the probation officer's assessment report, the preliminary inquiry or the willingness of the child to accept responsibility for the offence, any decision referred to in section 61 of the draft Bill (Bill B) may be made, after which the preliminary inquiry must be closed. Options referred to in section 61 will accordingly be listed:

- The inquiring magistrate must ascertain from the prosecutor whether the matter can be diverted.
- Where the prosecutor indicates that the matter can be diverted, the inquiring magistrate must make an order regarding an appropriate diversion option or options.
- The inquiring magistrate may, after consultation with the persons present at the preliminary inquiry, develop an individual diversion option, which meets the purposes of and standards applicable to diversion set out in sections 48 and 49 as previously discussed.
- Where the inquiring magistrate has reason to believe that the child is in need of care in terms of section 70(2), the magistrate may order that the preliminary inquiry be closed and the matter be transferred to the children's court.

- Where the prosecutor decides to proceed with the prosecution of the child, the matter may be set down for plea and trial in a court.

From the above it is clear that the preliminary inquiry is a unique attempt to draft a separate speedy intervention for children accused of offences with the limitations of existing resources. Davel (2000:435) noted that one of the constrained resources is the fact that this model seeks to utilize existing personnel to achieve the goal of a separate system, compared to the utilization of specialized personal teams, as done in the United Kingdom and New Zealand. In South Africa, national government will have to develop a policy to facilitate the provincial implementation of programmes for youth sex offenders. On a provincial level, departments should be required to provide the relevant personnel with appropriate training, supervision, financial support and access to mentors and supportive services. It seems necessary that social workers who facilitate youth sex offender programmes must have authority in the field of child sexual offending in order to individualize treatment programmes.

However, the roles assigned to the inquiring magistrate, the prosecutor and the probation officer in the new model require all these officials to collaborate in a way to promote an honest evaluation of the circumstances relevant to the child's commission of the offence and to seek solutions in a participatory manner.

According to article 40(3) of the Convention on the Rights of the Child (Cantwell, 1995), the State Party has to establish separate laws, procedures, authorities and institutions specifically applicable to children alleged as having infringed the penal law. The existing and proposed legislation relating to juveniles will be discussed as follows.

### **3.6 CRIMINAL PROCEEDINGS**

The draft Bill (Bill B) made some criminal procedure proposals regarding the fate of children accused of offences that do proceed beyond the initial stages of preliminary inquiry and pre-trial procedures aimed at diversion.

It is the aim of the criminal justice system to divert children as far as possible away from the criminal justice system, although certain matters will proceed to court for plea and trial. According to Davel (2000) the overall majority of children who are accused of offending in South Africa appear in ordinary criminal courts. In some large urban jurisdictions, an unofficial "juvenile court" is set aside to hear cases of children involved in crime, but this does not occur uniformly and very seldom in smaller towns. The term "juvenile court" is therefore according to Davel (2000) misleading, as there are currently no specialized courts for children under the age of 18 years.

Existing and proposed legislation relating to the status of juvenile courts in South Africa, as well as relating to the protection of and assistance to children during criminal proceedings will subsequently be discussed.

### 3.6.1 Juvenile courts

In view of the existing law, there are no differentiated or separate criminal courts for juveniles in South Africa. Serious crimes by children, where sentences exceeding the jurisdiction of the district court are expected to be imposed are generally heard in regional courts and in exceptional circumstances children may appear in the High Court.

With reference to article 40 (3) of the Convention on the Rights of the Child, a State Party should establish separate laws, procedures authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed with law. The Convention further states, according to article 40(2), that every child has the right to have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to the law and to have his or her privacy fully respected at all stages of the proceedings (Cantwell, 1995). This implies that all children accused of crimes should be dealt with by specialized courts, or at least where courtrooms are used for adult trials and in child court proceedings, sufficient separation from the adult criminal justice system must be maintained.

South African law reformers were challenged to develop a model for the adjudication of disputes that was consistent with international law standards, yet economically attainable and feasible in a developing country. Provision has been made for administrative juvenile courts, which implies courts set aside within the adult system to deal with cases for juveniles under the age of 18 years (De Villiers, 1988:541). The administrative juvenile courts function at district level as prescribed in accordance with the Magistrate's Court Act (Act No.32 of 1994). An accused child can be tried in a District Court, Regional Court or High Court, depending on the jurisdiction of the court relating to the offences it can adjudicate and in view of its sentencing powers. A criminal court at district level and thus a juvenile court, has jurisdiction to adjudicate relating to all offences except treason, murder and rape and in the case of Regional Court, all offences except treason. In view of sentencing a district court may impose sentences of imprisonment not exceeding three years and the Regional Court sentences of imprisonment not exceeding 15 years. The Director of Public Prosecutions or a designated prosecutor makes the decision or refers the matter to the Regional Court before plea and trial (Magistrate's Court Act, no 32 of 1994). The High Court has jurisdiction to adjudicate any offence and has unlimited sentencing powers (Edwards, 1992:47).

According to clause 71 of the draft Bill (Bill B), the child justice court will function at district level. The jurisdiction of the magistrate's court in regard of the offences can adjudicate and its sentencing powers apply to the child justice court. The child justice court in which a child must appear is also determined in accordance with section 90 of the Magistrate's Court Act (no 32 of 1994). With reference to clause 71 (2) of the draft Bill (Bill B), cases involving accused children may be heard in a Regional Court or High Court, although preference must always be given to the referral of cases to the child justice court. Consistent with international standards of the Convention, the draft Bill (Bill B) envisages to create a form of differentiated courts to deal specifically with children. The draft Bill (Bill B) provides that the chief magistrate must designate a child justice court in his or her magisterial district and that such a

court must be staffed by specifically selected and trained personnel. The draft Bill (Bill B) further proposes that the courtroom should be located and designed in a way which is dignifying to children with informality of the proceedings and the participation of all persons involved. This provision includes that the child will be protected from hostile cross-examination where this is prejudicial to the wellbeing of the child. Further, the child's right to privacy during the proceedings is ensured by means of clause 84 of the draft Bill which will replace the Criminal Procedure Act (no 51 of 1977) requiring trials to be conducted in camera where a child defendant is involved (Davel, 2000:442; Report: Juvenile Justice, 2000:130,273, and 274).

To further differentiate child justice services, the South African Law Commission has included legislation in accordance with clause 72 of the draft Bill (Bill B) to establish One-Stop Child Justice Centres. The proposal empowered the Minister of Justice and Constitutional Development to establish these centralized services referred to as the One-Stop Child Justice Centres (Report: Juvenile Justice, 2000:XXII, 138, 274 & 275). As mandatory features, these centres must offer premises for police services, temporary accommodation for children pending the conclusion of the preliminary inquiry, offices for probation services and a court. The Minister of Justice and Constitutional Development was given the authority to determine boundaries of magistrate's courts in relation to One-Stop Child Justice Centres (Davel, 2000:441).

Sloth-Nielsen (2000:442) cautioned that first a child-friendly orientation in court cannot be brought about merely by writing guidelines into legislation, as all of these depend to a large degree on the disposition and attitudes of the individuals involved. Second, she stated that, given the present state of affairs in the broader criminal justice system, it is unlikely that separate courts for children will find political and fiscal support. She assumed that the reason was the fact that welfare services were originally established for white and coloured children, thereby disqualifying black children from the influence of the social worker and consequently from the children's court. Third, Sloth-Nielsen explained that the transferring of cases to the children's court was not known to all judicial officers. However, the proposed designation of One-Stop Child Justice Centres may result in the realization of a separate system, which is consistent with the aim of promoting the well-being of those children who face trial in court.

### **3.6.2 Criminal proceedings**

As discussed previously, legislation provides different treatment for accused children during the trial phase. In accordance with De Villiers (1998:531-532), Davel (2000:436) confirmed that children in South Africa are in principle subject to the same criminal procedure and law of evidence as adults. However, five sections of the Criminal Procedure Act (Act No.51 of 1977) provide differentiated treatment for children under the age of 18 years during the trial phase. These five different treatment procedures will subsequently be discussed.

According to Section 73 (3) of the Criminal Procedure Act (Act No.51 of 1977), the accused under the age of 18 years is entitled to be assisted by a parent or guardian. Hiemstra (1987:171) emphasized

that the parent, guardian or another person such as a teacher can advise or assist the accused but cannot make decisions on his or her behalf particularly with the decision to testify or not.

Section 74 of the Criminal Procedure Act (Act No.51 of 1977) further requires that a parent or guardian of a child under the age of 18 years be warned or notified to attend the criminal proceedings, if known to be in the magisterial district in question. Failure to attend or remain in attendance during the criminal proceedings if warned or notified as such, is considered an offence and is punishable. Written exemption from attending the criminal proceedings can be obtained from the magistrate concerned.

Section 153 (4) of the abovementioned act states that if an accused at criminal proceedings before any court is under the age of 18 years, no other person than the accused, his legal representative and parent or guardian or a person in loco parentis, shall attend such proceedings, unless such person's presence is required in connection with such proceedings or is authorized by the court.

According to section 154 (3) of the Criminal Procedure Act (Act No.51 of 1977), the identity of a young person under the age of 18 years is protected at criminal proceedings. No information may be published which disclose or may disclose the identity of the child. The presiding judge or judicial officer may, however, authorize the publication of such information, which is in his opinion just and equitable and in the interest of the particular person. This law implies that the identity of all youth sex offenders should remain undisclosed which is according to the researcher, not in the best interests of the community.

Section 164 (1) of the Criminal Procedure Act (Act No.51 of 1977) requires that any person who, from ignorance arising from youth is found not to comprehend the nature or meaning of the oath or the affirmation, may be admitted to give evidence in criminal proceedings without taking the oath or making the affirmation. In such cases the child will be warned to speak the truth. The aforementioned section further specifies that protection is provided in view of the assistance and presence of parents or guardians at criminal proceedings and in view of the protection of the identity of the child.

In accordance with the Criminal Procedure Act (Act 51 of 1977), the draft Bill (Bill B) also provides protection to a child. Clause 76 (1) of the draft Bill (Bill B) provides that a child must be assisted by a parent or an appropriate adult at criminal proceedings. Clause 83 of the draft Bill (Bill B) further protects the child in terms of confidentiality in that the criminal proceedings where a child is present should be held in camera. This implies that the publication of a child's identity is prohibited. Any information pertaining to a child governed by the draft Bill (Bill B) can only be revealed or made public under certain circumstances and if it is in the best interest of the child concerned or children in general. The right of the child is further protected in view of the provision in clause 81 (1) of the draft Bill (Bill B) in that a court must terminate all trials of accused children as promptly as possible. Clause 78 of the draft Bill (Bill B) provides protection in view of a child's dignity, indicating that no child may be subjected to wearing leg irons when appearing in court. Guidelines are also provided as set out in clause 78 to protect the safety of children being transported to court (Report: Juvenile Justice, 2000:XXII – XXIV, 277 – 280).

As discussed previously, the draft Bill (Bill B) also provides the greatest opportunity for children to be diverted away from the criminal justice system as supported by Sloth-Nielsen (1997:107). In terms of clause 82 of the draft Bill (Bill B), if it comes to the attention of the court before the end of the state's case, that a child acknowledges or intends to acknowledge responsibility for the offence, that the court may divert the matter with approval of the prosecutor. The court may refer the child to any diversion programme and may postpone the case to enable the child to comply with the diversion conditions. Subsequent to receiving a report from a probation officer confirming that the child has successfully completed the diversion, the court must acquit such a child. However, if a child fails to comply with the diversion conditions, the prosecutor may follow the necessary procedures in order to continue the trial (Report: Juvenile Justice, 2000: XXIV, 281-282).

### **3.6.3 Children's court inquiry**

One of the most central provisions in the Criminal Procedure Act (Act No.51 of 1977) to protect children in need of care, is the conversion of a trial into a children's court inquiry. In this section the criminal legislation relating to the Criminal Procedure Act (Act No.51 of 1977) and related child care legislation as described in the Child Care Act (Act No.74 of 1983) pertaining to the procedure of conversion of a trial into a children's court inquiry will be discussed.

#### *3.6.3.1 Referral to the children's court inquiry*

The state is ultimately a parent to all children (Kadushin (1980:157). It implies that in the case of parental neglect, abuse or exploitation of a child, the state has the legal right and responsibility to intervene to protect the child.

If it appears during proceedings at a preliminary inquiry or court that a child as described in section 14(4) of the Child Care Act, 1983 (Act no 74 of 1983), needs to be dealt with in terms of section 13, 14 and 14 of that Act, the inquiring magistrate or court may discontinue the proceedings and order that the matter be referred to the children's court as referred to in section 5 of that Act. McLaghlan (1984:26) stated that this procedure should protect all children who are neglected, abandoned and in emotional or financial need.

According to the draft Bill (Bill B) in clause 70(2), the referral of a matter to the children's court can only be considered by the following authorities and in the following circumstances:

- by a probation officer when making a recommendation in terms of section 45(7)(d);
- an inquiring magistrate when acting in terms of section 61(4);
- a court,

when it becomes clear that a child:

- has previously been assessed on more than one occasion in regard to minor offences

- has committed an offence in order to meet his basic needs for food and warmth as described in section 14 of the Child Care Act, 1983 and
- has on this occasion again been alleged to have committed a similar offence;
- is the subject of a current order of the children's court;
- is abusing dependence-producing substances; or
- does not live at home or in appropriate substitute care (Report: Juvenile Justice, 2000:272).

Where a referral of a matter to the children's court has been considered and it appears that it is not in the best interests of the child, other measures in terms of Child Care Act, 1983, must be considered. Reasons for such a decision must be noted on the assessment report and be entered on the written record of the proceedings. In the event of the referral of a matter to a children's court inquiry after conviction, the finding of guilt must be cancelled (Report: Juvenile Justice, 2000:273).

In view of the stipulations of the Criminal Act (Act No.51 of 1977), all children before a criminal court, which seems to be in need of care in terms of section 14(4) of the Child Care Act (Act No. 74 of 1983) as amended, should be considered for referral to a children's court. This implies types of offences including all the rationale indicating a child to be in need of care. However, in terms of section 13, 14 and 15 of the Child Care Act (1983), the opening, holding of an inquiry and making of a finding and order do not make provision for children who are current subjects of the Child Care Act. This implies children are not necessarily protected from involvement in crime by the Child Care Act (Act 74 of 1983) as amended.

### 3.6.3.2 *Children's court and procedures*

Van Niekerk (1998:16) described the function of the children's court as extensive networking to ensure the protection of children in need of care.

Clause 70(3) of the draft Bill (Bill B) indicates that although consideration of transfer is mandatory, such transfer need not occur where this is not in the child's best interest. Any other measure such as diversion, prosecution or even the withdrawal of charges may then be used. However, the decision not to refer the matter to the children's court must be justified with reasons in writing.

The draft Bill (Bill B) supplements the existing criteria set out in section 14(4) of the Child Care Act (Act No.74 of 1983) by setting out guidelines for determining who may be in need of care. The list of circumstances attempts to describe concrete terms where children commit criminal offences as a result of inadequate parental care or absence of an adult caregiver.

In the case where the matter has not been diverted or transferred to a children's court inquiry, the prosecutor must inform the inquiring magistrate of the place and time when the child must appear for plea and trial in a court. Subsequently, the inquiring magistrate must inform the parents or appropriate adult of their right to legal representation in terms of section 98 of the draft Bill (Bill B). If the child is in detention, the child must be informed of the next appearance in court and the child's parent or an

appropriate adult must be warned to attend such proceedings at a specified place and time. Where a child is not in detention, the parents or appropriate adult are warned to appear in court at a specified place and time. Where an inquiring magistrate has presided over a preliminary inquiry and is aware of information prejudicial to the impartial determination of the matter, he or she may not preside over the subsequent trial emanating from the inquiry.

Section 5 of the Child Care Act (Act No.74 of 1983) as amended determines that every magistrate's court is a children's court for the area of jurisdiction. In deciding whether cases should be heard in a child justice court, a Regional Court or a High Court, reference must be given to referral to the child justice court. The latter has jurisdiction to adjudicate relating to all offences with the exception of treason, murder and rape in accordance with the provisions of section 89 of the Magistrates' Courts Act, 1944 (Act No. 32 of 1944). The child justice court must be determined in accordance with section 90 of the Magistrates' Courts Act, (Act no. 32 of 1944), and a One-Stop Child Justice Centre must be determined in accordance with section 72 of this Act. The child justice court and the officer presiding must be designated by the Chief Magistrate of each magisterial district and as far as is possible, be staffed by specially selected and trained personnel. The court room should be located and designed to promote the dignity and well-being of children, the informality of the proceedings and the participation of all persons involved in the proceedings. In terms of section 8 of the Act, the children's court is held in camera. Publishing of any information related to the proceedings is prohibited, unless authorized by the Minister or Commissioner concerned and being deemed as just, equitable and in the best interest of the child and the community.

Section 7 of the draft Bill (Bill B) also provides for the appointment by the Minister of Justice and Constitutional Development, in consultation with the Ministers of Safety and Security, Welfare and Population Development and Correctional Services, to establish One-Stop Child Justice Centres which may be situated at a place other than the local magistrate's court or police station. The One-Stop Justice Centre is a children's court in terms of the Child Care Act, (Act No. 74 of 1983) as well as a court of regional jurisdiction. Each government department headed by the Ministers is responsible for the provision of resources and services required to enable the efficient functioning of a One-Stop Child Justice Centre. The Minister of Justice and Constitutional Development may determine the boundaries of jurisdiction of One-Stop Child Justice Centres.

The One-Stop Child Justice Centre must have offices staffed by members of the South African Police Service, which include probation officers. There must be facilities to accommodate children temporarily pending the conclusion of a preliminary inquiry. The staff at the One-Stop Child Justice Centre may provide legal assistance to children alleged to have committed offences, provide diversion services or trace families of these children (Davel, 2000:441; Report: Juvenile Justice, 2000). This implies that youth care workers will look after children's physical needs, have probation officers on hand to carry out assessments, have prosecutors available so that the case can be dealt with rapidly in order to either refer them to diversion or to court.

As can be seen from the above, the legislative recognition granted to One-Stop Child Justice Centres could partially improve the practical difficulties occasioned by transfers to higher courts where more serious cases involving children are concerned. It was predicted in the Afrec Report (no 62) that the One-Stop Child Justice Centres will provide services to between 60 to 70 percent of all arrested children. In order to ensure the intention that the One-Stop Child Justice Centres focus on services to children, it does not allow adult co-accused in these centres as it would minimize its original orientation and specialization. The proposed One-Stop Child Justice Centres may result in the attainment of a separate system for children, which is consistent with the aim of promoting the wellbeing of children who face trial in court.

#### *3.6.3.3 Procedures by a court other than a child justice court*

Any court other than a child justice court that arbitrate the case of a child accused of committing an offence, must apply according to the Child Care Act (Act No. 74 of 1983) to obtain the powers conferred upon a child justice court. A Regional Court has jurisdiction to hear the case of an accused child if such child is charged with murder, rape or treason or any other offence if it is likely that the sentence will exceed the jurisdiction of the child justice court. The Regional Court has further jurisdiction if there are multiple charges and the Regional Court has jurisdiction in respect of one charge or when a decision has been made in terms of section 80 of the draft Bill (Bill B) that there will be a joinder of trials and the adult co-accused is to be tried in the Regional Court except for treason, and provisions of section 89 of the Magistrates' Courts Act.

When the Director of Public Prosecutions or a designated prosecutor is satisfied that circumstances referred to above, exist, the matter may prior to the commencement of the trial, be referred to the Regional Court for plea and trial. If a child justice court has convicted a child and the sentence is likely to exceed the sentencing jurisdiction, they may refer the matter to the Regional Court or the High Court for sentencing. Where a matter has been referred to the Regional Court or the High Court for sentencing, the sentence must be consistent with the provisions of the Child Care Act.

#### *3.6.3.4 Proceedings in terms of the Child Care Act*

The Department of Welfare, in their information guide on the practical implications of the Child Care Act as amended, and Regulations (1988:1), underline Kadushin's (1980:313) view that substitute care is a drastic change necessary when the child's home presents deficiencies so serious, that it cannot provide the child with the minimum adequate social, emotional and physical care. Van Heerden (1995:39) advised social workers to take great care when they make recommendations to the children's court, as the children's court has far-reaching powers to its disposal in view of restricting parental powers.

### *3.6.3.5 Removal of a child to a place of safety*

According to sections 11(1) and (2) and 12 (1) of the Child Care Act as amended, there are initial interventions to secure the safety and wellbeing of children. Sections 11(1) and (2) of the abovementioned Act provide for the removal of a child to a place of safety. These interventions will accordingly be discussed.

The court can initially make an order to remove a child to a place of safety if it becomes apparent during the proceedings that a child is in need of care or that it is in the welfare and safety of that child to be taken to a place of safety. Secondly, a commissioner of child welfare on information on oath given by any person to the same effect, can issue a warrant authorizing a policeman or social worker or any other person to search for a child and take him to a place of safety to be kept there until he can be brought before a court. According to section 12(1) of the Act, authorization can be given to any policeman, social worker or officer to remove a child to a place of safety without a warrant if there is reason to believe that the child is a child as referred to in section 14(4) and if the delay in obtaining the warrant will be detrimental to the welfare and safety of the child. In view of section 12(1) extensive powers are given to social workers and police officers to intervene in the respect of the safety of the child.

### *3.6.3.6 Bringing children before a children's court*

In terms of section 11(1) or (2) or 12(1) of the Child Care Act (Act No. 74 of 1983), children who are removed from their home are brought before the children's court of the district in which they reside as described in section 13(1). In view of section 13(2), any child who according to a children's court assistant has no parent or guardian or is a child as described in section 14(4) can be brought before the children's court of the district in which the child resides. The children's court holds an inquiry in terms of section 13(3) in order to determine whether the child is in need of care as described in section 14(4). The court will make a finding in view of section 14(4) in light of the child being abandoned or has no visible means of support, lives in circumstances that could seriously harm the physical, mental and social well-being of the child or has been physically, emotionally or sexually abused or is uncontrollable.

### *3.6.3.7 Powers of the children's court subsequent to the inquiry*

Subsequent to making a finding in terms of section 14(4) of the Child Care Act (Act No. 74 of 1983), the court makes an order in terms of section 15(1). A social worker makes a recommendation in terms of section 15(1) of the Act. The recommendation includes the following:

- the child can be returned to the custody of his parents or guardian in whose custody he was before being removed, with conditions and requirements as determined by the court;
- an order in terms of a foster placement can be made;

- a child can be referred to a children's home as designated by the Director-General; or
- the child can be referred to a school of industries as designated by the Director-General.

An order by the children's court may be made in respect of any person who was under the age of 18 years at the start of the inquiry, although that person has attained the age of 18 years before the date of the order.

If a child appears before a juvenile court subsequent to intervention in terms of the aforementioned sections of the Child Care Act (Act No. 74 of 1983) as amended, conversion of the criminal proceedings to a children's court inquiry is no longer possible.

It is the task of the probation officer carrying out the assessment to determine the status of the child in terms of the Child Care Act (Act No. 74 of 1983) as amended before appearing at a juvenile court. It is the responsibility of the probation officer to ensure that the current order of the children's court is still in the best interest of the child and inform the court accordingly. According to section 16 of the Child Care Act (Act No. 74 of 1983) as amended, orders in terms of section 15 will lapse after a period of two years. The Minister can extend an order for a further period, not extending the end of the year in which that child attains the age of 21 years. Section 34 of the abovementioned Act provides for the transfer of a child from an institution to which he/she was sent or the custody he was placed in to any other institution or custody, excluding transfer to a reformatory. However, transfer from a reformatory to another institution is possible. Leave of absence from foster care or an institution can be granted for a limited period as outlined in section 35 of the same Act. Section 36(1) allows for temporary removal of a child for the purpose of observation, examination and treatment. The immediate removal of a foster child or in an institution to a place of safety can be arranged by the commissioner of welfare in accordance with section 36(2) of the Act, if such action is needed. According to section 36(1) and (2) the Minister makes an order within six months for a child to either return to the custody of institution he/she was removed from or deal with the child in terms of section 34 or 37. The Minister may release a foster child, if such action is desirable and in the best interest of the child from the effect of any order made under section 15 or the Criminal Procedure Act (Act No. 51 of 1977). If a foster child who has absconded from custody or an institution or has failed to return after leave of absence under the Child Care Act or Criminal Procedure Act, he or she may be brought before a commissioner of child welfare. In such case the child can be ordered to return to the custody or institution he absconded from or be removed to a place of safety, pending further investigation and action in terms of section 34 or 37.

#### **3.6.4 Sentence of convicted children**

The principle underpinning the sentencing policy in South African courts is to reform the juvenile through education and rehabilitation. A further implication is that the State should not punish a child of tender year as a criminal and label him/her as a criminal but rather endeavor by taking him/her out of his/her surroundings to educate and uplift him/her and to make him/her gradually understand the difference between good and bad conduct. Centencing policy therefore emphasizes the need to keep

children away from the negative influence of adult criminals in view of the desire to avoid stigmatization and brutalization. In addition, the court reflects an appreciation that delinquency in children does not necessarily inevitably lead to adult criminality, and that it is often a phase which the young child outgrows.

International law provides guidance in the development of domestic sentencing law applicable to children. In line with international law, the South African Constitution is derived from the Convention on the Rights of the Child regarding sentencing policies. The objective of proportionality in sentencing juvenile offenders and limiting of deprivation of liberty are required from the Convention on the Rights of the Child. Therefore, the judicial approach towards sentencing juvenile offenders must be re-appraised and developed in order to promote an individualized response which is not only in proportion to the nature and gravity of the offence and the needs of society, but which is also appropriate to the needs and the interests of the juvenile. In keeping with this, the punishment must promote the integration of the juvenile concerned into his or her community and family (Davel, 2000:448-450; Juvenile Justice Report, 2000).

South African law follows the international rules that certain sentencing practices are not permissible. First, in line with the Convention of the Child, South African law prohibits the imposition of life imprisonment without the possibility of parole for children. Second, mandatory sentences are not allowed as they do not allow consideration of wellbeing of the individual juvenile, nor do they allow for the option of the best interest of the child, or the mitigating effect of a young age and maturity. The sentencing policies in South Africa will subsequently be discussed.

Although children are subjected to the same criminal procedure and principles of punishment as convicted adults, various sentence options are available for convicted children which can be utilized creatively in making recommendations in court regarding the sentence of convicted children (Juvenile Justice Report, 2000:152; Wessels, 1994:17). The purpose of sentencing and the various sentence options applicable to convicted children as outlined in the Criminal Procedure Act (Act 51 of 1977) and the proposed draft Bill (Bill B) will accordingly be discussed.

#### *3.6.4.1 Objective of sentencing*

Hiemstra (1987:584 –585) asserted that a person is punishable if he or she is culpable and acted unlawfully with a guilty inclination. The principle underlying punishment of convicted persons should be measured in terms of justness and effectiveness. The aims for punishment are deterrence, prevention, reform and retribution. Of the four aims, deterrence is viewed as the prevailing and universally acknowledged aim of punishment. Winter (1997:8-9) emphasized that the purpose of sentencing a child should focus on appropriate treatment and to reunite the child with his family. Winter (1997) stated that a child's responsibility for criminal behaviour must be measured differently compared to that of an adult, because the aim of the punishment should be to correct the child's conduct. In line with international law and the Convention of the Child as previously discussed Kadushin (1995) proposed that sentencing of children should be guided by principles such as proportionality,

accountability, an attempt to restore the harmony between child and society, family preservation and appropriate time frames. Chadbourne (1998:32-34) advocated individualized responses to sentencing, encompassing the rehabilitation and restoration of both child offender and communities or individuals harmed which should also be reflected in the judicial approach towards sentencing of child offenders.

While deterrence remains the main motive in sentencing, the focus in the sentencing of convicted children is to correct behaviour and reintegrate the child into the family and society. The intention of sentencing convicted children as set out in the draft Bill (Bill B) is as follows:

- encourage the child to recognize the harm he has caused and to be accountable for it;
- promote an individualised response which is appropriate to the child's circumstances and in proportion to the circumstances surrounding the harm caused by the offence;
- promote the reintegration of the child into the family and community;
- ensure that any required supervision, guidance, treatment or services which form part of the sentence can support the child in the process of reintegration (Juvenile Justice report, 2000:XXV, 284,285).

The entire draft legislation as mentioned above serves to protect the interest of the child in terms of sentencing as reflected in the Convention on the Rights of the Child and international law.

#### *3.6.4.2 Sentence options for children*

The Criminal Procedure Act (Act No. 51 of 1977) provides for a range of alternative sentences other than imprisonment that may be imposed upon children. These sentence options provide for the correction of children's behaviour instead of inflicting punishment, also in terms of community-based sentence alternatives as will subsequently be discussed. Reference will also be made to the proposed legislation as outlined in the draft Bill (Bill B) relating to the sentencing of convicted children.

Section 290 of the Criminal Procedure Act (Act No. 51 of 1977) provides alternatives to punishment directed at the correction of a child's behaviour. These alternatives entail the placement under supervision of a probation officer or correctional official, or a referral to a reform school as a sentence. There are also other options, such as the imposition of a fine, a caution and reprimand, correctional supervision and the postponement or suspension of sentence upon the conditions. These conditions are outlined in section 297(1) (a) and (b) and include the following: performance of community service, attendance at a programme, restitution, submission to supervision and submission to instruction or treatment. Davel (2000:45) noted that the referral of convicted children to diversion programmes as a condition of postponement has become a prevalent alternative in recent years. Davel (2000:451) also referred to an unpublished survey by Paschke and Sherwin at the Institute for Criminology, University of Cape Town (2000) which indicated that the most common sentence given to children are first, custodial sentence, followed by a suspended prison sentence, reform school and a fine. An order in

terms of section 290 will lapse after a period of two years, or a shorter period as determined by the court when making the order.

The following sentence options for youth offenders, including youth sex offenders, will accordingly be discussed.

#### 3.6.4.2.1 Community service

As set out in clause 87 of the draft Bill (Bill B) sentences which allow a child to remain in the community are as follows:

- any of the options referred to in section 52(4)(a), (b), (d), (e), (f) and (h) of the draft Bill, which relate to level 2 diversions as discussed in paragraph 1.1.4.4.2.1.1 in this study;
- placement under a supervision and guidance order for a period not exceeding three years;
- in cases which warrant specialized intervention such as counselling or therapy for a period of time as the court deems fit;
- where a child is over the age of compulsory school attendance as referred to in the South African Schools Act, 1996 (Act No. 84 of 1996), and is not attending formal schooling, compulsory attendance at a specified centre for educational purposes for a time of not more than 35 hours per week for a maximum period of 12 months;
- performance without remuneration of some service for the benefit of the community under the supervision of an institution for a maximum of 250 hours and to be completed in 12 months in the district in which the court is situated;
- any other sentence, subject to section 94, which is appropriate to the circumstances of the child and in keeping with the principles of this Act for a period not exceeding 12 months.

Special consideration must be given to the child's development, determining the type of community where his or her service will be executed and the number of hours of community duties when the child is below the age of 14 years.

#### 3.6.4.2.2 Restorative justice sentences

According to clause 88 of the draft Bill (Bill B), the court may allow restorative justice sentences, which include a family group conference or victim-mediation, which include restorative justice. Where the officer presiding in a court passing the sentence does not agree with the plan made at a family group conference or the victim-offender mediation, he/she may impose an alternative sentence. However, the reasons for deviating from the original plan must be noted on the record of the proceedings. When the child fails to comply with the restorative justice order, the probation officer must notify the court. A summons will be issued for the child to appear in court in order to impose an appropriate sentence.

#### 3.6.4.2.3 Sentences involving correctional supervision

Correctional supervision is a community-based sentence option in order to keep convicted adults and children out of prison. A sentence of correctional supervision may be imposed in terms of section 276A of the Criminal Procedure Act, 1977 (Act 51 of 1977).

Corresponding with section 276(1)(h) and 276A of the Criminal Procedure Act, 1977 (Act No. 51 of 1977), clause 89 of the draft Bill (Bill B) also allows for correctional supervision referred for a maximum period of three years. However, this sentence may only be imposed on a child who is 14 years or older. The whole or any part of the sentence may be postponed or suspended with or without the following conditions: the child must be placed under supervision of a probation officer or a correctional official; the child must attend a specified centre for any purpose specified by the court; the child must perform a service for the benefit of the community under the supervision identified by the court.

According to the Juvenile Justice Report (2000:XXVI, 287) correctional supervision is generally viewed as a harsh and restrictive punishment for children and is seldom imposed.

#### 3.6.4.2.4 Sentences with a compulsory residential requirement

According to clause 90 of the draft Bill (Bill B), no sentence involving a compulsory residential requirement may be imposed upon a child unless the presiding officer is convinced it is justified by the seriousness of the offence, the protection of the community and the severity of the impact of the offence upon the victim or the previous failure of the child to respond to non-residential alternatives.

A sentence involving a compulsory residential requirement includes referral to a programme with a residence requirement, which does not exceed 12 months. However, no portion of the residence requirement exceeds 21 consecutive nights, with a maximum of 60 nights for the duration of the programme.

A sentence to a residential facility may be imposed for a period not less than six months and a period not exceeding two years. However, a sentence may be imposed for longer than two years where the child is below the age of 14 years if such child would otherwise have been sentenced to imprisonment due to the seriousness of the offence.

When a child is 18 years old and has completed his/her sentence, he/she may request permission to continue to reside at the residential facility to complete his or her education.

#### 3.6.4.2.5 Referral to a prison

Imprisonment is a sentence option aimed at punishment and containment, which may be imposed on adults and older children. Winter (1997:4) stated that imprisonment remains the cornerstone of the present penal system despite efforts to decrease this option. Although imprisonment incapacitates the child it does not deter effectively.

According to clause 92 of the draft Bill (Bill B), a sentence of imprisonment may not be imposed unless the child is 14 years of age or older at the time of the offence and substantial and compelling motives exist for imposing a sentence of imprisonment due to the seriousness of the crime and because the child has previously failed to respond to alternative sentences. According to the section 286 of the Criminal Procedure Act (Act 51 of 1977), a child cannot be declared a habitual criminal.

The draft Bill (Bill B) further provides that children may not be sent to prison for an offence listed as in Schedule 1. Where a child fails to comply with the conditions imposed in relation to a sentence, such child may be brought before the court for reconsideration of an appropriate sentence, which may include a sentence of imprisonment. The term of imprisonment must be antedated by the number of days that the child concerned has spent in prison prior to the sentence. The Commissioner of Correctional Services can place a child who is serving a sentence of imprisonment under correctional supervision at any given time, as outlined in section 276(1)(i) of the Criminal Procedure Act, 1977 (Act No. 51 of 1977). Clause 95 of the draft Bill (Bill B) further stipulates that no sentence of life imprisonment may be imposed on a child who at the time of the offence was under the age of 18 years.

From the above it is clear that the draft bill does not provide for pre-teen child sex offenders to be sent to prison. However, children older than 14 could be sent to jail and according to Davel (200:456) this reality concerns child rights advocates. However, it can be arguee that adolescent offenders, who commit serious and violent crimes such as rape or murder, should be taken out of society and placed in a reformatory where they can receive ongoing treatment. It can be reasoned that adolescents who rape and murder have criminal intent and the consequences should fit the crime, especially in the light of the present crime situation in South Africa. Although imprisonment is seen as the cornerstone of penal systems, imprisonment or placements in reformatories should be imposed with caution. Contradictory to this reasoning, Muncie (1999) argued that imprisonment is both inhumane and criminogenic and that placement of children in such institutes is unlikely to deter them from further criminal behaviour.

#### 3.6.4.2.6 Postponement or suspended sentences

Clause 93 of the draft Bill (Bill B) provides for the passing of any sentence or any part of a sentence with or without conditions to be postponed for a period not exceeding three years and not less than three months.

In line with section 297 of the Criminal Procedure Act (Act 51 of 1977) the conditions of postponement with regard to the draft Bill may include restitution, an apology, an obligation not to commit a further offence of a similar nature, good behaviour, regular school attendance for a specified period, victim-offender mediation, placement under supervision of a probation officer, a requirement for the child to reappear in court with a progress report, participation in diversion programmes or any other condition that the court deems fit which is in line with the principles of the Criminal Procedure Act (Act 51 of 1977).

Howes (1992:31-35) stated that a postponed sentence is especially appropriate for children as long as it is linked with therapeutic intervention, supervision and feedback to the courts. Winter (1997:5) holds the opinion that authorities should have power to require convicted children to comply with conditions and to perform certain duties. In order to guarantee respect for human rights and human dignity, standards should be set for imposing and implementing the conditions of postponed sentences.

#### 3.6.4.2.7 Fines

According to clause 94 of the draft Bill (Bill B), no fine payable to the State may be imposed as a sentence by a court. However, a symbolic restitution to a person or an institution or a payment of compensation to a maximum of R500 paid to a person or institution where the child or his family is able to afford it, is allowed. Where there is no identifiable person to whom restitution or compensation could be made, an obligation on the child to provide some service of compensation to a community or an organisation, charity or welfare organization can be imposed.

#### 3.6.4.3 *Legal representation*

According to Davel (2000:456), the original juvenile court had no place for lawyers. The probation officer dealt with the cases in court, assuming to represent the best interest of the child and the public. Hiemstra (1987:164) reported that the right to legal representation is a fundamental right in Roman-Dutch, English and South African law. Section 73 of the Criminal Procedure Act (Act No. 51 of 1977) grants the right to legal representation to any person, including children, from the moment of arrest. However, before 1994, Lawyers for Human Rights undertook a study to examine the reasons why so few children were represented by lawyers during criminal trials. The findings indicated that a negative perception of legal representatives influenced the child's decision not to use legal assistance. After 1994, due to constitutional changes, legal aid has become more widely available and children facing criminal charges exercise their right to legal representation more frequently now (SA Law Commission Discussion Paper No 9 on Juvenile Justice, (May 1997) Issue Paper).

In line with section 8A of the Child Care Act (Act 74 of 1983) as amended, clause 96 of the draft Bill (Bill B), allows the child to have a legal representative. The court can either approve that a parent appoint a legal representative for his own child or may order that legal representation be provided for the child at expense of the state, if considered to be in the best interest of the child. The legal representative must allow the child to give independent instructions as far as the child is capable of doing so. The legal representative must explain the child's rights and responsibilities in relation to the proceedings in a manner, which the child can comprehend. Procedure regarding application to the Legal Aid Bond is stipulated in section 8A and in Regulation 4A under the Child Care Act (Act No. 74 of 1983) as amended (Juvenile Justice Report 2000:291-295).

Zaal (1997:343) holds the opinion that where a child is in disagreement with anyone else involved in childcare proceedings or any other party has a legal representative, legal representation should be made mandatory. It is imperative that children exercise their right to legal representation in order to

ensure their protection within the legal system. This proposal in the draft Bill (Bill B) is an important contribution to the growing recognition of the child's rights in legal processes. In addition it also strives to ensure a better quality of legal representation for children in criminal cases.

### **3.7 SUMMARY**

In this chapter, the current and proposed legislation concerning the detention and criminal procedure relating to children under the age of 18 has been discussed. From the discussion it is clear that there is no differentiated legal system for children in South Africa, although specific sections in the Criminal Procedure Act (Act No. 51 of 1977) protect the rights and needs of children in conflict with the law. Several sections in the Child Care Act (Act No. 74 of 1983) as amended can be utilized to protect and intervene with children who are in conflict with the law. The Correctional Services Act (Act No. 8 of 1959) as amended provides conditions to protect children in detention. Influenced by international law and the United Nations Convention on the Right of the Child, proposed legislation with the intention of establishing a comprehensive criminal justice system for children in South Africa is outlined in the draft Bill (Bill B). In line with international intervention of legal sanctions and specialized therapeutic programmes, the Act aims to protect the rights of children and to guarantee individual treatment and accountability from the commencement of contact with the law. However, as pointed out in this chapter, the establishment of viable and sustainable diversion programmes and individual intervention for pre-teen and teenage sex offenders will only be accomplished if it is supported on both national and provincial level. The Department of Social Services on both national and provincial level must take note of international programmes available and access how it can be implemented in South Africa. On a provincial level, departments need to demonstrate their commitment through providing personnel with specialized training, financial support and access to supervision and supportive services. Finally, the need for families of pre-teen sex offenders to be mandated into treatment is stressed. Family involvement is a critical component of treatment for young sex offenders, noting the relationships between sexually offending children and their immediate family.

In the following chapter, international prevention programmes, which were specifically designed for pre-teen sex offenders will be discussed. The programmes reviewed in the next chapter will represent current international prevention sefforts and trends as well as guidelines on how these programmes can be utilized in welfare agencies in South Africa.

# CHAPTER 4

## AN ASSESSMENT OF PREVENTION PROGRAMMES FOR CHILDREN AT RISK OF PRE-TEEN SEXUAL RE-OFFENCES

### 4.1 INTRODUCTION

In order to deal with the problem of pre-teen sexual offences, social workers need specific programmes to enable them to render a prevention of re-offending services to these youths and their families.

The discussions presented in previous chapters indicated that in South Africa few prevention programmes exist for sexually offending pre-teens. In order to assist social workers working with sexually offending pre-teens, this chapter will describe available prevention and intervention programmes, which were specifically designed to prevent pre-teens from re-offending. The programmes which will be reviewed in this chapter will represent current prevention efforts and trends. In line with the aims and objective of the study, the nature and function of prevention and intervention programmes will be reflected on and how these programmes can be utilized as prevention of re-offending programmes in welfare agencies in South Africa.

Most programmes that will be reviewed in this chapter make use of the sexual abuse as well as cognitive and behavioural theories. Some programmes emphasize personal histories of sexual abuse as a cause contributing to sexual behaviour problems in pre-teens, although the literature suggests that this issue may be overemphasized in the context of multiple risk factors. The programmes which will be discussed also employ principles underpinning child development perspectives, and interventions were designed that are appropriate to different ages and to cognitive as well as to developmental levels. Programmes typically target prevention of perpetration, and techniques frequently involve modifications of interventions used with adolescents who commit sex offences, such as the relapse prevention and assault cycle approaches.

All of the programmes that will be described in this study utilize a cognitive-behavioural perspective (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1991; Friedrich et al., 1991; Gil and Johnson, 1993; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993).

This is because cognitive and behavioural interventions place the responsibility for the offending sexual behaviour with the child and address sexual aggression as a learned behaviour that is changeable. Therefore, these theories allow for the understanding of sexual aggression as a maladaptive response to inappropriate stimuli in the pre-teen's life (Araji, 1997, Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997). Cognitive-behavioural interventions include skills development to promote pro-social coping and problem solving, age-appropriate interpersonal relationships and sexual behaviours and abuse prevention strategies. Many of the programmes, such as Gil's Prevention of Re-offending Programme, William Friedrich's Prevention of Re-offending Programme and Philly Philly Kids Play It Safe, combine the cognitive-behavioural perspective with other popular theories such as those based on psycho-dynamic and attachment theories.

It was noted that the effectiveness of most of the programmes has not been researched with the important exception of the STEP programme of Pithers et al. (1998a, 1998b) and Harborview Assault Centre's programme (Berliner and Rawlings, 1991).

It was apparent that with the exception of one sex offending treatment programme for adolescents, other prevention of re-offending programmes in South Africa for pre-teen sex offenders could not be identified.

First, a youth sex offenders' programme in South African will be discussed. This will be followed by a discussion of the background, methodology, assumptions, goals and assessment of ten international prevention programmes.

## **4.2 SOUTH AFRICAN SITUATION**

In South Africa, there is currently a diversion programme called SAYStOP (South African Young Sex Offenders Programme), for sexually offending youths. This is still a pilot programme currently run by a collaborative partnership including, the Institute of Criminology of the University of Cape Town, Community Law Centre of the University of Western Cape and Nicro (Wood, et al., 2000).

Louise Ehlers and Tammy van der Sandt, the developers of the SAYStOP programme, is of the opinion that the programme is only suitable for offenders between 12 and 16 years who have committed a sex crime and who are first offenders. In contradiction to this, officials in charge of the SAYStOP programme at Nicro was interviewed. They stated that that the programme only includes children older than 14 years. In order for the young offender to qualify for inclusion in the programme, the offence needs to be reported to the formal criminal justice system, the magistrate's court must advise the prosecutor on the suitability of the programme for the adolescent sex offender, the young offender must accept responsibility for his offence and the victim must give consent for the young offender to undergo treatment instead of referral to a court. Referrals to the SAYStOP programme come from the prosecutor and the formal criminal justice system. Although, the SAYStOP programme treats adolescent sexual offenders, many continue to slip through the criminal justice system. It is noted that adolescent sex offenders who do not fit the selection criteria, as well as pre-teen sexual

offenders receive little prevention of re-offending. It was further noted that social workers, although they know about SAYStOP, in general had little knowledge of international literature or programmes available to treat pre-teen sexual offenders or children with sexually reactive or sexually aggressive behaviours.

In view the few programmes available to social workers attempting to provide prevention services for sexually offending and sexually aggressive pre-teens, the following section aims to provide examples representative of current prevention practice trends to address the problem of pre-teen sexual re-offending.

### **4.3 PREVENTION PROGRAMMES FOR PRE-TEENS SEX OFFENDERS**

The prevention programmes discussed in this chapter were identified to meet one of the objectives of this study. All the programmes reviewed are programmes for prevention of re-offending for pre-teen sexual offenders. The programme evaluation identifies, compares and assesses theories used to guide the prevention processes and major goals for prevention of re-offending. The programmes will be described according to the following criteria: background, methodology, assumptions, goals and assessment.

#### **4.3.1 Support Program for Abuse-Reactive Kids (SPARK)**

The SPARK programme is the first to be discussed. It will become evident from the discussion that the principles in the SPARK programme derive from primarily cognitive and behavioural theories which, together with elements from a diversity of other theories and concepts, form a comprehensive framework to attempt to prevent pre-teen sexual re-offences.

##### *4.3.1.1 Background of the SPARK programme*

During 1985, Kee MacFarlane developed the California-based Support Programme for Abuse-Reactive Kids (SPARK) at the Children's Institute International. The term abuse-reactive was used to describe children who had experienced some form of abuse and were reacting to the resulting trauma in a sexually unacceptable way (Cunningham and MacFarlane, 1996).

The programme was specifically developed to assist children between the ages of four and 13 who had sexually offended against other children. The programme includes valuable information on prevention of pre-teen sexual offenders from re-offending.

##### *4.3.1.2 Methodology of the SPARK programme*

The methodology used in the SPARK programme was derived from theories based on posttraumatic stress disorder (PTSD), the addiction model and the sexual abuse cycle (Cunningham and MacFarlane, 1996). The programme use concepts from the four traumagenic dynamics of child sexual

abuse by Finkelhor and Browne (1986), as well as the four preconditions of abuse by Araji and Finkelhor (1986).

Cunningham and MacFarlane (1996) emphasized that social workers who assist children that sexually offend from re-offending, need to familiarise themselves with at least four related theories of human behaviours. These theories include the posttraumatic stress disorder (PTSD) theory, the sexual abuse cycle model, the addiction model and the four preconditions of sexual offending. The theories used in the SPARK programme will be discussed as follows.

Cunningham and MacFarlane (1996) used PTSD theory as the organisational tool for their pre-teen abuser prevention programme. To understand the interpretation of the PTSD theory it is essential to recognise the symptoms. Eth and Pynoos (1985:14) defined Post-Traumatic Stress Disorder in children as follows:

- The existence of a recognisable stressor that would evoke significant symptoms in children. These stressors include physical victimisation, observation of violence such as homicide, suicide, natural disasters and war.
- Re-experiencing the trauma in at least one of the following ways: (a) recurrent and intrusive recollections, (b) recurrent dreams or nightmares, and (c) suddenly re-experiencing the traumatic event because of an association with an environmental stimulus;
- Numbing of responsiveness or reduced involvement with the external world (includes internal or external withdrawal or both) and,
- At least two of the following symptoms are present in trauma: hyper alertness, sleep disturbance, guilt about surviving, trouble concentrating, and avoidance of activities that arouse recollections of the trauma.

Based on the above, many pre-teen sexual offenders are victims of some sort of trauma, and social workers are required to recognise symptoms of trauma in order to treat the initial suffering of the pre-teen sex offender. Treating the trauma is useful as it provides the pre-teen sex offender an opportunity of working through his feelings about his or her subsequent offending behaviours.

Alternatively, Finkelhor and Browne (1986), Friedrich (1993b) and Araji (1997) identified their concerns regarding the PTSD model for children. They argued that the model masks factors such as attachment and self issues which are equally or more salient to understanding sexual victimization. Agreeing with the above researchers, Araji (1997) acknowledged the value of the programme in that it directs attention to the initial trauma of the sexual offender.

In addition to the PTSD theory, Cunningham and MacFarlane (1996) also used the sexual abuse cycle theory to guide their understanding and prevention of sexual re-offending of children. Araji (1997) viewed the sexual abuse cycle theory as a model representing cognitive and behavioural progressions occurring before, during and after sexually abusive behaviour. The PTSD theory describes a cyclical process because the behaviour sequences are viewed as repetitive. The hypothesis is that there are

previous offences parallel to the sexual offence and that its subsequent offence patterns are reinforced.

Cunningham and MacFarlane (1991) described the sexual abuse cycle of pre-teens as follows: The cycle starts with a negative experience or feeling. It then moves to wrong or negative expectations, next to cognitive or behavioural isolation of oneself, followed by behaviours that involve feelings of anger and power, or control behaviours. The subsequent steps involve negative fantasies, followed by negative behaviours, which subsequently lead to negative feelings. Finally, rationalisations or cognitive distortions about the experience are developed. These processes repeat themselves until successful intervention takes place.

Cunningham and MacFarlane (1991, 1996) also utilised Finkelhor and Arajii's (1983) four preconditions of abuse model in that the impulse to perpetrate or the actual perpetration behaviour by children may be fostered in a family environment that lacks boundaries and controls that might compensate for children's lack of self-control. In line with Finkelhor's four preconditions model, the first precondition to abuse is motivation for the sexual offence. Cunningham and MacFarlane (1991, 1996) indicated that this motivation might be the reaction to a child's own abuse, which might be reinforced sexually during a critical time of sexual development. The sexually offending behaviour might give the child a feeling of power and control over the victim. Consequently, the offending behaviour satisfies a deep emotional need to alleviate feelings of vulnerability. The second precondition is to overcome external inhibitors. Abuse-reactive pre-teen children may develop aggressive, sexual and self-destructive thinking. Many of these children come from families in which there are few role models exhibiting self-control. Therefore, development of appropriate moral values is impaired and these children lack empathy. With respect to the third precondition, overcoming internal inhibitors, the family of the abuse-reactive child frequently lacks clearly defined boundaries and external controls that could compensate for the child's lack of internal inhibitors. The family may unintentionally leave the abuse-reactive child in situations that encourage sexual acting out or they fail to provide adequate protection for the young child victims. The last precondition is to overcome the victim's resistance. Cunningham and MacFarlane (1996) stated that the abuse-reactive children generally select victims who are younger, smaller or less powerful. The abuse-reactive children use coercion, bribery or threats to overcome the victim's resistance.

From the above discussion, it is clear that the four pre-conditions model offers a clear delineation of both the internal and external factors, particularly with regard to the family, that contribute to the child becoming sexually abusive. This model also addresses the power-control variable and the aggressive component of sexually aggressive behaviour. There is a strong implication that the sexually offending pre-teen is reacting to his own sexual victimization.

Cunningham and MacFarlane (1996) further employed the addiction model as a guide to developing pre-teen sexual offender prevention interventions and materials in their SPARK programme. The addictive behaviour model explains the dynamics of child sexual offences because sexual preoccupation is one of the common reasons sexually offending pre-teens come to the attention of

parents. Cunningham and MacFarlane (1996) noted that family secrecy and massive denial prevent many pre-teen sexual offenders from getting the help they need.

The addiction model focuses on the idea that sexual pleasure is a powerful reinforcer of sexual acts, and the sexually offending behaviour that brings this about may become addictive. Cunningham and MacFarlane (1996) drew on the works of Carnes (1983) who used the model directly to sexually related disorders and Breer (1987) who used the model in the prevention of sexual re-offending of adolescents.

Breer (1987) alleged that reinforcers of sexually inappropriate behaviours can occur as a result of specific sexual behaviours or in response to fantasies about molesting behaviours. He also hypothesized that adolescent offenders may use fantasies to arouse themselves to the point where they actually sexually offend others. Correspondingly, Gray and Pithers (1993) included “arousal to abusive fantasy” as one of the compensatory responses of sexually abusive children. However, Johnson (1993) assumed that pre-teens do not engage in substantial use of fantasies, and when they do, they focus more on aggressive than sexual themes. Gil (1994) who generally agreed with Johnson (1993), noted that some pre-teens do engage in sexual fantasies prior to sexual offending.

Carnes (1983) developed indicators of sexual addiction, which Cunningham and MacFarlane (1991) drew upon, which included the following:

- Preoccupation with sex or sexual thoughts.
- Ritualization.
- Sexual compulsivity.
- Secretivism.
- Sexual behaviours as pain relieving.
- Sexual activity devoid of a caring relationship.
- Despair and shame.
- Progressive addictions.
- Massive denial.

From the above it is clear that Cunningham and MacFarlane (1996) used the addiction model to guide their development of intervention materials that focus on denial, taking responsibility, making amends, scapegoating, ritualization and compulsivity. Cunningham and MacFarlane (1996) used this model to identify and treat the early stages of repetitive sexually deviant behaviours before they become compulsive or addictive.

The principles in the SPARK programme are a combination of primarily cognitive and behavioural theories and concepts to develop a comprehensive framework.

#### 4.3.1.3 Assumptions of the SPARK programme

The following assumptions in the SPARK programme relate to pre-teen sexual offending.

One of the central assumptions in the SPARK programme is, first of all, the existence of a recognisable stressor that would evoke significant symptoms of post-traumatic stress in children (Cunningham and MacFarlane, 1996).

The second assumption is that the impulse to perpetrate or the actual perpetration behaviour by pre-teen sexual offenders may be developed in a home environment that lacks boundaries and controls (Finkelhor and Browne, 1986).

Third, the SPARK programme assumes that sexual pleasure is a powerful reinforcer and the sexually offending behaviour may become addictive (Breer, 1987; Carnes, 1983).

Finally, the sexual abuse cycle utilized in the SPARK programme identifies the following assumptions (Ryan and Lane, 1997):

- Sexual abuse: Sexual abuse behaviours involve violation, exploitation, manipulation or coercion of another. These behaviours are premeditated. The offending behaviours represent a sexualised expression of nonsexual needs at another's expense.
- Power or control aspects: The sexual abuse cycle represents a need to control or have power over others. The sexual abuse cycle is perceived as a maladaptive and dysfunctional power-based response to problems. When power or control responses are used as a way to solve a problem, it decreases the development of self-control or improvement in interpersonal coping skills. These control type responses can easily become habituated and interfere with the development of pro-social social skills. Power and control behaviours and thoughts are expressed in both non-sexual and sexual ways, and the behaviours may be demonstrated in passive or aggressive ways.
- Compensatory aspects: Sexual offending is believed to be a compensatory behaviour because the sense of being in control or having power decreases anxiety or distress. The need for a compensatory experience is initiated by emotions of helplessness or lack of control associated with a triggering event preceding the sexual offence.
- Arousal aspects: Sexual excitement or arousal precedes the sexual acts while the child offender fantasises about the planned sexual offence while recalling prior offences. Sexually offending acts are maintained and preferences are reinforced when associated with sexual arousal. Because arousal and orgasm are psychologically and physiologically gratifying, they are self-reinforcing. When the associated arousal increases, the desire to engage in sexually offending behaviours intensifies and becomes more frequent. Arousal is reinforced and sexual interest shaped by masturbatory behaviours associated with sexual fantasies. The arousal

associated with sexually offending fantasies or behaviours is perceived as compensatory in that it appears to reduce anxiety and enhance the self-concept of the offender.

- Addictive aspects: Sexual offending may become an addictive disorder due to the psychological and physiological reinforcement in sexually offending behaviours. Many pre-teen sexual offenders show impulse-control deficits and report that urges or compulsions to engage in sexually offending behaviours are difficult to manage.
- Cognitive aspects: Pre-teen and adolescent sex offenders have a variety of inaccurate and irrational cognitions or thinking errors. These cognitive distortions arise from inaccurate perceptions, assumptions and conclusions about the world. These irrational beliefs or thinking errors influence the offender's perceived need for control or power while it supports cycle progression and justify abusive sexual behaviours.

It seems that offenders in the sexual abuse cycle employ concepts of coercion, manipulation and exploitation to exert power and control over their victims. In view of the literature study and professional work experience, it is further apparent that the sexual abuse cycle will continue because sexual pleasure is a powerful reinforcer until preventative steps are taken to stop the offending behaviour.

#### *4.3.1.4 Intervention goals of the SPARK programme*

The SPARK programme focuses on children between the ages of four and 13. Group intervention is the primary treatment modality. Prevention treatment lasts for between one and two years.

From the previous discussion, it was apparent that the SPARK programme is used to facilitate the acquisition of new skills, which are used to decrease sexualised behaviours and generalise healthy behaviours in other settings. The programme covers the following prevention goals.

- Assessing the specific antecedents to sexual acting out for the offending child as well as assessing the family dynamics that facilitate and sustain the sexually offending behaviours.
- Increasing the self-esteem of the offending child.
- Developing an internalised locus of control.
- Developing a feeling of recognition.
- Addressing a personal history of victimisation of the offending child.
- Decreasing impulsive behaviours.
- Developing emotions of empathy in the offending child.
- Gaining mastery over problematic behaviours.
- Identifying and utilizing resources.

(The techniques used to achieve these prevention of re-offending goals are discussed in chapter five).

In order to ensure that the pre-teen sex offender discontinues his or her sexual offending, the SPARK prevention programme focuses firstly on the pre-teen sexual offender's own sexual abuse which is seen as the disruptive experience that can distort the psychosexual, cognitive and social development. Secondly, the SPARK programme emphasises the need for pre-teen sex offenders to understand that they are responsible for their own behaviour as well as learning pro-social sexual conduct such as self-management, self-control and relapse prevention.

It was further apparent that parent groups are held concurrently with group prevention intervention for the sexually offending child. The topics covered in the groups for parents include the following:

- Educating the parents to empower them to deal with the sexually offending child as well as the law enforcement, child protection units and the school.
- Providing child sexual abuse education to the parents.
- Assisting the parents with supervision of the sexually offending child.
- Supplying general child development information to the parents.
- Assisting parents in distinguishing between normal versus abuse-reactive behaviour.
- Helping the parents develop awareness of the family dynamics and recognition of how these dynamics contribute to the manifestation of sexually offending behaviours.
- Assisting the parents with parenting skills.
- Strengthening the family's support system and resources.
- Assisting parents to normalise fears, shame and humiliation.
- Assisting with the development of appropriate expectations of prevention goals.
- Facilitate a process where parents can discuss their personal unresolved abuse issues.

The SPARK programme addresses the family dysfunction associated with pre-teen sex offending while providing information and support to parents. Parents are taught to identify abusive characteristics and consequences of sexual abuse while learning about healthy sexual development. Although the primary focus of the programme is on group treatment, the programme can also be used to treat child offenders in an individual setting to prevent further re-offending.

#### *4.3.1.5 Assessment of the SPARK programme*

From the above discussion, it is apparent that the SPARK programme utilizes the following theories: Post Traumatic Stress Disorder, addiction model, sexual abuse model and cognitive and behavioural theories. It is the only prevention programme discussed in this chapter that utilizes the Post-Traumatic Stress Disorder model which relates to children who were traumatized at young ages.

In correlation with the other ten prevention programmes that are discussed in this chapter (STEP, William Friedrich's Prevention of Re-offending, Gil's Prevention of Re-offending, Harborview Sexual

Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's about Childhood, A Step Forward and Philly Philly Kids Play It Safe), the SPARK programme incorporates individual treatment as well as group and parent group therapy. Unlike the other ten well-known programmes, the SPARK programme includes group work with victims who have been sexually molested by a sibling. In cases of sibling incest, the group focuses on preventing the recurrence of sexual abuse. Alternatively, a group for siblings who have not been victimized provides support to those who have been victimized.

The principles underpinning the SPARK programme are based on the sexual abuse cycle, which explains aggressive sexual behaviours in children. In keeping with the definition of sexually aggressive behaviours, the SPARK programme describes sexually deviant acts in a similar way. Sexually aggressive behaviours employ concepts of coercion, manipulation, exploitation as well as power and control over the victim (Friedrich, 1991; Gil and Johnson, 1993; Kairys et al., 1999; Wyatt and Powell, 1988). In correlation with Gil (1993), the SPARK programme assumes that informed consent must be considered when deciding whether sexual behaviour is abusive. Factors the programme uses to measure consent are the following:

- Understanding what is proposed based on age, maturity, developmental level, functioning and experience;
- Knowledge of societal standards for what is being proposed;
- Awareness of potential consequences and alternatives;
- Assumption that agreement or disagreement will be respected;
- Voluntary decision of offender; and
- Mental competence of offender (Araji, 1997).

The SPARK programme also addresses the sexual abuse cycle, which assumes that once the abusive act is repeated, it will continue until intervention stops it. The sexual abuse cycle model is viewed as a construct representing cognitive and behavioural progressions taking place, prior, during and subsequent to sexually abusive behaviours.

The major asset of the SPARK programme is the inclusion of all family members, including non-victimized siblings, in the prevention process. This helps the family to develop an awareness of the family dynamics and to recognize how these dynamics contribute to the manifestation of sexually offending behaviours.

As described in this chapter, the SPARK programme incorporates multiple theoretical perspectives, with the main emphasis on the abuse cycle, to facilitate a very comprehensive approach to prevention of sexual re-offending.

### **4.3.2 Relapse prevention programmes**

A review of current literature indicated that there are four programmes that treat pre-teen sexual offenders based on the Relapse Prevention model which was developed by William Pithers to help adult sexual offenders control their behaviour in various situations and ultimately to change their sexually abusive actions. The four different relapse prevention programmes, the STEP programme, the SAST programme, the ATP programme and The Safer Society programme, will subsequently be discussed and assessed.

#### *4.3.2.1 Background of Relapse Prevention Programmes*

The Relapse Prevention Programme for child sexual offenders is a modification of the Relapse Prevention Programme for adults. The model incorporates effective, cognitive and behavioural features and focuses on self-control as a way to prevent relapses. It is thus a prevention-focused approach, although prevention is tertiary because its focus is on preventing pre-teen sex offenders from relapsing once abusive behaviours have begun.

Relapse Prevention Programmes provide a service for pre-teen sexual offenders between the ages of six and 12 years. Prevention of re-offending of pre-teen sex offenders and parents lasts up to 32 weeks.

#### *4.3.2.2 Methodology of Relapse Prevention Programmes*

The methodology of the Relapse Prevention Programme includes affective, cognitive and behavioural perspectives as well as child development theories and the sexual offence cycle, as discussed in chapter two. Relapse Prevention Programmes further focus on self-monitoring or self-control by the pre-teen offender as a means to preventing relapses of sexual offending. The focus of the Relapse Prevention Programmes is on prevention with cognitive and behavioural orientations to control pre-teen sex offenders' behaviours (Araji, 1997; Gray and Pithers, 1993).

In line with the cognitive and behavioural perspective, sexual offending behaviours are seen as a learned behaviour. In order to implement this perspective, prevention of re-offending includes positive reinforcement of the acquisition of coping skills, age-appropriate sexual behaviour, internalized mechanisms for solving problems and relapse prevention.

In view of child developmental theories (Erickson, 1963; Freud, 1964; Piaget, 1929), as discussed in chapter two, children mature through different developmental stages and each of these stages is dependent on the previous one. It is also further evident from the literature study that there are guidelines for what is considered normal sexual development at various ages and which are used for measuring behaviours that deviate from these expectations (Araji, 1997; Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993; Ryan and Lane, 1997). The Relapse Prevention Programmes use the developmental theory to explain the notion of disruptions that occur during a child's development and how these disruptions help explain offending sexual behaviours of

pre-teen children. There is a reasonable amount of consensus (Finkelhor and Browne, 1986; Gil and Johnson, 1993; Gordon, Schroeder and Abrams, 1990; Hoghughi, 1997) that children who have been sexually abused develop an unusual or excessive preoccupation with sexual matters, which explains sexually offending behaviour. Another consideration, according to Hoghughi (1997) is that pre-teen children who have not developed secure emotional attachments with their parents may develop a vulnerability towards sexually abusive behaviour. These pre-teen sex offenders are deprived and come to realize that they can achieve attention through sexually abusive behaviour.

The sexual abuse cycle theory, as described in chapter two, which was developed by Ryan and Lane (1997), links negative affective states and deviant sexual fantasies. It explains dysfunctional responses to problematic situations or interactions. The responses are based on distorted perceptions relating to power and control, which become sexualized.

In line with the relapse prevention perspective, the programme focuses on cognitive and relapse prevention strategies. It recognizes that children can be taught to control their behaviour in various situations and ultimately to change their sexually abusive actions.

The Relapse Programme corresponds with Gray and Pithers' (1993) relapse theory as it recognises categories of precursors to repeating sexually abusive acts. Youth sex offenders learn about their own predisposing risk factors occurring during early development of a sexual offence or early in the youth's sequence of precursors. Youth offenders learn to recognize the chain of re-offending and how to avoid it.

Consistent with other Relapse Prevention programmes for child sex offenders (Gray and Pithers, 1993) the first signs of risk to offend involve affect (feeling moody or brooding) relating to the predisposing risk factors. The second sign relates to the precipitating risk factors, which involve fantasies of performing a deviant act that is later converted to cognitive distortions. The pre-teen sex offender is now rationalising or minimising the planned sexual act, or attributing of inaccurate perceptions or blame to potential victims. These two processes result in the deviant sexual behaviour, which relates to the perpetrating risk factors. By utilising the Relapse Prevention model, the pre-teen sex offender learns to identify the affective, cognitive and situational factors that precede the sexual offence.

#### *4.3.2.3 Assumptions of the Relapse Prevention Programme*

Gray and Pithers (1993) identified three broad categories of assumed risk precursors to repeating sexual abusive acts. These assumed predisposing risk factors occur during early development of the abuser's sequence of precursors. Precipitating risk factors usually occur shortly before the sexually abusive behaviour and tend to determine what the type of abuse performed will involve, whereas perpetuating risk factors increase the probability that sexually abusive behaviours will continue in the future.

Gray and Pithers (1993) identified the following three sets of risk factors, and a set of four related responses to prevent further sexual abuse.

#### **First category of predisposing risk factors**

- Being a victim of sexual abuse
- Being a victim of physical abuse
- Living with a dysfunctional family
- Absence of empathic skills in pre-teen sex offender
- Insufficient social skills in pre-teen sex offender
- Low self-esteem of the pre-teen sex offender

In line with the first category of perpetrating risk factors, a literature review indicated that factors such as childhood experience of abuse, neglect, family instability, disorganisation, sexual abuse, absence of pro-social social skills and low self-esteem have been found to be prevalent among youths who sexually offend (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich et al., 1991; Gil and Johnson, 1993; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen, et al., 1992; Ryan, et al., 1993). More specifically, negative circumstances, experiences and parental models, as are prevalent among South African families (Wood and Ehlers, 2001) in the early life environment may support the development of sexual deviance among youths in South Africa.

#### **Second category of predisposing risk factors**

- Fantasies about sexual abuse by pre-teen sex offender
- Thinking errors made by pre-teen sex offenders
- Mismanagement of emotions by pre-teen sex offender
- Absence of conflict resolutions, skills and urges in pre-teen sex offender
- High risk opportunity for sexual offending in environment

With reference to the second category of perpetrating risk factors, and corresponding with the trauma outcome process (Rasmussen et al., 1992), anger from physical, emotional or sexual abuse, when combined with sexual awareness, can lead to sexual perpetration. Inadequate social skills including lack of empathy and conflict resolution skills can cause the pre-teen sex offender to use another child for personal gain such as to overcome loneliness or develop close relationships.

#### **Third category of predisposing risk factors**

- Lack of supervision in the home environment of pre-teen sex offender
- Pre-teen sex offender finds gratification from emotions or sexual releases
- Pre-teen sex offender lacks information about positive sexuality

- Pre-teen sex offender displaces responsibility of sexual offence
- Gender shame and misconceptions of own sexuality subsequent to own sexual victimization

Relating to the third set of perpetrating risk factors, lack of accountability manifests in the form of cognitive dissolutions or thinking errors to rationalize one's behaviour. This contributing factor can also be considered as a lack of consideration for others' feelings. The lack of supervision within the environment also contributes to predisposing factors relating to overcoming external inhibitors. When families have difficulty relating to the outside world and become socially isolated, their problems with external boundaries may manifest in inadequate social skills and boundaries including inadequate information about positive sexuality.

Considering all theories relating to the perpetrating risk factors, it is evident that the risk factors incorporate ideas from theories such as the sexual abuse cycle as well as the Post Traumatic Stress Model in order to explain both internal and external factors that deter or increase the risk of becoming a sexual offender or continuing sexual offending.

According to the Relapse Prevention programme for child sex offenders, the earliest signs of increasing danger involve affect (feeling moody or brooding) relating to the predisposing risk factors. The second sign relates to the precipitating risk factors, which involve fantasies of performing a deviant act, that are converted to cognitive distortions. The child offender is now using rationalisation, or minimisation of the contemplated act, or attribution of inaccurate perceptions, or blame to the potential victims. These two processes result in the deviant sexual behaviour which relates to the perpetrating risk factors. Using the Relapse Prevention approach, the child offender is taught to identify the affective, cognitive and situational factors that precede the sexual offence. The Relapse Prevention is also referred to as the balanced approach because it addresses victim and perpetrator issues (Grey and Pithers, 1993). This approach builds on the notion that the child is reacting to some trauma. This may include the effects of sexual abuse, physical abuse, emotional abuse, neglect, sexualised environments or role-reversed parenting. The child sex offender prevention plan allows children to heal from their abuses and treatment goals are best served when treatment is balanced across victim safety, advocacy for personal empowerment and developmental competency. Prevention goals are most effective when it balances across community and competencies in self-management (Araji, 1997; Gray and Pithers 1993).

In keeping with this perspective, four responses were identified that could possibly affect the degree to which each of the three risk factor categories, as previously categorised, influences the sexually offending behaviours of children. The following four different responses are assumed to influence the children's sexually reactive or sexually aggressive behaviours:

- Self-managed responses
- Trauma-induced reactions
- Compensatory responses

- External supervision

The abovementioned structures offer assistance in the resolution of sexually offending behaviours of pre-teens and thus prevention of re-offending. In order to implement these structures the social worker can assist the pre-teen sex offender to enhance his/her self-management skills, according to cognitive and behavioural theories described in chapter five. Second, in line with the sexual abuse perspective, the pre-teen sex offender can be guided in resolving trauma related to the offender's own victimization. Third, corresponding with the sexual abuse cycle described in chapter five, the social worker needs to address compensatory reactions relating to exhibiting offending sexual behaviours that are connected to negative emotions, as described in chapter five. Finally, the social worker must facilitate an increasing degree of supervision to assist the pre-teen sex offender in controlling self-managing skills. In order to overcome the pre-teen's sexually offending behaviour, the focal point should be on controlling behaviours from within as well as from factors in the environment. More specifically, the theoretical idea assumes that if the problem arose in a system that provided an environment with poor role models and one that was conducive to creating trauma in the child, which in turn led to the development of cognitive and emotional patterns conducive to the sexually offending behaviours, then the internal and external environment that prevented these behaviours must be reinstated.

#### 4.3.2.4 *Goals of the Relapse Prevention Programmes*

In the Relapse Prevention Programmes, the following general prevention goals are identified:

- Developing pro-social life skills
- Developing self management
- Developing positive sexuality
- Understanding relapse prevention and the offence chain of events
- Avoiding of sexual abuse strategies
- Dealing with the history of abuse (Araji, 1997; Gray and Pithers, 1993).

It is evident that the prevention-focused models aim for tertiary prevention because the focus is on preventing further relapse once sexually abusive behaviours have begun. Its prevention concept focuses the attention on the role the child's external environment played in introducing the child to sexually abusive behaviours, and the role it must play in intervention in the issues related to victimisation and prevention of the sexually offending behaviour. If the sexual offending had happened in an environment with poor role models and one that was contributing to creating trauma in the child, which consecutively led to the development of cognitive and emotional patterns conducive to the child's perpetrating behaviours, then the internal and external environments that could prevent these sexually offending behaviours must substitute the dysfunctional ones.

With reference to the relapse prevention theory, four well-known programmes, which employ the principles of relapse prevention will be outlined. They are the STEP programme, the SAST programme, the ATP and the Safer Society programme. The following review will elaborate on these programmes.

#### 4.3.2.5 *STEP Programme*

The STEP programme was derived from theories based on cognitive and behavioural treatment (Piaget, 1929; Yochelson and Samenow, 1976), child development (Cunningham and MacFarlane, 1996; Freeman-Longo et al., 1994; Friedrich, 1991; Groth, 1979; Hoghughi, 1997; Steele, 1986), child sexual abuse (Cunningham and MacFarlane, 1996) as well as the relapse prevention theories (Gray and Pithers, 1993). Although the focus of the treatment is relapse prevention, the programme also integrates a model for identifying risk factors, as discussed earlier, and teaching internal and external control of behaviour. The outcome of this programme is a prevention-focused programme with cognitive and behavioural orientation to address younger children who sexually offend (Araji 1997; Gray and Pithers, 1993).

The programme provides prevention of re-offending of children between the ages of six and 12 who sexually offend. Group therapy is the primary intervention modality. Children are divided into groups by age to ensure that the prevention service is present within the appropriate cognitive and developmental levels. Groups are held for parents as they are seen as a core part of the prevention team and therapy progression. The prevention service lasts for up to 32 weeks.

The STEP programme identifies the following eight prevention goals for the children's groups:

- Learning self-management.
- Developing sexual attitudes consistent with age.
- Making choices that contribute to prevent further sexual abuse.
- Developing positive friendships.

Groups are held for children six to nine years old and those ten to 12 years old (Araji 1997; Gray and Pithers, 1993).

The parents are a focal point of prevention in the STEP programme. They are encouraged to participate fully in the prevention of further sexual re-offending abuse. The goals for the parents in group treatment are as follows:

- Reducing their isolation.
- Developing a support system.
- Developing stress-management skills.
- Increasing parenting skills.

- Gaining knowledge regarding childhood sexual behaviour problems.
- Learning to take care of personal needs.

From the above goals, it is clear that learning adaptive skills and taking measures to prevent relapse are considered the main components of this programme. As can be seen, the focus of the STEP programme is in line with the goals of the Relapse Prevention Programmes by using cognitive and behavioural orientations to control pre-teen sex offenders' behaviours to prevent future re-offending.

The second Relapse Prevention Programme, the SAPT, will accordingly be discussed below.

#### 4.3.2.6 *SAPT (Sexual Abuse Prevention Treatment)*

The Sexual Abuse Prevention Treatment programme is a sex abuse specific programme, which focuses on a modified relapse prevention approach. This programme is similar to the STEP programme because it offers highly specific interventions that provide guidelines, which emphasise the prevention concept.

The SAPT programme requires weekly joint sessions for sexually abusive children and their parents. The sessions include a review of the previous week's lapses or relapses and time is provided to set new goals. This is followed by an activity or lesson and homework. During the closing of the session, the participants identify one idea or point that they liked, or one aspect of therapy which they are thankful for and one lesson which they have learnt (Araji, 1997; Gray and Pithers, 1993).

The SAPT programme includes the following goals during intervention:

- Learning about appropriate and inappropriate sexual behaviour.
- Learning emotional risk management.
- Developing positive self-image.
- Minimizing sexual thoughts.
- Understanding the cycle of sexual abuse and steps to avoid sexual abuse.
- Managing risk factors, which include recollections, urges, lapses (slides) and relapse (acting out).
- Building a prevention team within the family and community.
- Learning appropriate responses to body arousal.
- Dealing with the perpetrator's own history of victimization and the subsequent compensatory sexual behaviour.
- Learning about the consequences of sexual abuse as well as victim impact.
- Developing morals to avoid further sexual offending.

- Developing empathy for victim.
- Making amends to victim.
- Prevention plans to avoid future sexual abuse (Araji 1997; Gray and Pithers 1993).

It is clear from the above goals that the SAPT programme was designed to sustain the change in behaviour of the child sexual offender to prevent further re-offending. The programme further aims to strengthen self-control by providing methods for identifying problematic situations, enhancing self-management and analysing early antecedents of sexually abusive acts.

The third example of a Relapse Prevention Programme, the APT, will be discussed as follows.

#### 4.3.2.7 APT (*Abuse Prevention Treatment*)

The APT or sexual prevention programme is another Relapse Prevention Programme, which is related to the STEP programme.

The group format in the ATP includes therapeutic play, expressive therapies such as puppetry, clay, and art therapies in workbook form. These therapies are assessed to address the developmental needs of children. The weekly activities are designed to build the members' self-esteem, to enhance their decision-making and problem-solving skills as well as to increase positive socialisation and develop attachments with significant people (Araji, 1997).

The ATP programme includes the following goals:

- Discussing inappropriate sexual behaviour.
- Discussing appropriate sexual behaviour.
- Learning how to manage negative emotions.
- Learning about the effects of sexual abuse on victim and perpetrator.
- Building positive self-esteem.
- Developing anger management.
- Learning decision-making skills.
- Taking perspective on how the youth perpetrator feels about him or herself.
- Assisting the youth perpetrator in choosing safe friends.
- Learning about values and rules in the society.
- Developing problem-solving skills.

In line with the goals of the Relapse Prevention Programmes and corresponding with the SAPT and SPARK programmes, the ATP programme was also developed to enhance maintenance of change in the youth sexual offender to prevent re-offending. The programme further also aims to strengthen self-

control by providing methods for identifying problematic situations, improving self-management and analysing early antecedents of sexually abusive acts.

The parent group format is designed to provide support for parents of sexually abusive children. The group approach is based on the empowerment of the parents and not on the expert knowledge of the facilitator. Each week, the members set their goals, share their weekly progress and discuss how to solve problems in an environment of peer support. Positive changes are self-initiated and encouraged by the group.

In groups, the parents learn to identify abusive characteristics and the consequences of sexual abuse. Members discuss rule setting for offending sexual behaviour. Parents are encouraged to acquire healthy reattachments skills to secure positive attachments with their sexually offending children.

#### *4.3.2.8 The Safer Society Programme*

The last example of a Relapse Prevention Programme was developed by Charlene Steen (1993) from The Safer Society of the United States of America. The Safer Society has published a prevention of re-offending treatment programme for sexually offending youths in treatment.

Prevention services are provided for sexually offending youth who are literate. It is suggested that this workbook is for children of ten years and older. Group therapy is the primary prevention treatment modality. Duration of group work depends on how soon the exercises are completed. There are 12 goals and 57 exercises to complete.

The goals of the Safer Society's Relapse Prevention Programme are outlined as follows:

- Understanding the relapse prevention, the offence chain and the importance to use avoidance or escape strategies.
- Changing thoughts deliberately through positive self-talk and avoidance of possible negative consequences.
- Correcting cognitive distortions.
- Discussing emotional triggers and positive ways of handling emotions.
- Creating awareness of choices and their positive or negative consequences as well as awareness of your needs that underlie choices you make.
- Controlling management to understand the problem of immediate gratification and how to develop an emotional plan to deal with emotions.
- Understanding yourself by becoming aware of your physical, mental, emotional, behavioural and family characteristics, what is important to you, what you want to change, and goals.
- Understanding your victim's emotions and deal with your own abuse.
- Creating empathy awareness.

- Learning communications skills including verbal and nonverbal expression, healthy and unhealthy communication, difference between assertiveness and aggressiveness, and listening skills.
- Developing positive sexuality.

It is clear that the prevention strategies focus on personal accountability, sexual abuse chain and relapse prevention. Prevention goals are aimed at eliminating sexually abusive behaviours and replacing it with sexual feelings, thoughts and behaviours that are age appropriate.

Sessions with the family embraces the following goals:

- Understanding the basics of relapse prevention.
- Avoiding and escaping strategies.
- Learning about family dynamics, including family appreciation, family problems and communication.
- Dealing with victimizations within the family.

It is evident that the relapse prevention programme focuses on tertiary prevention. Its prevention concept also focuses on the role that the child's external environment has played in introducing the child to sexually abusive behaviours and the role it must play in intervention of the issues related to victimisation and preventing the sexually offending behaviour. Internal and external environments that prevent sexually offending behaviours must substitute the dysfunctional ones. It is further noted that the prevention approaches recognise that the sexually offending child is both perpetrator and victim and an understanding of the interaction between these two statuses is required.

#### *4.3.2.9 Assessment of the Relapse Prevention Programmes*

Relapse prevention programmes focus on affective, cognitive and behavioural characteristics associated with children's sexually reactive or aggressive behaviours. These programmes further focus on prevention through controlling behaviours within the child by teaching self-management skills and through environmental factors by utilising a prevention team.

The Relapse Prevention Programme is very useful in addressing the extent and nature of the pre-teen sex offending in South Africa since the programme focuses on the system that created an environment with poor role models which were conducive to creating trauma in the child, which in turn led to the development of sexually offending behaviours. Hence, the social worker should replace the dysfunctional external environment with a functional one, which will in turn modify internal cognitive distortions to prevent further sexual offending.

In correlation with other well-known programmes discussed in this chapter (William Friedrich's Prevention of Re-offending, Gil's Prevention of Re-offending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's about Childhood, A Step Forward and Philly

Philly Kids Play It Safe), the Relapse Prevention Programmes utilize cognitive and behavioural theories (Piaget, 1929; Yochelson and Samenow, 1976). Corresponding with the SPARK, William Friedrich's Prevention of Re-offending and It's About Childhood programmes the Relapse Prevention Programmes are built on the notion that the children are reacting to their own sexual abuse. This may include the effects of physical abuse, emotional abuse, neglect, sexualized environments or role-reversed parenting. The philosophy underlying the prevention plan is that children have a need to heal from the abuses or negative situations. These programmes recognise that the child is at a stage of being both a perpetrator and a victim.

Unlike most programmes (SPARK, William Friedrich's Prevention of Re-offending, Gil's Prevention of Re-offending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's about Childhood and Philly Philly Kids Play It Safe) discussed in this chapter, the Relapse Prevention Programmes and A Step Forward programme are the only programmes that incorporate a relapse prevention theory (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993; Johnson and Feldmeth 1993; Freeman-Longo et al., 1994; Pithers et al., 1993; Prentky, 1997; Rasmussen, et al., 1992). It is evident that the focus is on preventing children from repeating sexually offending behaviours by identifying three sets of risk factors e.g., predisposing risk factors, precipitating risk factors and perpetrating risk factors, as discussed previously in this chapter.

The Harborview Sexual assault Centre's programme for sexual behaviour problems, and the STEP programme are the only programmes that have been clinically researched.

Araji (1997) noted that Relapse Prevention Programmes recognise that the self-monitoring, which is used as a prevention tool in these programmes, is restricted to children who have the cognitive skills to process, reflect and evaluate their actions and to recognize the danger signals identified during prevention treatment. Until the appropriate level of cognitive skills is developed in the youth sex offender, much of the control would need to come from the external environment, which is the prevention team.

In summary, Relapse Prevention Programmes assist pre-teen sexual offenders to control their behaviours in various situations and ultimately help them to change their sexually abusive behaviours. The Relapse Prevention Programme also uses four categories of risk factors of precursors to repeating sexually abusive acts that were identified by the offender. The Relapse Prevention Programmes that pre-teen sex offenders need to learn, in order to recognize factors associated with an increased risk of sex offending, use strategies to avoid individualized high-risk situations or effectively control them when they occur. When Relapse Prevention Programmes are applied to latency-aged or younger children, emphasis should specifically be placed on external supervision to avoid further victimization.

### **4.3.3 William Friedrich's Prevention of Re-offending Programme**

Another programme which can be used for pre-teen sexual offenders is William Friedrich's Prevention of Re-offending, which will be discussed as follows.

#### *4.3.3.1 Background of the William Friedrich Prevention of Re-offending Programme*

William Friedrich is a theorist, psychologist and leading researcher on the subject of sexually reactive and sexually aggressive children (Araji, 1997; Friedrich, 1993; Gil and Johnson, 1993). He has worked extensively with many sexually abusive children and their families. He has integrated information from psychodynamic, sexual abuse, developmental, attachment, cognitive, behavioural and systems theories, as discussed in chapter two. He combined elements from these theories into an approach that focuses on the behavioural management of the child within the system in which the child develops.

William Friedrich's prevention and treatment programme offers prevention of re-offending services for children under the age of 13 who display sexually reactive or sexually aggressive behaviours. The programme uses a combination of individual, group and family therapies (Araji, 1997; Friedrich, 1993).

Friedrich reported a preference for using pair therapy with pre-teen sex offenders. He asserted the following advantages for using this strategy: (a) smaller group size, (b) less chance that children may feel overwhelmed, (c) a decreased likelihood that children may be rejected, and (d) an increased benefit for children who do not have the basic skills to regulate their behaviour in a group setting. The researcher is also in favour of pair therapy since antisocial behaviour of pre-teen sexual offenders is frequently related to family dysfunction and lack of basic communication skills among family members. Youth sex offenders seldom have positive role models at home and the reciprocal nature of pair interaction under the supervision of the social worker can contribute to the development of pro-social behaviours. The smaller group setting minimizes peer rejection and increases the development of a positive self-esteem through social learning as well as maximizes controlled peer contacts.

#### *4.3.3.2 Methodology of the William Friedrich's Prevention of Re-offending Programme*

William Friedrich (1993) used the developmental approach to identify guidelines for what is considered normal sexual development at various ages and use this as a measure to determine behaviours that deviate from these expectations. According to the biological and psychological perspectives (Cunningham and MacFarlane, 1996; Erickson, 1963; Freeman-Longo et al., 1994; Groth, 1979; Hoghughi, 1997; Piaget, 1929 and Steele, 1986) as discussed in chapter two, children are seen as maturing physically in a relatively uniform sequence and, coinciding with this, engaging in specific normal sexual behaviours that correspond with various biological ages. Corresponding with the systems approach, as discussed in chapter two, the developmental theory focuses on the development of factors such as social and familial values, norms, organizational patterns and interactions, as well as media information that influence children's thinking and behaviours about

sexuality. In addition to acknowledging the stages of normal development patterns, the developmental theory also includes the notion of disruptions that occur during children's development and how these disruptions explain sexually aggressive interactions. In line with the sexual abuse cycle and attachment theories, as discussed in chapter two, these disruptions are usually traumatic events such as absent or disrupted attachments, sexual abuse, physical abuse, neglect and emotional abuse. These experiences or disruptions can change the normally expected physiological, psychological or sociological development in the children's lives.

Friedrich (1990; 1993) drew further on several general theories to demonstrate how sexual trauma and children's aggressive behaviours are connected. He applied Bandura's (1977) work on modelling, as discussed in chapter two, to propose that children who see aggressive behaviour model or imitate it. Next, Friedrich (1990; 1993) noted that when aggression is paired with an affective response that is positive, the reinforcement value is compounded, increasing the likelihood of recurrence. Friedrich (1990; 1993) included social learning, as discussed in chapter two, into his theory to understand the development of aggression. He drew on Patterson's (1986) research to explain that antisocial behaviour is frequently related to disrupted family management skills. Children's antisocial behaviour increases the risks of academic failures and rejections by peers who value pro-social behaviours. This increases the likelihood of parental rejection and the child's developing loss of self-esteem.

In line with the attachment theory, Friedrich (1990, 1993) was of the opinion that most pre-teen sex offenders suffer from attachment disorder. More specifically, Friedrich believes that poor quality attachments are associated with parents who are absent or rejecting in the way they relate to their children, who are insensitive to their needs, who lack warmth and have difficulties in showing affection. This results in children with poor attachments with their parents to learn inappropriate relationships styles (Ainsworth, 1989; Bowlby, 1973; Main et al., 1985).

Friedrich (1990; 1993) also used the sexual abuse theory, as discussed in chapter two, when he concluded that having been sexually victimized increases the risk of pre-teen children developing sexually offending behaviours (Rasmussen et al., 1992).

Similar to the sexual abuse theory, Friedrich (1990; 1993) included the psychodynamic perspective (Freud, 1964; Groth, 1979), as discussed in chapter two, in his programme to explain how children internalize representations of their external experiences. When the children are confronted with similar situations, the internalized experiences guide their interaction. Therefore, children who are sexually abused will internalize their experiences into their behaviour.

#### *4.3.3.3 Assumptions of the William Friedrich's Prevention of Re-offending Programme*

In line with the development perspective, as discussed in chapter two, Friedrich (1990; 1991; 1993) started his assessment with a discussion of children's cognitive development and how this is related to the way they appraise and respond to stressful situations. According to him, children at various cognitive stages are prone to specific coping styles, such as repression, denial and increased

aggression. Friedrich (1991; 1991; 1993) also considered the relationship between children's development and the ages at which children attribute blame to external or internal causes. He also considered families as contributing to all aspects of the child's development, and the family itself as going through developmental stages of organisation and disorganisation. Therefore, in line with the systems perspective, family histories are viewed as an important variable in the analysis of children's behaviours. Friedrich (1990; 1991; 1993) further assumed that the ability of children to manage critical developmental tasks depends profoundly on the security provided by their primary caregivers. Friedrich (1990) stressed that the impact of the family is reciprocal where family characteristics both precede and influence sexual behaviour of children.

Corresponding with the development perspective, Friedrich (1990; 1993) assumed that the age at which a disruption occurs must be considered the starting point for determining the developmental consequences. Friedrich (1990; 1993) claimed sexual abuse to be the disruptive experience that can distort the course of children's psychosexual, cognitive and social development. These disruptive events, according to Friedrich (1990; 1993) may predispose children to interpersonal difficulties by damaging the parent-child relationships and inhibiting social contact with their peers.

Corresponding to the attachment perspective, as discussed in chapter two, Friedrich (1990; 1993) recognised in his programme that children with insecure attachments have an impaired sense of self, are less communicative of their feelings and often form interpersonal networks that reinforce their poor self-images. Friedrich (1990; 1993) also acknowledged in his programme that when attachments with significant others are disruptive, it makes the child more vulnerable to abuse. When sexual abuse is added to the disruptive attachments, the likelihood of sexually offending behaviours increases.

Friedrich (1991) theoretical assumptions regarding sexually offending pre-teens are as follows:

- The pre-teen sex offender is viewed as a developing organism within a larger family system;
- When abuse at one phase of development is unresolved, it can create new problems at other stages of development;
- Pre-teen offenders may organise their internal thinking and interpersonal relationships around the traumatic experience wherein the world increasingly becomes viewed as a dangerous place and victimization and victimizing become the norm;
- When basic attachments are disrupted, the risk for psychological disorder significantly increases and problems could possibly increase;
- The child with the help of the system, in which he functions, has the potential for adaptive coping and more positive outcomes;
- The parent-child attachment is the core for social development, along with social skills, capacity for empathy and the capacity for self-observation.

In view of Friedrich's (1991; 1993) assumptions, it is clear that he believed children internalize representations of their external experiences and when confronted with similar situations in the future,

these internalized experiences guide their interactions. Hence, children who are abused or traumatized will internalize these experiences into their behavioural plan and eventually into their sense of self, which will serve as a guide to interactions with others.

#### 4.3.3.4 *Prevention goals of the William Friedrich's Prevention of Re-offending Programme*

The prevention goals of the William Friedrich's Prevention of Re-offending Programme as they relate to the pre-teen sex offender, will accordingly be outlined:

- Developing a therapeutic relationship with the therapist,
- Dealing with the history of trauma or family dysfunction,
- Eliminating the sexually aggressive behaviour,
- Learning alternatives to sexual aggression,
- Dealing with emotions; and
- Developing empathy (Friedrich, 1993).

In order to implement the abovementioned goals, the pre-teen sex offenders need to understand the conditions that lead to their sexually offending behaviours and learn strategies for changing their reactions to internal and external stimuli. The underlying focus is therefore for pre-teen sexual offenders to explore their thoughts, emotions and behaviours as well as those of others, and situations that resulted in sexually offending behaviour and learn alternative ways to deal with sexual aggression and emotions relating to sexual offending.

Friedrich (1991, 1993) reported that the following goals are covered during family therapy sessions with the parents, siblings and other significant family members. If necessary, individual prevention service for parents is provided.

- Developing a therapeutic relationship with the therapist,
- Improving parent-child attachments,
- Increasing positive involvement of family members with pre-teen sex offender,
- Developing mutual empathy between pre-teen sex offender and family members,
- Resolving conflict between family members and pre-teen sex offender, and
- Assisting the parents or caretakers to manage their anti-social behaviour as well as the anti-social behaviour of the pre-teen sex offender.

In view of the prevention goals for parents, it is evident that Friedrich (1991; 1993) addressed issues such as improved parental attachment, parental training, social-relational skills as well as conflict resolution. In line with the family perspective, Friedrich's (1991; 1993) goals assumed that all family members are tied together in ways that make individual explanations for behaviour less than

complete. Therefore, in order to achieve behaviour change in the pre-teen sexual offender, change has to occur within the family. It is noted that the strength of Friedrich's programme depends on the inclusion of the family members.

#### *4.3.3.5 Assessment of the William Friedrich's Prevention of Re-offending Programme*

Friedrich's (1991; 1993) prevention programme, includes rebuilding healthy parent-child attachments, building safe environments and teaching social and coping skills to both parents and children, and represents possible positive outcomes in pre-teen sex offenders, as will accordingly be discussed.

As do Cunningham and MacFarlane's SPARK programme (1991, 1996), William Friedrich's programme also utilises the developmental theory, which includes the notion of disruptions in children's lives to guide prevention treatment. The abuse is used as the disruptive event to explain the distortion in the children's psychosexual, cognitive and social development. Friedrich (1990, 1991) as well as Cunningham and MacFarlane (1991, 1996) designed prevention strategies around the developmental stages of the child.

Friedrich is the leading researcher on the subject of the sexual abuse cycle, which is also implemented in the SPARK, STEP, Valley Mental Health and It's About Childhood programmes. This cycle considers the starting point for determining long-term developmental consequences of neglect or abuse.

As in Gil's (1991, 1993) programme, Friedrich also utilised the attachment theory. Children with insecure attachments have impaired sense of self, are less communicative of emotions and frequently form associations that reinforce poor self-image. The attachment theory (Ainsworth, 1989; Bowlby, 1973; Main, et al., 1985) describes the family as reciprocal and family characteristics as preceding and influenced by children's sexual behaviour.

In correlation with other well-known programmes discussed in this chapter (SPARK, relapse prevention programmes like STEP, Gil's Prevention of re-offending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's About Childhood, A Step Forward and Philly Philly Kids Play It Safe), William Friedrich also implemented the cognitive (Erooga and Masson, 1999; Piaget, 1928; Ryan and Lane, 1997) and behavioural theories (Skinner, 1974) in his programme for sexually offending children.

Friedrich (1991, 1993) emphasised the developmental, cognitive and behavioural and systemic components of sexually aggressive acts. He recognised the aggressive and sexual nature of the problem as well as the recursive and contextual variables involved. Friedrich's programme incorporates individual therapy as well as pair therapy which is also used in Gil's (1991, 1993) programme. Friedrich's programme incorporates family therapy as a central part of the prevention treatment process, by rebuilding healthy parent-child attachments, building safe and nurturing environments and teaching social and coping skills to both parents and child.

Together with Gil's programme and the Philly Kids Play It Safe programme, Friedrich includes the psychodynamic perspective in his programme to explain how children internalize representations of their external experiences. When the child is confronted with similar situations, the internalized experiences guide their interaction. Therefore, children who are sexually abused will internalize their experiences into their behaviour.

In conclusion Friedrich's programme can be useful in defining the multidimensional and cyclical nature of sexually offending behaviours, as discussed earlier. The programme has a strong developmental, cognitive and behavioural focus as well as systemic components of sexually offensive behaviours, which has proved to be successful in treating pre-teen sexual offenders.

#### **4.3.4 Eliana Gil' Prevention of Re-offending Programme**

Eliana Gil has developed a prevention programme that can be used to prevent pre-teen sex offenders from re-offending, which will be discussed as follows.

##### *4.3.4.1 Background of Eliana Gil's Prevention of Re-offending Programme*

Another international programme used for preventing pre-teen sex offenders from re-offending, is Eliana Gil's programme. She is a renowned psychologist, academic and researcher (Araji, 1997; Friedrich, 1990; Gil and Johnson, 1993) and is currently in private practice in Rockville, Maryland. Gil has worked extensively with sexually offending children and their families.

Gil's prevention programme provides services for children under the age of 13 who display sexualized and sexually offending behaviours. Prevention treatment includes a combination of individual, group, family and pair therapy.

##### *4.3.4.2 Methodology of Eliana Gil's Prevention of Re-offending Programme*

Eliana Gil's programme, integrates information from psychodynamic, systems, attachment, development, cognitive and behavioural theories as discussed in chapter two and briefly summarized hereafter.

First of all, using the psychodynamic theory she explained how children internalize representations of their external experiences. When the child is confronted with situations similar to his own abuse, the internalized experiences guide his interaction. Therefore, children who are sexually abused will internalize their experiences into their behaviour by sexually offending others. (Freud, 1964; Friedrich, 1990, 1993; Groth, 1979).

Second, Gil incorporated the systems theory which assumes that the experiences of the family develop and sustain the sexually abusive behaviour (Finkelhor, 1979; Gil and Johnson, 1993; Hoghughi, 1997; Laws, 1989). The underlying assumption is that the explanation for the individual's behaviour is considered in the context of the whole family system because all parts are considered interdependent and related to one another with repeatable patterns (Conte, 1986, Friedrich, 1990;

Giarretto, 1978; Gil and Johnson, 1993; Weiner, 1964; Zaphiris, 1978). The pre-teen sex offender is no longer seen as the causal part of the problem since the system and interrelations of the various dyads remain the focus.

Third, the cognitive theory recognizes that the pre-teen sexual offender assumes that his sexually offending behaviour is acceptable, justifiable or harmless. The pre-teen has distorted cognitions or thinking errors as beliefs or attitudes that justify, rationalize or support the sexually offending behaviour (Piaget, 1929).

Next, Gil (1993) assumed that most pre-teen sex offenders suffer from attachment disorder. The disruptions that are the focus of the attachment theory are framed in the context of traumatic events that include absent or disrupted attachment. Poor quality attachments are associated with parents who are absent or rejecting in the way they relate to their children, who are insensitive to their needs, who lack warmth and have difficulties in showing affection. As a result, children who form poor attachments with their parents learn inappropriate relationship styles (Ainsworth, 1989; Bowlby, 1969, 1973; Main et al., 1985).

Finally, Gil's (1993) prevention programme also draws from behavioural theories, which assume that all behaviour is learned and abnormal behaviour can be extinguished and replaced with responses, which are socially acceptable (Ryan and Lane, 1997). Therefore, the theory proposes that children who see sexual behaviours will model or imitate them.

From the above, it is clear that Eliana Gil's prevention approach is eclectic, focusing on problematic sexual behaviour and the underlying areas of concern.

#### *4.3.4.3 Assumptions of Eliana Gil's Prevention of Re-offending Programme*

Gil (1993) indicated that Yates's (1987) theory about "eroticized" children can be useful in understanding the sexual behaviours of pre-teen sexual offenders. According to the eroticized theory, a physiological response becomes linked to a sexual behaviour. Gil (1993) agreed with Yates (1987) in that she agrees that sexually molested children become sexually experienced and eroticized regardless of their age. Sexual responsiveness does not require cognitive skills, therefore, very young children can become eroticized. Yates (1987) explained that the family environments of molested children need to be scrutinized and claimed that separation anxiety, random physical abuse and abrupt rejections intensify the importance of the sexual behaviour. Yates (1987) explained that many children fail to differentiate affectionate relationships from sexual relationships and become aroused by regular physical or psychological closeness. The erotic expression becomes so gratifying that few comparable rewards satisfy this need. These children become erotic, easily aroused, highly motivated and readily orgasmic depending on the intensity or duration of the sexual abuse they have experienced.

It is thus evident that the concept "eroticized" children appears useful when explaining sexually offending behaviours of pre-teen children who have the capacity of becoming sexually stimulated by

certain sexual acts through stimulus response conditioning, although they are not developmentally mature enough to understand the sexual act.

The “eroticized” children theory emphasizes the role that physiological responses play in the earlier stages of sexual conditioning when children are not able to cognitively understand their actions.

Araji (1997) criticised the theory arguing that the notion of “eroticized” children represents more of a diagnostic condition than a theory, and like the Post-Traumatic Stress Syndrome theory, may apply to only those children who have been sexually abused. The “eroticized” theory directs primary attention to the physiological aspects of sexually abusive behaviour.

From the above it is clear that the “eroticized” children theory may explain how and why deviant sexual behaviours develop, but it is evident that it provides little insight into how the aggressive component of sexually abusive behaviours developed.

Gil's (1993) prevention programme also draws on the psychodynamic perspective, which explains how children internalize representations of their external experiences (Friedrich, 1990; Gil, 1993). When confronted with similar situations, these internalized experiences guide their interactions. Hence, children who are sexually abused will internalize the experiences into their behaviour and eventually into their sense of self, which serves as a guide to interactions with others.

In addition to the psychodynamic theory, Gil's (1993) prevention programme recognizes the systems theory as an approach needed to provide a comprehensive understanding of pre-teens' sexually offending behaviours and the contribution of the family dynamics to the problem.

Gil (1993) also utilizes the systems perspective in her programme. Gil (1993) referred to Roberts (1994) when she explained that the basic principle of the general systems theory as applied to the family, assumes the wholeness of a system in which the whole is seen as more than a sum of the parts. It implies that the explanations for the pre-teen's sexual behaviour are considered in the context of the whole system because all the parts are considered interdependent and related to one another. All family members are tied together in ways that make individual explanations for behaviour insufficient. The underlying assumption is that change in any one family member will effect change in other members. The family is viewed as a social group that is governed by rules and norms that are derived from different cultures and passed down from one generation to another. The theory also recognizes physical or emotional barriers that distinguish individuals and families and regulate the contact between them. Families are further viewed as having a hierarchy that dictates roles and responsibilities. The theory furthermore assumes that the family attempts to maintain stability or balance and this homeostatic process is viewed as one of the practices that families use to maintain a sense of well-being when confronted with internal and external changes.

In order to understand the individual, the family, society and culture in which the individual resides need to be understood. The theory implies that cultural symbols are important in analyzing functional and dysfunctional behaviours of the family. Bronfenbrenner (1979) developed a model for describing the family in the context of the larger environment. The first level is the microsystem and it refers to the

interactional relationships within the family. The second level is the mesosystem which refers to the interactions among various systems, such as the school, workplace, peer group, family and neighbourhood. The third level is the ecosystem, which includes interactions between major institutions of society, e.g., the family religions, education and economic institutions. The fourth level, the macrosystem, consists of the influences exerted by cultural values and expectations on the individual.

As seen from the above, the major contributions of the systems theory, are that it situates explanations for the pre-teen's sexually offending behaviours within both micro- and macro-interactional context and focuses on circular rather than linear causality (Bronfenbrenner, 1979).

From a social work perspective, Gil's (1993) perception that prevention of sexually offending behaviours demand social psychological and sociological approaches to the problem rather than reliance on primarily psychological theories, is supported.

Gil's (1993) programme, similar to Friedrich's (1990; 1991) programme, recognises additional principles underpinning the attachment theory. Disruptive attachments are viewed as having the potential to change the normally expected physiological, psychological or sociological developments in children's lives. When sexual abuse is added to the disrupted attachment, the likelihood of sexually aggressive behaviour is increased. Furthermore, children with insecure attachments have an impaired sense of self, are less communicative of their emotions, and commonly form interpersonal associations that reinforce their poor self-image.

Gil (1993) agrees with Friedrich (1990, 1991) and Cunningham and MacFarlane (1991,1996), when she stressed the need to consider development levels of children when attempting to understand them and develop intervention strategies. From a biological and psychological perspective, children are seen as maturing physically in a relatively uniform sequence. At the psychological and sociological levels, the developmental theory centres around the development of factors such as social and familial values, norms and organizational patterns and interactions and media information that influence the children's thinking and behaviours about sex and abuse. Furthermore, the developmental theory also encompasses the notion of disruptions, such as sexual abuse, physical abuse, neglect, emotional abuse and absent or disrupted attachment. Gil (1993) recognised in her programme that these experiences have the potential to change the normally expected physical, psychological or sociological developments of the child.

Traces of the cognitive and behavioural theories can also be found in Gil's (1993) programme. She argued that sexually aggressive behaviour can be treated in the early stages of sexually deviant behaviours before they become compulsive. Gil (1993) used intervention materials and techniques that focus on the denial of the sexually aggressive child, taking responsibility for one's action and making amends, learning social skills, addressing personal needs.

Individual therapy forms the most important part of prevention treatment in Gil's (1993) programme. She divided therapy objectives into primary and secondary goals as will subsequently be discussed.

#### 4.3.4.4 *Prevention goals of Eliana Gil's Prevention of Re-offending Programme*

Individual therapy is considered important in Eliana Gil's prevention programme and treatment goals comprise the following goals:

- Developing a therapeutic relationship;
- Determining preparedness for group therapy;
- Learning about problematic or offending sexual behaviour;
- Assessing risks and learning social skills such as dealing with helplessness and vulnerability as well as improving self-concept and self-esteem;
- Addressing personal needs;
- Eliminating the problematic or offending sexual behaviour;
- Assessing history of personal victimization or other concerns;
- Assessing family dynamics and developing a realistic expectation of the family;
- Addressing issues from group therapy that needs to be dealt with during individual therapy.

From the abovementioned prevention treatment goals it seems that Eliana Gil's individual therapy can be helpful to children with a wide range of behavioural or emotional problems. More specifically, pre-teen sex offenders can benefit from different treatment modalities, as discussed earlier, in order to address the complex and interactive nature of their cognitive thought processes, affective and physiological development, behavioural aggression and sexual acting out as well as family dysfunctions associated with sexual offences.

In addition, group therapy also forms an internal part of prevention. Children are placed in groups according to age and characteristics of problematic or offending sexual behaviour. In contrast with Gray and Pithers' (1993) relapse prevention programme, children with problematic and sexualised behaviour are not put in the same groups with children who have sexually offended. Gil also used pair therapy as an alternative to group therapy for children who do not participate adequately in a group setup.

##### 4.3.4.4.1 Prevention goals for parent group intervention

Gil (1993) recommended two different types of group intervention for parents of children who sexually offend. The first type of group intervention lasts between eight to ten weeks and is psycho-educational. The prevention goals for the group is to learn about the following:

- Learning about the characteristics of children who molest.
- Learning about the problems exhibited by children who sexually offend.
- Learning the definition and description of children who sexually offend.

- Learning about age-appropriate sexual behaviours for children in different age groups.
- Distinguishing between age-appropriate childhood sexual behaviour and sexual abuse.
- Setting up and using external control to prevent sexual molestation.
- Assisting children to develop and use internal control.
- Learning about their child's offence patterns.
- Helping their child use internal controls.
- Assisting their child to deal with high risk factors and situations.
- Using open and direct communication regarding problems and sexual issues.
- Understanding family dynamics as a contributor to their child's sexual offending behaviours.
- Enhancing cooperation between therapist and pre-teen perpetrator.
- Coming to terms with what has happened.

The goals in the prevention programme include dealing with feelings within the family. The strengths in the family are highlighted and weaknesses are challenged in order to bring about positive long-term change. The strengths and weaknesses in the marriage are reviewed and changes are made to strengthen it. The parents receive counselling in conflict resolution. An end is also put to unhealthy patterns of interacting while healthy patterns of interaction are encouraged. The family eventually works towards eliminating the patterns of interaction that is conducive to a sexualized family environment. Finally, parents learn how to solve problems and ways to cope with unchangeable situations.

In addition to parent group prevention treatment, Gil (1993) puts emphasis on the contribution of the family to the treatment process. Family treatment includes all the members of the family. The following issues can be covered:

- Revision of information covered in individual and group therapy.
- The theoretical perspective and understanding of the offending sexual behaviour in the family.
- Techniques to avoid future problems.
- Discussing the contribution of each family member to the problem.

From the above, it is clear that Gil (1993) focused on the building of strong and appropriate attachments between children and their parents. The integration of the attachments, trauma and systems theories provides safe nurturing families who are responsive to risk factors of future sexual aggression as well as sexual offending.

#### 4.3.4.5 *Assessment of Eliana Gil's Prevention of Re-offending Programme*

Eliana Gil's (1993) prevention programme is the only programme discussed in this chapter that focuses on the systems theory. Gil (1993) together with Rasmussen (Trauma Outcome Process, 1992) referred to the systems approach as important to understand children's sexually aggressive behaviours. Other researchers (Cunningham and MacFarlane, 1991, 1996; Friedrich, 1990, 1993; Gray and Pithers, 1993; Johnson, 1993, Rasmussen et al., 1992) also connected the problems sexually aggressive children exhibit to their families, although they failed to use the systems theory in their programmes. However, the systems approach is less popular with Ryan and Lane (1997) who helped to develop the Redirecting Sexual Aggression prevention programme because it is considered to remove the responsibility of the offence from the offender. It seems as if the systems theory explains sexually offending behaviour within a micro- and macro-interactive context and focuses on circular rather than linear causality. It can be argued that what is currently known about the factors that contribute to the development of offending sexual behaviours demands social, psychological and sociological intervention on a micro and macro level rather than reliance on primarily psychological theories.

Corresponding with Cunningham and MacFarlane's SPARK programme (1991, 1996) and William Friedrich's programme (1993), Eliana Gil's programme also utilises the developmental theory, which includes the concept of disruptions in children's lives. Children who sexually offend often have a history of physical abuse. When the environment of these children is unpredictable and their basic needs are not met, they do not develop a sense of basic trust and positive self. The child is burdened with many deficits that set the stage for frustrating experiences. These experiences, in turn, lead to aggressive feelings with which the child must cope. Several articles (Fatout, 1990; Green, 1988; Fraser, 1996) on aggressive sexual behaviour of children suggested that physical abuse may be an equally or more important factor with respect to explaining the aggressive component of sexually aggressive behaviours in children. These disruptions in the development of the child can also be linked to the attachment theory which Gil, like Friedrich (1990, 1993) utilised in her programme. This theory emphasises that the emotional attachments children have with their family members influence their sexual behaviour. The assumption is that when there are emotional attachments there will not be an emotional disruption in the development of the child's life.

In correlation with other well-known programmes discussed in this chapter (STEP, William Friedrich's Prevention of Re-offending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's About Childhood, A Step Forward and Philly Philly Kids Play It Safe), Gil also implemented the cognitive and behavioural theories in her programme for sexually offending children. Gil's (1993) programme focuses on the physiological aspects of sexually offending behaviour compared with the more cognitive and behavioural based models. The programme emphasizes the role that physiological responses play in the earlier stages of sexual conditioning when children are not able to cognitively understand their actions.

Together with Friedrich's programme and the Philly Kids Play It Safe programme, Gil also made use of the psychodynamic perspective in her programme to explain how children internalize representations of their external experiences and use this as a guide for interaction when confronted with similar situations.

Correlating with the Valley Mental Health Programme, Gil also implemented the trauma theory. This theory can be used to explain dysfunctional outcomes of child sexual abuse. The consequences of the trauma can cause (a) traumatic sexualisation, which may result in sexual identity problems and aversion to sexual intimacy; (b) betrayal, which can create a lack of trust, fear of intimacy, dependency, anger and hostility; (c) powerlessness, which might prompt children to dissociate and identify with the aggressor which can lead to sexually aggressive behaviours; (d) stigmatization, which can lead to experiencing feelings of isolation, guilt, shame, depression and lowered self-esteem (Finkelhor and Browne, 1986; Gil, 1993). In applying the trauma theory, Gil highlighted the first dynamic, traumatic sexualisation, in discussing how the theory is rooted in the learning theory. According to her, victims of sexual abuse are being taught and therefore are learning to behave in a sexually inappropriate way through repeated conditioning with positive or negative reinforcements (Gil, 1993:55). Gil described the greatest attribute of the trauma theory as the ability to make specific outcome predictions based on knowledge of a child's specific sexual abuse experiences. Gil's analyses of trauma theory from a learning theory perspective are valuable because they allow practitioners to understand how coercion and aggression can become linked to sexual behaviours.

#### **4.3.5 Harborview Sexual Assault Programme**

An additional international prevention of re-offending programme for pre-teen sex offenders is the Harborview Sexual Assault Programme, to be discussed as follows.

##### *4.3.5.1 Background of the Harborview Sexual Assault Programme*

This programme is the result of an extensive literature study, combined with extensive clinical experiences both with children who have sexually offended and their families. Bonner (1997) studied two treatment perspectives over a period of five years. One of the goals of the project was to compare the efficacy of dynamic play compared with cognitive and behavioural treatment for children with sexual behaviour problems. The study concluded that most of the children who show sexually aggressive behaviours are victims of multiple types of abuse and represent the latest generation in a cycle of abuse.

Sessions are held for children between the ages of six and 12 who display sexual behaviour problems. Individual therapy is the primary treatment modality. The underlying principle of the prevention strategy is a strong therapeutic relationship as a means through which issues are addressed.

#### *4.3.5.2 Methodology of the Harborview Sexual Assault Programme*

The Harborview Sexual Assault Programme only uses the cognitive and behavioural perspective in the prevention programme. As discussed in chapter five, behavioural-cognitive therapy focuses on the reduction of abnormal sexual arousal and changes in the youth's overt behaviour by providing training in pro-social skills (Righthand and Welch, 2001; Ryan and Lane, 1997; Yochelson and Samenow, 1976). The behavioural-cognitive structured treatment approach is based on the sexual learning theory using cognitive restructuring methods and behavioural techniques to replace abnormal sexual behaviour with socially acceptable behaviours, to prevent future re-offending.

In keeping with the cognitive and behavioural perspective, the Harborview Sexual Assault Programme targets behavioural change for children who have sexual aggression problems or who sexually offend. It implies that prevention is focused on developing pro-social behaviours and minimising risk for future re-offence. Prevention treatment includes positive reinforcement for acquisition of good coping skills, age-appropriate sexual behaviours, internalized mechanisms for problem solving and prevention strategies, as discussed in chapter five.

It seems as if the Harborview Sexual Assault Programme focuses too much on cognitive and behavioural intervention goals with too little attention given to the etiology of the problem. It would seem necessary that prevention programmes for pre-teen sex offenders should combine various theories and prevention treatment methods to offer a more holistic treatment approach in order to address the physiological and psychological development of the child, the relationships influencing the child's development, and societal forces impinging on personal growth and development.

#### *4.3.5.3 Assumptions of the Harborview Sexual Assault Programme*

Underpinning the principles of the research by Bonner, Walker and Berliner (1999), the primary theoretical perspectives in this programme assume that inappropriate sexual behaviours are learned, and that prevention treatment must contain a cognitive and behavioural component focusing directly on the sexual behaviours concerned.

In order to implement the assumption that pre-teen sex offenders can learn new ways of thinking about their offending and gain mastery over their conduct, the programme includes positive reinforcement for acquisition of good coping skills, age appropriate sexual conduct, internalized mechanisms for problem solving and prevention strategies such as self-management or self-control.

#### *4.3.5.4 Goals of the Harborview Sexual Assault Programme*

As referred to previously in the discussion, the prevention treatment is offence specific and covers the following goals:

- Eliminating the problematic sexual behaviour.
- Learning about sexual information that is developmentally appropriate.

- Learning acceptable sexual behaviour.
- Internalizing healthy values about appropriate sexual behaviour.
- Developing strategies that minimise the opportunities to display sexual behaviour problems.
- Understanding the consequences for sexual misbehaviour.

From the abovementioned goals, it is clear that the Harborview Sexual Assault Programme focuses on increasing the pre-teen sexual offenders' internal control by targeting behavioural change in their sexual behaviours.

Depending on the needs of the individual, prevention strategies may also involve personal responsibility, victim empathy, self-control and prevention of re-offence, as discussed in chapter five.

Sessions with the parents include the following increasing external control over the pre-teen perpetrator. This implies that prevention goals for parents relate to increasing supervision, creating a healthy environment for the family and setting limits for the pre-teen sexual offender.

Prevention strategies includes joint sessions for pre-teen offenders and their parents during which information is shared and integrated. When appropriate, family members can deal with unresolved issues, which are not related to the sexual offence.

Berliner and Rawlings (1991) cautioned social workers to individualise intervention treatment in order to include concerns for prior victimization and histories of abuse in the family. However, the Harborview Sexual Assault Programme does not assist social workers by supplying goals to treat pre-teen sexual offending. It can be argued that by addressing the secondary issues that caused the sexual behaviour problem significant impact on the outcome of the prevention treatment can be expected. It is clear that the programme gives little less attention to the etiology of the sexual behaviour problem compared to other programmes (STEP, William Friedrich, Valley Mental Health, It's About Childhood, A Step Forward and Philly Kids Play it Safe) discussed in this chapter.

#### *4.3.5.5 Assessment of the Harborview Sexual Assault Programme*

In keeping with the cognitive and behavioural theories, the Harborview Sexual Assault Programme teaches young sexual offenders a specific thought process and age-appropriate sexual behaviours. The programmes assume that cognitive and behavioural orientation are learned behaviours and a child who engages in sexually offending behaviours must have learnt them somewhere. This implies that prevention strategies should be aimed at replacing maladaptive behaviour with sexual feelings, thoughts and behaviours that are age appropriate.

Together with the Redirecting Sexual Aggression Programme, the Harborview Sexual Assault Programme utilizes only the cognitive and behavioural theories. Combining cognitive and behavioural theories of human psychology includes teaching age-appropriate behaviours. In keeping with this theory, children are re-socialized to show pro-social sexual behaviours. Therefore, treatment includes positive reinforcement for acquisition of good coping skills, age appropriate sexual conduct,

internalized mechanisms for problem solving and prevention strategies. However, addressing the secondary issues that caused the sexual behaviour problem can have significant impact on the outcome of the prevention treatment.

The STEP programme and the Harborview Sexual Assault Centre's Programme for sexual behaviour problems, are the only programmes that have been clinically researched.

It seems as if the Harborview Sexual Assault Centre's Programme does not provide a comprehensive understanding of pre-teens' sexually offending behaviours and the contribution of family dynamics and trauma to the problem. In order to ensure a holistic approach, the programme should incorporate theories that address the physiological and psychological development of the child, the relationships influencing the child's development, and societal forces impinging on personal growth and development.

#### **4.3.6 Trauma Outcome Process Programme**

The Valley Mental Health Centre and the Primary Children's Medical Centre offer prevention of re-offending treatment to pre-teen children who display sexually offending behaviours. The programme is called the Trauma Outcome Process Programme and provides prevention treatment to children ages four to 12 who exhibit sexually abusive behaviour problems. According to the Trauma Outcome Process Programme, previous traumatic events result in anger, which can lead to sexual perpetration when combined with sexual awareness. This prevention programme is useful in explaining both internal and external factors that deter or increase the risk of pre-teens becoming sexual offenders, as will subsequently be discussed.

##### *4.3.6.1 Background of the Trauma Outcome Process Programme*

The Trauma Outcome Process Programme was developed during 1992 by Lucinda Rasmussen, Jan Ellen Burton and Barbara J. Christopherson. Together they have extensive clinical experience in treating sexually reactive and sexually aggressive children. The Trauma Outcome Process programme is used by the Valley Mental Health Adolescent Residential Education Centre (Kearns, UT) and the Primary Children's Medical Centre Child Protection Team (Salt Lake City, UT) (Rasmussen et al., 1992; Rasmussen, 1999).

##### *4.3.6.2 Methodology of the Trauma Outcome Process Programme*

The programme incorporates information from a number of theories, as described in chapter two, including the four pre-conditions of abuse as described by Finkelhor (1986), namely, sexual assault cycles, sexual abuse theory, trauma theory, developmental theory, psychodynamic theory and cognitive and behavioural theories (Rasmussen, et al., 1992; Rasmussen, 1999).

The sexual abuse cycle, according to Ryan and Lane (1997), links negative affective states and deviant sexual fantasies. The cycle further involves dysfunctional responses to problematic situations

or interactions. These responses are based on distorted perceptions relating to power and control, which become sexualized. The theory also implies a cyclical process because the behaviour sequence is viewed as repetitive and it is assumed that previous offences parallel and reinforce subsequent offence patterns. Therefore, the pre-teen sex offender can learn to understand his or her pattern of thinking, as well as his behaviour and emotional responses to sexual abuse. Through prevention strategies, the pre-teen sex offender can consciously develop other ways of coping with stress or abusive stimuli and in this way reduce the likelihood of further sexually abusive behaviour.

Expanding upon the sexual abuse cycle, the sexual abuse theory concludes that pre-teen children, having been sexually victimized increasingly run the risk of developing sexually offending behaviours (Rasmussen et al., 1992).

The trauma theory assumes that sexual molestation or any other traumatic event is an essential contributing factor in sexual offending. The theory implies that the anger after the trauma combined with sexual awareness can lead to sexual perpetration (Rasmussen et al., 1992). The trauma theory further asserts that traumatic events need to be processed, for the pre-teen sex offender to return to healthy functioning.

In addition, the developmental theory encompasses the notion of disruptions that occur during a child's development and how these disruptions help explain offending sexual behaviours of pre-teen children (Cunningham and MacFarlane, 1996; Friedrich, 1991).

In view of the psycho-dynamic theory, aspects of early sexualized behaviour, can become imprinted on the brain chemistry consequently leading to a persistent state of arousal in the young child which can then result in a tendency towards sexually abusive behaviour.

Finally, the cognitive and behavioural perspective targets behavioural changes in children who have sexual aggression problems or who offend sexually. It implies that prevention treatment is focused on developing pro-social behaviours and minimising risk for future re-offence.

According to Araji (1997), Rasmussen (1999), offered the most insight into how pre-teen children become sexually aggressive towards either themselves or others. This is because the model incorporates ideas from the sexual abuse cycle, as discussed previously, as well as the PTSD (Post-traumatic Stress Disorder) model. Corresponding with the PTSD model, it highlights traumatic events other than sexual abuse that might set the stage for later development of sexually aggressive behaviours. Rasmussen et al. (1992) alleged that the essential condition for sexually abusive behaviours is the development of sexual awareness, not sexual abuse.

#### *4.3.6.3 Assumptions of the Trauma Outcome Process Programme*

Friedrich's (1990) assumptions about how sexually aggressive behaviours develop provide important theoretical understanding of the process involved in the development of sexually aggressive behaviours. According to Friedrich (1990), children first develop aggressive behaviours and second, they become exposed to some sexual events (sexual victimization or observation of sexual activities

or material) that provide a sexual channel for developing aggressive sexual behaviours. Hence, aggression and sex become linked together. These principles correlate with the discussion by Rasmussen et al. (1992) of how physical or emotional abuse can become linked with anger, and when it is combined with sexual awareness, the outcome can be sexual perpetration. It therefore implies that if the sexual awareness component contains elements of aggression, sexually aggressive behaviour is predicted.

Rasmussen et al. (1992) identified five assumptions that they believed precede pre-teen sexual offences. These include prior traumatization, social inadequacy, lack of empathy, impulsiveness and lack of accountability. Subsequently, the five factors that precede pre-teen sexual offences will be elaborated on.

First, in line with the sexual assault cycle theory, Rasmussen et al. (1992) concluded that a history of sexual victimisation increases the risk of children developing sexually abusive behaviour problems. Rasmussen et al. (1992) explained that having been sexually victimised can lead to the following three possible responses to the trauma:

- Child victims can express and work through the emotions associated with the trauma and experience acceptance (recovery).
- Children can develop self-destructive behaviours (self-victimization).
- Children can identify with their perpetrator and display offensive sexual behaviours against other victims.

In addition to prior sexual victimisation, Rasmussen et al. (1992) stated that anger from physical or emotional abuse combined with sexual awareness, can lead to sexual offending.

Second, Rasmussen et al. (1992) identified inadequate social skills as a contributing factor preceding pre-teen sexual offences. These pre-teens display problems interacting effectively with peers and do not form adequate friendship groups or social networks from which they can draw support.

The third contributing factor, as highlighted by Rasmussen et al. (1992), to pre-teen sexual offences is a lack of social empathy. These pre-teen sexual offenders use other children for their personal gain. These children may have the ability to relate well on a superficial basis, but at a deeper level they feel lonely as they cannot develop or maintain close relationships.

The fourth contributing factor recognized by Rasmussen et al. (1992) is impulsivity, above and beyond that which characterizes children under the age of twelve. These children often lack impulse control relating to areas such as stealing, attention deficit and conduct problems.

The fifth contributing factor is lack of accountability. According to Rasmussen et al. (1992) these children deny personal responsibility for their actions. This denial often manifests in the form of cognitive distortions or thinking errors, or rationalization of their behaviour. The denial of responsibility extends to nonsexual types of behaviour. These children lack consideration of others' feelings.

In correlation with Finkelhor's (1986) four pre-conditions theory, Rasmussen et al. (1992) adapted the model designed for adult perpetrators to outline assumed preconditions for children to be motivated to sexually abuse other children. These four factors include the following:

- Motivation to commit sexually abuse.
- Factors predisposing to overcome internal inhibitors.
- Factors predisposing to overcome external inhibitors.
- Factors predisposing to overcome a child's resistance.

The difference between Finkelhor's model and Rasmussen's adapted four pre-conditions model used for child sex offenders will be explained.

In Finkelhor's 's model (1986), as discussed in chapter two, the first precondition for a child to be sexually abused by adults, was labelled emotional congruence. This emotional state would motivate the adult to abuse sexually. However, Rasmussen et al. (1992) alleged that children often offend against others with whom they are, by definition, emotionally congruent. This implies that these children choose victims similar to themselves and repeat their sexual victimization. Older children also continue to repeat their victimization on a victim that represents the age at which the offender's first victimization took place. Rasmussen labelled the first precondition "emotional arrest", replacing Finkelhor's "emotional congruence concept". This status of "emotional arrest" motivates the young sex offender to sexually abuse another.

Internal inhibitors to sexual offending may be present in pre-teen children but depend in part on the development of appropriate ego boundaries that are invisible and symbolic. According to Rasmussen et al. (1992), these boundaries have the following three functions:

- to prevent others from coming into one's space for the purpose of abuse;
- to keep self from going into the space to others and abusing them; and
- to give self and others a way to express who we are.

However, problems with boundaries manifest in two ways in dysfunctional families: internally and externally. Families who have difficulty relating to the outside world may become socially isolated, and their problems with external boundaries may be manifest in inadequate social skills. There may also be an absence of cultural norms that would prevent children from acting on sexual impulses. When boundaries are blurred internally, children grow up relatively confused about personal space.

The second factor, according to Finkelhor's (1986) and Rasmussen's four pre-condition model is to overcome internal inhibitors or "sexual arousal". However, Rasmussen et al. (1992) pointed out that it is unlikely for a pre-teen to be sexually aroused and motivated to offend sexually without prior sexual traumatization. The sexual trauma could include sexual victimization, exposure to explicit sexual stimulation from environmental factors or any other type of trauma.

In correlation with Finkelhor's (1986) third pre-condition of sexual molestation, pre-teens, like adults, are blocked in meeting their needs and may become aggressive if their needs are not met in acceptable ways. In line with Finkelhor's (1986) model, Rasmussen noticed that inadequate social skills and lack of empathy are seen as potential factors leading to blockage.

With respect to the fourth pre-condition of Finkelhor's model, Rasmussen et al. (1992) alleged that a few adaptations were needed with respect to the preconditions that relating to overcoming external inhibitors. Rasmussen et al. (1992) recognised that children, like adults, who are not closely supervised will have more opportunities to offend sexually. This correlates with Lane and Isaac (1997) in their clinical finding that young children choose their victims. Similar to adult sex offenders, some pre-teen offenders assess who is vulnerable and more willing to participate in the sexual offence. This is synonymous with what is referred to as grooming behaviour in adults.

Rasmussen et al. (1992) included family dynamics and offender characteristics as an additional factor in their adapted pre-conditions model. They indicated that family and offender characteristics are dynamics involved in the development of children's sexually abusive behaviours.

#### *4.3.6.4 Goals of the Trauma Outcome Process Programme*

For children between the ages of four and 12 who display sexually reactive and sexually abusive behaviours, prevention treatment is provided. Prevention treatment groups are divided into two groups, the four to eight 8 year-old children and those who are between eight and 12 years old. Parents attend parallel group treatments with conjoint sessions held when necessary.

The prevention goals are as listed below:

- Developing a sense of accountability.
- Developing empathy.
- Developing appropriate boundaries.
- Developing social skills.
- Learning positive sex education.
- Developing anger management.
- Developing trust.
- Developing a sense of assertiveness.
- Eliminating sexually abusive behaviour.
- Eliminating self-destructive behaviour.
- Using the trauma outcome process to assist in recovery.
- Dealing with feelings related to the trauma.

- Improving control and making healthy choices (Rasmussen et al., 1992).

In order to overcome the sexually offending behaviours of pre-teens, the goals of the Trauma Outcome Process Programme focus on prior victimization, lack of social skills, lack of accountability as well as improving control over their sexual behaviours.

In line with the systems approach, the parents are considered an important part of the prevention treatment process.

The sessions for the parents and family cover the following topics:

- Identifying factors that contribute to the sexual offence of the pre-teen.
- Setting boundaries for their children.
- Increasing supervision.
- Setting up an environment that will decrease opportunities for sexual offences.
- Increasing open communication.

As can be seen, the programme emphasizes cognitive and behavioural treatment but integrates a systems approach as the parents are viewed as a central part of the prevention treatment process.

#### 4.3.6.5 *Assessment of the Trauma Outcome Process Programme*

As outlined in this discussion, Rasmussen et al.'s (1992) trauma outcome model predicts the following three outcomes:

- The child can work through and recover from the traumatic event in his life.
- The child can develop self-destructive behaviours.
- The child can sexually offend others.

As can be seen, these predictions correlate with Friedrich's (1991) adaptation model that was discussed earlier. To predict outcomes, Friedrich (1991) argued that the variables must be taken into account when expecting consequences for sexual victimization because these factors help determine how children react to being victimised. Thus, the programme allows the social worker to predict outcomes of sexual victimization because these factors influence how children react to being victimized. This could help predict outcomes if the aspect and contents outlined in the cyclical models are the same for self-abusers and those who abuse others.

Consistent with the A Step Forward model, the trauma outcome model also uses the sexual assault model for the prediction of self-destructive and sexually offending behaviours. The sexual assault cycle is very useful as it can determine whether the aspects outlined in the sexual assault cycle are the same for self-abusers and those who abuse others.

Finally, the trauma outcome model can also be used to determine if there is a developmental sequence, that is, if children who abuse themselves also later abuse others.

The trauma outcome model implies that Finkelhor's (1986) concept "emotional congruence" should be replaced with the concept "emotional arrest". Araji (1997) challenged this concept, and suggested that it should be modified with the concept "emotional arrest/congruence". Araji (1997) explained that when children are very young and choose victims similar to themselves and repeat only their own sexual victimization, emotional arrest may accurately describe the situation. The concept "emotional arrest/congruence" may also explain situations in which older children continue to repeat only their own initial victimization, including choosing a child that represents the age at which the initial victimization occurred and the type of sexual behaviour. But when children change their selection of victims as well as initial victimization sexual behaviours, however, it appears that their choice of victims and forms of victimization may be more a function of emotional congruence compared to emotional arrest.

Similar to other well-known programmes discussed in this chapter (STEP, William Friedrich's Prevention of Re-offending, Harborview Sexual Assault Centre, Eliana Gil's Prevention of Re-offending, Redirecting Sexual Aggression, It's About Childhood, A Step Forward and Philly Philly Kids Play It Safe), the Trauma Outcome Model also implemented the cognitive and behavioural theories in the programme for sexually offending children. Incorporating cognitive and behavioural models is very effective as pre-teen sex offenders are taught new ways of thinking about their offending behaviours and how to gain control over their conduct to prevent future re-offending.

This model seems very useful due to the focus on both internal and external factors that deter or increase the risk of pre-teens becoming sexual offenders. When combining different theories and prevention treatment methods, as discussed earlier, the programme offers the potential for a more comprehensive impact on the child and his or her caretakers as well as addressing all the complexities of pre-teen sexual offending such as previous abuse, family chaos, insufficient social skills and absence of empathic skills.

#### **4.3.7 Redirecting Sexual Aggression Programme (RSA)**

Another prevention of re-offending programme for pre-teen sexual offenders is the Redirecting Sexual Aggression Programme, as will be discussed below.

##### *4.3.7.1 Background of the Redirecting Sexual Aggression Programme*

The Redirecting Sexual Aggression Programme was developed in 1983 as a prevention of re-offending programme for adolescent and adult sexual offenders. During 1986, professionals from the Redirecting Sexual Aggression Incorporated in Lakewood, CO, developed the Redirecting Sexual Aggression (RSA) programme for prevention of child sexual offences. Ideas were used from the sexual abuse cycle, which was an adaptation of Cunningham and MacFarlane's SPARK programme.

Lane (1997) wrote that the initiative for this programme came about from adolescents participating in the RSA programme who had started their sexually offending behaviour at the age of nine or ten. The developers of the RSA programme had decided to treat children under the age of nine to prevent them from initiating sexually abusive behaviour. However, information revealed that these children were already engaging in sexually abusive behaviours. It was evident that there was a need to prevent young children who display sexually offending behaviours from further re-offending (Lane, 1997).

#### *4.3.7.2 Methodology of the Redirecting Sexual Aggression Programme*

The primary theoretical orientation of the programme includes the cognitive and behavioural perspective as well as the sexual abuse cycle.

As discussed in chapters two and five, sexually abusive behaviours are viewed as a learned behaviour that may begin in early childhood and progress into adolescence and adulthood. The cognitive theory acknowledges that the pre-teen sexual offender believes that his/her sexually offending behaviour is acceptable, justifiable or harmless (Erooga and Masson, 1999). In line with the cognitive and behavioural perspective, the prevention treatment interventions are targeted to address the problematic sexually behaviours of the sexual offending children.

Lane (1997) developed the sexual abuse cycle in recognition of the cognitive and behavioural cycle occurring prior, during and subsequent to sexually abusive behaviour. The sexual abuse cycle can be used to develop a clear understanding of the behaviour patterns of the pre-teen sex offender. The youth can learn to understand and interrupt the progression towards offending behaviour, as well as learn to modify the cognitions, arousal and ineffective coping styles that support the abusive behaviour (Ryan and Lane, 1997).

#### *4.3.7.3 Assumptions of the Redirecting Sexual Aggression Programme*

Ryan and Lane (1997) assumed that a comprehensive, in-depth understanding of the sexual abuse cycle can be used to begin to predict the youthful offender's future sexual behaviours during prevention treatment. The cycle also provides a framework for assessing the prevention treatment requirements of the offending youth. The youth offender develops an awareness of cues that indicate progression through various stages of the cycle. The social worker can assist the youth with learning to recognise and interrupt cycle progression. Potential core issues such as historical or trauma issues can be identified that influence the functioning of the offender.

At first, the child responds to an event, interaction or problem that triggers negative perceptions of emotions of helplessness (the event). The child's experiences, outlook and beliefs predispose a particular response to an event or problem with emotions of helplessness. This event is experienced as stressful and then anticipated as unsafe and negative. Feelings of hopelessness are accompanied by an urge to avoid the issue, the feelings and the anticipated outcomes. His life experience, personal view of the world, beliefs and history influence his perceptions of the event as being stressful (negative

anticipation). He begins to feel hopeless and tries to avoid the situation, his internal response and anticipated outcome (avoidance). Not being successful in avoiding the situation, leads to emotions of resentment and defensiveness. As compensation, there is now an attempt to exert power over others in a non-sexual way (power control). As the sense of being powerful or in control is brief, he begins to think of additional power-based behaviours resulting in considering further power-based behaviours such as sexual behaviours (fantasy). The exertion of control is eventually expressed sexually (sexual abuse). Now there is a need to cope with the reality of the sexual behaviour and the fear of the external consequences of being discovered (fugitive thinking). The inability to tolerate this anxiety leads to the behaviour becoming assimilated through a series of cognitive distortions (reframing). It is clear that the cycle represents a series of maladaptive coping mechanisms that, for the present, lessen discomfort but do not resolve the problem (Ryan and Lane, 1997).

The example above illustrates that the sexual abuse cycle describes a cyclical process because the behaviour sequence is viewed as repetitive and it is assumed that previous offences parallel and reinforce subsequent offence patterns. As opposed to an impulse that causes the sexual offence, it is further assumed that coercion, manipulation and exploitation as well as power and control over the victim causes the child offender to offend. In addition, the sexual abuse cycle assumes that once the abusive act is repeated, it will continue until something intervenes to stop it.

The Redirecting Sexual Abuse Programme is useful as the applied sexual abuse cycle can be used to understand the pattern of thinking of the pre-teen offenders, as well as their behaviour and emotional responses to sexual abuse. The pre-teen sex offender can consciously develop different ways of coping with stress or abusive stimuli and in this way reduce or prevent the possibility of further sexually abusive behaviour.

#### *4.3.7.4 Prevention Goals of the Redirecting Sexual Aggression Programme*

The prevention treatment goals of the Redirecting Sexual Aggression Programme are offence specific and relate to the following areas:

- Eliminating sexual aggression.
- Changing distorted thought patterns.
- Learning how to manage and control sexual thoughts and arousal associated with sexual aggression.
- Increasing social and coping skills.
- Developing a greater understanding of the consequences of sexual abuse on the victim.
- Gaining an increased awareness of the ramifications of committing sexual offences (Ryan and Lane, 1997).

In view of these goals, it is clear that pre-teen sexual offenders are taught how to manage their sexually offending behaviours and are given new skills to meet their needs in an appropriate manner.

The prevention goals are strong in addressing the cognitive and behavioural aspects of sexual offending.

Parents are a critical part of the prevention programme and attend ten to 12 hours of education focusing on the following issues:

- Increasing knowledge about sexually abusive behaviour.
- Understanding prevention treatment interventions.
- Learning ways to assist prevention (Ryan and Lane, 1997).

It seems that the goals of the parent prevention programme are to gain clear and specific information about children who sexually abuse. Parents are equipped with information and skills to prevent further sexual offending by developing appropriate external controls for their pre-teen sex offender, such as limit-setting, monitoring and holding them accountable for their offending behaviours. Parents could also teach their children appropriate internal control such as helping them develop ways of stopping sexually offending behaviours, as discussed in chapter five.

#### *4.3.7.5 Assessment of the Redirecting Sexual Aggression Programme*

The principles of the RSA programme correlate with the SPARK programme. Both programmes can be seen as a cycle that begins with a negative experience of feeling, then moves to negative expectation, then to a cognitively or behavioural isolation of oneself, followed by behaviour that involves feelings of anger. The following steps involve negative fantasies, followed by negative behaviours, which again lead to negative feelings. Finally, rationalizations or cognitive distortions about the experience are developed. Both theories assume that this process will repeat itself until intervention occurs.

It is evident that the RSA theory assumes that sexually abusive behaviour will be repeated until something intervenes to stop it. This theory is obviously based on the concept that children will continue their sexually offending behaviour until the costs outweigh the rewards.

In comparison with other theories previously discussed, the RSA defines sexually abusive behaviour as coercion, manipulation, exploitation, as well as behaviours in terms of power and control rather than impulsive acts (Araji, 1997).

Similar to the Harborview Sexual Assault programme, the Redirecting Sexual Aggression programme for child sex offenders utilises mainly cognitive and behavioural theories, although the RSA prevention treatment programme assists children in recognizing the sexual abuse cycle and learning new, non-aggressive or sexually abusive methods to cope and relate to others.

#### **4.3.8 It's About Childhood: Children who sexually act and culpability programme**

The It's About Childhood Programme is also referred to as the Jan Hindman Programme and is located in Ontario, Oregon. This prevention programme will subsequently be discussed.

#### *4.3.8.1 Background of the It's About Childhood Programme*

Jan Hindman is the director of the It's About Childhood: Children who sexually act and culpability programme. Jan Hindman has studied and researched the trauma suffered by sexual victims for 16 years before focussing on the assessment and prevention of re-offending treatment of adult and youth sex offenders, as well as consulting professionals in the eradicating of sexual offences (Hindman, 1994).

The programme addresses the sexually abusive behaviour of young children. The programme defines culpability as knowledge that a specific sexual act is unacceptable as well as understanding the consequences of this behaviour.

#### *4.3.8.2 Methodology of the It's About Childhood Programme*

Hindman and her colleagues designed this prevention programme by using the cognitive and behavioural theories, the sexual abuse theory and perpetrator prevention literature, as discussed in chapter two.

According to the cognitive and behavioural perspective, sexual aggression is a maladaptive response to inappropriate stimuli. In line with the cognitive and behavioural perspective, prevention strategies of the It's About Childhood Programme place responsibility for sexually offending behaviour with the pre-teen sex offender and address sexual aggression as a learned behaviour that is changeable (Araji, 1997, Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997).

The sexual abuse theory assumes that sexual molestation is an essential factor in sexual offending. The theory implies that the anger about the sexual abuse combined with sexual awareness can lead to sexual perpetration (Rasmussen et al., 1992). The sexual abuse theory further asserts that traumatic events need to be processed in order for the pre-teen sex offender to return to healthy functioning.

Perpetrator prevention strategies further include discontinuing criminal thinking and behaviours. As discussed in chapter five, the discontinuing of sexual offending includes the development of self-management skills, improved supervision by caretakers as well as educational approaches to assist pre-teen sex offenders to recognize and interrupt the chain of events that leads to relapse (Gray and Pithers, 1993; Ryan and Lane, 1997).

#### *4.3.8.3 Assumptions of the It's About Childhood Programme*

The programme is based on the assumption that children who are sexually abusive are committing a crime and should be treated as criminals. The criminal intent refers to the idea of culpability, which, according to the programme materials, refers to the knowledge of inappropriateness of the behaviour and knowledge that a consequence exists for the behaviour. The assumption is that children who rank

high on culpability have criminal intent. The culpability is assessed by the type of behaviour, knowledge, frequency, number of victims and use of coercion.

The following terms are defined in the "It's About Childhood" Programme and will accordingly be defined: child, sexual act, culpability, sexual curiosity, abuse-reactive, criminal intent and juvenile sex offender.

The term "child" refers to anyone under the age of 18.

The term "sexual act" was included in the programme to indicate the normal and expected sexual behaviours of children.

The term "culpability" is used to describe the evaluation of children who sexually act out. Although some of these sexual behaviours are inappropriate or embarrassing to parents, children may not understand the nature of the sexual activities. Although these behaviours might be abusive, the child who does not understand the sexual act or the consequences thereof, cannot be "culpable". As can be seen, culpability means children have knowledge of the inappropriateness of the behaviour and knowledge that a consequence exists for the behaviour. When children are culpable, they are viewed as understanding the nature of the sexual acts, the inappropriateness of the behaviour and the consequence or punishment for the behaviour. The underlying concept is that children who are culpable have criminal intent.

The term "sexual curiosity" refers to sexual activities or sexual intentions of children who do not demonstrate "criminal intent". Hindman (1994) explained that children may become curious about their bodies at the same time that they are receiving sexual messages from society, such as exposure to sexual images in the media. Children who are sexually curious may act on these feelings or children who have been influenced by their environment are not considered to be criminals. Their sexual behaviours occur because these they are curious and they should be considered as "innocent." Hindman's description of sexual curiosity is very similar to those of researchers (Friedrich, 1991; Gil and Johnson, 1993; Kairys et al., 1999; Wyatt and Powell, 1988) who recognizes that sexual curiosity is a natural and expected stage of development for children. They indicated that this is a process of information gathering. Participation in sexual games is voluntary, good-natured and of reciprocal interest. Unlike Hindman (1994) some researchers (Friedrich, 1991; Gil and Johnson, 1993; Kairys et al., 1999; Wyatt and Powell, 1988) stressed that the sexual exploration is not coercive and is without intrusion or penetration of the body.

The term "abuse reactive" refers to children who have been sexually abused in the past. Some of these children repeat such experiences and may re-enact those sexual behaviours against other children. Corresponding with Hindman (1994), Gil and Johnson (1993) agreed that children who show abusive sexual behaviours have themselves been sexually abused in the past. Gil and Johnson (1993) went further by assuming that abuse-reactive children could have been exposed to pornography or sexual stimulation in a sexually explicit home environment.

Children who commit sexual acts and have criminal intent are considered to have a high level of culpability. It is assumed that they understand that their sexual behaviour is inappropriate and has consequences. According to the “It’s About Childhood” Programme, children with criminal intent will be charged with a sexual crime.

Children with criminal intent can be compared with Gil and Johnson’s (1994) sexually aggressive children, but only if they admit that the behaviour was inappropriate and they knew it would have consequences.

According to the “It’s About Childhood” Programme, culpability can be determined by focussing on four areas of assessment. The areas are as follows:

- **Intellectual culpability:** It includes measures of the offender’s age, intelligence, intellectual opportunities for learning appropriate behaviours and intellectual inhibitors.
- **Social culpability:** This includes measures of age differences between offender and victim, time span between the first and last incident (social maturity), social capacity for empathy (antisociopathy) and social skill development.
- **Sexual culpability:** It includes any type of sexual information and sexual abuse information available to the child, child’s sexual victimization history (history of abuse, memories of abuse, similarities between current and past sexual activities and attitudes about previous victimization) and type of sexual abuse.
- **Criminal culpability:** It includes the offender’s number of sexual contacts or victims, number of incidents, knowledge of criminal behaviour and level of coercion used.

According to the “It’s About Childhood” Programme, children who have committed a sexual act and are culpable, have criminal intent and should be charged with sexual crimes. In keeping with this view, Hindman (1994) argued that these children should go through the criminal justice system and be labelled a criminal. This is not the case with the other prevention programmes discussed in this chapter. All the other programmes view the offending children as sexual reactive or exhibiting inappropriate sexual behaviours. As a consequence, they are assigned to social services, and they are not seen as criminals. According to South African law, as discussed in chapter three, pre-teen sex offenders are also not labelled as a criminal and do not go through the criminal justice system, but are assigned to social services.

Berliner (1991:38) referred to personal communication in which she disagreed that sexual misbehaviours in children could be conceptualised as crimes. Each country set the age below which children are presumed incapable of forming the intent to commit a crime. Berliner (1991) suggested that the inappropriate sexual behaviour of children under the age of 12 should not be seen as a crime.

Gil (1993) claimed that when children under the age of 12 commit a sexual offence, detention or criminal facilities without prevention treatment would not help. She believed that in a criminal set-up, these children would be under the influence of powerful role modelling from older, aggressive youths

exhibiting patterns of criminal behaviour. Gil (1993) suggested that children who sexually offend need serious and focussed intervention.

Linda Rasmussen (1999) one of the primary developers of the trauma outcome process programme, assumed that it is possible for children under 11 years old to use sexual behaviour to intentionally exercise power, manipulation and coercion against other children who are younger, smaller, less intelligent and more vulnerable. Rasmussen et al. (1991) suggested effective judicial system response to these young children who sexually offend, including referring them to appropriate prevention of re-offence treatment programmes. The families should also be in treatment programmes. She recommended adjudicating the children in court and issuing court orders to ensure compliance to prevention treatment. Rasmussen warned that court intervention is of no use when it imposes punitive consequences instead of prevention of re-offending treatment.

Ryan and Lane (1997) argued that children need to learn that sexually offending behaviours are illegal, and that there are values, rules and laws about sexual behaviour. In line with Berliner et al. (1991), Gil (1993) and Rasmussen et al. (1992), Ryan and Lane (1997) agreed that the behaviour of the child should be labelled without labelling the child as a criminal.

It seems as if children who sexually offend should receive court orders to ensure compliance to a prevention of re-offending programme. Gil (1993) stated that children in a criminal set-up would be influenced by older and more aggressive youths, which will only reinforce offensive behaviours of the young offender.

In line with the sexual abuse theory, the It's About Childhood Programme further assumes that pre-teen sex offenders sexually offend as a result of previous sexual abuse and that prevention goals should address the understanding of the behaviour and its consequences.

It is evident that the It's About Childhood Programme does not focus on pre-disposing factors such as the dynamics of the family and the system which influenced the pre-teen sex offender in committing the sex offence. It is suggested that programmes for pre-teen sex offenders should focus on previous traumatic events and victimization, lack of social skills, lack of accountability and empathy as well as improving control over sexual behaviours.

#### *4.3.8.4 Prevention Goals of the It's About Childhood Programme*

Prevention is aimed at sexually abusive children from preschool to age 12, with group therapy as the primary prevention modality. In addition to group therapy, individual therapy is available, depending on the need of the family and offending child. The children are assessed and placed in one of four prevention programmes. Children in the first two programmes are termed sex offenders and those in the third programme are described as sexually acting out without criminal culpability. The fourth programme is considered for children "at risk" of becoming sex offenders (Hindman, 1994).

The children and parents have a contractual agreement outlining expectations for children and their parents. The prevention contracts, plans and goals are determined by the individual circumstances and assessment of the offence.

As outlined in the programme, the two primary goals for the children are the following:

- To stop the sexually abusive behaviour, and
- To learn healthy sexual behaviour.

Prevention for children in the first group of sexually reactive children focuses on the following issues:

- Learn to control criminal thinking.
- Learn to control criminal behaviour.

The intervention for children the remaining three groups focuses on the following six issues:

- Learn about society and sexual offending.
- Learn about their own criminal thinking.
- Assess and work through their own history of sexual abuse.
- Develop positive sexuality.
- Develop victim empathy and restitution.
- Learn problem solving skills.

The prevention goals of the It's About Childhood Programme for sexually offending pre-teens focus mainly on preventing further sexually offending behaviours. The programme does not increase the child's awareness of his own and family patterns that precipitate, sustain or increase sexually offending and other non-adaptive behaviours. In addition, the programme also does not increase the child's ability to meet his needs in socially appropriate ways or develop social skills which he often lacks.

The programme recognises the importance of parents in the prevention process. Parents receive an orientation to the programme and extensive information about the child's contract and how they could assist in the successful completion of the prevention programme.

Parents participate in monthly group sessions with their sexually offending children.

The goals for the parents are outlined below:

- Recognising criminal thinking and behaviour.
- Learning methods to assist their children in eliminating sexually offending behaviour.
- Developing healthy sexuality.
- Developing accountability for their children.

- Setting limits for the offender (Hindman, 1994).

During intervention parents learn what is needed for the family to prevent further sexual offences by recognising criminal thinking and behaviour of their children. However, it has been noted that the programme does not identify and interrupt family patterns that allow and support sexual abuse or improve family relationships to maximize family strengths.

#### *4.3.8.5 Assessment of the It's About Childhood Programme*

From the discussion it was noted that whereas all the previously described programmes regard sexually abusive behaviours committed by children as harmful or unlawful, the "It's About Childhood" Programme defines this behaviour as criminal.

In line with William Friedrich's Prevention of Re-offending Programme, SPARK, STEP and Valley Mental Health programmes, the "Its About Childhood" Programme also utilises the sexual abuse cycle. The sexual abuse cycle theory as a model represents cognitive and behavioural progressions occurring before, during and following sexually abusive behaviour. The assumption is that there were previous offences parallel to the sexual offence and that they reinforces subsequent offence patterns.

In correlation with other well-known programmes discussed in this chapter (STEP, William Friedrich's Prevention of Re-offending Programme, Gil's Prevention of Re-offending Programme, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, Childhood, A Step Forward and Philly Philly Kids Play It Safe) the It's About Childhood Programme utilises cognitive and behavioural theories. The programme assumes that cognitive and behavioural orientation is learned behaviours and the sexually offending behaviours must have been learnt somewhere. In line with this theory, interventions are aimed at replacing maladaptive behaviour with sexual feelings, thoughts and behaviours that are age appropriate.

Unlike any programmes discussed in this chapter, the It's About Childhood Programme focuses on a perpetrator prevention model because these sexually offending children go through a criminal justice system and are labelled as criminals. In line with this perspective, the prevention treatment modules focus on: society and sexual offending; criminal thinking; sexual history; positive sexually; victim empathy and restitution and problem solving. However, it does not focus on the family patterns that precipitate, sustain or increase sexually offending behaviours.

It is thus evident that in this programme children are regarded as capable of understanding their behaviour, the seriousness of their offending behaviour and the risk factors for future intellectual distortion and behavioural impairment. This programme thus assumes that sexually offending children have culpability and criminal intent.

#### **4.3.9 A Step Forward Programme**

Another prevention programme that provides services to pre-teen sexual offenders in Concord, CA, USA, is the A Step Forward Programme, as will subsequently be discussed.

#### *4.3.9.1 Background of the A Step Forward Programme*

A Step Forward Programme was facilitated by a group of private practitioners under the leadership of Jeffrey Bodmer-Turner and Enid Sanders. The programme specialises in treating abusive behaviours in both young children and adolescents. The A Step Forward Programme does not only provide a service to sexually abusive children but all children that show abusive behaviours. Although they mainly treat adolescent sexual offenders, they provide services to pre-teen sexual offenders on demand. The programme further adapts knowledge of sexually abusive children to treat special needs of foster families who have accepted placement of multi-problem cases. Prevention goals for foster families validate the new family constellation and treat both the children and foster parents to support the process of placement and adaptation to a new family system.

For children between the ages of four and 12 who display sexually aggressive or offending behaviours, prevention treatment is provided using individual therapy as the primary modality. The programme acknowledges the role of abuse or trauma in the development of sexual aggression although it does not treat the history of sexual abuse as part of the basic prevention programme.

#### *4.3.9.2 Methodology of the Step Forward Programme*

When working with sexually aggressive children, the programme combines elements of the assault cycle, relapse prevention and directed play therapy to create interventions that are primarily cognitive and behavioural. The programme also includes developmental influences on the youth sexual offender.

Principles underpinning the cognitive and behavioural theory are that beliefs, emotions and behaviours are learned and capable of being changed with appropriate intervention (Skinner, 1974). Ryan and Lane (1997) postulated that the cognitive and behavioural theories explain sexual aggression as maladaptive responses to inappropriate stimuli in a youth's life.

The assault cycle offers insight into how pre-teen children become sexually aggressive towards either themselves or others. The model highlights traumatic events other than sexual abuse that might set the stage for later development of sexually aggressive behaviours (Araji, 1997; Rasmussen et al., 1992).

According to the developmental theory, the age at which a disruption occurs must be considered because this is the starting point for determining the developmental consequences. Friedrich (1993) pinpointed sexual abuse as the disruptive experience that can distort the course of children's psychosexual, cognitive and social development. These disruptive events, according to Friedrich (1993) may predispose children to interpersonal difficulties by damaging their parent-child relationships and inhibiting social contact with their peers. The developmental theory further focuses on the development of factors such as social and familial values, norms, organizational patterns and interactions, and media information that influence children's thinking and behaviours about sexuality.

According to the Relapse Prevention Programme (Gray and Pithers, 1993), the earliest signs of increasing danger involve affect (feeling moody or brooding) relating to the predisposing risk factors. The second sign relates to the precipitating risk factors, which involve fantasies of performing a deviant act that is later converted to cognitive distortions. The youth offender is now using rationalisation or minimisation of contemplated acts or attribution of inaccurate perceptions or blame to potential victims. These two processes result in the deviant sexual behaviour, which relates to the perpetrating risk factors. In order to ensure prevention of sexual offending, the youth sex offender is taught to identify the affective, cognitive and situational factors that precede in the sexual offence (Araji, 1997; Gray and Pithers, 1993).

Through play therapy children learn mastery through structured play. The Step Forward Programme focuses on cooperation, containment of aggressive and sexualised behaviour, developing interpersonal boundaries and creating safer interpersonal relationships to minimize further sexually aggressive or offending behaviours.

From the discussion it is clear that A Step Forward Programme combines various modes of prevention and treatment and utilises the social worker's talents and experience through play therapy to approach sexual aggression as a result of traumatic events that lead to the development of sexually aggressive behaviours. Social workers should therefore have knowledge of the different models as well as play therapy techniques to individualise prevention strategies based on expertise and resources available.

#### *4.3.9.3 Assumptions of the Step Forward Programme*

Principles underpinning A Step Forward Programme assume that traumatized children have limited insight into how to process negative life experiences and they re-enact through either play or action. These traumatized children seem to compulsively and rigidly repeat the events before, during or after the traumatic event. The programme asserts that these traumatic events need to be processed in order for the individual to return to healthy functioning. The traumatized child keeps revisiting the traumatic event, focusing energy and developing a fixation. The traumatic events have overwhelmed the child's psyche, and emotions of helplessness, terror and anxiety persist. When the child acts out his/her trauma through sexual aggression there may be an attempt at mastery or a more fully integrated experience of the trauma (Rasmussen et al., 1992; Bodmer-Turner, 1997). Breer (1987) described sexually aggressive behaviour as an attempt to recreate past trauma in ways that result in developing mastery of control over emotions.

It is therefore apparent that the prevention strategy of sexually offending youths should include cognitive and behavioural interventions that place responsibility for behaviour with the child and address sexual aggression as a learned behaviour that is changeable. These theories allow for the understanding of sexual aggression as a maladaptive response to inappropriate stimuli in the pre-teen's life (Araji, 1997, Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997).

A Step Forward further assumes that abusive behaviours are learned and changeable with appropriate prevention treatment. To treat the cognitive aspects of sexual aggression, the programme focuses on thinking errors, distortions, inaccurate perceptions, false assumptions and irrational beliefs that justify sexually offending behaviours. Ryan and Lane's (1997) stated that to develop insight into the thought processes that perpetuate sexually aggressive behaviours, the pre-teen sex offender must develop empathy, understanding of consequences and responsibility for the behaviours.

Finally, A Step Forward Programme identifies risk precursors to prevent further sexually abusive acts. In line with the Relapse Prevention theory, the programme assumes that the predisposing risk factors occur during early development or early in the abuser's sequence of precursors. Precipitating risk factors usually occur shortly before the sexually abusive behaviour and tend to determine what type of abuse will be performed (Gray and Pithers, 1993). In order to overcome sexual offending, the pre-teen sex offender is taught to identify the affective, cognitive and situational factors that precede the sexual.

#### *4.3.9.4 Prevention Goals of A Step Forward Programme*

The prevention goals of A Step Forward programme relate to the following:

- Eliminating sexually aggressive behaviours.
- Creating a behaviour management plan that emphasizes self-control.
- Learning alternative coping strategies.
- Developing competencies to cope with situations that previously resulted in abusive behaviour.
- Incorporating a sense of healthy sexuality.
- Containing of aggressive and sexualized behaviours.
- Developing interpersonal boundaries and creating safer interpersonal relationships.

From the above it is evident that A Step Forward Programme is helpful in preventing sexually offending pre-teens from re-offending as the goals are specific and focused on the sexually aggressive behaviours, sexual patterns, healthy sexual knowledge and the history of abuse.

Parents also participate in joint sessions that focus on developing and implementing relapse prevention plans. Prevention goals cover the following topics:

- Identifying precursors to abusive behaviour.
- Interrupting behaviour prior to relapse.
- Learning to manage the child's general behaviour.

Family therapy engages the family in open discussion about how they view the sexually offending behaviour as well as precursors to sexual offending and how they will make efforts to prevent future offending. Family members are requested to identify and interrupt family patterns that allow or support

sexual abuse. Finally, family members are provided with information needed for the family's participation in relapse prevention. Family members are also allowed to attend individual and group therapy of their sexually aggressive children.

The programme is popular with individual therapists that provide a service to children with sexually aggressive behaviours to prevent future sexually offending. Since the programme is mainly used by therapists in private practice, the treatment modality is primarily individual therapy. Private practitioners have the disadvantage of small case loads, which makes it difficult to provide specialized group therapy (Araji, 1997).

#### *4.3.9.5 Assessing A Step Forward Programme*

A Step Forward Programme utilises the following theories: cognitive and behavioural, assault cycle, relapse prevention and structured play therapy. It uses mainly individual therapy as treatment modality. In addition, group therapy is provided when there are enough children with sexually aggressive behaviours to form a group. Unlike the other programmes discussed in this chapter, it is the only programme that allows parents to attend individual and group sessions.

In addition, the trauma outcome model also uses the sexual assault cycle model for the prediction of self-destructive and sexually offending behaviours. The sexual assault cycle explains how sexually aggressive behaviour develops, and provides important theoretical insights into understanding the process involved in the development of sexually aggressive behaviours.

In correlation with other well-known programmes discussed in this chapter (STEP, William Friedrich's Prevention of Re-offending, Gil's Prevention of Re-offending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's About Childhood and Philly Philly Kids Play It Safe), A Step Forward utilizes the cognitive and behavioural theories. Individual sessions are structured as psycho-educational experiences for children, teaching a variety of cognitive and behavioural skills to prevent re-offending. Interventions are aimed at replacing maladaptive behaviour with sexual feelings, thoughts and behaviours that are age appropriate.

Unlike all the programmes (STEP, William Friedrich's Prevention of Re-offending, Gil's Prevention of Re-offending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's About Childhood and Philly Philly Kids Play It Safe) discussed in this chapter, the STEP programme and A Step Forward programme are the only two programmes that incorporate the relapse prevention theory. In keeping with this model the focus is on preventing children from repeating sexually offending behaviours by identifying three sets of risk factors, namely predisposing risk factors, precipitating risk factors and perpetrating risk factors, as discussed previously in this chapter.

A Step Forward is the only programme discussed in this chapter that utilizes structured play therapy as a modality. The underlying theme is for children to conquer their aggressive sexual behaviour through play therapy.

A Step Forward is the only programme that demands that social workers in private practice utilise their talents and experience during treatment. Their experience and clinical judgment is of importance because they do not work within a large-scale programme with multiple clinicians and services. Araji (1997) was of the opinion that programmes used in state funded organisations have the advantage of large case loads, state funding and a diversity of staff expertise. This idea can be challenged as South African social workers in private practice who specialise in the field of sexually aggressive children are often better qualified and have more expertise compared to social workers in state agencies who have minimum education, and where funding for further training is limited. It is evident that many NGO social workers who specialise in a specific discipline, leave the state funded institutions for better reimbursement in private practice or in corporate settings.

#### **4.3.10 Philly Kids Play It Safe programme**

Philly Kids Play It Safe is another programme focussing on the prevention and treatment of sexually offending pre-teens as will be elaborated on.

##### *4.3.10.1 Background of the Philly Kids Play It Safe Programme*

The Philly Kids Play It Safe Programme was developed at a foster care agency in Philadelphia, USA. The foster care agency used information about sexually abusive foster children and developed their own programme to assist and treat children with sexually abusive behaviours and their foster families. The Philly Kids Play It Safe Programme is a programme within a larger agency in which prevention and intervention services are provided for children and their foster parents. To ensure successful foster care placements, pro-active treatment is given to victims of sexual abuse and severely dysfunctional families to prevent further display of sexual aggression in foster children. The programme is unique in helping foster children build strong and safe relationships with their foster parents.

Prevention of re-offending services are provided for sexually aggressive children from three to 12 years who have been placed in foster homes. Group therapy is the primary modality with groups for three- to four-year-olds, five- to six-year olds and seven- to eleven-year olds. Twelve-year-old children join a group for adolescents. Groups are formed when case loads permit. Group work continues for two hours per week for up to 30 weeks. When individual therapy is required referrals are made to private practitioners or state funded agencies (Skversky, 1997).

##### *4.3.10.2 Methodology of the Philly Kids Play It Safe Programme*

Similar to other programmes discussed in this chapter, this programme does not ascribe to a single theoretical orientation, but blends elements of cognitive, behavioural and psychodynamic theories to prevent re-offending.

The cognitive and behavioural theories of human psychology provide for working with specific thought processes and teaching age-appropriate behaviours. Principles supporting the cognitive and behavioural theory are that thoughts and behaviours are learned activities, capable of being changed with appropriate treatment (Skinner, 1974). Therefore, the cognitive and behavioural theories allow for the understanding of sexual aggression as a maladaptive response to inappropriate stimuli in the pre-teen's life (Araji, 1997, Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997). Prevention treatment of sexually aggressive pre-teens should include interventions that place responsibility for behaviour with the child and address sexual aggression as a learned behaviour that is changeable.

The Philly Kids Play It Safe Programme further recognizes the psychodynamic perspective, which can be useful in understanding the sexual behaviours of pre-teen sexual offenders. The perspective recognises that a physiological response can become linked to a sexual behaviour. The sexually abused victim or child from a severely dysfunctional family can become sexually experienced and eroticized regardless of his age. Sexual responsiveness does not require cognitive skills, hence pre-teens can become sexually reactive (Gil, 1993). The psychodynamic perspective recognises that children internalize representation of their external experiences. When these children are confronted with similar situations in the future, these internalized experiences guide their interaction. In line with the psychodynamic perspective, Yates (1987) asserted that separation anxiety, random physical abuse and abrupt rejections intensify the importance of the sexual behaviour. Yates (1987) further assumed that many children fail to differentiate affectionate relationships from sexual relationships and become aroused by regular physical or psychological closeness. The erotic expression becomes so rewarding that few comparable rewards fulfil this need.

It seems as if Philly Kids Play It Safe Programme is the only programme that utilizes play, art, music and movement as mediums that provide opportunity for learning. It is recommended that social workers should create opportunities for post-traumatic play when children do not spontaneously develop this play, in order for them to resolve their trauma through repetitive play.

#### *4.3.10.3 Assumptions of the Philly Kids Play It Safe Programme*

In keeping with the psychodynamic perspective, it is clear that the Philly Kids Play It Safe Programme assumes that children who have been traumatized have the capacity to become sexually stimulated by certain sexual acts through stimulus response conditioning although they are not developmentally mature enough to understand the sexual act. The theory emphasizes the role that physiological responses play in the earlier stages of sexual conditioning when children are not able to cognitively understand their actions. In order to facilitate positive change in the pre-teen sex offender, children ought to be taught through classical conditioning in which desired behaviours are reinforced and undesirable behaviours are negatively reinforced.

The Philly Kids Play It Safe Programme further assumes that children with sexually aggressive behaviours can be re-socialized towards pro-social behaviours. In order to achieve re-socialization,

prevention should include positive reinforcement for acquisition of positive social skills, age-appropriate sexual conduct, internalized mechanisms for problem solving and prevention strategies as discussed in chapter five.

#### *4.3.10.4 Prevention Goals of the Philly Kids Play It Safe Programme*

Prevention goals for group intervention reflect the following:

- Eradicating abuse-reactive or sexually aggressive behaviour.
- Preventing sexual re-offence.
- Learning to set boundaries.
- Developing empathy.
- Dealing with family of origin issues.
- Resolving prior victimization.
- Expressing grief and loss.
- Developing trust.
- Building a sense of self.
- Gaining hope for the future.

By implementing the abovementioned goals, the Philly Kids Play It Safe Programme uses cognitive and behavioural treatment interventions to facilitate specific thought processes as well as teaching pre-teen sex offenders age appropriate behaviours. The goals endorse the need to resocialize sexually aggressive behaviours to pro-social behaviours. Offence specific interventions, such as relapse prevention, stresses the importance of eliminating sexually abusive behaviours and at the same time, interventions are aimed at replacing maladaptive behaviours with sexual feelings, thoughts and behaviours with age appropriate ones. In addition, the goals facilitate an opportunity for the pre-teen sex offenders to deal with their personal history of sexual abuse. During group therapy pre-teen sex offenders learn to respond to group limits and behaviour management. Finally, pre-teen sex offenders are taught life skills to increase positive functioning.

This programme emphasizes the complexity of foster families. Foster parents need support with managing sexually abusive children and developing healthy and safe families. Therefore, a separate group is held for foster parents. Group goals focus on the following:

- Developing an understanding of sexual abuse and the assault cycle.
- Examining personal histories to understand how children become agitated by old issues.
- Decreasing the tendency to self-victimize.
- Strengthening parent skills.

- Learning to set appropriate boundaries and rules in the foster home.
- Improving overall communication.

From the above it is evident that the goals of this programme help children to build strong and safe relationships with their foster parents subsequent to being removed from their own dysfunctional families. The Philly Kids Play It Safe Programme suggests that the dynamics of the families, family cohesion, parental nurturance, clarity on sexual matters and appropriate sexual boundaries are necessary contributing factors to the pre-teen sex offender's healthy sexual re-socialization. Unlike the other programmes discussed in this chapter, the Philly Kids Play It Safe Programme includes play, art, music and any medium that provides an opportunity for movement into the cognitive therapy (Skversky, 1997).

#### *4.3.10.5 Assessment of the Philly Kids Play It Safe Programme*

Unlike all the other programmes discussed in this chapter, the Philly Kids Play It Safe is the only programme that is proactive by providing a service to all foster children and their new families regardless of whether the foster children show sexually aggressive behaviours. The prevention programme is included in the orientation course for foster children and their new parents. It is evident that the programme recognizes that foster family placements frequently fail with sexually reactive and aggressive children because of sexual acting out. In order to ensure successful placements for the foster children, foster parents need support with managing sexually abusive children and developing healthy and safe families.

In correlation with other well-known programmes discussed in this chapter (STEP, William Friedrich's Prevention of Reoffending, Harborview Sexual Assault Centre, Valley Mental Health, Redirecting Sexual Aggression, It's About Childhood and A Step Forward) the Philly Kids Play It Safe Programme also implements the cognitive and behavioural theories. The programme recognises that sexual aggression is a learned behaviour. The programme puts the focus on the children's need to re-socialize sexually reactive or sexually aggressive behaviours to pro-social behaviours. Therefore, prevention includes coping skills, age-appropriate sexual conduct, internalized mechanisms for problem solving and prevention strategies. Less common are the treatment goals that focus on grief, coping and self-care, hope and trust. These goals deal exclusively with the special needs of foster children. Unlike the other programmes discussed in this chapter, the Philly Kids Play It Safe Programme includes play, art, music and any medium that provides an opportunity for movement into the cognitive therapy.

Correlating with Gil's (1993) and Friedrich's (1990) programmes, the Philly Kids Play It Safe also implements the psychodynamic perspective. In line with this perspective, it is understood that children internalize representations of their external experiences, which serve as a reference to interactions with others. The child's experiences are seen as being included into the child's self and will predictably remain a part of the child's potential behaviour.

Similar to the William Friedrich's Prevention of Re-offending Programme, It's About Childhood and A Step Forward, the Kids Play It Safe Programme only runs groups for the children and their parents. Referrals are made when foster children need in-depth individual therapy. Group work is the modality offered because the prevention treatment is pro-active and in-dept individual therapy is often not required. Group work is also more economical when there are large case loads to deal with. The concept of group work as the only treatment modality can be challenged. Since foster children usually come from multi-problem homes with severely dysfunctional families, the focus should also be placed on individual therapy where a strong therapeutic relationship is the medium through which issues are addressed.

The Philly Kids Play It Safe Programme is a good example of using information about sexually abusive children and applying it pro-actively to a special needs group, such as foster families who have accepted placement of multi-problem children.

The Philly Kids Play It Safe Programme demonstrates the role that creativity, such as music, art, movement and play, can play in the development of programmes for sexually offending pre-teens.

From the discussion, it is clear that the prevention programmes which were reviewed in this chapter have many similarities as well as differences. All the programmes have developed interventions based on child development literature, and reflect differences in age, cognitive or maturity levels. It is further apparent that most programmes use models based on cognitive and behavioural theories, sexual abuse theories, relapse and perpetrator prevention, psychodynamic theories, attachment theories, sexual abuse cycle and the addiction theory. The differences, similarities as well as conclusions regarding the programmes for sexually offending pre-teens will subsequently be discussed.

In table 4.1 the assessment and goals of the 10 prevention programmes are summarized and compared. Social workers dealing with pre-teen sexual offenders may find this a helpful tool when they have to design prevention programmes.

**Table 4- 1 Prevention programmes for pre-teen sex offenders**

NAME OF PROGRAMME	ASSUMPTIONS	GOALS
SPARK	When stressors are addressed, sexually aggressive or offending behaviours will decrease. The pre-teen has dysfunctional responses to problematic situations which he/she can change.	Increase self-esteem. Address personal history of abuse. Gain mastery of problematic sexual behaviours. Develop pro-social life skills. Decrease impulsive behaviours.
STEP	Because trauma combined with sexual awareness leads to sexual offending, pre-teen sexual offenders can learn about internal and external factors that result in offences in order to avoid re-offending	Develop pro-social life skills. Develop selfmanagement skills. Develop positive sexuality. Understand relapse prevention and chain of events. Avoidance of sexual abuse strategies. Avoidance of sexual abuse.
WILLIAM FRIEDRICH'S PREVENTION OF RE-OFFENDING	Children who are sexually abused will internalize the experiences which will serve as a guide to future sexual interactions with others. When attachments with significant people are disruptive, it makes children more vulnerable to sexual abuse. Sexual abuse is a disruptive experience that can distort the cause of children's psychosexual, cognitive and social development. The pre-teen has dysfunctional responses to problematic situations which he can change.	Deal with the history of sexual abuse. Deal with family dysfunction. Learn alternatives to sexual aggression to eliminate sexually offending behaviours. Learn to deal with emotions. Learn to develop empathy.
ELIANA GIL'S PREVENTION OF RE-OFFENDING	Children who are sexually abused will internalize the experiences in their future behaviour. When attachments with significant people are disruptive, it makes children more vulnerable to sexual abuse. Sexual abuse is a disruptive experience that can distort the cause of children's psychosexual, cognitive and social development. Trauma has the potential to change the normally expected physical, psychological or sociological development of children. Children with sexually offensive behaviours can replace such behaviours with pro-social behaviours through cognitive restructuring. The pre-teen has dysfunctional responses to problematic situations which he can change.	Develop pro-social life skills. Deal with the history of sexual abuse. Deal with family dysfunctions while developing a realistic expectation of family. Learn about sexually offensive behaviours to eliminate reoccurrence. Address personal needs. Incorporate family and others systems in the environment as external control to eliminate sexually offending behaviours.
HARBORVIEW SEXUAL ASSAULT CENTRE	Children with sexually offensive behaviours can replace such behaviours with pro-social behaviours through cognitive restructuring.	Develop pro-social sexual behaviours by internalizing healthy values. Develop strategies that minimize opportunities to display sexually offending behaviours. Understand consequences of sexually offending behaviours.

NAME OF PROGRAMME	ASSUMPTIONS	GOALS
TRAUMA OUTCOME PROCESS	<p>The pre-teen has dysfunctional responses to problematic situations which he/she can change.</p> <p>Children who are sexually abused will internalize the experiences which will serve as a guide to future sexual interactions with others.</p> <p>The traumatic events need to be processed in order to return to healthy functioning.</p> <p>Children with sexually offensive behaviours can replace such behaviours with pro-social behaviours through cognitive restructuring.</p>	<p>Develop pro-social life skills.</p> <p>Deal with trauma of the past.</p> <p>Improve external and internal control.</p> <p>Learn how to make good/healthy choices.</p>
REDIRECTING SEXUAL AGGRESSION (RSA)	<p>The pre-teen sexual offender can be taught the patterns prior, during and subsequent to sexual offending and learn to modify the cognitions, arousal and ineffective coping styles that support sexual offending.</p>	<p>Develop pro-social life skills.</p> <p>Develop greater understanding of consequences of sexual offences.</p> <p>Learn how to manage and control sexual thoughts and arousal associated with sexual offending.</p> <p>Improve external and internal control.</p>
IT'S ABOUT CHILDHOOD	<p>Children who are sexually abused will internalize the experiences which will serve as a guide to future sexual interactions with others.</p> <p>The pre-teen has dysfunctional responses to problematic situations which he/she can change.</p> <p>The pre-teen sex offender goes through the criminal justice system and the focus falls on restitution as a way to eliminate future sexual offending.</p>	<p>Deal with sexual abuse trauma of the past.</p> <p>Develop pro-social life skills.</p> <p>Develop empathy.</p> <p>Restitution to victim.</p> <p>Learn to control criminal thinking and behaviour.</p>
A STEP FORWARD	<p>The pre-teen sexual offender can be taught the patterns prior, during and subsequent to sexual offending and learn to modify the cognitions, arousal and ineffective coping styles that support sexual offending.</p> <p>Pre-teen sex offender can learn about internal and external factors that result in offences in order to avoid future re-offending.</p>	<p>Develop pro-social life skills.</p> <p>Learn self-control.</p> <p>Learn alternative coping strategies.</p> <p>Develop healthy sexuality.</p> <p>Develop interpersonal boundaries to create safer interpersonal relationships.</p>
PHILLY KIDS PLAY IT SAFE	<p>Children who are sexually abused will internalize the experiences which will serve as a guide to future sexual interactions with others.</p> <p>Children with sexually offensive behaviours can replace such behaviours with pro-social behaviours through cognitive restructuring.</p>	<p>Develop pro-social life skills.</p> <p>Learn self-control and set boundaries.</p> <p>Develop empathy.</p> <p>Deal with trauma of the past.</p> <p>Eradicate sexually reactive and sexually offending behaviours.</p>

#### 4.4 COMPARATIVE DISCUSSION OF PREVENTION PROGRAMMES

From the discussion in this chapter it became clear that some programmes use different terminology to refer to the sexual behaviour of the participants. The terminology ranges from “sex-abuse reactive” to “sexually aggressive” to “sexually offending”. The Harborview Sexual Assault Programme uses an assessment tool to categorise children and uses two terms, “sexual behaviour problems” and “sexual offending” to indicate criminal culpability. It is noted that the Harborview Programme is the only programme that uses the term “offending” in their programme. William Friedrich’s Programme uses the terminology “sexually reactive” and together with A Step Forward and Philly Kids Play It Safe, uses the words “sexually aggressive”. The SPARK and STEP programmes utilize the term “sexual abuse reactive”. In her programme Gil uses the words “sexualized” and “molesting behaviours”, which indicate unlawful behaviour. The Valley Mental Health Centre with their Trauma Outcome programme as well as the Redirecting Sexual Aggression programme uses the term “sexually abusive behaviours”. It is apparent that the majority of the programme developers are reluctant to label the children negatively. It can be assumed that this demonstrates a caution to use terms that may carry derogatory connotations, and which be incorrectly associated with the criminal justice system.

With reference to the programmes discussed in this chapter, it is apparent that all interventions are based on child development literature and reflect differences in age, cognitive and maturity levels. All of the programmes discussed, prefer cognitive and behavioural orientation wherein sexual aggression is seen as a learned behaviour. This learning results in a progression of behaviours with the result being sexually abusive behaviours. In order to implement cognitive and behavioural theories, prevention includes positive reinforcement for acquisition of coping skills, age-appropriate sexual conduct, internalized mechanisms for problem solving and prevention skills.

As outlined in this chapter, most programmes (SPARK, STEP, Friedrich’s Prevention of Re-offending, Valley Mental Health, It’s About Childhood) incorporate theories from Finkelhor’s (1979) four-factor model or Finkelhor and Araji’s (1983) model of child sexual abuse as partial explanation for children’s sexually abusive or aggressive behaviours. Programmes such as STEP and It’s About Childhood, incorporates information on perpetrator prevention.

In addition to perpetrator prevention, other programmes, such as Valley Mental Health, SPARK, STEP, Friedrich’s Prevention of Re-offending, It’s About Childhood and A Step Forward, adapted information from adolescent models to design interventions that focus on personal accountability, sexual abuse cycle and relapse prevention. Prevention goals are aimed at eliminating sexually abusive behaviours, and at the same time, replacing it with sexual feelings, thoughts and behaviours that are age appropriate. In keeping with this perspective, skills relate to self-management, self-control and relapse prevention.

From the discussions in this chapter, it is evident that individual, pair and group work are used to work with sexually aggressive or offending pre-teens. It is notable that the primary treatment modality for children who sexually offend or who show sexually aggressive behaviours is group therapy. In line with the cognitive and behavioural perspective, groups are structured as psycho-educational experiences for children where they can master cognitive and behavioural skills. The group format allows the social worker to use the group members to help each other understand and work on the sexual behaviour problems. This method also assists children to interact with peers without behaving sexually inappropriately. Groups can help reduce children's social isolation and are efficient in terms of cost and time. Unlike the other programme developers, Friedrich and Gil recommended the use of pair therapy to avoid rejections, decrease anxieties and maximize control over the children. The latter believed that pair therapy is more beneficial because it minimizes anxieties, avoids rejections and still enhances controlled peer interactions.

With reference to all the programmes reviewed in this chapter, parents are considered as important to the prevention process. All parents attend individual or family services. Prevention goals for parents are specific to the issue for child sexual aggression or an individual concern of their child. Parents are taught specific techniques that are used to assist children in preventing re-offence. Other prevention goals relate to increasing supervision, improving parenting skills and creating a healthy family environment. The prevention goals however do not focus on relieving distress and grief relating to their disappointment in and disillusion with their children's sexual behaviour.

Because Araj (1997) stated that no single theory has been proven to address all the complexities of pre-teen sexual aggression the combining of theories and prevention intervention methods offers the potential for a more holistic impact on the child and his family.

As outlined in this chapter, some programmes focus on the child sexual abuse issues, while other programmes focus on the treatment of the family as a unit, covering a multitude of problem areas and providing services to assist the parents. In order to ensure a healthy environment for the family, Friedrich's Prevention of Re-offending Programme, and the STEP and SPARK programmes focus on family dynamics, strengthening the family's support system and resources and assisting in developing parenting skills. The SPARK is the only programme that assists parents in dealing with shame and humiliation. Alternatively, the STEP programme is the only programme that focuses on teaches parents stress-management skills and how to take care of themselves. Friedrich's programme attempts to improve parent-child attachments and developing a therapeutic relationship between social worker and parent. Gil's programme focuses mostly on the issues relating to the child's sexually molesting behaviours although she examines the family dynamics in group therapy. All the other programmes discussed, namely, Harborview Sexual Assault programme, Valley Mental Health programme, Redirecting Sexual Aggression programme, It's About Childhood and A Step Forward, focus on the child's sexually aggressive behaviours during parent groups.

As discussed in this chapter, most prevention programmes include treatment for a personal history of sexual abuse or trauma in the development of sexual aggression in children. Alternatively, some programmes recommend referrals to treat the history of sexual abuse.

It is evident that the programmes reviewed in this chapter demonstrate the role that creativity can play in treating sexual abuse. Each programme reflects different theoretical orientations, treatment modalities and utilization of resources, which even includes play therapy, art, music and any medium that provides an opportunity for movement.

Programmes discussed in this chapter include large programmes such as the Harborview Sexual Assault programme and SPARK compared to smaller programmes used by private practitioners. The advantage of the larger programmes is their capacity to embark on research endeavours and multidisciplinary teams. Locally, it has been noticed that private practitioners overcome limitations by collaborative activities with colleagues outside their practices.

From the discussion in this chapter, it is clear that the various programmes recognise the importance of using or developing individualized prevention plans. These plans may require the assistance of collateral resources in the community, including multidisciplinary teams and a diversity of expert practitioners.

As referred to previously in the discussion, it is evident that most of the programmes have not been researched to demonstrate their effectiveness as models for intervention. The only programmes that have been researched are Gray and Pither's STEP programme and the Harborview Sexual Assault Centre's programme developed by Berliner and Rawlings (1991).

Since no prevention approach has been demonstrated to be superior to others, intervention that combines theories and methods, has a better chance of meeting the needs of children with sexual behaviour problems, and their families.

Research (Wood, et al., 2000) indicated that the psychological, sociological, behavioural and interpersonal characteristics of South African children who sexually offend do not differ a great deal from those in the USA. It would seem as if the information in the reviewed programmes could be useful to prevent South African pre-teen from re-offending. However, the diversity of the South African population in terms of as poverty, rural/urban disparity, cultural differences, language barriers and varying levels of literacy requires from the social worker to adapt these programmes prior to implementation according to the characteristics of the client system as well as the goals of the specific welfare organisation. It is therefore important that social workers, whilst providing social work intervention to the client system, will be attentive to the variations amongst the clients. This value forms part of the value system of the White Paper for Social Welfare (1997) as the social welfare policy promotes a condition of basic rights, security, opportunities, obligations and social benefits for all the country's people. This will ensure a prevention strategy which is not only in line with the welfare policy expectations of the South African Government in terms of the White Paper for Social Welfare

(1997) but will also adhere to the requirements of a multi-cultural social work service rendering practice.

#### **4.5 SUMMARY**

This chapter presented prevention programmes for sexually aggressive and sexually offending pre-teens designed by experts assisting this group and their families. Each programme was discussed and assessed according to the following criteria: background, methodology, assumptions, goals as well as a general assessment. A comprehensive overview of these prevention programmes was given with reference to different theories and frameworks, and different treatment options available to social workers working with this population, were examined and compared. This chapter demonstrates that multiple theoretical approaches and treatment modalities have been found useful in preventing pre-teen sexual offenders from re-offending.

In the following chapter the requirements for the development of prevention of re-offending programmes for pre-teen sexual offenders as well as the multiple theoretical approaches and treatment modalities that have been found useful for intervening with sexually offending pre-teens will be discussed.

## **CHAPTER 5**

# **GUIDELINES FOR THE DESIGN OF PREVENTION PROGRAMMES FOR PRE-TEEN SEXUAL OFFENDERS**

Social workers need prevention programmes to prevent pre-teen sex offenders from re-offending, as discussed in chapter four. Alternatively, the workers must develop their own prevention programmes to enable them to render an effective prevention service to these youths and their families.

In order to assist the social worker who renders a prevention service to sexually offending pre-teens, this chapter will focus on the guidelines for the development of such prevention programmes. First, a list of eleven guidelines to prevent pre-teen sex offenders from re-offending, will be discussed. These guidelines could assist the social worker in programme development and prevention of re-offending planning. Second, the multiple theoretical approaches and prevention modalities that have been found useful to prevent pre-teen sex offenders from re-offending will be discussed. These models attempt to address the complex and interactive nature of pre-teens' cognitive thought processes, affective and physiological development, behavioural aggression and sexual acting out as well as family dysfunctions associated with pre-teen sexual offences. Then the common themes and prevention strategies in dealing with sexually offending or aggressive pre-teens will be described. These techniques can assist the pre-teen sexual offender to identify behavioural, cognitive and affective antecedents and to learn to recognize and interrupt them. Finally, the importance of programme evaluation to ensure effective and humane strategies for pre-teen sex offenders which are empirically based whenever possible, and which will facilitate family involvement as well as completion of prevention programmes will be explained. In line with the aims and objective of the study, the knowledge and practice skills needed by social workers to design prevention programmes for pre-teen sex offenders will be described.

In order to implement the earliest possible comprehensive system response to prevent pre-teen sex offenders from re-offending, standardised prevention suggestions are discussed as follows.

### **5.1 DEVELOPING STANDARDS FOR PREVENTION PROGRAMMES**

It seems as if prior to the launching of the National Task Force on Youth Sexual Offending in the USA, professionals had a growing recognition that some sexually abusive children and their families require

prevention strategies. This led to the forming of the National Task Force on Youth Sexual Offending during 1986 after the National Adolescent Perpetrator Network (NAPN) members (service providers and specialists from more than 800 programmes for pre-teen and adolescent sex offenders) proposed the idea of creating a group to develop standards for programmes to prevent child sex offenders from re-offending (NAPS, 1993).

The National Task Force (NAPS, 1993) designed a set of assumptions intended to support a comprehensive systems response to youth sex offenders. These assumptions are also relevant for pre-teen sexual offences. The following assumptions were suggested as guidelines to prevent youth sex offenders from re-offending:

- Subsequent to a full assessment of the youth's risk factors and needs, individualized and developmentally sensitive strategies are required.
- Individualised prevention plans should be developed and frequently reassessed and revised. Plans should include specific needs of the youth offender, prevention objectives and necessary strategies to prevent re-offending.
- Services should be rendered in the least restrictive environment required for community protection. Prevention strategies should also involve the least intrusive methods that can be expected to accomplish the objectives.
- Written progress reports should be issued to the agency that has requested prevention services and should be discussed with the youth and parents. Progress must be based on specific measurable objectives, observable changes and demonstrated ability to apply changes in current situations (NAPN, 1993).
- Prevention services will require a minimum of 12 to 24 months to be satisfactorily implemented (NAPN, 1993; Righthand and Welch, 2001).

From the above guidelines that can also be applied to pre-teens, it is clear that there should be attempts to address the complex and interactive nature of children's cognitive thought processes and affective and physiological development in the most secure and safe environment as well as guaranteeing prevention effectiveness. The emphasis is therefore on the cognitive and developmental perspective as discussed previously. In line with the systems perspective, the focus is also on the needs of the child, which connect the child's internal world (affective, cognitive and behavioural) with the external world, generally the family. As an extension to these guidelines, some individual states in America have also developed protocols and standards for effective strategies for youths who have committed sex offences. For example, Utah established a multidisciplinary team of professionals who developed a manual regarding guidelines for prevention service delivery for youth sex offenders (NAPN, 1993).

Closely related to the international attempt to develop procedures and standards for effective prevention strategies with youth sex offenders, SAYStOP was established in South Africa in 1989 for

the purpose of developing innovative and effective prevention strategies for dealing with adolescent sexual offenders. However, as discussed in chapter three, when adolescent sex offenders do not meet the criteria for the SAYStOP programme, there are few manuals or guidelines available to render an effective service. In line with the objective of this study, this chapter will offer guidelines and requirements for the development of prevention programmes for pre-teen sexual offenders.

Since 1980, international prevention programmes for youth sex offenders have proliferated, although few programmes are locally available to social workers to render a service to pre-teen sexual offenders and only ten international prevention programmes that specifically focus on the prevention of re-offending could be traced. According to NAPN (1993), there were 20 prevention programmes for youth sex offenders in the United States during 1982. The 1994 Safer Society Program's national survey (Freeman-Longo et al., 1994) identified 684 programmes for youth sex offenders in the USA. Currently, there is one officially known prevention programme aimed at adolescent sex offenders available in South Africa.

As discussed in chapter one, the need for prevention programmes for children who sexually abuse other children has become increasingly apparent, with greater knowledge about the extent of sexual abuse carried out by pre-teens. As discussed in chapter two, research has indicated that the offending behaviours of youths are likely to persist and even increase if children are not provided with prevention strategies and supervision. More specifically, it has also been argued that prevention strategies are more likely to be successful when they are initiated at an early stage as the child might be more accessible and responsive to services rendered than when the deviant cycle has already been established (Cunningham and MacFarlane, 1996; Friedrich, 1990; Gill and Johnson, 1993; Gray and Pithers, 1993; Groth et al., 1982; Rasmussen et al., 1992). In addition, it is of paramount importance that the earliest possible prevention strategies with children who sexually offend is needed to prevent escalation of the problem, because it might have a negative effect on the Aids pandemic in South Africa.

Although funding and ethical issues have made it difficult to conduct carefully controlled prevention outcome studies, Becker and Hunter (1997) stated that a number of clinical reports on the prevention of sexually abusive youths have been published. These studies (Becker and Hunter, 1997) provided support for the belief that the majority of sexually abusive youths are amenable to, and can benefit from prevention strategies. In this regard, Hollin (1990) argued that financial savings from reduced recidivism and incarceration are worth the minimal investment in preventing youth sexual offenders from re-offending.

Although a relatively new area of practice and research, the knowledge and experiences of professionals who specialise in rendering services to youth sexual offenders can be helpful in identifying common themes and issues in prevention programmes for social workers who render a service to pre-teen sex offenders. The following discussion describes the diversity of approaches, which can be of great value to development prevention programmes for pre-teen sex offenders.

## 5.2 GUIDELINES FOR PROGRAMME DEVELOPMENT

Most prevention programmes use various types of strategies to remedy low self-esteem and social skills deficits as well as to eliminate sexually abusive and aggressive behaviour and increase behavioural controls and develop competencies for coping with precursors to sexual aggression. To achieve this goal, programmes use a combination of family, group and individualized therapies.

Ryan and Lane (1997) warned that the programme structure and intensity should increase as the seriousness of the sexual offence or expression of violence by the youth offender increases. A child who has touched the genitals of a younger child cannot be involved in the same prevention programme as the child who is a victim of sexual abuse and who has repeatedly raped younger children.

Although there is little research available in South Africa regarding pre-teen sexual offences, the knowledge and experiences of international experts can assist local social workers in identifying common themes and issues in preventing pre-teen sex offenders from re-offending. As demonstrated in a previous discussion, a diversity of approaches is being used, which can assist social workers in programme development. Prior to developing a prevention programme for a pre-teen sex offender, the social worker needs to answer the following questions: Which of the many theories as discussed in this chapter should be used in the treatment programme? Who should be involved in the prevention programme? What are the goals the social worker wants to achieve? What other issues need to be addressed in the prevention programme? Only after these questions have been answered can the programme development commence. The answers to the above questions and availability of resources will shape and influence the prevention programme.

From the prevention programmes for pre-teen sexual offenders which were discussed in chapter four, some 11 factors that can aid the development of programmes for pre-teen sex offenders were selected. Principles underpinning the guidelines are also derived from the literature available on pre-teen sex offences. Although some guidelines appear to emphasize personal histories of sexual abuse as a factor contributing to sexual behaviour problems in pre-teen sex offenders, it was evident that this issue may be overemphasized in the context of multiple risk factors. A prevention model should incorporate theories of child development, sexual abuse, trauma, reciprocal cycles of abuse, learning, relapse prevention and systems theories as discussed in chapter two. The child sex offender also has to take responsibility for his/her actions. As the child's needs are best addressed within the system where he/she lives, it is necessary to consider and focus on the dysfunctional family dynamics. Prevention strategies should be individualized although group therapy is useful as long as the children are managed and assisted in developmentally divided age groups. The focus of programme development is furthermore on the elimination of sexually abusive and aggressive behaviour, on increasing behavioural controls and developing competencies for coping with precursors to sexual aggression. It was apparent that since so many pre-teen sexual offenders are victims of sexual molestation, prevention strategies need to address the history of sexual abuse. In addition, parental groups are an effective means of teaching parents the skills necessary to prevent further aggression.

Finally, it seemed very important that when needed, children should be referred for intervention if necessary. The above guidelines will be discussed accordingly. Different techniques will be discussed later in this chapter when different care models are discussed.

### **5.2.1 The necessity of multiple theories**

The first guideline is that intervention with pre-teen sexual offenders requires a comprehensive knowledge of multiple theories of sexuality and aggression to guide the development of prevention programmes.

Chapter two provides a review of numerous guidelines used in order to understand why children sexually offend. As discussed earlier, a review of several studies that focused on sexually aggressive and offending pre-teen children indicated that theories explaining the following six broad social and psychological categories should be examined prior to developing a programme for pre-teen sexual offenders. These include abuse and victim characteristics, family characteristics and environments, victimization experiences, sexual and aggressive preoccupation, school performance and social relationships and skills. As can be seen from the above, general psychological, social psychological and sociological theories permeate ideas about the origins of and persisting sexual offending by children.

Araji (1997) pointed out that different theories, as discussed later in this chapter, provide different explanations for why a child might act out sexually, and no single theory has been identified as the answer to why children become sexually aggressive.

Although none of the theories discussed in chapter two can explain why pre-teens sexually offend, the most popular theories that explain why they do so are the learning theory, developmental theory and systems theory, which can be applied to understand factors associated with how children grow and learn. Principles underpinning the learning theory, as discussed in chapter two, assume that being a victim of sexual abuse or witnessing other children and parents engage in sexual behaviour, or watching pornographic films, teach the child actual ways in which to perform sexual acts (Finkelhor and Browne, 1986; Gil and Johnson, 1993 and Hoghughi, 1997). As discussed in chapter two, the developmental theory assumes that positive early childhood experiences are of vital concern and that the family and the environment are essential influences in the development of sexuality (Cunningham and MacFarlane, 1996; Freeman-Longo et al., 1994; Friedrich, 1991; Groth, 1979 Hoghughi, 1997; Steele, 1986). On the other hand, lack of empathic care, family trauma, physical and sexual abuse, neglect, scapegoating, undefined family roles and boundaries and exposure to sexually traumatic experiences in the environment may contribute to the development of abusive sexual behaviours (Cunningham and MacFarlane, 1996; Freeman-Longo et al., 1994; Friedrich, 1991; Groth, 1979; Steele, 1986). As discussed earlier, the underlying principle of the systems theory is the assumption that the explanation of the individual's behaviour is considered in the context of the whole family system because all parts are considered interdependent and related to one another with repeatable patterns. The theory further assumes that the family ties the system together in ways that make

individual explanations for behaviour incomplete. Systems theories emphasize the wholeness of a system in which the whole is seen as more than a sum of the parts. Therefore, the systems theory advocates that a change in any of the members will effect change in other members (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992). Since these theories are most often utilized in the development of programmes for pre-teen sexual offenders, the incorporation of at least one of them in the programmes for pre-teen sexual offenders seems necessary.

From the discussion it is clear that social workers should have working knowledge of multiple theories to gain a comprehensive perspective on the problem of sexual offending. The social worker has to explain the pre-teen's sexually aggressive or offending behaviours within both a micro- and a macro-interactive context. It seems advisable to use what is currently known about the factors that contribute to the development of pre-teens' sexually aggressive or offending behaviours demands social, psychological and sociological approaches to the problem rather than a reliance on primarily psychological theories. It is therefore important that a variety of perspectives should be incorporated into developing prevention programmes for pre-teen sexual offenders. These theoretical perspectives will be discussed accordingly and it will be explained how they can serve as a guideline.

### **5.2.2 Incorporation of a variety of theoretical models**

The second guideline is to design a programme which include theoretical models. In line with the systems theory, as discussed in chapter two, and as indicated in the literature overview, prevention programme for pre-teen sexual offenders should incorporate the following models: child development, reciprocal cycles of abuse, trauma, learning, relapse prevention and family system theories. A short summary of these models will be given here as they have already been discussed and analysed in chapter two.

First, the *child development model* suggests that deviant socialisation experiences such as sexual abuse and inadequate parenting, distort the normal sexual development of children. These traumatic events cause an interruption in the normal sexual development of a child. These children are deprived emotionally and have discovered that they can achieve attention through sexually abusive behaviour (Cunningham and MacFarlane, 1996; Freeman-Longo, 1994; Friedrich, 1991; Groth, 1979; Hoghughi, 1997 and Steele, 1986).

Alternatively, the *model on the reciprocal cycles of abuse* assumes that a child sex offender is reacting to his own sexual victimization. The model assumes that there are four preconditions to the reciprocal cycles. Considering the first precondition, the pre-teen sex offender must have an impulse, which motivates him to sexually abuse someone else. This reaction is a result of the child's own abuse, a reaction that may be reinforced sexually during a critical time of sexual development. With respect to the second precondition, the pre-teen sex offender has to overcome external inhibitors or self-talk that usually prevents children from offending. Third, the child must overcome external inhibitors such as supervision. Finally, the pre-teen sex offender must overcome the victim's resistance (Erooga and Masson, 1999; Lane and Isaac, 1997). The model thus describes a cyclical process because the

behaviour sequence is viewed as repetitive and it is assumed that previous offences parallel and reinforce subsequent offence patterns.

The *trauma model* assumes that since many sexually aggressive children have themselves been victims of sexual abuse, the sexually aggressive behaviours are a reaction to the trauma of being sexually abused. The trauma model cuts across the broad psychological perspectives of behaviourism, learning theory, cognitive theories and psychoanalytic theory, depending on which concepts are used to explain how resolution of traumatic events is processed (Araji, 1997; Finkelhor and Browne, 1986; Gil and Johnson 1993).

On the other hand, the *learning model* assumes that children learn by trial and error and they learn to identify what will help them get what they want. The learning theory also implies that children can learn through the example set by others. Being a victim of sexual abuse or witnessing other children and parents engage in sexual behaviour, or watching pornographic films, teaches the child actual ways in which to perform sexual acts (Bandura, 1977; Erooga and Masson, 1999; Finkelhor and Browne, 1986; Gil and Johnson, 1993; Hoghughi, 1997 and Ryan and Lane, 1997).

Then again, the *relapse prevention model* is a perspective to help pre-teen sexual offenders to control their behaviours in various situations and ultimately to change their sexually abusive behaviours. The relapse prevention model further uses three or four categories of risk factors of precursors to repeating sexual abusive acts that were identified by the offender. The predisposing risk factors are those occurring during early development in the sequence of precursors such as being a victim of sexual molestation. Precipitating risk factors generally occur shortly before the sexually offending acts for example thinking errors and opportunity. Perpetrating risk factors usually increase the likelihood that sexually abusive behaviours will continue in the future (Gray and Pithers, 1993).

Finally, the underlying assumption of the *systems model* is that the explanation of the pre-teen's behaviour is considered in the context of the whole family system because all parts are considered interdependent and related to one another with repeatable patterns. The family is seen as tied together in ways that make individual explanations for behaviour incomplete. Therefore, the underlying assumption is that a change in any of the members will effect change in other members (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992).

All of the programmes reviewed in chapter four use development literature and design strategies that are appropriate to different ages and cognitive and developmental levels. The reviewed programmes also use techniques such as relapse prevention and the assault cycle approaches as discussed previously to prevent future molestation.

It was also evident that no approach was demonstrated to be superior to others. It is obvious that a prevention programme should combine different models to meet more effectively the needs of pre-teen sexual offender.

Each model is used to explain pre-teen sexual offenders' sexually aggressive behaviours, common links between the models and how they build on or extend one another. When these perspectives are

assessed as a whole, in combination with the literature reviewed (in chapter two), a more comprehensive approach to explaining sexually behaviours is achieved. The inclusion of each of the abovementioned models in prevention programme development represents a significant step in individualizing services to the specific problem of the sexually offending youth. Another consideration is that since sexual abuse and violence are interactive components of sexual aggression, programme developers should select theories and models that address both sexual offending and violence. It is thus evident from the discussion that recognizing the recurring nature of sexual offending, including antecedents, variables related to the offence and reinforcements subsequent to the offence, are important for developing a prevention programme.

All the prevention programmes for pre-teen sex offenders discussed in chapter four include cognitive and behavioural strategies. The following discussion will cover the abovementioned strategies and explain how they can be used as a guideline.

### **5.2.3 Cognitive and behavioural strategies**

The third guideline is that strategies based on cognitive and behavioural theories should be incorporated in prevention programmes. These strategies should also be based on cognitive and behavioural theories, which include skills development to promote pro-social coping and problem solving, age-appropriate interpersonal relationships and sexual behaviours and abuse prevention plans. It is therefore clear that the prevention of sexually offending youths should include cognitive and behavioural strategies that place responsibility for behaviour with the child and address sexual aggression as a learned behaviour that is changeable. These strategies allow for the understanding of sexual aggression as a maladaptive response to inappropriate stimuli in the pre-teen's life (Araji, 1997, Erooga and Masson, 2001; Gil and Johnson, 1993; Ryan and Lane, 1997).

To address the cognitive aspects of sexual aggression, a programme for sexually offending pre-teens needs to target thinking errors, distortions, inaccurate perceptions, false assumptions and irrational beliefs that justify sexually offending behaviours. Ryan and Lyne (1997) stated that to develop insight into the thought processes that perpetuate sexually aggressive behaviours, the pre-teen sex offender must develop empathy with the victim, understanding of consequences and responsibility for his behaviours.

Cognitive and behavioural theories can also be used to explain the power of sexual aggression in pre-teen sexual offenders. Principles underpinning the cognitive and behavioural theory include that thoughts and behaviours are learned activities, capable of being changed with appropriate treatment (Skinner, 1974). Ryan and Lane (1997) postulated that the cognitive and behavioural theories interpret sexual aggression as maladaptive responses to inappropriate stimuli in a child's life. Researchers (Araji, 1997; Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Watkins and Bentovim, 1992) agreed that targeting these maladaptive responses of sexual offences involves identifying all negative behaviours, as well as teaching and reinforcing pro-social behaviours. Learning to control impulses and external supervision, which will include the support of the family members, are

important to prevent re-offending and should be included in programmes for pre-teen sexual offenders.

The discussion above emphasizes that with cognitive and behavioural strategies, as discussed in this chapter, pre-teen sex offenders can learn alternative ways of thinking about their behaviour and gain mastery over their offending behaviour. It is further apparent that programmes for pre-teen sex offenders should aim to interrupt dysfunctional cycles of abusive activity and sexual arousal by teaching awareness and avoidance of triggers, which evoke feelings of helplessness, lack of control and loss of trust. It was further obvious that the family is the primary social influence on the pre-teen sexual offender and therefore needs to be incorporated into the programme for pre-teen sexual offenders. The following discussion will therefore focus on the family theory and how it can be used as a guideline.

#### **5.2.4 Family theory and therapy**

Because the family is universally recognized as the primary social influence on young children who digress sexually, the fourth guideline is to incorporate the family in the design of a prevention programme. In line with the family systems perspective theory, as discussed in chapter two, the impact of family and environmental disorganization, physical abuse, domestic violence, incest, substance abuse, neglect and isolation are contributing factors to the etiology of sexual aggression (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995).

With reference to the programmes reviewed in chapter four, it was apparent that they vary in terms of the range of strategies they provide to parents. All the programmes involve parents or caregivers, either by group- or in individual therapy. It was further apparent that prevention goals with the family typically involve improving parental supervision and parenting skills and increasing parental knowledge about sexual abuse. Some programmes also include providing training to assist parents to help children succeed at relapse prevention. In cases of high levels of stress, personal and interpersonal difficulties and impaired parent-child attachments are dealt with.

Since the family provides the learning environment and is the most important source of nurturance and guidance for children, prevention programmes should guide the family to create safe, predictable and growth-promoting relationships among family members, which is the key to preventing sexually aggressive and sexually offending children from re-offending. Research (Araji, 1997; Friedrich, 1990; Gil and Johnson, 1993) states that the family systems theory is valuable for programme planning because of the inclusion of parents, siblings, extended family members and other significant social systems. The theory directs focus to the role other significant people can play in the development of either sexually abusive behaviours or the role they can play in facilitating change. Techniques to achieve a positive learning environment are discussed later in this chapter.

When the family environment is dysfunctional, Araji (1997) warned that separating sexually aggressive young offenders from their primary relationships can result in serious problems such as scapegoating, victimisation and family disruption. Hence, prevention strategies should rather include family members to protect victims from abuse by applying age-appropriate rules and roles, developing safe personal, sibling, parental and family boundaries and building support systems for members.

From the discussion it is noted that prevention programmes should include strategies that enhance parental attachment, provide parental training and social-relational skills as well as trauma resolution. It was further evident that prevention programmes should assist families to create safe, predictable, and growth promoting relationships among family members in order to help the sexually aggressive or offending pre-teen. In order to ensure the abovementioned secure environment, the family systems theory and therapy need to be integrated into the programmes to address dysfunctional family dynamics.

It was further noted that the most beneficial prevention modality was group therapy. Group and pair therapy as a prevention modality will accordingly be discussed and it will be explained how it serves as a guideline.

#### **5.2.5 Family inclusion**

The fifth guideline for designing a prevention programme is that successful prevention of re-offending depends on the inclusion of the family.

Although programmes vary in terms of the range of strategies provided to parents, all of them involve parents either in group, or individual approaches. It was further noticed that programmes include prevention goals such as improved parental supervision, parenting skills, and increasing parental knowledge about sexual abuse. The programmes further include specific training for parents to help their children succeed at relapse prevention (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich et al., 1991; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993). More specifically, Pithers et al. (1998) suggested that parental groups should address issues of parental attachment, parental training, social-relational skills, trauma resolution and when indicated, the opportunity to grieve the loss of an idealized child and family.

Similar to previous studies (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1988; Lane and Isaac, 1997; Rasmussen et al., 1992) Gray and Pithers (1993) as well as Griggs and Boldi (1995), recommended that prevention programmes for pre-teen sexual offenders should include goals for the parents that focus on reinforcing positive achievements of pre-teens. Programme goals for parents include understanding of childhood sexual behaviour problems, parenting skills for managing sexual aggression, setting boundaries and supervising children,

identifying familial conditions that have contributed to the sexually aggressive behaviour, and stress management and self-care of the parents.

It is needed that parents in group therapy should share opportunities to develop peer relationships, establish support systems and gain understanding of their pre-teen children in a safe environment (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Friedrich, 1990, 1991; Finkelhor and Browne, 1986; Fraser, 1996; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1988; Lane and Isaac, 1997; Rasmussen et al., 1992). In addition, the parents can come to terms with their own histories and sexuality as well as their roles and responsibilities as parents of multi-problem children. Since parents are reluctant to believe or accept the fact that their children have sexually offended, parent groups are more effective in confronting denial, self-examination and learning new skills as parents and adults.

A variety of interventions are available to include families in individual programmes for sexually offending pre-teen children, ranging from community-based approaches to residential care to help families create safe, predictable and growth promoting relationships among family members (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992). These parent-related approaches are the key to assist sexually offending children improve their sexually offending behaviour, and to aid their emotional adjustment, social functioning, family relationships and overall adjustment.

From the discussion it is evident that the basic principles of the systems theory as applied to the family, should be used in programmes for sexually offending pre-teen children. The systems theory emphasize the wholeness of a system in which the whole is seen as more than the sum of the parts (Roberts, 1994). When applied to the family, it is assumed that all family members are tied together in ways that make individual explanations for behaviour less than complete. In order to achieve behavioural change in the pre-teen sexual offender, change has to occur within the family. The strength of a prevention programme therefore depends on the inclusion of the whole family.

It was further apparent that social workers need additional training to prevent pre-teen from re-offending. The following discussion will focus on the professional qualifications of social workers who treat pre-teen sex offenders and it will be explained how it can serve as a guideline.

### **5.2.6 Group or pair therapy**

The sixth guideline is that group or pair therapy should be incorporated in prevention programmes. Treatment modalities in the programmes reviewed in chapter four include individual, group, pair and family therapy.

It seems that wherever possible, group or pairs would be the best method of intervening with sexually offending pre-teens. Araj (1997) and Johnson (1993), agree that the group format allows the therapist to use the group members to help each other understand and work on the offending issues. Youths

can also benefit from exposure to peers who are experiencing the same or similar problems. In addition to group therapy being cost and time efficient, children in the group can benefit from:

- Learning new skills from each other.
- Understanding common misperceptions regarding their behaviour.
- Confronting denial about the consequences of their offending behaviour.
- Normalising responses to maladaptive stimuli.
- Reducing isolation (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993).

In contrast, Friedrich (1991) and Johnson (1991) considered pair therapy more beneficial. The latter believed that the pair therapy approach minimizes anxieties, avoids rejections, and enhances controlled peer interaction. Pre-teen sexual offenders older than ten years are often extremely self-conscious and embarrassed about their sexual offending and dislike the idea of disclosing their offence in a group. For these children, pair therapy is an alternative as it minimizes rejections and anxieties while they still feel included, as they have experienced the same or similar problems than their partner in therapy.

It was further apparent that age specific groups serve as a helpful developmental division for groups in programme development. Araji (1997) recommended three groups for children, preschool (ages 3 – 5), latency (ages 6 – 9) and pre-adolescent (ages 10-12). It is evident that in age specific groups, children learn age-appropriate techniques such as guided play, art projects, written tasks and video productions. It was evident from the literature review that children in developmentally appropriate age groups can learn behaviours acceptable within their age group without being exposed to concepts they are not developmentally ready to address. Araji (1997) also recommended that pre-adolescent groups should exclude cross-gender peers because it inhibits group members are inhibited.

From the discussion, it is evident that group therapy is the most beneficial prevention modality for pre-teen sex offenders and should therefore be included in the development of programmes for sexually offending pre-teens. Group therapy further provides opportunities for pre-teen sexual offenders to develop peer relationships, establish support systems and gain understanding of their behaviour. It was further evident that group therapy helps to confront the offence, to deal with denial, self-examination and to learn new social skills.

It was further apparent that prevention of re-offending is possible if the developed programme is individually tailored and offence specific. Individualised strategies in programme development and how it can serve as a guideline will be discussed as follows.

### 5.2.7 Individualised prevention plans

The seventh guideline is related to the fact that the aim in programme development for sexually offending pre-teens is to develop strategies that would specifically address all the problems related to the sexually abusive child. It is therefore essential that the prevention programmes should be developmentally specific, individually tailored and directed at both behavioural change and the relief of underlying concerns of each individual child (Araji 1997; Cunningham and MacFarlane, 1991; Dougher, 1995; Johnson, 1995).

As described in chapter two, pre-teens who have committed sex offences is a heterogeneous mix, and an assessment of the child is required to establish his needs and to develop appropriate prevention strategies. It was evident from the programme evaluation that an assessment of the pre-teens' psychological, social, cognitive and medical needs, family relationships, risk factors and risk management possibilities is required prior to the development of an individual treatment programme (Johnson, 1995). In line with Johnson (1999), Dougher (1995) pointed out that a comprehensive, in-depth evaluation is the prelude to effective programme planning and implementation due to the varied, complex and multi-determined nature of sex offending. For example, the nature of the sexual offence, duration, frequency, relationship of perpetrator to victim, type of coercion used and aetiology of the sexual offence are different to each pre-teen sex offender and need to be considered prior to the development of a prevention programme. Both Araji (1997) and Cunningham and MacFarlane (1991) cautioned that sexually aggressive children might be experiencing other problems, such as aggression, anxiety or depression, that need specific intervention, and which require an individualized programme to address these issues.

Together with prevention strategies, teaching the pre-teen sex offender a variety of techniques to address sexual deviance, attitudes, beliefs and distortions that support and rationalise these offending behaviours should be included. These prevention strategies and techniques will be described later in this chapter.

Researchers (Araji 1997; Cunningham and MacFarlane, 1991; Dougher, 1995; Johnson, 1995; Morenz and Becker, 1995) warned programme developers that since pre-teen sex offenders tend to lie about their offences and are unreliable and deceptive in their verbal reports, the value of a thorough assessment prior to programme development cannot be underestimated. It is furthermore suggested that parents or guardians of pre-teen sex offenders should be involved in the assessment prior to the development of an individualized prevention programme in order to validate information given by the pre-teen sex offender. This process will also determine the necessary safety measures required to prevent re-offending.

From the discussion it is evident that prevention of re-offending can be achieved if the developed programme is individually tailored and offence specific. Individualized prevention programmes can be helpful to pre-teen sex offenders to resolve their personal traumatic experiences, which are linked to the sexual offence. The circumstances around the sex offence are different for each pre-teen sex

offender and the prevention programme needs to address the specific needs of the child. Therefore, the specific problems of a pre-teen sex offender are most effectively addressed by targeting risk factors that predispose a child to sexual behaviour problems or that precipitate or perpetuate the problems.

As noted earlier in this discussion, it is important that prevention strategies of pre-teen sex offenders should focus on being offence-specific to eliminate sexually abusive behaviours. The following discussion will focus on how targeting sexually offending behaviour in programme development can be used as a guideline.

### **5.2.8 Targets for sexually offending behaviour**

The eighth guideline for designing prevention programmes relates to the fact that targets for pre-teen sex offenders should balance community safety and promote developmentally appropriate competencies (Araji, 1997; Gray and Pithers, 1993). More specifically, the underlying risk factors that cause sexually offending behaviours should be targeted.

Following from the description of pre-teen sexual offenders in chapter two, it was evident that the risk factors should focus on enhancing self-management skills, resolving trauma caused by previous victimization, addressing compensatory reaction often associated with externalization of difficult emotions through sexually aggressive behaviour, and increasing the extent to which the prevention team members model abuse-preventive beliefs (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995). In other words, prevention strategies should focus on eliminating sexually offending and aggressive behaviour, increase behavioural controls and developing competencies for coping with precursors to sexual aggression.

In order to implement the abovementioned targets, it is clear that children need to understand the conditions that lead to their sexually offending behaviours and learn strategies for changing their reactions to internal and external stimuli. The underlying focus is therefore for pre-teen sexual offenders to explore their thoughts, emotions and behaviours as well as those of others, and to investigate how situations that resulted in sexually offending behaviour can help with recognising cues that led to such behaviour. Techniques to achieve these targets are discussed later in this chapter.

In order to overcome the sexually offending behaviours it is further imperative for pre-teens to learn age-appropriate sexuality and be rewarded with positive gains, with sufficient reinforcement to establish stable changes in behaviour that guarantee positive outcomes (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993). It seems that only as a last resort negative reinforcement should be used to establish change in behaviour. This is because negative emotions can often trigger a new cycle of sexually offending behaviours. As

discussed in chapter two, emotions of resentment and defensiveness can trigger the pre-teen sex offender to regain his power in a sexual way. The control is eventually exerted through further sexual abuse.

From this discussion it is obvious that social workers who develop prevention programmes for sexually offending pre-teen children should include sex offence specific prevention targets that focus on the elimination of sexually abusive behaviours. These prevention targets are described later in this chapter. Simultaneously, targets should also be aimed at replacing maladaptive behaviours with sexual feelings, thoughts and behaviours with age appropriate emotions and beliefs. It is also clear that social workers should focus on self-management, self-control and relapse prevention, which will also be discussed later in this chapter. This appears to empower pre-teen sex offenders to gain internal control over their behaviour. In general, a pro-social attitude should be fostered and adaptive skills acquired.

As discussed in chapter two, although not all pre-teen sexual offenders have been sexually abused, most have experienced victimization, which needs to be addressed. The history of sexual abuse in programme development will subsequently be discussed as a guideline for programme development.

### **5.2.9 Focussing on the history of sexual abuse**

The ninth guideline in designing a prevention programme is to address victimisation experiences of the pre-teen sex offender. All studies reviewed (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993) suggested that although not all children who sexually offend have been themselves victims of sexual abuse, many have and may need to address victimization experiences as part of prevention strategies. It is therefore imperative to incorporate an assessment, and if needed, additional specific treatment, in programme development for pre-teen sexual offenders.

From the comparison of different international programmes for pre-teen sexual offenders, as discussed in chapter four, it was evident that different programmes varied in their responsiveness to prior sexual abuse. As discussed in chapter four, some incorporated specific prevention goals into their programme, whereas others ignored the issues related to prior victimization. It can be assumed that theoretical perspectives, expertise of the social worker and resources available may determine the decision of the social worker to either include or exclude dealing with sexual victimization. Some social workers are reluctant to address victimization issues in their programmes (Harborview Sexual Assault Centre programme, Kids Play It Safe programme and Redirecting Sexual Aggression programme) since they assume that it detracts from the primary prevention goals relating to sexual aggression. This is to some extent echoed by Righthand and Welch (2001) who assumed that prior sexual abuse may be overemphasized in the context of multiple risk factors. In contrast, other programmes (SPARK, STEP, Friedrich's Prevention for Re-offending, Gil's Prevention for Re-offending, Valley Mental Health, It's About Childhood) focus on addressing a personal history of abuse

and treatment thereof is assumed to be central to a positive outcome (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993).

It was further evident that it is vital to assess whether incest has occurred and if there is a history of incestuous victimization, to include the establishment of a safe home environment in the programme, since it is critical to successful prevention of re-offending. It was evident that an abusive home environment can result in further victimization and negate the effect of services rendered. In line with the abuse cycle theory, as discussed in chapter two, programme development must include dealing with incestuous parents to help establish appropriate personal and parental boundaries and address sexual misconduct within the family. This can minimize scapegoating the sexually offending youth and instead focus on the family dysfunction that is contributing to the child's behaviour. There is agreement (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993) that prevention of re-offending can only be successful when children do not return to a dysfunctional home environment.

From the discussion it is evident that if children are victims of sexual abuse, the issue must be included in developing a prevention programme for the individual pre-teen sexual offender. However, regardless of the background, pre-teen sexual offenders need to learn that they are responsible for their own behaviour and need to learn pro-social sexual conduct. Relying merely on the victimization assumption tends to narrow the focus of many prevention programmes on victimization rather than on perpetration issues. It is therefore recommended that programmes should include treating childhood sexual abuse if required, but should focus on offence specific prevention goals that stress the elimination of the sexually abusive behaviours. At the same time, programme strategies should be aimed at replacing maladaptive behaviour with feelings, thoughts and behaviours that are developmentally appropriate. This should include learning skills related to self-management, self-control and relapse prevention. Techniques to learn these social skills are describe later in this chapter.

From the discussion in chapter two, it was apparent that in order to prevent the pre-teen from re-offending, change has to occur within the family. The inclusion of family intervention approaches in programme development will accordingly be discussed and it will be explained how it can serve as a guideline.

#### **5.2.10 Referrals to specialists**

The tenth guideline indicates that social workers rendering services to pre-teen sexual offenders must be personally and professionally qualified (Araji, 1997; Association for the Treatment of Sexual Abusers, 1997; Gil and Johnson, 1993; NAPN, 1993). Personal qualifications include being emotionally healthy, having respect for oneself and others, using good listening skills and having the ability to empathize. Adequate professional qualifications include being registered as a social worker

after having obtained a four year degree qualification and additional training specializing in treating pre-teen sexual offenders, and practical experience, prior to working with pre-teen sexual offenders without supervision. Righthand and Welch (2002) stated that social workers should have training on a continuing basis in order to stay conversant with current trends and events.

Corresponding with Righthand and Welch (2001), Araji (1997) pointed out that recognising the intricacy of rendering services to pre-teen sexual offenders, social workers could use collateral resources to help prevent burnout and maximize the effectiveness of services provided. More specifically, Araji (1997) cautioned social workers to work within the limits of their expertise and seek consultation and supervision when working with pre-teen sexual offenders. From the literature review, it was further evident that multidisciplinary teams are useful for dividing tasks, providing balance and support and preventing triangulation and manipulation (Araji, 1997; Association for the Treatment of Sexual Abusers, 1997a; Gil and Johnson, 1993; NAPN, 1993). It seems advisable that social workers should obtain a second opinion when they are uncertain about their assessment and programme development for the pre-teen sexual offender. Araji (1997) also suggested that organisations with well-defined policies and procedures should shield social workers from making mistakes that result further abuse of children in treatment.

From the discussion above, it follows that a multi-disciplinary team offers the best way of ensuring effective programme planning and prevention strategies as well as ethical guidelines. Developing programmes for sexually offending pre-teens is a challenging profession since it includes protecting the community, providing prevention services to pre-teen sex offenders and relieving significant human suffering within the family. Therefore, programme development requires systematic inquiry and validation from a multi-disciplinary team to ensure correct legal procedure as well as strategies to prevent or minimize a serious crime in the future.

Finally, it is noted that the intellectual level of each pre-teen sex offender varies and has to be taken into account when developing prevention programmes. The intellectual level of the pre-teen sex offender in programme development will be discussed as a guideline for programme development in the following section.

#### **5.2.11 Differences in pre-school, latency-aged and pre-adolescent children**

The eleventh guideline to consider when developing programmes for pre-teens who sexually offend is their developmental stages. The intellectual level of each programme will differ for pre-schoolers, young school-aged children, latency-aged children and pre-teens.

All programmes reviewed (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992) indicated that substantial differences may exist between a six year-old and a 12 year-old child who has been sexually aggressive. Even if the sexual behaviour is similar, differences may include the meaning the child

attributes to the act, differences in peer relationships and other factors such as the child's history of sexual abuse, and the length of time between the sexual abuse and the child's sexually abusive behaviour. Friedrich (1991) further suggested that sexual aggression in young children reflects difficulties of a child's ability to modulate emotions and behaviour. Hence, sexual aggression is considered to be comparable to other behavioural and psychological problems or disorders, such as arson, stealing and posttraumatic stress disorders. Uncomplicated strategies are found to be effective with behavioural and emotional problems of pre-teen sexual offenders — such as increasing parental supervision and positive interactions with parents — and can be beneficial for children who show sexually abusive behaviours. Finally, Friedrich (1991) argued that when children have suffered trauma, focussing on the underlying issues may result in positive and lasting changes. Alternatively, strategies for adolescent sexual offenders are offence specific.

It is thus evident that programmes developed for pre-teen sexual offenders should take into account developmental differences between pre-school, young school-aged children and latency-aged children. General behavioural and strategies should be modified to correspond with the intellectual capability of the specific child. It is evident that for prevention plans to succeed the assistance of collateral resources to establish a healthy environmental context for the child may be required.

From the literature review it seems that the primary goals in programme development have been to achieve community safety, by helping pre-teens to gain control over their abusive behaviours, increasing their pro-social interactions, minimizing the development of psychosexual problems and helping pre-teens to develop age-appropriate relationships. In addition, individualized assessment and programme planning is essential prior to programme development. It was further apparent that structured interventions are recommended although programmes should be individually tailored to achieve greater success. Prevention approaches include individual, group and family interventions, although group therapy is often recommended as the modality of choice. All studies reviewed recommended programme content should include sex education, correction of cognitive distortions, empathy training, clarification of values concerning the abuse versus non-abusive behaviour, anger management, strategies to enhance impulse control, social skills training and relapse prevention. There is a reasonable amount of consensus that a more holistic approach is recommended compared to developing a programme that focuses exclusively on minimizing sexually offending behaviours. From all studies reviewed it was evident that families should be included in programmes to prevent pre-teen sexual offences since such programmes are likely to be more successful. Finally, it was noted that social workers need a comprehensive knowledge of theories and prevention models relating to sexually offending behaviour and child development in order to select and incorporate relevant components into programme development. It further seems that although the pre-teens have committed sexual offences or show inappropriate sexual behaviour that might offend adults, these young children deserve respect, care and treatment without being labelled and stigmatized by the community, family members, schools and friends. By rendering services to pre-teen sexual offenders with dignity and confidentiality, family members will be encouraged to participate and thereby close the

system cracks that allow pre-teen sexual offenders and their families to move through society unnoticed and untreated or inappropriately labelled.

A variety of theory models can be utilized to prevent pre-teen sex offenders from re-offending with varying degrees of success. Although most prevention programmes employ an eclectic approach, the different models that can be used in designing a prevention programme will be discussed as follows.

### **5.3 RELEVANT PREVENTION MODELS**

Based on a description of ten prevention programmes presented in chapter four, as well as available literature and personal experience, it was apparent that specific prevention models are prevalent in programmes for pre-teen sexual offenders. These prevention models attempt to address the complex and interactive nature of pre-teens' cognitive thought processes, affective and physiological development, behavioural aggression and sexual acting out as well as family dysfunctions associated with sexual offences.

One of the central findings of the literature study was that experts have an eclectic approach when developing prevention programmes for sexually offending pre-teens. More specifically, Camp and Thyer (1993) noticed that two basic therapeutic modalities appear to emerge most often from the literature. These models are psychological therapy and cognitive behavioural therapy. The psychological approach uses primarily psychological methods, including individual, group and family therapy. These strategies include components of victim confrontation, value clarification, psychodrama, milieu therapy, victim empathy, accountability, reality therapy and sex education, as will be discussed later in this chapter. Alternatively, cognitive therapy assumes that the pre-teen sexual offender has cognitive distortions arising from inaccurate perceptions, assumptions and conclusions about the world, irrational beliefs or thinking errors that shape the pre-teen's perceived need to control or take power, support cycle progression and justify abusive sexual behaviours.

As mentioned previously in this chapter, the NAPN (1993) suggested that the primary *objective* in programme development should be community safety. In contrast, Cellini (1995) described the primary goals of prevention with pre-teen sex offenders as assisting them to gain control over their sexually abusive behaviours and to increase their pro-social interactions with peers and adults. Correspondingly, Becker and Hunter (1997) described the main objectives in programme development as preventing further sexual abuse, preventing the development of additional psychosexual problems and assisting the pre-teen sex offender to develop age-appropriate relationships with peers.

Morenz and Becker (1995) suggested that to accomplish the abovementioned objectives, highly structured strategies and written prevention contracts should be included in programmes for sexually offending pre-teens. All studies reviewed (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992) suggested that

prevention should include individual, group and family interventions, although group therapies, as discussed later in this chapter, are often described as the ideal treatment (NAPN, 1993).

Becker and Hunter (1997) suggested that the *first step* in prevention typically involves helping the pre-teen sex offender to accept responsibility for his or her behaviour and needs to be prioritised in programme development. Becker and Hunter (1997) further noted that legal defence strategies and parental disbelief can contribute to the denial of the offender. Correspondingly, the NAPN (1993) stated that minimizing and denying sexually abusive behaviour are common responses and are regarded as problematic. More specifically, Barbaree and Cortoni (1993) reported that denial is frequently considered such an obstacle to effective services that many programmes, including SAYStOP in South Africa, will not accept youth sex offenders who are unremitting in their denial. Barbaree and Cortoni (1993) also noted that once the youth sex offenders' denial and minimization are reduced, they can begin to empathize with the victim. Similar to other researchers (Becker and Hunter, 1997; NAPN, 1993; Wood and Ehlers, 2001) Barbaree and Cortoni (1993) suggested that the reduction of denial and minimization, and the development of empathy with the victim are required as the "first step" in facilitating the offender's motivation for treatment and should be included in programme development.

It was further evident that recommended prevention *content topics* for pre-teen sex offenders typically include sex education, correction of cognitive distortions or cognitive restructuring, empathy training, clarification of values regarding abusive versus non-abusive sexual behaviour, anger management, strategies to improve impulse control and facilitate good judgment, social skills training, reduction of deviant arousal and relapse prevention (Becker and Hunter, 1997; Hunter and Figueredo, 1999; NAPN, 1993). It was further noted that other strategies include training in basic living skills, assistance with academics, resolution of personal victimization encounters, assistance with coexisting disorders or difficulties, resolution of family dysfunction and impaired sibling relationships and development of pro-social relationships, with peers as well as a positive sexual identity (Becker and Hunter, 1997; Hunter and Figueredo, 1999; Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor and Browne, 1986; NAPN, 1993; Rasmussen et al., 1992). Becker and Kaplan (1993) noted that pre-teen sex offenders lack general knowledge about AIDS and more information needs to be included in programme development. Although children are warned about the possibility of blood being infected by the HIV virus, they are ignorant regarding transmission of the virus through sexual behaviours. It is therefore imperative that information in this regard be included in programme development. Corresponding with Becker and Kaplan (1993), Charles et al. (1995) also highlighted the importance of teaching youth sex offenders aspects of healthy sexuality. For many pre-teen sex offenders the boundaries between what was sexually appropriate and inappropriate had become distorted, as a result of their own experiences of abuse. More specifically, Schoentjes et al. (1999) assumed that some youth sex offenders confuse any genital activity with sex, instead of realizing that sexual offending is not about sex, it is about assault. Youth sex offenders should realise that healthy sexuality involves volition (free choice), mutuality, arousal, mutual vulnerability and trust.

In accordance with previous studies (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992) Goocher (1994) wrote that experts in the field of youth sex offending, argued that programmes designed to focus exclusively on sexually offending behaviours are of limited value and recommended a more *holistic approach* in programme development. Goocher (1994) pointed out that, in view of the individual needs and developmental histories of these pre-teens, “quasi-corrections models” of treating sex offending are not adequate. Goocher (1994) and Araj (1997) indicated that many prevention programmes for youth sex offenders have been based on quasi-corrections models of prevention modified from work with adult sex offenders. Goocher (1994) further noted that social workers seemed to repeat the pre-teen’s power and control behaviours as well as secretive behaviour, in their own interactions among themselves and in their interactions with the institution’s managers and with the pre-teen sex offenders. He recommended that social workers when developing and facilitating such programmes should be sensitive to their positions as role models and guides for pre-teen sex offenders who are attempting to advance beyond their life experiences and offence histories. Social workers should therefore receive adequate training to enable them to perform this function.

In addition, Miner and Crimmins (1995) identified social isolation from positive interactions with peers and families as a potential cause that may explain why some apparently pro-social youths engage in sexually aggressive acts. Miner and Crimmins (1995) stated that prevention efforts should break the process of social isolation as a consequence of sexually offending behaviour. Prevention programmes should therefore incorporate social-cognitive strategies. It is further advisable that family inclusion and facilitation of positive peer attachments and positive emotional attachments should be included in prevention goals.

According to Weinrott (1996), some *strategies that are theoretically sound* but have not been empirically related to sexual recidivism may also be suitable for pre-teen sex offenders. For example, Weinrott (1996) observed that truancy is empirically associated with sexual recidivism and he suggested that the social worker should target improved school performance. Weinrott (1996) also encouraged more aggressive interviewing techniques, such as interrogation approaches used by law enforcement, to advance through denial quickly so that prevention strategies can proceed sooner. Weinrott (1996) also suggested that an alleged pre-teen sex offender could undergo a polygraph test in order to validate his assumed innocence. The threat can assist the social worker to advance quickly through the denial.

From the discussion it is apparent that programme development should demonstrate creativity. Each programme should reflect the expertise of the social worker, biases associated with professional and theoretical orientations, multiplicity of prevention modalities, utilization of resources and collaboration with colleagues. Most importantly, social workers should recognise the importance of developing individualized strategies and plans for pre-teen sexual offenders.

After a prevention programme has been designed according to the eleven guidelines which were discussed, it needs to be implemented. It can be implemented within the context of various models. A discussion of the relevant models that can be used will follow.

### **5.3.1 Behavioural-cognitive treatment model**

The first model that can be used when implementing a prevention programme is the behavioural-cognitive treatment model. Based on the review of literature, behavioural-cognitive therapy is concerned with the reduction of abnormal sexual arousal and changes in the youth's overt behaviour, such as providing training in pro-social skills (Righthand and Welch, 2001; Ryan and Lane, 1997; Yochelson and Samenow, 1976). More specifically, Ryan and Lane (1997) reported that the behavioural-cognitive structured prevention approach is based on the sexual learning theory using cognitive restructuring methods and behavioural techniques. Behaviourism further assumes that all behaviour is learned and abnormal behaviour can be extinguished and replaced with responses which are socially acceptable.

Ryan and Lane (1997) further noted that educational approaches are used in behavioural-cognitive modalities, drawing from a variety of counselling theories. In order to implement the behavioural-cognitive modality, social workers can include the following techniques in the programme development: aversive conditioning; assertive training; covert sensitisation; masturbatory satiation; modelling role play; social competence and life skills training; cognitive restructuring and training in relapse prevention (Ryan and Lane, 1997). These techniques will be discussed later in this chapter.

It is evident that most behavioural-cognitive programmes combine individual and group therapy (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992). Marshall and Barbaree (1990) pointed out that individual therapy is expensive and is often not cost effective. Alternatively, group therapy can be a more efficient means of concurrently facilitating the educational components of prevention to a number of pre-teen sex offenders. Group members may be able to draw on their own experiences as offenders to provide valuable insights into other offenders' difficulties. Marshall and Barbaree (1990) also noted that group processes can facilitate new ways of thinking and social interaction that are unavailable in traditional individualized therapy. Alternatively, the potential advantages of group therapies must be weighed against the possible disadvantages relating to negative peer group associations, as have been identified in the youth sex offender justice field (Henggeler, Melton, and Smith, 1992).

In line with behavioural-cognitive model, sexual aggression and sexual offending behaviours can be regarded as learned behaviours and children can resocialize pro-social behaviours. Therefore, strategies can include positive reinforcement for acquisition of good coping skills, age-appropriate sexual conduct, internalized mechanisms for problem solving and prevention strategies such as self-management or self-control. As discussed in chapter four, most programmes for sexually offending pre-teens incorporate cognitive and behavioural models. With cognitive and behavioural strategies,

children can learn new ways of thinking about their offending behaviours and gain mastery over their conduct.

### **5.3.2 Relapse prevention model**

The second model that can be used when implementing a prevention programme is the relapse prevention model. Relapse prevention was initially developed to help substance abusers avoid recurrence of substance-abusing behaviour. Then researchers such as Pithers et al. (1993) applied relapse prevention to adult sex offenders to reduce sexual re-offending (Barbaree and Cortoni, 1993). Subsequently, Gray and Pithers (1993) applied relapse prevention in the treatment and supervision of pre-teens and adolescents with sexual behaviour problems.

As discussed in chapter four, Ryan and Lane (1997) described the relapse prevention model as a threedimensional, multi-modal approach specifically designed to help young sex offenders maintain behavioural changes by anticipating and coping with relapse. More specifically, when relapse prevention forms part of prevention strategies for pre-teen sex offenders, the following components should be included in the programme:

- Develop self-management skills;
- Utilise improved supervision by caretakers; and
- Programmes should provide a framework within which a variety of behavioural, cognitive and educational approaches are used to assist the pre-teen sex offender to recognise and interrupt the chain of events leading to relapse.

Gray and Pithers (1993:299) reported that a high degree of motivation and integrity is required for a pre-teen to persistently monitor signs of his relapse process and to invoke coping strategies. However, since sexual offenders lack empathy for their victims, the relapse prevention model educates offenders about what they need to do to avoid re-offending.

It was further apparent that the focus of the prevention procedures is on the modifications of the steps in the chain, from lifestyle factors, cognitive distortions to deviant sexual arousal patterns (Ryan and Lane, 1997). The prevention-focused model aims for tertiary prevention because the focus is on preventing further relapse once sexually abusive behaviours have begun. It is also apparent that the prevention concept focuses the attention on the role the child's external environment has played in introducing the child to sexually abusive behaviours and the role it must play in intervention of the issues relating to victimisation and in prevention of repeating the sexually offending behaviour. When social workers use the relapse prevention model in their programme development, the pre-teen sex offenders must be taught to identify the affective, cognitive and situational factors that precede the sexually offending act. How to implement the techniques used in the relapse prevention model will be discussed later in this chapter.

From the above, it is evident that the relapse prevention model requires that pre-teen sex offenders learn to recognize factors associated with an increased risk of sex offending and use strategies to avoid individualized high-risk situations or effectively control them when they occur. Gray and Pithers (1993) explained that when relapse prevention is applied to latency-aged or younger children, emphasis should be placed specifically on external supervision to avoid further victimization. Although the relapse model used in many pre-teen sexual offending programmes, Righthand and Welch (2001) noted that although the model is theoretically sound, empirical studies investigating the effectiveness of this approach are lacking. It further seems that the relapse prevention model and the sexual abuse cycle theory, as described in chapter four, share many similarities in that pre-teen sex offenders are taught to identify factors that precede the sexually offending act.

Arising from the discussion, it is evident that the relapse prevention model has a prevention focus that emphasizes affective, cognitive and behavioural characteristics associated with the pre-teen's sexually offending behaviours. Social workers who use the relapse prevention model should focus on controlling behaviours of the pre-teen sex offender by teaching self-management skills, and on environmental factors by utilising a prevention team. The relapse prevention model also recognises that the prevention tool, self-monitoring, is restricted to children who have the cognitive skills to process, reflect and evaluate their actions and who can recognize the danger signals identified prior to a sexual offence. Until these stages are reached, much of the control would need to come from the external environment, which is the prevention team. Hence, prevention goals of the relapse model are most effective when balanced across community safety and competencies in self-management.

### **5.3.3 Psychosocio-educational model**

The third model that can be utilized when implementing a prevention programme is the psychosocio-educational model. The psychosocio educational model utilises peer groups, educational classes and social skills development to minimise sexual offending. The psychosocio-educational model focuses on a variety of components from the behavioural perspective and social workers can use the following guidelines in their programme development:

- Facilitating age appropriate sex education for pre-teen sex offenders,
- developing social skills in pre-teen sex offenders,
- developing anger management skills in pre-teen sex offenders,
- pre-teen sex offenders accepting responsibility for their offences, and
- pre-teen sex offenders developing empathy for victims (Righthand and Welch, 2001).

As discussed in chapter four, physical or emotional abuse can become linked with anger, and when it is combined with sexual awareness, the outcome can be sexual perpetration. This means that if the sexual awareness component contains elements of aggression, sexually aggressive behaviour is predicted. Anger management as well as developing social skills as part of programme development,

should therefore focus on building an opportunity structure within group therapy that provides positive social interactions and skills necessary for pro-social relationships with peers and adults. The group of pre-teen sex offenders should learn to interact competently and responsibly across a variety of situations and recognise one another's needs as well as their own. The more the pre-teen sex offenders engage in socially responsible interactions, the more they contribute to sustain a caring society. This includes being aware of the internal affective reactions, thinking clearly and accurately about the sexually offending behaviour and using a diversity of social competencies and resources to deal with the problem. Prevention techniques, as discussed later in this chapter include positive reinforcement for acquisition of positive social skills, age-appropriate sexual conduct and internalized mechanisms for problem solving. In line with Fraser's (1996) ecological development perspective, the psychosocio-educational model also regards youth aggression as the result of an impoverished opportunity structure, inadequate training in critical social and cognitive skills and the perception that there are more social and concrete rewards in aggressive behaviours.

Another component in minimizing sexual offending relates to acceptance of culpability. Pre-teen sex offenders tend to use particular coping styles, such as repression, denial and aggression, in response to the stressful situation subsequent to the sexual offence. This denial often manifests in the form of cognitive dissolutions or thinking errors, or rationalization of their behaviour. In order to overcome the denial social workers can include intervention materials and techniques that focus on the denial of the sexually aggressive child, cognitive distortions, taking responsibility for one's action and making amends, learning social skills, and addressing personal needs (Gil and Johnson, 1993; Rasmussen et al., 1992).

The psychosocio-educational model is effective in programme development to minimize sexually offending behaviour, as it is designed to build children's self-esteem, to strengthen their decision-making and problem-solving skills and to increase their socialization skills and attachment development. The group has particular value in its attention to building strong and appropriate attachment between peers. The group further offers hope for safe and nurturing communications that increase the opportunities for positive impact on pre-teen sex offenders and their families. Further prevention strategies may also involve personal responsibility, victim empathy, age-appropriate sex education and self-control. The psychosocio-educational model has a strong cognitive and behavioural perspective with clear behavioural outcome goals.

#### **5.3.4 Psychotherapeutic model**

The fourth model that can be used when implementing a prevention programme is the psychotherapeutic model. In the psychotherapeutic model the primary emphasis is on the youth addressing his history of sexual abuse and its relationship to subsequent offending against others. Individual psychotherapy may be useful in providing the pre-teen sex offender an opportunity of working through his feelings about his past and the subsequent sexual offence (Erooga and Masson,

1999; MacDougall, 1990). In line with the psychotherapeutic model, MacDougall (1990) postulated that sexual offenders are using sexual capacity to deal with deeper narcissistic dangers.

From the literature review (Erooga and Masson, 1999; MacDougall, 1990) it was apparent that social workers who develop programmes for pre-teen sex offenders should make use of techniques linking childhood trauma and subsequent sexualised disturbances in vulnerable children. In this regard, the psychotherapeutic model allows social workers to use techniques from a variety of counselling theories. Some of the specific areas in programme development that should be targeted are as follows:

- Modify and reorganize the defensive structure of the ego, and
- Develop management skills to handle aggressive behaviours.

With reference to the defensive structure of the ego, the result of using the techniques recommended in the psychotherapeutic model should be increasingly calm and controlled behaviour. With regard to aggressive drive, mechanisms of restraint, such as sublimation, symbol and fantasy formation (symbolic stories and fantasies), obsession-compulsion activations and repression can be used to minimize sexual offending. These techniques are discussed later in this chapter.

In line with the psychotherapeutic model, there is general agreement among researchers (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992) that children who are abusive are reacting to a traumatic event of being sexually abused themselves. There are thus links between physically and emotionally traumatic origins of abuse and sexually offending behaviour. The model strongly focuses on the sexual cyclical nature of sexually aggressive behaviours. The model focuses on the developmental, cognitive, behavioural and systemic components of sexually aggressive acts.

### **5.3.5 Family systems model**

The fifth model that can be utilized when implementing a prevention programme is the family systems model. A literature review indicated that the primary focus of the family systems model is on family therapy and the inclusion of family members in the prevention process. Stevenson and Wimberley (1990:59) stressed that the importance of family influences in the life of the youth sex offender cannot be underestimated as it is often the barometer of what can or cannot happen in treatment. In line with the family systems model, all studies reviewed herein (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992) agreed that adequate family support can contribute to reduce recidivism and that prevention strategies involving families are likely to be more effective compared to those that do not. Gray and Pithers (1993) noticed, however, that families vary in terms of motivation and ability to effectively facilitate their child's prevention of re-offending.

In order to implement the family systems model, Gray and Pithers (1993) described prevention strategies that can engage the collaboration of family members. The following strategies can be used in programme development that would assist parents of pre-teens who sexually offend:

- Written information on relapse prevention, cognitive distortions, and the consequences of sexual and physical and emotional abuse;
- Educational material regarding the relapse process of youth sex offenders and the necessity to be held accountable;
- Literature on the recovery process of victims of sexual abuse;
- Referrals to treatment groups for adult survivors of sexual abuse;
- The opportunity to be included periodically in sessions of the youth sex offender group;
- Support groups for parents of youth sex offenders; and
- Attention to the concerns of the youth sex offender's siblings in the prevention process.

Alternatively, Steen and Monnette (1989) suggested that services rendered to the family should include the following goals:

- Developing parental and sibling awareness of the underlying dynamics of the sexual offence;
- Developing parental and sibling awareness of family functioning and relationships that affect the offender;
- Improving family dynamics relating to communication, assertiveness, mutual respect and affection;
- Giving emotional support for the families of the youth sex offender;
- Facilitating family cooperation with the relapse prevention plan.

In view of the abovementioned suggestions, it is evident that Steen and Monnette (1989) focused more on sibling awareness of the underlying dynamics of the sexual offence as well as communication dynamics within the family. Gray and Pithers (1993) focused more on a cognitive treatment plan compared to Steen and Monnette (1989) by providing information for parents to empower the family to assist the pre-teen sexual offender. Both Steen and Monnette (1989) and Gray and Pithers (1993) provided the family with emotional support although the latter organised referrals to treatment groups for parents if required. Steen and Monnette (1989) and Gray and Pithers (1993) equally empowered the parents to assist the pre-teen sex offender in relapse prevention. Recommendations of both Steen and Monnette (1989) and Gray and Pithers (1993) are useful since their recommendations empower parents to assist their pre-teen sex offenders in minimizing sexually offending behaviours because many young sex offenders have limited cognitive skills to reflect and evaluate their actions. Since parents are part of the pre-teen sex offender's external environment, much of the control needs to

come from them. When there is increased supervision, improved parenting skills and a healthy family environment, pre-teen sex offenders are less likely to engage in sexual offences. Although it can be argued that siblings need individual treatment to understand the underlying dynamics of the sexual offence, they are often reluctant to assist the pre-teen sex offender in relapse prevention.

Corresponding with Gray and Pithers (1993), Lee and Olender (1992) also described a teaching-family model of community-based residential treatment that has been used with pre-teen and adolescent children that sexually offend. Closely related to the psychosocio-educational model, the family systems model can also use a foster care approach, which can provide intensive treatment in a more homelike atmosphere, depending on the programme components required for a specific child at a particular time. By using the psychosocio-educational model, pre-teen sex offenders can receive interventions in a more homely setting, enabling them to acquire and practice pro-social life skills in situations similar to everyday life.

The psychosocio-educational model concentrates directly on behaviours and uses a systematic reward programme (an incentive) to develop positive motivation. Social workers that develop programmes using the psychosocio-educational model can use cognitive-behavioural approaches to facilitate behaviours such as impulse control, effective problem solving as well as moral and ethical decision-making. In addition, parents are trained to use techniques that have been researched and found useful for managing intense and emotionally impulsive behaviours, and they use a curriculum to facilitate skills required for social competence and independent living. To implement and apply the psychosocio-educational model, parents are provided with support services and pre-teen sex offenders participate within group counselling interventions.

Ray and English (1995) also referred to specialised therapeutic foster homes that were introduced for children with sexually aggressive behaviours. Their study involved 15 children who came from chaotic, violent, and sexually abusive homes and were placed in therapeutic foster homes. These pre-teen children were typically under 13 years old. Researchers found that the children evidenced improvements in behaviour, emotional adjustment, social functioning, family relationships and overall adjustment. Improvements in life skills appeared to be moderate. Only four of the children displayed inappropriate sexual behaviour during early interventions and none of the children continued to do so at the completion of treatment. Follow-up interviews indicated that the children continued to have emotional and behavioural problems, but with the exception of two of the children, their sexually abusive behaviour appeared to have stopped. Although this study is limited by its small sample size and lack of a comparison group, the advantages of foster care approaches in helping to stabilize a child and provide appropriate interventions warrant further study. However, pre-teen sexual offenders can be taken away from a dysfunctional and chaotic home environment only by court order and only if it is in the best interests of the child.

All programmes (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992) reviewed have a range of strategies they

provided to parents or other caregivers, either in groups or individual or family intervention. Goals for the intervention with parents or caretakers, which can be used in programme development typically include, improving parental supervision, parenting skills and increased parental knowledge about sex abuse. More specifically, some intervention goals included, providing specific training to assist parents or caregivers help their children succeed at relapse prevention. Pithers et al. (1998) recommended that due to the result of the high levels of stress, personal and interpersonal difficulties and impaired parent-child attachments, individual or group intervention recommended to assist parents of children who have sexually offended. Prevention strategies in programmes can include issues of parental attachment, parental training, social-relational skills, trauma resolution, and the opportunity to grieve the loss of an idealised child and family.

Charles et al. (1995) further suggested that the psychosocio-educational model should include family members as well as social services. Without the involvement of the larger systems, prevention gains can unravel once a young sex offender leaves the programme. It seems that the larger systems and families need to be part of the intervention in order for healthy behaviours to continue after services are terminated. Larger system awareness also involves helping the young sex offenders during sessions to connect with services, people and communities that will be vital to their continued growth and health.

Lee and Olender (1992) reported that initial implementation research, conducted as part of the Ohio Youth Services Network's evaluation of sex offender prevention programmes throughout the United States of America, found that the psychosocio-educational model provided high quality, appropriate care of youth sex offenders and emotionally disturbed youths.

The interpretation and application of this model is useful in that it focuses on a cognitive perspective which has proved to be successful with pre-teen sex offenders in conjunction with family interventions. The model has adapted information from adolescent models to design strategies that focus on personal accountability, sexual abuse cycle and relapse prevention. It was further apparent that treatment goals are aimed at eliminating sexually abusive behaviours, and at the same time, replace it with sexual feelings, thoughts and behaviours that are age-appropriate. In keeping with this perspective, skills relate to self-management, self-control and relapse prevention.

Since pre-teen sexual offenders do not live in a vacuum, the psychosocio-educational model is even more useful since it includes the family in the prevention process. The families of pre-teen sexual offenders are often abusive and generally alienated and isolated and have poor social and communication skills. It is therefore important for the young sex offender to learn to function adequately with his parents and siblings as well as to deal with his own emotional problems and resolve relational difficulties with peers.

### **5.3.6 Psychoanalytic model**

The sixth model that can be used when implementing a prevention programme is the psychoanalytic model. According to the literature review (Cunningham and MacFarlane, 1996; Fatout, 1990; Friedrich, 1993; Gil and Johnson, 1993; Ryan and Lane, 1997) the main emphasis in the psychoanalytic model is on client understanding of the psychodynamics of sexual offending.

When interpreting and applying the psychoanalytic model, the age at which a trauma occurs is considered the starting point for determining the developmental consequences. The pre-teen sexual offender's own sexual abuse is seen as the disruptive experience that can distort the psychosexual, cognitive and social development. The disruptive event of sexual abuse may predispose children to interpersonal difficulties by damaging their parent-child relationships and inhibiting social contact with their peers (Friedrich, 1993).

Social workers who use the psychodynamic model in programme development can include the following goals in their treatment goals:

- Focussing on the history of abuse in order to resolve problems subsequent to the abuse;
- Developing social skills to assist pre-teen sex offenders to change their cognitive distortions and interpersonal relationships as they usually view the world as dangerous;
- Restoring basic attachments with significant others which were disrupted;
- Developing coping skills to ensure more positive outcomes;
- Developing a therapeutic relationship; and
- Developing conflict resolution.

From the discussion it is apparent that the psychodynamic model helps impart understanding of how pre-teen sex offenders internalize representations of their external experiences. When the pre-teen sexual offender is confronted with similar situations, the internalized experiences guide their interactions. Therefore, children who are sexually abused will internalize their past experiences into their behaviour. From the above goals, it is clear that understanding the disruptive experiences that distort the course of the pre-teen sexual offender and learning adaptive skills are considered the main components of this programme.

### **5.3.7 Multisystemic therapy model (MST)**

The seventh model that can be used when implementing a prevention programme is the multisystemic model. From the literature study (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992), it was apparent that the interpretation and application of the multisystemic model is useful as it explains the sexually offending pre-teen's behaviour within the context of the whole family and community system because all parts are considered interdependent and related to one another with repeatable patterns.

The model views the family and community as tied together in ways that make individual explanations for behaviour incomplete. The multisystemic model further assumes that a change in any of the members will effect change in other members (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992).

The multisystemic model views the family as a social group that is governed by rules and norms that are derived from different cultures and passed down from one generation to another. Families are furthermore viewed as having a hierarchy that dictates roles and responsibilities. The model also assumes that the family attempts to maintain stability or balance and this homeostatic process is viewed as the practices that families use to maintain a sense of well-being when confronted with internal and external changes (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992).

Rendered services can involve any combination of individual, family or community (e.g., peer, school, or neighbourhood) issues to benefit the individual pre-teen sex offender. Any of the techniques discussed later in this chapter can be used to prevent the pre-teen sex offender from re-offending. The multisystemic model encourages behaviour change in the youth's natural environment, using the strengths of the youth's family, peers, school and neighbourhood to facilitate change (Ryan and Lane, 1997).

From the discussion above it is clear that the multisystemic model is an intensive family- and community-based service that focuses on the numerous factors of serious antisocial behaviour in youth sex offenders. This model seems to be effective since it offers a more comprehensive approach to sexual offending. Pre-teen sexual offences often occur on school premises and prevention should incorporate the school, peers and the neighbourhood to facilitate change. In line with the multisystemic model, schools should facilitate sex education as well as perpetration prevention programmes to promote healthy sexual development. These education and prevention programmes should initiate debate around sexual offending and should facilitate peer pressure against sexual perpetrating. In order to assist the pre-teen sex offender, the family, community and culture in which the individual resides need to be understood and altered to facilitate change.

### **5.3.8 Abuse cycle model**

The eighth model that can be employed when implementing a prevention programme is the abuse cycle model. A literature review (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Ryan and Lane, 1997; Vizard et al., 1995) regarding the abuse cycle model indicated that sexually offending behaviour is a cyclical process because the behaviour sequence is viewed as repetitive and it is theorized that previous offences parallel and reinforce offence patterns. It is further apparent, as discussed in chapter four, that the cycle starts with a negative experience or emotion such as sexual abuse. It subsequently shifts to incorrect or negative expectations, then to cognitively or behavioural isolation of oneself, followed by behaviours that involve emotions of aggression and power or control behaviours. The consecutive steps involve negative fantasies, followed by negative behaviours, which

subsequently lead to negative emotions. Ultimately, rationalisations or cognitive distortions about the experience are developed. The pre-teen has progressed into a sexual offender (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Ryan and Lane, 1997; Vizard et al., 1995).

In order to implement the abuse cycle, preventions should include the following goals:

- Clarifying of circumstances surrounding the sexual offence;
- Developing rapport building;
- Mapping which includes describing the fantasies of the pre-teen sex offender, strategies the pre-teen sex offender takes to facilitate the offence and describing the offence itself; and
- Describing the fantasies, strategies and behaviour of the sexual offence;

Vizard et al. (1995) recommended that the pre-teen sex offender is given a list of the sexual behaviours that caused concern. The pre-teen sex offender is then given an opportunity to respond, add or disagree with the accusations. At this stage the young offender should not be challenged, but an effort should be made to create a positive rapport with the youth who could be anxious, angry or avoidant about the issues being discussed. The next stage is the process of mapping and it is often timely to challenge any discrepancies. The response will determine whether it is possible to explore sexual thoughts experienced by the young offender or whether a less direct approach may be necessary to deal with the areas of disagreement. Dolls and pictures can be used to facilitate communication. Next the pre-teen sex offender can be asked to draw a pictorial representation of the abuse cycle. The youth sex offender can draw what triggers the urge to sexually offend, such as the sight of a targeted child with the desired physical and emotional qualities. The fantasies then created are elaborated upon and require an outlet in acts of sexual gestures against a child. The abuse cycle includes an internal cycle of abusive fantasies and emotions and an external cycle of abusive actions. In this way, the two cycles allow the creation of a diagram where external actions (including historical events) are mapped out and linked through lines drawn on the diagram with internal fantasies and emotions. The mapping of fantasies, strategies and behaviours helps to avoid issues of denial and evasion, which are typical of verbal communication (Vizard et al., 1996).

It is apparent that the sexual abuse cycle provides a framework for pre-teen sexual offenders to conceptualize and understand the cognitive, behavioural, psychological and situational factors that have led to their offending behaviour in the past. The sexual abuse cycle further demonstrates to pre-teen sex offenders that their offending behaviour is similar to that of other sex offenders. It was also apparent that one of the important developments during the sexual abuse cycle amongst pre-teen sex offenders is sexual arousal, and the arousal among pre-teen sexual offenders to deviant sexual clues. The sexual abuse cycle focuses on the prevention of the deviant sexual arousal. The way the pre-teen sexual offender thinks of sexuality and his role in the sexual relationship is often supportive of his deviant sexual behaviour, including seeing his victim as sexually motivated or responsible. The sexual abuse cycle highlights these cognitive distortions and facilitates the process of change during therapy and employs the concept of coercion, manipulation and exploitation as well as defining the behaviours

in terms of power and control. The final idea endorsed by the sexual abuse cycle is the understanding that the sexually offending behaviour will be repeated until something intervenes to stop it. The sexual abuse cycle as a tool should guide the social worker through understanding the pre-teen sexual offenders, as most pre-teen sex offenders are responding to their own abuse.

The discussion above of the various prevention models, illustrates that the successful prevention of pre-teen sex offenders depends on a detailed and comprehensive assessment of the offender and the risks for re-offence. In addition, services rendered to the pre-teen sex offender should be comprehensive, targeting a broad range of issues specific to each individual. Popular prevention models utilise the sexual abuse cycle to conceptualise and understand the motives for sexual offending while cognitive-behavioural approaches facilitate behaviours such as impulse control, problem solving and moral and ethical decision-making. When relapse forms part of the prevention of re-offending, self-management skills, improved supervision by caretakers and cognitive and behavioural approaches are used to assist the pre-teen sex offender to recognise and interrupt the chain of events that leads to relapse. More specifically, the models are sex offender specific in that they target issues directly related to the assault.

Pre-teen sex offender prevention programmes generally involve a variety of techniques. The following discussion focuses on the identification and description of the most popular therapeutic techniques used to prevent pre-teen sex offenders from re-offending.

#### **5.4 TECHNIQUES USED IN PREVENTION PROGRAMMES FOR SEXUALLY OFFENDING PRE-TEENS**

The literature review regarding prevention of pre-teen sex offences suggested that increasingly, criminal justice professionals and social workers have come to recognize the importance of preventing pre-teen sex offender from re-offending (Annual report of Nicro, 2000; Drug Crisis Centre, 2004; South African Police Service, 2003; Supt. Jan Swart, Head of Child Protection Unit, Goodwood, during a television interview on 6 December 2001 on E TV News; Cape Argus Saturday 1 December 2001; Wood and Ehlers, 2001; Wood et al., 2000). A substantial proportion of all sex offences started their offending behaviour as pre-teens. Therefore, if prevention is effective in reducing deviant behaviours, the prevention of pre-teen sex offences could go a long way toward reducing the impact of sexual assault in our society. The reviewed literature contains numerous techniques for preventing pre-teen sex offenders from re-offending and arguments surrounding the importance of various components in prevention strategies. However, it is not apparent from the literature review, how effective certain techniques are nor which form of prevention is more effective, nor which contextual factors would facilitate or disrupt prevention.

In response to this perceived need for preventing pre-teen sex offenders from re-offending, various techniques as described by professionals rendering services to pre-teen sexual offenders (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1991, 1996; Friedrich et al., 1990, 1991; Gil and

Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Freeman-Longo et al., 1994; Pithers et al., 1993; Prentky, 1995; Rasmussen et al., 1992; Ryan et al., 1993) are available. These techniques will now be discussed and it will be explained how they can be utilized in prevention programmes.

Victim empathy	Sex education
Social skills	Anger management
Cognitive distortions	Working through personal trauma
Relapse prevention	Understanding the assault cycle
Impulse control	Values clarification
Victim resolution	Art therapy
Verbal satiation	Guided imagery
Relaxation techniques	Progressive storytelling
Role plays	Metaphorical storytelling
Letter writing	

**5.4.1 Developing empathy in pre-teen sex offenders**

Developing empathy in pre-teen sex offenders is one of the techniques that can be utilized in prevention programmes. As discussed in chapter two, research (Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993) suggested that children who sexually offend might come from dysfunctional home environments where basic attachments are disrupted. Pre-teen sex offenders often lack social empathy and the offender uses another child for personal gain or encroaches on another’s sense of self. These child offenders can become aggressive if they do not know how to meet their needs in acceptable ways. By reviewing the parent-child attachment as the paradigm for social development, prevention should include developing social skills including the capacity for empathy (Gil and Johnson, 1993). In order to develop empathy in the pre-teen sex offender, appropriate moral values should be modelled and taught to the offending child as well as his family. Pre-teen sex offenders can express and work through feelings associated with their trauma and further learn to identify with their victim. Gil (1993) recommended group work to assist the pre-teen sex offender to learn how to interact effectively with peers since he often does not have adequate friendship groups or social networks from which he can draw support.

**5.4.2 Sex education for pre-teen sex offenders**

Teaching pre-teen sex offenders is another technique that can be used in prevention programmes. Research (Gil and Johnson, 1993) indicates that parents of pre-teen sex offenders are generally apathetic to provide positive and healthy sex education to their children. These children have distorted values and perceptions about sexuality, often due to the influence of pornography or a history of

sexual abuse. Research (Erooga and Masson, 1999; Finkelhor, 1986; Gil and Johnson, 1993; Harper, 1991; Hoghughi, 1997; Kelley, 1990; Leifer, Shapiro, Martone and Kassem, 1991; Wardle, 1995) revealed that pre-teen sex offenders have a high degree of sexual preoccupation. More specifically, Erooga and Masson (1999:74) indicated the following pre-dispositions to sexual abuse of children: established, habitual patterns of sexually abusive behaviour, preoccupation with deviant sexual fantasies (especially when they are reinforced by exposure to pornography) and beliefs and attitudes that maintain abusive behaviour.

From the above it is clear that basic requirements for reducing the risks of sexually offending and exploiting behaviours are the pre-teen's need for correct sexual information, acceptance of his sexual identity and developing values that support a less sexualized lifestyle as well as sexual attitude reassessment. It is recommended that school sex education curriculums could be used and assignments could include reading and reporting on consensual interactions, sexual fantasies, arousal patterns, masturbation and homosexuality. Finally, Erooga and Masson (1999) warned that exposure to deviant sexual behaviour, erotic or pornographic visuals must be avoided to assist the pre-teen sex offender to restructure his perceptions to a more normative thinking.

#### **5.4.3 Developing social skills**

Developing social skills in pre-teen sex offenders is another techniques that can be employed in prevention programmes. As discussed in chapter two, research (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1991; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth, 1993; Freeman-Longo et al., 1994; Pithers et al., 1993; Prentky, 1995, 1997; Rasmussen et al., 1992; Ryan et al., 1993) indicated that social skills such as problem solving, tolerance and positive coping abilities were found to be very poor among sexually offending and sexually aggressive pre-teen children. School and peer interactions appear to reflect problematic home environments. Alternatively, Fraser (1996) indicated that two factors, adjustment problems in the early years and rejections by peers, lead to social impairment.

From the development perspective, pre-teen sexual offenders with social impairment are seen as the result of an impoverished opportunity structure, inadequate training in critical social and cognitive skills and the perception that there are more social and concrete rewards in aggressive or offending behaviours (Araji, 1997; Fraser, 1996). With regard to the uniqueness of the South African context and the challenges faced in dealing with issues such as extreme poverty and dysfunctional families, Wood, Welman and Netto, 2000 stated that many pre-teen sexual offenders are predisposed to social impairment. In view of research findings that indicate that pre-teen sex offenders have a long history of social isolation, poor social skills, low self-esteem and feelings of inadequacy, it is essential to deal with these issues during prevention strategies (Cunningham and MacFarlane, 1996; Fehrenbach et al., 1986; Wood et al., 2000).

From the discussion it seems that pre-teen sex offenders exhibit a variety of inaccurate and irrational cognitions or thinking errors. These cognitive distortions arise from conclusions about the world

shaped by the individual. Gil and Johnson (1993) stated that discussions and homework assignments that improve social skills and competence are essential to modify thinking errors, distortions and negative beliefs. The pre-teen sex offender must be challenged to identify his rational and irrational thoughts. In addition, research (Friedrich and Gerber, 1996) has indicated that many pre-teen sex offenders are needy or dependent and they seek reassurance. As a result, they personalize statements and feedback. The ten prevention programmes reviewed in chapter four indicated that the social worker must facilitate the pre-teen sex offenders to join in discussions, ask for help, teach them to handle failure or mistakes, apologize when necessary, compromise, building friendships, share, solving problems, handle embarrassment, accept compliments, control impulses, express empathy, make decisions, delay gratification, manage anger and accept no for an answer.

#### **5.4.4 Developing anger management**

Developing anger management in pre-teen sex offenders can also be used as a technique in prevention programmes. From the literature (Friedrich, 1993; Gil and Johnson, 1993) it is clear that pre-teens who commit sexual offences also show aggression. Gil and Johnson (1993) assumed that the motive behind sexual aggression is the need to reduce feelings of fear, anger, loneliness or to achieve power over victims. Research (Cunningham and MacFarlane, 1996; Fatout, 1990; Finkelhor, 1987; Finkelhor and Browne, 1986; Fraser, 1996; Friedrich, 1991; Gil and Johnson, 1993; Gray and Pithers, 1993; Green, 1985; Lane and Isaac, 1997; Rasmussen et al., 1992 and Ryan et al., 1993) further indicated that pre-teen sexual offenders come from families who are emotionally needy while they promote or maintain sexually abusive and aggressive behaviours in children. Aggressive behaviour is taught in the home environment and therefore learning to behave in aggressive ways is reinforced through repeated conditioning with positive and negative consequences. This behaviour is rooted in the learning theory, as discussed previously in this chapter.

Studies (Pithers et al., 1993; Ryan and Lane, 1997) suggested that the social worker must explore how anger is dealt with in the family. The aim is to teach families to control their anger and learn to express it safely without victimizing others and to work through it to resolution. Research (Cunningham and MacFarlane, 1991, 1996; Friedrich, 1993; Gil and Johnson, 1993, Pithers et al., 1983; Ryan and Lane, 1997) suggested the following ways family members can facilitate this process:

- Letter writing. The writer can write down the anger and let go symbolically of the anger by throwing away the letter.
- Role play. Families can learn to share feelings of anger with each other by role playing until they are ready to communicate more directly with family members.
- Literature. Family members can find useful advice in appropriate literature.
- Artwork. Art can allow each member of the family to express feelings of anger and to facilitate sharing emotions.

- Assertiveness training. Family members who are aggressive or passive can be assisted to deal with those feelings.
- Relaxation therapy. Guided imagery and relaxation exercises can be useful tools to learn to control outbursts of anger.
- Exercise. Physical activity minimizes tension associated with anger.

In managing the pre-teen sex offender's anger, Gil and Johnson (1993) recommended that the social worker should teach the youth strategies to resolve issues which provoke anger in him. The social worker should furthermore help the pre-teen sex offender to identify any incidents that led to the discharge of anger, what the youth views as appropriate expressions of anger, whether there is any modulation of anger, how the youth regains his calm, the extent of persistently angry feelings and retaliation aspects versus resolution aspects. In line with the cognitive theory as described previously in this chapter, Cunningham and MacFarlane (1996) recommended teaching the pre-teen sex offender the ability to examine his thinking and correct false assumptions that may cause subsequent angry feelings and actions. Friedrich (1991) stated that a further emphasis of the prevention strategy should be to avoid power struggles by refusing to engage in them by constantly reminding the youth that he may not be in control of what happens but that he is in control of what to do about it. In order to ensure anger management the pre-teen sex offender should learn that there are certain issues to be cross about, but he has to learn how to manage his feelings in a non-abusive way. It should thus be evident to the youth that he can work with the underlying feelings of hurt and helplessness before they turn into anger.

#### **5.4.5 Changing cognitive distortions**

Changing cognitive distortions is another technique that can be used in prevention programmes. In order to ensure successful prevention of re-offending, all studies reviewed (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1991, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth, 1993; Freeman-Longo, 1996; Pithers et al., 1993; Prentky, 1997; Rasmussen et al., 1992; Ryan et al., 1993) indicated that the pre-teen sex offender is subjected to cognitive distortions, which should be addressed. More specifically, research (Cunningham and MacFarlane, 1996; Gil and Johnson, 1993) indicated that the pre-teen sex offender usually assumes that his sexually offending behaviour is acceptable, justifiable or harmless. In addition, Erooga and Masson (1999) described distorted cognitions or thinking errors as beliefs or attitudes that justify, rationalize or support the sexually offending behaviour. Lane and Ryan (1997) expanded by stating that these cognitive distortions derive from inaccurate perceptions, assumptions and conclusions about the world. Through repetition, the pre-teen sex offender's thoughts become ingrained and develop into a belief system that supports a habitual response to many situations.

To change the pre-teen sex offender's cognitive distortions, Ryan and Lane (1997) stated that the social worker has to assist the youth to recognize his thought patterns associated with triggers and to

modify the perceptions that contribute to his sexually offending behaviour. Ellis (1962) developed a process to correct thinking errors and suggested that the client must learn to identify the irrationality of his perceptions and assumptions. Next, efforts should further be geared towards assisting the pre-teen sex offender to be accountable and to interrupt the sequence of cognitions associated with the abusive behaviour.

There is agreement amongst researchers (Barbaree et al., 1993; Gil and Johnson, 1993; Hoghughi, 1997; Ryan and Lyne, 1997) that the following cognitive distortions are common amongst pre-teen sex offenders:

- “Informed consent” - The pre-teen sex offender assumes that the victim wanted sexual intercourse or that young children like to experiment sexually with older children.
- “Vicarious learning” – The pre-teen sex offender assumes that it is a good way for young children to learn about sex by having sex with the offender or that it is a good way for the victim to learn about sex through watching pornographic videos.
- “Direct learning”- The pre-teen sex offender assumes it is acceptable to teach children about sex by doing sexual things to them.
- “Sexual game play” – The pre-teen sexual offender assumes it is normal for older children to play sex games with younger children.
- “Seriousness” – The pre-teen sex offender assumes that it is all right to rub his penis against a younger child as long as he does not penetrate.
- “Harm” - The pre-teen sex offender assumes that just fondling a younger child or when the victim enjoys the sexual interactions cannot do them any harm.
- “Reciprocity” – The pre-teen sex offender assumes that when both children reciprocate, there is no harm done.
- “Mutual enjoyment” - The pre-teen sex offender assumes that when the victim does not cry or tell her parents, she is enjoying it.
- “Seduction by a child” – The pre-teen sex offender assumes that when the victim dresses in clothes that make her look older she is looking for sexual interaction.
- “Curiosity” – The pre-teen sex offender assumes when the victim stares at his genitals, she wants to have sexual interactions.
- “Misperceived age signals” – The pre-teen sex offender assumes the victim can enjoy sex because she acts much older than she is.
- “Affection” – The pre-teen sex offender assumes that the victim likes affection and doing sexual things is a way of giving her affection.

- “Abuse of authority”- The pre-teen sex offender assumes that younger children should do as they are told.
- “Denial ” – The pre-teen sex offender believes that children make up stories of sexual abuse to get attention.
- “Generalization”- It is noted that many pre-teen sex offenders tell their victims that all children have sex with older boys.

From the discussion it is evident that the pre-teen sex offender can be assisted by a social worker to identify cognitive distortions, triggers and reinforcers, and their role in the sexual abuse. While the social worker deals with the pre-teen’s cognitive distortion, he receives the messages that there are many situations that he cannot control, therefore, the focus of prevention should be to learn to control himself in all situations. To ensure cognitive restructuring, the social worker needs to give continual feedback to the pre-teen sex offender and challenge his beliefs. For example, Hoghughi (1997) explained that it is important to challenge thoughts that indicate that the pre-teen sex offender perceives himself superior to others or exhibit attempts to dominate others. Any power-thrust thinking needs to be pointed out as well as the underlying belief that the world owes him something. Indications that the pre-teen sex offender is exhibiting a victim-stance orientation, which is based on the youth’s belief that others have no right to criticize or interfere with what he wants to do, also need pointed out. The pre-teen sex offender needs to assume responsibility for what he does or how his behaviour affects others. The pre-teen sex offender is capable of changing cognitive distortions only if he learns to recognize his own distortions and misperceptions and further learns the process of countering cognitive distortions.

#### **5.4.6 Working through personal trauma**

Working through personal trauma can also be used as technique in prevention programmes. Based on the review of literature (Cunningham and MacFarlane, 1996; Freeman-Longo, 1996; Friedrich, 1991; Gil and Johnson, 1993; Groth, 1979; Steele, 1986) it was evident that personal trauma such as growing up without empathic care, family trauma, physical and sexual abuse, neglect, scapegoating, undefined family roles and boundaries and exposure to sexually traumatic experiences in the environment may contribute to the development of abusive sexual behaviours. Some of the central findings suggest that deviant socialisation experiences such as sexual abuse and inadequate parenting, distort the normal sexual development of children. In line with the developmental theory, as discussed in chapter two, these traumatic events cause an interruption in the normal sexual development of a child (Finkelhor and Browne, 1986; Gil and Johnson, 1993; Gordon et al., 1990; and Hoghughi, 1997). More specifically, there is general agreement among researchers (Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Pithers et al., 1993; Prentky, 1997) that children who are abusive are reacting to a traumatic event.

All the programmes for pre-teen sexual offenders, as discussed in chapter four, (see Figure 4.1) except for the Redirecting Sexual Aggression programme, focus on personal trauma of the youth offender. All programmes discussed in chapter four suggest that the sexual offending patterns of the pre-teen sex offender have their roots in earlier life experiences. Their history often reveals the origins of dysfunctional coping patterns, unresolved sources of affective stress, the nature of problem behaviours, beliefs that influence compensation and models of compensation (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth, 1993; Freeman-Longo et al., 1994; Pithers et al., 1993; Prentky, 1995, 1997; Rasmussen et al., 1992; Ryan et al., 1993). To address the personal trauma of the pre-teen sex offender, the social worker needs to be intensely empathic in order for the youth to disclose his personal traumas. More specifically, Rasmussen et al. (1992) suggested that the social worker needs to develop an understanding of the historic elements that contributed to the sexual offence for example, trauma in the youth's life, unresolved losses and rejection, school reports of attention deficit, hyperactivity disorder, learning disabilities or any other behaviour of misconduct, enmeshed or intrusive parenting, attachment disorders, disruptions in early care and developmental disability or deviance.

The following techniques can be used to successfully facilitate disclosure of the personal trauma of the pre-teen sex offender. The pre-teen sex offender can be asked to structure a play with toys that represents his personal trauma. Alternatively, the pre-teen sex offender can be asked to draw cartoons of traumatic events in his life and to discuss it with the social worker. The next option is progressive story telling whereby the social worker introduces the character of the pre-teen sex offender and gives him the opportunity to fill in the gaps of his personal story. In order to overcome his personal trauma, the pre-teen sex offender needs to develop an individualized chronological abuse biography of the abusive behaviour exhibited by him. Gil and Johnson (1993) recommended that the social worker should offer the pre-teen sex offender support, safety and opportunity to explore thoughts, feelings and behaviours together with the chance to develop and rehearse skills and coping strategies. In addition the social worker needs to communicate to the pre-teen sex offender that he is not the only one with sexually inappropriate behaviours, and that he is worthy of respect and has positive attributes that are valued by others.

#### **5.4.7 Relapse prevention**

Relapse prevention is another technique that can be used in prevention programmes. A literature review indicated that the relapse prevention as an intervention technique incorporates effective, cognitive and behavioural features and focuses on self-control as a way to prevent relapses (Cunningham and MacFarlane, 1996; Gray and Pithers, 1993).

As discussed in chapter four, relapse prevention as an intervention technique focuses on three broad categories of risk precursors to repeating sexually abusive acts. According to Cunningham and MacFarlane (1996) the predisposing risk factors occur during early development of the pre-teen

offender's sequence of precursors. Precipitating risk factors usually occur shortly before the sexually abusive behaviour and influence what type of abuse will be involved, and finally, perpetuating risk factors increase the probability that sexually abusive behaviours will continue in the future. For instance, the earliest signs of increasing danger involve affect (feeling moody or brooding) relating to the predisposing risk factors. The precipitating risk factors, involve fantasies of performing a deviant act, and are later converted to cognitive distortions. The offender is now using rationalisation, or minimisation of the contemplated act, or attribution of inaccurate perceptions, or blame of the potential victims. Together these two processes result in the deviant sexual behaviour, which relates to the perpetrating risk factors. By using the Relapse Prevention technique, the child offender is taught to identify the affective, cognitive and situational factors that precede the sexual offence (Cunningham and MacFarlane, 1996; Finkelhor, 1984; Gray and Pithers 1993; Hoghughi, 1997).

The following intervention goals, as identified by Cunningham and MacFarlane (1996) Finkelhor and Browne (1986) and Gray and Pithers (1993), can be used as part of relapse prevention techniques:

- Teaching the pre-teen sex offender self-management.
- Making choices that contribute to preventing further sexual abuse.
- Developing sexual attitudes consistent with age.
- Gaining knowledge regarding childhood sexual behaviour problems.
- Learning what is a sexual behaviour problem. This session includes setting up safety rules as well as consequences and rewards for correct or incorrect sexual behaviour.
- Giving up negative sexual thoughts.
- Learning how to respond in a healthy way to body arousal.
- Developing positive and safe friendships.
- Reducing opportunities to be alone with a possible victim.
- Managing emotional risk and learning how to deal with emotions.
- Managing risky factors, which include recollections, urges, lapses (slides) and relapse (acting out).
- Developing a support system within the school community and home environment that works as a prevention team.
- Developing skills to manage stress.
- Increasing parenting skills of parents.
- Learning to take care of personal needs.
- Developing positive self-image and positive power.

- Learning about the sexual abuse cycles.
- Developing awareness about loss and trauma, which include the child's history, and the effect it had on his behaviour and compensatory behaviour.
- Dealing with issues around losses and trust.
- Respecting sex abuse consequences and victim impact.
- Developing good morals and empathy with victim.
- Making amends to victims.
- Learning how to deal with anger.
- Learning how to make good decisions.
- Developing problem-solving abilities.

From the above it is that relapse prevention as a technique emphasizes affective, cognitive and behavioural characteristics associated with children's sexually reactive or aggressive behaviours. More specifically, it focuses on controlling behaviours within the child by teaching self-management skills and utilizing a prevention team in the environmental.

#### **5.4.8 Understanding the assault cycle**

Understanding the assault cycle can also be used as a technique in prevention programmes. The assault cycle as described in the reviewed literature, demonstrates a specific behavioural manifestation of a compensatory response style in a general dysfunctional cycle (Ryan and Lane, 1997). The cycle, as described in chapter four, describes how pre-teen children become sexually aggressive towards either themselves or others. More specifically, the model highlights traumatic events other than sexual abuse that might set the stage for later development of sexually aggressive behaviours (Araji, 1997; Rasmussen et al., 1992). According to Ryan and Lane (1997) the cycle starts with a negative experience or feeling, progresses to wrong or negative expectations, then to cognitively or behavioural isolation of oneself, followed by behaviours that involve feelings of anger and power or control behaviours. Subsequent steps involve negative fantasies, followed by negative behaviours, which in turn lead to negative feelings. Finally, rationalisations or cognitive distortions about the experience are developed.

Research (Araji, 1997; Rasmussen et al., 1992; Ryan and Lane, 1997) indicated the following techniques to make the pre-teen sexual offender understand the sexual assault cycle.

- Assessing the specific antecedents to sexual acting out for the offending child.
- Addressing the personal history of victimisation of the offending child.
- Increasing the self-esteem of the offending child.
- Decreasing impulsive behaviours.

- Gaining mastery over problematic behaviours.
- Identify and utilizing resources.

Prevention techniques that specifically target the sexual components of the cycle, such as sexual fantasies, interests, arousal and behaviour remain imperatives in the prevention of re-offending. In addition, prevention techniques must address the sexual abuse and characteristics of the pre-teen sexual offender and explore the development and contextual phenomena in order to identify both risks and assets. It is further apparent that the ultimate goal is to decrease the deficits and deviance of the pre-teen's sexual behaviour and to increase the overall competent functioning.

#### **5.4.9 Impulse control**

Developing impulse control is another technique that can be used in prevention programmes. Literature contains a number of articles and books (Carnes, 1983; Freeman-Longo, 1996; Gil and Johnson, 1993; Ryan and Lane, 1997) suggesting that sexually offending pre-teens demonstrate impulse-control deficits and report that the urges to engage in sexually abusive behaviours are difficult to manage. Studies (Cunningham and MacFarlane, 1996; Finkelhor, 1979; Friedrich, 1991; Finkelhor and Browne 1986; Gil and Johnson, 1993; Gray and Pithers, 1993; Lane and Isaac, 1997) further indicated that pre-teen sexual offenders often lack impulse control and experience problems with issues such as stealing, attention deficit and general conduct.

Research (Cunningham and MacFarlane, 1996; Finkelhor, 1979; Friedrich, 1991; Finkelhor and Browne 1986; Gil and Johnson, 1993; Gray and Pithers, 1993; Lane and Isaac, 1997) pointed out that pre-teen sex offenders find it difficult to delay gratification of impulses to engage in sexual behaviour. Of more concern is the fact that pre-teen sex offenders report subsequent increases in the frequency and intensity of sexual uses. Their internal sense of excitement and control and associated arousal seem to diminish their level of gratification with repetition and they begin to add elements of risk, increased power or additional sexual behaviours in order to maintain the same level of gratification. As the behaviour of the pre-teen sex offender develops a repetitive pattern, it may gradually become habitual to specific types of problematic emotions or situations. Since the response is dysfunctional and the youth does not truly resolve his problems, the initial negative internal states return and the response patterns recur to re-establish a sense of well-being. These ineffective efforts result in more frequent and intense anxiety experiences and the process is repeated. There is also a tendency to strive less and less for effective styles of resolving difficulties and it eventually results in social incompetencies.

In line with Ryan and Lane (1997), Freeman-Longo (1996) and Carnes (1993) were also of the opinion that because there is psychological and physiological reinforcement in sexually aggressive behaviour, it may become addictive. Some of the associated variables that reinforce the sexually offending behaviour are sexual arousal thrills, risk, empowerment, anticipation, pleasure and individual perceptions.

Research (Cunningham and MacFarlane, 1996; Finkelhor, 1979; Friedrich, 1991; Finkelhor and Browne 1986; Gil and Johnson, 1993; Gray and Pithers, 1993; Lane and Isaac, 1997) identified the following techniques which can be used to control impulses of sexually offending pre-teens:

- Developing an understanding that sexually offending behaviours are hurtful and that there is a difference between abusive behaviours and non-hurtful sexual behaviours.
- Developing an understanding that sex is private between consensual adults.
- Developing awareness of personal body space to demonstrate invasive behaviours.
- Learning to identify the thoughts, feelings and behaviours antecedent to sexual offences. As these children learn to identify these clues (e.g. isolation; fantasies, masturbation) they develop strategies to interrupt the process. When they have identified these thoughts, they have to stop the process. The youths experience a sense of control and pride in their ability to prevent the sexual abuse.
- Learning thought stopping techniques, e.g. saying or thinking “Stop” or “No” to interrupt the inappropriate thoughts.
- Learning self-talk in which they explain why they should not continue with the sexual offence.
- Identifying other activities, which the youth can do instead of the sexual offence e.g. playing ball, riding a bicycle, reading a book or spending special time with the family.
- Developing safety plans to assist the pre-teen sex offender when he has urges to sexually offend.
- Increasing self-confidence and openness.
- Developing problem solving skills.

From the abovementioned suggestions on learning to control impulses it is clear that prevention involves developing an understanding of the sexual offence. The pre-teen sex offender further develops internal controls as well as external resources to avoid further sexual offences. Finally the pre-teen sex offender must improve his awareness of cause and effect relating to improving impulse control and the consequences of sexually offending behaviour.

#### **5.4.10 Art therapy**

Art therapy can also be used as a technique in prevention programmes. Literature (DiLeo, 1983; Gil and Johnson, 1993; Johnson, 1995; Kaufman and Wohl, 1992; Kramer, 1971; Lark-Harovits, 1976; Nickerson, 1983; Oster and Gould, 1987) indicated that artwork is a good diagnostic tool with pre-teen sexual offenders. The art can elicit a great deal of information regarding their identity, self-image and other underlying concerns.

The social worker should ask the pre-teen sex offender to draw a self-portrait and then reviews the drawing with the youth. Now the social worker can explore through art what secret games children play with each other or what games the youth likes or does not like to play. Another form of art work is to request a clay model of a monster that makes children play inappropriate games with other children. This technique of externalizing the problem behaviour can be used successfully since the offender is given the concept that the problem behaviour has become a monster that has gained control over offending children. In an attempt to gain control of the monster, the pre-teen sex offender has to identify when and how the monster surfaces, how it affects a youth offender and what the youth can do to get help to make the monster stop the offending behaviour.

It was explained by Gil and Johnson (1993) that techniques to externalise problem behaviour is based on cognitive behavioural theory, since it focuses on how pre-teen sex offenders think about the problem, behavioural alternatives are found to the problem behaviour and it also assists youth offenders to expand their coping skills to deal with precipitating feelings relating to the sexual offence.

Art can also be used to describe the family, along with their feelings and other pertinent matters (Gil and Johnson, 1993). These drawings can sometimes be used to “tell on” a family member as well as to indicate the health and support of the family. Every few months, pre-teen sex offenders can be asked to draw a picture of their family in order for the social worker to assess treatment progress.

Gil and Johnson (1993) also suggested that making pamphlets on the effect of being sexually abused and how victims need to protect themselves from being sexually abused can also be used as an effective way to force pre-teen sex offenders to face their own sexual abuse as well as to reveal information to protect victims against youth offenders.

#### **5.4.11 Relaxation techniques**

Relaxation techniques can also be used in prevention programmes. Literature (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Prentky, 1997; Rasmussen et. al., 1992; Ryan et al., 1993) indicated that pre-teen sex offenders are often anxious and tense. Cunningham and MacFarlane (1996) recommended that relaxation exercises allow these children to experience a feeling of control over their bodies and emotional state.

Cunningham and MacFarlane (1996) and Gil and Johnson (1993) suggested announcing to children that they are going to learn how to relax by tensing and releasing various muscles in their bodies. The social worker should tell the children which parts of their bodies they are going to tense for a count of five seconds. The social worker should progress through the muscle groups as long as she can hold the attention of the child. An example is: “Tense your fists. Make your fists feel very tight. Hold that tightness. Hold it so you can feel it tight. Now release your fists. Feel the tightness going out of your fists. Feel the relaxation begin. Relax your fists.”

This exercise will encourage the pre-teen sex offenders to feel in control of their bodies. As the pre-teen sex offenders learn the precursors of their feelings prior to sexual offending, they can learn to use the relaxation skills to help intervene. Although it is difficult to stop sexual offending, it is important for pre-teen sex offenders to have all resources available to them to assist them in preventing sexual offending.

#### **5.4.12 Values clarification**

Values clarification is another technique that can be used in prevention programmes. As indicated by research (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Prentky, 1997; Rasmussen et al., 1992; Ryan et al., 1993) the major focus of treatment is on identifying and restructuring the pre-teen sexual offender's beliefs and thinking patterns that allow and enable sexually offending behaviour. More specifically, Conte (1986) suggested that social workers first explore the pathology of the individual, then the pathology of the family and then the pathology of external systems such as societal messages and myths that seem to support sexually offending patterns.

Social workers should be aware of external controls in the pre-teen sex offender's immediate environment such as access to pornography. An exploration of the functions and methods of relevant social learning and the origins of attitudes and beliefs will help explain current myths and beliefs of the sex offender. Each of these areas can be discussed in terms of the attitudes of others that have a negative impact on the youth sex offender, as well as their contribution to attitudes that have had a negative impact on others.

From the discussion it is clear that this technique should increase the pre-teen sexual offender's understanding of his unhealthy associations and beliefs regarding sex and sexuality as well as to modify negative attitudes.

#### **5.4.13 Guided imagery**

Guided imagery is another technique that can be utilized in prevention programmes. A review of literature (Gardner, 1971; Gil and Johnson, 1993) suggested that guided imagery exercises can assist pre-teen sex offenders to understand the power of fantasies and introduce positive ways to use fantasies and daydreams.

Gil and Johnson (1993) suggested that the social worker ask the pre-teen sex offender about his thoughts, fantasies or daydreams. Positive and appropriate fantasies can be used to substitute negative offensive behaviours with positive and acceptable behaviours. Pre-teen sex offenders obviously need to modify fantasies in order for them to modify their behaviour.

According to Gil and Johnson (1993), negative scenes can also be depicted using guided imagery if the social worker wants to describe a scene in which a pre-teen offender is caught sexually offending

another child. The imagery can depict the youth offender getting caught and suffering the consequences. It is important that the social worker should describe the emotions of the youth offender in detail. The youth offenders should rehearse this until they are able to recall it when they are tempted to sexually offend another child.

From the discussion it is clear that guided imagery can be used as a deterrent to sexual offending, although this can only be achieved if the emotions of the pre-teen sex offender are described in detail in order for the youth to become emotionally involved.

#### **5.4.14 Progressive story telling**

Progressive story telling can also be used as a technique in prevention programmes. Literature (Cunningham and MacFarlane 1991; Davis, 1990; Gardner, 1971; Gil and Johnson, 1993) indicated that progressive story telling, where pre-teen sex offenders take turns adding on to a story started by the social worker, is very effective.

This technique gives the social worker important information about the sexual offence and connections pre-teen sex offenders make to the theme of sexual offending. Such information about their associations with sexual offending can provide insight into their thought process, anxieties and conflicts. However, this technique is more effective when applied during group treatment, since the content of the story reveals more during group treatment compared to the “safe stories” of individual pre-teen sex offenders when they reveal no concerns.

#### **5.4.15 Role play**

Role play is another technique that can be used in prevention programmes. Gil and Johnson (1993) recommended role play as a technique to solve sexual problems of pre-teen sexual offenders. Role play is like miniature plays. Usually, someone can act out something that has been a problem to a victim and the youth offender can act out a response and so understand how it feels to be in a victim's shoes.

The role play can also be acted out with dolls by the youth sex offender. By examining interaction, the pre-teen sex offender will have the opportunity to observe his own behaviour as well as the behaviour of his victim.

#### **5.4.16 Metaphorical stories**

Metaphorical stories can be also be used as a technique in prevention programmes. Stories can be read to pre-teen sex offenders or children can be asked to make up stories of children with specific sexual problems in which there is a healthy resolution to the conflict.

Nancy Davies (1990) is the author of a book of metaphorical stories for children with problems. The morals that children derive from these stories or their own stories can be very diagnostic. Nancy

Davies (1990) suggested that the stories can be changed to resemble the personal circumstances of the youth sex offender, while continuing to use the therapeutic metaphors suggested by Davies.

Alternatively, Gardner (1971) developed a technique called mutual storytelling, in which the pre-teen sex offender tells a story and the social worker repeats it using the same characters and themes, but proposing a positive outcome to the conflict identified within the youth's story. Pre-teen sex offender can also be asked to propose a positive outcome to the identified problem.

From the discussion it is apparent that this technique provides an excellent opportunity for pre-teen sex offenders to understand that there are many different ways to act in a given situation, and that different people make different choices about how to act and react to what has happened to them in their past.

#### **5.4.17 Letter writing**

Letter writing can also be utilized as a technique in prevention programmes. Relevant literature (Cunningham and MacFarlane, 1991; Gil and Johnson, 1993; Johnson, 1995) suggested that some pre-teen sex offenders find it therapeutic to write letters to the victim they have hurt. In these letters youth offenders can express feelings they cannot express out loud, which often help the social worker or the victim to understand their deepest emotions. These letters can be mailed or not, as for some children the effect is the same. Should the letter be mailed, possible repercussions should be thought through first and discussed during a session. Gil and Johnson (1993) suggested that if the youth offender cannot write yet, the social worker may take dictation.

From the above, it is evident that letter writing assists the pre-teen sex offenders to say things they never have to say directly to the victim or say things they are reluctant to say. |

#### **5.4.18 Victim resolution**

Victim resolution is another technique that can be used in prevention programmes. Reviewed literature (Gil and Johnson, 1993; Ryan and Lane, 1997) indicated that it is important for pre-teen sex offenders to develop an awareness of how sexually offending behaviours affect others, to counteract the distortions that support abusive behaviour and the belief that the youths can impose control over others.

More specifically, Ryan and Lane (1997) suggested that general information regarding the impact of sexual abuse on the victim should be given to the youth sex offender. The youth's own experiences of victimization can be used as the basis for developing victim empathy. Concrete exercises on how one imagines what others are feeling are necessary to develop victim awareness. For example, the youth can write a description of the incident of abuse from the victim's point of view as well as provide detailed apologies to the victim that emphasize that the abuse is entirely the offender's responsibility. A detailed explanation of how the offender misused power and misinterpreted consent, is another helpful assignment. Another method, according to Singer and Sermabeikian (1995) is the use of doll-

play re-enactments as a vehicle to increase victim awareness. Alternatively, Ryan and Lane (1997) suggested that a victim-perpetrator session be arranged for the offender to hear firsthand about the impact of the abuse from the victim.

From the discussion it is evident that the goal is for the pre-teen sex offender to understand the impact of the sex offence on the victim, which will foster empathy in, and motivate the youth to consider the feelings of others. Learning about the impact the sexual abuse has on others, will provide the basis for challenging the distortions that justify offending behaviours.

#### **5.4.19 Covert sensitisation**

Covert sensitisation is also a technique that can be used in prevention programmes. With reference to literature (Hoghughi, 1997; Maletzky, 1991; Ryan and Lane, 1997) on covert sensitisation, it was apparent that this cognitive technique enables pre-teen sex offenders to inhibit unwanted thoughts and to interrupt rumination on deviant or disturbing thoughts. However, Hoghughi (1997) described covert sensitisation as essentially a behavioural technique. For example, the pre-teen offender would be instructed by the social worker to shout the word “no” aloud the moment a deviant thought occurs, and immediately to change to an appropriate or distracting thought, identified by the social worker. Over time, the offender would begin to think the word “no” rather than say it aloud. Hoghughi (1997) explained that covert sensitisation involves the youth offender imagining and producing an emotionally unpleasant description of an event associated with the deviant fantasy and at the point at which the deviant act would be imagined, to switch to the extremely detailed description of the unpleasant event. Covert positive reinforcement also involves the youth sex offender imagining a fantasy scene without offending and then reviewing or incorporating the positive consequences of doing so into fantasy.

According to Ryan and Lane (1997) there are three stages to preventing sexual offending through covert sensitisation: first there is an increased sexual arousal associated with the deviant act; second, a negative consequence associated with the deviant act is incorporated, and finally a relief or escape from the negative consequences is combined to avoid the sexual offence in the fantasy.

Ryan and Lane (1997) added that the pre-teen sex offender should, together with covert sensitisation, improve his sense of self-esteem. An improved self-esteem will give the pre-teen sex offender permission to make mistakes, separating the sexually offending behaviour from his definition as a worthy person, and learning that he can make choices that he can feel good about. It seems advisable that pre-teen sex offenders would be encouraged to develop positive self-talk when they making negative assumptions about themselves or others or situations. When the pre-teen sex offender makes a negative statement, he should be assisted by the social worker to gain perspective of the situation and be encouraged to wait and think before reacting negatively.

According to Ryan and Lane (1997), covert sensitisation has been successfully used in relation to a wide range of clinical sexual problems and there is evidence of its efficacy. However, Maletzky (1991) noted that there have been no largescale studies evaluating its efficacy.

This technique will be successful as a prevention tool as a considerable amount of time is spent collaborating with the social worker in the development of aversive and reinforcing imagery and the offender himself is in control of the aversive process. However, it has been observed that the effectiveness of such a technique depends on the co-operation, understanding of the rationale and procedure and the ability of the youth sex offender to derive imagery which is personally relevant.

From the discussion it is evident that the above techniques are focused on assisting the social worker to help the pre-teen sexual offender develop an understanding of his behaviour and to develop internal and external controls to avoid further sexually abusive behaviours. The techniques further assist the pre-teen sexual offender to identify behavioural, cognitive and affective antecedents and to learn to recognize and interrupt them. It also helps the youth offender to reconstruct cognitive distortions as well as correcting social competency deficits to improve coping resources, socialization and decision-making. The techniques assist the pre-teen sex offender to strengthen his capacity for empathy and intimacy. Additionally, the techniques improve awareness of cause and effect related to improving impulse control as well as exploring the consequences of offending sexual behaviour. Finally, the techniques as outlined in this chapter assist the pre-teen sex offender to resolve his history of distressing developmental, traumatic or victimization experiences.

It is further noted that the emphasis in programme development for sexually offending youths is to develop prevention strategies that would specifically address the problem of sexually abusive behaviour. Offence-specific prevention strategies should be developed, which incorporate a variety of techniques, as discussed in this chapter, to address sexual deviance, attitudes, beliefs and distortions that support and rationalise these offending behaviours.

The purpose of the final discussion in this chapter is to establish the need to determine the effectiveness of prevention programmes and the various techniques employed in these programmes.

A summary of the guidelines, models and techniques that can be used when designing and implementing prevention programmes will be presented in table 5.1. This summary is intended as a tool that social workers can use when they design and implement prevention programmes. When using this as a tool, social workers should select the relevant guidelines, models and techniques which will suit the individual problems and situation of the pre-teen sex offender. There is no specific order in which these guidelines, models and techniques should be chosen. If used in such a way, it will ensure that an individual programme will be designed for every individual pre-teen sex offender.

**Table 5- 1 Summary of guidelines, models and techniques for designing prevention programmes**

<b>GUIDELINES</b>	<b>MODELS</b>	<b>TECHNIQUES</b>
Select multiple theories.	Behavioural-cognitive.	Developing empathy.
Incorporate a variety of theoretical perspectives.	Relapse prevention	Teaching sex education.
Incorporate cognitive and behavioural strategies.	Psychosocio-educational	Developing social skills.
Incorporate family theory and therapy.	Psychotherapeutic	Developing anger management.
Include the family.	Family systems	Changing cognitive distortions.
Use group or pair therapy.	Psychoanalytic	Working through personal trauma.
Use individualised prevention plans.	Multisystemic therapy	Teaching relapse prevention
Target sexually offending behaviour while balancing community safety.	Abuse cycle	Understanding the assault cycle.
Focus on the history of sexual abuse.		Developing impulse control.
Refer to specialists if necessary.		Applying art therapy.
Consider the differences in development of pre-school, latency-aged and pre-adolescent.		Learning relaxation techniques.
		Clarifying values.
		Guided imagery.
		Progressive story telling.
		Role play.
		Metaphorical stories.
		Letter writing.
		Victim resolution.
		Covert sensitisation.

## 5.5 PREVENTION STRATEGY EFFECTIVENESS

In spite of the proliferation of programmes exclusively designed for the prevention of pre-teen sex offenders from re-offending, the evaluation of these prevention strategies has been limited. The discrepancies in the effectiveness of prevention strategies for youth sex offenders are being discussed as follows.

As Weinrott (1996) observed, most sex offender prevention programmes have information about the “sexual assault cycle” at their core. The cycle is utilized to assist youth sex offenders conceptualise their offending behaviours, including the associated emotions and distorted thinking that contribute to and pursue their abusive acts. According to Ryan and Lane (1997), the model is based on the premise that offending is preceded by a negative self-image that contributes to negative coping strategies when the youth sex offender anticipates negative responses from others, perceives such responses, or both. In order to avoid such negative anticipated or perceived reactions, the pre-teen sex offender withdraws, becomes socially isolated and visualize the sexual offence to compensate for resulting feelings of powerlessness and a lack of control. This process culminates in the sex offence, which leads to further negative experiences, more emotions of rejection and an increasingly negative self-image, which results in the cycle to continue.

Weinrott (1996) pointed out that the sexual assault cycle has been used in sex offender prevention programmes for nearly 20 years although this model has not been empirically validated. However, Weinrott (1996) noted that although the cycle may be useful for many youth sex offenders who have committed sex offences, it does not explain the abusive behaviour of all such offenders. In their editorial, “Don’t Shoot, We’re Your Children: Have We Gone Too Far in Our Response to Adolescent Sexual Abusers and Children With Sexual Behaviour Problems?” Chaffin and Bonner (1998:314) advised against the certainty that those working in the field have found the correct approach. They wrote that such incorrect assumptions might include the following:

- that sex offender-specific programmes is the single acceptable and effective approach and that all teenagers and children who have performed inappropriate sexual behaviours must participate in it;
- that there is usually a history of personal victimization which is the direct cause of sexual abuse and must be a focus of treatment;
- that denial must be broken;
- that direct confrontation is synonymous with good therapy;
- that prevention or re-offending must be long term and include restrictive conditions;
- that deviant arousal, deviant fantasies, grooming [of victims] and deceit are fundamental features;

- that parents and families of offenders are commonly dysfunctional;
- that behaviours always involve an offence cycle or pattern that must be identified;
- that these youths and their parents must realize that they have an uncontrollable, incurable, life-long disorder; and
- that these youngsters are such dangerous predatory criminals that neighbourhoods must be informed of their presence.

Despite their overall approval, it is Chaffin and Bonner's (1998) opinion that empirical scientific support for each and every one of these beliefs is either minimal or nonexistent. According to Chaffin and Bonner (1998), they knew youth sex offenders who felt required to admit to sex offences they did not commit and to deviant fantasies they did not have, because they assumed they would be discharged from the prevention of re-offending programme if they did not comply. Righthand and Welch (2001) also expressed concern that overly broad applications of fantasy journals, addiction/compulsion programmes, shaming approaches, and programmes that insistently encourage empathy with victims could negatively affect these youths. Chaffin and Bonner (1998:316) furthermore cautioned that while rates of detected sexual re-offences appear relatively low (around 5 to 15 percent), the lack of comparison groups prevents us from identifying whether prevention programmes have been effective. In fact, they concluded, empirically we do not know whether a prevention programme helps, hurts or makes no difference. In contrast, it can be argued that prevention programmes with pre-teen sexual offenders definitely help although the sexual assault cycle is only applicable to those who have been victims of sexual abuse and show associated emotions and distorted thinking that contribute to and pursue their sexually abusive acts. Without intervention, Ryan and Lane (1997) were of the opinion that the youth's offending behaviour will be reinforced by the innate positive reinforcements of the sexual act.

Chaffin and Bonner (1998) and Weinrott (1996) stated that early prevention of re-offending strategies is needed to break the cycle of sexual deviance, and that prevention programmes should take the form of lengthy, specific strategies. On the contrary, there is no scientific evidence to support this stance. However, Chaffin and Bonner (1998) and Weinrott (1996) agreed that at this point, it is not possible to say whether one type of prevention strategy is better than another, with the possible exception of delinquency-focused multi-systemic treatment, which seems to be more effective with youth sex offenders who have committed sex offences.

Closely related to Chaffin and Bonner (1998), Lab, Shields, and Schondel (1993) conducted a study that appears to raise questions about the efficacy of prevention programmes for youth sex offenders who have committed sex offences. The recidivism rates for youth sex offenders participated in a specialized sex offender programme were compared to the rates for youth sex offenders referred to community-based programmes generally lacking specialised programmes for sex offenders. The study indicated that recidivism rates for both groups were low and that the outcome for youth sex offenders participating in the sex-offence-specific programme was no better compared to those participated in

non-specific programmes. Studies by Chaffin and Bonner (1998) as well as Lab et al. (1993) concluded and their results suggested that the growth of prevention strategies has proceeded without adequate knowledge of how to identify at-risk youth, the causes of the behaviour and the most suitable prevention strategy for youth sex offenders. However, it is interesting to note that Weinrott (1996) admitted that methodological problems might have compromised the utility of their studies.

Corresponding with findings by Chaffin and Bonner (1998), Lab et al. (1993) and Weinrott (1996), Vizard et al. (1996), also noted that controlled comparisons between participating in a programme and not participating in a programme and between different forms of prevention strategies do not exist. Vizard et al. (1996) added that even published guidelines for prevention of re-offending of child sex offenders may warn that their efficacy has not been tested.

Similar observations were made by The National Adolescent Perpetrator Network (1993) in relation to prevention literature that often covers descriptions of programmes and uncontrolled evaluations and lack of consensus on the basic principles of prevention. According to Vizard (1995), many of the objectives of prevention programmes such as appropriately accepting the blame for the abuse and developing empathy with victims, lack standardised measures. Ryan and Lane (1997) highlighted another difficulty that has contributed to the lack of agreement on youth sex offender programme evaluation, and that is the need to incorporate a developmental perspective. They assumed that because child sex offenders appear to be discovered at younger ages it becomes increasingly difficult to apply standardised descriptions of their psychopathology across the whole childhood/adolescent age group. Correspondingly, Cantwell (1992) wrote that there is a considerable need to establish age-appropriate ways of describing distorted cognitions and attitudes on issues such as empathy for others and self-blame. Furthermore, Vizard et al. (1996) found that evaluation might be hindered by the difficulties inherent in the long-term follow-up on youth sex offenders, because of the poor response rate once the child offenders have terminated their programme. Corresponding with Vizard et al. (1996), Wood and Ehlers (2001) pointed out that due to the nomadic lifestyle of South African families of youth sexual offenders it is difficult to evaluate the programme success.

Quinsey, Harris, Rice and Lalumiere (1993) addressed important critiques of published studies on assessing strategies for youth sex offenders. Quinsey et al. (1993) pointed to the significant variation of opinion on whether to include or exclude those who refuse or fail to complete a programme, and the effects this may have on estimates for recidivism. In South Africa, the magistrate would order the youth sexual offender to attend a diversion programme for youth sex offenders as part of a condition linked to a sentence. Assessing the success of the South African youth sex offenders programme will therefore only include details of those who completed the programme.

The reduction of re-offending is most often used as the indicator of change in sexual offenders and this is most commonly cited in prevention of re-offending outcome studies. Unfortunately, it seems as if these measures are in reality difficult to interpret. For example, studies (Marshall and Barbaree, 1990; Groth et al., 1982) indicated that official records substantially underestimate recidivism. Wood and Ehlers (2001) found that post-assessments are often not carried out since it is usually difficult to

locate the youth sex offender. In cases where post-assessments do take place, Wood and Ehlers (2001) noted that youth sex offenders felt obligated to express only positive feedback for fear of jeopardising the withdrawal of the charge, as discussed in chapter three. Quinsey et al. (1993) also agreed with Chaffin and Bonner (1998) that the practice of plea bargaining in the United States, under which non-sexual charges may be laid for sexual offences, adds to incorrect outcome studies. Social workers involved in follow-up and post-intervention studies need to develop definitions of success, if the effects of prevention programmes are to be properly established. It is thus evident that evaluation outcomes require a definition on how "success" and "failure" should be judged.

Bagley (1992) monitored 20 sexually offending children and a control group who were seen at threemonthly intervals over two years. Seven of the sexually offending group and one of the control group, admitted that they had engaged in sexually offending behaviour subsequent to the discharge from their prevention programme. Five of the sexually offending children had engaged in rape or serious sexual assaults against males or females. Bagley (1992) concluded that for some youths, there is a real danger of an escalation of sexually offending behaviour in adult life, if early prevention of re-offending does not occur. If the family does not support the youth sex offender in his relapse prevention programme, the risk of re-offending is high.

Kahn and Chambers (1991) focussed on the risk of re-offence in their retrospective evaluation of ten prevention programmes for sexually offending youths. Prevention programmes were eclectic, although all programmes specialised in sexual deviancy. Kahn and Chambers (1991) concluded that very few youth sex offenders did sexually re-offend. Those who blamed their victims and used force were more likely to continue to sexually offend.

To address the problem of how to evaluate success of prevention strategies for youth sex offenders, Sapp and Vaughn (1990) recommended that change be measured in cognitive, behavioural and social or interactional fields. To ensure this, assessments of change can be made by direct observation in natural surroundings, by direct measurement of certain physiological characteristics or through standardised interviews or questionnaires administered to young sex offenders, members of the family or professionals. In addition, assessments can also be made by using the records of the school system. As mentioned previously, a youth sex offender and his family might feel obligated to express positive feedback, or the youth might behave in an appropriate way to manipulate the social worker. To overcome the problem, it seems the best to combine the assessment of the youth sex offender by interviewing teachers as well as evaluating school records together with the clinical opinion of the service provider.

In contrast to Sapp and Vaughn (1990), Stevenson, Castillo and Sefarbi (1990) stated that "total cure" is not a realistic goal with youth sex offenders and emphasised that reduction and control of behaviour are more suitable goals. Kahn and Chambers (1991) correctly observed that success often depends on the clinical opinion of service providers, which is often subjective. For the youth sex offender to accept the responsibility for the sex offence, is often cited as a key goal (Pollock and Hashmall, 1991; Vizard et al., 1995). Blaming others or external forces for the sex offence is seen as the underlying

cognitive distortion which enables the offender to maintain his offending, but professional assessments in this area are unsystematic and inconsistent (Pollock and Hashmall, 1991). In contrast, it can be argued that acceptance of responsibility is an advantage in the prevention of re-offending and not at all as an indication of prevention success. It seems as if some youth sex offenders take responsibility for the offence but still continue their sexually abusing behaviour.

In contradiction to the Lab et al.'s (1993) findings, are results from a study by Kimball and Guarino-Ghezzi (1996), who compared 75 youth sex-offenders participated in sex offender specific programmes with sex offenders participated in non-sex-offender specific programmes. Results revealed that youth sex offenders placed in specific-sex offender programmes demonstrated more positive attitudes and greater skill acquisition compared to those in non-specific programmes. Youth sex offenders from the specific sex offending programme were more likely to accept full responsibility for their offences, to express remorse related to victim impact and to articulate practical relapse prevention concepts and strategies. They were also considerably more successful in completing their first aftercare placements (70.6 percent, versus 41.2 percent for non-specific treatment placements). Results thus clearly indicated that participation in sex offender specific programme contributed to lower rates of re-offending. Kimball and Guarino-Ghezzi (1996), are of the opinion that sex offender specific strategies contributes to lower rates of re-offending as prevention targets focus on the elimination of sexually abusive behaviours, self-management, self-control and relapse prevention.

Even though the Kimball and Guarino-Ghezzi (1996) outcome results appeared promising, these findings were challenged by Righthand and Welch (2001). The latter indicated that participants in the sex offender programmes received more services compared to those in non-specific programmes. Youth sex offenders participating in sex-specific programmes received significantly more therapy sessions, including group sessions that focused specifically on offending behaviour. They also received significantly more family sessions, 51.8 percent compared with 30.8 percent for those in non-specific programmes. In addition, they received more interventions for non-sexual factors contributing to their sex offending, such as family therapy, interpersonal skills training, stress and anxiety management, as well as relapse prevention. Youth sex offenders also remained in programmes for considerably longer periods compared to those who participated in non-specific programmes, an average of 15.7 months compared to 7.1 months in non-specific programmes. Therefore, it is uncertain whether a non-specific prevention programme comparable to a sex offender programme in terms of intensity and extent of services would yield outcome results comparable to those of the Kimball and Guarino-Ghezzi (1996) study.

In a different study, Weinrott (1996) described the effectiveness of cognitive-behavioural programme used with a sample of youth sex offenders. In addition to psycho-educational and cognitive approaches, this programme used interpersonal skills development and behavioural strategies to reduce deviant arousal. Results indicated only a 10 percent recidivism rate for sex offending. This finding was based only on youth sex offenders who completed the programme. The follow-up period was one year and no control group was used. In order to ensure successful prevention of re-offending,

Weinrott (1996) suggested that in spite of the limited prevention research, empirically based approaches should be emphasized in the prevention of re-offending of youth sex offenders. More specifically, Weinrott (1996) encouraged social workers to provide youth sex offenders who engage in various types of delinquent behaviours with empirically based prevention approaches that have been designed specifically for delinquent populations.

Becker et al. (1986) studied the progress of youth sex offenders who were under the age of 13 years who have sexually victimized other children. In line with Weinrott (1996), the preferred intervention consisted of a structured cognitive behaviour prevention programme. The outcome of the study (Becker et al., 1986) was measured by using erection response to audiotaped descriptions of deviant sexual behaviour. The results indicated that the programme was effective with those young sex offenders who had been sexually offending male victims and improvement was shown by the sex offender who had sexually offended female victims. However, Murphy, Heynes and Page (1992) pointed to a number of problems in the use of erectile responses, including the absence of normative responses from non-abusing populations and the possibility that some youth offenders can control their responses. The existence of South African programmes for sex offenders, which measure erection responses, is not known. Hunter and Santos (1990) also compared the pre- and post-treatment data for youth sex offenders. Their prevention programme focused on sexual impulse control and the decline of deviant sexual arousal. Sexual arousal to descriptions of sexual acts was measured by using plethysmograph readings. However, arousal to descriptions of same-age females remained high, thus creating a greater difference between deviant and non-deviant treatment. Once again, sexual arousal to descriptions of sexual acts is not measured by using plethysmograph readings in South Africa. Vizard et al. (1996) concluded that a cognitive-behavioural programme can effectively change deviant sexual arousal, but further investigation is needed to establish the duration of the services rendered.

From the current research (Sampson and McDonnell, 1990; Charles et al., 1995) it follows that in addition to several goals being set for prevention of re-offending, dealing successfully with past experiences of abuse and victimisation of the young sex offenders is also important. Some researchers (Sampson and McDonnell, 1990; Charles et al., 1995) suggested that young sexual offenders should be treated as victims as well as offenders. They recommended prevention of re-offending based on guidelines for victims of sexual molestation. In contrast, it can be argued that only victims of molestation need to deal with past experiences of abuse and victimization.

In addition, Charles et al. (1995) suggested that social workers should focus on the positive rather than only the negative behaviour. They remarked that sometimes it can be easy to slip into negative noticing, as is the tradition in many social service fields. Negative noticing often leads to more of the unwanted behaviour, while positive noticing increases positive behaviour and experience. Positive noticing on the part of the social worker can involve shifting the perspective to look for positive aspects in a difficult situation or reframing behaviours to see where and how they could be useful. When rendering prevention services to pre-teen sexual offenders, positive re-enforcement can be used as a

technique to facilitate change. Instead of keeping young sex offenders isolated from their friends, the youths are encouraged to correct social competency deficits, to improve coping resources and socialization as well as decision-making.

Scavo and Buchanan (1989) described group therapy as a successful means of preventing pre-teen sex offenders from re-offending. However, authors did not indicate how success was defined. The authors also stated that some offenders repeated the prevention programme up to three times. Vizard (1995) indicated that clinical information suggested that this was a common practice.

Borduim and colleagues (Borduim, Henggeler, Blaske and Stein, 1990) studied two different prevention programmes for youth sex offenders: multi-systemic therapy (49 hour therapy) and individual therapy (45 hour therapy). In line with Scavo and Buchanan (1989), Borduim et al. (1990) indicated that the individual therapy group showed a significantly bigger number of recidivism. Borduim et al. (1990) argued that multi-systemic therapy is more effective because of the emphasis on treating the youth sex offender in his individual social context. Multi-systemic therapy also focuses on any combination of the systems by which the youth sex offender is surrounded, including school and peer groups. The underlying assumption is therefore, according to Friedrich (1990) and Gil and Johnson (1993) that the explanation of the individual's behaviour is considered in the context of the systems because all parts are considered interdependent and related to one another with repeatable patterns.

Vizard et al. (1995) noted that sometimes the youth's sex offending problem is defined in terms of moral and social deficiencies. However, the internalisation of new normative structures for the pre-teen sexual offender can take very long. More problematic is that this particular characteristic would be difficult to assess due to the cultural and religious variations in defining what is good or morally right, specifically within the South African context of 11 different cultures.

Vizard (1996) further claimed that treating distinctive features of sex offenders in childhood would be easier compare to treatment in adult life. According to him adolescents were more likely to be needing further treatment at the end of a specific programme, possibly because their sexual urges are more subject to hormonal fluctuations compared to adults. Alternatively, Murphy et al. (1992) pointed to the lack of convincing evidence that hormonal or biological factors contribute to sex offending. Hormonal or biological factors do not contribute to sexual offending but rather situational, intrapersonal and interpersonal antecedents as discussed in chapter two.

There is agreement amongst researchers (Camp and Thyer, 1993; Charles, Dale and Collins, 1995; Gil and Johnson, 1993; Kahn and Chambers, 1991; Sanders, 1997) that evaluations of sex offender programmes have been few. According to Righthand and Welch (2001:53), adequate programme evaluation involves two primary approaches. First, implementation research is conducted to guarantee that the components necessary for effective prevention exist and are implemented. Second, outcome research is required to determine whether the prevention strategies have been successful. Righthand and Welch (2001) noted that most outcome studies have used recidivism rates to assess the effectiveness of sex offending programmes. However, it is noted that reliable documentation of

recidivism, variations in follow-up periods and outcome measures (e.g., arrest or adjudication) limit the effectiveness of this approach. Different and standardised approaches to assessing prevention effectiveness are therefore required.

In order to determine the programme success, two studies have utilized self-report measures to assess the effectiveness of prevention programmes. Camp and Thyer (1993) conducted pre-treatment and post-treatment tests with youth sex offenders in a residential sex offender programme and with those on a waiting list. Significant improvements in social competency following participating in a prevention programme is found. In addition to examining recidivism data and parole violations, Miner, Siekert, and Ackland (1997) conducted pre-treatment and post-treatment assessments with psychological measures such as the Jesness Behavioural Checklist and the Multiphasic Sex Inventory-Youth Sex Offender Revised (MSI-JR). Kraemer, Spielman, and Salisbury (1995) observed that self-report and objective measures provide a norm-based reference group that can be useful in assessing prevention of re-offending progress. However, concern exists that the youth sex offender might express incorrect positive feedback in order to avoid further treatment. To overcome this problem Laben, Dodd and Sneed (1991) used a goal attainment theory to develop measurable results in a youth sex offender prevention programme. For the treatment evaluation, the social worker and youth sex offender had to establish mutual goals through a process of bargaining, negotiating, identifying commonalities, and defining measurable outcomes. Because initial group assessment indicated that the youth sex offenders were concrete in their thinking and had difficulties with verbal reasoning, researchers used visual aids to facilitate the goal attainment and treatment process. A social worker would check when a youth sex offender had successfully completed an identified goal. When all the goals were met, the youth sex offender's treatment was completed. Laben et al. (1991) stated that mutual goals should be set to measure the success of the prevention programme. More specifically the following four areas, which could be assessed for programme outcomes have been identified: increasing appropriate sexual knowledge; improving social attitudes; improving problem-solving ability and improving moral judgement. The social worker can draw up an individualised inventory to conduct pre and post assessments.

According to Becker (1990), programme evaluation data suggest that the recidivism rate for youth sex offenders who participated in specialised programmes ranges from approximately 7 to 13 percent over follow-up periods of two to five years. Alexander (1999) reported that youth sex offenders appear to respond well to cognitive, behavioural and relapse prevention treatment, with recidivism rates of approximately seven percent through follow-up periods of more than five years. Studies (Becker, 1990; Kahn and Chambers, 1991; Schram et al., 1991) suggested that rates of non-sexual recidivism are generally higher (25 to 50 percent). Marques et al. (1994) noticed that results from outcome studies on adult offenders show higher rates of sexual recidivism for sex offenders who fail to successfully complete the prevention programmes. Hunter and Figueredo (1999) found that as many as 50 percent of youths entering a community-based prevention programme were expelled during the first year of their participation. Carter and McGoldrick (1999) noticed that those who did not finish the programme had higher overall levels of sexual maladjustment, as measured on assessment

instruments, and were judged to be at greater long-term risk for sexual recidivism. Hollin and Howells (1996) also found that there is a link between number of hours of intervention and effectiveness. An earlier study by Gensheimer, Mayer, Gottschalk and Davidson (1987) also indicated that the number of hours of intervention is positively related to outcome. From this discussion it is evident that despite the prevalence of methodological problems, recidivism rates are, by far, the most common choice for determining programme effectiveness. Self-reports and other measures are utilized infrequently, and often with the negative effect of decreasing the utility of findings. More specifically, research appears to indicate relatively low rates of sexual recidivism for youth sex offenders, and measures of treatment outcome in addition to recidivism need to be explored.

From the discussion, it is evident that the importance of programme evaluation cannot be overemphasized. Literature suggests that effective and humane prevention strategies for youth sex offenders and children with sexual behaviour problems should be individualized, be empirically based whenever possible, facilitate family involvement and promote programme completion. It is further clear that additional research is needed to determine the effectiveness of the prevention programmes and the various techniques employed in these programmes. Outcome and progression evaluation research is needed to provide empirical assessments of programmes designed to treat youth sex offenders. In order to implement research programmes as well as prevention programmes for youth sex offenders it is suggested that administrators in the youth sex offender justice system should provide support for those prevention programmes that involve families, have specific goals and objectives and carefully monitor successful completion of programmes.

## **5.6 SUMMARY**

In this chapter available programmes for pre-teen sex offenders to determine the different standards for the development of prevention programmes were discussed. It was apparent that most programmes for pre-teen sex offenders appear to emphasize personal histories of sexual abuse as a factor contributing to sexual behaviour problems. However, it is apparent that this predisposition may be overemphasized in the context of multiple risk factors, which is typical within the South African context. Therefore, an eclectic model should be used to incorporate theories of child development, sexual abuse, trauma, reciprocal cycles of abuse, learning, relapse prevention and systems theories. Another consideration is the necessity to address the dysfunctional family dynamics, as the child's needs are best addressed within the system where he lives. In order to implement successful prevention of re-offending, it is further important that prevention strategies should focus on eliminating sexually abusive and aggressive behaviour and increasing behavioural controls, developing competencies for coping with precursors to sexual aggression.

The chapter further discusses the most popular prevention models that are prevalent in programmes used for sexually offending pre-teens. It is apparent that these prevention models attempt to address the complex and interactive nature of pre-teens' cognitive thought processes, affective and

physiological development, behavioural aggression and sexual acting out as well as family dysfunctions associated with sexual offences.

Finally, the chapter discusses numerous techniques for successfully preventing pre-teen sex offenders from re-offending. The techniques can assist the pre-teen sex offender to identify behavioural, cognitive and affective antecedents and to learn to recognize and interrupt them. However, it is not apparent from the literature review how effective certain techniques are nor which programmes are more effective, nor which contextual factors facilitate or disrupt prevention services being rendered. To ensure effective prevention programmes for pre-teen sex offenders it is recommended that additional research be undertaken to determine the effectiveness of the available programmes and the various techniques employed in these programmes. The effectiveness of prevention strategies were also described and debated.

The following chapter will present the results of the study undertaken with social workers to determine the nature and utilisation of social work programmes for pre-teen sex offenders, the need for social workers to be trained to develop their own prevention programmes for pre-teen sex offenders, the nature of pre-teens who sexually offend, prevention theories used by social workers to prevent pre-teen sex offenders from re-offending, and assessing policies regarding pre-teens who sexually offend.

## **CHAPTER 6**

# **A SITUATION ANALYSIS OF THE NATURE OF PREVENTION OF PRE-TEEN SEXUAL RE- OFFENDING IN SOCIAL WORK**

### **6.1 INTRODUCTION**

Pre-teen sexual offences is emerging as a problem in South Africa (Annual Report of Nicro, 2001; Wood, 2001). The seriousness of the problem may however be underestimated because most sexual offences by pre-teen children are not reported to authorities or are not recognised or dealt with by welfare organisations (Adams, 1999; Righthand and Welch, 2001; Wood, 2001; Wood and Ehlers, 2001). The dilemma of unreported and no service delivery to pre-teen sex offenders fuels a perception that pre-teen sex offences do not constitute a crime and that relevant intervention is not required nor available. Research (Groth et al., 1982; Ryan and Lane, 1997) has demonstrated that sexually offending behaviour by pre-teens is more likely to continue if these youths are not provided with services to prevent them from re-offending. It is imperative for the social worker dealing with pre-teen sex offenders to understand the different theories which can be utilized to prevent the pre-teen from re-offending. Alternatively, the social worker can design an appropriate prevention programme to prevent the pre-teen from re-offending.

The aim of the study is to present guidelines for developing prevention programmes for pre-teen sexual offender.

The objectives of the study are to explain the policy under the South African criminal justice system regarding crime under the Sexual Offences Act, no 23 of 1957 and the Child Care Act, no 74 of 1983, as well as government and non-government prevention of re-offending services available to children under the age of 13 who sexually offend; to describe the social and personal circumstances of pre-teen sexual offenders; to assess the nature and function of prevention programmes for pre-teen sexual offenders and to investigate the need for social workers to utilize these programmes in welfare agencies in South Africa; to determine the nature of social work programmes which social workers in welfare agencies are using to prevent pre-teens from re-offending and to describe the knowledge and practice skills needed by social workers to design programmes to prevent pre-teen sex offenders from re-offending.

This chapter describes the results of the study undertaken with social workers at three welfare organisations at 73 different child social service offices in the Western Cape, and will subsequently be discussed.

## 6.2 FIELD OF RESEARCH

Demarcation of the field of research is necessary in order to ensure the feasibility of the study. The field of research was demarcated to the field of family and child care service and specifically social workers who render services to prevent pre-teen sex offenders from re-offending. In order to make the field of research accessible to the researcher, as well as cost-effective, the field of research is further demarcated in terms of area offices in the Western Cape where child and family welfare services are in operation. The study did not include auxiliary social workers.

## 6.3 EMPIRICAL STUDY

An exploratory research design was chosen. A purposive sample of the population of social workers at welfare organisations in the child and family welfare field and specifically social workers who render preventative services to pre-teen sex offenders in the Western Cape was drawn. Respondents were chosen according to specific academic requirements (social workers and not auxiliary social workers, that work with families and children) as well as willingness to participate, by a method known as purposive sampling (Grinnell, 1993) The universe consisted of 130 social workers from 73 offices at three welfare organisations in the Western Cape. These include offices of the three welfare organisations situated in Bellville, Bonnievale, Caledon, Cape Town, Ceres, Citrusdal, Clanwilliam, Elsiesrivier, Huguenot, Paarl, Gansbaai, George, Helderberg, Hermanus, Kasselsvlei, Knysna, Kraaifontein, Kuilsrivier, Kraaifontein, Ladismith, Mitchell's Plain, Malmesbury, Parow, Piketberg, Porterville, Port Nolloth, Parow, Riebeeck-Wes, Riversdal, Riviersonderend, Sarepta, Scottsdene, Dennesig, Strand, Stilbaai, Tulbach, Vasco, Vanrhynsdorp, Vredenburg, Villiersdorp, Wellington, Williston, Wolseley, Worcester and Wynberg. The reason for this demarcation was explained in chapter one. Only 79 (n = 79) of the 130 (N = 130) social workers completed the questionnaire and therefore they formed the purposive sample. The questionnaires, which were designed to meet the aims and objectives of the study, as well as corresponding with the content of the literature study, as presented in chapters two, three, four and five of this report, were mailed by the managers to the respondents.

The questionnaires provided for the anonymity of the respondents. The questionnaire (Appendix A) was divided into ten main questions, and contained closed and open-ended questions. **Question one** contained information about the nature and utilization of social work prevention programmes in welfare organisations. **Question two** contained information about the need for social workers to be trained to develop their own programmes to prevent pre-teen sex offenders from re-offending. **Question three** contained information about the nature of pre-teen sexual offences reported to the welfare

organisations. **Question four** obtained information about theories used by social workers who render a preventative service to pre-teen sexual offenders. **Question five** obtained information about the criteria social workers assess as well as the assessment of risk factors of pre-teen sexual offenders. **Question six** contained information about prevention intervention regarding pre-teen sexual offenders. **Question seven** contained information about the social and personal circumstances of pre-teen sexual offenders. **Question eight** obtained information about the assessment of policies regarding pre-teen sexual offenders. **Question nine** obtained recommendations to improve prevention of re-offending programmes for pre-teen sexual offenders. **Question ten** obtained information about consulting with other multidisciplinary teams as well as training of social workers who treat pre-teen sexual offenders.

Mainly a quantitative research method was applied in this study. Quantitative data are presented in the form of tables and figures. Responses to open-ended questions were analyzed and used to elaborate on the demographic data collected.

## **6.4 RESULTS OF THE RESEARCH**

The data collected from the completed questionnaires will be discussed in the same sequence as obtained in the questionnaire (Appendix A). Tables and figures are presented to describe responses to closed-ended questions. The responses to open-ended questions, are presented in a descriptive manner.

### **6.4.1 The nature and utilization of social work prevention programmes for pre-teen sex offences in welfare organisations**

Prior to 1994, there were no prevention programmes available for pre-teen sex offenders (Wood, et al., 2000). In chapter four, ten prevention and treatment programmes for pre-teens who sexually offend were discussed. In South Africa, there is currently only one programme available to assist adolescent sex offenders from re-offending called SAYStOP (South African Young Sex Offenders Programme). Officials in charge of the SAYStOP programme at Nicro indicated that the programme only includes children older than 14 years (Wood et al., 2000). Therefore one of the objectives of this study was to describe prevention programmes for pre-teen sex offenders in order to assist social workers in rendering an effective service to pre-teen sex offenders, to prevent them from re-offending.

#### *6.4.1.1 Familiarity of social workers with the availability of prevention programmes for pre-teen sexual offenders*

Wood and Ehlers (2001) mentioned that many sex offences of pre-teen sex offenders go unreported and no prevention services are available to them. This fuels a perception that pre-teen sex offences do not constitute a crime and that no specific prevention or intervention is required or available.

Therefore social workers' familiarity with prevention programmes for pre-teen sex offenders was investigated.

The findings of the investigation are reflected in the table below.

**Table 6- 1 Familiarity with prevention programmes for pre-teen sexual offenders to re-offend**

<b>NATURE OF AWARENESS</b>	<b>f</b>	<b>%</b>
Not familiar with any programmes	50	63.3
Only familiar with SAYStOP	21	26.6
Access to many programmes	4	5.1
Respondents did not answer the question	4	5.1
Total	79	100

**n=79**

From table 6.1 it is clear that more than half (63.3%) of the respondents were unfamiliar with programmes to prevent re-offending by pre-teen sex offenders. These findings correspond with findings in literature (Araji, 1997; Gil and Johnson, 1993; Lane and Isaac, 1997; Lane and Lobanov-Rostovsky, 1997; Wood and Ehlers 2001) indicating that most professionals dealing with pre-teen sex offenders are not familiar with prevention programmes. It therefore seems that social work professionals generally, should be informed about available prevention programmes to prevent pre-teen sex offenders from re-offending. This echoes Araji's (1997) statement that social workers should be provided with prevention and treatment programmes, as well as training and access to mentors to enable them to assist pre-teen sex offenders from re-offending.

*6.4.1.2 Knowledge about international programmes for pre-teen sex offenders*

Ten prevention programmes for pre-teen sex offenders were listed in the questionnaire in no logical order. Because these programmes are available they were described in the literature review and one of the objectives of the study was to establish which of the programmes the respondents were familiar with.

The responses are presented in table 6.2.

**Table 6-2 Knowledge about prevention programmes for pre-teen sexual offenders**

<b>PROGRAMMES</b>	<b>f</b>	<b>%</b>
SPARK	1	1.3
STEP	14	17.7
William Friedrich's Prevention of Re-offending	1	1.7
Eliana Gil's Prevention of Re-offending	0	0
Harborview Sexual Assault Centre	0	0
Valley Mental Health	0	0
Redirecting Sexual Aggression	0	0
It's About Childhood	0	0
A Step Forward	0	0
Philly Kids Play It Safe	0	0
Safer Society Relapse Prevention	0	0
Not familiar with any of above mentioned programmes	63	79.7
Totals	79	100

**n=79**

As indicated in table 6.2, the majority of social workers were not familiar with any international programmes for pre-teen sex offenders. These findings correspond with those of Araji (1997), Gil and Johnson (1993) and Ryan and Lane (1997) who mentioned that professional staff who intervene with pre-teen sexual offenders often lack adequate professional skills and knowledge to prevent these youths from re-offending. Only 14 (17.7%) respondents indicated that they were familiar with the STEP programme. One (1.2%) respondent stated that she/he was familiar with the SPARK programme, while another one (1.2%) respondent indicated that she/he was familiar with the William Friedrich programme. The majority of 63 (79.7%) respondents were not familiar with any of the ten international programmes mentioned in the questionnaire to prevent re-offending by pre-teen sexual offenders.

These findings underscore a statement in the media (Cape Argus, Tuesday 25 May 2004) by the head of Childline, Heloise Solomon, to the effect that pre-teens as young as five years sexually abuse their peers, but that very little prevention of re-offending is available to these perpetrators who are likely to continue their sexual abuse. Because the ultimate goal of this study is to provide information on prevention of re-offending programmes for pre-teen sex offenders in order for social work professionals to identify all necessary information to render an effective, competent social service, note should also be taken of Araji (1997:190-191) who mentioned that social work professionals

should have knowledge of prevention programmes in order to maximise the effectiveness of prevention services provided to pre-teen sex offenders.

#### 6.4.1.3 Utilization of programmes for pre-teen sex offenders

Ten programmes for prevention of re-offending were identified in literature. The prevention programmes were listed in the questionnaire and the respondents had to indicate which of the programmes they used to assist pre-teen sex offenders from re-offending. The respondents were also requested to indicate any other prevention programmes used. Their responses are presented in table 6.3.

**Table 6-3 Prevention programmes used by respondents for pre-teen sexual offenders**

<b>PROGRAMMES</b>	<b>f</b>	<b>%</b>
SPARK	1	1.3
STEP	7	8.9
William Friedrich's Prevention of Re-offending	0	0
Eliana Gil's Prevention of Re-offending	0	0
Harborview Sexual Assault Centre	0	0
Valley Mental Health	0	0
Redirecting Sexual Aggression	0	0
It's about Childhood	0	0
A Step Forward	0	0
Philly Kids Play It Safe	0	0
Safer Society Relapse Prevention	0	0
Other programmes	0	0
Total of respondents not using any programmes	71	89.8
Totals	79	100

**n=79**

Table 6.3 reflects that only one (1.3%) respondent indicated that she/he used the SPARK programme, while seven (8.9%) respondents indicated that they used the STEP programme for pre-teen sexual offenders. It is understandable that these respondents used the SPARK and STEP programme, as the SPARK programme is the oldest prevention programme (Cunningham and MacFarlane, 1996) while the STEP programme is one of the two largest prevention programmes in the USA (Gray and Pithers, 1993). The majority of 71 (89.8%) respondents did not use any prevention programmes to treat pre-

teen sex offenders. Although 14 (17.7%) respondents were familiar with the STEP programme and 19 (24%) had access to programmes (as can be seen from Table 6.4) the fact that only 7 (8.9%) respondents indicated that they use the STEP and only 8 (11.2%) are using the SPARK and STEP programmes may show their lack of understanding of the benefits and value of these programmes. This corresponds with findings by Araji (1997) who stated that there is general agreement that social work professionals do not use prevention services to address the dysfunctional and destructive behaviours of pre-teen sexual offenders.

All of the abovementioned prevention programmes include prevention goals based on child development literature and reflect differences in age, cognitive and maturity levels. All the prevention programmes furthermore prefer a cognitive and behavioural orientation, wherein sexually offending behaviour is viewed as learned behaviour. With the exception of the Harborview Sexual Assault Centre Programme and the Redirecting Sexual Aggression Programme, all the programmes incorporate information about sexual abuse in their prevention strategies. All the programmes also focus on perpetrator prevention that focus on personal accountability, the sexual abuse cycle and relapse prevention (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1991; Gil and Johnson, 1993; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993 and Schoentjes et al., 1999).

It can be concluded that the majority of respondents working with pre-teen sex offenders do not utilize prevention programmes to prevent pre-teen sex offenders from re-offending. This finding was supported by recent literature (Cape Argus, Tuesday 25 May 2004; Wood, 2001; Wood and Ehlers, 2001) indicating that very little is done to prevent pre-teens from re-offending.

It is thus important that the respondents take cognisance of the prevention programmes available for pre-teen sex offenders, as identified in the study. Social workers using these prevention programmes should also bear in mind Gil's (1993) statement that it is important for social work professionals to familiarise themselves with various aspects of different prevention programmes, in other words to use an eclectic approach, focussing on the offending sexual behaviour as well as underlying areas of concern. Incorporating different aspects of prevention programmes increases the opportunities for positive impact on pre-teen sex offenders and their families.

#### *6.4.1.4 Availability of prevention programmes or relevant literature for pre-teen sexual offenders, at welfare organisations*

The respondents were requested to indicate whether the listed prevention programmes were available to them at welfare organisations or whether they had their own literature on prevention programmes for pre-teen sex offenders. The availability of prevention programmes was investigated since Wood and Ehlers (2001) noted that the extent and seriousness of sexual abuse of children by other children has only recently been recognized as a problem in South Africa, while the head of Childline, Heloise Solomon stated in a recent media report (Cape Argus, Tuesday 25 May 2004), that there were few prevention programmes available to assist pre-teen sex offenders from re-offending.

The findings are presented in table 6.4.

**Table 6- 4 Availability of programmes or relevant literature for pre-teen sexual offenders**

<b>SOURCE OF PROGRAMME</b>	<b>f</b>	<b>%</b>
Available at welfare organisation	5	6.3
Own literature	14	17.7
No access to programmes or literature	48	60.7
Respondents did not answer the question	12	15
Total	79	100

**n=79**

The findings indicate that only five (6.3%) respondents had access to one programme for pre-teen sex offenders. Fourteen respondents (17.7) indicated that they used their own programmes for prevention of re-offences. It would appear that just more than half (48; 60.7%) of the respondents did not have access to programmes for pre-teen sex offenders. Twelve (15%) respondents did not answer the question.

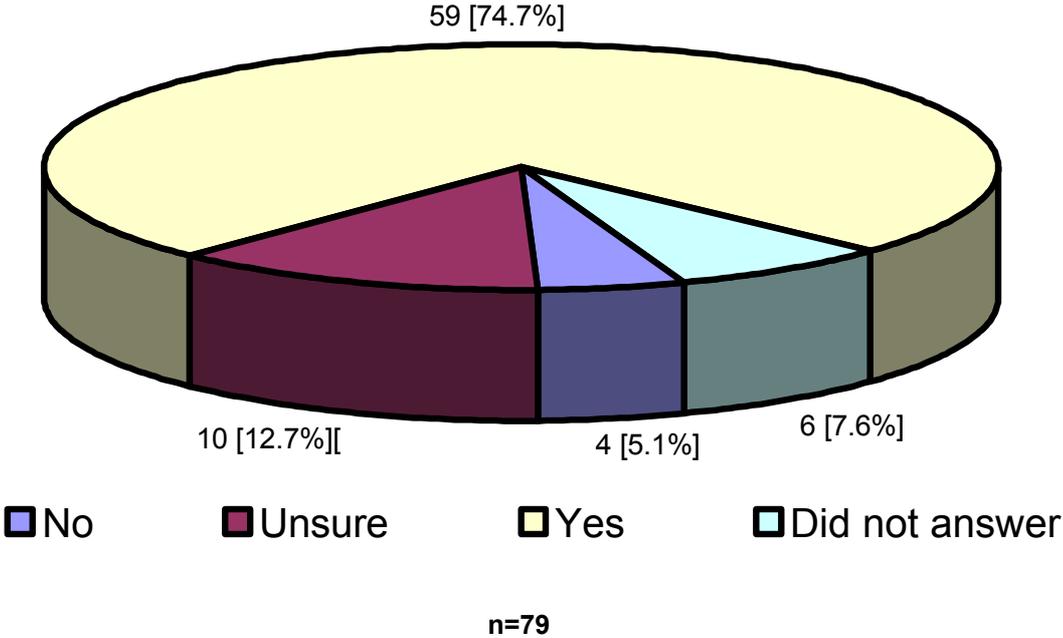
The absence of programmes at welfare organisations to prevent pre-teen sex offenders from re-offending could be seen as a reason for social workers not being empowered regarding the utilization of available, or development of specific, prevention programmes. It could be argued that should the practitioners learn about the various prevention programmes available to assist pre-teen sex offenders from re-offending, they would better know how to address the problem of re-offending. This would support Araji (1997) who stressed the importance of the service provider's ability to learn about different prevention programmes and to integrate knowledge into a prevention strategy. In this way, social workers would be equipped to use available or develop relevant programmes, to suit the needs of pre-teen sex offenders.

#### **6.4.2 The need for social workers to be trained to develop prevention of re-offending programmes for pre-teen sex offenders**

Child sexual offences is an emerging problem in South Africa (Annual Report of Nicro, 2001; Wood, 2001). The seriousness of the problem may be underestimated because reported child sex offenders represent only a small proportion of those who have committed such offences (Annual Report of Nicro, 2000; Wood and Ehlers, 2001; Wood, 2001). The dilemma of unreported pre-teen sex offences fuels a perception that pre-teen sex offences do not constitute a crime and that no prevention strategies are required or available (Wood, 2001; Wood and Ehlers, 2001).

As part of the empirical investigation, the respondents had to stipulate in question 2.1 of the questionnaire, whether there was a need for social workers to be trained to develop their own programmes for prevention of re-offending by pre-teen sex offenders.

The responses of the respondents are presented in figure 6.1.



**Figure 6- 1 Necessity to train social workers to develop prevention programmes**

Figure 6.1 shows that six (7.6%) respondents did not answer the question. Almost three quarters (59 or 74.7%) of the respondents indicated that there was a need for social workers to be trained to develop prevention programmes. These findings support Wood and Ehlers (2001) and Wood et al. (2000) who stipulated that there is a need for the welfare system to place young sex offenders into a programme for prevention of re-offending. Only four (5.1%) respondents specified that social workers do not require skills to develop prevention programmes for pre-teen sex offenders since there are prevention programmes available, although they indicated that they were not familiar with any prevention programmes. The researcher is of the opinion that social work professionals should be informed about available prevention programmes, which is one of the objectives of this study. Different aspects of the programmes could serve as an eclectic, theoretical basis of prevention and intervention strategies serving as a guideline to prevent pre-teen sex offenders from re-offending. The remaining 10 (12.7%) respondents indicated that they were unsure whether social workers needed training to enable them to develop prevention programmes for pre-teen sexual offenders. These respondents indicated that they referred pre-teen sex offenders to Tygerbear and Safeline, who undertake to treat pre-teen sex offenders.

The respondents were requested to motivate their answers. Of the 59 (74.7%) respondents that indicated they needed training to develop prevention programmes for pre-teen sex offenders, four (5%) argued that they had no training to develop prevention programmes while another three (3.7%) respondents mentioned that they felt unable to assist pre-teen sex offenders from re-offending, and that the number of cases that they had to deal with, was increasing, and 10 (12.7%) were unsure. It is assumed that in their responses these respondents were referring to themselves. These findings corresponded with those by Wood and Ehlers (2001) who mentioned lack of prevention services available to young sex offenders, and with findings by Redpath (2000) who indicated that the number of children arrested for sexual offences increases by 38 arrests per annum in the Western Cape. Alternatively, 14 (17.7%) respondents indicated that they wanted to be better equipped to prevent pre-teen sex offenders from re-offending. Eleven (13.9%) respondents felt that they needed to be trained to develop prevention programmes for pre-teen sex offenders as they had no access to prevention programmes for pre-teen sex offenders. One (1.3%) respondent mentioned that she/he wanted to reduce sexual offences by doing prevention work with pre-teens, while two (2.5%) respondents suggested that their welfare organisations could promote prevention of sex offending to youths at risk subsequent to training of social workers. The remaining 14 (17.7%) respondents, who indicated that they needed training to develop their own programmes for pre-teen sex offenders, did not motivate their answers.

The fact that most of the respondents indicated the need to be trained to develop prevention programmes, again emphasises the importance of the need for additional knowledge and skills regarding prevention services to pre-teen sex offenders and their families and emphasises the importance of this study, which aims to present guidelines for designing prevention programmes for pre-teen sex offenders. An important goal of welfare organisations should be to gain enough knowledge in order to identify what information is needed to render an effective preventative service to pre-teen sex offenders and youths at risk of such offences.

#### **6.4.3 The frequency of pre-teen sexual offences reported to welfare organisations**

A review of international literature (Araji, 1997; Gil and Johnson, 1993; Gray and Pithers, 1993; Lane, 1997; Lane and Isaac, 1997; Lane and Lobanov-Rostovsky, 1997) suggested that the number of pre-teen sex offenders is on the increase. Correspondingly, the Department of Correctional Services (2001) indicated that the number of children arrested for sexual offences is increasing and Redpath (2000) stated that specifically in the Western Cape the rate is growing by 38 arrests per annum. Due to the increase in reported pre-teen sexual offences, the respondents were questioned on the nature and frequency of pre-teen sexual offences reported to them at welfare organisations.

##### *6.4.3.1 Frequency of pre-teen sexual offences reported to welfare social workers*

As part of the empirical investigation, the respondents had to indicate the number of pre-teen sex offences reported to them, as shown in table 6.5.

In the first column of table 6.5, the number of respondents is indicated while the number of cases of pre-teen sex offenders reported to the respondents is stated in the second column. The third column indicates the number of respondents multiplied by the number of reported cases of pre-teen sex offenders. The fourth column indicates the cumulative total of cases reported to the respondents during one year.

**Table 6- 5 Number of cases of pre-teen sexual offenders reported to social workers**

<b>NUMBER OF RESPONDENTS</b>	<b>CASES PER YEAR</b>	<b>TOTAL PER YEAR</b>	<b>CUMULATIVE TOTALS PER YEAR</b>
1	52	1x52=52	52
1	96	1x96=96	148
1	360	360x1=360	508
1	1	1x1=1	509
1	8	1x8=8	517
3	36	3x36=108	625
3	3	3x3=9	934
3	60	3x60=180	814
4	12	4x12=48	862
4	24	4x24=96	958
4	5	4x5=20	978
4	10	4x10=40	1018
5	6	5x6=30	1048
7	2	7x2=14	1062
37	Less than one p/a		

**n=79**

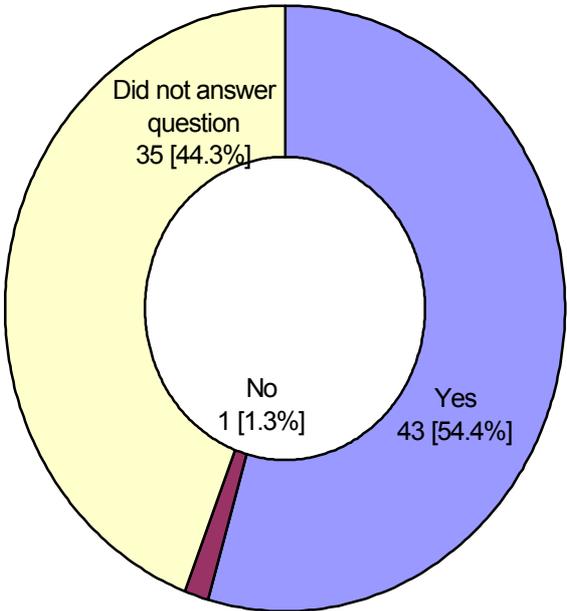
Table 6.5 shows that the respondents had between less than one reported pre-teen sex offender per year to 360 reported pre-teen sex offenders per year, with seven of the respondents stating that they had two pre-teen sex offenders reported to them per year. According to the respondents a total of 1062 pre-teen sex offenders were reported within one year. The high number of pre-teen sex offenders reported to the authorities in the Western Cape has also been stressed by Redpath (2000) and the Department of Correctional Services (2001) who stated that the number of reported pre-teen sex offenders is on the increase. The Annual Report of Nicro (2000; 2004) as well as Wood and Ehlers (2001) emphasized that statistics belies the problem because pre-teen sex offenders who are

known to the system may represent only a small proportion of those who have committed such offences.

6.4.3.2 Increase in the number of reported pre-teen sex offenders

Another aspect investigated was whether the respondents were of the opinion that the number of reported pre-teen sex offenders was on the increase or not. In an open-ended question the respondents had to motivate why they thought there was an increase in reported pre-teen sexual offences.

The findings are presented in figure 6.2.



n=79

**Figure 6- 2 An increase in the number of reported pre-teen sexual offenders**

From figure 6.2 it is clear that the majority of the respondents (43 or 54.4%) indicated an increase in the number of reported pre-teen sex offenders. The reason why the one (1.3%) respondent did not indicate an increase is unknown. These findings support those of Redpath (2000), the Department of Correctional Services (2002) and Wood and Ehlers (2001) that the number of pre-teen sex offenders is on the increase. The fact that 35 (44.3%) respondents did not answer the question could be related to the fact that the option of uncertain was not included in the questionnaire.

The reasons supplied by the respondents for the increase in pre-teen sex offences, reported or unreported, were the following:

### **Greater public awareness**

Fourteen (17.7%) respondents were of the opinion that the number of reported pre-teen sex offences was increased due to greater public awareness to protect victims; therefore more cases were reported. This response can be linked to the fact that over the past five years, SAYStOP has piloted a diversion programme for adolescent sex offenders in the Eastern and Western Cape in partnership with the Department of Social Development (SAYStOP, 2004). The parallel process for youth justice reform has culminated in the drafting of the Child Justice Bill, a legislative system for the management of children in conflict with the law (Report: Juvenile Justice, 2000).

### **Inadequate parenting skills**

Seven (8.8%) respondents were of the opinion that inadequate parenting skills such as lack of discipline and lack of supervision was the reason for increasing numbers of reported pre-teen sexual offences. This finding corresponds with Finkelhor (1979), Erooga and Masson (1999), Jehu (1990) Ryan and Lane (1997) as well as Wood and Ehlers (2001) who stated that inadequate parenting and lack of supervision are but two of many reasons for the escalation of pre-teen sexual offences.

### **Exposure to inappropriate television programmes and pornography**

Three (3.7%) respondents indicated that exposure to inappropriate television programmes and pornography is to blame for the increase in reported pre-teen sexual offences. These findings correspond with Becker, (1998), Erooga and Masson (1999) and Pithers et al. (1998) who mentioned that pornography and television programmes of an explicit sexual nature is one of the causes of the increasing number of pre-teen sexual offences.

### **Poverty**

Five (6.3%) respondents were of the opinion that poverty and overcrowded houses is the reason behind the escalating number of pre-teen sex offences. This confirms findings by Wood and Ehlers (2001) who stated that poverty is a predisposing risk factor to child sexual offences.

### **History of sexual abuse**

Four (5%) respondents stated that the increase in adult sexual abuse against children is the reason for an increase of child on child sexual abuse. This motivation can be linked to the general consensus among researchers (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995) that a history of sexual abuse pre-dispose children to sexually offending behaviours.

### **Dysfunctional families**

Three (3.7%) respondents were of the opinion that the increasing of dysfunctional families, including alcohol and drug abuse, physical and sexual abuse, general neglect, family instability and violence is the cause for escalating numbers of pre-teen sexual offences. This finding is in line with research

(Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995) indicating that family dysfunction, especially emotional, physical and sexual abuse, is mainly to blame for the escalating numbers in pre-teen sexual offences.

### **Decay of moral values and being sexually aware at a younger age**

It was voiced by two (2.5%) respondents that the decay of moral values and subsequent sexual awareness at a younger age is the reason for the increasing number of pre-teen sexual offenders. This echoes findings by Erooga and Masson (1999) as well as Gil and Johnson (1993) that the escalating number of pre-teen sexual offences is also as a result of general decay of moral values.

It can be argued that if social work practitioners learn about the client system and therefore the client's reason for committing a sexual offence, they will know how to effectively employ the prevention strategy to limit pre-teen sex offenders from re-offending. An important objective of this study is to assist the social worker in choosing a prevention programme that best suits the client's needs or to develop a relevant prevention programme in order to prevent pre-teen sex offenders and youths at risk from re-committing such offences.

### **No reason**

Five (6.3%) respondents gave no reason and the reason for their non-response is unknown.

#### *6.4.3.3 Type of sexual offences most often committed by pre-teens*

From the literature review (Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Kairys et al., 1999; Wyatt and Powell, 1988; Ryan and Lane, 1997), as discussed in chapter two, it would appear as if the following behaviours of pre-teens are sexually reactive and could even be described as sexually offending behaviours: oral copulation or oral-genital contact, vaginal or anal penetration or attempted penetration with penis or penetration with other objects. In South Africa, due to underreporting and lack of a centralized data register for pre-teen sex offenders, it is difficult to obtain accurate statistics reflecting the nature of pre-teen sexual offences.

As part of the empirical investigation to establish the type of pre-teen sexual offences most frequently perpetrated, the respondents were requested to indicate the nature of the pre-teen sexual offences reported to them. Based on the literature review, four different types of sexually offending behaviours were listed in the questionnaire and the respondents were requested to rank them in order of priority. The findings are presented in table 6.6 in order from most to least reported type of sexual offence.

**Table 6-6    Reported pre-teen sexual offence**

<b>PRE-TEEN SEXUAL OFFENCE</b>	<b>f</b>	<b>%</b>
Attempted penetration of anus or vagina	19	24
Inserting object in vagina or anus of others	14	17.7
Oral-genital contact	10	12.6
Penetrating vagina or anus with penis	9	11.3
Did not answer the question	27	34.1
Total	79	100

**n=79**

According to table 6.6, 19 (24%) of the respondents indicated that attempted penetration of the anus or vagina with penis was most reported, 14 (26.9%) ranked inserting an object in vagina of anus of others second, ten (19.2%) ranked oral-genital contact (oral sex) third, nine (17.3%) ranked penetration of the vagina or anus with penis as fourth and 27 (34.1%) did not answer the question. The non-response could be due to the lack of knowledge of a definition of a sexual offence.

A discussion of the nature of the reported pre-teen sex offences will follow.

#### **Attempted penetration of anus or vagina**

From the responses received and displayed in table 6.6, it is evident that attempted penetration of the anus or vagina is the sexual offence of pre-teens mostly reported to the respondents. This is in contradiction to other American studies (Gil and Johnson, 1993; Johnson, 1995), which suggested that fondling and oral-genital contact is one of the most common types of pre-teen sexual offences. The responses can be linked to the observations by Wood and Ehlers (2001) that young South African sex offenders often witness others having sexual intercourse or watch pornographic material which causes them to re-enact what they have been exposed to, while Pinnock (1997) found that youths belonging to gangs on the Cape Flats participate in these offences as part of a rite of passage into adulthood (Pinnock, 1997). During an interview with a welfare worker at the Fish Hoek Trauma Unit, it became apparent that school children who wish to belong to a specific gang have to rape a chosen victim prior to acceptance (Interview with trauma counsellor, Rosemary Phillips, 8 March 2004, Wynberg Court, Wynberg).

#### **Inserting object in vagina or anus of others**

The pre-teen sexual offence ranked second by respondents, was that of inserting objects in the vagina or anus of others. Correspondingly, Gil and Johnson (1993) and Ryan and Lane (1997) had found that pre-teen children often forcefully insert objects into the vagina or anus of others. Alternatively, Wood, et al. (2000) reported that in South Africa the most frequently occurring referral offence of youths was

rape (45%), followed by sodomy (30%), fondling (20%) and attempted sodomy – insertion of objects in the vagina or anus seem not be reported at all to authorities.

### **Oral-genital contact**

From the responses received, as displayed in table 6.6, it is evident that oral-genital contact is ranked third as a reported pre-teen sexual offence. Note should be taken of American studies (Gil and Johnson, 1993; Johnson, 1995; Ryan and Lane, 1997) that indicated that oral-genital contact is the pre-teen sex offence most often reported to the authorities. Studies (Gil and Johnson, 1993; Johnson, 1995; Ryan and Lane, 1997) further mentioned that oral-genital contact (oral sex) is often the preferred type of sexual offence since it is unlikely to cause physical harm to the victim, which means that there is no evidence for successful prosecution. Alternatively, Wood, et al. (2000) found that oral-genital contact was not a referral offence of adolescents in South Africa.

### **Penetration of vagina or anus with the penis**

From the responses received and displayed in table 6.6, it is evident that penetration of the vagina or anus with the penis is the least reported pre-teen sexual offence. These findings correspond with American studies (Gil and Johnson, 1993; Johnson, 1995) indicating that penetration of the vagina or anus with the penis is the least reported sexual offence by pre-teens. Alternatively, Wood et al. (2000) found that in South Africa, penetration of the vagina by a penis is the most frequently occurring referral offence by adolescent sex offenders.

Literature (Wood et al., 2000) suggested that there is a significant difference in the types of sexual offences depending on the demographic and socio-economic background of the youth. It is thus crucial for social workers to acquaint themselves with the type of sexual offences most often perpetrated by pre-teens from a certain demographic area, to gain sufficient knowledge of and understanding of the client system in their specific service area, in order to use existing programmes, or develop new prevention programmes to prevent these pre-teens from re-offending. This is also echoed by English and Ray (1991) who mentioned that there is a significant difference between the types of sexual offences depending on the specific demographic background of the offender.

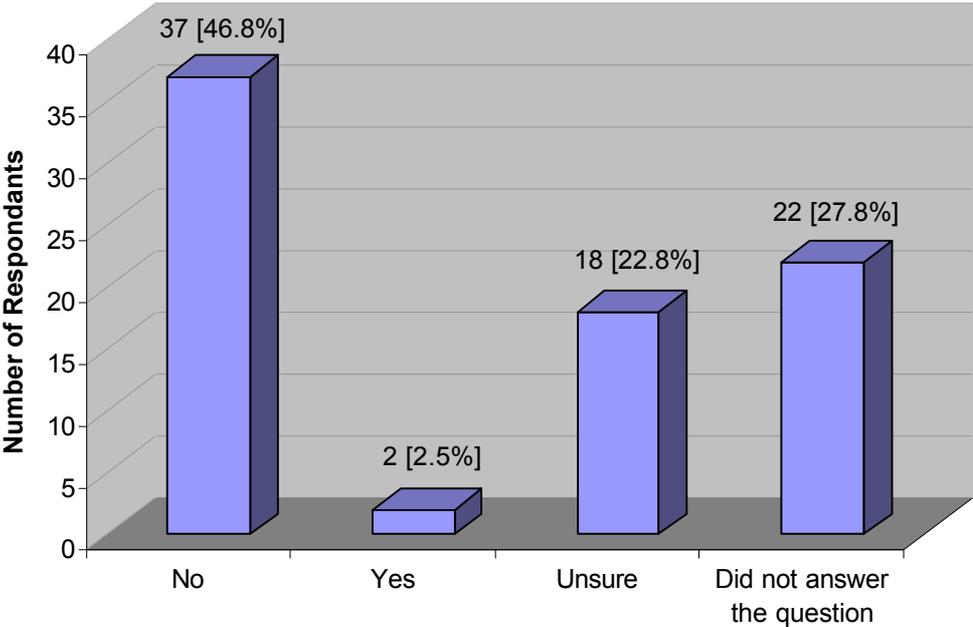
#### **6.4.3.4 Sexual offences or “innocent sex play”**

Various authors (Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Kairys et al., 1999; Wyatt and Powell, 1988; Ryan and Lane, 1997) indicated that certain sexual behaviours, such as attempted penetration of anus or vagina, inserting an object in vagina or anus of others, oral-genital contact or penetrating vagina or anus with penis could be regarded as problematic sexual behaviours and even a sexual offence. Furthermore, they suggested that sexual offences also include force, coercion, violence, intimidation and aggression. The victims may be of any age and may be known or unknown to the pre-teen sex offender. Wood (1998) identified one of the reasons why child sex offences are seldom prosecuted in South Africa as being due to the fact that many professionals hold the attitude that sexual offences among children are harmless “sex play”. This was earlier mentioned by Friedrich

(1990) and Gil and Johnson (1993) who noticed disagreement among service providers concerning sexual behaviours that are defined as an sexually offence.

During this part of the survey, respondents had to indicate from the listed sexual behaviours whether they regarded these sexual offences as “innocent sex play”.

The findings are presented in figure 6.3.



n=79

**Figure 6- 3 Pre-teen sexual offences regarded as innocent sex play**

From figure 6.3 it is evident that almost half (37 or 46%) of the respondents indicated that the listed sexual behaviours are not “innocent sex play”. This echoed findings by the various authors (Friedrich, 1991; Gil and Johnson, 1993; Johnson, 1995; Kairys et al., 1999; Wyatt and Powell, 1988; Ryan and Lane, 1997) who developed prevention programmes, when they indicated that oral-genital contact, inserting an object in the vagina or anus of others, penetration or attempting penetration of the vagina or anus, should be considered as sexual offences. Only two (2.5%) respondents indicated that the listed sexual behaviours could be regarded as “innocent child’s play”. These findings correspond with those of Wood et al. (2000), who mentioned that professionals within the welfare and legal system often describe sexually exploitative behaviour as just “sex play” or “sexual experimentation”. The remaining 18 (22.7%) respondents indicated that they are unsure whether sexually offending behaviours can be regarded as “innocent play”.

From the aforementioned it is clear that most respondents did have some idea of what constitutes sexual offences of pre-teens. It seems that ignorance in some of the social work professionals regarding the definition of sexual offences could be seen as a contributory factor to the shortage of prevention services available to young sex offenders, as identified by Wood and Ehlers (2001). In line with the objective of the study, social workers need to be informed of the policy of the South African criminal justice system regarding crime under the Sexual Offences Act, no 23 of 1957 and the Child Care Act, no 74 of 1983, to be able to define and assess sexual offences of pre-teens.

#### **6.4.4 Prevention theories**

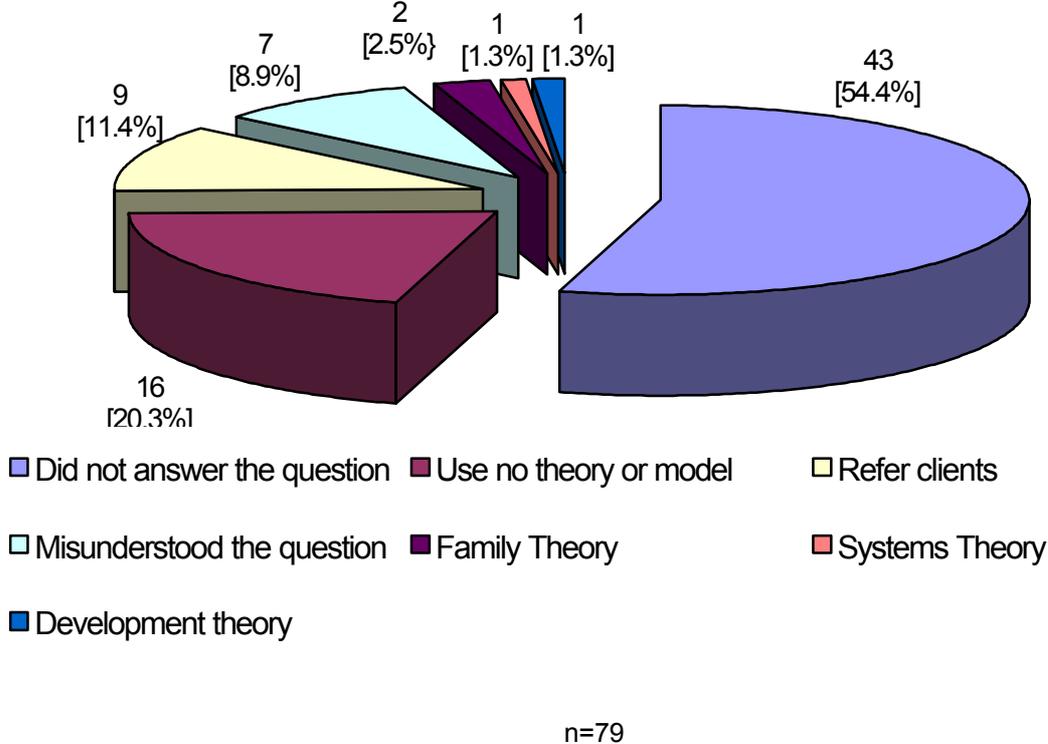
Literature (Araji, 1997; Gil and Johnson, 1993; Ryan and Lane, 1997) suggested that social workers rendering a preventative service to pre-teen sex offenders require a comprehensive knowledge of bio-psychosocial theories of sexuality and aggression to guide them towards understanding the etiology of the sexual offence in order to choose from different preventative strategies. From the literature study (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999) it was further evident that the most popular and apparently most important theories to explain and prevent pre-teen sex offenders from re-offending are the learning, developmental and systems theories. As discussed in chapter two, principles underpinning the learning theory, assume that being involved or exposed to human sexual behaviours teach the child actual ways in which to perform sexual acts (Finkelhor and Browne, 1986; Gil and Johnson, 1993; Hoghughi, 1997). On the other hand, the developmental theory assumes that damaging experiences in early childhood will influence the sexual development of the pre-teen negatively (Cunningham and MacFarlane, 1996; Freeman-Longo et al., 1994; Friedrich, 1991; Groth, 1979; Hoghughi, 1997; Steele, 1986). Finally, the underlying principle of the systems theory is the assumption that the explanation of a pre-teen's sexual behaviour can only be understood within the context of the whole family system because all parts are considered interdependent and related to one another (Friedrich, 1990; Gil and Johnson, 1993; Gray and Pithers, 1993; Rasmussen et al., 1992).

##### *6.4.4.1 Prevention theories used by social workers at welfare organisations*

The abovementioned theories (as discussed in chapter two) can be used in prevention programmes for pre-teen sex offenders: cognitive and behavioural theory, family theory, relapse prevention theory, psychotherapeutic theory, psychoanalytic theory, multisystemic theory, abuse cycle, developmental theory, learning theory, attachment theory, sexual abuse theory, psychodynamic, systems, sexual assault cycles and perpetrator prevention theory.

In order to establish the nature of social work programmes which social workers use within welfare organisations use to address the needs of pre-teen sex offenders, the respondents had to indicate the preferred prevention theories they utilize to prevent pre-teen sex offenders from re-offending. The

respondents answered an open-ended question on which models or theories they prefer to use during prevention treatment.



**Figure 6- 4 Theories used to prevent pre-teen sexual offenders from re-offending**

As shown in figure 6.4, just more than half (43 or 54.4%) of the respondents did not answer the question. Sixteen (20.2%) respondents indicated that they did not use a specific theory when rendering services to pre-teen sex offenders. This is contradictory to the opinion of Gil and Johnson (1993) who stated the importance of using a specific theory to prevent pre-teen sexual offenders from re-offending. Nine (11.3%) respondents pointed out that they referred pre-teen sex offenders to other organisations for prevention such as Tygerbear, Patch or to social workers and psychologists in private practice. It means therefore, that they did not feel equipped to deal with pre-teen sexual offenders. Seven (8.8%) respondents misunderstood the question and described techniques. The theories used by practitioners when rendering a service to pre-teen sex offenders to prevent them from re-offending will be discussed as follows.

## **Family theory**

Figure 6.4 shows that the family theory was used by 2 (2.5%) respondents. This underscores the fact that, according to Araji (1997), the family theory is the most well known approach in social work theory. Social workers need to be warned that, according to Ryan and Lane (1997) use of the family approach to prevent pre-teen sex offenders from re-offending removes the responsibility of the abuse from the offender. The family theory implies that the offender does not have to take responsibility for the offence. However, according to Araji (1997) the family theory is important when preventing pre-teen sex offenders from re-offending, since the sexual offence is usually directly connected with the dysfunction of the family. Social workers using this approach should know that according to Cunningham and MacFarlane (1996), Friedrich (1990), Gil and Johnson (1993), Gray and Pithers (1993) and Rasmussen et al. (1992), many pre-teen sex offenders continue to live with their families and prevention strategies require family participation. The ideal implementation of the family theory in prevention of pre-teen re-offending is not to use the theory in isolation, but to integrate it with the systems theory, which will address dysfunctional family dynamics while ensuring that the offender takes responsibility for the offence. It is important to know that all the prevention programmes reviewed in this study, use the family theory in a prevention strategy. The family theory, as described by Friedrich (1990) and Gil (1993) claims that the family is universally recognized as the primary social influence on young children who sexually aggress. Families provide the learning environment and are the most important source of nurturance and guidance for children who sexually offend. Help to families as part of a prevention strategy is the key to helping the pre-teen sex offender from re-offending.

## **Developmental theory**

Figure 6.4 shows that one (1.3%) respondent used the developmental theory to prevent pre-teen sexual offenders from re-offending. This response can be attributed to the fact that the respondent is familiar with the developmental theory. The three most influential developmental theories are Piaget's (1928) theory of cognitive development, Erickson's (1963) theory of psychosocial development and Freud's (1964) theory of personality development. Each of them views development from birth to maturity according to different stages and each of these stages is dependent on mastering of the previous one. The developmental theory as explained by Cunningham and MacFarlane (1996) and Friedrich (1993) identifies guidelines for what is considered normal sexual development at various ages and uses this standard for measuring behaviours that deviate from these expectations. The theory further assumes that deviant socialisation experiences such as sexual abuse and inadequate parenting, distort the normal sexual development of children. These traumatic events cause an interruption in the normal sexual development of a child. By applying the development theory in preventing pre-teens from re-offending, the social worker assumes that the age at which the trauma occurred must be considered as the starting point for determining the developmental consequences.

Social workers need to be informed that, according to Friedrich (1990; 1993), the disruptive event can distort the psychosexual, cognitive and social development of the pre-teen and may predispose the

child to sexually offending behaviours. By using the developmental theory, the social worker can assess the etiology of the sexual offence and develop strategies to prevent further sexual re-offending. Programmes such as William Friedrich's (1990) and Gil's (1993) Prevention of Re-offending programmes as well as the Philly Kids Play It Safe incorporate the developmental theory to assess what prevention strategies are needed for pre-teen sexual offenders.

### **Systems theory**

Figure 6.4 shows that one (1.3%) respondent utilized the systems theory to prevent pre-teen sex offenders from re-offending. According to Araji (1997) this approach is the backbone to preventing pre-teens from re-offending. Araji (1997) regarded the systems theory as the most comprehensive approach to explaining and preventing pre-teen sexual offending. Social workers using the systems theory as a prevention strategy should take cognisance of Roberts' (1994) emphasises that explanations for the pre-teen sex offender's sexual behaviour can only be considered within the context of the whole system because all parts are considered interdependent and related to one another. A major contribution of the systems theory, as described by Araji (1997) is that it situates explanations for pre-teen sexual offences within both a micro- and a macrointeractional context and focuses on circular rather than linear causality.

Because pre-teen sexual offenders can be regarded as a complex phenomenon, it requires a holistic knowledge and diverse skills foundation regarding social work approaches and strategies to prevent pre-teens from re-offending. According to Araji (1997), the social worker should integrate various theories in assisting the pre-teen sex offender from re-offending. If the social work professional does not possess a holistic knowledge foundation of the available prevention theories and strategies, the worker will fail to assist the pre-teen sex offender competently with a method that is effective and successful.

In line with one of the objectives, the study aims to include available prevention programmes for pre-teen sex offenders which can be utilized by social workers in rendering services to pre-teen sex offenders. The prevention programmes reviewed in this study incorporate theories of child development, sexual abuse, trauma, reciprocal cycles of abuse, learning, relapse prevention and the systems theories.

#### *6.4.4.2 Motivation for using particular prevention theories*

Research (Cunningham and MacFarlane, 1996; Finkelhor and Browne, 1986; Friedrich, 1993; Gil and Johnson, 1993; Hoghughi, 1997) indicated that knowledge about different prevention theories can assist the social worker in understanding the sexually offending behaviour of pre-teens and to develop prevention programmes or alternatively choose an appropriate existing programme.

Another factor investigated in this study was to establish why social workers choose a specific prevention theory when providing services to pre-teen sex offenders. Their responses are discussed as follows.

Unfortunately, almost three-quarters (57 or 72.1%) of the respondents did not answer the question. Nine (11.3) respondents indicated that they referred cases of pre-teen sexual offences to psychologists or social workers in private practice who specialise in prevention of re-offending. Four (5%) respondents stated that they lacked skills to choose a theory to assist them in treating pre-teen sexual offenders. One (1.2%) respondent indicated that she/he applied the family theory since the reason for perpetrating lay within the family. The remaining eight (10.1%) respondents misunderstood the question and explained techniques to treat pre-teen sexual offenders.

It seems as if the social workers' lack of knowledge of prevention theories could be seen to underscore the comment of Wood and Ehlers (2001) that service providers for child sex offenders have insufficient knowledge and skills to render effective treatment.

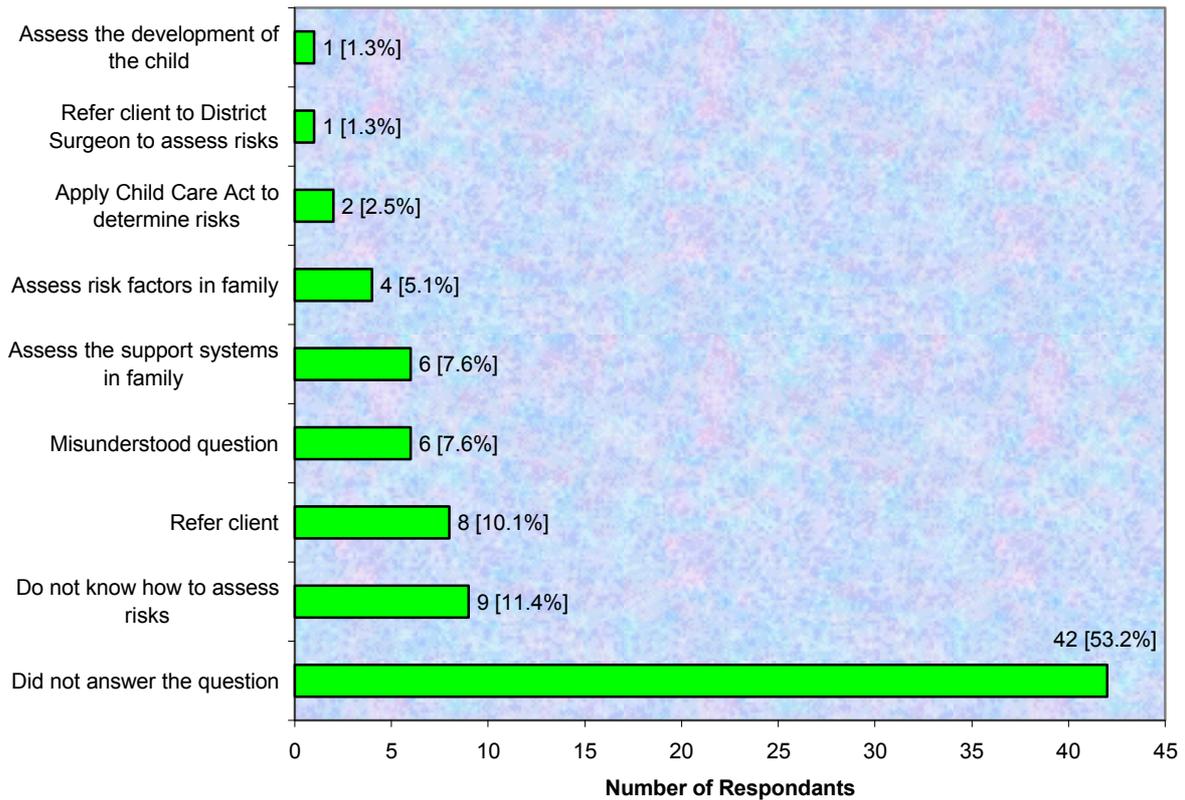
Social workers need to be informed that also according to Araj (1997), no single theory has been identified as the answer to prevent pre-teen sex offenders' from re-offending. It is thus important that the respondents acquaint themselves with the different theories, as described in this study, which will be helpful in preventing pre-teens from re-offending.

#### **6.4.5 Assessment of pre-teen sexual offenders**

As part of the empirical investigation to establish the nature of social work programmes which social workers in welfare organisations use to address the needs of pre-teen sex offenders, the respondents had to indicate how they assessed the risk factors to determine which prevention interventions would be required to limit pre-teens from re-offending. The respondents also had to indicate which criteria they would assess to determine prevention of re-offending treatment. The respondents answered two open-ended questions.

##### *6.4.5.1 Assessment of risk factors to determine required prevention strategies*

Respondents had to indicate how they would assess the risk factors to determine which strategies were required to prevent pre-teens from re-offending. Figure 6.5 presents the responses graphically.



n=79

**Figure 6- 5 Assessment of risk factors**

As shown in figure 6.5, of the 37 respondents that did answer the question, eight (10.1%) respondents indicated that they referred their reported pre-teen sex offenders to specialists in private practice, nine (11.3%) respondents stated that they did not know how to assess the risk factors to determine intervention, two (2.5%) respondents stated that they used the Child Care Act to assess risk factors to determine prevention strategies, while six (7.5%) respondents misunderstood the question and indicated the techniques they used during treatment. These findings corresponded with those of Wood (1999) who mentioned a shortage of knowledge and skills among service providers to prevent pre-teen sexual offenders from re-offending. Figure 6.5 further indicates that one (1.3%) respondent referred the offender to a District Surgeon to assess the risk factors to determine prevention intervention. One of the risk factors that needs to be assessed, according to Ryan and Lane (1997) and Gil and Johnson (1993), is whether the pre-teen sex offender had been sexually abused, and this can be determined by a District Surgeon. However, many other risk factors need to be assessed and the respondents' need for guidelines on how to assess risk factors for pre-teen sex offenders once again stresses the importance of this study.

The abovementioned responses indicate that the majority of the respondents as well as the 42 (53.2%) who did not answer the question were unsure on how to assess the risk factors of pre-teen sexual offenders in order to determine prevention strategies. The respondents who could identify

some of the risk factors to assess which prevention strategies could be useful to prevent pre-teen sex offenders from re-offending indicated the following criteria.

### **Support system**

Six (7.5%) respondents stated that they assessed risk factors by assessing the support systems of the offender. This is in accordance with Berliner and Rawlings (1991) and Cunningham and MacFarlane (1996), who indicated that the support system of the pre-teen sex offender needs to be assessed to determine risk factors. Wood et al. (2000) highlighted the fact that young sex offenders in South Africa often lack a support system where they reside in a living environment which is characterised by overcrowding, alcohol abuse, domestic violence and crime, including murder.

### **Family system**

Four (5%) respondents indicated that they assessed the risk factors by interviewing the family. Friedrich (1993), Gil and Johnson (1993) and Johnson (1995) explained that social workers should assess the family to assess risk factors to determine prevention strategies. They suggested that the following can be assessed during a family meeting: childhood experience of abuse, general neglect, family instability and lack of supervision. Social workers need to be informed that, according to Araji (1997), the family and extra-familial environments play a salient role in the development, maintenance and prevention of sexually offending behaviour. Without thorough assessment of the family system, the social worker will be unable to prevent pre-teen sex offenders from re-offending. All the programmes reviewed in this study (see Figure 4.1) include the family, and propose that parents are taught specific techniques to prevent the pre-teen sex offender from re-offending.

### **Development of the child**

The remaining one respondent (1.3%) stated that she/he assessed the risk of re-offending by considering the level of development of the child. This echoed Pithers et al. (1993), Rasmussen et al. (1992) and Ryan and Lane (1997) who stated that risk factors, including absence of social skills and lack of self-managed responses should be assessed to determine prevention strategies. The programmes reviewed in this study (see Figure 4.1) all utilize principles underpinning child development perspectives, and prevention strategies were designed that are appropriate to different ages and to cognitive as well as to developmental levels of pre-teen sex offenders.

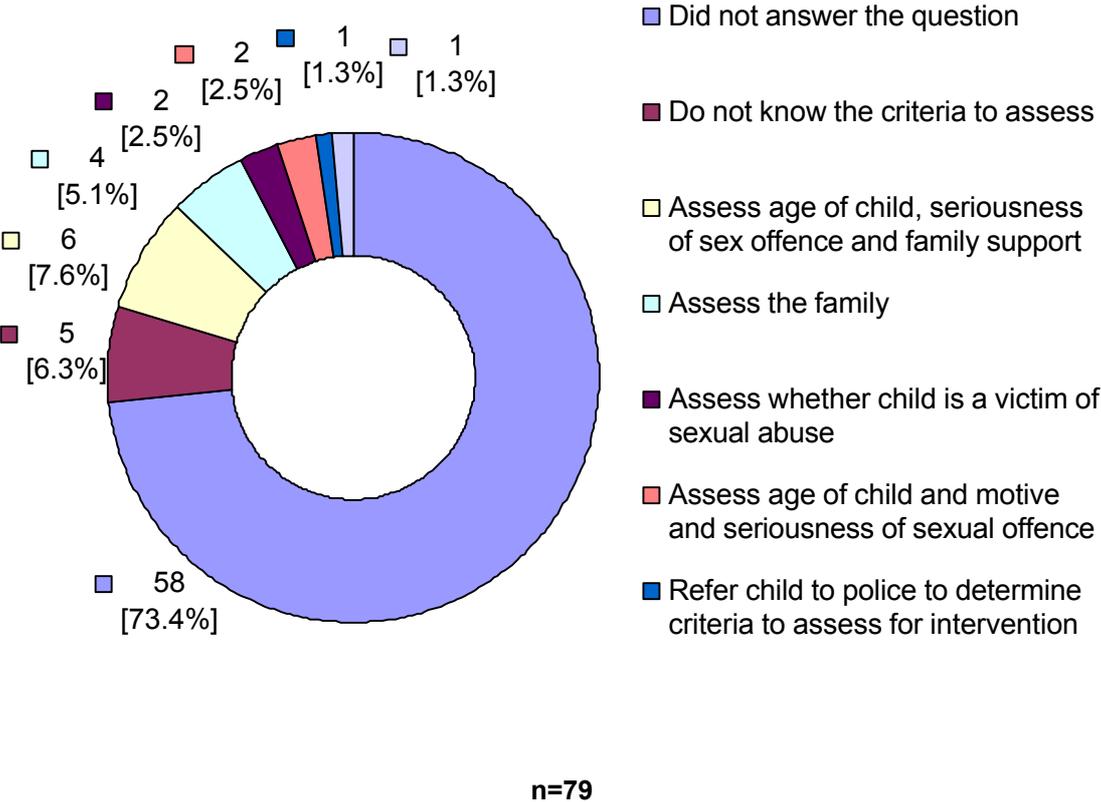
As just over ten percent (10 or 13.9%) of the respondents could identify some risk factors to assess which prevention strategies should be employed, it is important that social workers are fully acquainted with the identified risk factors to assess which prevention strategies should be employed, as identified by programme developers (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993), because these programmes can be used as guidelines. The following risk factors should be assessed to determine required prevention interventions: support system of the child, childhood experience of abuse, neglect,

family instability, disorganisation, sexual abuse, absence of pro-social social skills, cognitive dissolutions or thinking errors and lack of supervision.

The National Task Force (NAPS, 1993) stressed that subsequent to a comprehensive assessment of the pre-teen’s risk factors and psycho-social needs, preventative interventions can be employed. The respondents’ need for guidelines to assess risk factors once again stresses the importance of this study to present guidelines on how to utilize existing programmes or develop programmes to prevent pre-teen sex offenders from re-offending. If social workers can become competent in rendering prevention services to pre-teen sex offenders and those who are at risk of sexually offending, the escalating number of pre-teen sexual offenders should decrease.

6.4.5.2 Criteria for assessment to determine prevention of re-offending strategies

Respondents were requested to indicate which criteria they would use to determine which prevention of re-offending strategies would be required. A description of the responses is displayed in figure 6.6.



**Figure 6- 6 Assessment criteria to determine prevention strategies**

The majority (58 or 73%) of the respondents did not answer the question. This may be due to their lack of knowledge of the criteria for assessment as well as their lack of skill in assessment. Five (6.3%) respondents indicated that they did not know the answer to the question. One (1.3%)

respondent indicated that she/he would refer pre-teen sex offenders to the South African Police Service, while another one (1.3%) respondent indicated that the assessment would depend on the recommendations of a medical doctor. The abovementioned respondents seemed to be unsure about which criteria to use to determine prevention strategies. It is thus important that the respondents be informed of the criteria for assessment of pre-teen sex offenders to determine prevention strategies, as identified by Ryan and Lane (1997:223). The criteria to assess are the following: offender's cooperation with assessment; honesty and self-initiated disclosure of offence, degree of aggression in offence, frequency and duration of offences, level of aggression, number of victims, victim selection characteristics, personal responsibility for offence, precipitating factors to offence, age of the child, associated arousal patterns and motivations for the offence.

Four (5%) respondents suggested that they assessed the family functioning to determine interventions while two (2.5%) respondents stated that they would assess whether the pre-teen sex offender was himself a victim of sexual abuse. As discussed previously in chapter four, the risk factors are assessed by interviewing the family and establishing whether the pre-teen offender was a victim of sexual abuse.

Six (7.5%) respondents indicated that they would assess the age of the child, seriousness of the offence, safety of the victim and support of the family while another two (2.5%) respondents indicated that they would assess the needs of the child according to the age of the pre-teen sex offender, the seriousness and the motive for the sexual offence. These respondents were using the criteria for assessment to determine prevention strategies as explained by Gil and Johnson (1993) who mentioned that the age of the child, the type of sexual offence, the level of progression, the level of aggression, the motive and frequency of the offence needed to be assessed to determine prevention strategies.

When using different criteria for assessment and functioning of the pre-teen sex offenders as well as the risk factors to determine prevention plans, the social worker should develop an understanding, according to Prentky and Bird (1997), of how pre-teen sex offenders function in their family systems. The developmental-contextual assessment of Prentky and Bird (1997) can also be kept in mind when assessing risk factors and determining criteria for assessment of the functioning of pre-teen sex offenders. The developmental-contextual assessment, according to Prentky and Bird (1997) identifies the following criteria for assessment to determine prevention of re-offending strategies: stressors the pre-teen is attempting to cope with, family structure, dysfunctions and strengths, attachment to caretakers and quality of caretaking provided, trauma history, self-concept, temperament of pre-teen offender, capacity for empathy, locus of control to manage sexual behaviour, intellectual capacities and quality of his expression and management of anger and conflict.

The social worker might need to use various assessment criteria for a comprehensive and flexible assessment that considers various prevention recommendations. If the social worker does not possess comprehensive knowledge of the available assessment criteria, as described by Ryan and

Lane, (1997), Gil and Johnson (1993 and Prentky and Bird (1997) the worker will fail to assess pre-teen sex offenders competently in order to facilitate appropriate prevention strategies.

#### 6.4.6 Prevention and follow-up

##### 6.4.6.1 Prevention services rendered by social workers at welfare organisations

Another aspect addressed in the questionnaire pertained to which prevention of re-offending services are rendered by social workers when cases of pre-teen sex offenders are reported to them. The findings are presented in table 6.7.

**Table 6- 7 Prevention options used for pre-teen sex offenders**

<b>PREVENTION OPTIONS USED</b>	<b>f</b>	<b>%</b>
None	1	1.3
Specific prevention programme for pre-teen sex offenders	5	6.3
Family intervention	29	36
Respondents who did not answer the question	44	55.6
<b>Total</b>	<b>79</b>	<b>100</b>

**n=79**

It is clear from table 6.7 that one respondent (1.3%) indicated that she/he provided no prevention of re-offending when a pre-teen sex offender was referred to her/him. Five (6.3%) respondents stated that they used a specific prevention programme for pre-teen sex offenders. Twentynine (36%) respondents indicated that they rendered prevention by intervening with the family, as recommended by all the authors (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan and Lane, 1997) of the programmes reviewed in this study (see Figure 4.1).

From the above responses it is clear that most of the respondents who answered the question, provided a preventative service to pre-teen sex offenders by either using a specific programme for sex offenders or by using family intervention to prevent the pre-teen from re-offending. According to Gil and Johnson (1993) and Ryan and Lane (1997), by focussing on family interventions alone, social workers would be unable to address the complex and interactive nature of the pre-teen sex offender's cognitive thought processes, affective and physiological development, behavioural aggression and sexual behaviour. Programme developers (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan and Lane, 1997) agreed that prevention

programmes should be utilized to prevent the pre-teen sex offender from re-offending, as well as including the family to address family dysfunctions associated with pre-teen sexual offences.

#### 6.4.6.2 Prevention goals of pre-teen sex offenders

As part of the empirical investigation to establish the nature of social work programmes which social workers in welfare organisations use to address the needs of pre-teen sex offenders, the respondents had to indicate what their goals were to prevent pre-teens from re-offending. The respondents had to answer an open-ended question. Table 6.8 presents the responses of the respondents. Note should be taken of the fact that all the respondents only stated one goal.

**Table 6-8 Prevention goals for pre-teen sex offenders**

<b>PREVENTION GOALS</b>	<b>f</b>	<b>%</b>
Did not answer the question	57	72.15
Change the behaviour of pre-teen sex offender	5	6.3
Change dysfunction in family	4	5
Develop insight into pre-teen's behaviour and consequences	3	3.7
Remove pre-teen from environment	2	2.5
Change behaviour of pre-teen and teach him/her the impact his/her behaviour has on the victim	2	2.5
Try to understand cause of pre-teen's behaviour, deal with the pre-teen's emotions and teach sex education	1	1.3
Teach pre-teen difference between right and wrong	1	1.3
Replace offensive behaviour with appropriate behaviour	1	1.3
Teach pre-teen about consequences of offensive behaviour	1	1.3
Establish if pre-teen is victim of sexual abuse and treat accordingly	1	1.3
Teach pre-teen respect for others	1	1.3
Teach pre-teen about AIDS	1	1.3
Total	79	100

**n=79**

From table 6.8 it is evident that five (6.3%) respondents suggested goals were to change the behaviour, one (1.3%) respondent suggested that she/he would replace the offending behaviour with more appropriate behaviour, while another one (1.3%) respondent suggested teaching the pre-teen sex offender to control his behaviour. The non-response of 53 (67%) respondents may be related to

inexperience in goal formulation. These statements represented the overall aim of all prevention of re-offending programmes, also in accordance with Ryan and Lane (1997), although it is unclear how it would be achieved.

The different responses will now be discussed.

### **Change the dysfunction in the family**

One (1.3%) respondent suggested that she/he would assist the parents in taking responsibility for their child's behaviour while another four (5%) respondents indicated that they would change the dysfunction in the family. This agrees with the authors (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan and Ryan, 1997) of the ten programmes reviewed in the study (see Figure 4.1), who included the family in their programmes to prevent the pre-teen from re-offending. Rasmussen et al. (1992) also suggested that family goals should include the following: addressing the dysfunction in the family, identifying factors that contribute to the sexual offence of the pre-teen, assisting the parents to set boundaries, increasing supervision and setting up an environment that will decrease opportunities for sexual offences. The following programmes reviewed in this study focus strongly on the family to prevent pre-teens from re-offending: to ensure a healthy environment for the family, Friedrich's programme (1990), STEP (1993) and SPARK (1996) programmes focus on family dynamics, enhancing the family's support system and resources and assisting parents in developing parenting skills. Friedrich's programme also enhances the parent-child attachments in order to prevent the pre-teen from re-offending.

### **Develop insight into offending behaviour**

Table 6.8 further indicates that three (3.7%) respondents suggested that their goals were to develop insight into the sexual offender's behaviour and to teach him the consequences of his behaviour. Another (1 or 1.3%) respondent suggested that one teaches the child the consequences of his/her behaviour; while two (2.5%) respondents suggested that the pre-teen sex offender should develop insight into his/her behaviour as well as understand the impact it has on a victim. This agrees with Gil and Johnson (1993) who explained that pre-teen sex offenders have to learn about the consequences of the sexual abuse as well as the impact it has on the victim. Ryan and Lane (1997) used the sexual abuse cycle to give pre-teen sex offenders insight into the cycle of sexual abuse and steps to avoid sexual offending. In the sexual abuse cycle, sexual offending is perceived as a maladaptive and dysfunctional power-based response to problems. The pre-teen sex offender uses over-powering responses as ways to solve problems. These control type responses can easily become habituated and interfere with the development of pro-social social skills. These power and control behaviours and thoughts can be expressed in sexual ways. The following prevention programmes use the sexual abuse cycle to assist pre-teen sex offenders in developing insight into their behaviour: SPARK (1996), STEP (1993), Friedrich's Prevention of Re-offending (1993), Gil's Prevention of Re-offending (1993), Trauma Outcome Process (1992) and It's About Childhood (1994) programmes.

### **Teach positive sex education**

One (1.3%) respondent suggested that her/his goal would be to understand the cause of the child's behaviour, deal with the child's emotions and give positive sex education. One (1.3%) respondent indicated that she/he would teach the pre-teen sex offender the difference between right and wrong as well as reinforcing respect. One (1.3%) respondent stated that she/he would just tell the respondent that his/her behaviour was an offence. One (1.3%) respondent suggested teaching the pre-teen sex offender about the dangers of AIDS. Another one (1.3%) respondent recommended teaching the pre-teen sex offender respect for his body. These respondents could use Ryan and Lane's (1997) sexual abuse cycle to understand the cause of the pre-teen sexual offender's behaviour. Gil and Johnson (1993) and Ryan and Lane (1997) also suggested that pre-teen sex offenders should learn how to manage their emotions as well as receiving positive sex education. The authors (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan and Ryan, 1997) of all ten programmes reviewed in this study (see Figure 4.1) included sex education as one of the goals to prevent pre-teens from re-offending. Erooga and Masson, (1999) added that pre-teen sex offenders have distorted values and perceptions about sexuality, often due to the influence of pornography or a history of sexual abuse.

### **Working through personal trauma**

One (1.3%) respondent indicated she/he would establish whether the pre-teen sex offender was a victim of sexual abuse and would empower the offender accordingly to prevent further abuse. This confirms findings by Cunningham and MacFarlane (1996), Friedrich (1993) and Gil and Johnson (1993) who stated that personal trauma such as growing up without family trauma, physical and sexual abuse and neglect, needs to be addressed in order to prevent the pre-teen from re-offending. Ryan and Lane (1997) added that deviant socialisation experiences such as sexual abuse and inadequate parenting, distort the normal sexual development of children. The following prevention programmes include the processing of a personal trauma as one of the main objectives: SPARK (1996), Friedrich's Prevention of Re-offending (1990), Gil's Prevention of Re-offending (1993), Trauma Outcome Process (1992), It's About Childhood (1994) and Pilly Kids Play It Safe.

Two (2.5%) respondents stated that they would take the child out of the family environment. According to clause 52(5) of the draft Bill (Bill B), children older than 14 can be referred to a programme with a residential element, where the duration of the programme does not exceed six months, and no part of the residence requirement exceeds 21 consecutive nights with a maximum of 35 nights during the operation of the programme. This corresponds with the warning of Ryan and Lane (1997) that only adolescents with sexually assaultive behaviours should be considered for residential programmes.

Since just more than a fifth (16 or 21%) of the respondents were familiar with prevention of re-offending programmes as indicated in table 6.2, and nearly one quarter (19 or 24%) of the respondents had access to some prevention programmes, as indicated in table 6.4, it can be seen as a contributory factor to the respondents' limited knowledge of goals to prevent pre-teens from re-

offending. The social work practitioner should have greater knowledge of goals to prevent re-offending behaviour as identified by the authors (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995) of the ten prevention programmes reviewed in this study (see Figure 4.1).

The goals and accompanying activities or tasks are presented below according to the focus of the abovementioned prevention programmes as discussed in chapters four and five.

#### **Dealing with trauma**

- Working through personal trauma
- Dealing with history of abuse
- Understanding cycle of sexual abuse and steps to avoid sexual offending

#### **Focussing on personal needs**

- Addressing personal needs
- Expressing grief and loss
- Utilising family intervention

#### **Addressing dysfunction in the family of offender**

- Improving safety of victims
- Building prevention team with family

#### **Addressing family dynamics and developing a realistic expectation of the family**

- Correcting distortion
- Correcting of cognitive distortions
- Correcting of inaccurate perceptions, assumptions and conclusions about the world

#### **Developing empathy**

- Empathy training
- Learning about impact abuse had on victim

### **Teaching positive sex education**

- Clarification of values concerning the abuse versus non-abusive behaviour
- Learning about values and rules in the society
- Developing appropriate boundaries
- Addressing sexual socialisation in family and community
- Addressing gender myths

### **Developing anger management skills**

- Learning how to deal positively with anger
- Identifying triggers that evoke anger
- Learning to deal with emotions
- Developing problemsolving skills

### **Developing impulse control**

- Learning strategies to enhance impulse control
- Developing selfmanagement skills
- Learning appropriate response to body arousal
- Becoming aware of emotional triggers and positive ways to handle emotions

### **Developing social skills**

- Eliminating destructive behaviours
- Developing positive self-image
- Developing trust
- Developing self-respect
- Assisting youth in choosing friends
- Dealing with peer pressure
- Learning positive communication skills

### **Learning about relapse prevention**

- Understanding relapse prevention and the offence chain of events
- Learning about consequences of sexual abuse
- Developing awareness of choices and their positive or negative impact
- Developing awareness of one's needs that underlie choices one makes

- Understanding of problem of immediate gratification and how to develop emotional plan to deal with emotions
- Learning to control criminal thinking and behaviour

#### **Learning to accept responsibility**

- Developing accountability
- Making amends to victim

#### **Developing hope for the future**

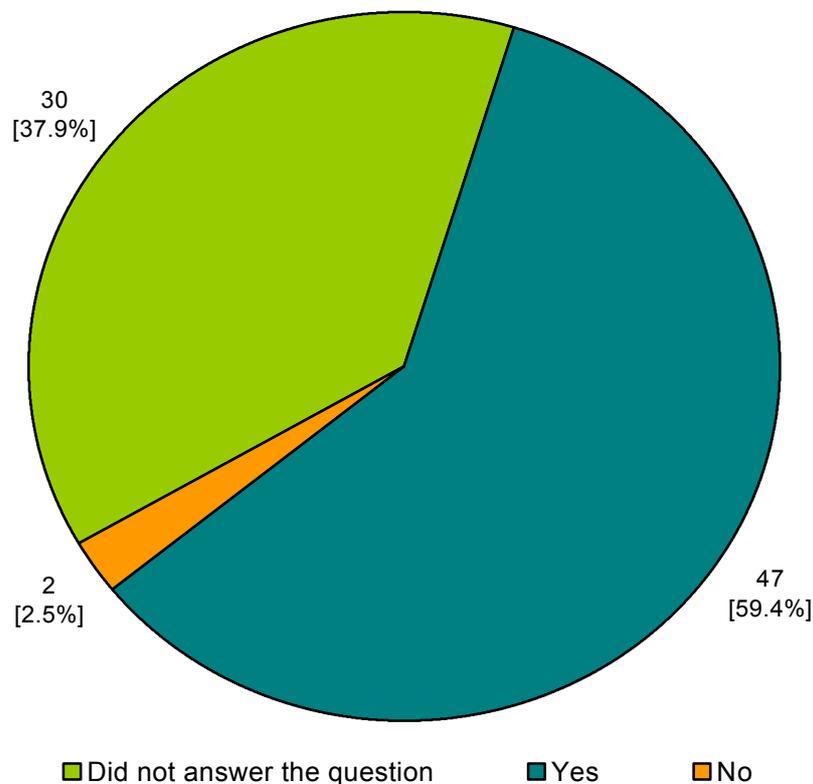
- Gaining hope for the future
- Planning future goals
- Reintegration and acceptance of the child back into family

The social worker might need to integrate various theories, goals and techniques, as discussed in chapters two and five, to prevent pre-teen sexual offenders, with the assistance of their family, from re-offending. If the social worker does not possess holistic knowledge of the available approaches, goals and techniques, the worker will fail to assist the client system competently with a method that is acceptable and useful to prevent the client from re-offending. The respondents' need for additional knowledge and skills regarding prevention programmes for pre-teen sex offenders and their families emphasises the importance of this study, which aims to reflect on available prevention programmes as well as providing respondents with theoretical and practical guidelines to develop their own prevention programmes.

#### *6.4.6.3 Utilizing of family strategies in rendering services to pre-teen sex offenders*

In question 6.3 of the questionnaire the respondents were asked to indicate whether their strategies to prevent the pre-teen sex offender from re-offending included the family. The respondents were requested to motivate their answer. The findings are presented below.

Since parents are considered important in all the programmes reviewed in this study, it was necessary to investigate whether and why social workers included family members in their prevention strategies.



n=79

**Figure 6- 7 Including the family in prevention strategies**

As indicated in figure 6.7, the majority (47 or 59.4%) of respondents indicated that they included the family in their strategies to prevent pre-teens from re-offending. This is in line with Gil (Gil and Johnson, 1993:101) who stated that sexually offending behaviour of pre-teens does not emerge in a vacuum, but is influenced by their immediate family. Friedrich (1990) and Ryan and Lane (1997) explained that the pre-teen’s sexual behaviour should be considered within the context of the whole family system because all the parts are considered interdependent and related to one another. The fundamental assumption is that change in any one family member will effect change in other members. Social workers should therefore include the family in their plans to prevent pre-teens from re-offending.

Two (2.5%) respondents stated that they did not include the family in prevention programmes. The key to preventing the pre-teen from re-offending is, according to Araji (1997), by including the family in the prevention strategy. The 10 programmes reviewed in this study (see Figure 4.1) include the family in treatment to prevent the pre-teen from re-offending since the family unit provides the learning environment and is the most important source of nurturance and guidance for children. The fact that

30 (37.9) of the respondents did not answer this question may demonstrate the fact that they only focus on the perpetrator and that they do not include the family in prevention.

The respondents were requested to motivate why their prevention strategies included the family. Only 18 (21.2%) of the respondents provided a motivation. It is unknown why the rest did not. These responses are discussed below.

### **Parental guidance**

Nine (11.3%) respondents indicated that parents need guidance to teach their children appropriate sexual boundaries. In their SPARK programme, MacFarlane and Cunningham (1996) suggested that social workers should assist parents with parenting skills.

### **Understanding family dynamics**

Six (7.5%) respondents stated that the pre-teen sex offender is part of the family and by changing dynamics in the family, the sexually offending behaviours will stop. This confirms findings by Gil (1993) who stated that the family dynamics need to be understood by the social worker since it is a contributor to the child's sexually offending behaviours.

### **Debrief parents**

One (1.3%) respondent suggested that the family needs debriefing and requires coping mechanisms to deal with the trauma. This correlates with MacFarlane and Cunningham's (1996) suggestion that the social worker should assist the parents of the pre-teen sex offender to normalise their fears, shame and humiliation.

### **Inform parents of sexual offence**

The remaining two (2.5%) respondents who motivated their answers indicated that the social worker should pay a visit to the family to inform them that their child has sexually offended. Ryan and Lane (1997) and Gil and Johnson (1993) suggested that goals directed to the family should relate to increasing supervision, improving parenting skills and creating a healthy family environment.

Ryan and Lane (1997:145-146) explained that preventing a pre-teen sex offender from re-offending will be significantly enhanced by family involvement since the family could be a rich source of developmental history, could be the primary source for supervision and might be able to support the pre-teen's treatment as well as possibly being capable of making alterations in the family structure to facilitate positive change. It is thus important to take cognisance of the nature of goals directed at the family, as outlined by the authors of the prevention programmes reviewed in this study, to prevent pre-teens from re-offending. The goals directed to the family are listed below. The activities performed to reach the goals are also presented. Programmes that include the specific goals are indicated in brackets.

### **Enhancing parental attachment**

- Improving parent-child attachments (Friedrich's Prevention of Re-offending Programme)
- Developing mutual empathy between pre-teen sex offender and family members (Friedrich's Prevention of Re-offending Programme)

### **Providing parental training**

- Providing child sexual abuse education to the parents (Spark Programme, Gil's Prevention of Re-offending Programme)
- Supplying general child development information to the parents (Spark Programme)
- Assisting parents in distinguishing between normal versus abuse-reactive behaviour (Spark Programme, Gil's Prevention of Re-offending Programme, Redirecting Sexual Aggression Programme, It's About Childhood)
- Assisting the parents with parenting skills (Spark Programme, Philly Kids Play It Safe)
- Learning about their pre-teen's specific offence patterns (Gil's Prevention of Re-offending Programme)
- Recognising criminal thinking and behaviour (It's About Childhood)

### **Developing social-relational skills**

- Strengthening the family's support system and resources (Spark Programme)
- Enhancing family appreciation (STEP Programme)
- Learning communication skills (STEP Programme, Friedrich's Prevention of Re-offending Programme, Trauma Outcome Process Programme)
- Using open and direct communication regarding problems and sexual issues (Gil's Prevention of Re-offending Programme)
- Resolving conflict between family members and pre-teen sex offender (Friedrich's Prevention of Re-offending Programme)
- Assisting the parents to manage their anti-social behaviour as well as the anti-social behaviour of the pre-teen sex offender

### **Trauma resolution**

- Educating the parents to empower them to deal with the sexually offending child as well as the law enforcement, child protection units and the school (Spark Programme)
- Assisting parents to normalise fears, shame and humiliation (Spark Programme, Gil's Prevention of Re-offending Programme)

- Facilitate a process where parents can discuss their personal unresolved abuse issues (Spark Programme)

### **Creating a safe home environment**

- Assisting the parents with supervision of the sexually offending child (Spark Programme, Gil's Prevention of Re-offending Programme, Trauma Outcome Process Programme, A Step Forward, Philly Kids Play It Safe)

### **Addressing dysfunctional family dynamics**

- Helping the parents develop awareness of the family dynamics and recognition of how these dynamics contribute to the manifestation of sexually offending behaviours (Spark Programme, STEP Programme, Trauma Outcome Process Programme)
- Addressing family problems (STEP Programme)
- Dealing with victimizations within the family (Friedrich's Prevention of Re-offending Programme)
- Understanding family dynamics as a contributor to their child's sexually offending behaviours (Gil's Prevention of Re-offending Programme)

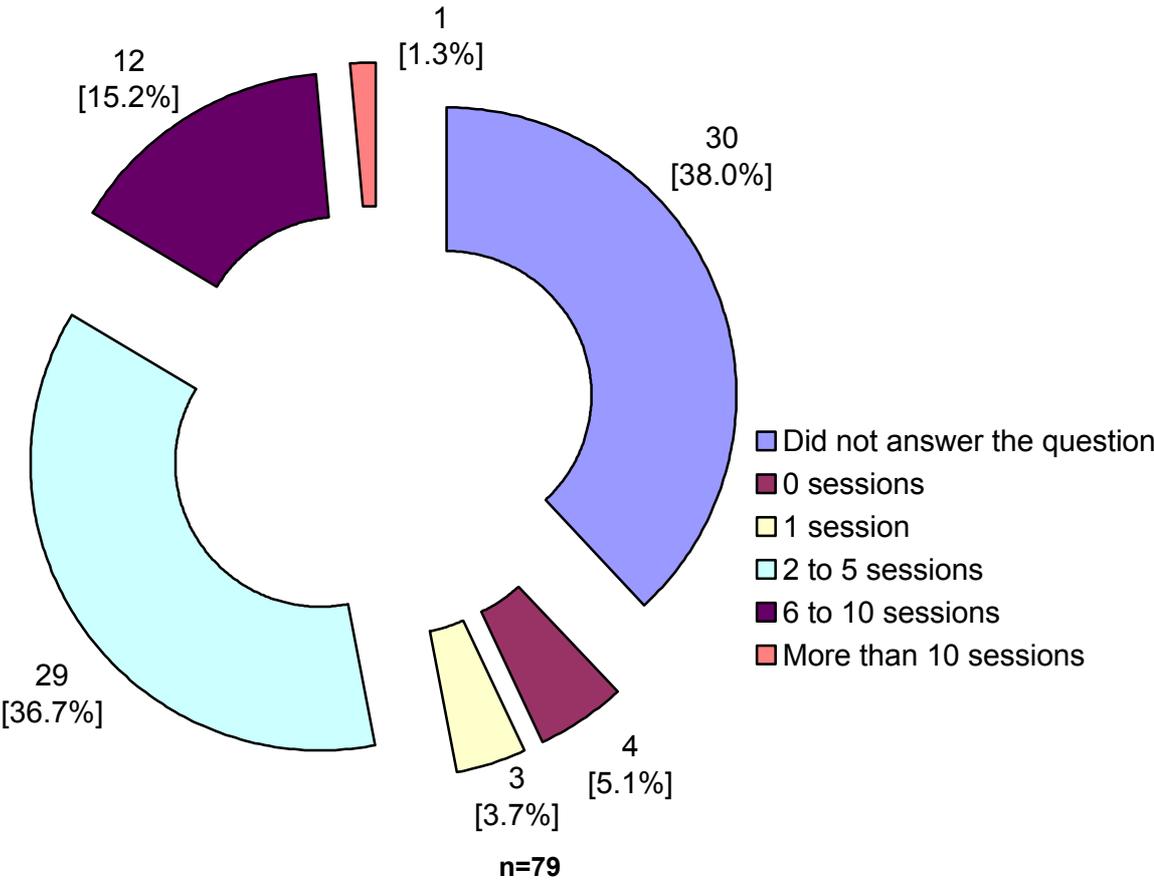
### **Assisting the pre-teen sex offender with his treatment**

- Understanding the basics of relapse prevention (STEP Programme)
- Learning ways to assist prevention (Redirecting Sexual Aggression Programme, It's About Childhood)
- Learning avoidance and escape strategies (STEP Programme)
- Increasing positive involvement of family members with pre-teen sex offender (Friedrich's Prevention of Re-offending Programme)
- Assisting children to develop and use internal control (Gil's Prevention of Re-offending Programme, Harborview Sexual Assault Centre's Programme)
- Assisting the child to deal with high risk factors and situations (Gil's Prevention of Re-offending Programme)
- Developing accountability for their children (It's About Childhood)
- Developing an understanding of sexual abuse and the assault cycle (A Step Forward)
- Examining personal histories to understand how children become agitated by old issues (A Step Forward)
- Decreasing the tendency to self-victimize (Philly Kids Play It Safe)

The aforementioned responses from the respondents reflected that they lacked knowledge of the kind of goals that are required to prevent a pre-teen from re-offending.

6.4.6.4 Number of sessions allocated to pre-teen sex offender and his/her family

The respondents had to indicate the number of sessions allocated to the pre-teen sex offender and his/her family during prevention programmes. The responses were grouped together into five categories which are displayed in figure 6.8.



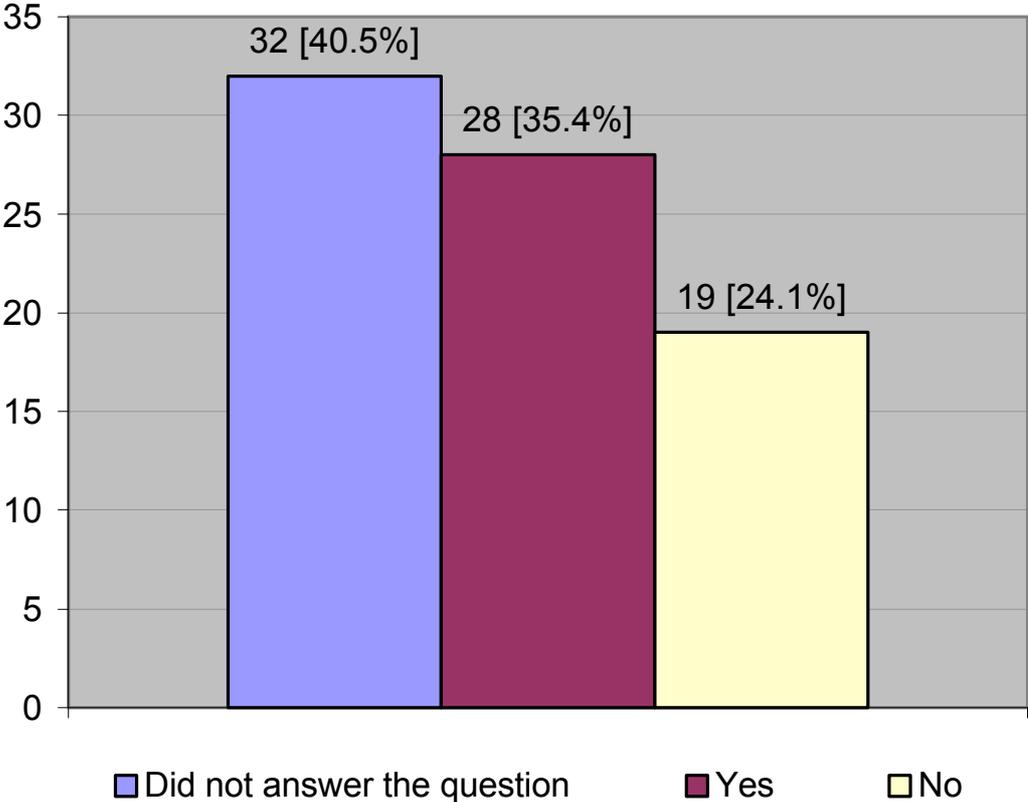
**Figure 6- 8 Number of sessions with pre-teen sex offender and his/her family**

Figure 6.8 reflects that the majority (48 or 60.7%) of the respondents answered the question while 30 (38%) respondents did not answer the question. Four (5.1%) respondents indicated that they had no sessions with the pre-teen sex offender or his/her family. Three (3.7%) respondents had one session with the pre-teen and the family. Most respondents (29 or 36.7%) that answered the question indicated that they had two to five sessions with the pre-teen and the family. The findings differ from Gray and Pithers (1993) suggestions that a prevention programme for pre-teen sex offenders should last for up to 32 weeks of one-hour sessions per week. Furthermore, 12 (15.1%) respondents indicated that they had six to ten sessions with the pre-teen and the family. This is closely related to

the eight sessions allocated to adolescent sex offenders participating in SAYStOP, the South African programme for adolescent sex offenders (Wood and Ehlers, 2001). Only one (1.3%) respondent had more than ten sessions with the family. It should be noted that Cunningham and MacFarlane (1996) recommended that intervention with the pre-teen sex offender and his family should last for between one and two years of weekly sessions.

6.4.6.5 Utilizing follow-up meetings to establish the possibility of reoccurrence

Another factor addressed in the questionnaire was whether social workers had a follow-up meeting with the pre-teen sexual offenders to establish whether the pre-teen and his/her family were using the preventative skills that were acquired. Respondents were requested to motivate their answer. The findings are presented in figure 6.9 below.



n=79

**Figure 6- 9 Follow-up meetings**

Figure 6.9 reflects that only 47 (59%) respondents answered the question. Twentyeight (35.4%) respondents indicated that they did have follow-up sessions with pre-teen sex offenders. This finding

is in line with Ryan and Lane's (1997) view, that to have a follow-up session is an effective way to assess whether the prevention programme was successful. Barnoski (1997) added that such an assessment can only be initiated after at least a year has lapsed from the pre-teen's completion of a prevention programme. Nineteen (24.1%) respondents indicated that they did not have follow-up sessions with pre-teen sex offenders. Ryan and Lane (1997) explained that follow-up sessions would be helpful to the pre-teen sex offender for the following reasons: First, to assist the pre-teen sex offender in acknowledging that he continues to be at risk of offending; second, that the sexual behaviour is still part of him and has not magically vanished and third, by encouraging the pre-teen sex offender to use the tools acquired to prevent re-offences and to focus on his strengths to manage his sexually offending behaviour.

Research (Gray and Pithers, 1993; Gil and Johnson, 1997; Ryan and Lane, 1997) maintained that for prevention programmes to be successful the pre-teen sexual offender must be able to use the multiple behavioural, emotional, attitudinal, interactional, cognitive and physiological changes effected to maintain control of his/her behaviour of which the success and effectiveness can only be of assess during follow-up sessions. Thus, the ideal is to evaluate whether the prevention plan has been successful in preventing the pre-teen sex offender from re-offending. If the social worker does not possess a holistic knowledge foundation of the prevention of re-offending, the worker will fail to assist the client system competently with results that are acceptable to the family and community.

#### **6.4.7 Social and personal circumstances of pre-teens who sexually offend**

As discussed in chapter four, it became apparent from the literature review that factors such as childhood experience of abuse, neglect, family instability, disorganisation, sexual abuse and violence have been found to be prevalent among youths who sexually offend (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Friedrich, 1993; Gil and Johnson, 1994; Ryan and Lane, 1997). There is a reasonable amount of consensus that many risk factors have their origin in the home environment of the young sex offender (Erooga and Masson, 1999; Gil and Johnson, 1997; Hunter, 1996; Ryan and Lane, 1997). More specifically, Ryan and Lane (1997) pointed out that circumstances, experiences and parental models in the early life environment may support the development of sexual deviance.

Research (Araji, 1997; Becker, 1998; Erooga and Masson, 1999; Fehrenbach et al., 1986; Friedrich, 1991; Gil and Johnson, 1993; Kahn and Chambers, 1995; Kobayashi et al., 1991; Pithers et al., 1998a; Prentky et al., 2000) indicated that the families of pre-teen children who engage in sexually aggressive behaviour are inclined to be dysfunctional, evidencing high rates of domestic abuse and violence, alcohol and drug abuse, highly sexualized environments including exposure to sexual activity, pornography and covert and/or overt sexual abuse, poor role models, unsatisfactory parent-child relationships, displacement of responsibility by parent onto a child and general lack of parenting skills. Corresponding with Pithers et al. (1998) research conducted by Finkelhor (1979), Hoghughli (1997), Jehu (1990:18) and Erooga and Masson (1999:7) showed that pre-teen sexual offenders who

received inadequate parenting were exposed to inappropriate sexual role models. A local research study (Wood and Ehlers, 2001) indicated that youth sex offenders are likely to reside in a rural or urban areas with a living environment characterized by overcrowding, alcohol abuse, domestic violence, gangs and crime. More specifically, sexually offending behaviours are more likely to be carried out with co-offenders from the gang (Pinnock, 1997). The youth sex offender is also likely to have witnessed others engaging in sexual intercourse (Wood et al., 2000).

As part of the empirical investigation to establish the social and personal circumstances of the pre-teen sex offender, the respondents were requested to indicate the social and personal circumstances of the pre-teens pre-disposed to sexually offending behaviours. Four different types of predisposing risk factors were listed in the questionnaire. A presentation of these responses will be given in table 6.9 and a summary of the findings will be discussed.

**Table 6-9 Predisposing risk factors of pre-teen sex offenders**

<b>PREDISPOSING RISK FACTORS</b>	<b>YES</b>	<b>NO</b>	<b>DID NOT ANSWER QUESTION</b>	<b>TOTAL</b>
<b><i>Family aspects</i></b>				
A history of sexual abuse	59 (74.6%)	4 (5%)	16 (20.2%)	79 (100%)
A history of physical abuse and violence	54 (68.3%)	3 (3.7%)	22 (27.8%)	79 (100%)
Alcohol and/or drug abuse by parents	58 (73.4%)	3 (3.7%)	18 (22.7%)	79 (100%)
<b><i>Parenting style</i></b>				
Lack of information about positive sexuality	60 (75.92%)	3 (3.7%)	16 (20.2%)	79 (100%)
Lack of parenting skills	60 (75.9%)	3 (3.7%)	16 (20.3%)	79 (100%)
Lack of supervision and setting boundaries for children	65 (82%)	0 (0%)	14 (17.7%)	79 (100%)
Displacement of responsibility by parent onto children	58 (73.4%)	2 (2.5%)	19 (24%)	79 (100%)
<b><i>Other influences</i></b>				
Peers have bad influence on pre-teen sex offender	59 (74.6%)	2 (3.2%)	18 (22.7%)	79 (100%)
Exposure to pornography	38 (48.1%)	4 (5%)	37 (46.8%)	79 (100%)

**n = 79**

The respondents were first questioned about the family aspects of a pre-teen sex offender, which included a history of sexual abuse, physical abuse and violence, and alcohol and drug abuse by parents.

### **Family aspects**

The following family aspects reflect the home environment of pre-teen sex offenders in South Africa. First, respondents were asked to comment on the existence of sexual abuse, physical abuse and violence, and alcohol and drug abuse in homes of pre-teen sex offenders.

#### *History of sexual abuse*

From table 6.9 it is evident that the majority (63 or 79.9%) of respondents answered the question. Sixteen (20.2%) respondents did not answer the question. Of the 63 respondents who answered the question, an overwhelming 59 (93.6%) respondents indicated that pre-teen sex offenders had a

history of sexual abuse. This correlated with international research (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., Friedrich, 1993; Gil and Johnson, 1993; Ryan and Lane, 1997) and local research (Wood et al., 2000; Wood and Ehlers, 2001) indicating that the majority of youth sex offenders have been sexually abused. The remaining four (5%) respondents indicated that pre-teen sexual offenders did not have a history of sexual abuse. Although there is general agreement among researchers (Erooga and Masson, 1999; Fehrenbach et al., 1986; Friedrich, 1993; Gil and Johnson, 1993; Kahn and Chambers, 1995; Kobayashi et al., 1991; Pithers et al. 1998a; Prentky et al., 2000) that children who are abusive are reacting to traumatic events of having been sexually abused themselves, the authors also acknowledged that some children may sexually abuse others without having been victims of sexual abuse. It should be noted that the following programmes for pre-teen sex offenders do not assume the offender is a victim of sexual abuse and only focus on replacing offending behaviours with pro-social behaviours by cognitive restructuring: Harborview Sexual Assault Centre (1991) and A Step Forward (see Figure 4.1).

#### *History of physical abuse and violence*

Table 6.9 indicates that the majority (57 or 72.1%) of the respondents answered the question. Twentytwo (27.8%) respondents did not answer the question. Most respondents (54 or 68%) agreed that a history of physical abuse is a predisposing risk factor for pre-teen sexual offending. This confirms findings by Gray and Pithers (1993) and Bonner et al. (1996) who stated that pre-teen sexual offenders witness or are victims of physical abuse and violence. English and Ray (1991) added that under 12-year-old pre-teen sexual offenders often come from a dysfunctional family with significantly higher histories of violence compared to adolescents. Only three (3.7%) respondents stated that a history of sexual abuse and violence was not a predisposing risk factor to pre-teen sex offenders. This was described by Erooga and Masson (1999) and Hoghughi (1997) when they explained how pre-teen sex offenders from homes without violence and physical abuse often learn the sexually offending behaviour through watching pornography or observing parents or peers having sex. The sexual behaviour is reinforced due to sexual arousal, which causes satisfaction.

#### *Alcohol and/or drug abuse*

Table 6.9 shows that 61 (77.2%) of the respondents answered the question. Eighteen (22%) respondents did not answer the question. The overwhelming majority (58 or 73.4%) indicated that alcohol and/or drug abuse by parents was a predisposing risk factor. This finding corresponds with the research of Wood and Ehlers (2001) indicating alcohol and drug abuse to be a predisposing risk factor for pre-teen sexual offending in South Africa. Ryan and Lane (1997) explained that under the influence of drugs or alcohol, parents have impaired judgment and engage in narcissistic tending to their own needs while neglecting the responsibility to provide adequate care, nurturing and protection for their children. Only 2 (3.2%) respondents stated that alcohol and drug abuse by parents was not a predisposing risk factor for pre-teen sex offending.

It should be noted that the following programmes reviewed in this study incorporate treating the families' dysfunction as part of the prevention of re-offending plan: Spark Programme (1996), STEP

Programme (1993), Trauma Outcome Process Programme (1992), Friedrich's Prevention of Re-offending Programme (1990) and Gil's Prevention of Re-offending Programme (1993) (see Figure 4.1).

### **Parenting style**

To further explore the predisposing risk factors pertaining to pre-teen sex offenders, respondents were questioned about the parenting style of the parents of the pre-teen sex offenders to whom they have rendered a service. More specifically, the respondents had to indicate the lack of information about positive sexuality, parenting skills, supervision and setting of boundaries and displacement of responsibility by parents on children.

#### *Lack positive sexuality*

According to table 6.9, the majority (63 or 79.9) of the respondents answered the question. Sixteen (20.2%) respondents did not answer the question. Just more than three quarters (60 or 75.9%) of respondents were of the opinion that the lack of information about positive sexuality was a predisposing risk factor for pre-teen sex offending. This confirms a statement by Gil and Johnson (1993) that pre-teen sex offenders' lack of information about positive sexuality is a predisposing risk factor, while Wood et al. (2000) suggested that South African sex offenders between the ages of seven and 15 do not receive suitable sex education. Johnson (1993) added that in homes in which pre-teen sexual offenders are raised, children are taught that sex is an extension of love and they are free to explore their sexuality. Children have access to information about sex and sexuality such as pornography and children often witness sexual behaviour between parents. Only 3 (3.7%) respondents stated that the lack of information about positive sexuality was not a predisposing risk factor.

#### *Lack of parenting skills*

Table 6.9 shows that 63 (79.7%) of the respondents answered the question. Sixteen (20.3%) respondents did not answer the question. Two thirds (60 or 75.9%) of the respondents indicated that lack of parenting skills was a predisposing risk factor for pre-teen sex offending. This finding corresponds with local research (Wood, 1998; Wood and Ehlers, 2001; Wood et al., 2000) and international research (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Deitz et al., 1982; Gil and Johnson, 1993, Ryan and Lane, 1997), indicating that parents of pre-teen sex offenders have poor parenting skills. Only one (1.3%) respondent suggested that lack of parenting skills was not a predisposing risk factor for pre-teen sexual abuse.

#### *Lack of supervision and setting boundaries for children by parents*

Table 6.9 indicates that 65 (82%) respondents answered the question. Fourteen (17.7%) respondents did not answer the question. All 65 (82%) of the respondents indicated that lack of supervision and setting of boundaries was a predisposing risk factor for pre-teen sexual offending. This finding

corresponds with research (Erooga and Masson, 1999; Gil and Johnson, 1993; Ryan and Lane, 1997) suggesting that pre-teens who sexually offend are inadequately supervised.

#### *Displacement of responsibility by parents onto children*

From table 6.9 it is evident that 60 (75.9%) respondents answered the question. Nineteen (24%) respondents did not answer the question. The majority (58 or 73.4%) of respondents indicated that the displacement of responsibility by parents onto children was a predisposing risk factor for pre-teen sex offenders. This finding corresponds with international research (Gil and Johnson, 1993, Erooga and Masson, 1999; Ryan and Lane, 1997) and local research (Robinson and Sadan, 1999; Wood and Ehlers, 2001) indicating that pre-teen sex offenders are often raised in homes where parents are grossly dysfunctional, where the child is thrust into the role of parent together with inappropriate modelling and no negative sanctions for inappropriate behaviour. Only 2 (2.5%) respondents were of the opinion that displacement of responsibility by parents onto children was not a predisposing risk factor for pre-teen sexual offending.

The following prevention of re-offending programmes focus on parent skills training: Spark Programme (1996), STEP Programme (1993), Friedrich's Prevention of Re-offending Programme (1990), Trauma Outcome Process Programme (1992) and Gil's Prevention of Re-offending Programme (1993) (see Figure 4.1).

#### **Other influences**

A further factor investigated was the effect of influences outside the home such as the bad influence of peers and the exposure to pornography, on the pre-teen sex offender.

#### *Bad peer influences*

Table 6.9 shows that 61 (77.2%) of the respondents answered the question. Eighteen (22.7%) respondents did not answer the question. Almost three quarters (59 or 74.6%) of the respondents indicated that bad peer influence was a predisposing risk factor for pre-teen sex offending. This confirms findings by Ryan and Lane (1997) and Pinnock, (1997), who indicated that negative peer influences could be a predisposing risk factor for pre-teen sex offending. More specifically, Pinnock (1997) suggested that at the root of South African youth crimes, including sexual crimes, are youth gangs. Only 2 (3.2%) respondents were of the opinion that bad peer influences did not constitute a predisposing risk factor for pre-teen offending.

#### *Exposure to pornography*

It is evident from table 6.9 that 42 (53.1%) respondents answered the question. Thirtyseven (45.5%) respondents did not answer the question. Thirtyeight (48.1%) respondents indicated that pornography was a predisposing risk factor for pre-teen sexual offending. This corresponds with research (Becker and Hunter, 1992; Ford and Linney, 1995), indicating that exposure to pornography is a predisposing risk factor for pre-teen sexual offending. Only four (5%) respondents were of the opinion that exposure to pornography was not a predisposing risk factor.

Respondents should be informed that all the prevention programmes reviewed in this study (see Figure 4.1) focus on pro-social skills, which include dealing with negative peer pressure and age-appropriate sex education.

It can be concluded that the findings in this study correlate with international research (Becker and Hunter, 1992; Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Erooga and Masson, 1999; Ford and Linney, 1995; Gil and Johnson, 1993; Pinnock, 1997; Robinson and Sadan, 1999; Ryan and Lane, 1997; Wood and Ehlers, 2001) indicating that the South African pre-teen sex offender's home environment has a history of sexual abuse, physical and alcohol or drug abuse, lack of positive information about positive sexuality, parents lack parenting skills and appropriate supervision, there is displacement of responsibility by parents onto children as well as bad peer influences and exposure to pornography, which are all predisposing risk factors for sexual offending.

According to Gray and Pithers (1993), sexually offending behaviours might be most effectively addressed by targeting risk factors that predispose a pre-teen to sexually offending behaviour or that precipitate or perpetuate the sexual problems. Although it is unrealistic to expect a comprehensive knowledge in order to treat all the various predisposing risk factors for pre-teen sexual offending, it is desirable to at least gain enough knowledge in order to identify what information is needed to render an effective and competent preventative service to pre-teen sexual offenders.

#### **6.4.8 Assessment of policies regarding pre-teen sexual offenders**

An assessment of the policies regarding pre-teen sexual offenders will be presented.

##### *6.4.8.1 Recommended legal consequences for pre-teen sex offenders*

As discussed in chapter three, the minimum age of criminal responsibility is to be increased from seven to ten years, with a rebuttable presumption of criminal capacity between the ages of ten and 14 years. This means that a child who has reached the age of ten years but is below 14 years, may only be prosecuted if it was proved beyond a reasonable doubt that the child did have the capacity to differentiate between right and wrong and act accordingly draft Bill, (Bill B).

Another factor investigated was to establish at what age social workers felt that pre-teens should be held accountable for their sexually offending behaviours. Respondents were given five options and they were requested to motivate their answer. Table 6.10 displays their responses.

**Table 6-10 Legal accountability of pre-teen sex offenders**

<b>LEGAL ACCOUNTABILITY OF PRE-TEEN SEX OFFENDERS</b>	<b>f</b>	<b>%</b>
Sexual offenders older than 7 years should be prosecuted	2	2.5
Sexual offenders older than 10 years should be prosecuted	3	3.7
Pre-teens can't be held responsible for sexual offences	6	7.5
Pre-teen sexual offenders need a warning	11	13.9
Pre-teens sex offenders should be listed on a national register	11	13.9
Respondents that did not answer the question	46	58.2
Total	79	100

**n=79**

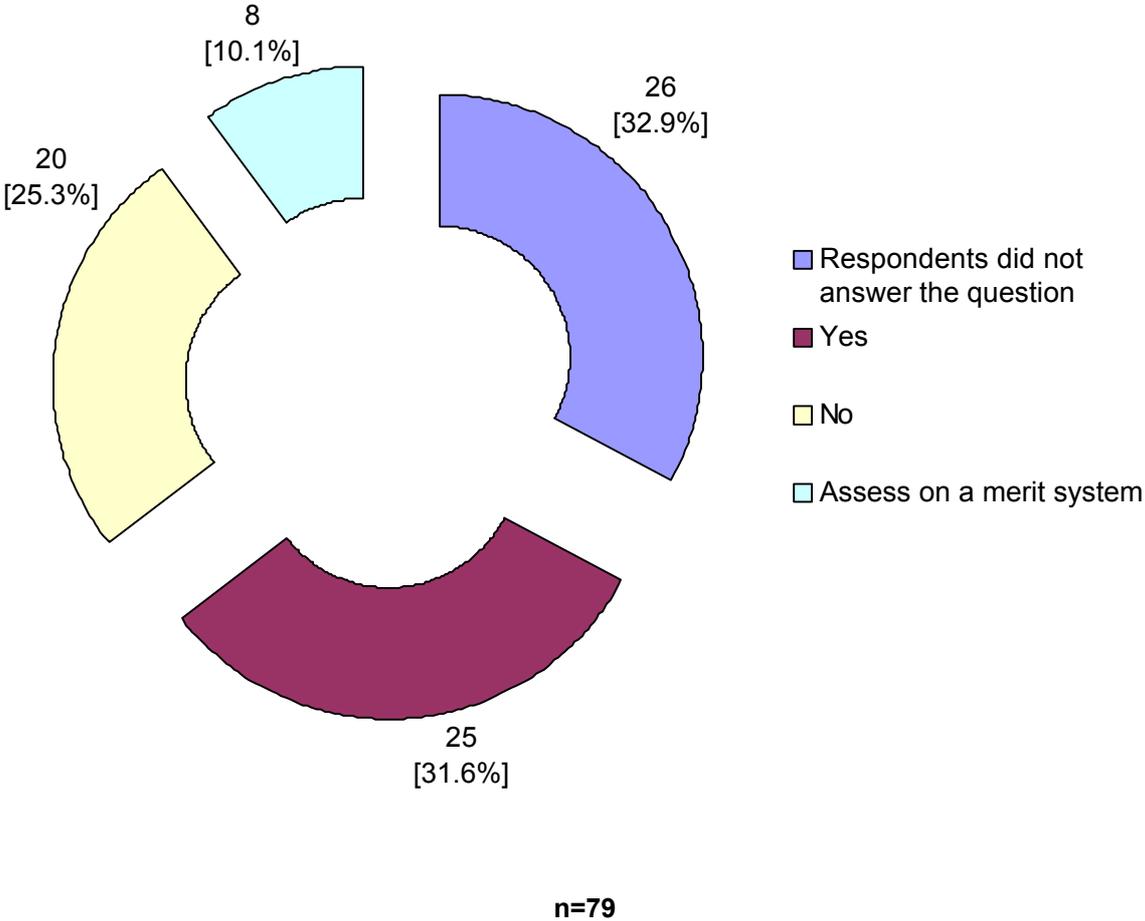
Table 6.10 shows that only 33 (41.7%) respondents answered the question, while the majority of 46 (58.2%) respondents did not answer the question. Two (2.5%) respondents indicated that sexual offenders older than seven years should be prosecuted. This response can be linked to the fact that South Africa has one of the lowest ages of criminal capacity in the world with a commencement age of seven years. Another six (7.5%) respondents suggested sex offenders older than ten years should be prosecuted while three (3.7%) respondents stated that pre-teens should not be held responsible for sexual offences. These responses can be linked to clause 6 of the proposed Bill (Bill B) stipulating that the minimum age of criminal responsibility is to be increased from seven to ten years, with a rebuttable presumption of criminal capacity between the ages of ten years, but below 14 years. Eleven (12.4%) respondents indicated that pre-teen sex offenders only need a warning. The response can be linked to the diversion options in South Africa set out for children aged ten years or older. According to the first diversion option, the court can give a formal caution to a child sex offender (Davel, 2000). Finally, 11 (13.9%) respondents suggested that pre-teen sex offenders should be listed on a national register. This response corresponds with opinions by Wood et al. (2000) and Wood and Ehlers (2001) who suggest the establishment of a centralised system for identifying, assessing and placing young sex offenders into an appropriate prevention programme.

#### *6.4.8.2 Recommended consequences for "youths at risk"*

As described in chapter three, Sloth-Nielsen (2000:398) referred to the Issue Paper, which indicated that a relatively low proportion of children between seven and 13 years are actually arrested, tried and convicted in criminal courts. Sloth-Nielsen (2000) questioned how children below the minimum age are dealt with in the legal system as a whole. Although these youths may not be held criminally liable, it is important to ensure that the reason for the child's offending behaviour is examined and dealt with.

The respondents were requested to indicate whether they agreed with the proposal of the Inter-Ministerial Committee on Young People at Risk (1995) that courts should become more focused on

the issue of youth justice since a substantial number of child sex offenders are living without adequate care, not attending school and displaying uncontrollable behaviour. Respondents had to indicate whether pre-teen sexual offenders needed to be prosecuted, regardless of whether they were identified as “youths at risk”. Figure 6.10 presents the responses in a graphic manner.



**Figure 6- 10      Accountability of pre-teen sex offenders identified as “youths at risk”**

As shown in figure 6.10, a majority of 53 (67%) respondents answered the question, while 26 (32.9%) respondents did not answer the question. Nearly one third (25 or 31.6%) of the respondents indicated that pre-teen sex offenders should be prosecuted regardless of whether they come from a functional home environment or are identified as “youth at risk”, i.e. are living without adequate care, no longer attend school and display uncontrollable behaviour. This confirms Abel’s (1996) suggestion that, since most serious adult sex offenders report beginning their sexual assaults as children, young sex offenders should be prosecuted and the child’s offending behaviour should be examined and dealt with. One quarter (20 or 25.3%) of the respondents indicated that pre-teen sex offenders should not be prosecuted regardless of whether they come from a functional home environment or are identified as “youths at risk” who are living without adequate care, do not attend school and display

uncontrollable behaviour. These responses can be linked to clause 6 of the proposed Bill (Bill B) stipulating that the minimum age of criminal responsibility is ten years, with a rebuttable presumption of criminal capacity between the ages ten years, but below 14 years. Just over a tenth (8 or 10.1%) of the respondents suggested that each case should be examined on a merit system, to be decided on recommendations regarding the pre-teen sex offender. This finding corresponds with Sloth-Nielsen's (1999) view when she emphasised the importance of ensuring that the reason for the child's offending behaviour is examined and dealt with. Note should be taken of the proposal of the Inter-Ministerial Committee on Young People at Risk (1995) which suggested that the children's court should become more central to the issue of youth justice since a substantial number of child offenders are living without adequate adult supervision, are no longer attending school regularly, are often bedraggled, unkempt and ill-fed or by virtue of their infringement of the law displaying uncontrollable behaviour.

#### *6.4.8.3 Alternative options when a pre-teen sex offender does not fit the diversion programme*

As discussed in chapter three, before a probation officer can recommend diversion, he or she has to be satisfied that the child meets the criteria laid down in clause 51 of the draft Bill (Bill B) to determine whether the child can be considered for a diversion option. It was apparent that once Nicro assessed a pre-teen sex offender and he or she was found too young for the diversion programme, the child falls through the cracks of the system (Interview with Riekie Fransman, 9 June 2004, Wynberg; Wood et al., 2000; Wood and Ehlers, 2001).

To explore further what social workers do when they decide to refer a pre-teen sex offender to the official SAYStOP programme but the youth does not fit the criteria for the diversion programme, the respondents were given five options to choose from. The responses were grouped into five categories. Respondents were also requested to motivate their answer, but unfortunately no one did. The findings are indicated in table 6.11. below.

**Table 6- 11 Alternative options when a child offender does not fit the criteria for diversion**

<b>ALTERNATIVE OPTIONS</b>	<b>f</b>	<b>%</b>
None	3	3.7
Specialised strategies used for pre-teen sex offending	21	26.5
Request parents/caretaker to supervise pre-teen sex offender	6	7.5
Give the child a verbal warning	0	0
Refer pre-teen sex offender to private counselling or therapy	11	13.9
Respondents did not answer the question	38	48.1
Total	79	100

**n=79**

As shown in table 6.11, only 41 (51.8%) respondents answered the question, while 38 (48.1%) of the respondents did not answer the question. Just over a quarter (21 or 26.5%) of the respondents indicated that strategies should be used to prevent the pre-teen sex offender from re-offending. Six (7.5%) respondents indicated that they would request the parents to supervise the pre-teen sex offender. Three (3.7%) respondents indicated that they provided no services to prevent the child from re-offending. This trend was noticed by Wood and Ehlers (2001:4) who stated that there was a shortage of services to prevent young sex offenders from re-offending. Another 11 (13.9%) respondents indicated that they would send the pre-teen sex offender for private counselling or therapy. The fact that 38 (48.1%) respondents did not respond may be because they could not think of any alternative options.

In cases where prevention of re-offence services is not provided for the pre-teen sex offender, cognisance should be taken of the prevention programmes available for pre-teen sex offenders, as identified in this study. The fact that just over a quarter (21 or 25.1%) of the respondents intervened with pre-teen sex offenders to guide them against re-offending, again emphasises the importance of the need for additional knowledge and skills regarding prevention service rendering to pre-teen sex offenders and their families and emphasises the importance of this study, which aims to develop theoretical and practical guidelines to develop prevention programmes.

#### *6.4.8.4 Further options when initial prevention was unsuccessful*

Barbaree et al. (1993) stated that not all youth sexual offenders will be amenable to professional intervention and some may re-offend even if they received treatment.

It was necessary to investigate what happened to pre-teen sex offenders when the initial prevention of re-offending intervention was not successful and the youth re-offended. The responses were grouped into five categories. Table 6.12 displays the responses.

**Table 6- 12 Further prevention options when initial prevention proved unsuccessful**

<b>PREVENTION OPTIONS</b>	<b>f</b>	<b>%</b>
None	3	3.7
Specialised strategies used for pre-teen sex offenders	14	17.7
Request caretaker to supervise pre-teen sex offender	2	2.5
Give the child a verbal warning	2	2.5
Refer pre-teen sex offender to private practitioner	13	16.4
Respondents did not answer question	54	68.3
Total	79	100

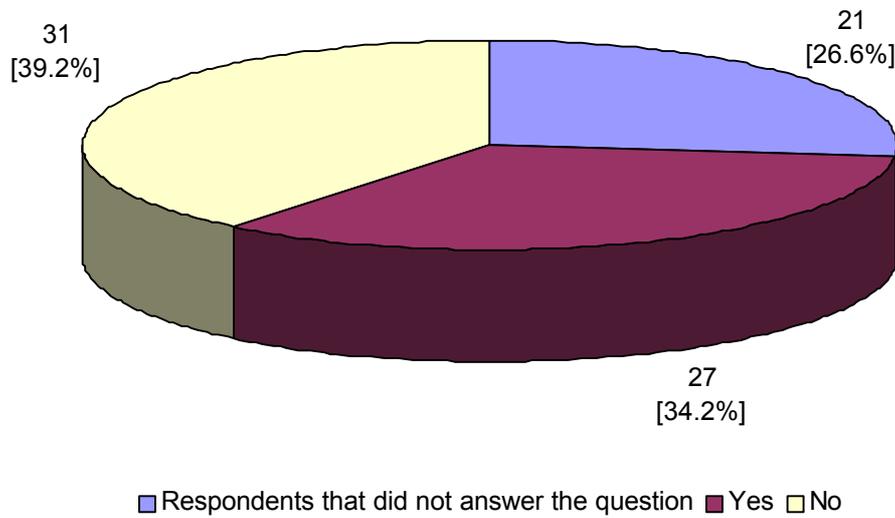
**n=79**

As table 6.12 indicates, only 34 (43%) respondents answered the question, while 45 (56.9%) did not answer the question. Three (3.7%) respondents indicated that they did nothing when the pre-teen sex offender re-offended, two (2.5%) respondents indicated that they would request the caretaker to supervise the pre-teen sex offender, while two (2.5) respondents would give the pre-teen sex offender a verbal warning. This correlates with the information pamphlet of SAYStOP (2000) which states that pre-teen sex offenders often do not receive the necessary prevention services needed to prevent them from re-offending. Another 14 (17.7%) respondents suggested that they would continue using specialized strategies for pre-teen sex offenders, while 13 (16.4%) respondents suggested that they would refer the pre-teen sex offender to private practitioners.

Note should be taken of the available programmes (see Figure 4.1) that meet all the criteria of a competent preventative service to pre-teen sex offenders as highlighted in this study (Gil and Johnson, 1993; Ryan and Lane, 1997). Respondents also need to be informed that, according to Ryan and Lane (1997:417) an aftercare plan or follow-up service would encourage the offender to continue to apply the new techniques and concepts to manage his or her behaviour. The high non-response rate (54 or 68.3%) may, as was previously mentioned, be related to their inability to mention prevention options.

**6.4.8.5 Unreported pre-teen sex offences**

The respondents had to indicate whether they were aware of pre-teen sexual offences not being reported to the authorities. Figure 6.11 presents the responses graphically.



n=79

**Figure 6- 11 Awareness of pre-teen sexual offences that do not get reported**

Figure 6.11 reflects that 58 (73.4%) respondents answered the question while 21 (26.5%) respondents did not answer the question. Just over one third (27 or 34.1%) of the respondents indicated that they were aware of pre-teen sexual offences not being reported to the authorities. This confirms statements by Wood (2000) and Wood and Ehlers (2001) that the majority of sexual offences against children by pre-teen children go unreported to authorities or are not recognized or dealt with as such due to the ignorance of the health workers and the criminal justice system. Another 31 (39.2%) respondents suggested that they were not aware of pre-teen sex offenders not being reported to the authorities. This finding is surprising as the Annual Report of Nicro (2000; 2004) indicated that the number of pre-teen sex offenders may be underestimated in South Africa because those that have been reported may represent only a small proportion of those who have committed such offences.

Corresponding with local research (Wood, 1998; Wood and Ehlers, 2001) and international research (Gil and Johnson, 1993; Hoghughi, 1997, Ryan and Lane, 1997) many social workers view pre-teen sexual offences as harmless sex play and therefore do not acknowledge it as a sexual offence, which should be reported to the authorities.

#### 6.4.9 Recommendations to improve prevention programmes for pre-teen sex offenders

As discussed in chapter four, if prevention is to be effective in reducing sexual offending among pre-teen sex offenders, then prevention strategies with the pre-teen can go a long way toward reducing the impact of sexual assault in society (Barbaree et al., 1997).

In line with the aims of the study, it was further necessary to investigate any recommendations by social workers to improve prevention of re-offending programmes for pre-teen sex offenders. The respondents had to answer an open-ended question. The findings are presented in table 6.13.

**Table 6- 13 Recommendations to improve preventions with pre-teen sex offenders**

<b>RECOMMENDATIONS TO IMPROVE PREVENTION OF RE-OFFENDING</b>	<b>f</b>	<b>%</b>
Offender should undergo specialized treatment	44	55.6
Specialized placements away from home	2	2.5
Parents should undergo parenting skills programme	2	2.5
Only report offence to authorities	1	1.3
Prosecute pre-teen sex offender	1	1.3
Assessment by psychologist to determine intervention	1	1.3
Respondents did not answer the question	28	35.4
Total	79	100

**n=79**

From table 6.13 it can be seen that the majority (49 or 62%) of respondents answered the question while 28 (35.4%) respondents did not answer the question. Those who did not respond were presumably not able to think of a recommendation. Just more than half (44 or 55.6%) of the respondents suggested that pre-teen sex offenders should undergo specialized treatment programmes. These findings support recommendations by Wood and Ehlers (2001) and Wood et al. (2000) that the welfare system place young sex offenders into a programme to prevent re-offending. Two (2.5%) of the respondents suggested that the specialized programme should be facilitated away from home. This finding correlates with a statement by Ray and English (1995) that pre-teen sex offenders from dysfunctional homes benefit from a therapeutic placement away from home. Pre-teen sex offenders exhibited improvements in behaviour, emotional adjustment, social functioning, family relationships and overall adjustment. Two (2.5%) respondents suggested that the parents should undergo a parenting programme to teach parenting skills. This confirms suggestions by Pithers et al., (1998) that there is a need for group treatment for parents of pre-teen sex offenders. In the parent group, Pithers et al. (1998) recommended that issues such as parental attachment, parental training,

social-relational skills, trauma resolution and opportunity to grieve the loss of an idealized child and the family, should be dealt with. All the prevention programmes reviewed in this study (see Figure 4.1) provide a range of prevention strategies to parents. One (1.3%) respondent indicated that pre-teen sex offenders should only be reported to the authorities. This response supports that of Wood et al. (2000) and Wood and Ehlers (2001) who suggested the establishment of a centralised system for identifying, assessing and placing young sex offenders into an appropriate prevention programme. Another one (1.3%) respondent suggested that pre-teen sex offenders should be prosecuted. This confirms the view of Hindman (1994) who stated that children who have committed a sexual act and are culpable, have criminal intent and should be charged with sexual crimes. Alternatively, the Inter-Ministerial Committee on Young People at Risk (1995) proposed that South African courts should become more focused on the issue of youth justice since a substantial number of child sex offenders are living without adequate care, no longer attend school and display uncontrollable behaviour. The last (1 or 1.3%) respondent stated that pre-teen sex offenders needed to be assessed by a psychologist to determine their needs and appropriate interventions. All the prevention programmes reviewed in this study (see Figure 4.1) recommend that the pre-teen sex offender needs to be assessed by a professional. Prentky and Bird (1997) identified the following elements for assessment to determine strategies to prevent re-offending: stressors the pre-teen is attempting to cope with, family structure, dysfunctions and strengths, attachment to caretakers and quality of caretaking provided, trauma history, self-concept, temperament of pre-teen offender, capacity for empathy, locus of control to manage sexual behaviour, intellectual capacities and quality of his expression, and management of anger and conflict.

It can be argued that if the service provider possesses sufficient knowledge of available prevention of re-offending theories, techniques and available prevention programmes, as reviewed in this study, the worker will be able to assess pre-teen sex offenders, provide the youth and his or her family with prevention of re-offending strategies as well as develop prevention programmes to prevent youths at risk from offending.

#### **6.4.10 Consulting, referrals and training of social workers who work with pre-teen sex offenders**

As discussed in chapter four, social workers and other health care professionals have a growing recognition that some sexually abusive children and their families require intensive professional services (Wood, 1998; Wood and Ehlers, 2001). Closely related to the international attempt to develop procedures and standards for specialized prevention programmes for youth sex offenders, SAYStOP was established in South Africa in 1989 for the purpose of developing innovative and effective intervention to treat and manage adolescent sexual offenders. However, as discussed in chapter three, pre-teens that do not meet the criteria for the SAYStOP programme fall through the cracks of the welfare and legal systems, as there are few manuals or guidelines available to social workers at welfare departments for preventing these pre-teen sex offenders from re-offending.

6.4.10.1 *Suggestions to reduce pre-teen sex offenders from re-offending*

As part of the empirical investigation, the respondents had to stipulate what their organisations could do to reduce the increasing number of pre-teen sexual offences. The respondents were given four options and were requested to supply additional suggestions. The findings are indicated below in table 6.14.

**Table 6- 14 Suggestions for organisations to reduce pre-teen sexual offences**

<b>SUGGESTIONS FOR ORGANISATIONS</b>	<b>f</b>	<b>%</b>
Social workers should be trained to develop prevention programmes	28	35.4
Selected social workers should be trained as specialists	28	35.4
Refer to private practitioners	8	10
Respondents did not answer the question	15	18.9
Total	79	100

**n=79**

Table 6.14 reflects that the majority of 64 (81%) respondents answered the question. Fifteen (18.9%) respondents did not answer the question. Just over a third (28 or 35.4%) of the respondents suggested that social workers should be trained to develop programmes to deal with pre-teen sex offenders. Another 28 (35.4%) respondents indicated that selected social workers should become specialists in the field of pre-teen sexual offenders and these social workers should run workshops for pre-teen sexual offenders. These findings correlate with Wood and Ehlers (2001) and Wood et al. (2000) who observed that there was a need for the welfare system to place young sex offenders into a programme to prevent re-offending. A minority of eight (10.1%) respondents stated that pre-teen sex offenders should be referred to private social workers. In contrast, and in accordance with Araji, (1997) pre-teen sex offences is regarded as a social problem, and solutions should focus on social and system responses that are directly or indirectly related to a vulnerable client system.

Because two respondents (2.5%) specifically mentioned the Child Protection Unit in Bellville and the Child Line in Wynberg as agencies to which they refer pre-teen sexual offenders, the researcher decided to interview a social worker at these two agencies to answer the question of how organisations can reduce pre-teen sexual offences. These two social workers were explicitly requested only to respond to this specific question. No other questions were asked during these two short interviews. The responses are presented in this section because it relates directly to this matter. No claim of reliability or validity is made, because they only responded to this one question. Their

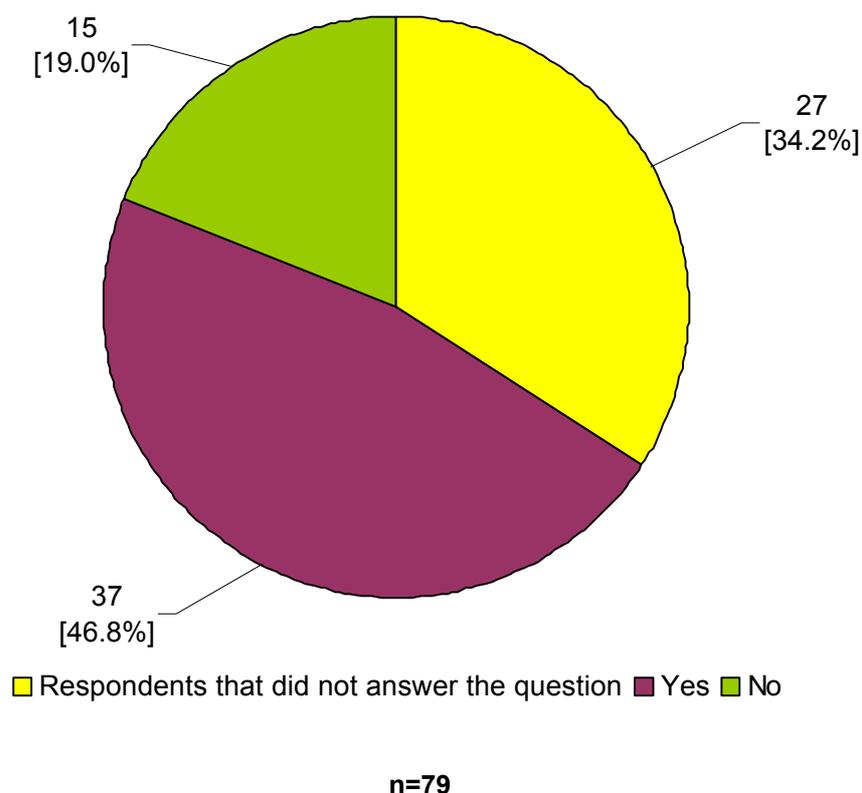
responses are included because it relates to this matter. The social worker from a Child Protection Unit in Bellville (Interview, 24 June 2004, CPU, Bellville) suggested that social work students should be trained to render services to child sexual offenders. She further suggested that certain welfare organisations should specialize in rendering services to pre-teen sexual offenders. A social worker at Childline (Interview, 9 June 2004, Childline, Wynberg) was of the opinion that social workers working with pre-teen sexual offenders should be trained to develop prevention programmes. She further suggested that social workers should be appointed to do preventative work at schools. This confirms recommendations by Wood et al. (2000) that prevention programmes should be developed urgently in order to foster community awareness around pre-teen sexual offences.

From the responses it is evident that most of the respondents (56 or 70%) recognised that social workers need to be trained to develop programmes to prevent pre-teen sex offenders from re-offending. This in turn emphasises the need for additional knowledge and skills regarding prevention service rendering to pre-teen sex offenders and their families and emphasises the importance of this study, which aims to develop theoretical and practical guidelines to develop prevention programmes.

#### *6.4.10.2 Consultations with professionals and relevant organisations*

Social workers need additional training to specialize in services for pre-teen sexual offenders, and they need relevant experience prior to working with pre-teen sexual offenders without supervision. The Association for the Treatment of Sexual Abusers (1997), Gil and Johnson (1993) and Righthand and Welch (2002) cautioned that professionals rendering services to child sexual offenders should seek consultation and supervision when needed.

The respondents had to indicate whether they consulted with private practitioners or multidisciplinary teams outside their organisation to guide them in rendering services to pre-teen sexual offenders. The findings are indicated in figure 6.12.



**Figure 6- 12 Consultation with outside practitioners or multidisciplinary teams**

As shown in figure 6.12, the majority of 52 (65.8%) respondents answered the question, while 27 (34.1%) respondents did not answer the question. Nearly half (37 or 46.8%) of the respondents indicated that they consulted with private practitioners or multidisciplinary teams outside their organisation to guide them in rendering services to pre-teen sex offenders. The finding supports the view of The Association for the Treatment of Sexual Abusers (1997), Gil and Johnson (1993) and Righthand and Welch (2001) who recommended that health workers who render a preventative service to pre-teen sex offenders should seek consultation and supervision. Only 15 (18.9%) respondents indicated that they did not consult with private practitioners or multidisciplinary teams outside their organisation to guide them in rendering services to pre-teen sex offenders.

Respondents who did not consult with multidisciplinary teams should note that Friedrich (1993) recommended that professionals who provide a preventative service to pre-teen sex offenders should use collateral resources to maximize the effectiveness of services provided. Araji (1997) added that knowledge and experiences of professionals who specialize in prevention and treating pre-teen sexual offenders can be helpful in identifying common themes and issues in prevention programmes for social workers who intervene with pre-teen sex offenders. Social workers should familiarise

themselves with the various prevention programmes for pre-teen sex offenders as well as making use of collateral resources to maximize the effectiveness of their prevention service.

#### 6.4.10.3 *The private practitioners or multidisciplinary teams that social workers consult with*

The final aspect addressed in the questionnaire was to establish which private practitioners or multidisciplinary teams the respondents consulted outside their organisation to guide them in rendering a service to prevent pre-teen sex offenders from re-offending. Respondents answered an open-ended question. The findings are displayed in table 6.15.

**Table 6- 15 Consultation with practitioners and multidisciplinary teams**

<b>PRACTITIONERS AND MULTIDISCIPLINARY TEAMS</b>	<b>f</b>	<b>%</b>
Did not answer the question	42	53.1
Psychologists	8	10
Nicro	7	8.8
School teachers	5	6.3
Child Protection Unit	4	5
Tygerbear	3	3.7
Medical doctors	3	3.7
Safeline	2	2.5
Childline	2	2.5
Nurses	1	1.3
PATCH	1	1.3
Social workers in private practice	1	1.3
Total	79	100

**n=79**

From table 6.15 it is evident that more than half (42 or 53.1%) of the respondents did not answer the question. Ten percent (8 or 10%) of the respondents indicated they consulted with psychologists, seven (8.8%) respondents consulted with Nicro, five (6.3%) respondents consulted with school teachers, four (5%) respondents consulted with the Child Protection Unit, three (3.7%) respondents consulted with Tygerbear, another three (3.7%) respondents consulted with medical doctors, two (2.5%) respondents consulted with Safeline, another two (2.5%) respondents consulted with Childline, one (1.3%) respondents consulted with nurses at hospitals, one (1.3%) respondent consulted with PATCH and the last (1 or 1.3%) respondent consulted with social workers in private practice. These findings support The Association for the Treatment of Sexual Abusers (1997) which mentioned that

professionals that render services to child sexual offenders should seek consultation and supervision when needed. However, the respondents need to be informed that researchers (Berliner and Rawlings, 1991; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993; Johnson, 1995; Johnson and Feldmeth, 1993; Pithers et al., 1993; Rasmussen et al., 1992; Ryan et al., 1993; Schoentjes et al., 1999; Wardle, 1995; Wood and Ehlers, 2001) warned that health professionals and teachers in general lack professional skills and knowledge on how to treat pre-teen sexual offenders. It is thus important that the respondents take cognisance of Araji (1997) who advised social workers to use collateral resources to help maximize the effectiveness of prevention and treatment services provided at welfare organisations. More specifically, she cautioned social workers to work within the limits of their expertise and seek consultation and supervision when working with pre-teen sexual offenders. To prevent treatment failures and further abuse of children in treatment, social workers should work in multidisciplinary treatment teams to ensure that pre-teen sex offenders get the treatment they require to change their abusive behaviours.

Based on the aforementioned responses, it is evident that the respondents did not have a clear idea of what prevention programmes are available or what knowledge and skills are required to prevent pre-teen sex offenders from re-offending. This once again emphasises the importance of this study, namely to present guidelines for prevention programmes for pre-teen sex offenders.

## **6.5 SUMMARY**

The research findings contained in this chapter reflect the wide scope of knowledge and skills required by social workers regarding prevention of re-offending pertaining to pre-teen sex offenders and their families.

From this chapter it became evident that there is a wide scope of predisposing risk factors present in families of pre-teen sex offenders. This correlates with findings of studies conducted by other researchers who were referred to in chapter two in this study ;and the minor differences were highlighted.

It is also evident that the majority of social workers who render prevention services to pre-teen sex offenders need specific knowledge and skills regarding service rendering. Guidelines to improve prevention of re-offending services for pre-teen sexual offenders were established and the findings clarified the role of the social worker towards minimizing the ever increasing number of youth sexual offences. The findings exposed problems experienced by social workers in rendering a prevention service to pre-teen sexual offenders.

The information obtained for the findings will be able to give social workers, welfare organisations and other professionals more insight into providing an effective, preventative service to pre-teen sexual offenders.

The final chapter from this dissertation will present the conclusions and recommendations of the study undertaken with social workers who provide a service to pre-teen sex offenders and their families.

Because pre-teen sexual offences is a social problem, the recommendations will focus on social strategies and system responses that are directly or indirectly related to a vulnerable clients system (children) as are identified in the White Paper for Social Welfare (1997).

# CHAPTER 7

## CONCLUSION AND RECOMMENDATIONS

### 7.1 INTRODUCTION

Youth sexual offences are becoming a widespread problem in South Africa (Annual Report of Nicro, 2001; Wood, 2001). Childline reports that 35 percent of all sexual abuse incidents reported to the organisation are committed by children and the youth offenders are getting younger. Of more concern is that the extent of the problem may be underestimated because youth sex offenders who are known to the system may represent only a small proportion of youths who have committed such offences (Annual Report of Nicro, 2000; Wood and Ehlers, 2001; Wood, 2001). Research (Araji, 1997; Cunningham and MacFarlane, 1996; Friedrich, 1993; Gil and Johnson, 1993) indicated that the onset of sexual offences appears to be between six and nine years. However, most pre-teen sexual offences go unreported to authorities and welfare organisations or are not recognised or dealt with as problem behaviour (Adams, 1999; Righthand and Welch, 2001; Wood, 2001; Wood and Ehlers, 2001). This perception is strengthened by the Child Justice Act of 2001, which stipulates that children under the age of ten years cannot be prosecuted and a child who, at the time of the alleged committing of an offence is at least ten years of age, but not yet 14 years, is presumed not to have had the capacity to appreciate the difference between right and wrong and to have acted accordingly. As a result, there are significant concerns amongst some social care professionals about pre-teen children involved in unreported sexual offences or inappropriate sexual behaviours. These children receive little professional support to prevent them from re-offending because they are perceived as being involved in harmless sexual games. Subsequently, by dismissing or minimizing the early indicators of sexually offending behaviours or inappropriate sexual behaviours, the pre-teen loses out on a prevention of re-offending opportunity or a service that would assist him/her to understand and change his/her sexually abusive behaviour while he/she might still be more accessible and responsive to change, than when the deviant cycle has already been well-established.

From a developmental approach, chapter two discussed a broad overview of all social and personal antecedent and concurrent experiences and circumstances of pre-teen sexual offences, as well as examining existing literature on definitions and classifications of pre-teen sex offenders. Since most pre-teen sexual offences are not reported to authorities or are often not recognized or dealt with as such, chapter three discussed the existing and proposed legislation regarding the arrest, assessment, detention and criminal procedures applicable to children who are suspected of having committed an offence, including a sexual offence. Chapter three also attempted to facilitate knowledge and

understanding of the criminal justice system to social workers ensuring the continual development and improvement of prevention strategies for pre-teen sexual offenders. Chapter four investigated current prevention programmes and various practices that are used for pre-teen sex offenders in order to assess how they can be utilized in welfare agencies in South Africa. In order to assist social workers in rendering services to pre-teen sex offenders, chapter five reviewed the requirements for the development of prevention programmes for pre-teen sexual offenders as well as theoretical approaches, techniques and prevention modalities that have been found useful for intervention. The aims of the study were reached because the nature of social work programmes, which social workers use to prevent pre-teen sex offenders from re-offending was investigated as well as the need for programme development was discussed. The final area of investigation was on how social workers and the welfare organisations can be of assistance in curtailing pre-teen sexual offences. The empirical research yielded insight into the ineffective service provided to pre-teen sex offenders as a result of insufficient knowledge and skills of social workers. The findings on the nature and utilisation of prevention programmes for pre-teen sex offenders, the need for social workers to be trained to develop their own programmes for pre-teen sex offenders, the predisposing risk factors of pre-teen sex offenders as well as recommendations to improve prevention strategies to minimise pre-teen sexual offending, are all presented in chapter six.

The purpose of this section is not to repeat all findings, but to highlight the major trends in this study.

## **7.2 CONCLUSIONS**

The following conclusions are based on the study of literature and the results of the empirical research.

### **7.2.1 The nature and utilization of prevention programmes for pre-teen sex offenders in welfare organisations**

In this research, the majority of respondents that rendered a service to pre-teen sex offenders and their families were not familiar with prevention programmes for pre-teen sex offenders. The study noted that nearly 90 percent of the respondents did not utilize any prevention programmes to prevent pre-teen sex offenders from re-offending. It was further noted that nearly two thirds of the respondents did not have access to any literature or prevention programmes for pre-teen sex offenders.

It can be concluded that knowledge of available prevention programmes and an eclectic theoretical foundation of prevention of re-offending strategies and theories are needed by social workers within the child and family service field. Such knowledge will empower the social worker to use the most appropriate prevention approach or to integrate various approaches in order to effectively assist the pre-teen sex offender and his or her family.

### **7.2.2 The need for social workers to be trained to develop prevention of re-offending programmes for pre-teen sex offenders**

From the literature review and the findings relating to the views of the respondents, it was clear that the respondents had a desire for knowledge to empower them to use existing, or develop their own prevention of re-offending programmes for pre-teen sex offenders, due to the escalating number of reported pre-teen sex offenders, and experienced a shortage of knowledge and skills to render an effective prevention service.

It can be concluded that social workers should be equipped with relevant knowledge about existing prevention programmes, and/or should be able to design their own programmes.

### **7.2.3 Nature of the pre-teen who sexually offend**

Findings substantiated that the number of reported pre-teen sex offenders is on the increase. Respondents in the study further indicated that the number of reported pre-teen sex offenders exceeds 1000 per annum.

It was found that the sexual offences reported most often are, attempted penetration of the vagina or the anus, followed by inserting an object in the vagina or anus of others, oral-genital contact (oral sex) and least reported, penetration of the vagina or anus with penis.

In this research the majority of social workers agreed that the sexual behaviours listed are sexually offending while the minority suggested that the sexually offending behaviours are “innocent sex play”.

It can be concluded that the escalating number of reported pre-teen sex offenders and type of sexual offences that are committed, emphasize the need for an effective preventative service to pre-teen sex offenders by social workers. Utilizing available prevention programmes or developing their own individualized prevention programme will empower the social worker toward rendering an effective preventative service to a diverse client system.

### **7.2.4 Prevention theories for pre-teen sexual offenders**

The findings indicated that a few respondents used one of many theories to render a service to pre-teen sex offenders. Although they understood the importance of having a holistic knowledge foundation of the theories, their in-depth knowledge and skills regarding these theories were superficial. The prevention theories most often utilized by the respondents were the family, systems and developmental theories.

It can be concluded that social workers need to become aware that an eclectic theoretical foundation of prevention theories and approaches is needed to guide social workers to prevent pre-teen sex offenders from re-offending. Such knowledge will empower the social worker to assess the client's situation and then to use the most appropriate prevention theory, or to integrate various theories in order to effectively assist the client system with the problem experienced. This emphasises the

importance of social workers utilizing existing prevention programmes to empower them to develop their own prevention programmes to render an effective service to pre-teen sex offenders and their families.

### **7.2.5 Assessment of pre-teen sexual offenders**

It was found that most of the respondents could not identify the risk factors or the different criteria for a developmental-contextual assessment of the pre-teen sexual offender.

It can be concluded that the social work professional might fail to assess pre-teen sex offenders competently prior to utilizing a prevention programme.

### **7.2.6 Prevention follow-up sessions with pre-teen sexual offenders**

Findings substantiated that only a few respondents utilized prevention programmes when rendering a service to pre-teen sex offenders while more than a third provided a prevention of re-offending service via the family.

It was also found that respondents had only a vague understanding of which goals should be achieved in order to prevent the pre-teen from re-offending. It can be concluded that social workers need a holistic knowledge foundation of theories, assessment and intervention goals when working with pre-teen sex offenders. The failure of social workers' supervisors to provide social workers with knowledge and skills regarding theories, assessment and intervention goals as well as access to available programmes to prevent pre-teen sex offenders from re-offending, could also be viewed as a reason for the respondents' poor understanding of prevention strategies.

Furthermore, it was found that most of the respondents included the pre-teen sex offenders' families in their intervention to prevent the pre-teen from re-offending. While the respondents possessed insight with regard to the contribution of the family towards preventing the pre-teen from re-offending, confusion existed in their understanding of the way in which the family could contribute towards prevention strategies.

The majority of the respondents indicated that they had conducted between two and five sessions with the pre-teen and the family. The implementation of a competent prevention service to pre-teen sex offenders and their families within two to five sessions is, however, questionable. More than a third of the respondents indicated that they did have follow-up sessions with the pre-teen sex offenders.

Despite the fact that some respondents attempted to render a competent prevention service to pre-teen sex offenders and their families, most respondents lacked the necessary knowledge and skills with regard to rendering such a service. It can be concluded that in the service field of family and child care, it is imperative for social workers to be empowered with knowledge on theories, assessments, prevention strategies and examples of different prevention programmes in order to acquire greater competence within the service field pertaining to pre-teen sex offenders.

### **7.2.7 Social and personal circumstances of pre-teen sex offenders**

Findings underscore the fact that families of pre-teen sexual offenders are most often dysfunctional, where alcohol and drug abuse exists and pre-teens are themselves victims of sexual and physical abuse. Furthermore it was noted that pre-teen sex offenders lack positive parental sex education, supervision and boundaries set by parents. It was also established that parents of pre-teen sex offenders lack general parenting skills, and displacement of parental responsibilities onto the youth offenders often occurs. Finally, findings in this survey correspond with those of the literature in that pre-teen sexual offending is often preceded by peer pressure and exposure to pornography.

The empirical study verified that sexually offending behaviours do not occur without cause or in a vacuum and the familial and extra-familial environments play a salient role in the development and maintenance of such behaviours. It can be concluded that as social workers are rendering services to a client system emanating from a wide variety of home environments, it is imperative to be aware of the whole client system. Competence in prevention service rendering to pre-teen sex offenders and “youths at risk” will be enhanced if the social work professional were to be acquainted with the predisposing risk factors of pre-teen sexual offenders.

### **7.2.8 Assessment of policies regarding pre-teen sexual offenders**

In the survey, most respondents were of the opinion that pre-teen sex offenders should not be prosecuted but only receive a warning and their names should be listed on a national register.

Furthermore, most of the respondents indicated that pre-teen sex offenders should be prosecuted regardless of whether they are classified as “youths at risk” who are living without adequate care, no longer attend school and display uncontrollable behaviour. It can be concluded that confusion existed amongst respondents as to whether pre-teen sex offenders should be prosecuted or not.

When the pre-teen sex offender does not fit the criteria for a diversion programme, most of the respondents indicated that they would continue to treat the pre-teen sex offender.

Furthermore, research findings indicated that should treatment fail and the pre-teen sex offender re-offend, the majority of the respondents stated that they would continue the treatment.

Finally, the majority of the respondents were of the opinion that most pre-teen sex offenders are in fact reported to the authorities.

Based on the varying responses to the questionnaire it can be concluded that a variety of opinions existed amongst the respondents. This emphasizes the importance for the social worker to be aware of the extent of pre-teen sexual offences and the need for social workers to have an eclectic theoretical base of underlying prevention strategies and theories which can serve as guidelines to prevent pre-teen sex offenders from re-offending.

### **7.2.9 Recommendations from social workers**

In line with the aim of the study, to present guidelines for prevention programmes for pre-teen sexual offenders, this study also attempts to obtain recommendations from social workers to improve prevention of re-offending programmes for pre-teen sex offenders from the respondents. Although the respondents understood the importance of having a holistic knowledge and skills based on the theories and strategies to prevent pre-teens from re-offending, it can be concluded that their in-depth knowledge and skills regarding these theories and service rendering were superficial and they were subsequently unable to propose significant recommendations.

It was found that the overwhelming majority of social workers recommended that in order to minimize pre-teen sexual offences, youth sex offenders need to participate in a prevention of re-offending programme. Furthermore, some respondents suggested the following guidelines to improve prevention of re-offending programmes. First, the pre-teen sex offender who lives on the street or lives in an extremely dysfunctional home should participate in a prevention of re-offending programme away from home in a specified centre. Second, it was recommended that parents of pre-teen sex offenders should be court mandated to participate in a parenting skills programme. Third, it was recommended that all sexual offences should be reported to the authorities and professionals should be penalized for failing to do so. Finally, pre-teen sex offenders older than ten years should be prosecuted by order of a court order to participate in a prevention of re-offending programme.

It can be concluded that the respondents appeared to have a desire to be empowered to render an effective service to pre-teen sex offenders and their families to prevent young offenders from re-offending. An eclectic theoretical foundation of prevention theories and strategies will, in itself, empower the professional to prevent the pre-teen from re-offending.

### **7.2.10 Consultation and training of pre-teen sexual offenders**

Findings substantiated that an equal number of respondents were of the opinion that all social workers should be trained to render a service to pre-teen sex offenders by developing their own programmes, as there were respondents that were of the opinion that only targeted social workers should be trained as specialists to render such a service to pre-teen sex offenders.

Furthermore it was found that the majority of the respondents consulted with private practitioners or multidisciplinary teams outside their organisations to assist them in rendering a prevention of re-offending service to pre-teen sex offenders.

Finally, the respondents indicated that they consulted with the following private practitioners or multidisciplinary teams in the following order of frequency: psychologists, Nicro, school teachers, Child Protection Units, medical doctors, Tygerbear, Safeline and Childline, nurses, social workers in private practice and PATCH. It can be concluded that social workers utilize multidisciplinary teams to prevent the pre-teen sex offender from re-offending.

The majority of the respondents identified the need for further training in rendering a preventative service to pre-teen sex offenders and their families. It is a matter of concern that some respondents were of the opinion that only selected social workers should be trained to render prevention of re-offending services to pre-teen sex offenders. It is concluded that all social workers in the service field of family and children need an eclectic theoretical foundation of theories and approaches to prevent “youths at risk” from sexual offending. When only selected social workers are trained to render a prevention of re-offending service to pre-teen sexual offenders, the pre-teen sex offender in the rural area might not have access to the specialist for prevention of re-offending treatment.

### **7.3 RECOMMENDATIONS**

The following section contains recommendations, based on the literature study as well as the findings and conclusions emanating from this research.

#### **7.3.1 Systems approach responses to the problem of pre-teen sexual offences**

##### **Media**

The media can facilitate greater awareness of pre-teen sexual offending.

It is recommended that:

- the media facilitate awareness amongst the public about pre-teen sexual offences;
- the media educate the public to evaluate media messages that give children ideas that society condones exploitative and offensive sexuality;
- the media make parents aware of the potentially negative consequences of pre-teens having access to sexually explicit material.

##### **Schools**

Schools are viewed as playing an integral role in preventing pre-teens from sexual offending.

It is recommended that:

- teachers be encouraged to report suspected sexual abuse by a pre-teen;
- schools facilitate personal safety and prevention of sexual abuse programmes to learners.

##### **Welfare organisations in the family and child care field**

Welfare organisations in the family and child care field should empower social workers to acquire knowledge and skills to prevent pre-teen sex offenders from re-offending.

It is recommended that:

- welfare organizations continue to focus on the importance of social workers having a diverse knowledge and skills base consisting of the most significant prevention models and approaches to enable the social workers to design their own prevention programmes;
- welfare organizations supply social workers with existing prevention programmes to empower them to render professional services;
- welfare organisations presenting training opportunities to design prevention programmes.

### **Pre-teen sexual offender**

Pre-teen sex offenders should be held accountable for their sexual offences.

It is recommended that:

- all pre-teen sex offenders be enrolled in a prevention of re-offending programme.

### **National and provincial government**

It should be a state-driven initiative to prevent pre-teen sex offenders from re-offending.

It is recommended that:

- national government give a clear mandate to the acceptability of prevention programmes at welfare organizations, schools and the media;
- national government appoint the relevant personnel with appropriate training, financial support and access to mentors and other supportive services to prevent pre-teen sex offenders from re-offending;
- policies be developed to facilitate the provincial implementation of prevention programmes for pre-teen sex offenders;
- national and provincial government provide adequate facilities, like residential treatment centres for pre-teen sex offenders without homes where prevention of re-offending programmes can be facilitated.

### **7.3.2 Assessment instruments**

Policies and assessment instruments need to be developed to assist the social worker in rendering professional services to pre-teen sex offenders.

It is recommended that:

- assessment instruments be developed for intake assessments of pre-teen sexual offenders;
- structured interview questionnaires be developed for determining a set of criteria for assessing sexually offending pre-teens and for risk factors associated with sexually offending pre-teens;
- the assessment instrument be developed to further identify the most effective ways of using the authority of the legal system to mandate necessary treatment for pre-teen sex offenders.

### **7.3.3 Prevention strategies**

#### **Social workers**

Appropriate prevention programmes can hold the pre-teen child responsible and accountable and address the reasons for the offending behaviour.

It is recommended that:

- social workers be empowered regarding the role, function and implementation of prevention of re-offending strategies which will assist them in developing their own prevention programmes, to render a professional service to pre-teen sex offenders and their families;
- social workers should acquire knowledge about multiple theories and techniques to enable them to develop their own prevention programme from the various approaches which suit the needs of each individual pre-teen sex offender and his family;
- social workers use the information in this dissertation to design their own prevention programmes for pre-teen sex offenders.

#### **Families**

The parents should be considered as the primary social influence, and must also be involved in the prevention programme.

It is recommended that:

- families of pre-teen sex offenders are mandated into participating in a prevention programme, as they are a critical component of treatment.

### **7.3.4 Training**

Social workers and their supervisors require knowledge and skills in the implementation of a competent prevention of re-offending service to pre-teen sex offenders and their families.

Stemming from the research it is recommended that:

- social work training courses be designed from information obtained from this dissertation and implemented within the family and child care field of social work;
- social workers gain access to a variety of prevention of re-offending literature and programmes at welfare offices to utilize during the intervention process;
- prevention of re-offending literature be incorporated into undergraduate and postgraduate university training.

### **7.3.5 Criminal justice system relating to pre-teen offences**

#### **Centralised system**

Successful prevention of re-offending requires a coordinated effort between the criminal justice system practitioners and treatment providers.

Stemming from the research it is recommended that:

- a centralized system for identifying, assessing and placing pre-teen sex offenders into appropriate prevention programmes should be established.

### **Social workers**

It is recommended that:

- social workers be mandated to report pre-teen sexual offences and render a prevention of re-offending service to pre-teen sex offenders;
- social workers be penalized for failing to report or render a prevention service to pre-teen sex offenders.

### **Pre-teens**

It is recommended that:

- pre-teen sex offenders older than ten years should be prosecuted in order to obtain a court order to participate in a prevention of re-offending programme;
- prevention of re-offending services be rendered to pre-teen sex offenders younger than ten years, and their family;
- families of pre-teen sex offenders who fail to comply with programme expectations be brought back before the court for review.

### **7.3.6 Research directions**

It is recommended that further research be conducted into the following areas:

- Research is needed into prevention programmes in order to foster community awareness around the problem of pre-teen sexual offending.
- Research is needed into developing a profile of pre-teen sex offenders in South Africa that would increase the universality of the findings.
- Research is needed to contribute to the development of standardised assessment scales for pre-teen sexual offenders in South Africa.
- Research should focus on early identification of pre-teens demonstrating patterns of escalating aggression and violence combined with sexual behaviours.
- Research is also needed to examine treatment outcomes of both individual and group programme characteristics associated with positive treatment outcomes.

- Research is required into the creation of a typology of pre-teen sexually offending behaviour and the most effective intervention strategies for these groups.
- Research should also focus on a longitudinal evaluation of impact and efficacy of individualized programmes to treat pre-teen sex offenders.

#### **7.4 CONCLUSION**

Several conclusions and recommendations were made based on the findings in this study.

By describing prevention programmes to prevent pre-teen sex offenders from re-offending and also specific intervention tools, this study will assist social workers utilizing multiple theories and focused therapeutic interventions to reach out to pre-teen sexual offenders and their families. By constantly developing and redefining the theories and techniques suggested here, social workers will be able to assist pre-teen sex offenders in addressing the complex and interactive nature of their cognitive thought processes, affective and physiological development, behavioural aggression and sexual behaviour.

#### **7.5 FINAL REMARK**

In conclusion, it is the wish of the researcher that the findings of this research will inspire social workers in the field of family and child care to strive towards service excellence and that social work services will make a difference in the lives of pre-teen sex offenders and their families.

## Bibliography

- Abbey, A. 1991. Misperceptions as an antecedent of acquaintance rape. A consequence of ambiguity in communication between women and men In Parrot, A and Bechhofer, L. (eds.) **Acquaintance Rape: The Hidden Crime**. New York: Wiley.
- Abel Screening, Inc.1996. **Abel Assessment for Sexual Interest: Juvenile Sex Offenders: Therapist Product Information**. Brochure. Atlanta, GA: Abel Screening, Inc.
- Abel, G and Warberg, B. 1996. **Assessing juvenile sex offenders with the new Abel assessment**. Paper presented at the Twelfth Annual Conference of the National Adolescent Perpetrator Network, Minneapolis.
- Abel, G., Becker, J., Cunningham-Rathner, J., Rouleau, J., Kaplan, M., and Reich, J. 1984. **The treatment of child molesters**. Programme description. (Brochure). New York: Authors.
- Achenbach, T.M., McConaughy, S.H. and Howell, C.T. 1987. Child and adolescent behavioral and emotional problems: Implications of cross-informant correlations for situation specificity. **Psychological Bulletin**, 101: 213-232.
- Adams, J. 1999. Consensual sexual intercourse. **Pediatrics**, 96(1):168-169.
- Ainsworth, M.D.S. 1989. Attachments beyond. **American Psychologist**, (44):709-716.
- Alexander, M.A. 1999. Sexual offender treatment efficacy revisited. **Sexual Abuse: A Journal of Research and Treatment**, 11, 101-116.
- Allensworth, D. 1992. Parents are their children's first sex educators. **PTA Today**, 17(6):22-23.
- Araji, S. 1997. **Sexually Aggressive Children: Coming To Understand Them**. Thousand Oaks, CA: Sage Publications.
- Araji, S. and Finkelhor, D. 1986. Abusers: A review of the research. In Finkelhor, D. and Associates (eds). **A sourcebook on child sexual abuse**. Newbury Park, CA:Sage.
- Archer, R.P. 1997. **MMPI-A: Assessing Adolescent Psychopathology, (2nd Edition)**. Mahwah, NJ: Lawrence Erlbaum Associates.
- As much as we do it's still not enough. 2004. **Cape Argus**, 25 May:16.
- Association for the Treatment of Sexual Abusers. 1997a. **Ethical Standards and Principles for the Management of Sexual Abusers**. Beaverton.

Association for the Treatment of Sexual Abusers. 1997b. ***Position on the Effective Legal Management of Juvenile Sexual Offenders***. Beaverton.

Atabaki, S. and Paradise, J. P. 1999. The medical evaluation of the sexually abused child: lessons from a decade of research. ***Pediatrics***, 104(1):178-186.

Atcheton, J.D. and Williams, D.C. 1954. A study of juvenile sex offenders. ***American Journal of Psychiatry***, (111)366.

Awad, G.A. and Saunders, E.B. 1989. Adolescent child molesters: Clinical observations. ***Child Psychiatry and Human Development***, 19, 195-206.

Awad, G.A. and Saunders, E.B. (1991). Male adolescent sexual assaulters: Clinical observations. ***Journal of Interpersonal Violence***, 6, 446-460.

Babbie, E. and Mouton, J. 2001. ***The practice of social research***. Oxford: Oxford University Press.

Bagley, C. 1992. Characteristics of 60 children and adolescents with a history of sexual assault against others: evidence from a comparative study. ***The Journal of Forensic Psychiatry***, (3)299-309.

Baldwin, C. and Bauer, K.E. 1994. Teaching sexuality. ***Journal of Humanistic Education and Development***, 32(4):162-172.

Balgopal, G. 1997. ***Legislation for juvenile justice in developing countries***. Paper presented at the international workshop on drafting juvenile justice legislation. Cape Town: South Africa. Bangladesh: UNICEF. November: 2-9.

Bandura, A. 1977. ***Social Learning Theory***. Englewood Cliffs, NJ: Prentice Hall.

Bank, S.P. and Kahn, M.D. 1982. ***The sibling bond***. New York: Basic Books.

Barbaree, H.E., and Cortoni, F.A. 1993. Treatment of the juvenile sex offender within the criminal justice and mental health systems. In Barbaree, Marshall, W.L. and Hudson, S.M. (eds.). ***The Juvenile Sex Offender***. New York, NY: Guilford Press, pp. 243–263.

Barbaree, H.E., Hudson, S.M. and Seto, M.C. 1993. Sexual assault in society: The role of the juvenile offender. In Barbaree, H.E., Marshall, W.L. and Hudson, S.W. (eds.) ***The Juvenile Sex Offender***, 10-11.

Barker, P. 1995. ***Basic Child Psychiatry***. London: Blackwell Science Ltd.

Barnes-September, R, Mayne, A. and Brown-Adam, I. 1999. **The national consultative conference against the sexual exploitation of children**. 16 - 18 March 1999. Cape Town.

Barnoski, R. 1997. Standards for improving research effectiveness in adult and juvenile justice, Washington State Institute for Public Policy. [online] Available: <http://www.wa.gov.wwsipp/reports/researchstandards.html> [2000, March 20].

Bartholomew, K. 1990. Avoidance of intimacy: an attachment perspective. **Journal of Social and Personal Relationships**, (7):147-178.

Bartholomew, K., and Horowitz, L.M. 1991. Attachment styles among adults. A test of a four category model. **Journal of Personality and Social Psychology**, (61):226-244.

Baxter, A. 1986. **Techniques for Dealing with Child Sexual Abuse**. Springfield, Illinois: Charles C Thomas Publisher.

Beach, R. K., Boulter, S., Gotlieb, E.M., Greydanus, D.E., Hoyle, J.C., Shenker, I.R. and Stagers, B. C. 1994. Sexual assault and the adolescent. **Pediatrics**, 94(5):761-765.

Becker, J., Stein, R., Kaplan, M. and Cunningham-Rathner, J. 1992. Erection response characteristics of adolescent sex offenders. **Annals of Sex Research**, (5):81-86.

Becker, J.V. 1990. Treating adolescent sexual offenders. **Professional Psychology: Research and Practice**, 21(5):362–365.

Becker, J.V. 1998. What we know about the characteristics and treatment of adolescents who have committed sexual offenses. **Child Maltreatment**. 3(4):317–329.

Becker, J.V. and Hunter, J.A. 1992. Understanding and treating child and adolescent sexual offenders. In T.H. Ollendick and R.J.Becker, J.V., Kaplan, M.S.,andTenke, C.E. (eds) 1997. The relationship of abuse history, denial and erectile response: Profiles of adolescent sexual perpetrators. **Behavior Therapy**, 23, 87-97.

Becker, J.V. and Hunter, J.A. 1993. Aggressive sex offenders. **Child and Adolescent Psychiatric Clinics of North America**, 2,477-487.

Becker, J.V. and Hunter, J.A. 1997. Understanding and treating child and adolescent sexual offenders. In Ollendick, T.H. and Prinz, R.J. (eds.) **Clinical Child Psychology**, vol. 19,. New York, NY: Plenum Press, pp. 177–197.

Becker, J.V., and Kaplan, M.S. 1993. Cognitive behavioral treatment of the juvenile sex offender. In Barbaree, H.E., Marshall, W.L. and Hudson, S.M. (eds.). **The Juvenile Sex Offender**. New York, NY: Guilford Press, pp. 264–277.

Becker, J.V., Harris, C.D. and Sales, B.D. 1993. Juveniles who commit sexual offenses: A critical review of research. In Hall, G.C.N., Hirschman, R., Grahamand, J. and Zaragoza, M. (eds.), ***Sexual Aggression: Issues in Etiology and Assessment, Treatment, and Policy***. Washington, DC: Taylor and Francis.

Becker, J.V., Kaplan, M.S., Cunningham-Rathner, J. and Kavoussi, R. 1986. Characteristics of adolescent incest sexual perpetrators: Preliminary findings. ***Journal of Family Violence***, 1(1):85–97.

Becker, J.V., Kaplan, M.S., Tenke, C.E. and Tartaglini, A. 1991. The incidence of depressive symptomatology in juvenile sex offenders with a history of abuse. ***Child Abuse and Neglect***, 15, 531-536.

Becker, L.V., Kaplan, M.S. and Kavoussi, R. 1988. Measuring the effectiveness of treatment for the aggressive adolescent sexual offender. ***Annals of the New York Academy of Sciences***, (528)2150-222.

Bengis, S. 1997. Comprehensive service delivery with a continuum of care. In Ryan, G.D. and Lane, S.L. (eds.) ***Juvenile Sexual Offending: Causes, Consequences, and Correction***. San Francisco, CA: Jossey-Bass Publishers, pp. 211–218.

Berliner, L. and Rawlings, L 1991. ***A Treatment Manual: Children with Sexual Behaviour Problems***. Seattle, WA: Harborview Sexual Assault Centre.

Bernstein, D.P., Ahluvalia, T., Pogge, D. and Handelsman, L. 1997. Validity of childhood trauma questionnaire in an adolescent psychiatric population. ***Journal of American Academy of Child and Adolescent Psychiatry***, 36(3):340-348.

Birmaher, B., Brent, D.A., Chiappetta, L., Bridge, J., Monga, S. and Baugher, M. 1999. Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. ***Journal of American Academy of Child and Adolescent Psychiatry***, 38(10):1230-1236.

Birmaher, B., Khetarpal, S., Brent, D. Cully, M., Balach, L., Kaufman, J. and Neer McK, S. 1997. The screen for child anxiety related emotional disorders (SCARED): Scale construction and psychometric characteristics. ***Journal of American Academy of Child and Adolescent Psychiatry***, 36(4):545-553.

Blasingame, G.D. 1998. Suggested clinical use of polygraphy in community-based sexual offender treatment programs. ***Sexual Abuse: A Journal of Research and Treatment***, 10, 37-45.

- Blaske, D.M., Borduin, C.M., Henggeler, S.W. and Mann, B.J. 1989. Individual, family and peer characteristics of adolescent sex offenders and assaultive offenders. *Developmental Psychology*, 25, 846-855.
- Bodmer-Turner, J. 1997. *A Step Forward*. Unpublished manuscript.
- Bolton, F.G., Morris, L.A. and MacEachron, A.E. 1989. *Males at Risk: The Other Side of Child Sexual Abuse*. California: Sage Publications, Inc.
- Bonner, B. 1997. **Child, adolescent, and adult sex offenders: Similarities and differences**. Paper presented at the meeting of the Association for the Treatment of Sexual Abusers, Arlington, VA.
- Bonner, B. and Chaffin, M. 1998. **Dyad and family therapy in sibling abuse and sibling sexual behavior**. Workshop presented at the Conference on Responding to Child Maltreatment, American Professional Society on the Abuse of Children (APSAC), Advanced Training Institute, San Diego, CA, January 1998.
- Bonner, B., Marx, B.P., Thompson, J.M. and Michaelson, P. 1998. Assessment of adolescent sexual offenders. *Child Maltreatment*, 3(4):374–383.
- Bonner, B.L. and Walker, C.E. and Beriliner, L. 1999. **Children with Sexual Behaviour Problems: Assessment and Treatment**. Washington, DC: Administration of Children, Youth and Families. Department of Health and Human Services.
- Borduin, C.M., Henggeler, S.W., Blaske, D.M. and Stein, R.J. 1990. Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology* 34(2):105–113.
- Borduin, C.M., Henggeler, S.W., Blaske, D.M., and Stein, R.J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-114.
- Borum, R. 1996. Improving the clinical practice of violence risk assessment: Technology, Guidelines, and Training. *American Psychologists*, 51, 945-956.
- Bourke, M.L., and Donohue, B. 1996. Assessment and treatment of juvenile sex offenders: An empirical review. *Journal of Child Sexual Abuse*, 5(1):47–70.
- Bowlby, J. 1969. *Attachments and Loss*. (Vol. 1). New York: Basic Books.
- Bowlby, J. 1973. *Attachments and Loss*. (Vol. 2). New York: Basic Books.

- Bradley, S.J. and Zucker, K.J. 1998. Gender identity. *Journal of American Academy of Child and Adolescent Psychiatry*, 37(3):243-245.
- Brand, E.F., King, C.A. Olson, E., Ghaziuddin, N. and Naylor, M. 1996. Depressed adolescents with a history of sexual abuse: Diagnostic comorbidity and suicidality. *Journal of American Academy of Child and Adolescent Psychiatry*, 35(1):34-41.
- Breer, W. 1987. *The Adolescent Molester*. Springfield, IL: Charles C Thomas.
- Bremer, J.F. 1992. Serious juvenile sex offenders: Treatment and long-term follow-up. *Psychiatric Analysis*, 22(6):326-332.
- Briere, J.N. 1992. *Child Abuse and Trauma: Theory and Treatment of the Lasting Effects*. California: Sage Publications, Inc..
- Broderick, C.B. and Bernard, J. 1969. *The Individual, Sex and Society*. Baltimore, Maryland: The John Hopkins Press.
- Bronfenbrenner, U. 1979. *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Bumby, K.M., and Bumby, N.H. 1997. Adolescent female sexual offenders. In Schwartz, B.K. and Cellini, H.R. (eds.) *The Sex Offender: Vol. 2. New Insights, Treatment Innovations and Legal Developments*. Kingston, NJ: Civic Research Institute, pp. 10.1-10.16.
- Burton, L. 1986. *Vulnerable Children*. London: Routledge and Kegan Paul.
- Camp, B.H., and Thyer, B.A. 1993. Treatment of adolescent sex offenders: A review of empirical research. *The Journal of Applied Social Sciences*, 17(2):191-206.
- Canavan, M.M., Meyer, W.J., and Higgs, D.C. 1992. The female experience of sibling incest. *Journal of Marital and Family Therapy*, 18(2):129-142.
- Cantwell, H.B. 1995. Sexually aggressive children and societal response. In M. Hunter (ed.), *Child survivors and perpetrators of sexual abuse: Treatment and innovations*. Thousand Oaks, CA: Sage.
- Cantwell, N. 1995. *Introduction to the Convention on the Rights of the Child*. Geneva, Defence for Children International.
- Carnes, P. 1983. *Out of the Shadows: Understanding Sexual Addiction*. Minneapolis: CompCare publications.

- Carpenter, D.R., Peed, S.F. and Eastman, B. 1995. Personality characteristics of adolescent sexual offenders: A pilot study. ***Sexual Abuse: A Journal of Research and Treatment***, 7(3):195–203.
- Carter, B. and McGoldrick, M. 1999. ***The Changing Family Life Cycle***. New York: Simon and Schuster.
- Cassim, F. 1998. Formulating new juvenile justice legislation in South Africa. ***The Comparative and International Law Journal of South Africa***, November. XXXI(3):330-349.
- Cellini, H.R. 1995. Assessment and treatment of the adolescent sexual offender. In Schwartz, B.K. and Cellini, H.R. (eds.) ***The Sex Offender: Vol. 1. Corrections, Treatment and Legal Practice***. Kingston, NJ: Civic Research Institute, pp. 6.1–6.12.
- Chadbourne J.D. 1998. Voices of the youth: A South African perspective on juvenile justice. ***Journal of African Law***. 42(1):12-36.
- Chaffin, M. 1994. Research in action: Assessment and treatment of child sexual abusers. ***Journal of Interpersonal Violence***, 9:224–237.
- Chaffin, M. and Bonner, B. 1998. Don't shoot, we're your children: Have we gone too far in our response to adolescent sexual abusers and children with sexual behavior problems? ***Child Maltreatment***, 3(4):314–316.
- Chamberlain, P. and Reid, J.B. 1998. Comparison of two community alternatives to incarceration for chronic juvenile offenders. ***Journal of Consulting and Clinical Psychology***, 66(4):624–633.
- Charles, G. and McDonald, M. 1997. Adolescent sexual offenders. ***Journal of Child and Youth Care***, 11(1):15–25.
- Charles, G., Dale, K. and Collins, J. 1995. ***Final report of the difficult to serve adolescent sexual offender project***. (Health Canada #4887-09-91-083.) Wood's Homes, Calgary, Alberta.
- Cohen, J.A. and Mannarino, A.P. 1996. A treatment outcome study for sexually abused preschool children: Initial findings. ***Journal of American Academy of Child and Adolescent Psychiatry***, 35(1):42-49.
- Cohen, J.A. and Mannarino, A.P. 1996. Factors that mediate treatment outcome of sexually abused preschool children. ***Journal of American Academy of Child and Adolescent Psychiatry***, 34(10):1402-1410.

- Cohen, J.A. and Mannarino, A.P. 1997. A treatment study for sexually abused preschool children: outcome during a one-year follow-up. *Journal of American Academy of Child and Adolescent Psychiatry*, 36(9):1128-1235.
- Conte, M. 1986. *Sexual abuse and the family: A critical analysis*. In Trepper, T. and Barrett, M (eds.). **Treating incest: A multimodal systems perspective**. New York: Hawthorne Press.
- Cole , E. 1982. Sibling incest: The myth of benign sibling incest. *Women and Therapy*, 5,79-89.
- Courtios, C.A. 1988. **Healing the Incest Wound**. New York: Norton.
- Ross, Jones and Card. 1988. **Introduction to criminal law**. 11<sup>th</sup> ed. London, Edinburgh: Butterworths.
- Cunningham, C and MacFarlane L. 1991. **When children molest children: Group treatment strategies for young sexual offenders**. Orwell: VT:Safer Society Press.
- Cunningham, C. and MacFarlane, L. 1996. **When children abuse**. Brandon, VT:Safer Society Press.
- Dale, P., Davies, M., Morrison, T. and Walters, L. 1986. **Dangerous Families**. London: Tavistock.
- Davel, C.J. 2000. **Introduction to Law in South Africa**. Cape Town: Juta.
- Davidson, G.E. and Neale, J.M. 1990. **Abnormal Psychology**, 5th Edition. New York: John Wiley.
- Davies, N. 1990. **Once upon a time – Therapeutic Stories to Heal Abused Children**. Oxon Hill, MD: Psychological Associates of Oxon Hill.
- Davis, G.E. and Leitenberg, H. 1987. Adolescent sex offenders. *Psychological Bulletin*, 101(3):417–427.
- De Jong, A. and Rose, M. 1991. Legal proof of child sexual abuse in the absence of physical evidence. *Pediatrics*, 88(3):506-511.
- Department of Correctional Services. **Annual Report 2002**. Publish Department Correctional Services.
- Department of Welfare. 1998. **Information guide for social workers on the practical application of the Child Care Act (Act no 74 of 1983) as amended and regulations**. Pretoria.
- De Villiers, D.S. 1988. **Die strafregtelike verantwoordelikheid van kinders**. Proefskrif vir die graad Doctor Legulm. Universiteit van Pretoria.

Deitz, S.R., Blackwell, K.T., Daley, P.C. and Bentley, B.J. 1982. Measurement of empathy toward rape victims and rapists. *Journal of Personality and Social Psychology*, (43)372-384.

De Vos, A.S. 2000. *Research at Grass Roots: A primer for the caring professions*. Pretoria. Van Schaik.

DiLeo, J.H. 1983. *Interpreting Children's Drawings*. New York: Brunner Mazel.

Dougher, M.J. 1995. Clinical assessment of sex offenders. In Schwartz, B.K. and Cellini, H.R. (eds.) *The Sex Offender: Vol. 1. Corrections, Treatment and Legal Practice*. Kingston, NJ: Civic Research Institute, pp. 11.2–11.13.

Edson, C. 1991. *Sex Offender Treatment*. Medford, OR: Department of Corrections.

Edwards, A. 1992. 'n *Personeelontwikkelingsprogram vir maatskaplike werkers wat met strafsake werk met spesifieke verwysing na seksuele misdrywe*. Magistertesis. Universiteit van Stellenbosch. Desember.

Elliott, D.S. 1994. *The Developmental Course of Sexual and Non-Sexual Violence: Results from a National Longitudinal Study*. Paper presented at the meeting of the Association for the Treatment of Sexual Abusers 13th Annual Research and Treatment Conference, San Francisco, CA.

Ellis, A. 1962. *Reason and Emotion in Psychotherapy*. Secaucus, NJ: Citadel Press.

Emerick, R. and Dutton, W. 1993. The effect of polygraphy on the self-report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research*. 6: 83-103.

English, D.J. and Ray, J.A. 1991. *Children with sexual behaviour problems: A behavioural comparison*. Olympia, WA: Department of Social and Health Services.

English, K. J., Pullen, S., Jones, L. and Krauth, B. 1996. A model process: A containment approach. In English, K., Pullen, S., and Jones, L. (eds.) *Managing Adult Sex Offenders: A Containment Approach*. American Probation and Parole Association, Lexington, KY.

Epps, K. 1991. The residential treatment of adolescent sex offenders. *Issues in Criminological and Legal Psychology*, 1, 58-67.

Epps, K.J. 1994. Managing sexually abusive adolescents in residential settings: A strategy for risk assessment. *Issues in Criminological and Legal Psychology*, 21:54–60.

Erikson, E. 1965. *Childhood and Society*. London: Penguin.

Erikson, E.H. 1963. *Childhood and society* (2<sup>nd</sup> ed.) New York: Norton.

- Erooga, M. and Masson, H. 1999. ***Children and Young People who Sexually Abuse Others***. New York: Routledge.
- Eth, S. and Pynoos, M. 1985. ***Post Traumatic Stress Disorder in Children***. Washington, DC: America Psychiatric Press.
- Everstine, D.S. and Everstine, L. 1989. ***Sexual Trauma in Children and Adolescents: Dynamics and Treatment***. New York: Brunner/Mazel.
- Fagan, J. and Wexler, S. 1988. Explanations of sexual assault among violent delinquents. ***Journal of Adolescent Research***, 3, 363-385.
- Faller, K.C. 1988. ***Child sexual abuse: An Interdisciplinary Manual for Diagnosis, Case Management and Treatment***. Columbia: Columbia University Press.
- Family Group Conference Report***. 1997. Report on Family Group Conference held on 07/05/97 at Villiersdorp, unpublished, Nicro Western Cape.
- Fatout, M.F. 1990. Aggression: A characteristic of physically abused latency-aged children. ***Child Adolescent Social Work***, 7(5),365-376.
- Fehrenbach, P.A., Smith, W., Monastersky, C. and Deisher, R.W. 1986. Adolescent sexual offenders: Offender and offense characteristics. ***American Journal of Orthopsychiatry***, 56(2):225–233.
- Feldman, W., Feldman, E. Goodman, J.T., McGrath, P.J., Pless, R.P., Corsini, L. and Bennet, S. 1991. Is childhood sexual abuse really increasing in prevalence? ***Pediatrics***, 88(1):29-33.
- Farrara, M.L. and McDonald, S. 1996. ***Treatment of the Juvenile Sex Offender: Neurological and Psychiatric Impairments***. Northvale, NJ: Jason Aronson.
- Ferby, L., Weinrott, M.R. and Blackshaw, L. 1989. Sex offender recidivism: a review. ***Psychological Bulletin***, (105)3-30.
- Fergusson, D., Horwood, J. and Lynskey, M.T. 1996. ***Journal of American Academy of Child and Adolescent Psychiatry***, 34(10):1365-1374.
- Finkelhor, D. 1979. ***Sexually Victimized Children***. New York: The Free Press, Division of Macmillan Publishing Co., Inc..
- Finkelhor, D. and Araji, S. 1983. ***Explanations of Pedophilia: A Four Factor Model***. Durham, NH: University of New Hampshire Family Violence Research Programme.

- Finkelhor, D. and Browne, A. 1986. **A Sourcebook on Child Sexual Abuse**. Newbury Park: Sage.
- Ford, M.E. and Linney, J.A. 1995. Comparative analysis of juvenile sexual offenders, violent nonsexual offenders, and status offenders. **Journal of Interpersonal Violence**, 10, 56-70.
- Forth, A.E. and Burke, H.C. 1998. Psychopathy in adolescence: Assessment, violence, and developmental precursors. In Cooke, D., Forth, A.E. and Hare, R.E. (eds.) **Psychopathy: Theory, Research, and Implications for Society**. Dordrecht, The Netherlands: Kluwer, pp. 205–229.
- Forth, A.E., Hart, S.D. and Hare, R.D. 1990. Assessment of psychopathy in male young offenders. **Psychological Assessment: A Journal of Consulting and Clinical Psychology**, 2(3):342–344.
- Forward, S. 1979. **Betrayal of Innocence : Incest and its Devastations**. New York: Penguin Books.
- Fraser, M.W. 1996. Aggressive behaviour in childhood and early adolescence: An ecological-development perspective on youth violence. **Social Work: Journal of the National Association of Social Workers**, 41(4), 347-361.
- Freeman-Longo, R.E. 1996. The impact of sexual victimization on males. **Child Abuse and Neglect**, 10, 411-414.
- Freeman-Longo, R.E., Bird, S., Stevenson, W.F. and Fiske, J.A. 1994. **1994 Nationwide Survey of Treatment Programs and Models Serving Abuse-Reactive Children and Adolescent and Adult Sex Offenders**. Brandon, VT: The Safer Society Program and Press.
- Freud, S. 1953. **Three Essays on the Theory of Sexuality**. Standard Edition. London: Hogarth.
- Freud, S. 1954. **The Origins of Psychoanalysis**. New York: Basic Books.
- Freud, S, 1964. **Normality and Pathology in Childhood: Assessment of Development**. New York: International University Press,
- Friedrich, W. N., Fisher, J., Broughton, D., Houston, M. and Shafran, C. 1998. Normative sexual behaviour in children: a contemporary sample. **Pediatrics**, 101(4):693-694.
- Friedrich, W.N., Grambsch, P., Broughton, D., Kuiper, J. and Beilke, R. 1991. Normal sexual behaviour in children. **Pediatrics**, 88(3):456-462.
- Friedrich, W.N. 1990. **Psychotherapy of Sexually Abused Children and Their Families**. New York, NY:Norton..

- Friedrich, W.N. 1991. **Casebook of Sexual Abuse Treatment**. New York: Norton.
- Friedrich, W.N. 1993. **Sexual Behaviour in Sexually Abused Children**. New York: Norton.
- Friedrich, W.N. 1993b. Sexual behaviour in sexually abused children. **Violence Update**, (7)11.
- Friedrich, W.N. 1995. **Psychotherapy with Sexually Abused Boys**. Thousand Oaks: CA:Sage.
- Friedrich, W.N. and Gerber, P. 1996. **Multiple methods to assess dissociation in adolescent sex offenders**. Paper presented at the biannual meeting of the International Society of the Prevention of Child Abuse and Neglect, Dublin, Ireland.
- Friedrich, W.N. and Luecke, W.J. 1988. Young school-age sexually aggressive children. **Professional Psychology, Research and Practice**, 19(2)456-464.
- Friedrich, W.N., Grambsch, P., Damon, L., and Hewitt, S. 1985. Child sexual behavior inventory: normative and clinical comparisons. **Psychological Assessment**, 4, 303-311.
- Friedrich, W.N., Urquiza, A.J. and Beilke, R. 1986. Behavioural problems in sexually abused young children. **Journal of Pediatric Psychology**, (11):47-57.
- Futterman, D., Hein, K., Reuben, N., Dell, R. and Shaffer, N. 1993. Human Immunodeficiency Virus-infected adolescents. **Pediatrics**, 91(4):730-735.
- Gardner, R.A. 1971. **Therapeutic Communication with Children and their Families**. New York: Jason Aaronson.
- Garland, R.J. and Dougher, M.J. 1990. **Paedophilia: Biosocial Dimensions**. New York: Springer –Verlag.
- Garnefski, N and Diekstra, R. 1997. Child sexual abuse and emotional and behavioral problems in adolescence: Gender differences. **Journal of American Academy of Child and Adolescent Psychiatry**, 36(3):323-329.
- Gensheimer, K.K., Mayer, J.P., Gottschalk, R. and Davidson, W.S. 1987. Diverting youth from the juvenile justice system: A meta-analysis of intervention efficacy. **Youth Violence**, New York: Pergamon, 39-57.
- Giarretto, H. 1978. Coordinated community treatment of incest. In Burgess, A. Groth, N., Holstromand, L. and Sgroi, S. (eds.) **Sexual Assault of Children and Adolescents**. San Francisco: Lexington Books.
- Gil, E and Johnson, T.C. 1993. **Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest**. Rockville, MD: Launch Press.

- Gil, E. 1993. Etiological theories. In Gil, E. and Johnson, T.C. (eds). ***Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest***. Rockville, MD: Launch Press, 53-56.
- Gil, E. 1993. Individual therapy. In Gil, E. and Johnson, T.C. (eds). ***Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest***. Rockville, MD: Launch Press, 179-210.
- Gil, E. 1993. Family treatment. In Gil, E. and Johnson, T.C. (eds). ***Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest***. Rockville, MD: Launch Press, 275-302.
- Gilby, R., Wolf, L. and Goldberg, B. 1989. Mentally retarded adolescent sex offenders: A survey and pilot study. ***Canadian Journal of Psychiatry***, 4(6):542–548.
- Gildenhuys, M. 2000. ***The application of the Child Care Act in respect of the assessment and sentencing of juvenile offenders***. M.A. Thesis, University of Stellenbosch.
- Gilgun, J. and Connor, T. 1989. ***Isolation and the adult male perpetrator of child sexual abuse***. Unpublished manuscript.
- Gilinas, D . 1988. Early childhood masturbation: A developmental approach. ***Pediatric Nursing***, (12)47-49.
- Goldman J.D.G. 1994. Some methodological problems in planning, executing and validating a cross-national study of children's sexual cognition. ***International Journal of Intercultural Relations***, 18(1):1-27.
- Goocher, B.E. 1994. Some comments on the residential treatment of juvenile sex offenders. ***Child and Youth Care Forum***, 23(4):243–250.
- Gordon, B.N. and Schroeder, C.S., Abrams, J.M. 1990. Children's knowledge of sexuality: A comparison of sexually abused and non-abused children. ***American Journal of Orthopsychiatry***, 60(1):250-257.
- Gray, A., Busconi, A., Houchens, P. and Pithers, W.D. 1997. Children with sexual behavior problems and their caregivers: Demographics, functioning and clinical patterns. ***Sexual Abuse: A Journal of Research and Treatment***. 9(4):267–290.
- Gray, A.S. and Pithers, W.D. 1993. Relapse prevention with sexually aggressive adolescents and children: Expanding treatment and supervision. In Barbaree, H.E., Marshall, W.L. and Hudson, S.M. (eds.) ***The Juvenile Sex Offender***. New York, NY: Guilford Press, pp. 289–319.

- Green, A.H. 1988. Special issues in child sexual abuse, In Schetsky, D. and Greens, A.H. (eds.), ***Child Sexual Abuse: A Handbook for Health Care and Legal Professionals***. New York; Brunner/Mazel.
- Greydanus. 1997. The rebellious adolescent. ***The Paediatric Clinics of North America***, 44(6):1462-1463.
- Griggs, D.R. and Boldi, A. 1995. Parallel treatment of parents of abuse reactive children. In M. Hunter (ed.) ***Child Survivors and Perpetrators of Sexual Abuse: Treatment Innovations***. Thousand Oaks, CA: Sage.
- Grinnell, R.M. 1993. ***Social Work Research and Evaluation***. Itasca, Illinois: Peacock Publishers.
- Grisso, T. 1997. The competence of adolescents as trial defendants. ***Psychology, Public Policy, and Law***, 3, 3-32.
- Groth, A.N. 1979. ***Men Who Rape***. New York: Plenum Press.
- Groth, A.N. and Burgess, A.W. 1977. Motivational intent in the sexual assault of children. ***Criminal Justice and Behaviour***. 4(3), 253-263.
- Groth, N.A., Longo, R.E. and McFadin, J.B. 1982. Undetected recidivism among rapists and child molesters. ***Crime and Delinquency***, 28(3):450–458.
- Hall, G.C. 1995. Sexual offender recidivism revisited: meta-analysis of recent treatment studies. ***Journal of Consulting and Clinical Psychology***. 63(5): 802-9.
- Hanson, R.K. and Buissière, M.T. 1996. ***Predictors of Sexual Offender Recidivism: A Meta-analysis***. Ottawa, Canada: Solicitor General, Public Works and Government Services.
- Hanson, R.K. and Buissière, M.T. 1998. Predicting relapse: A meta-analysis of sexual offender recidivism studies. ***Journal of Consulting and Clinical Psychology***, 66(2):348–362.
- Harper, J. 1991. Children's play: The differential effects of intra-familial physical and sexual abuse. ***Child Abuse and Neglect***, 15(1):89-98.
- Harris, G.T., Rice, M.E. and Quinsey, V.L. 1993. Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument. ***Criminal Justice and Behavior***, 20(4):315–335.
- Heim, K., Dell, R., Futterman, D., Rotheram-Borus, M.J. and Shaffer, N. 1995. Comparison of HIV+ and HIV- adolescents: Risk factors and psychosocial determinants. ***Pediatrics***, 95(1):96-104.

Henggeler, S.W., Melton, G.B. and Smith, L.A. 1992. Family preservation using multi-systemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60(6):953–961.

Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., and Cunningham, P.E. 1998. *Multisystemic Treatment of Antisocial Behavior in Children and Adolescents*. New York, NY: Guilford Press.

Henske, J.A. *New directions in facilitating the teaching role of parents in the sex education of their children*. Paper presented at the National Adult Education conference. 8 November 1984. Kentucky, USA.

Herbert, M. 1991. *Clinical Child Psychology*. Chichester: John Wiley.

Hibbard, R.A., Ingersoll, G.M. and Orr, D.P. 1990. Behavioral risk, emotional risk and child abuse among adolescents in a non-clinical setting. *Journal of American Academy of Child and Adolescent Psychiatry*, 86(6):896-901.

Hiemstra, V.E. 1987. *Suid-Afrikaanse Strafproses*. 4de uitgawe. Durban: Butterworth.

Hindman, J. 1994. *Juvenile Culpability Assessment*. Ontario, OR:Alexandria.

Hoare, P. 1993. *Essential Child Psychiatry*. London: Medical division Longman Group Limited.

Haugaard, J. and Tilly, C. 1988. Characteristics predicting children's responses to sexual encounters with other children. *Child Abuse and Neglect*, 12, 209-218.

Hodges, K., McKnew, D., Cytryn, L., Stern, L., and Klien, J. 1982. The child assessment schedule (cas) diagnostic interview: A report on reliability and validity. *Journal of the American Academy of Child Psychiatry*, 21, 468-473.

Hoghugh, M. 1997. *Working with Sexually Abusive Adolescents*. London: Sage Publications.

Hollin, C.R. 1990. *Cognitive-Behavioural Interventions with Young Offenders*. New York, Pergamon Press.

Honing, A. 1998. **Psychosexual development in infants and young children: Implications for caregivers**. Paper presented at the annual meeting of the National Association for the Education of Young Children.

Hostler, S., Allaire, J.H. and Christoph, R.A. 1993. Childhood sexual abuse reported by facilitated communication. *Pediatrics*, 91(6):1190-1192.

Howel, J.C.; Krisberg, B.; Hawkins, J.D. and Wilson, J. (eds.) 1995. **A Sourcebook. Serious Violent and Chronic Juvenile Offenders**. California: Sage publications Inc.

Howes, F. 1992. **Gemeenskapstrawwe en Maatskaplike werk**. Raad vir Geesteswetenskaplike navorsing. Pretoria.

Hunter, J.A. and Figueredo, A.J. (1999). Factors associated with treatment compliance in a population of juvenile sexual offenders. **Sexual Abuse: A Journal of Research and Treatment**, 11, 49-68.

Hunter, J.A. and Becker, J.V. 1998. Motivators of adolescent sex offenders and treatment perspectives. In J. Shaw (ed.) **Sexual Aggression**. Washington, DC: American Psychiatric Press, Inc.

Hunter, J.A. and Becker, J.V. 1994. The role of deviant sexual arousal in juvenile sexual offending: Etiology, evaluation, and treatment. **Criminal Justice and Behavior**, 21(1):132-149.

Hunter, J.A. and Goodwin, D.W. 1992. The utility of satiation therapy in the treatment of juvenile sexual offenders: Variations and efficacy. **Annals of Sex Research**, 5, 71-80.

Hunter, J.A. and Lexier, L.J. (1998). Ethical and legal issues in the assessment and treatment of juvenile sex offenders. **Child Maltreatment**, 3, 340-349.

Hunter, J.A. and Santos, D.R. 1990. The use of specialized cognitive-behavioural therapies in the treatment of adolescent sex offenders. **International Journal of Offender Therapy and Comparative Criminology**, (34)239-247.

Hunter, J.A., Becker, J.V., Kaplan, M. and Goodwin, D.W. 1991. The reliability and discriminative utility of the adolescent cognition scale for juvenile sexual offenses. **Annals of Sex Research**, 4, 281-286.

Hunter, J.A., Goodwin, D.W. and Becker, J.V. (1994). The relationship between phallometrically measured deviant sexual arousal and clinical characteristics in juvenile sexual offenders. **Behavior Research and Therapy**, 32, 533-538.

Hunter, J.A. and Becker, J.V. 1994. The role of deviant sexual arousal in juvenile sexual offending: Etiology, evaluation, and treatment. **Criminal Justice and Behavior**, 21, 132-149.

**Inter-Ministerial Committee on young people at risk**. 1996. Interim policy recommendations. Pretoria. November.

**Inter-Ministerial Committee on young people at risk**. 1996. Report on places of safety, schools of industry and reform schools. Pretoria. July.

- Izzo, R.H. and Ross, R.R. 1990. Meta-analysis of rehabilitation programs for juvenile delinquents: A brief report. ***Criminal Justice and Behavior***, (1):134–142.
- Jacobs, W.L., Kennedy, W.A. and Meyer, J.B. 1997. Juvenile delinquents: A between-group comparison study of sexual and nonsexual offenders. ***Sexual Abuse: A Journal of Research and Treatment***, 9(3):201–218.
- Jaudes, P.K. and Martone, M. 1992. Interdisciplinary evaluations of alleged sexual abuse cases. ***Pediatrics***, 89(6):1164-1168.
- Jehu, D. 1990. ***Beyond Sexual Abuse: Therapy with Women who were Childhood Victims***. New York: John Wiley.
- Johnson, T.C. 1991. Prolapse of the Urethra: Confusion of clinical and anatomic characteristics with sexual abuse. ***Pediatrics***, 87(5):722-725.
- Johnson, T.C. 1991. Children who molest children: Identification and treatment approaches for children who molest other children. ***The APSAC Advisor***. (Fall):9–11, 23.
- Johnson, T.C. 1993. Childhood sexuality. In Gil, E. and Johnson, T.C. (eds). ***Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest***. Rockville, MD: Launch Press, 1-20.
- Johnson, T.C. 1993. Preliminary findings. In Gil, E. and Johnson, T.C. (eds). ***Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest***. Rockville, MD: Launch Press, 63-89.
- Johnson, T.C. 1993. Sexual behaviours of latency age children in residential treatment. In Gil, E. and Johnson, T.C. (eds). ***Sexualised Children: Assessment and Treatment of Sexualised Children and Children who Molest***. Rockville, MD: Launch Press, 1-22.
- Johnson, T.C. 1995. ***Manual on the Treatment Exercises for Child Abuse Victims and Children with Problematic Sexual Behaviour Problems***. Rockville.
- Johnson, T.C., and Feldmeth, J.R. 1993. Sexual behaviours: A continuum. In Gil E. and Johnson, T.C. (eds.), ***Sexualized Children: Assessment and Treatment of Sexualized Children and Children who Molest***. Rockville, MD: Launch Press, 1-20.
- Johnson, W.R. 1969. ***Human sexual behaviour and sex education***. Philadelphia: Lea and Febiger.
- Johnson-Reid, M. (1998). Youth violence and exposure to violence in childhood: An ecological review. ***Aggression and Violent Behavior***, 3, 159-179.

- Kadushin, A. 1980. **Child Welfare Services**. 3<sup>rd</sup> ed. New York: McMillan Publishing Co. London: Collier Macmillan Publishers.
- Kaemingk, K.L., Koselka, M., Becker, J.V., and Kaplan, M.S. (1995). Age and adolescent sexual offender arousal. **Sexual Abuse: A Journal of Research and Treatment**, 7, 249-257.
- Kahn, T.J. and Chambers, H.J. 1991. Assessing re-offense risk with juvenile sexual offenders. **Child Welfare**, 19, 333-345.
- Kairys, S., Alexander, R., Block, R., Everett, V. Hymel, K. and Johnson, C. 1999. Guidelines for the evaluation of sexual abuse of children. **Pediatrics**, 103(1):186-191.
- Kaplan, M., Kaplan, W.R. and Monastersky, C. 1986. Assessing juvenile sexual offenders' risk for re-offending. **Criminal Justice and Behavior**, 13(2):115–140.
- Katz, R.C. 1990. Psychosocial adjustment in adolescent child molesters. **Child Abuse and Neglect**, 14(4):567–575.
- Kaufman, B. and Wohl, A. 1992. **Casualties of Childhood: A Developmental Perspective on Sexual Abuse using Projective Drawings**. New York: Brunner Mazel.
- Kaufman, K.L., Hilliker, D.R. and Daleiden, E.L. 1996. Subgroup differences in the modus operandi of adolescent sexual offenders. **Child Maltreatment**, 1, 17-24.
- Kavoussi, R.J., Kaplan, M. and Becker, J.V. 1988. Psychiatric diagnoses in adolescent sex offenders. **Journal of the American Academy of Child and Adolescent Psychiatry**, 27(2):241–243.
- Kelley, S.J. 1993. Sexual abuse of children in day care centres. **Child Abuse and Neglect**, 17(1): 71-89.
- Kimball, L.M., and Guarino-Ghezzi, S. 1996. **Sex Offender Treatment: An Assessment of Sex Offender Treatment Within the Massachusetts Department of Youth Services**. Juvenile Justice Series Report: No. 10. Boston, MA: Northeastern University, Privatized Research Management Initiative.
- Knight, R.A. and Cerce, D.D. 1999. Validation and revision of the Multidimensional Assessment of Sex and Aggression. **Psychologica Belgica**, 39(2/3):135–161.
- Knight, R.A. and Prentky, R.A. 1993. Exploring characteristics for classifying juvenile sex offenders. In Barbaree, H.E., Marshall, W.L. and Hudson, S.M. (eds.) **The Juvenile Sex Offender**. New York, NY: Guilford Press, pp. 45–83.

- Knight, R.A., Prentky, R.A., and Cerce, D.D. 1994. The development, reliability, and validity of an inventory for the multidimensional assessment of sex and aggression. *Criminal Justice and Behavior*, 21(1): 72–94.
- Knopp, F.H., Freeman-Longo, R. and Stephenson, W.H. 1992. *Nationwide Survey of Juvenile and Adult Sex Offender Treatment Programme and Models*. Orwell, VT: Safer Society Programme Publications.
- Kobayashi, J., Sales, B.D., Becker, J.V., Figueredo, A.J. and Kaplan, M.S. 1995. Perceived parental deviance, parent-child bonding, child abuse, and child sexual aggression. *Sexual Abuse: A Journal of Research and Treatment*, 7(1):25–43.
- Koss, M.P. and Denero, T.E. 1987. *Predictors of sexual aggression among a national sample of male college students*. Paper presented at the New York Academy of Science Conference on Human Sexual Aggression. Current Perspectives, New York.
- Kraemer, B.D., Salisbury, S.B. and Spielman, C.R. 1998. Pretreatment variables associated with treatment failure in a residential juvenile sex-offender program. *Criminal Justice and Behavior*, 25(2):190–202.
- Kraemer, B.D., Spielman, C.R. and Salisbury, S.B. 1995. Juvenile sex offending psychometric assessment. In Schwartz, B.K. and Cellini, H.R. (eds.) *The Sex Offender: Vol. 1. Corrections, Treatment and Legal Practice*. Civic Research Institute, pp. 11.1–11.13.
- Krugman, R.D., Bays, J.A., Chadwick, D.L., McHugh, M.T. and Whitworth, J.M. 1991. Guidelines for the evaluation of sexual abuse of children. *Pediatrics*, 87(2):254-260.
- Krugman, S., Mata, L. and Krugman, R. 1992. Sexual abuse and corporal punishment during childhood: A pilot study retrospective survey of university students in Costa Rica. *Pediatrics*, 90(1):157-161.
- Lab, S., Shields, G. and Schondel, C. 1993. Research note: An evaluation of juvenile sexual offender treatment. *Crime and Delinquency*, 39(4):543–553.
- Laben, J.K., Dodd, D. and Sneed, L. 1991. King's theory of goal attainment applied in group therapy for inpatient juvenile sexual offenders, maximum security state offenders, and community parolees, using visual aids. *Issues in Mental Health Nursing*, 12(1):51–64.
- Ladikos, A. 1997. The experiential world of youthful victims: An appeal to restorative justice in the new South Afrika. *Acta Criminologica*. 10(2):38-46.
- Landis, L. 1956. Experiences of 500 children with adult sexual deviants. *Psychiatric Quarterly Supplement*, 56(30):91-109.

- Lane, S. 1997. The sexual abuse cycle. In Ryan, G. and Lane, S. (eds). ***Juvenile Sexual Offending: Causes, Consequences and Correction***. Lexington, MA: Lexington Books, pp. 103-141.
- Lane, S. and Isaac, C. 1997. ***Identification and interruption of sexually offending behaviours in pre-puberscent children***. Paper presented at the Proceedings of the Sixteenth Annual Child Abuse and Neglect Symposium Keystone, CO.
- Lane, S. and Lobanov-Rostovsky, C. 1997. Special populations: Children, families, the developmentally disabled, and violent youth. In Ryan, G.D. and Lane, S. L. (eds.) ***Juvenile Sexual Offending: Causes, Consequences, and Correction***. San Francisco, CA: Jossey-Bass Publishers, pp. 322–359.
- Langevin, R., Marentette, D. and Rosati, B. 1996. Why therapy fails with some sex offenders: Learning difficulties examined empirically. In ***Sex Offender Treatment: Biological Dysfunction, Intrapsychic Conflict, Interpersonal Violence***. Binghamton, NY: The Haworth Press, pp. 143–155.
- Lanning, K.V. 1987. ***Child Molesters: A Behavioural Analysis***. Quantico, VA: National Centre for Missing and Exploited Children.
- Lark-Harovaitz, B. 1976. ***The Art of the Very Young: An Indicator of Individuality***. Columbus, OH: Charles Merrill Publishing.
- Larson, N.R. and Maddock, J.W. 1986. Structural and functional variables in incest family systems: Implications for assessment and treatment. In Trepper T.S. and Barret, M.J. (Eds.) ***Treating Incest: A Multiple Systems Perspective***. New York: Haworth.
- Laws, R.D. 1989. ***Relapse Prevention with Sex Offenders***. New York: Golf Press.
- Leder, M.R., Emans, S.J., Hafler, J.P. and Rappaport, L.A. 1999. Addressing sexual abuse in the primary care setting. ***Pediatrics***, 104(2):270-275.
- Lee, D.G. and Olender, M.B. 1992. Working with juvenile sex offenders in foster care. ***Community Alternatives: International Journal of Family Care***, 4(2):63–75.
- Leifer, M. and Shapiro, M.W. and Martone, M.W. and Kassem, L. 1991. Rorschach assessment of psychological functioning in sexually abused girls. ***Journal of Personality Assessment***, 56(1):14-28.
- Levin, M.D., Carey, W.B. and Crocker, A.C. 1992. ***Developmental-Behavioural Pediatrics***. London: W.B. Saunders Company.

- Lewis, D.O., Shanok, S.S. and Pincus, J.H. 1981. Juvenile male sex assaulters: Psychiatric, neurological, psycho-educational and abuse factors. In Lewis, D.O. (ed.) ***Vulnerabilities to delinquency***. Jamaica, NY: Spectrum Publications.
- Lewis, S. 1999. ***An Adult's Guide to Childhood Trauma***. Cape Town: David Philip Publishers.
- Lieb, R. (1998). ***Sex Offenses in Washington State: 1998 Update***. Washington State Institute for Public Policy, Olympia, WA.
- Lightfoot, L.O. and Barbaree, H.E. 1993. The relationship between substance use and abuse and sexual offending in adolescents. In Barbaree, H.E., Marshall, W.L. and Hudson, S.M. (eds.) ***The Juvenile Sex Offender***, New York, NY: Guilford Press, pp. 203–224.
- Lindblad, F. 1995. Preschoolers' sexual behaviour at day-care centres: An epidemiological study. ***Child Abuse and Neglect***, 19(5):569-577.
- Lindgren, M. L., Hanson, C., Hammett, T. A., Beil, J., Fleming, P. L. and Ward, J. W. 1998. Sexual abuse of children: Intersection with the HIV epidemic. ***Pediatrics***, 102(4):967-968.
- Lipsey, M.W. and Wilson, D.B. 1998. Effective intervention for serious juvenile offenders: A synthesis of research. In Loeber, R. and Farrington, D.P. (eds.) ***Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions***. Thousand Oaks, CA: Sage Publications, pp. 313–345.
- Loeber, R. and Stouthamer-Loeber, M. 1998. Development of juvenile aggression and violence: Some common misconceptions and controversies. ***American Psychologist***, 53, 242-259.
- MacDonald, V.M. and Achenbach, T.M. 1999. Attention problems versus conduct problems as 6-year predictors of signs of disturbance in a national sample. ***Journal of American Academy of Child and Adolescent Psychiatry***, 38(10):1254-1261.
- Mackinnon, K. 1987. A feminist/political approach: pleasure under patriarchy. ***Theories of Human Sexuality***. New York: Plenum Press.
- MacLeod, M. and Saraga, E. 1991. Clearing a path through the undergrowth: a feminist reading of recent literature on child sexual abuse. ***Social Work and Social Welfare***, Milton Keynes: Open University Press.
- Main, M., Kaplan, N., and Cassidy, J. 1985. Security in infancy, childhood and adulthood: A move to the level of representation. ***Monographs of the Society of Research in Child Development***, (50)66-166.

Maletzky, B.M. 1991. ***Treating the Sexual Offender***. Newbury Park, California: Sage Publications, Inc.

Mancini, C., Van Ameringen, M., Szatmari, P., Fugere, C. and Boyle, M. 1996. A highrisk pilot study of the children of adults with social phobia. ***Journal of American Academy of Child and Adolescent Psychiatry***, 35(11):1511-1517.

March, J.S., Parker, J.D.A., Sullivan, K., Stallings, P. and Conners, K., 1997. The Multidimensional Anxiety Scale for Children (MASC): Factor structure, reliability and validity. ***Journal of American Academy of Child and Adolescent Psychiatry***, 36(4):554-565.

Marques, J.K., Day, D.M., Nelson, C. and West, M.A. 1994. Effects of cognitive behavioral treatment on sex offender recidivism: Preliminary results of a longitudinal study. ***Criminal Justice and Behavior***, 21, 28-54.

Mars Stevenson, H.C. and Wimberley, R. 1990. Assessment of treatment impact of sexually aggressive youth. ***Journal of Offender Counseling, Services and Rehabilitation***, 15(2):55–68.

Marshall, W.L. and Barbaree, H.E. 1990. Outcome of comprehensive cognitive-behavioral treatment programs. In Barbaree, H.E., Marshall, W.L. and Hudson, S.M. (eds.) ***Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender***. New York, NY: Plenum Press, pp. 363–385.

Marshall, W.L., Barbaree, H.E. and Eccels, A. 1991. Early onset and deviant sexuality in child molesters. ***Journal of Interpersonal Violence***. 6, 323-336.

Mathews, R., Hunter, J.A. and Vuz, J. 1997. Juvenile female sexual offenders: Clinical characteristics and treatment issues. ***Sexual Abuse: A Journal of Research and Treatment***, 9(3):187–200.

McClellan, J., McCurry, C., Ronnei, M., Eisner, A. and Storck M. 1996. Age of onset of sexual abuse: Relationship to sexually inappropriate behaviours. ***Journal of American Academy of Child and Adolescent Psychiatry***, 34(10):1375-1383.

McCurry, C., McClellan, J., Adams, J., Norrei, M., Storck, M., Eisner, A. and Breiger, D. 1998. Sexual behavior associated with low verbal IQ in youths who have severe mental illness. ***Mental Retardation***, 36(1):23–30.

McDougall, J. 1990. ***Plea for a Measure of Abnormality***. London: Free Assosiation Books.

McLachlan, F. 1984. ***Children in Prison in South Africa***. A study commissioned by defence for Children International. Institute of Criminology. University of Cape Town.

- Mendlowitz, S., Manassis, K., Bradley, S., Scapillato, D., Miezitis, S. and Shaw, B. 1999. Cognitive-behavioural group treatments in childhood anxiety disorders: The role of parental involvement. *Journal of American Academy of Child and Adolescent Psychiatry*, 38(10):1223-1229.
- Mezey, G., Vizard, E., Hawkes, C. and Austin, R. 1990. A community treatment programme for convicted child sex offenders: a preliminary report. *The Journal of Forensic Psychiatry*, (1)12-25.
- Milloy, C.D. 1994. *A Comparative Study of Juvenile Sex Offenders and Non-sex Offenders*. Olympia, WA: Washington State Institute for Public Policy.
- Milner, J. and Murphy, W. 1995. Assessment of child physical and sexual abuse offenders. *Family Relations*, 44(4):478-488.
- Miner, M.H. and Crimmins, C.L.S. 1995. Adolescent sex offenders: Issues of etiology and risk factors. In Schwartz, B.K. and Cellini, H.R. (eds.) *The Sex Offender: Vol. 1. Corrections, Treatment and Legal Practice*, Civic Research Institute, pp. 9.1-9.15.
- Miner, M.H., Siekert, G.P. and Ackland, M.A. 1997. *Evaluation: Juvenile Sex Offender Treatment Program, Minnesota Correctional Facility—Sauk Centre*. Final report—Biennium 1995-1997. Minneapolis, MN: University of Minnesota, Department of Family Practice and Community Health, Program in Human Sexuality.
- Monahan, J. and Steadman, H.J. 1996. Violent storms and violent people: How meteorology can inform risk communication in mental health law. *American Psychologists*, 51, 931-938.
- Money, J. and Ehrhardt, A.A. 1992. *Man and Women, Boy and Girl*. Baltimore, MD: Johns Hopkins University Press.
- Monto, M., Zgourides, G. and Harris, R. 1998. Empathy, self-esteem, and the adolescent sexual offender. *Sexual Abuse: A Journal of Research and Treatment*, 10, 127-140.
- Moore, S. and Rosendal, D. 1993. *Sexuality in Adolescence*. London: Routledge.
- Morenz, B. and Becker, J.V. 1995. The treatment of youthful sexual offenders. *Applied and Preventive Psychology*, 4(4):247-256.
- Mouton, J. and Marais, H.C. 1990. *Basiese Begrippe: Metodologie van die geesteswetenskappe*. Pretoria: RGN.
- Muncie J, 1999. *Youth and Crime*. London: Sage Publications.

- Murphy, W.D. 1990. Assessment and modification of cognitive distortions in sex offenders. In Marshall, W.L., Laws, D.R. and Barbaree, H.E. (eds). **Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender**. New York, Plenum Press.
- Murphy, W.D., Haynes, M.R. and Page, I.J. 1992. Factors related to coercive sexual behaviour in a nonclinical sample of males. **Violence and Victims**, 1, 255-278.
- Mussen, P.H., Conger, J.J., Kagan, J. and Huston, A.C. 1984. **Child Development and Personality**. New York: Harper and Row Publishers.
- Nagy, S., Adcock, A.G. and Nagy, M.C. 1994. A comparison of risky health behaviours of sexually active, sexually abused and abstaining adolescents. **Pediatrics**, 93(4):570-575.
- Nagy, S., DiClemente, R. and Adcock, A.G. 1995. Adverse factors associated with forced sex among Southern adolescent girls. **Pediatrics**, 96(5):944-946 .
- National Adolescent Perpetrator Network. 1993. The revised report from the National Task Force on Juvenile Sexual Offending. **Juvenile and Family Court Journal**, 44(4):1–120.
- National Task Force on Juvenile Sexual Offending. 1993. *Final report*. A function of: National Adolescent Perpetration Network. **Juvenile and Family Court Journal**, 44(4):1–120.
- Nichols, H.R. and Molinder, M.A. 1984. **Multiphasic Sex Inventory Manual**. (437 Bowes Drive, Tacoma, WA 98466).
- Nickerson E.T. 1983. Art as a play therapeutic technique. In C.E. Schaefer and K.J. O'Connor (Eds.) **Handbook of Play Therapy**. New York: Wiley.
- Nicro. 2002. **Annual Report**.
- Nicro. 2004. **Annual Report**.
- Nussbaum, B.R. (1991) Sexual offending and victimization: prevalence and reactions of adolescent and adult sex offenders and college students. **Dissertation Abstracts International**, 51, 5036-5037.
- O'Brien, M. 1991. Taking sibling incest seriously. In Patton, M.Q. (ed.) **Family Sexual Abuse**, Newbury Park, CA: Sage Publications, pp. 75–92.
- O'Keefe, M. 1994. Linking marital violence, mother—child/father—child aggression, and child behavior problems. **Journal of Family Violence**, 9, 63-78.
- Olmesdahl, J.C.J. and Steytler, N.C. 1983. **Criminal Justice in South Africa. Selected Aspects of Discretion**. Cape Town. Juta and Co. Ltd.

- Orr, D., Beiter, M. and Ingersoll, G. 1991. Premature sexual activity as an indicator of psychosocial risk. *Pediatrics*, 87(2):141-146.
- Orr, D.P. and Langefeld, C.D. 1993. Factors associated with condom use by sexually active male adolescents at risk for sexually transmitted disease. *Journal of American Academy of Child and Adolescent Psychiatry*, 91(5):873-879.
- Oster, G. D. and Gould, P. 1987. *Using Drawings in Assessment and Therapy*. New York: Brummer Mazel.
- Patterson, S. 1986. *No No Seal*. New York: Rondon House.
- Pavlov, I.P. 1927. *Conditional Reflexes*, London: Oxford University Press.
- Peluso, E. and Putman, N., 1996. Case study: sexual abuse of boys by females. *Journal of American Academy of Child and Adolescent Psychiatry*, 35(1):51-54).
- Piaget, J. 1929. *The Child's Conception of the World*. London: Kegan Paul.
- Pierce, L.H. and Pierce, R.L. 1990. Adolescent/sibling perpetrators. In Horton, A.L., Johnson, L.M., Rouondy, L.M. and Williams, D. (eds.) *The Incest Perpetrator: A Family Member No One Wants to Treat*. Newbury Park, CA: Sage.
- Pine, D.S., Wasserman, G.A. and Workman, S.B. 1999. Memory and anxiety in pre-pubertal boys at risk for delinquency. *Journal of American Academy of Child and Adolescent Psychiatry*, 38(8):1024-1031.
- Ping W., Hoven, C.W., Bird, H.R., Moore, R.E., Cohen, P., Alegria, M., Dulcan, M.K., Goodman, S.H., Horwitz, S. M., Lichtman, J. H., Narrow, W.E., Rae, D.S., Regier, D.A. and Roper, M. 1999. Depressive and disruptive disorders and mental health service utilization in children and adolescents. *Journal of American Academy of Child and Adolescent Psychiatry*, 38(9):1081-1092.
- Pinnock, D. 1997. *Gangs and Rituals and Rites of Passage*. Cape Town. African Sun Press.
- Pinnock, D., Said, S., Sloth-Nielsen, J. and Muntingh, L. 1995. *Evaluation of Wynberg Assessment Centre and Evaluation of the Cape Town Assessment Centre*. Unpublished reports commissioned by the Provincial Administration of the Western Cape.
- Pithers, W. 1990. Relapse prevention with sexual aggressors: A method for maintaining therapeutic gain and enhancing external supervision. In Marshall, W.L., Laws, D.R., and Barbaree, H.E. (eds). *The Handbook for Sexual Assault: Issues, Theories, and Treatment of the Offender*. New York: Plenum Press.

Pithers, W., Gray, A.S., Cunningham, C. and Lane, S. 1993. **From trauma to understanding: A guide for parents of children with sexual behaviour problems.** Brandon, VT: Safer Society Press.

Pithers, W., Kashima, K.M., Cunningham, G.F., Beal, L.S. and Buell, MN. 1988. Relapse prevention: A method of enhancing maintenance of change in sex offenders. In Salter, A. (ed.) **Treating Child Sex Offenders and Victims.** Newbury Park, CA: Sage.

Pithers, W., Marques, J., Gibat C. and Marlatt, G. 1993. **Relapse Prevention with Sexual Aggressives.** New York: Van Nostrand Reinhold.

Pithers, W.D., Gray, A., Busconi, A. and Houchens, P. 1998a. Caregivers of children with sexual behavior problems: Psychological and familial functioning. **Child Abuse and Neglect**, 22(2):129–141.

Pithers, W.D., Gray, A., Busconi, A. and Houchens, P. 1998b. Children with sexual behavior problems: Identification of five distinct child types. **Child Abuse and Neglect**, 22(2):129–141.

Pollock, N.L. and Hashmall, J.M. 1991. The excuses of child molesters. **Behavioural Sciences and the Law**, (9)53-59.

Prentky, R and Bird, S. 1997. **Assessing Sexual Abuse: A Resource Guide for Practitioners.** Brandon, VT: Safer Society Press.

Prentky, R. 1995. A rationale for the treatment of sex offenders: Pro bono publico. In. McGuire, M. (ed.) **What Works: Reducing Re-offending Guidelines from Research and Practice**, New York, NY: John Wiley and Sons Ltd., pp. 153–170.

Prentky, R. 1997. Juvenile sex offenders: Assessment, classification and treatment needs. Presentation sponsored by the Child Abuse Action Network,

Prentky, R. and Burgess, A.W. 1990. Rehabilitation of child molesters: A cost-benefit analysis. **American Journal of Orthopsychiatry**, 60(1):108–117.

Prentky, R. and Edmunds, S.B. 1997. **Assessing Sexual Abuse: A Resource Guide for Practitioners.** Brandon, VT: Safer Society Press.

Prentky, R., Harris, B., Frizzell, K. and Righthand, S. 2000. An actuarial procedure for assessing risk in juvenile sex offenders. **Sexual Abuse: A Journal of Research and Treatment**, 12(2):71–93.

- Prentky, R., Knight, R., Rosenberg, R., and Lee, A. 1989. A path-analytic approach to the validation of a taxonomic system for classifying child molesters. *Journal of Quantitative Criminology*, (5):231-257.
- Prentky, R.A., Lee, A.F.S., Knight, R.A. and Cerce, D. 1997. Recidivism rates among child molesters and rapists: A methodological analysis. *Law and Human Behavior*, 21(6):635–660.
- Quackenbush, R.I.L. 1989. A comparison of androgynous, masculine sex-typed, and undifferentiated males on dimensions of attitudes toward rape. *Journal of Research in Personality*, (23)318-342.
- Quinsey, V.L., Harris, G.T., Rice, M.E. and Lalumiere, M.L. 1993. Assessing treatment efficacy in outcome studies of sex offenders. *Journal of Interpersonal Violence*, (8)512-523.
- Quinsey, V.L., Rice, M.E. and Harris, G.T. 1995. Actuarial prediction of sexual recidivism. *Journal of Interpersonal Violence*, 10(1):85–105.
- Rasmussen, L.A. 1999. Factors related to recidivism among juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 11(1):69–85.
- Rasmussen, L.A., Burton, J.E. and Christopherson, B.J. 1992. Precursors of offending and the trauma outcome process in sexually reactive children. *Journal of Child Sexual Abuse*, 1(1):33-48.
- Rawitscher, L.A., Saitz, R. and Friedman L.S. 1995. Adolescents' preferences regarding human immunodeficiency virus. *Pediatrics*, 96(1):52-53.
- Ray, J., Smith, V., Peterson, T., Gray, J., Schaffner, J. and Houff, M. 1995. A treatment program for children with sexual behavior problems. *Child and Adolescent Social Work Journal*, 12(5):331–343.
- Ray, J.A. and English, D.J. 1995. Comparison of female and male children with sexual behavior problems. *Journal of Youth and Adolescence*, 4(4):439–451.
- Redpath, J. 2002. *Children and sexual offences – An analyses of some custody, arrest and reporting trends*, Community Law Centre, University of Cape Town. June, 2002.
- Reiner, W.G. 1996. Case Study: Sex reassignment in a teenage girl. *Journal of American Academy of Child and Adolescent Psychiatry*, 35(6):799-803.
- Republic of South Africa. 1977. *Criminal Procedure Act, 1977. Act no 51 of 1977*. Pretoria: Government Gazette.

Republic of South Africa. 1983. **Child Care Act, Act no 74 of 1983**. Pretoria: Government Gazette.

Republic of South Africa. 1988. **Regulations under the Child Care Act. 1983**. Pretoria: Government Gazette. March.

Republic of South Africa. 1989. **Magistrate's Court Act, 1944. Act No 32, of 1944**. Pretoria: Government Gazette.

Republic of South Africa. 1996. **Child Care Amendment Act, 1983. Act No 74 of 1983**. Pretoria: Government Gazette.

Republic of South Africa. 1996. **Correctional Services Amendment Act, 1996. Act No 14 of 1996**. Pretoria: Government Gazette.

Republic of South Africa. 1997. **Ministry of Welfare and Population Development. White Paper for Social Welfare**. Pretoria: Government Gazette. August. 386:18166.

Republic of South Africa. 1997. **Probation Services Act, 1991. Act No 116, 1991**. Pretoria: Government Gazette.

Republic of South Africa. 1999. **Child Care Act, 1999. Act No 13 of 1999**. Pretoria: Government Gazette.

Republic of South Africa. 1999. **Department of Welfare Financing Policy. Notice 463 of 1999**. Pretoria: Government Gazette.

Republic of South Africa. 1996. **School Act, 1996. Act No 84 of 1996**. Pretoria: Government Gazette.

Republic of South Africa. 1957. **Sexual Offenders Act, no 23 of 1957**. Pretoria: Government Printer.

Republic of South Africa. 1996. **Constitution of the Republic of South Africa Bill, Act 108 of 1996**. Pretoria: Government Printer.

Republic of South Africa. 1998. **Domestic Violence Bill, Act no 75 of 1998**. Pretoria: Government Printer.

Resnick, M.D. and Blum, R.W. 1994. The association of consensual sexual intercourse during childhood with adolescent health risk and behaviours. **Pediatrics**, 94(6):907-913.

Richardson, G., Kelly, T.P., Bhate, S.R. and Graham, F. 1997. Group differences in abuser and abuse characteristics in a British sample of sexually abusive adolescents. ***Sexual Abuse: A Journal of Research and Treatment***, 9, 239-257.

Righthand, S., Hennings, R. and Wigley, P. 1989. ***Young sex offenders in Maine***. Portland, ME: University of Southern Maine, Public Policy and Management Program, Human Services Development Institute, Committee on Child Sex Abuse: Research Task Force.

Righthand, S. and Welch, W. 2001. ***Juveniles who have sexually offended***. U.S. Department of Justice. Office of Justice Programs. Office of Juvenile Justice Delinquency Prevention. Washington, DC.

Roberts, T.W. 1994. ***A Systems Perspective of Parenting: The Individual, the Family, and the Social Network***. Pacific Grove, DCA:Brookes/Cole.

Robinson, S. and Sadan, M. 1999. ***Where Poverty Hits Hardest: Children and the Budget in South Africa***. Cape Town: Idasa.

Ross, J.E. and Villier, M.P. 1993. Safety considerations in developing an adolescent sex offender program in residential treatment. In Braga, W.C. and Shimmer, R. (eds.) ***Sexual Abuse and Residential Treatment***. Binghamton, NY: Haworth Press, pp.37-47.

Rubin, A and Babbie, E. 1993. ***Research Methods for Social Work***. Pacific Grove, CA: Brooks/Cole.

Ryan, G. and Lane, S. 1991. ***Juvenile Sex Offending: Causes, Consequences, and Correction***. Lexington, MA: Lexington Books.

Ryan, G., Blum, J., Sandau-Christopher, D., Law, S., Weher, F., Sundine, C., Asler, L., Teske, L. and Dale, J. 1993. ***Understanding and Responding to the Sexual Behaviour of Children: Trainer's Manual***. Denver: Kempte Children's Centre, University of Colorado Health Sciences Centre.

Ryan, G and Lane, S. 1997. ***Juvenile Sexual Offending***. California: Jossey-Bass Inc..

Ryan, G., Miyoshi, T.J., Metzner, J.L., Krugman, R.D. and Fryer, G.E. 1996. Trends in a national sample of sexually abusive youths. ***Journal of the American Academy of Child and Adolescent Psychiatry***, 35(1):17-25.

Salekin, R.T., Rogers, R. and Sewell, K.W. 1996. A review and meta-analysis of the Psychopathy Checklist and Psychopathy Checklist-Revised: Predictive validity of dangerousness. ***Clinical Psychology: Science and Practice***, 3(3):203-215.

Samson, D.M. and McDonnell, A. 1990. Functional analysis and challenging behaviour. *Behavioural Psychotherapy*, (18) 259-271.

Sapp, A.D. and Vaughn, M.S. 1990. Juvenile sex offender treatment at state-operated correctional institutions. *International Journal of Offender Therapy and Comparative Criminology*, 34, 131-146.

Scavo, R. and Buchanan, B.D. 1989. Group therapy for male adolescent sex offenders: the offender and the offense. *Residential Treatment for Children and Youth*, 7(2): 59-74.

Schoentjes, E., Deboutte, D. and Friedrich, W. 1999. Child sexual behaviour inventory: a Dutch-speaking normative sample. *Pediatrics*, 104(4):885-893.

Schonfeld, D.J., O'Hare, L.L., Perrin, E.C., Quackenbush, M., Showalter, D.R. and Cicchetti, D.V. 1995. A randomised, controlled trial of a school-based, multi-faceted AIDS education program in the elementary grades: the impact on comprehension, knowledge and fears. *Pediatrics*, 95(4):480-486.

Schram, D.D., Milloy, C.D. and Rowe, W.E. 1991. *Juvenile Sex Offenders: A Follow Up Study of Re-offense Behavior*. Olympia, WA: Washington State Institute for Public Policy, Urban Policy Research and Cambie Group International.

Schutt, R. 1996. *Investigating the Social World*. California: Pine Forge Press.

Schutte, I. 2000. The prevention and early detection of sexual abuse. *Child Abuse Research in South Africa*, 1(2):8-12.

Serin, R.C. 1996. Violent recidivism in criminal psychopaths. *Law and Human Behavior*, 20(2):207-217.

Sgroi, S. 1978. *Child sexual assault: Some guidelines for intervention and assessment*. In Burgess, A.W., Groth, N.A., Holmstrom, L.L. and Sgroi, S.M. (eds.) *Sexual assault of children and adolescents*. Lexington, MA: Lexington Books.

Sgroi, S.M., Bunk, B.S. and Wabrek, C.J. 1988. Children's sexual behaviours and their relationship to sexual abuse. In Sgroi, S.M. (ed.) *Vulnerable Populations and Treatment of Sexually Abused Children and Adult Survivors*. Lexington, MA: Lexington Books.

Shapiro, J.P. 1991. Interviewing children about psychological issues associated with sexual abuse. *Psychotherapy*, 28(1):55-66.

Shelov, S., Bar-on, M., Beard, L., Hogan, M., Holroyed, H.J., Prentice, B., Norman Sherry, S. and Strasburger, V. 1995. Sexuality, contraception and the media. *Pediatrics*, 95(2):298-300.

- Sickmund, M., Snyder, H.N. and Poe-Yamagata, E. 1997. **Juvenile Offenders and Victims: 1997 Update on Violence**. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.
- Singer, K. and Sermabeikian, P. 1995. **Using doll re-enactments to increase victim empathy**. Unpublished manuscript.
- Sipe, R., Jensen, E.L. and Everett, R.S. 1998. Adolescent sexual offenders grown up: Recidivism in young adulthood. **Criminal Justice and Behavior**, 25(1):109–124.
- Skinner, A.C.R. 1974. **Science and Human Behaviour**. New York: MacMillan.
- Skversky, A. 1997. Philly Kids Play It Safe Programme. Unpublished manuscript.
- Sloth-Nielsen, J. 1996. Pre-trial detention of children revisited: amending Section 29 of the Correctional Services act. **South African Journal of Criminal Justice**. (1): 60-72.
- Sloth-Nielsen, J. 1997. Juvenile justice: Regspleging ten opsigte van minderjariges. **South African Journal of Criminal Justice**, 11(1): 97-107.
- Sloth-Nielsen, J. 1999. The Juvenile Justice law reform process in South Africa. Can a children's rights approach carry the day? **1999 Quinnipiac Law Review**, (vol 18) 469.
- Sloth-Nielsen, J. 1999. Charting the development of a New York Statute in SA: An opportunity for innovation. **1999 Youth Justice Matters**, 18.
- Sloth-Nielsen, J. and Muntingh, L. 1999. Annual juvenile justice review 1998. **South African Journal of Criminal Justice**, 12:65-80.
- Sloth-Nielsen, J. 2000. Child justice and law reform. In Davel, C.J. (ed). **Introduction nto Child Law in South Africa**. Juta and Co.
- Smith, E.A., Udry, J., and Morris, N.M. 1985. Pubertal development and friends: A biosocial explanation of adolescent sexual behaviour. **Journal of Health and Social Behaviour**, 26, 183-192.
- Smith, G. 1994. Parent, partner, protector: conflicting role demands for mothers of sexually abused children. In Morrison, T. and Erooga, M. and Beckett, R. (eds.), **Sexual Offending Against Children: Assessment and Treatment of Male Abusers**, London: Routledge.
- Smith, G. and Fischer, L. 1999. Assessment of juvenile sexual offenders: Reliability and validity of the Abel Assessment for Interest in Paraphilias. **Sexual Abuse: A Journal of Research and Treatment**, 11(3):207– 216.

- Smith, H., and Israel, E. 1987. Sibling incest: A study of dynamics of 25 cases. *Child Abuse and Neglect*, 11(1):101–108.
- Smith, W. R. and Monastersky, C. 1986. Assessing juvenile sexual offenders' risk for re-offending. *Criminal Justice and Behaviour*, 13, 115-140.
- Smith, W.R. 1988. Delinquency and abuse among juvenile sexual offenders. *Journal of Interpersonal Violence*, 3, 400-413.
- Smith, W.R., Monastersky, C. and Deishner, R.M. 1987. MMPI-based personality types among juvenile sexual offenders. *Journal of Clinical Psychology*, 43, 422-430.
- SOUTH AFRICAN LAW COMMISSION, 1997. *Issue Paper 9. Project 6. Juvenile Justice*. March.
- SOUTH AFRICAN LAW COMMISSION. 1997. *Discussion Paper No 79 on Juvenile Justice*. May.
- SOUTH AFRICAN LAW COMMISSION 1998. *Discussion Paper No 79 on Juvenile Justice*. December.
- SOUTH AFRICAN LAW COMMISSION. 2000. *Project 106. Report on Juvenile Justice*. July.
- South African Police Service, Annual Report, April 2001 to April 2002.
- Spaccarelli, S., Bowden, B., Coatsworth, J.D., and Kim, S. 1997. Psychosocial correlates of male sexual aggression in a chronic delinquent sample. *Criminal Justice and Behavior*, 24(1):71–95.
- Stagg, V., Wills, G.D. and Howell, M. 1989. Psychopathy in early child witnesses of family violence. *Topics in Early Childhood Special Education*, (9)73-87.
- Stanton, B., Romer, D., Ricardo, I., Black, M., Feigelman, S. and Galbraith, J. 1991. Early initiation of sex and its lack of association with risk behaviours among adolescent African-Americans. *Pediatrics*, 92(1):13-19.
- Steele, B.F. 1986. Lasting effects of childhood sexual abuse. *Child Abuse and Neglect: The international Journal*, 10(2), 283-291.
- Steen, C. 1994. *The Relapse Prevention Workbook for Youth in Treatment*. Vermont: Safer Society Press.
- Steen, C. and Monnette, B. 1989. *Treating Adolescent Sex Offenders in the Community*. Springfield Illinois. Charles C Thomas.

- Stermac, L., and Sheridan, L. 1993. The developmentally disabled adolescent sex offender. In Barbaree, H.E., Marshall, W.L. and S.W. Hudson (eds.) *The Juvenile Sex Offender*, 10-11.
- Stevenson, H.C., Castillo, E. and Sefarbi, R. 1990. Assessment of treatment impact on sexually aggressive youth. *The Journal of Offender Counseling, Services and Rehabilitation*, (15)179-187.
- Strasburger, V. and Donnerstein, E. 1999. Children, adolescents and the Media: Issues and solutions. *Pediatrics*, 103(1):129-139.
- Straus, M.B. 1990. *Abuse and Victimization Across the Life Span*. London: John Hopkins Press.
- Swenson, C.C., Henggeler, S.W., Schoenwald, S.K., Kaufman, K.L. and Randall, J. 1998. Changing the social ecologies of adolescent sexual offenders: Implications of the success of multisystemic therapy in treating serious antisocial behavior in adolescents. *Child Maltreatment*, 3(4):330–338.
- Swingers, P. 1990. *Child Sexual Assault*. New South Wales: State Health Publications.
- Szymanski, National Center for Juvenile Justice (1998). *Frequent Questions and Answers*. National Center for Juvenile Justice.
- Tebbut, J., Swanston, H., Oates, R.K. and O'Toole, B. 1997. Five years after child sexual abuse; Persisting dysfunction and problems of prediction. *Journal of American Academy of Child and Adolescent Psychiatry*, 36(3):330-339.
- Thornton, A. 1990. The courtship process and adolescent sexuality. *Journal of Family Issues*. 11:239-273.
- Travin, S., Cullen, K. and Protter, B. 1990. Female sex offenders: Severe victims and victimizers. *Journal of Forensic Sciences*, 35(1):140–150.
- Tripodi, T., Fellin, P. and Meyer, H. 1993. *The Assessment of Social Research. Guidelines for Use of Research in Social Work and Social Sciences*. 2<sup>nd</sup> ed. Illinois: F.E. Peacock Publishers Inc.
- Tub, R.R. 1995. An Adlerian approach to the treatment of contemporary Little Hans. *Individual Psychology*, 51(4):332-345.
- Tyson, P. 1989. Infantile sexuality, gender identity, and obstacles to oedipal progression. *Journal of the American Psychoanalytic Association*, 37(4):1051-1069.

- Van der Heever, H.J. 1998. **Child Welfare Legislation and Practice**. Durbanville: Van Gent Publishing House.
- Van der Kolk, B. 1982. The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. **Psychiatric Clinics of North America**, 12(2):33-48.
- Van der Hey, B. 1992. **Theories of incest. The Sexual Abuse of Children**. Vol. 2. Hillsdale, NJ: Lawrence Erlbaum.
- Van Niekerk, H.J. 1998. **Child welfare legislation and practice**. Durbanville: Van Gent Publishing House.
- Vizard, E. 1989. Incidence and prevalence of child sexual abuse. In J. Ouston (ed.) **The Consequences of Child Sexual Abuse**. Occasional Papers, 3, 10-20. London:ACPP (Association for Child Psychology and Psychiatry).
- Vizard, E., Monck, E. and Misch, P. 1995. Child and adolescent sex abuse perpetrators: A review of the research literature. **Journal of Child Psychology and Psychiatry**, 36, 731-756.
- Vizardm E., Wynick, C., Woods, J. and Jenkins, J. 1996. Juvenile sexual offenders. **British Journal of Psychiatry**, (168)259-262.
- Ward, T., Hudson, S. Marshall, W. and Siegert, R. 1995. Attachment style and intimacy deficits in sexual offenders. **Sexual Abuse: A Journal of Research and Treatment**, (7)4.
- Wardle, F. 1995. **Child-to-child sexual behaviour in childcare settings**. Final report of the symposium Denver, Colorado.
- Warshak, R.A. 1999. Observers of childhood sexual behaviour. **Pediatrics**, 10(3)853-854.
- Watkins, B. and Bentovim, A. 1992 The sexual abuse of male children and adolescents: A review of current research. **Child Psychology and Psychiatry**, (33)197-248.
- Weiner, I.B. 1964. On incest: A survey. **Excerpta Criminologica**, 4, 137-155.
- Weinrott, M. 1996. **Juvenile Sexual Aggression: A Critical Review**. Boulder, CO: University of Colorado, Institute for Behavioral Sciences, Center for the Study and Prevention of Violence.
- Weissberg, M. 1982. **Dangerous Secrets: Maladaptive Responses to Stress**. New York: Norton.
- Wessels, J. 1994. Lewensvaardigheidslesing as afwendingsopsie vir jeugoortreders in die noordelike gebiede van die Kaapse Skkiereiland. Magister tesis. Universiteti van Stellenbosch. Desember.

- West, D.J. 1985. **Sexual Victimization**. Hampshire, England: Gower Publishing Company Limited.
- Wieckowski, E, Hartsoe, P. Mayer, A. and Shortz, J. 1998. Deviant sexual behaviour in children and young adolescents: Frequency and patterns. **Sexual Abuse: A Journal of Research and Treatment**, 10(4):293-304.
- Winter, R. 1997. **Sentencing and alternative sentencing. Drafting juvenile justice legislation**. An international workshop. November: 2-18.
- White J.W. and Humphrey J.A. 1990. A theoretical model of sexual assault: An empirical test. Paper presented at symposium on Sexual Assault: Research Treatment and Education. Southeastern Psychological Association meeting, Atlanta, GA.
- Wood, C. 1998. **A profile of young sex offenders in South Africa**: A pilot study, unpublished, Masters Thesis, Psychology Department, Rhodes University, Grahamstown.
- Wood, C. 2000. **SAYStOP training workshop evaluation report**. Institute of Criminology, University of Cape Town.
- Wood, C. and Ehlers, L. 2001. Diversion of young sex offender in South Africa. **Youth Justice Matters**. Winchester. United Kingdom: Waterside Press. March.
- Wood, C., Welman, M. and Netto, L. 2000. A profile of young sex offenders of South Africa, **Southern African Journal of Child and Adolescent Mental Health**, (12)1:45-58.
- Wyatt, G.E. and Powell, G.J. 1988. **Lasting Effects of Child Sexual Abuse**, California: Sage Publications, Inc..
- Yates, A. 1987. Children eroticised by incest. **American Journal of Psychiatry**, 1(39)482-285.
- Yegidis, B. and Weinbach, R. 1991. **Research Methods for Social Workers**. New York: Longman Publishing Group.
- Yochelson, S. and Samenow, S. 1976. **The Criminal Personality**. (Vol 1) Northvale: NJ:Aronson.
- Yorukoclu, A. and Kempf, J. 1969. Children not severely damaged by incest. **Journal of the Academy of Child Psychiatry**, 69(8):606.
- Young, M and Seidensticker, M. **A telephone survey of community attitudes toward sex education**. Paper presented at the annual meeting of the American Alliance for Health, Physical Education, Recreation and Dance. Minneapolis, MN. April 1993.

Wundersitz, J. 1997. Pre-court diversion: The Australian experience'. In Borowski, A. and O'Connor, I. (eds). **Juvenile Crime, Justice and Corrections**. Longman, Australia.

Zaal, N. 1997 When should children be legally represented in care proceedings? An application of Section 28(1)(h) of the Constitution. **South African Law Journal**. 114:334-345.

Zaphiris, A.1978. **Incest: The Family with Two Known Victims**. Denver: American Humane Association.

**Interviews:**

Els, T. 2004. Interview based on question 9 in the questionnaire and discussion of table 6.14. 24 June 2004. Bellville: Child Protection Unit.

Fransman, R. 2004. Interview based on question 9 in the questionnaire and discussion of table 6.14. 9 June 2004. Wynberg. Childline.



# **Appendix A**

## **Questionnaire For Social Work Practitioners**

**University of Stellenbosch**

**Department of Social Work**

**Questionnaire**

**Social work prevention programmes for pre-teen sexual offenders**

Questionnaire Number	
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**For the purpose of this questionnaire, pre-teens are defined as children older than 6 years and younger than 13 years.**

**Instructions:** Social workers must fill out the questionnaire regarding the need for social workers to gain knowledge and skills to develop prevention of re-offending programmes for pre-teens who commit sexual offences. Prevention programmes include activities and guidelines to prevent pre-teen sex offenders from re-offending, as used by social workers at welfare organisations.

Please indicate your response with an X in the block provided. As indicated, mark the most appropriate answer on each question. Please give your opinion where required.

**1. THE NATURE AND UTILISATION OF SOCIAL WORK PREVENTION PROGRAMMES FOR PRE-TEEN SEXUAL OFFENCES IN WELFARE ORGANISATIONS**

**1.1 Which of the following statements reflects your opinion on prevention programmes for pre-teen sex offences?**

Not familiar with any programmes	
Only familiar with SAYStOP	
Access to many programmes	

**1.2 Which of the following prevention programmes for pre-teens sexual offences are you familiar with?**

SPARK	
STEP	
William Friedrich's Prevention of Re-offending	
Eliana Gil's Prevention of Re-offending	
Harborview Sexual Assault Centre	
Valley Mental Health	
Redirecting Sexual Aggression	
It's About Childhood	
A Step Forward	
Philly Kids Play It Safe	
Safer Society Relapse Prevention	

**1.3 Which of the following programmes do you use to prevent pre-teens sex offenders from re-offending?**

SPARK	
STEP	
William Friedrich's Prevention of Re-offending	
Eliana Gil's Prevention of Re-offending	
Harborview Sexual Assault Centre	
Valley Mental Health	
Redirecting Sexual Aggression	
It's About Childhood	
A Step Forward	
Philly Kids Play It Safe	
Safer Society Relapse Prevention	
Other	
Not using any programmes	

**1.4 Are the programme/s or literature that you have indicated above available to you at your organisation or are the programme/s your own literature?**

Available at work	
Own literature	

**2. THE NEED FOR SOCIAL WORKERS TO BE TRAINED TO DEVELOP PREVENTION OF RE-OFFENDING PROGRAMMES FOR PRE-TEEN SEX OFFENDERS**

**2.1 Is there a need for social workers in your organisation to be trained to develop their own prevention programmes for pre-teens who sexually offend?**

Yes	
No	
Unsure	

Motivate your answer \_\_\_\_\_

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**3. NATURE OF PRE-TEENS WHO SEXUALLY OFFEND**

**3.1 How often are pre-teens who sexually offend reported to you?**

Estimate number of cases per week	
Estimate number of cases per month	
Estimate number of cases per year	
Less than one case per year	

**3.2 Do you think the number of reported pre-teen sexual offences has increased over the last 5 years?**

Yes	
No	

Motivate your answer \_\_\_\_\_

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**3.3 Which of the following sexual offences committed by pre-teens are mostly reported to you? (Rank them in order of priority with 1 as least reported and 4 as most reported)**

Oral-genital contact (kissing genitals)	
Inserting object in vagina or anus of others	
Penetrating vagina or anus with penis	
Attempted penetration of anus or vagina	

**3.4 In your opinion, could the abovementioned sexual offences committed by pre-teens just be regarded as “innocent sex play”?**

Yes	
No	
Unsure	

#### **4. PREVENTION THEORIES**

**4.1 Which prevention theories do you use to prevent pre-teens from re-offending?**

\_\_\_\_\_

**4.2 Motivate why you use the indicated prevention theory?**

\_\_\_\_\_

\_\_\_\_\_

#### **5. ASSESSMENT**

**5.1 When a pre-teen who has sexually offended is reported to you, how do you assess the risk factors to determine which prevention strategies are required?**

\_\_\_\_\_

\_\_\_\_\_

**5.2 What criteria would you assess to determine the prevention of re-offending strategies required?**

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**6. PREVENTION AND FOLLOW-UP SESSIONS**

**6.1 What do you do with cases of pre-teens who sexually offend?**

None	
Specific treatment for pre-teen sex offenders	
Family intervention	

Other \_\_\_\_\_

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**6.2 What are your goals to prevent the pre-teen sexual offender from repeating the offence?**

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**6.3 Do your prevention strategies include working with the family?**

Yes	
No	

Motivate your answer \_\_\_\_\_

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**6.4 On average, how many sessions do you have with the pre-teen offender and his family?**

None	
1 session	
2-5 sessions	
6-10 sessions	
More than 10 sessions	

**6.5 Do you have a follow-up meeting 6 months or 1 year after rendering a prevention service to establish whether the pre-teen offender has repeated his offence?**

Yes	
No	

Motivate your answer \_\_\_\_\_

## 7. THE SOCIAL AND PERSONAL CIRCUMSTANCES OF PRE-TEENS WHO SEXUALLY OFFEND

**7.1** *In your experience, which of the following predisposing risk factors are common amongst pre-teens who sexually offend?*

<b>Family aspects</b>		
A history of sexual abuse	YES	NO
A history of physical abuse and violence	YES	NO
Alcohol and/or drug abuse by parents	YES	NO
<b>Parenting style</b>		
Lack of information about positive sexuality	YES	NO
Lack of parenting skills	YES	NO
Lack of supervision and setting boundaries for children	YES	NO
Displacement of responsibility by parent on to children	YES	NO
<b>Other influences</b>		
Peers have bad influence on pre-teen sex offender	YES	NO
Exposure to pornography	YES	NO

Any other predisposing circumstances \_\_\_\_\_

## 8. ASSESSMENT OF POLICIES REGARDING PRE-TEENS WHO SEXUALLY OFFEND

**8.1** *The minimum age of criminal responsibility is increased from seven to ten years with a rebuttable presumption of criminal capacity between the ages of ten and 14 years. Which of the following statements reflect your opinion?*

Sexual offenders older than 7 years should be prosecuted	
Sexual offenders older than 10 years should be prosecuted	
Pre-teens can't be held responsible for sexual offences	
Pre-teen sexual offenders need a warning	
Pre-teens sex offenders should be listed on a national register	

Any other opinions \_\_\_\_\_

**8.2 What is your opinion on the following statement: Pre-teen sexual offenders need to be prosecuted, regardless of whether they come from a functional home environment or “youth at risk” who are living without adult supervision, are no longer attending school regularly, are often bedraggled, unkempt and ill-fed or by virtue of their infringement of the law display uncontrollable behaviour?**

Describe your opinion \_\_\_\_\_

**8.3 In cases where the goal is for a pre-teen sex offender to complete a diversion programme, but he or she does not fit the criteria laid down for diversion, what strategies should take place to prevent the child from re-offending?**

None	
Specialised strategies used for pre-teen sex offending	
Request parents/caretaker to supervise pre-teen sex offender	
Give the child a verbal warning	
Refer pre-teen sex offender to private counselling or therapy	

Another option \_\_\_\_\_

**8.4 What happens to the pre-teen sex offender when prevention was unsuccessful and the pre-teen re-offends?**

None	
Specialised strategies used for pre-teen sex offenders	
Request parents/caretaker to supervise pre-teen sex offender	
Give the child a verbal warning	
Refer pre-teen sex offender to private counselling or therapy	

Other interventions \_\_\_\_\_

**8.5 Are you aware of pre-teen sexual offences which are not reported to the authorities?**

Yes	
No	

**9. RECOMMENDATIONS TO IMPROVE PREVENTIONS OF PRE-TEEN SEX OFFENDING AND TO MINIMIZE PRE-TEEN SEXUAL OFFENCES**

**9.1 In your opinion, what should happen to pre-teens who sexually offend, to minimize the chances of re-offending?**

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**10. CONSULTATION AND TRAINING**

**10.1 In your opinion, what can your organisation do to minimize pre-teen sexual offences?**

Train all social workers to develop programmes to treat pre-teen sexual offenders.	YES	NO
Train a group of social workers to become specialists in the field of pre-teen offenders and let them run workshops for pre-teen sexual offenders.	YES	NO
Social workers are already overloaded and can't render prevention services to pre-teen sexual offenders.	YES	NO
Refer pre-teen sexual offenders to private social workers which are paid by the government	YES	NO

Any other suggestions \_\_\_\_\_

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**10.2 Do you consult with multidisciplinary teams outside your organisation to guide you in preventing pre-teen sex offenders from re-offending?**

Yes	
No	

**10.3 If yes, who are the practitioners or multidisciplinary teams that you consult with?**

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**Thank you very much for your friendly co-operation.**