

*Orestis Giotakos, Reinhard Eher, Friedemann Pfäfflin (Eds)*

## “Sex Offending is Everybody’s Business”

8<sup>th</sup> International Conference  
of the International Association for the Treatment of Sexual  
Offenders (IATSO)

October 6-9, 2004, Athens, Greece

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του International Association for the Treatment of Sexual  
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HELLENIC PSYCHIATRIC ASSOCIATION  
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## CONGRESS TOPICS

1. Epidemiology of Rape and Child Sexual Abuse
2. Diagnosis and Typology of Sexual Offenders
3. Psychiatric Comorbidity of Sexual Offenders
4. Alcohol Abuse and drug addiction in Sexual Offenders
5. Juveniles Sex Offenders
6. Paraphilias and its Relevance in Sexual Offending
7. Sexual Orientation and Sex Offenses
8. Psychodynamic Approach and Therapy
9. Cognitive-Behavioral Approach and Therapy
10. Systemic Thinking Approach and Therapy
11. Biological Approaches and Therapies
12. Risk Assessment
13. Phallometry & Alternatives to Phallometry
14. Hormonal Treatment of Sex Offenders
15. Serotonergic Substances in the Treatment of Sex Offenders
16. Institutional Treatment
17. Outpatient Programs
18. Prevention Programs
19. Pornography & Pornography in the Internet
20. Ethical Issues in Therapies
21. Sex Offender Laws and Policies
22. Legal Issues Related to Sex Offender Treatment
23. The Sex Offender Specialist in the Courts
24. Alternatives to Incarceration
25. Post-Traumatic Syndrome in the Victims of Sexual Abuse
26. Sexual Violence in the Family
27. Intimate Partner Sexual Violence

W 001

### **GROUP THERAPY WITH ADULT SEX OFFENDERS**

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Group therapy is a widely utilized modality for treating adult sex offenders. There is a growing body of literature supporting the efficacy of group therapy in resolving a variety of patient problems; and there are a variety of theoretical models, techniques and formats that could be utilized by a treating clinician. Optimizing the use of the group through effective group facilitation techniques promotes treatment progress which in turn improves outcome.

This workshop will review the more commonly utilized theories including Cognitive Behavioral and Interpersonal Theory. Techniques consistent with these models will be illustrated with case examples and experiential illustrations. Skills needed to conduct group observation, facilitation of interaction, blending structure and interaction processes, and methods to avoid overuse of an individual focus while still supporting the individual task oriented demands of structured treatment will be illustrated. Examples of group process measures for assessing activity in the group will be utilized and discussed.



W 002

**THE ASSESSMENT OF MEN WHO SEXUALLY ABUSE  
IN FAMILY SITUATIONS**

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This workshop will examine the usefulness or otherwise of current static and dynamic risk assessment measures in cases known abusers may have no convictions. Legal issues relating to the Family Courts in England and Wales will also be discussed.

## **WORKING WITH RESISTANT CLIENTS IN SEXUAL OFFENDER THERAPY**

*Yolanda Fernandez, PhD<sup>1</sup>, Liam Marshall, MA<sup>2</sup>*

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Working with clients who are resistant to the treatment process can be draining and frustrating for both the therapist and the client. Therapists working with difficult clients need to be aware that their own characteristics, behaviours and treatment style may significantly impact their ability to work with such clients. The existing literature on process variables and therapist characteristics suggests that therapist behaviours influence outcomes of therapy. Poor therapeutic process can lead to increased resistance and/or client drop-out. This seminar offers practical strategies and techniques for working with difficult clients. The presenters will begin by discussing reasons why clients may seem resistant to treatment and suggesting techniques for addressing these issues prior to clients beginning treatment. The presenters will then summarize the research on therapist characteristics associated with positive treatment outcome, both in general psychotherapy and specifically sexual offender treatment. A „collaborative approach“ to working with clients will be outlined that may help reduce early resistance to therapy. In addition, topics such as using Motivational Interviewing techniques, helping clients see the benefits of change, and integrating difficult clients into a treatment group will be covered. Skills and knowledge will be developed through a mixture of didactic presentation and participant exercises.

W 004

**AXIS I COMORBIDITY AND SEX OFFENDING**

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Operational definitions for paraphilias (PAs) and paraphilia-related disorders (PRDs) will be presented. Data suggesting both similarities and differences between PAs and PRDs will be described including an exploration of clinically -defined hypersexuality as a feature associated with both sets of conditions. Studies of psychiatric Axis I comorbidity will be presented with a particular emphasis on mood disorders and impulsivity disorders diagnosed in 220 consecutively evaluated outpatient males with PAs and PRDs. The relationships between monoamine neurotransmitters, androgens, psychiatric comorbidity and hypersexuality will be integrated into a rationale for prescribing medications for PAs and PRDs.

W 005

**THE USE OF ACTUARIAL INSTRUMENTS IN THE  
EVALUATION OF SEX OFFENDERS: A BEST-  
PRACTICE EVIDENCE-BASED APPROACH**

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The study of recidivism in sex offenders is an area of both theoretical and clinical importance, contributing as it does to our understanding of sexual aggression and informing our attempts at prevention. During the past 10-12 years, considerable progress has been made in the field of risk prediction with sex offenders. Research on static or historical factors such as an offender's developmental history have led to the promulgation of empirically validated actuarial risk instruments that are demonstrably predictive of recidivism (Doren, 1998; Hanson, 1998, Quinsey, Harris, Rice, & Cormier, 1998), not only in original developmental research, but also in independent cross validation studies (Barbaree, Seto, Peacock and Langton, 2001). The workshop will introduce participants to the scoring, analysis, interpretation and report writing in the use of four empirically validated and commonly used actuarial instruments, including the RRASOR, the Static-99, the SORAG, and the MnSOST-R. Data on prediction accuracy and inter-rater reliability will be reviewed, based on a review of the published literature together with data from a large scale (N=468) study of recidivism among a group of treated sex offenders followed for five years after release from custody. The appropriateness of various clinical „adjustments“ to the actuarial outcome will be discussed and evaluated. Materials that will assist in the use of actuarial assessment will be provided.

W 006

## **THE USE OF VIEWING TIME TO ASSESS SEXUAL INTEREST IN CHILD MOLESTERS**

*Carmen L. Z. Gress<sup>1</sup>, Robert Konopasky<sup>2</sup>*

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Classification by viewing time scores has received significant interest in the applied setting as a supplement or even stand-alone alternative to penile plethysmography. The client controls the duration he or she views images of both genders and different ages; the duration taken to view each image is unobtrusively recorded. Long viewing times are understood to indicate sexual interest; short times indicate no or less sexual interest. As this method does not require an obtrusive measure of change in penis size, practitioners have seized on viewing time without a thorough understanding of the underlying theory, assumptions, and the choices that must be made when constructing a particular viewing time test. The goal of the workshop is to provide participants with a framework of current literature, specific and unambiguous definitions of viewing time, the different methods for measuring viewing time, what kind of information it provides and the information it does not, the problems with particular measures of it, and, most important, when viewing time should and when viewing time should not be used to assess sexual interest. Participants will be given information helpful in making informed decisions about the use of different viewing time methods and a guide regarding when to based decisions on them and when to demur.

W 007

## **THE POLYGRAPH AND SEX OFFENDING**

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This workshop will be an expansion of my key note presentation. The background to polygraphy will be discussed, how it works and how tests are run illustrated, and the impact on community sex offender treatment programmes described. Controversies surrounding polygraphy will also be examined, together with an account both of ways in which it can be abused, and of how abuse can be prevented.

W 008

**HOW TO USE STRUCTURED CLINICAL GUIDELINES  
WITH ACTUARIAL TOOLS IN A CONVERGENT  
APPROACH TO RISK ASSESSMENT**

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Quite apart from the academic discussions of what works best in terms of risk assessment, there is the need for clinicians to do risk assessments of offenders. There are academic proponents of actuarial approaches and there are opposing academic proponents of structured clinical approaches. To date, neither type of approach has convincingly proven superior to the other. Regardless, clinicians have to decide which risk instruments are best for the client sitting in front of them. Keeping abreast of the literature and the new risk assessment instruments (which, despite claims of new and innovative approaches, all seem to contain relatively similar violence predictors) is difficult for clinicians. Hence, the present workshop offers some simple guidelines for risk assessment measure selection to aid the clinician in the navigation of the troubled waters of the available risk measures. Following the selection of appropriate structured clinical guideline and actuarial measures, the benefits of a convergent approach to combine the findings in a useful manner are discussed and explained by using recent examples.

**A COLLABORATIVE APPROACH FOR TREATMENT  
WITH SEXUALLY AGGRESSIVE YOUTH AND THEIR  
FAMILIES**

*Joann Schladale, MS, LMFT*  
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This presentation will illustrate a collaborative approach for engaging families in treatment with sexually aggressive youth in community-based and residential settings. This model explores family members strengths and resources to heal the pain of sexual abuse. While offender specific treatment challenges each perpetrator to stop destructive behavior, families receive support for healing related painful experiences. Youth and families learn to destroy powerful secrets of sexual abuse that may have influenced their lives for generations. Treatment addresses struggles with power, control, and connection that have often dominated the lives of these families.

Research indicates that multi-systemic family therapy with sexually aggressive youth influences successful treatment outcomes and is cost effective. Yet group therapy in residential treatment continues to be the primary approach to juvenile sexual offending. When these youth return home after residential treatment they are faced with the task of harm reduction in the environment that influenced initial decisions to commit offenses. It is imperative that interventions take this context into consideration.

Clinicians providing a comprehensive response to adolescent sexual offending can explore meaningful ways of involving families who may appear unwilling, or unable to participate. Families do have the ability to provide support and can be involved throughout treatment regardless of geographic location and limited resources.

Examples illustrating this approach will include: family systems interventions for harm reduction; facing up to abusive behavior; understanding life experiences that influence sexual harm; eliminating patterns of destructive behavior through creation of a new story based upon honor and integrity; and identifying therapeutic tasks required of each youth and their family members.



W 010

## **RISKY BEHAVIORS IN SEXUALLY-REACTIVE CHILDREN AND ADOLESCENTS**

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Since February, 2001, we have been involved in an ongoing program of research on severely abuse reactive children, ranging in age from 5 to 20, that already begun to engage in sexually inappropriate and/or sexually coercive acts with other children. We have coded over 600 of these children using a 230 variable coding dictionary that was designed to help us develop a protocol for assessing risk with this young population. In addition to the question of the safe management of these youngsters are the broader, complex questions of the interface of development with adverse life experiences, the evolution of normative versus deviant sexual behaviors, the impact of gender, and short-term outcomes (different patterns of high risk and protective factors that lead to desistance (not re-offending) or persistence (re-offending)).

Based on these data from 500 boys and 100 girls, I will present updated findings on the developmental course of (a) normative sexual behaviors, (b) atypical or deviant but not coercive sexual behaviors (paraphilias), and (c) sexually coercive & aggressive behaviors. In our cross-sectional approach, we created three age groups (6 - 10, 11 - 14, 15 - 20) based on the time that the child was first evaluated for sexually coercive behavior. I will discuss our findings on the course of normal and abnormal sexual behaviors from age 5 or 6 to late adolescence. In addition to discussing developmental differences, I will present our findings on gender differences, comparing the boys with the girls.

## **ALTERNATIVE APPROACHES FOR THE PREVENTION OF CHILD MALTREATMENT**

*Helen Agathonos-Georgopoulou, MA, BSc, PhD  
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Although violence has always been present in the world throughout history, there have always been systems committed to prevent or limit it. Since the early 1980's the field of public health has been taking over the burden of this insidious but preventable disease. Examples of success are known around the world, from small – scale efforts of individuals and communities to national policies and legislative initiatives. In 1996, the World Health Organization declared violence as a major and growing health problem across the world, committing itself to play a major role in its prevention worldwide.

The prevention of child abuse and neglect has been the target of many efforts by different disciplines. The majority of programs focus on victims or perpetrators while few focus on primary and secondary prevention approaches. The more common approaches are:

- Family support approaches such as training in parenting, home visitation and other family support programs and intensive family preservation services.
- Health service approaches such as screening by health care professionals and training for health care professionals.
- Therapeutic approaches such as service provision for victims themselves but also for children who witness violence, services for adults abused as children.
- Legal and related approaches such as mandatory and voluntary reporting, child protection services, child fatality - review teams, arrest and prosecution policies and mandatory treatment for offenders.
- Community – based efforts such as school based programs, prevention and educational campaigns, interventions to change community attitudes and behaviour.
- Societal approaches such as national policies and programs and international treaties.

The experience so far has identified several major domains for action that need to be addressed by all concerned in the prevention of child maltreatment: a) better assessment and monitoring, b) better response systems, c) policy development, d) better data, e) more research, f) documentation of effective responses and g) improved training and education for professionals. The endorsement of the UN Convention on the Rights of the Child by almost all countries of the world and its incorporation into national legal systems has contributed significantly to the development of a common language across cultures with the child as a subject of rights and a protagonist in its own life. Nevertheless, there is great need to mandate governments and their policies at all levels to implement these rights in everyday practice. For this, the concerted and coordinated initiatives of a whole range of sectors are required, in a synergistic collaboration with the public health approach.

The workshop will review the above efforts towards the prevention of child maltreatment and will present examples of promising practice of primary and secondary prevention within the Greek cultural milieu.

001

### **HOW TO ESTABLISH AND MAINTAIN SECURITY IN TREATMENT OF SEXUAL OFFENDERS**

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The prevailing slogan of sexual offender treatment presently is „control, no cure“, indicating that public security is considered to be the utmost aim of sexual offender treatment. In the last decade, measures of security, e.g. more and longer prison sentences, indeterminate psychiatric institutionalization etc., were established in many countries. Thus, external control was enhanced. At the same time, treatment programs were improved, focusing on establishing and enhancing internal control. Programs focusing on criminogenic factors have proved to be very effective in reducing recidivism on a large scale. Yet there are offender groups, mainly with an antisocial personality disorder as a comorbidity, that do not respond as favorably as others. Educational programs are of great use, longlasting effects can, however, be improved when factors of cure identified in general psychotherapy research are additionally implemented in the treatment programs. Discouraging sexual abusive behavior while at the same time encouraging prosocial behavior, empathy and self-esteem of the offender and using his resources will contribute much to establishing and maintaining security.

002

**THE INTEGRATION OF ETIOLOGY AND  
RISK IN SEXUAL OFFENDERS: A THEORETICAL  
FRAMEWORK**

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In this paper we attempt to incorporate static and dynamic risk factors into an etiological framework. The major purpose in constructing the model is to link two related clinical domains in order to further both risk assessment and theory directed research. The literature on risk assessment is first outlined and problems in the way risk is measured and conceptualized noted. Next, four major etiological theories of sexual abuse are described in order to demonstrate the correspondence between risk domains and postulated causal mechanisms. Finally, the integrated model of risk and etiological elements, and its clinical and research utility is discussed. In this model the interaction between significant learning events, psychological vulnerabilities (as evidenced by historical and stable dynamic risk factors), contextual or triggering factors, and their convergence in offense related psychological states (i.e., acute dynamic factors) is clearly depicted.

## **ASSESSING RISK OF DANGEROUSNESS IN CHILDREN & ADOLESCENTS**

*Robert Alan Prentky, PhD*

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There has been relatively little attention to the problems of assessing risk among abuse-reactive, sexually coercive youth. Indeed, to the best of my knowledge, the only empirically validated scales that assess risk posed by sexually abusive youth are those of Jim Worling (ERASOR: Estimate of Risk of Adolescent Sexual Offender Recidivism) and Robert Prentky & Sue Righthand (J-SOAP-II: Juvenile-Sex Offender Assessment Protocol).

Developing valid risk assessment procedures with sexually abusive youth requires overcoming many challenging methodological problems, including, perhaps most importantly, the very low known base rate for sexual recidivism in adolescence which has made it impossible to examine the predictive validity of risk assessment scales such as the J-SOAP. In this talk, I will discuss some of the problems encountered by research in this new area of risk assessment, as well as updating recent progress on the J-SOAP-II by presenting the results from an ongoing research project that has been studying hundreds of sexually abusive children and adolescents. I will report findings from our most recent analyses on 600 children and juveniles. The early findings from this research suggests that existing knowledge about risk assessment with adolescent boys may offer significant insights into those factors that may work for adolescents girls and for pre-adolescents. Most importantly, behaviors that correlated with risk for both boys and girls included traditional outcome markers, such as the total number of victims of sexual abuse, the total number of incidents of sexual abuse, and the degree of violence as reflected by the Sexual Aggression scale. Overall, these findings have been very encouraging.

004

**THE USE OF MULTISYSTEMIC THERAPY (MST)  
WITH JUVENILE SEX OFFENDERS**

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Two randomized clinical trials have been conducted comparing MST with usual services provided to adolescent sex offenders (Borduin et al., 1990; Borduin et al., 2001; Borduin & Schaeffer, in press). In the first study, 16 adolescents and their families were randomly assigned to home-based MST services or to outpatient individual therapy. Sexual recidivism (at 3-years post-treatment) for the MST group was 12.5% and for the individual therapy group was 75%. Recidivism for nonsexual offenses was 25% for MST and 50% for adolescents in the individual therapy condition. Borduin and his colleagues recently completed a larger study with a longer follow-up (Borduin et al., 2001; Borduin & Schaeffer, in press). Forty-eight juvenile sex offenders were randomly assigned to MST or „usual services“ (e.g., individual or group therapy at local agencies, alternative schooling, curfew). At 8-year follow-up adolescents in the MST condition were less likely than their usual services counterparts to be arrested for sexual (12.5% vs. 41.7%) or nonsexual (29.2% vs. 62.5%) crimes and spent one third as many days incarcerated as adults.

Currently, a larger randomized clinical trial is being conducted that will examine the „real world“ effectiveness of MST with juvenile sex offenders as compared to community-based sex offender treatment and other services normally provided to these youths. A description of this current study will be provided, along with adaptations to MST for use with juvenile sex offenders.

## **MAPPING THE INFLUENCE OF TRAUMA ON JUVENILE SEXUAL AGGRESSION**

*Joann Schladale, MS, LMFT*

*Resources for Resolving Violence, USA*

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Research on juvenile sexual offending indicates both static and dynamic risk factors. Therapeutic exploration of these factors illuminates how family problems, violence, abuse, and developmental challenges influence harmful coping strategies. This presentation will focus on identifying traumatic experiences that influence sexually aggressive behavior and interventions to stop it.

Creating a model for mapping the trauma outcome process helps children make sense of painful life experiences and learn self-intervention techniques for harm reduction. This approach acknowledges ambivalence these youth have about getting into trouble versus staying out of trouble. Issues of power, control, connection and secrecy all play a part in mapping the influence of previous trauma on sexual aggression.

Research indicates that assessment of these children as heartless is incorrect (Groves, 2003). Knowledge of vulnerabilities arising from traumatic experience can inform intervention and streamline progress. A narrative approach that utilizes a life course perspective based upon theories of human and family ecology is applied to treatment for sexual aggression. This model takes into consideration factors influencing successful treatment outcomes in psychotherapy (Miller, Hubble, & Duncan) and integrates them into a holistic approach for healing from traumatic experiences. Children and adolescents learn to face painful experiences in ways that no longer cause harm.

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006

**A THREE-FACTOR CONCEPTUAL MODEL TO  
COMBINE STATIC AND DYNAMIC RISK WITH  
TREATMENT AND SUPERVISION STRATEGIES IN  
THE MANAGEMENT OF SEX OFFENDERS**

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During the past 10-12 years, considerable progress has been made in the field of risk prediction with sex offenders. Research on static or historical factors such as an offender's developmental history have led to the promulgation of empirically validated actuarial risk instruments that are demonstrably predictive of recidivism. More recently, a distinction has been made between static and dynamic risk factors. In distinction to the static historical factors, dynamic risk factors such as mood and fantasy may change over time. Recent research with sex offenders has identified a number of dynamic factors that seem to change before an offender recidivates. Dynamic factors could be used to indicate when an offender is at greater risk to reoffend. Being thus alerted, a case manager could intervene to prevent recidivism. While such case management strategies are often used with sex offenders, current treatment models do not recognize the contribution of such risk management interventions. A three-factor model is presented to conceptualize the critical components of risk management to prevent recidivism in sex offenders. The first factor utilizes actuarial assessment to stratify offenders into levels of risk (low, moderate, high). Subsequent risk management resources are divided among the strata such that greater resources are devoted to higher risk offenders. The second factor, referred to as supervision, combines dynamic risk assessment with case management interventions designed to prevent recidivism (e.g., parole suspension, increased restrictions, etc.). The final factor is treatment. Well known cognitive-behavioral treatment strategies are combined to support case management and supervision. Data are presented to illustrate how the factors combine to reduce recidivism in sex offenders.

**DETERMINING RISK: COMBINING ACTUARIAL AND CLINICAL RISK ASSESSMENT**

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Although actuarial assessment of reoffending is a good indicator of long term risk, on its own it is of limited utility in the day to day supervision of offenders. Combined with clinical and other types of assessment of dynamic types of risk factor, however, it can provide a useful baseline from which to make management decisions. In this presentation a model will be described in which static and dynamic risk factors are combined in a systematic manner both to generate management protocols, and to assist probation officers and clinicians in deciding when and how to intervene. Developed in a probation context, this model of risk assessment is currently being piloted in an English probation area.

008

**PHALLOMETRIC TESTING WITH SEXUAL OFFENDERS AGAINST FEMALE VICTIMS: AN EXAMINATION OF RELIABILITY AND VALIDITY ISSUES**

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The present series of studies explored issues related to the reliability (internal consistency and test-retest reliability) and criterion validity of phallogometric testing with sexual offenders (incest offenders, extrafamilial child molesters, and rapists). Three assessment sets were evaluated: (1) An Age-Gender set which presented slides of adults and children; (2) A Female Sexual Violence set which presented audio descriptions of consenting and forced sex between adults; and (3) A Child Sexual Violence set which presented audio descriptions of the sexual molestation of children by adults. A total of 280 incest offenders, 138 extrafamilial child molesters, and 139 rapists were included in the different analyses.

Study 1 demonstrated that the internal consistency of the three assessment sets was satisfactory. Unfortunately, the test-retest reliability of two of the assessment sets (Age-Gender and Female Sexual Violence) was less than acceptable although further analyses suggested that habituation and practice effects (faking) did not influence the scores between testing occasions.

In terms of criterion validity using the Age-Gender set, it was found that the extrafamilial offenders were more deviant than the incest offenders and they demonstrated a sexual preference for children that was not apparent among the incest offenders. In response to the Child Sexual Violence set the incest offenders and extrafamilial child molesters demonstrated similar response levels with the Pedophile Index indicating a preference for the child stimuli among both groups. However, responses to both the Age-Gender and Child Sexual Violence sets did not accurately identify group membership. Within the incest offender group subjects appeared more deviant when assessed using the audiotaped stimuli than when using the slide stimuli.

Surprisingly the rapists did not appear to respond more deviantly than did either the incest offenders or the extrafamilial child molesters to the Female Sexual Violence set and none of the three groups demonstrated a sexual

preference for rape or violent behaviors over consenting sexual acts. In addition, the Female Sexual Violence Assessment did not accurately predict group membership. The overall results are discussed in terms of their relevance for research, treatment and theories of sexual offending.

009

**RELATIVELY SIMILAR VIOLENCE PREDICTORS:  
WHY EVERYTHING WORKS**

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The main approaches to risk assessment of sexual offenders are compared and contrasted. While each approach has its merits and problems, one common denominator is apparent: all assessment instruments designed for sexual offender risk assessment predict sexual offending to some significant degree. In fact, some instruments not designed for this purpose also predict sexual offending. The simplest reason for this is the apparent overlap between instruments in terms of the variables used. That is, the variables that comprise the majority of these instruments are relatively similar in nature. The variables that comprise a number of actuarial and structured clinical guideline tests are examined to support this claim. As a result, the actuarial-structured clinical guideline debate is seen as a moot discussion as these types of tests are more similar than the authors may admit. Finally, given the similarities, it ought not to be a surprise that neither approach has convincingly proven itself superior statistically or clinically to the other.

## **EVALUATING THE PREDICTIVE ACCURACY OF SEX OFFENDER RISK ASSESSMENT MEASURES ON UK SAMPLES: A CROSS-VALIDATION OF THE RISK MATRIX 2000 SCALES**

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The predictive accuracy of the newly developed risk measures Risk Matrix 2000 Sexual/Violence (RMS, RMV) were cross validated and compared with four risk scales (RRASOR, SACJ-Min, SVR-20, and Static-99) in a sample of sexual (n = 85), violent (n = 46), and general (n = 22) offenders. The sexual offence reconviction rate for the sex offender group was 18% at 10 years follow-up, compared with 2% for the violent offenders. Survival analyses revealed the violent offenders were reconvicted at twice the rate of any other group. Reconviction data were analyzed using the area under the curve (AUC) of the Receiver Operating Characteristic (ROC). The RMV significantly predicted violent recidivism in the sex and combined sex/violent offender groups. Although the RMS obtained marginal accuracy in predicting sexual reconviction, none of the scales significantly predicted sexual reconviction. An item analysis revealed four factors not included in the risk scales significantly correlated with sexual and violent reconviction. Combining these factors with Static-99, RMV and RMS increased the accuracy in predicting sexual reconviction.

011

**COMMUNITY LIVING SKILLS IN OFFENDER GROUPS (COSMSKILLS) – A EUROPEAN NETWORK STUDY**

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A large scale international project involving parallel, complementary interventions in three EU countries and an associate country (Germany, The Netherlands, United Kingdom, and Norway) is presented. The aim is to develop a unified approach to assessment of social risk and related behaviours in (sexual) offender groups using the Behavioural Status Index (BEST-Index) and a set of cross-validating instruments (HCR-20; PCL-R, SCL-90-R; BDHI-D). Important elements of the project are improvement of carer assessments; development of offender profiles; related care planning and delivery; studies of the change process; and theoretical implications of what works and what doesn't to prevent further violence.

The focus is on the BEST-Index, a wide-spectrum classification instrument aimed at reducing the probability of social risk when psychiatric patients are returned from hospital to community care and improving all-round social functioning and integration in such groups. The theoretical model underlying the BEST-Index posits that the social risk presented by an offender varies inversely with his/her degree of personal insight and capacity to perform well in key areas (communication and social skills; empathy, self and family care; work and recreation). These repertoires provide critical focal areas for the treatment planning and delivery in forensic psychiatric care. The study runs in cooperation with clinics in Germany, the Netherlands, Norway, and the UK, involving cohort samples of mentally disordered sexual offenders and violent offenders (N=210). Three measures are taken over the course of three years, using the complete set of research instruments applied.

Results are reported and implications discussed.

**RISK ASSESSMENT SHOW IMPROVED RELIABILITY AND VALIDITY BUT SHOULD WE QUESTION THE ETHICS OF BASING DECISIONS ON THEM?**

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Sexual assault causes incalculable injury and harm. As prevention is a by-product of incarceration, it makes sense that length of sentence and percentage of imposed sentence that is actually served be determined in part by the risk of a sexual offender recidivating.

Psychologists know that past behaviour, sexual offender attributes and even circumstantial variables can be quantified and used to predict recidivism. These predictions are relied on to set sentences, even to incarcerate indefinitely, to make decisions about release to the community, and to set conditions of parole.

As the decisions are grave, it is reasonable to question and consider the models underlying the predictions, the steps needed to standardize the administration of the tests, the samples on which the tests are based, the ways in which the results are reported, and the ways in which the results are used by decision makers. These routine considerations are put into the context of various models of ethics to sharpen the practitioner's sensitivity to the balance of science and the needs of the various constituencies in risk assessments. Making ethical issues explicit will not change the reliability and validity or risk assessments but it suggests guidelines for application.



013

**THERAPISTS ASSESS DENIAL AND IMPROVEMENT THROUGH IMPLICIT LINGUISTIC ANALYSIS OF SEMANTIC ROLES AND MODALITY: EXPLICIT LINGUISTIC ANALYSIS CLARIFIES TREATMENT MILESTONES FOR THERAPISTS AND CLIENTS**

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Believing that acceptance of responsibility for offensive behavior is generally positive, sexual offender therapists routinely assess type and level of denial during treatment. Less formal and less thorough than risk assessments that are done both before and, sometimes, after treatment, this intra-therapy judgment of denial often relies on an unarticulated analysis of the content of the patient's verbal acts, e.g., „She came on to me“ means that he thinks it wasn't his fault. We argue that this assessment is actually dependent upon the linguistic resources of both the clinician and clients and how they use those resources to construct physical, emotional, and verbal processes. A formal linguistic framework to explicitly analyze these resources in order to reveal clear links between real-world states, client verbalizations, and therapist verbalizations is suggested. A formal linguistic assessment identifies 4 key participant types: a.) the client (and his/her actions), b.) the therapist, c.) the victim(s) (real and potential), and d.) psychopathology or other mental states. A quantitative analysis of these participant types reveals (a) their relative semantic status as Agent of action versus Patient of action, (b) their relative involvement in physical versus emotional versus verbal actions and (c) their relative involvement in indicative versus subjunctive constructions. A qualitative analysis of word co-occurrence patterns reveals each speaker's idealized linguistic model for each participant type. Together, these analyses can illuminate underlying assumptions of denial and treatment progress and offer more explicit ways of measuring change.

**EFFECTIVE COMMUNICATION OF RISK  
ESTIMATES WHEN USING A COVERGENT  
APPROACH TO RISK ASSESSMENT**

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As discussed in my first paper, there are academic proponents of actuarial approaches and there are opposing academic proponents of structured clinical methods for the risk assessment of sexual offenders. To date, neither type of approach has convincingly proven superior to the other in terms of assessing the likelihood of future sexual violence. However, these methods do have their unique strengths and weaknesses, and fortunately, the strengths and weaknesses of each type are largely opposite in nature. As a result, a convergent approach in which both types of instruments are used in a combined manner may serve both the offender and public interest best. A series of common-sense rules to help communicate risk estimates will be provided that may aid clinicians when faced with explaining findings from several instruments of different methodological natures.

015

## **SEXUAL ADDICTION IN SEXUAL OFFENDERS AND ITS RELEVANCE FOR TREATMENT**

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The propensity to act out sexually in ways that are harmful to, at least, the individual has been called „sexual addiction“ (e.g., Carnes, 1989). This construct has received much attention both theoretically and empirically yet remains controversial. Despite the possible relevance it could have, there is a paucity of empirical literature on this construct as it may, or may not, relate to sexual offending (Marshall & Marshall, 2001). While there are different points of view on the description, aetiology, and treatment of this hypothesized disorder, there does seem to be agreement among researchers that some clients have difficulty controlling their sexual behaviour.

Some sexual offenders construe their behaviour as beyond their control. The creator of the notion of sexual addiction, Patrick Carnes (1989) reports that approximately 50% of sexual offenders will suffer from sexual addiction. In our research on sexual addiction in incarcerated male sexual offenders, we have found support for this estimate of the rate of sexual addiction. We have also found some support for the other correlates of sexual addiction reported by Carnes (e.g., 1989, 1991). Therefore, it would be useful to examine the role of sexual addiction in the aetiology and maintenance of sexual offending. This presentation, then, will examine the sexual addiction model and its relationship to sexual offending. I will report the results of a series of studies we have conducted on sexual addiction in incarcerated male sexual offenders and the relevance to treatment of our findings.

## **THE MODIFICATION OF DEVIANT SEXUAL PREFERENCES**

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An outline of what constitutes deviant sexual preferences will be provided followed by descriptions of various procedures aimed at changing such preferences.

It will be noted, but not discussed, that various medications are valuable, either alone or in combination with behavioural procedures, in modifying arousal patterns. The behavioural procedures covered in this talk will include: masturbatory reconditioning (directed masturbation and satiation therapy), covert sensitization, foul odour aversion, and ammonia aversion. These procedures will be described and case illustrations will demonstrate their application. What limited evidence is available on their effectiveness will be described. Most importantly, it will be pointed out that these procedures should not be thought of as effective treatment on their own; they are but one small part of an overall, comprehensive program.

017

**ASPECTS OF SHAME: TEMPLATES FOR  
TREATMENT**

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Psychology has been unable to address adequately the aspects of shame. In particular, we are stymied with inadequate techniques to lessen aspects of shame in persons with sexual problems. Theoretical ideas about nature of shame in therapy will be discussed, along with new templates for treating shame that can be used in treatment. Violating patient's boundaries exposes that person to shame; yet, boundaries are what we must penetrate for sexual treatment to be successful. How can we join these two different areas for helping persons to be whole?

Data from a Shame survey regarding persons with sexual misbehaving problems will be presented.

## **LESSONS FROM INDIGENOUS KNOWLEDGE: THE ROLE OF SPIRITUALITY AND HEALING IN RISK MANAGEMENT**

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As sex offender treatment programs have become more responsive to recognizing and attending to cultural issues amongst various ethnic groups of offenders, different perspectives and approaches to treatment have emerged. Wisdom from cultural healing perspectives 100's of years old that have been retained or reclaimed by many Indigenous peoples offer valuable and insightful teachings and approaches to healing. These traditional healing approaches can be applied to sexual offenders and can facilitate addressing risk factors and support offenders to manage their lives in a more healthy, balanced way that reduces the potential for recidivism. This paper will present lessons learned through working with traditional Canadian Aboriginal spiritual Elders/healers over the last decade in an effort to develop meaningful treatment/healing experiences for Canadian Aboriginal offenders through blending traditional healing with contemporary sexual offender treatment. The lessons learned from this Indigenous knowledge has not only allowed us to better serve this specific population but has informed our overall treatment program and our work with all individuals who have engaged in sexual offending behaviour. This paper will highlight the central philosophies, teachings and process inherent in traditional Aboriginal healing and examine it's applicability to sexual offender treatment. Specific issues addressed will include the role of spirituality in healing, the importance of holism, individuality, balance, connection, the healing nature of relationships, the role of ritual and ceremony, and the healing messages of hope and wellness.

019

## THE SEXUAL CRIMES AS VIOLENT CRIMES

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In the juridical field, for a long time, the sexual crimes have been exclusively conceived, in an erroneous way, as crimes of sexual nature, that is, as crimes that are due to an instinct or lubricious intention.

From this conception, the masculine sexuality is perceived as an impulsive sexuality, and in consequence, it is on an upward trend the exoneration to the offender, by the implementation of grounds for acquittal and mitigating factors like the sexual perversion, the amoral psychopathy, the aggressiveness channeled toward the woman; or they are emphasized the physical - the surgical castration, the hormonal treatments... - or psychological treatments which must be apply to the criminal.

However, in reality, the sexual crimes are the violent attacks whose central element is the *power*, although the sexuality is the means to consecrate a status of power on the victim. These attacks have like original cause the existence of the woman's subordinate conception that it exists in the social imaginary and that the Law collects and reproduces through their norms and the interpretation and application that the doctrine and the jurisprudence make of these norms.

The understanding of the sexual crimes in different way causes the impunity of the same ones and the perpetuation of the inequality and the discrimination against the women. The consequences that are more serious in the developing countries, and in short in the Latin American countries, in which the violence against the woman still shows the harshest forms in the world.

## **EPIDEMIOLOGY OF RAPE AND CHILD SEXUAL ABUSE IN SOUTH ASIAN COUNTRIES**

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Globally only about twenty percent cases of rapes are reported. Also, twenty percent female and ten percent male children are subjected to sexual abuse. The ratio of reported cases of rapes is slightly better in the US & Australia with twenty five percent and thirty two percent respectively. In the US, in only about fifty percent of reported cases arrests are made resulting into the conviction of yet lower figure of about forty five percent of those arrested. The reporting in child abuse cases is negligible. At its present rate, it is feared that by 2010, the total rapes and child sexual abuse cases per year around the world would cross fifteen percent of the total world population.

The Indian scene would provide a good glimpse of the overall scene in the South Asian countries. Unfortunately, in India, only about ten percent rape cases are reported. The giganticity of the problem can be understood by the numbers reported in the last decade which stood at a massive average of twenty thousand per year. The situation in other south Asian countries like Pakistan, Bangladesh, Nepal, Sri Lanka etc is no better.

The remedial measures suggested by the authors are basically education through formal channels like schools, seminars, conferences etc and informal channels like the societal platforms, religious preaching & family atmosphere. The second important remedy is the availability of legitimized alternative sources. Strengthening the institution of marriage, legal prostitution and stringent law for the offenders are three major issues that need social and governmental efforts globally. The authors are convinced that the problem can be reduced to a good extent by these efforts.



021

**VIDEO VOYEURISM - MORE THAN A NEW FACE OF  
AN OLD PARAPHILIA**

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Even though we still can find the typical modus operandi of the traditional „peeping-tom“, a new trend of voyeuristic activity can be observed. Influenced by internet and digital equipment voyeuristic activity has increased and could be found in different social settings. This presentation will give an overview of the new offending behavior and the special equipment used by video voyeurs. The differentiation between paraphiliac and commercial motivation, the role of the internet and possible consequences for therapeutic intervention will be discussed.

## **EPIDEMIOLOGY AND CHARACTERISTICS OF PARAPHILIAS – RESULTS OF THE BERLIN MALE STUDY II (BMS II)**

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In contrast to sex offender research, hardly any research has been conducted on the prevalence of paraphilias in the general population. Also, prevalence rates in convicted adult sexual offenders seem to be of great variance and little reliability. The aim of this study was to determine the prevalence of paraphilias in a male community sample in Berlin, Germany.

In a cross-sectional study 369 men aged 40–80 filled in the Institute's self-devised „Questionnaire on Sexual Experience and Behaviour“ (Q-SEB), which in one of its modules assesses sexual experiences relating to ten different paraphilias on three levels: fantasy only, fantasy accompanied by masturbation, and socio-sexual behavior. Furthermore, to enable diagnosis following DSM-IV criteria, a measure of distress caused by these experiences was obtained.

50.4 % reported having fantasies relating to at least one paraphilia. 38.9 % reported masturbating to fantasies involving elements of at least one paraphilia. Finally, 33.9 % acted on sexual urges typical for at least one paraphilia. In contrast, only about 4.5 % perceived their experiences with paraphilic elements as problematic and less than 1 % reported associated distress. Fetishistic, sadistic, and voyeuristic elements were cited most frequently. Prevalence was much higher in single men, especially with regard to pedophilia. Sexual offenses were committed by 1.7 % and 5 % reported being victims of sexual abuse.

While the prevalence of paraphilic elements was much higher than expected, numbers drop when applying DSM-IV criteria for diagnosis. Partnership appears to reduce the likelihood for both paraphilic behavior and potential offending. Despite the low prevalence of self-reported offenses, the results may indicate a high number of potential paraphilic offenses and, thus, demand a network of professional help be established for help-seeking, potential paraphilic offenders.

023

## **EMPOWERING THE COMMUNITY**

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In the UK over the past 15 years we have moved from a position of relative ignorance about sex offenders to one where we have accredited treatment programmes and well developed inter agency management systems in place in all areas of England and Wales. Whilst we have increasing confidence in these systems professionally, the public remain largely unaware of them and will take some convincing before they trust them to any great degree. Influenced in part by media driven demands in the UK there has been an increasing political wish to do something to increase public participation in sex offender management. As a result, the Multi Agency Public Protection Panels which operate in all areas are now required to have a lay member recruited from the community. The Government has also given financial support to several other schemes which seek to involve the community i.e. Circles of Support – an attempt to help sex offenders reintegrate safely back into communities by recruiting a circle of volunteer supporters to assist them.

Stop It Now – seeks to give adults the information they need to recognize abusive behaviour and to take effective and responsible action.

Leisurewatch - an initiative to train staff at public leisure centres to recognise potentially problematic behaviours and to have in place a protocol to deal with them.

This presentation will discuss what we can learn from the progress of these initiatives to date and consider what else might need to be done if the community is ever to be truly engaged as a full partner alongside the statutory agencies in working to protect the public from the risks posed by sexual and other dangerous offenders.

## **THE EFFECTS OF NORMATIVE INFLUENCE ON RAPE-MYTH ACCEPTANCE AND RAPE PROCLIVITY**

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The aim of this study is to assess possible predictors of rape proclivity. More specifically, the relationship between in-group identification (as described by Self-Categorisation theory), rape-myth acceptance and rape proclivity is investigated.

A between-subjects design is used. All 90 participants involved in this study are British male students of the University of Kent. Participants completed one of three questionnaires that featured three sub-sections: 1) feedback from an in-group (British university students), 2) feedback from an out-group (Greek university students) or 3) no feedback (control group). The results are in support of the hypotheses that the participants who received the feedback (intervention information) would score lower in rape-myth acceptance and rape proclivity measurements. The results do not support the hypotheses that participants who received the feedback from their in-group would score lower on rape-myth acceptance and rape proclivity than the participants who received feedback from their out-group. The theoretical and practical implications of the findings are discussed.

025

**TO HONOR AND OBEY A PSYCHOLOGICAL AND HISTORICAL LOOK AT THE ROLE OF SEX OFFENDER'S WIVES; VICTIM, ACCOMPLICE, AND CATALYST**

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Wives hold a dubious place in the lives of sex offenders. Some are used to portray a sense of normalcy, others are victims of psychological abuse leading them to assist their husbands in their crimes, still others are victims of physical or sexual abuse themselves and thus keep silent about their husband's crime in order to stave off further abuse. Some wives actively participate or even instigate a husband's sex offenses, and in other cases it is the loss of the wife through divorce or abandonment that sparks an onslaught of offending.

Albert DeSalvo (the self-proclaimed Boston Strangler and Green Man) found no outlet for his sexual desires in his marriage. After his wife left him John Wayne Gacy's rituals of rape and murder of young men and boys escalated. In the case of the Scarborough Rapist, Karla Holmoka claimed intense psychological abuse in her part in the school girl murders, insinuating that her activities on tape with the victims were scripted by her husband Paul Bernardo and not an outlet for her own sadistic pleasure. These and many others will be examined on an international level for similarities in order to present an idea of what kind of woman falls in love with a sex offender and what to honor and obey can come to mean in such a relationship. Cultural and historical demographics will be examined to show a temporal evolution in such relationships.

## **ATTITUDES TO SEXUAL ABUSE AMONG THREE SAMPLES OF NORWEGIAN ADULTS**

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This paper presents some results of a study on attitudes to sexual abuse. The aim of the study is to reveal adults attitudes to sexual abuse of children and explore factors that account for the variability in attitudes. The first sample consisted of a general population of Norwegian adults (18 - 65 years, N = 255). Sample 2 consisted of active Christian adults (N = 124). The third sample consisted of people convicted for sexual abuse of children (N = 36). The response rate for Sample 1 was 26 %, and 50 % for Sample 2 and 3. To measure attitudes to sexual abuse ATSA (Briere et al., 1992) was used. In addition an extended list of attitudes was tested. Predictors of attitudes were among others empathy (Davis, 1996), social support (Procidano and Heller, 1983), cultural factors (Rippl, 2002), femininity and masculinity (Bem, 1977).

The result showed that the attitudes varied across the samples and the convicted were more positive to abuse than the other samples. They also reported less social support and a more conservative cultural view. Social support, own experience, knowlegde and cultural factors predicted the attitudes. The results indicate that a more thorough understanding of the culture when planning prevention strategies are beneficial. The adults attitudes seem to be more „socially acceptable“ than similar studies with sample consisting of adolescents, not giving support to the idea that the parents are the the most important providers of attitudes to the youth. Other influential sorces should be investigated.

027

**DISPUTES OVER WHETHER ADULTERY OF ONE OF THE SPOUSES NECESSITATES SEPERATION BETWEEN THEM**

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Sexual activities outside the wedlock are forbidden in Islam. Some of these activities are adultery and fornication. In English these two terms are used for two different types of illegal sexual intercourses, i.e., adultery for illegal intercourse committed by married persons, and fornication for illegal sexual intercourse committed by non-married ones. In Arabic, however, the word „zina“ is used for both adultery and fornication with different rulings for each one. Adultery, like fornication, is not uncommon among Muslims. The former is committed by one of the spouses, or by those who were married in the past but at the time of committing this crime were not married; rather, they were divorced, widows, etc. Some Islamic legal rulings regarding the adultery of one of the spouses differ from the rulings for other types of adulteries. Spouses of this nature enjoy certain flexibilities that are not enjoyed by other adulterers or fornicators. This paper investigates one of these flexibilities, i.e., whether in Islamic law adultery of one of the spouses necessitates separation among them or they are still allowed to maintain their married life. In order to reach this goal, this paper is divided into three sections, i.e., concept of adultery in Islam; when is lawful, obligatory, or forbidden for a husband to accuse his wife of adultery publicly; and whether adultery of one of the spouses necessitates separation between them. Analyzing different types of arguments of Muslim jurists, and comparing among them, this paper strives to find out the appropriate and preferred opinion about the issues concerned.

## **THE MORAL COMPETENCE OF THE SERIAL SEXUAL KILLER**

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Although the legal competency of serial killers, and particular of lust serial killers, is frequently discussed, their moral competency has rarely been taken into consideration. A preliminary exploration of the moral competence of these killers considers the frequency of social violence and its relationship to the psychopathic personality. Moral values and conscience in relations to people's behavior are addressed, and in this context, the traits and patterns of aggressive sexual behavior, including the narcissistic, grandiose, omnipotent personality of lust killers are considered when trying to reach a conclusion regarding their moral competency. Slides from the heinous crimes of Jeffrey Dahmer reflect the above. Reflecting on the totality of the behaviors of the lust killers, it is concluded that they are morally competent: Aware of their antisocial actions, they totally disregard the accepted values of society. Motivated by their omnipotent grandiose feelings, they place themselves above societal values, while shocking society with their heinous crimes through which they express their destructive hostility.



029

**RAPE AND SEXUAL IMPOTENCE –  
PSYCHOANALYTIC ASPECTS***Vassilis Maoutos, MD, PhD**Institute of Training Psychodynamics, Athens, Greece*

At first glance it may appear contradictory that it is possible for an individual with uncontrollably violent sexual impulses to also be a miserable man who very frequently suffers from a complete inability to perform sexually in a non-aggressive, let alone affectionate way. And yet, this is precisely what we so often find in our clinical practice when we treat analytically such cases. Indeed, the establishment of a successful sense of sexual identity presupposes firm foundations upon a bodily ego. This, implies the existence of sequential and appropriate gratifications from earlier phases that will eventually result in the developmental achievement of oedipal resolution which, no doubt, is by far the most advanced psychosexual human accomplishment.

In the event that the oedipal conflict is resolved satisfactorily we can safely talk about: confidence in one's masculinity, penile erection co-ordinated with benevolent unconscious images, affectionate contact with the other sex and disclaim of any aggressive behaviour in order to achieve sexual excitation other than the minimal necessary for the act of penetration alone.

However, this process is certainly much more complex than is often appreciated. Depending upon various factors, a man's identification with his primal maternal object is a psychological mechanism that may well get entangled at the crossroads between on the one hand the convenience of enjoying the imaginary uniqueness of a perfect pre-oedipal early relationship, and on the other, suffering from having to face the aggressive consequences that spring out from inside him, from a fearful and annihilating imaginary castration and homosexuality. After all these, the individual will have the psychological profile of a man with a fantasized bodily misconception and confused sexual identity.

These are sufficient reasons for a psychotic-like breakdown if the individual was to experience the above feelings passively i.e without taking active action to overcome them. The need for a drastic act taking the form of a rape in order to escape from such a predicament is often felt to be as vital as life itself. Under these circumstances the individual being encapsulated in a state of panic, omnipotently nullifies his primal female identification and

achieves a masculine but false oedipal resolution, albeit only temporarily.  
Thus, the avoidance of a psychosis-like state is achieved.

030

## **YOUNG SEX OFFENDERS – RECIDIVISM AND RISK ASSESSMENT**

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One of the central findings of criminological research is, that criminal behaviour of young people shows, in comparison to other age groups, a significantly higher prevalence. In most cases though, criminal offences can be regarded as episodic events, as an expression of times of crisis and difficult situations as well as inappropriate coping-strategies linked with youth and adolescence. Consequently, commitment of offences in youth age often has a time-restricted and temporary character, so that it will not necessarily go on within the scope of a criminal career in adult age. To a large extent this positive development does not depend on any juridical or therapeutic measures applied in particular case.

This principle of the episodic character of juvenile delinquency generally also applies to young sex offenders, but not unrestricted. One of the empirical researches carried out by the Centre for Criminology in Wiesbaden, Germany, concerning recidivism of sex offenders (N = 780), demonstrates a remarkable higher base rate of recidivism among young sex offenders (N = 80) than among persons, who committed their first sex crime at a minimum age of 21. This is especially the case, if special risk factors exist and therapeutic measures come too late or are inadequate.

The paper discusses some of those risk factors (e.g. stranger victim, male victim) for the distinction of offenders whose risk of recidivism is high and those, whose risk of recidivism is low. The paper also presents consequences for the risk assessment of young sex offenders and for effective therapeutic measures.

**THOUGHTS ABOUT CLASSIFYING FEMALE SEXUAL OFFENDERS**

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Although there has been increased attention to the clinical and treatment needs of female sex offenders, there has been very little attention to differences among female sex offenders (FSO). Indeed, the assumption seems to be that FSOs, as a group, are quite similar (homogeneous). We are well aware that this is not true of male sex offenders. Male sex offenders are very different (heterogeneous), and considerable research has been devoted to developing models for classifying them. The number of FSOs appears to be so small, however, that classification has seemed neither warranted nor feasible. In this presentation, I will report some interesting findings from a study of 16 adult female sexual offenders at a women's prison. The women were evaluated as part of a treatment program and the data were collected as part of an intake / assessment protocol. The pattern of these results, including victim and criminal history characteristics, scores on the Psychopathy Checklist (Hare PCL-SV), scores on Briere Trauma Symptom Inventory, scores on an anger expression questionnaire, and coding of 42 variables from archival (prison file) documents, pointed to four very distinct groups. These groups are interesting from clinical, diagnostic, theoretical, and etiological perspectives.

032

**THE MENDED HEART : PREDICTORS OF SUCCESSFUL COMPLETION, SUBSEQUENT CRIMINAL RECIDIVISM, AND TREATMENT IMPLICATIONS IN A 14-24 YEAR FOLLOW-UP STUDY OF A COMPREHENSIVE SEXUAL HEALTH MODEL TREATMENT PROGRAM FOR ADOLESCENT SEX OFFENDERS**

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We recently published the findings of our study which determined the effectiveness of a sexuality-positive adolescent sexual offender treatment program in the *International Journal of Offender Therapy and Comparative Criminology*, Special Edition: Sex-Offender Treatment, Vol. 47, Number 4, August 2003. It also examined the subsequent criminal recidivism in the three outcome groups (completed, withdrawn, referred). The sample consisted of 122 adolescent males and their families (491 individuals). Living situation was the only significant demographic variable, such that patients living with parents were more likely to graduate. None of the behavioral variables were significant. Of the treatment variables, only length of time in the program and participation in the Family Journey were significant. Our investigation of the association of criminal recidivism with completion status 14 to 24 years after leaving the program revealed that there were no arrests or convictions for sex-related crimes in the population of participants that successfully completed the program. This group was also less likely than the referred or withdrawn groups to be arrested or convicted across all crime categories. The low number of convictions or arrests for sex-related crimes in the rest of the population precludes the use of statistics for comparison, but it is interesting to note that the highest conviction rate (8%, in the group that withdrew from treatment) is similar to that of recidivism rates for other treatment programs. A summary of the recidivism study is included in the appendix of this paper. This paper is in response to requests for information about the philosophy, treatment components and staffing of the program. Personal/Social Awareness (P/SA) was established by Lu-

theran Social Service of Minnesota in 1977 in response to increasing referrals of adolescent males experiencing sexual issues of a critical nature. The P/SA program was an outgrowth of 17 years' experience in group therapy and family treatment of adolescents with emotional and behavioral problems, during the course of which many of the program's treatment modalities were developed. The treatment philosophy was based on principles of sexual health , especially child sexual health; social group work theory, family systems theory and hermeneutic discipline. The treatment components, staff training, support and relationship to the youth are described. Comments from the youth themselves provide their personal perspectives on the process.

033

**EMPATHY IN SEXUAL OFFENDERS: THE NATURE OF THESE DEFICITS AND THEIR TREATMENT**

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A model of empathy will be outlined followed by a summary of research with sexual offenders relevant to the model. Essentially this research shows that sexual offenders do not accurately perceive problematic emotions in others, that they are unable to see things from the perspective of others, and that they selectively ignore the harm they cause to their victims. As a result of this review of the evidence, two approaches have emerged to the treatment of empathy deficits in sexual offenders: (1) a structured approach that attempts to correct deficits in each stage of the empathic process (i.e., an attempt to enhance empathy skills); and (2) an approach that simply construes these apparent empathy deficits as a particular category of cognitive distortions (i.e., an attempt to sensitize offenders to the harm they cause). While both of these approaches appear to be effective, in both cases certain offenders (i.e., psychopaths and sadists) appear to be unsuited to such treatment interventions. This issue will be discussed.

## **GROUP THERAPY WITH ADULT SEXUAL OFFENDERS**

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„This group is like an organism, it can change and adapt but it is not the same when someone leaves.“ (former group member)

This session will review concepts and issues in group therapy with adult sex offenders. Treatment of sex offenders has been documented for more than 100 years, but only in the past 20 years has group therapy become the most common method of treatment. Groups are used for education, support, therapeutic milieu, and psychotherapy. What makes group based treatment effective and the most common venue?

Group therapy evolved in the early 1900's in the United States when two authors, LeBon and McDougal, offered opposing appraisals of the group impact. In 1920, LeBon observed a negative effect of groups on individuals, concluding that the group contributed to „a diminishing of human functioning.“ The result of this negative effect was a loss of self and the individuals' ability to act on their own will. In contrast, McDougal (1920), while also observing the potential negative effect observed an important additive when individuals were in groups. He observed that when groups are organized around a clearly defined common purpose the group had the potential to enhance individual behavior.

The early years of group therapy were dominated by psychoanalytic theory and more recently cognitive behavioral theory and techniques have become popular and have shown evidence of effectiveness. Unfortunately, traditional cognitive behavioral approaches do not foster group member interactions – one of the hallmarks of an effective group, as Yalom argued in his seminal work in 1995. Effective groups foster cohesion, challenge dysfunctional beliefs and behaviors and both tolerate differences as well as encourage adherence to group norms that further therapeutic goals.

There has been an increasing body of evidence that group based therapy offers a rich and effective environment that enhances and furthers the goals of therapy. Authors such as Beech and Fordham (1997), Sawyer (2002, 2003) and Levenson and Macgowan (2004) have begun to apply these group therapy principles to the special clinical population of sex offenders.



Group therapy enhances the goals of sex offender treatment in many ways. The supportive environment of the group promotes the emotional safety necessary to allow essential self-disclosure of shameful personal material. Only when a group milieu of support and cohesion is facilitated through interpersonal interaction can effective treatment and behavior change occur.

## **LEARNING RESILIENCE IN SEXUAL OFFENDERS FAMILY THERAPY**

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The presentation is divided in three parts: 1) Part 1 defines RESILIENCE as the human attitude of being aware that it is possible to change and to help people to change even the worst antisocial behaviours replacing them by better behavioural alternatives.

As therapist as well as citizen of this world we believe that resilience might be a social practice. 2) Part 2 will show some examples of how resilience is learnt in Sexual Offenders (S.O.) Family Therapy in ISDE , Institute for Development Sexology in Buenos Aires, Argentina. 3) Part 3 describes the different steps by which resilience can be learnt in S.O. Family Therapy sessions. This learning consists of: a) listening each other without interruption. b) talking to each other with a respectful predisposition. c) accepting our own mistakes that have produced others' damage. d) deciding one's behavioural change towards a safer one. e) asking somebody else for help when necessary. f) avoiding dangerous situation where one cannot be helped. g) receiving follow up for an appropriate time. CONCLUSIONS: The whole society might adopt a resilient attitude to ask ourselves what is wrong with our sexuality education , our idealized family concept and the role of mass media to teach what sexual offenders are and how to help them. Family Therapy is a means to help S.O. to live happier , reinserting themselves into society with responsibility and self-esteem.

036

**PROVIDING CLINICAL SERVICES TO SEXUAL OFFENDERS: THERAPIST IMPACT ISSUES**

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It has long been recognized that a clinician's experiences impact his/her personal life (Green, 1968; Terkel, 1972). Given that psychotherapy routinely involves developing and maintaining a helping relationship with distressed or stress-engendering individuals, it is not surprising that there has been considerable interest in evaluating the impact of the therapeutic process on clinicians (Deutsch, 1985; Farber, 1985; Figley, 1982; Kottler, 1993; Norcross & Prochaska, 1986; Sussman, 1995).

The provision of treatment services to sexual offender clients is a challenging and demanding form of clinical practice. These clients are frequently unwilling consumers who present with a multitude of behavioral deficits and excesses which have the potential to pose a danger to society. In providing clinical services to this population clinicians are faced with both the stressors associated with general psychotherapy as well as a number of stressors unique to providing care to this particular client group.

This paper will explore the specific impact issues associated with the provision of clinical services to sexual offenders. Issues discussed will include theoretical frameworks for considering therapist distress, anecdotal and empirical data regarding the stressors associated with the provision of treatment services to sexual offenders, the experience of burnout and compassion fatigue amongst sexual offender treatment providers, and the variables that appear to moderate distress. Effective coping strategies for managing the identified stressors and the satisfactions associated with providing care to this population will also be discussed.

**NEW DIRECTIONS IN TREATING SEX OFFENDERS:  
HAVE WE NEGLECTED THE OBVIOUS?**

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Treatment gains for sex offenders reported in the professional literature over the past 40 years have been modest at best. Sizable numbers of sex offenders refuse treatment or, if they do participate in a treatment program, many are uncooperative or drop out before the termination of the program. In the present report, data from over 1000 sex offenders who were offered treatment were examined to evaluate the characteristics of the men who refuse treatment or drop out versus those who accept and complete treatment. The presence of sexual disorders, substance abuse, and learning disabilities are factors that are discussed with suggestions to improve treatment participation and outcome. Motivational strategies to encourage offenders to participate are examined.

038

**TOWARDS A PUBLIC HEALTH APPROACH TO THE  
MANAGEMENT OF SEXUAL ABUSE: THE U.K.  
EXPERIENCE**

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It has been argued (Laws, Henry) that because so few abusers are ever prosecuted or receive treatment it would be more effective to adopt a Public Health approach to the management of sexual abuse. This involves three levels: Primary (stopping a problem before it starts); Secondary (researching and targeting high risk groups) and Tertiary (management to prevent the repeat of a problem). The U.K has broadened its approach to the management of sexual abuse in a way which reflects these levels. This has however been done in an ad hoc fashion. An examination of the U.K. experience may help others to adopt a more strategic approach.

## **THE TREATMENT OF SEX OFFENDERS IN SPECIALIZED THERAPY UNITS IN GERMAN PRISONS**

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The treatment of sex offenders in Germany takes place in correctional institutions (prisons and forensic psychiatric hospitals) and in non-custodial settings, particularly within the scope of probation. The paper presents and discusses a special form of treatment, the so-called social therapy facilities. These units are either independent prisons or separate departments of regular prisons for 30-60, in two cases for over 100 inmates. Originally these units were part of the Criminal Law Reform in the 1970's, aimed to rehabilitate sex offenders and other offenders with special needs. Due to financial reasons, the development of these units came to a standstill after 1985. Until recently they also provided treatment only on a voluntary basis.

In the course of some severe sex offences an amendment of German Penal Law since 2003 enforces all sex offenders with a prison sentence of more than two years to be transferred to a social therapy unit. This new legislation led to an increase of those units and to new and more specified treatment programs for sex offenders. Currently, about 1,500 places are available in Germany altogether. According to several evaluation studies, results of this treatment form are positive, yet not excessively high: the effect size moves in the area of  $r = 10$ . One main reason for this rather weak outcome might be that most of the units have not (yet) established systematic aftercare programs.

040

**ISSUES REGARDING THE TREATMENT AND  
MONITORING OF SEXUAL OFFENDERS:  
PRACTICAL IMPLICATIONS FOR THE EUROPEAN  
UNION**

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A discussion on the formation of the European Union and the autonomy of states in treating sexual offenders, this talk examines the development of a comprehensive and cohesive system regarding collaboration and the challenges ahead. We will look at the European Union's Constitution as well as selected states' legal structures as points of reference to compare and contrast and develop solutions. This discussion will offer a brief introduction to the development of a comprehensive system of monitoring sexual offenders and methods of preserving the integrity of the treatment process.

## **A MULTI-AGENCY MULTI SITE HOLISTIC APPROACH TO YOUNG PEOPLE WHO SEXUALLY ABUSE OTHERS: WHAT IT TAKES TO CHANGE PRACTICE**

*Julie Henniker<sup>1</sup>, Tony Morrison<sup>2</sup>*

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This presentation will outline the origins, framework and evaluation of the AIM project in Greater Manchester in the north west of England. This project has established an inter-agency framework for the referral assessment and management of young people who sexually abuse others. It involves collaboration across a population of 4 million people including ten social services departments, ten youth offending services, police, health, education and non government agencies and is co-ordinated by a development officer. It is thus one of the largest whole system programmes addressing the needs of young people who sexually abuse others. The author is the external consultant to the AIM programme. The project has been underpinned by a holistic assessment framework which emphasises needs, developmental issues, strengths and family factors as much as the sexual risks posed by the young person. Four integrated assessment protocols have been established covering: (1) mainstream young people (2) young people with disabilities (3) children under 10 yrs with sexually problematic behaviours and (4) parents and carers. Alongside this, a process of inter-agency training has underpinned the development of the frameworks and been the vehicle through which practitioners have been involved in refining and taking ownership of the model. The most recent stage in the project has been the development of therapeutic guides and programmes for work for young people. The programme has been subject to evaluation at a number of levels and the results of these evaluations will be reported.

In addition to describing the project and the evaluation findings, the presentation will also consider what this large scale 'practice change' programme tells us about what it takes to change and improve practice at the strategic as well as clinical level. Despite the largescale efforts of governments everywhere to reform the delivery of child welfare and youth justice services, such efforts have met with mixed results. The findings from the AIM



programme also suggest valuable lessons to be learnt about what it takes to engage practitioners and their managers successfully in raising the standards of practice.

**SEXUAL SADISM IN SEXUAL OFFENDERS**

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First, the concept of sexual sadism will be reviewed. The general body of literature reveals that most researchers either replace DSM criteria with their own, or add their own criteria to that of DSM. This produces inconsistency of diagnoses across studies making it difficult to draw general inferences.

In an attempt to understand the application of the diagnosis of sexual sadism, two studies were undertaken. The first study examined the actual clinical application of the diagnosis by comparing sexual offenders given the diagnosis by forensic psychiatrists versus those offenders assessed by these psychiatrists but deemed not to be sexual sadists. This study was followed by asking 15 internationally-renowned forensic psychiatrists to apply the diagnosis where relevant to 12 very detailed case descriptions. The results of both studies will be described and recommendations will be made for further research and for clinical practice.

043

**TREATMENT AND RISK MANAGEMENT  
APPROACHES WITH SEXUAL SADISTS AND  
MURDERERS**

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Much of the literature on sexual sadists and murders focuses on identifying characteristics of these offenders, offender typologies and exploring the dynamics of the offending behaviour (Homes & Homes, 1996; Ressler, Burgess & Douglas, 1988). There is little information available on clinical practice with this population and, at this time, we likely do not know what constitutes best practice for addressing the treatment needs and risk factors of sexual sadists and murders. Although some identify similar treatment strategies as are used in general sexual offender treatment (Hollin, 1997), it is suggested that there are approaches and issues that are specific to this sub-group of sexual offenders. This presentation will focus on discussing lessons learned through clinical experience with sexual sadists and murders and strategies developed to facilitate risk management with this challenging and difficult client group. Issues discussed will include identifying potentially promising clinical approaches to working with sexual sadists and murders as well as a discussion of a multi-systems approach to managing these cases.

**„SADOMASOCHISTIC“ SEX CRIMES:  
A CONTRADICTION IN TERMS**

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Science requires precision and precision starts with clear and unambiguous definitions. The colloquial and professional uses of terms „sadism,“ „masochism,“ and „sodomasochism“ include the description of a sexual interest, descriptions of personality types, types of sexual psychopathology (paraphilias), and an obsession or compulsion to sexually offend. This confusion is common among professionals and hinders our understanding of the differences between those who commit sex offenses and those who do not. This presentation will distinguish each of these uses of the terms and contrast the types of individuals associated with each of these meanings. The problems with the Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition, Text Revision, will be used to illustrate how the confusion engendered by the imprecise definitions affects our clinical judgments. How to distinguish each subtype and differences in treatment approaches to each subtype will be discussed. New terminology will be suggested.

045

**STOP IT NOW! UK & IRELAND: A PUBLIC HEALTH EDUCATION APPROACH TO THE PREVENTION OF CHILD SEXUAL ABUSE**

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STOP IT NOW! UK & IRELAND is a major new national and local public health campaign that aims to stop child sexual abuse by encouraging abusers and potential abusers to seek help and by giving all adults the information they need to protect children effectively. The fundamental premise of STOP IT NOW! UK & IRELAND lies in the belief that all adults must take responsibility for protecting children before the abuse occurs and in order to do this they need to be able to recognise the signs of abuse and understand how abusers behave.

The campaign has been running successfully for three years – local projects have been established, literature has been developed which gives factual information and a telephone/website HELPLINE has been in operation for the past two years.

The purpose of this workshop/presentation is to share with delegates the background to this public health campaign and our progress to date. We will describe the nature of the projects, and demonstrate how they are able to influence local professional and community agendas on issues relating to child sexual abuse. Examples of all our literature will be presented and available for delegates – these include booklets, posters, postcards and small pocket sized publications – and we will discuss the rationale for producing this type of literature and what impact we believe it has had within our communities. In addition, we will be giving a detailed account of our HELPLINE activity, which will include an analysis of the calls we have received and examples of how we have been able to assist the needs of our callers.

The final part of the workshop will be dedicated to future, planned developments and to ways in which we might take the campaign further. There will be time for comments and debate on any issues raised.

**UNDERSTANDING CHILD MOLESTING IN  
ADOLESCENCE: TESTING ATTACHMENT THEORY-  
BASED HYPOTHESES**

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Marshall (1989) suggests that child molesters fail to develop secure attachment bonds in childhood, resulting in a failure to learn interpersonal skills and gain the self-confidence necessary to achieve intimacy. This hypothesis forms the basis of this presentation, which will focus on data from two groups of adolescents: Juvenile Child Molesters, defined as 14-17 year old males recruited from sex offender specific treatment programs and county probation whose victims were at least three years younger than themselves and less than 12 years of age; and Juvenile Delinquents, defined as 14-17 year old males adjudicated delinquent for non-sex violent or property crimes recruited from juvenile detention centers, county probation, and outpatient treatment programs. Recruitment was designed in both groups so that 50% of the sample came from incarcerated or inpatient settings and 50% came from outpatient, community-based settings.

Using the data from this empirical investigation, I will focus on understanding attachment theory-based hypotheses about child molestation and whether there is evidence that adolescent child molesters comprise a unique group, or are a subset of juvenile delinquents. Further, this presentation will discuss the empirical findings within the context of understanding the adolescent developmental processes that could be etiologic in the development of sexual interest in children, and how these data inform interventions for adolescent sex offenders and interventions for prevention of child sexual abuse.

047

**INCEST OFFENDERS IN CHINESE CULTURE:  
LITERATURE REVIEW AND A REPORT OF  
PSYCHIATRIC EXAMINATIONS IN TAIWAN**

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In 2003, the percentage of incest (or kunisexuality) as a category of criminal sexual abuse is 7.24% according to the annual report released from the Committee of Prevention and Treatment of Domestic Violence and Sex Assault in Taiwan's central government. Recently victims of the traditionally „unspeakable crime“ have been encouraged to seek help from various counseling and treatment centers, a major one of which claims that around 50% of the clients are incest victims (and around 65% of them were under age 12 when abused for the first time).

Literature concerning incest offenders in Chinese societies is very limited. The well-known controversy between Westermarck hypothesis of incest avoidance and Freud's Qedipus complex with an early incestuous sexual interest is addressed here with special reference to theories of Chinese relationism and Arthur Wolf's landmark research on child-bride marital system in some rural areas in Taiwan.

In the beginning phase of academic research on incest about sex offenders, a series of case reports (N=789) of pre-sentence psychiatric evaluations for sex offenders (N=60, 7.6%, incestuous ; N=729, non- incestuous) are presented with a set of clinical and forensic descriptive data, which include victim-perpetrator relations, family environment, PPG, assessment of recidivism risk, and disposition for civil commitment. Among the incest offenders, 61.67% are father-daughter cases.

Preliminary findings suggest that dysfunctional intra-familial parent-child and spousal relations is the most significant scenario. Problems and resistances encountered in the studies on such highly sensitive subjects as incest offenders will be presented and discussed.

**CHILD PORNOGRAPHY AND THE INTERNET**

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A sample of men charged with possession of Internet child pornography was examined for the presence of phallometrically diagnosed sexual disorders, for substance abuse, mental illness, psychopathy, criminal history, and actuarial risk of future sexual offenses. Contrary to expectation, most men had no criminal record and very few were pedophiles. If any sexual disorder was present, it was most often voyeurism. Dominant in this group were sexually conventional men who showed signs of mental illness and/or extreme stress. Actuarial assessment of risk indicated that they were generally at low risk for sexual offenses. Motives for possession of the child pornography are discussed.



049

**THE 17-YEAR-OLD CHILD – PROBLEMATIC ASPECTS IN THE FIGHT AGAINST CHILD PORNOGRAPHY**

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Recently enacted EU-legislation will effect interferences with the sexual life of adolescents across Europe in an intensity so far not known in any of the European states. The „Framework-Directive on combating sexual exploitation of children and child-pornography“ obliges all member States of the European Union to create extensive offences of „child“-pornography and „child“-prostitution, defining as „child“ every person up to 18 years of age, without differentiating between five-year-old children and 17-year-old juveniles. These offences go far beyond combating child pornography and child prostitution, thus making a wide variety of adolescent sexual behaviour, hitherto completely legal in the overwhelming majority of jurisdictions in Europe, serious crimes; for instance: sex between 16-year olds for „remuneration“ or „consideration“, which includes invitations to cinema or to a dinner; „lascivious“ drawings of a 17-year-old girl possessed by a 15-year-old boy; photographs of a 16 year-old girl in her bikini „lasciviously“ exposing her pubic area, taken by her 17 year-old boyfriend on the beach; standard pornography involving younger looking 20-year-old adults or „webcam-sex“ between 17-year-old-adolescents; even pictures of one’s own adult spouse in „lascivious“ poses, if this spouse looks younger than 18. No European jurisdiction so far has such a restrictive law. The massive criminalisation and the equation of adolescents with children caused heavy criticisms among experts but this criticism could not prevent the project from becoming law. This presentation provides an analysis of the background, the legislative process and the content of the EU-Framework-Decision.

**REFLECTING ON THE RELIABILITY OF STATIC  
RISK FACTORS POST- TREATMENT**

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This paper updates recent studies from the Phoenix Program, at Alberta Hospital Edmonton that relate to actuarial risk prediction. Prior number of convictions and relationship to victims (intra- or extra-familial) have been extensively studied and found to be valid predictors of recidivism risk among sex offenders. Despite statistical support of these static risk factors, they may also be misleading if not judiciously applied in a risk assessment algorithm. For example, the highly robust static variable of number of prior offenses, has been shown to be far less predictive of recidivism after our treatment program, than without treatment. We anticipate this to be a reflection of treatment effect. Another example involves the characteristics of the index offense. In our group of offenders against children, there were far fewer differences between groups of offenders, based on the relationship to index victim than is widely accepted. Lastly, a modest positive correlation between testosterone level and sexual recidivism, while demonstrable for treatment non-completers was not significant for completers. Data for this recent finding and clinical implications will be discussed.

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**THE RELATIONSHIP OF STABLE DYNAMIC RISK  
DOMAINS TO RECONVICTION**

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The aim of this study was to cross validate the predictive accuracy of the Thornton's Deviancy Domains using measures of psychosexual characteristics and psychopathology. The Special Hospitals Assessment of Personality and the Multiphasic Sex Inventory (MSI) were administered to 119 sexual offenders. Scales measuring one of the four Deviancy Domains, identified by Thornton (2002), sexual interests, distorted thinking, socio-affective functioning and self management. The accuracy of the domains, in predicting sexual reconviction over two and five year follow-up periods, was measured using the area under the curve analysis. Sexual Interests and Distorted Thinking domains were found to be significantly correlated with sexual reconviction over the two and five year period. The Sexual Interests domain in particular obtained moderate accuracy in predicting sexual reconviction (AUC = .86 over 2 years) and outperformed actuarial risk predictions (Static-99) (AUC = .66 over 2 years). The results support the use of identifying dynamic risk domains and their utility in predicting sexual reconviction.

## **PUPILLOMETRY: A POSSIBILITY TO DIFFERENTIATE PEDOPHILES FROM NON-PEDOPHILES**

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Psychosensory stimuli (e.g.: emotion, vision) stimulate the sympathetic system, while inhibiting the parasympathetic system. Pupillary reflex dilatation is based on the reciprocal influences of the sympathetic and parasympathetic system.

The pupil dilates as a result of this reciprocal interaction.

Since the beginning of the seventies different investigations have tried to prove, that the use of reflex pupillary dilation is an objective indicator for discriminating pedophiles from non-pedophiles. Discrepant findings stopped further research, although it was probable, that insufficient methodology had been the reason.

Research in the eighties and nineties have developed sophisticated methodologies, that are regularly used in clinical settings. The leading researcher in this field, the Austrian J. Gruenberger (who is also directing this research project) developed a technique for pupillometric measurements utilizing different static and dynamic variables after presenting various visual stimuli to the patient for differentiating subtypes of alcohol dependency.

Recently researches in the USA and in Austria have independently started to reinvestigate the relationship between psychosensory stimuli and pupillary dynamics to discriminate sexual offenders and especially pedophiles from non-pedophiles.

Pupillography was used to examine the stimulation caused by pictures of prepubescent boys and girls to 3 different groups: pedophile sexual offenders, non-pedophile sexual offenders and normal controls.

This presentation will focus on the methodology and the very encouraging results of the Austrian research.

053

**A COMPARISON OF DEVELOPMENTAL AND BEHAVIOURAL FACTORS IN SEX OFFENDERS, CONTROLS AND SEXUAL HOMICIDE OFFENDERS**

*Llian Alys<sup>1</sup>, Clare J Wilson<sup>1</sup>, John Clarke<sup>2</sup>, Peter Toman<sup>2</sup>*

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Marshall and Barbaree (1990) proposed an integrated theory of the aetiology of sex offenders. This approach integrates theories and research on biological, sociological and psychological factors which may play a role in the development of sex offending. The aim of this study was to examine in light of Marshall and Barbaree's theory, the perceived developmental and behavioural experiences of a sample of sex offenders. The study sought to compare their responses with a control group's, to see whether these experiences are equally prevalent in populations other than sex offenders. Burgess, Hartman, Ressler, Douglas and McCormack (1986) proposed a motivational model of sexual homicide which discusses psychosocial and developmental factors similar to those included in Marshall and Barbaree's integrated theory of sex offending. As such, a sample of sexual homicide offenders was included to examine whether these offenders are similar to the sex offenders who do not kill. Participants completed a Developmental History and Adulthood Behaviours questionnaire. 20 male sex offenders in a Sex Offender Treatment and Assessment Programme were compared with 20 male students and 20 male incarcerated sexual homicide offenders. In general, more of the sexual homicide offenders reported the experiences than both sex offenders and controls. The percentages of the sex offenders to report these experiences tended to be more similar to the controls' than the sexual homicide offenders', and in some cases the frequencies of the control group were higher than the sex offenders'. Possible explanations for the findings and their implications are discussed.

## **ARE CHILD MOLESTERS REALLY DIFFERENT? A CRITICAL REAPPRAISAL OF THE METHODOLOGICAL STATUS OF CHILD MOLESTER RESEARCH**

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Exact defining and operationalizing of the categories under study delivers the basis of scientific endeavour and determines the impact of its findings. Although clinical psychology and psychiatry both have developed valid psychological, psychometric, and psychopathological categories, sexual offender research often refers to more simple categories, namely, types of offences. The present study analyses to what extent empirical child molester research used criminological (offences) versus psychopathological categories, and discusses the methodological consequences of both strategies.

Based on a systematic PsycInfo search, 659 empirical studies on child molesters from 1961 to 2004 were analysed with regard to the categories and diagnostic procedures used. The search terms molest\* and pedophil\* were utilized.

The majority of studies used a grouping procedure based on an offence related criterion (child molesters vs. others), others used idiosyncratic (although often empirically derived) typologies, whereas only a few referred to categorizing and valid methodology developed in clinical psychology and psychiatry.

Methodological procedures used in sexual offender research differ from those in related sciences such as clinical psychology or psychiatry. Severe critical consequences of this approach are discussed with regard to comparability of studies, heterogeneity of study groups, theory development, and, particularly, the interpretability of sexual offender treatment research.

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## **DECISION-MAKING ABOUT THE NOTION OF SEX OFFENDER VOLITIONAL IMPAIRMENT IN LEGAL CONTEXTS**

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The *Kansas v. Hendricks* (1997) decision, in which the United States Supreme Court authorized post-sentence civil commitment for certain sex offenders, appeared to have been constitutionally legitimized by limiting the class of offenders eligible for this special form of civil commitment to those who are „unable to control“ their dangerousness. Similarly, the Dangerous Prisoners (Sexual Offenders) Bill (2003) in Queensland, Australia provides for the preventive detention of sex offenders who are „incapable of exercising proper control over their sexual instincts.“ Unfortunately, neither the U.S. Supreme Court nor the Queensland legislators chose to elucidate what they meant by this long-confused notion of volitional impairment.

Given the impact an ill-defined notion may have on sexual predator decision-making, this study sought to examine factors that legal professionals, psychologists, and jurors deem relevant to a determination of sex offender volitional impairment. Participants, who were randomly assigned to a sexual predator commitment or an insanity hearing context, read a series of 16 vignettes which described a pedophilic offender and included a combination of variables that may be relevant to decisions about volitional impairment. After reading the vignettes, participants made judgments about ability to control conduct, mental disorder, and likelihood of future violence.

Results suggest that participants across groups considered verbalization of control, history of sexual violence, and the context of the hearing as highly relevant to determinations of volitional impairment, though results suggest uncertainty with regard to the importance of planning an offence. Implications of these findings are discussed.

**TWO ENDOCRINE STUDIES OF ADULT MALE SEX OFFENDERS**

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This paper reports findings of two studies examining results of endocrine tests on convicted adult male sex offenders. As part of a routine battery of tests (serum testosterone, prolactin, FSH, LH, and sex hormone binding globulin) on new admissions to the Phoenix Program, interesting endocrine anomalies were observed. Study 1) A sample of 245 offenders was separated by race and testosterone levels were examined. After controlling for BMI and age, mean serum testosterone levels among 192 Caucasians and 53 North American Indians revealed a statistically significant difference of 22.3 nmol/L vs. 26.6 nmol/L respectively ( $p < .0005$ ). Study 2) In a sample of 503 successive admissions to the voluntary inpatient sex offender treatment program at Alberta Hospital Edmonton, serum prolactins were obtained. It was noted that a substantial number of patients were displaying a prolactin level above the normal range. According to the normal distribution curve, the number of people showing a prolactin level greater than 21 should be only 2.5% of the adult male population. In this sample, fully 10.3% of the men showed an elevated prolactin level, ranging as high as 41.0 ug/l. None of these individuals had clinical manifestations of prolactinoma. Implications of these findings and further research questions will be discussed.



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## TREATING SEXUALLY REACTIVE ADOLESCENTS

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Scientific inquiry has identified a sub-set of sexualized children as sexually reactive, indicating that their sexualized behaviors are a reaction from early sexual trauma. The understanding that sexually reactive children are not child molesters has been important since it has since encouraged the development of treatment approaches that are unique to their needs. However, there is still great confusion about properly identifying adolescents with sexualized behaviors, and as such, many are put in environments and treated in ways that are counter-productive.

Sexual reactivity can be seen on a continuum of sexual behavior, between normative and aggressive sexual offending behavior. Sexually reactive adolescents are different from normative and aggressive sexual behaviors in terms of behavior, characteristics, etiology and intentionality. While we most often characterize adolescents with sexualized behavior as juvenile offenders, promiscuous or precocious, in fact they are acting out a pattern of soothing behaviors. These adolescents are at risk of harming themselves (early pregnancy, sexually transmitted diseases, prostitution, etc.) as well as victimizing other children. Therefore, it is necessary to consider their unique characteristics when making placement and treatment decisions.

This paper will demonstrate how to more accurately differentiate between adolescents with normative sexuality, sexual reactivity and sexual offending behavior. We will look at the often subtle differences in behavioral symptomology, character, intention and etiology between sexually reactive and sexually aggressive youth.

Sexually reactive youth present with difficult behaviors that can have severe impact on themselves and others. Those who live and work with this population need to understand not only the behavior, but what lies beneath. Our interactions must always be focused on understanding and meeting the adolescent's unique needs. This workshop will be relevant for those individuals working with sexualized adolescents with a history of sexual abuse, including treatment providers, therapists, social workers, group home workers and administrators, parents and foster parents.

**JUVENILE SEX OFFENDERS: RESEARCHING  
POLICY, PROCEDURES AND SERVICES IN THE  
UNITED KINGDOM (UK) AND THE REPUBLIC OF  
IRELAND (ROI)**

*Helen Masson, Simon Hackett*

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This presentation will present findings from a recently completed two year research programme, the overall aim of which was to investigate current developments in the UK and the Republic of Ireland in services for young people who have sexually abused others. The research was jointly funded by the National Organisation for the Treatment of abusers (NOTA), the Youth Justice Board in England and the National Society for the Prevention of Cruelty to Children (NSPCC).

Juvenile sexual abuse is a contested and controversial area of work, although it constitutes a significant proportion of all sexual abuse committed in the UK and the Republic of Ireland. The research base relating to this area is relatively under-developed and so the project completed by the presenters is the first large-scale attempt to capture developments in this area of work across all the nations comprising the UK and the ROI. A multi-method study was undertaken, which included:

- A comprehensive mapping exercise relating to services, including practices, policies and procedures;
- Two Delphi exercises, collecting views and opinions of key experts in the field of sexual abuse on need, standards and principles of practice;
- A qualitative study of service user perspectives, which explored users' views, opinions and experiences of the services offered to them.

The presenters will reflect upon the process of investigating this area of practice using the above methods, drawing out the implications for those who may wish to conduct similar research in their own nations.

059

**CONSENSUS AND DIVERGENCE IN THE  
TREATMENT OF JUVENILE SEX OFFENDERS:  
FINDINGS OF A DELPHI STUDY OF EXPERIENCED  
PRACTITIONERS**

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This presentation will focus on one element of a recently completed research project, the overall aim of which was to investigate current developments in the United Kingdom and the Republic of Ireland in services for young people who have sexually abused others. The research was jointly funded by the National Organisation for the Treatment of abusers (NOTA), the Youth Justice Board in England and the National Society for the Prevention of Cruelty to Children (NSPCC).

A three-stage Delphi study was undertaken, which involves the design and administration of a series of questionnaires in two or more sequential rounds, in which respondents' viewpoints are represented anonymously to other participants. This process affords participants an opportunity to react to the views of others and to reassess their views in the light of wider group feedback and opinion. As the rounds progress, participants views' are processed into narrower and more specific statements and the level of consensus or otherwise within the whole sample emerges.

The presentation will overview the methodology and findings of this first Delphi survey of practitioners in the UK and the ROI who were working with young people who have sexually abused others. Their views were gathered and analysed in order to establish the degree to which there is consensus in the field about intervention goals, theoretical concepts underpinning intervention and the content of intervention approaches.

**JUVENILE SEX OFFENDERS IN CYPRUS**

*Semeli Vizakou, Louis Kariolou*

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The cases of juvenile sex offenders show a considerable increase in the last years. More children and adolescents, usually boys, alone or in group assault children of the same age or younger, in the aim of sexual gratification or imposition of their power on others. Sometimes these acts may be part of a gang play and they may continue for several years.

In this paper, the authors aim to present a national study on the reported cases of juvenile sex offenders between 1998 and 2003 who were handled by the Health and Welfare Departments in Cyprus. The study gives special focus to the juvenile sex offenders and their victims in regards to their personal profile, family background, expressed psychopathology, possible therapeutic interventions pre and post the abuse, the relationship between offender and victim and the frequency, manner and type of sexual offence they committed etc.

The results of the research identify between these children and adolescents, high risk ages to commit sexual violence and the major risk factors involved in such crimes, in an attempt for better understanding of the issues involved and thus a better possibility to grow prevention and treatment programs which will arm juvenile sex offenders and victims with psychological and social barriers, such as resilience, against sexual violence.

061

**CHILD SEXUAL ABUSE PREVENTION  
PROGRAMMES: THE ROLE OF SCHOOLS**

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There is little research addressing community safety issues and the extent to which children are informed about sexual abuse at school. Recent research in the UK demonstrates that approximately 40% of children using the internet have never been warned about the dangers or told about safe use (O'Connell, 2002). A recent survey of 2,300 11-18 year olds undertaken by Wiltshire Police (2003), suggests that 1 in 10 respondents had 'felt uncomfortable' in chatrooms and suspected that they were speaking to an adult rather than a child. Such is the concern about the potential for sex offenders to use chat rooms and other interactive internet games, that Micro Soft has recently closed down all of its chatrooms. In London the Metropolitan Police Service has designed and developed an internet safety package (Safer Surfing On The Internet) to be used with year 7 pupils(age 11-12) in London secondary schools.

This is an important aspect of crime prevention, there are clearly enormous benefits to be gained from systematically informing all children about sexual abuse (how to recognize abusive behaviour; what constitutes appropriate and inappropriate behaviour, and some basic information about keeping safe), and about safe internet usage.

This paper describes research undertaken to explore the extent to which schools in the UK(primary and secondary) do play such a role in educating children(aged 8-14), and their parents about sexual abuse and child safety, both in relation to communities and safe use of the internet.

## **CHILD PORNOGRAPHY ON THE INTERNET: POLICE STRATEGIES**

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There is no doubt that new information and communication technologies have opened up opportunities that can be defined as 'truly magical' (Jewkes, 2003) but at the same time, as 'sadly deviant'. It can be argued that cybercrime in general, and the distribution of child pornography on the Internet in particular fit more appropriately under the latter definition. Research suggests that child pornography is damaging to the victims involved in the production of such material (Williams, 2001). That is to say, every time pornography is viewed, those young people are being victimised and exploited repeatedly. Moreover, child pornography harms even the children who are not featured in the images in a way that „the images distort the child viewer's perception of love and sex“ (www.pedowatch.org).

Research suggests that child pornography is a dangerous form of speech; it has in fact been linked to child molestation and abuse, paedophile stalking, child sex-tourism etc. While no link has been proven yet, there seems no doubt that, if someone has a predisposition towards sexually abusing a child, viewing child pornography will significantly increase their chances of sexually assaulting a child (Sullivan 2002). Sex offenders (as any other offender) distort reality and deny, minimise, or justify their behaviour. Making excuses enables the offender to abuse and to keep abusing. Additionally, it is vital to bear in mind that what child pornography advertises is not the way most children behave or want to behave. Child pornography demeans and degrades a child, stripping them of their self-esteem and self-respect.

This paper aims to critically analyse the seriousness of child pornography on the Internet and the Police response to this serious problem.

063

**OUTPATIENT OFFENDER RISK ASSESSMENT:  
AN EVALUATION OF FOUR RISK ASSESSMENT  
INSTRUMENTS***Joan van Horn, PhD<sup>1</sup>, Jules Mulder<sup>2</sup>, Agnes Scholing, PhD<sup>3</sup>*

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Structured clinical risk assessments are incidentally applied in forensic psychiatric outpatient treatment centers. One of the reasons is that almost all of the available risk assessment tools are only validated for institutionalized sexual and violent offenders and that the procedures for risk assessments in outpatient centers are relatively time-consuming. To establish a reliable risk assessment, extended and collateral information resources, such as parole, police and/or psychological reports, are needed. In some cases, outpatient treatment is voluntary, and for quite a few patients the available information is limited. In addition, discharge assessments often can not be conducted, due to high drop-out percentages. As a consequence, structured clinical risk assessments are assumed to be less reliable and valid when conducted among outpatient offenders. However, this assumption has not been supported by empirical findings. In the present study, four risk assessment instruments (i.e., the *Level of Service Inventory - revised* (LSI-r), the *Historical, Clinical, Riskmanagement-20* (HCR-20), *Static-99* and the *Sexual Violence Risk-20* (SVR-20)) were evaluated on their relevance and reliability in an outpatient center for forensic psychiatry. Intake and discharge risk assessments were conducted among 30 Dutch male adult sexual and violent offenders. Results are presented on the psychometric qualities (i.e., internal and interrater reliability) of the instruments and on short-term recidivism. Moreover, findings are discussed as to under which conditions the instruments can be used to conduct a reliable risk assessment among outpatients. Finally, implications are discussed for treatment effectiveness and future research.

**CUMULATIVE DATA: ON RECIDIVISM POST  
TREATMENT IN THE PHOENIX PROGRAM**

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The Phoenix Program at Alberta Hospital Edmonton has been in existence for over 17 years. During that time, we have had more than 500 sex offenders admitted to the program on a voluntary basis from the correctional system. Although the program has, of course, evolved and been modified over that time, some of the core philosophies have remained intact. In our own initial program evaluation effort, we demonstrated a significant difference between treatment completers and non-completers in terms of both sexual and non-sexual recidivism. We have continued to update these results with cumulative data and our most recent review has a mean length of time since discharge of 92.0 months (7.7 years). This data continues to show significant differences in recidivism rates for both sexual and non-sexual offences, between completers and non-completers of this program. We can also use some data from untreated populations with similar follow-up times as a further control group. We have also shown that for the initial cohort, the differences in recidivism rates have been maintained over time, with a current mean length of time since discharge of 156.5 months (13.0 years). The specific data will be presented as well as a discussion of why this program has shown this level of sustained success.



065

## **SEXUAL OFFENCES: HISTORY OF SEXUAL DISCOURSES**

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Our understanding of sexuality is based in our monotheistic Semitic tradition where men were dominant in both politics and religion. In Judaism, Christianity and Islam, which are all Semitic religions, procreation is the only excepted form for sexuality. The implication of the Judeo-Christian discourse is a condemnation of all non-procreative sexuality like homosexuality, masturbation and contraception. Although sexuality in general and contraception is more or less accepted in the western society world, masturbation and homosexuality are still controversial themes influencing our understanding of sexuality and sexual offences specially among young people. Definition of paedophilia and the fact that nearly half of the men abusing young boys are homosexuals, even though the homosexual population is about 5%, needs to be illuminated. In several western countries there is an increased suspicion to age differences in children's sexual play considering the behaviour to be offensive. Teaching children about masturbation is still filled with embarrassment, and in USA it is a sexual crime to talk children below 16 years about masturbation. What is a sexual crime in one country is normal in another country. We need to look into the phenomenology of sexual offences.

## **AN OVERVIEW OF SEX OFFENDER LAWS, POLICIES, AND TREATMENT IN THE USA**

*Charlene Steen, PhD, JD, MSW*

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This presentation will offer a summary of current laws, proposed laws, what is going on in the courts, and what is happening practically regarding sex offenders, and where the professional fits in within the United States. Legislative directions, underlying reasons, and how professionals are handling such issues will be covered. The effects on the professionals, and practical solutions to the thornier issues will be provided. There will be a brief overview on sex offender assessments and expert testimony, including the state of risk assessment relative to various populations. Following is the outline:

- I. Overview of the United States: federal vs. state governments and laws
- II. What's Happening Legislatively
  1. Registration Laws: Extensions and Broadening of Registration Laws (e.g., to juveniles)
  2. Community Notification Laws (internet and other methods)
  3. Criminalization of the Very Young
  4. Sentencing Increases (including One Strike Laws)
  5. Post-sentence Civil Commitment (Sexually Violent Predator Laws)
- III. Why Is It Happening?
  1. Extreme Cases with High Publicity
  2. „Treatment Doesn't Work“ Belief
  3. Personal, American, and World Chaos
  4. Feelings of Fear, Powerlessness/Helplessness, and Being Overwhelmed
  5. Black and White Thinking
  6. Scapegoating As a Remedy
- IV. Effects on the Sex Offender Specialist
  1. Misinterpretation of the Work
  2. Defunding
  3. Depression and Burnout
  4. Polarization of Ideas, including Co-Option; Joining the Punitive Forces

- V. Treatment Issues
  - 1. Cognitive Behavioral/Relapse Prevention methods
  - 2. Medical Solutions
    - a. Anti-androgens, et al.
    - b. Rethinking castration
  - 3. Containment and Supervision foci
    - a. Polygraphy Emphasis
    - b. Plethysmography and the Abel Screen

**LEGAL RESPONSES TO JUVENILE SEX OFFENDING  
IN THE UNITED STATES**

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This presentation will focus on the intended and unintended consequences of sex offender registration and community notification laws as applied to juvenile sex offenders in the United States. These relatively new laws require sex offenders to register personal information with corrections departments (following completion of sentences) and allow for community notification of sex offenders' residences and other information (e.g., by placing registries on the Internet). While there is wide consensus on the need for improved community safety from known sex offenders, there is substantial debate regarding the effectiveness of registration and notification, and concerns regarding the potential iatrogenic impact of such practices, particularly as applied to juvenile offenders. To date, no empirical evidence is available regarding any of these issues for juveniles, and very little evidence is available regarding these issues for adult offenders. Thus, both empirical and anecdotal information on the intended effects (e.g., reduced recidivism, improved community safety) and unintended effects (e.g., reductions in charging and prosecuting youths as sex offenders for the main purpose of avoiding mandatory registration or notification) will be examined. Data from two states will be presented that demonstrates dramatic reductions in prosecution of juvenile sex offenders following implementation of registration laws in those states – suggesting that these youths are being „hidden“ under other crimes, such as assault and battery.

068

**THE EFFECT OF AGE-AT-RELEASE ON SEX OFFENDER RECIDIVISM: IMPLICATIONS FOR RISK ASSESSMENT, COST CONTAINMENT, POLICY AND LAW**

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There is a strong belief in the field that sexual aggression persists unabated into old age. If libido or sexual interest is one of the important determinants of sexual aggression, as has been theorized, and if libido decreases with aging, then it follows that sexual aggression should show similar aging effects. The literature contains numerous articles documenting age-related reductions in: (1) bio-available testosterone, (2) sexual arousal to sexual stimuli, (3) nocturnal penile tumescence, and (4) sexual behaviour of all kinds, including sexual recidivism. The present study examines the effects of age on sexual recidivism in sex offenders. In the study, 468 sex offenders released into the community were followed for an average period of over five years. The effects of age-at-release were examined using Kaplan-Meier survival curves plotted for subjects in different age-at-release cohorts. Results indicated that offenders released at an older age were less likely to recommit sexual offenses, and that sexual recidivism decreased as a linear function of age-at-release. Age-related decreases were confirmed while controlling for other risk factors using Cox regression analysis. The implications of reductions in sexual aggression with age will be discussed in relation to our understanding of the etiology of sexual aggression and our use of actuarial risk assessments. Current policy and law in many jurisdictions promote the application of the most stringent restrictions of liberty on sex offenders when they have accumulated a long history of sexual crime, often at a time when the offender is middle aged or older. Implications of age-related reduction in risk will be discussed in relation to costs of incarceration.

**AMERICAN APPROACHES TO SEXUAL VIOLENCE:  
PAST, PRESENT AND FUTURE***Eric Janus**Professor, William Mitchell College of Law, USA  
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The decade of the 1990's produced important changes in legislative approaches to sexual violence in the United States. These changes followed the equally significant revolution of the prior two decades in which feminist theory re-shaped American approaches to sexual violence. This paper will assess the more recent changes, the most prominent of which are „Megan's law“ and „Sexually Violent Predator“ laws. These laws adopt „preventive“ legal forms to supplement the normal post-violence interventions of the criminal justice system. The thesis of the paper is that the new approach distorts public policy choices regarding sexual violence. The new laws depend on risk assessment, and this process tends to frame the policy question in terms of incapacitating the „most dangerous“ individuals, rather than preventing the „most violence.“ In addition, the assumptions underlying the new approaches are fundamentally at odds with and threaten to undercut the key tenets of the feminist approaches. Yet the new approaches feed a „politics of sexual violence“ that tends to exacerbate rather than moderate the distortions caused by „preventive“ legal forms. Looking to the future, the paper will ask what the broader implications of the new approach are in the emerging „preventive state.“

070

**APROACHES TO SEXUAL VIOLENCE IN THE NEW  
TURKISH CRIMINAL CODE**

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Turkish Criminal Code shall be substituted by a new Code soon. I shall report about the existing Code and its applications, as well as on the Draft Criminal Code, with particular emphasis on the laws dealing with rape and other forms of sexual abuse.

## **THE TREATMENT OF SEX OFFENDERS IN GERMANY: BORROWING FROM THE UNITED STATES?**

*Nora V. Demleitner*

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The paper will address the latest developments in the treatment of sex offenders in Germany. Its focus will be on the so-called Sicherungsverwahrung which is designed to incapacitate offenders whose criminal justice sanctions have run their course. In this respect it resembles the use of civil commitment for sex offenders in the United States. In recent years a number of German states have expanded the use of Sicherungsverwahrung so as to abolish mandatory release dates, and allow for a determination of the commitment of offenders long after sentencing and even after release from imprisonment. Some of these developments reflect practices in the United States where about a third of all states allow for the civil commitment for sex offenders. Generally, civil commitment in these cases is not imposed until shortly before the offender's release from incarceration. Even though the sex offender's commitment is subject to annual review procedures, the indeterminate confinement can amount to life-long detention if the offender cannot show that he does not constitute a future risk, a high burden to meet. The legislative justifications for the expanded use of Sicherungsverwahrung in Germany and the judicial response to it will be discussed, as well as whether any trans-Atlantic influence can be detected in these developments in Germany. Moreover, the paper will challenge some of the rationales for this expansion of Sicherungsverwahrung in light of the existing and emerging critique of civil commitment in both countries.



072

**WHEN PUBLIC PROTECTION BECOMES  
PUNISHMENT? THE UK USE OF CIVIL MEASURES  
TO CONTAIN THE SEX OFFENDER**

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This paper examines the use of the civil law to improve public protection in the UK. Taking the example of the sex offender register as a case study it examines successive government attempts to 'strengthen' the register to such an extent that it is in danger of becoming a punishment rather than a regulatory measure to achieve greater public safety. These 'strengthening' exercises are considered within a climate of 'popular punitivism' led by elements of the tabloid press, and a government seeking to do what is popular, rather than what might be most effective in the light of formal evaluation and consultation with professionals and practitioners.

**A SOUTH AFRICAN PERSPECTIVE ON CHILD RAPE,  
SOCIAL CONTEXT AND LEGISLATIVE REALITIES***Dario Dosio**Department of Justice, Soweto, South Africa  
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Strong prevailing social context issues in South Africa have contributed to the high levels of child rape. The heterogeneity of the South African society dictates in each instance whether a child victim is encouraged or discouraged from entering the legal system as a complainant. It is with this primary focus that an attempt will be made to evaluate the effectiveness of the present Criminal Procedure Act in South Africa, as well as the newly proposed Sexual Offences Bill. Reference will be made to the trial procedure, conviction of the accused and sentence. This presentation contains observations made from a Regional Magistrate in Soweto specialising in a child rape court. The joint impact that social and legislative issues have on the decisions of a Regional Magistrate will be considered. Difficulties are experienced by Magistrates due to the lack of laboratories in Soweto dictating that the credibility of child witnesses becomes the sole evidence to be considered in the absence of the analysis of DNA evidence. The aim of this presentation is to address these challenges as well as to offer solutions to ameliorate the negative impact that testifying in court might have on child witnesses. Reference will also be made to the impact that the imposition of mandatory life imprisonment has on accuseds who have been convicted of child rape and whether there is the likelihood that this in anyway will act as deterrent to other potential child rapists.

074

**SEX OFFENDER REENTRY COURTS: AN EFFECTIVE STRATEGY FOR MANAGING SEX OFFENDER RISK IN THE COMMUNITY**

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Professor La Fond will discuss the difficulties in accurately predicting whether sex offenders will commit more sex crimes. He will then describe risk management strategies for assessing this risk on an on-going basis. Finally, he will discuss a proposal he and Professor Bruce Winick have developed for a sex offender reentry court. This specialized court addresses the community's need for safety by on-going risk assessment of sex offenders and increasing or decreasing the level of control in light of those assessments, while also providing powerful incentives for offender to engage in treatment and to change their attitudes and behaviors. This proposal is both smart and tough because it combines a systemic approach for managing sex offender risk, while also encouraging offender rehabilitation.

## **PSYCHIATRIC DISORDERS OF THE FEMALE OUTPATIENTS WHO WERE EXPOSED TO VIOLENCE BY THEIR PARTNERS**

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The objective of this study is to determine the prevalence of SCID diagnoses and PTSD, obtain a history of psychological trauma and to investigate the suicidal and coping behavior patterns in female outpatients who are exposed to domestic violence.

This study was carried out in Istanbul Medical Faculty, Psychosocial Trauma Programme outpatient unit. 50 females aged between 22 and 56, who applied for psychiatric outpatient treatment were questioned about partner abuse.

Assessment: a structured interview including demographic questionnaire, self-reported violence, SCID, Posttraumatic Stress Diagnostic Scale were used. Participants were divided into two groups according to having a PTSD diagnosis and not.

The mean age was  $37.2 \pm 9.48$ . The participants were married for at least one year. Except for 3, all were currently living with their abuser-partner. The most common presenting problems were emotional problems, somatic problems and sleep disorders. The most common psychiatric diagnoses were current major depressive disorders (67%), followed by PTSD (58%) and generalized anxiety disorders (28%). Most of the women had multiple diagnoses (62 %).

The group with PTSD [58 % (n=29)] and non-PTSD [42 % (n=21)] were statistically different on different measures such as: being more frequently exposed to physical violence, recentness of violence; keeping it as a secret, having suicidal attempts; and leaving the house but reexperiencing violence upon return.

Being exposed to domestic violence is a risk factor for PTSD, depressive disorders, and suicide attempts. Most of these women were not asked about partner violence during their previous assessments. All of the women stated that they would have liked to be asked about it. Mental health professionals should be aware of domestic violence and its relationship with psychiatric problems.

076

## **THE SEX OFFENDER SPECIALIST IN THE COURTS**

*Charlene Steen, PhD, JD, MSW*

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Experts in sex offense assessment and/or treatment are increasingly being called upon for their evaluations and testimony in court.

It is important that practitioners understand courtroom fundamentals, the role of expert testimony in various types of cases, ethical behavior and issues, appropriate preparation, Key issues in the particular type of testimony, and professional and effective on-stand behavior. Following is the presentation format:

### *I. Introduction*

- A) Types and times used
  - 1. The Courts - criminal and juvenile criminal, civil, family, child welfare
  - 2. Criminal and juvenile criminal - pre-trial, during trial, post-trial, post sentence
  - 3. Civil - torts, civil commitments
  - 4. Child welfare court - sexual abuse allegations and family issues
  - 5. Family court - divorce, custody, visitation where there are sexual abuse allegations
- B) The different court procedures - differing standards of proof, evidentiary rules, etc.
- C) Confidentiality issues, including subpoenas of person and/or records, releases, etc.

### *II. Assessment issues*

- A) Critical issues - finding the significant concerns in the case
- B) Obtaining adequate information
- C) The importance of statistical and research data - sources and their use
- D) Making the report user friendly

- E) Ethical issues - what an expert can and can't find and economic issues

### *III. Pre-court*

- A) Research, review, data organization
- B) Attorney conferencing

### *IV. On the stand*

- A) Importance of establishing the credentials of the expert
- B) Professionalism in dress and manner
- C) Answering questions - tips for effective responding, including typical questions
- D) Professional independence from prosecution, defense, and client
- E) Presenting research and clinical findings, e.g. recidivism risk factors, memory research
- F) Utilization of the courtroom as a forum for education for the future

### *V. Afterward*

- A) When one's opinion turns out wrong
- B) Taking care of oneself

077

## **SEXUAL AUTONOMY – A HUMAN RIGHT**

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Written human rights law in Europe is as scanty on sexual rights as in the rest of the world. Case-law however provides considerable protection. It guarantees comprehensive protection of autonomy in sexual life, also for minors, and provides protection against discrimination based on sexual orientation. Negative attitudes of a majority may not justify interferences with the sexual rights of a minority and society could be expected to tolerate a certain inconvenience to enable individuals to live in dignity and worth in accordance with the sexual identity chosen by them. Compensation for interference with sexual autonomy and freedom are awarded. This high-level protection (as compared to other parts of the world) is however limited. It seems to be granted only in areas where it corresponds with public attitudes and social developments. And it is seldom secured on the national level but nearly exclusively by the European Court of Human Rights, whose case-law is often weakened by inconsistency.

**LEGAL ISSUES SURROUNDING THE COMPULSORY  
TREATMENT OF SEXUAL OFFENDERS:  
IMPLICATIONS FOR LAW ENFORCEMENT AND  
PRACTITIONERS**

*Jennifer P Stergion*

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Using the United States as a model, we will discuss the practical issues that may confront law enforcement agents in the individual states found in the European Union in treating sexual offenders and potential resolutions. Individual autonomy of the states and individual state interests will be discussed as we examine the ethics, legality, and cultural implications of compulsory treatment of sexual offenders and the challenges law enforcement personnel (police) and practitioners may be presented with when treatable and/or released offenders cross international borders within the European Union.



079

**CANADIAN COURTS REJECT TESTIMONY ABOUT  
LIKELIHOOD ESTIMATES REGARDING  
ALLEGATIONS BUT ACCEPT RISK ASSESSMENT OF  
RECIDIVISM: ARE THESE DECISIONS  
INCONSISTENT?**

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Canadian experts can testify about the likelihood of recidivism even if they have not interviewed the convicted sex offender. Experts, who intend to retro-dict, or estimate the likelihood of alleged behaviour, are not allowed to testify even if they have completed an extensive examination of the defendant, employed similar models, reasoning and tests when others predict recidivism, and have reviewed all of the evidence relevant to the question. As there is an abundance of information about the past and an infinite number of unknown circumstances about the future, it seems that retro-dictive tests can be based on more reliable and valid measures than predictive tests. The underlying models of retro-diction and prediction are analyzed to determine whether differences between them offer legitimate reason for the different decisions on admissibility. Similarities and differences in retro-dictive and predictive tests are reviewed. As well, the fit between retro-diction and prediction and the purpose of the Courts, specifically, to decide the ultimate question and to resolve the legal matter, is considered. Finally, suggestions are made on how to present psychological theory and retro-dictive testimony that might allow experts to once again testify about the likelihood of defendants having committed alleged acts.

**BIOLOGICAL ASPECTS OF AGGRESSIVE BEHAVIOR***Lefteris Lykouras**Professor of Psychiatry, Athens University, Attikon Hospital, Athens, Greece*

Environmental and psychological factors influencing aggressive behavior have been studied for several centuries. However, only in the past three decades neurobiologic factors that may modulate impulsive aggression have been examined. Several lines of evidence establish a relevance of central neurotransmission to aggressive and impulsive behavior. For example, evidence coming from extensive research in humans and in animals, points to a strong relationship between serotonergic dysfunction and aggression. Increased catecholaminergic activity also appears to play a role in the manifestation of aggressive behavior. Other neurobiologic systems like arginine or vasopressin may influence impulsive aggression. There have been few studies indicating that interactions between neurobiologic systems such as testosterone and serotonin may have a significant effect on aggressive and violent behavior. Today, it becomes clear that genetic factors predisposing to aggressive and violent behavior do exist. Family, adoption and twin studies suggest that manifestation of aggression requires the presence of both genetic and environmental factors. Genetic research on violence provides promises and continues to examine specific molecular genetic markers and their association phenotypes.

081

**DRUG THERAPY OF AGGRESSIVE BEHAVIOR***Vasilis Alevizos**Professor of Psychiatry, Athens University, Aiginition Hospital, Athens, Greece  
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When assessing patients with aggression, the clinician should focus on careful history taking to diagnose any medical condition that could underlie the aggressive behavior. A wide range of medications are effective in the treatment and prophylaxis of aggression. Antipsychotics are the most commonly used medications for the treatment of acute and chronic aggression that derives from psychosis. Benzodiazepines may also be indicated for the treatment of acute aggression. Intramuscular lorazepam is an affective medication for the emergency treatment of aggressive patients. When aggression persists beyond several weeks, maintenance treatment is indicated, guided by the underlying illness that is responsible for the aggressive behavior. In psychotic patients, if the aggression persists in the absence of psychotic symptoms, other medications, such as antimanic and anticonvulsants, anxiolytics, antidepressants and  $\beta$ -blockers can be used. Lithium and anticonvulsants (carbamazepine, valproate) have been shown to be of value in the treatment of aggression in patients with bipolar disorder as well as in patients with mental retardation, traumatic brain injury, in children and adolescents, in prison inmates and in patients with dementias. Antidepressants (SSRIs), acting on the serotonergic system, and buspirone, a serotonin 1A agonist, have been reported to be useful in the treatment of aggression associated with brain disorders. Finally, it has been shown that  $\beta$ -blockers (propranolol, nadolol and pindolol) are specific and effective agents for the treatment of aggression in patients with neuropsychiatric disorders. However, the side effects of the above agents often complicate treatment.

**PRENATAL FACTORS ASSOCIATED WITH THE DEVELOPMENT OF SEXUAL OFFENDERS**

*Ron Langevin, PhD, Mara Langevin, RN  
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A sample of 1091 sex offenders was examined for a number of factors which potentially may influence brain and endocrine system development. Among the findings, sex offenders tended to come from large families. A third of the offenders had four or more siblings (range 0 to 23) and they themselves averaged third born (range 1 to 16), with 22% of the offenders being fourth or later born among their sibs. Their mother tended to be older at the birth of the subjects in this study and they had a higher incidence of diabetes than seen in the general Canadian population. The significance of these factors on the development of sexual disorders is discussed.

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**BIOLOGICAL ASPECTS OF PEDOPHILIA***Wolfgang Berner, Andreas Hill, Peer Briken**Institute for Sex-Research and Forensic Psychiatry, Hamburg, Germany**berner@ukie.uni-hamburg.de*

Brain-morphological research (Neuro-imaging) in sex offenders produced some hints of prefrontal dysfunctions, which may reflect impulsivity or a tendency to act in an unspecific sexual way. An increase in specific deviant and aggressive sexuality is more associated with temporal lesions and in rare cases with temporal –lobe epilepsy (Critchely et al. 2000, Mendez et al. 2000). The cortico-striatum-loop may be affected in cases of obsessive-compulsive symptoms, sometimes a form of pedosexual activities. Genetic relations between the occurrence of Tourette-syndrome and pedosexual symptomatologies could be made probable in the some families and corroborate the idea of connections between OCD-syndroms and obsessive sexuality, as well as the hypothesis of dopamin-receptor variations as found in other cases of uncontrollable „craving“. The effects of SSRI in treatment of pedosexual strivings are a further argument for the relevance of dopamin-serotonin antagonism in forms of „sexual craving“. Blood levels of hormones are less interesting than signs of hormonal dysregulations like abnormal outputs of LH after provocation with LH-RH or Cortisol after provocation with mCPP. Neuropsychological testing revealed signs of impulsivity, response-inhibition, left-handedness, and reduced intelligence which might also be unspecific signs of early brain damage which would further correspond to Blanchards(2002) findings of more brain injuries in pedophiles before the age of six years.

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**THE USE OF POLYGRAPHY IN THE TREATMENT AND MANAGEMENT OF SEXUAL OFFENDERS**

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The polygraph is used widely in the United States in the treatment and management of sexual offenders. Although clinicians are often enthusiastic advocates of it, the evidence on which this is based is thin, and the procedure is not without controversy. In Europe polygraphy is used by some police forces, but it has not been applied in treatment settings. In order to evaluate its potential role in sex offender treatment, we have commenced a large scale pilot study in which polygraphy has been introduced into the sex offender treatment programmes of 10 probation areas in England. In addition to describing the context of polygraph use in post-conviction settings, data from the first year of the pilot study will be presented.

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## **THE RATIONALE FOR MEDICAL TREATMENT OF SEXUAL OFFENDERS**

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By asking an essential question, „Why would men of normal intelligence knowingly commit sexually motivated crimes?“ the author will discuss specific brain pathways and neurotransmitters that have been identified as associated with the behavioral expression of male sexual motivation, impulse control, social judgment and reward salience. He will then propose that medical interventions that modify specific neurotransmitters associated with these pathways can diminish sexually motivated crimes. In particular, the relationship between androgens, especially testosterone, and brain monoamine neurotransmitters, especially serotonin, will be discussed.

## PRETHERAPY WITH SEX OFFENDERS

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Pretherapy is not a new concept. It was developed by Prouty who wanted to reach therapy resistant clients by first restoring their broken contact with reality, with themselves and with meaningful others. How to use this concept with sexual delinquents ?

Two groups of potential clients can possibly benefit from this approach:

- offenders still in prison and waiting for treatment to start after detention (in Belgium there is no therapy provided in prison)
- offenders out there in society who don't see any reason for going to therapy and who don't face prosecution (many victims prefer not to go to the police)

Pretherapy with sex offenders can have three objectives:

- increase the knowledge about the reality of therapy
  - weaken false ideas about therapy (e.g. „it will rebuild your personality totally“)
  - give a first impression of what it can be
- enhance motivation
  - make curious
  - there may be something in it you can benefit from, if you want
- improve basic skills that are needed for therapy
  - questioning oneself
  - opening up for other realities than one's own

It is important that pretherapy can be provided by non-specialized community and prison social workers. Therefore it should have a semi-standardized format. An excellent way of doing this is by helping the client working his way through a workbook and sending the home assignments to a specialized treatment facility. The workbook we use is available in Dutch, German and French.



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**THE USE OF MOTIVATIONAL INTERVIEWING  
WITH MENTALLY DISORDERED POPULATION:  
ENHANCING CLIENT MOTIVATION TO CHANGE  
OFFENDING BEHAVIOR**

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There is a substantial literature that focuses upon the perceived lack of motivation to change problematic behaviour in sex offenders. How motivation to change behaviour is now considered crucial in the treatment of sex offenders. The Motivational Enhanced Programme employs the transtheoretical model and utilizes motivational interviewing techniques in a group setting to help engage and motivate patients to make or recognize the changes necessary in order to address their offending behavior. It has been hypothesized that the use of motivational interviewing techniques would enable patients to move in a positive direction on the stages of change models and develop a more positive stance to change as a whole. In addition, it aims to encourage the treatment group to positively increase their readiness to change their offending behavior. Using self-report measures, the stage of change and readiness to change their behavior has been explored in a male psychiatric population all of whom are detained under the Mental Health Act (1983), under sections 3, 37, and 37/41

The programme has demonstrated that a significant positive difference has been found in the treatment group and the group's readiness to change their offending behavior. This programme has become a precursor to further group work interventions.

## **GROUP CLIMATE AND IT'S IMPACTS ON TAIWANESE SEX OFFENDERS**

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Although much has been said on the effectiveness of sex offender treatment programs, there is relatively little research on how much and what kinds of influence of the group therapy treatment are in sex offenders. The purpose of this study were to examine the changes on sex offenders' cognition, emotion, and impulse control etc dimensions after group intervention, and group climate and therapeutic factors in different phases of group therapy.

In this study, an six-months group therapy program, mainly focused on relapse prevention, was held by various therapists, for sex offenders in the prison system and community treatment program. Reseach sample was 80 sex offenders who were recruited from different prisons and community in different areas of Taiwan. In addition to demographic data, other data was collected from six measurements, i.e., Static-99, Attitude toward Sex(Chen, 2000), Group climate questionnaire, Yalom's therapeutic factors measurement, and Emotion Evaluation questionnaire(Chen, 2000) to evaluate the changes of sex offenders.

The results show that, first, there were significant changes in rape myth, rationalization, denial and impulsive control after the intervention of group treatment. Second, compared to low and high risk of sex offender, apparent improvement effect was seen in the middle risk group. Third, group climate and therapeutic factors, particularly in engagement and conflict, were also changed in different phases of group therapy.

In general, the study provides some support of present practices in group therapy and points to areas of improvement. With training and support, therapists can become more effective agents of change for the sex offender in prison and community treatment.

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## **WHAT IS THE STATE-OF-THE-ART IN SEXUAL OFFENDER TREATMENT IN EUROPE?**

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This presentation is based on the results of a questionnaire study among 67 professionals from 22 European countries, working in the field of sexual offender management or mental health care. The results show the differences between countries in the development of sexual offender treatment. In most northwestern European countries there has been significant progress in this field; however, much slower progress has been made in southwestern European countries, while in Central and Eastern Europe only incidental treatment facilities are available or none at all. When treatment does occur in Europe, treatment methods differ markedly between countries ranging from psychoanalytic therapy to cognitive behavioural treatment. More recent trends in some European countries are -besides the already existing treatment facilities- prison programs, the increasing use of risk assessment instruments, juvenile treatment programs and abuse prevention campaigns by media. Here again, the northwestern European countries are more advanced and active than the southwestern European countries. It is not easy to explain these differences, for this requires of the observer an in-depth knowledge of the sociocultural context (What is the public opinion about sexual crimes, punishment and prevention?), the judicial system variables (What are the opinions of the courts about court-ordered treatment as a prevention instrument?) and the attitudes of the helping professionals specific to each nation (Aversion toward these clients, preparedness to work with these clients in a court-ordered context). The new member states of the European Union ask for support and help with the implementation of modern specific sexual offender assessment and treatment methods. This presentation offers some tentative explanations of the observed differences across countries.

**TREATMENT OF SEXUAL OFFENDERS IN DUTCH PRISON**

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PI Breda – located in the south of Holland – is a remandcentre in which inmates stay who are charged with a crime, but who are not convicted yet. This prison is the only prison in Holland with an special ward for sexoffenders. Almost every convicted offender will receive treatment aimed at relapseprevention, on a voluntary or nonvoluntary basis.

Currently there is al lack of treatmentcapacity, as a result of which a lot of inmates who have to undergo treatment have to wait in our remandcentre.

Partly on the request of inmates we started 1999 a treatmentprogram in this remandcentre. This treatmentprogram is a coproduction of PI Breda and Forensic Clinic „De Grote Beek“ Eindhoven.

The treatmentmethod was based on the state of the art-methods of treatmentprograms used in the Dutch clinics for sexoffenders, adapted to the prisonsituation.

The Dutch authorities were initial very reluctant and critical about this initiative, since treatment is not a goal of the Dutch prisonsystem and the system shouldn't be suited for treatment.

The program however is a success, according to inmates, therapists and clinic to which inmates are transferred. Partly as a result of this success the Dutch policy in relation to treatment in prison has been changed. New initiatives for treatment in prison have to be developed.

At the same time these initiatives are requested to meet a lot of requirements in order to be accepted and financial supported.

The next year we make effort to meet these requirements and at the same time to develop the program further in order to offer the inmates a broader preparation to the coming treatment in the clinics.

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**HOW TO MOTIVATE SEXUAL OFFENDERS?  
SCHEMA FOCUSED THERAPY: THE PROGRAM AND  
THE THERAPIST**

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The lack of motivation to change their (offence) behavior is a common problem according to many therapists treating sexual offenders. Often the cognitive distortions about their behavior and their victims are labeled as negations of what they have done and as a resistance to change.

Instead of only attributing these factors to the client and label him as unmotivated, we surely will make more progress in reducing recidivism by linking in our treatment programs to the client's self-appraisal of low efficacy.

Important cognitive variables in treatment outcome research are client expectations and the client's perception on the therapist (Marshall et al, 2003). The perceived self-efficacy is related to both enhanced motivation and performance (Bandura & Locke, 2003).

Schema focused therapy is a cognitive behavioral program. A positive attitude towards changing the self-efficacy and agency of these men, next to distinguishing the risk factors for relapsing, are the most important „healing“ factors in treatment.

A short explanation of schema focused therapy will be given as also the way to make change possible.

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**SEX OFFENDER SITUATIONAL COMPETENCY  
TEST: A TREATMENT EVALUATION**

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There is widely held public perception that sexual crimes are on the increase, that the problem is growing ever more prevalent and that sexual offences have a high personal and societal cost. Some research and recent articles have questioned the value of sexual offender treatment programs. Treatment providers generally agree that relapse prevention is a key therapeutic component in the management of deviant sexual behavior. The dilemma remains how does one gauge whether the offender has acquired the skills we are trying to impart and whether the acquisition of these skills has an impact on re-offence. 164 convicted male sex offenders were treated in an inpatient psychotherapy program for six months to two years. In an attempt to measure some of the relapse prevention variables, the Sex Offender Situational Competency Test (SOSCT) was administered pre and post treatment. The test measures the offender's ability to recognize high-risk situations and assesses the effectiveness of the coping skills generated. Results have shown that post treatment scores improved significantly. Further the patient responses highlight the importance of a multi-modal treatment approach. This indicates that the SOSCT is a useful tool in measuring the efficacy of the relapse prevention components of sex offender treatment. There is also some indication that improved SOSCT scores are indicative of lower recidivism rates.

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## **HATE IN THE COUNTER-TRANSFERENCE: THE VICISSITUDES OF WORKING WITH SEXUAL OFFENDERS**

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We might reasonably expect a wide range of intellectual, clinical, social, moral, or even „visceral“ responses in the therapist whilst working with sexual offenders. These reactions could range from repulsion to reproach or from reparation to revenge. Along the way, I would suggest, lies the singular possibility of that all-too-human response, „hate“. How we deal with our hate within the general landscape of living is contentious enough but how we deal with it in the consulting room in the presence of a sexual offender is, perhaps, another matter.

Donald Winnicott, a British Psychoanalyst, wrote a classic paper, in 1948, called: *Hate in the Counter-transference* and here I am borrowing his title but elaborating his concept to specify a particular type of reaction evoked in the therapist by the sexual offender. The reaction is not, as I have outlined above, exclusively one of hatred but I would like to explore this reaction in particular to show the mutability of the emotional reactions in both offender and therapist.

I intend to illustrate this phenomenon with reference to two clinical vignettes illustrating the reaction: (1) between patient and analyst, and (2) between the victim, the victim's family, the therapist and the professional network.

My contention is that we must „own“ our hatred in the countertransference and attempt to understand its complexities before we can even begin to help the offender discover his/her own complex moral, emotional and criminal tendencies.

**SEXUALLY OFFENDED IN THE EUROPEAN LITERATURE**

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Literature is often strickly related to the reality. In Europe, during the era of Realism, authors' efforts aimed specifically to transfer the data of real life in their books.

Till then, themes as 'love', 'woman' and 'adventures' had the first place in most writers work.

But at the middle of 19<sup>th</sup> century and specially after the Industrial Revolution in Britain, enormous changes are coming up in the field of literature. The 'poverty', the 'problems of every day life', the 'dark side of life'. Children, and not only, tragic figures of this situation make their appearance in the literary scene. All these victims of sexual abuse represent some the of the most famous characters of the European creators.

In England, in France, in Germany, in Italy, in Greece the problem was the same, but regarding the literature it came out in different ways.

The image of the sexually offended person, related with the life conditions in different parts of Europe, the customs and the whole culture of every country, presents many similarities but also much more differences in a comparative perspective.

Except this first part of comparison the whole work contains secondly a research for the registration of this particular subject in the modern literature compared with the classic one and thirdly statistics about the relation between the official case report and literary production about the sexually offended persons.



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**AGE AS A RISK FACTOR OF TRAUMA IN THE GREEK FEMALE POPULATION***Christina Antonopoulou, Nikoletta Skoufalou**Athens University, Greece & New School University, N.Y., USA**cantonop@cc.uoa.gr*

The purpose of this study was to examine the frequency of trauma among Greek women, ages 20-55. Twenty six Greek females completed the TSI (John Briere), MDI (John Pierce), and DAPS (John Briere) questionnaires. A one way Analysis of Variance (ANOVA) was computed to determine whether age is a risk factor in the occurrence of trauma. Significant results were found for many items of each questionnaire, suggesting that the older a woman is the more likely she has experienced a traumatic event, and has been affected by it. For example, item #5 of the DAPS „Someone threatening to injure you or to do something sexual to you against your will, although they didn't actually do anything to you, when you were afraid you would be hurt or killed?“ was found to be significant ( $F=4,82$   $p<0,026$ ) indicating that women 40 and up responded yes more often than women under 40. However, on the MDI women ages 30 to 40 scored higher, depicting dissociative qualities which lead us to assume that traumatic events occurred more recently in these women. Furthermore, we can infer that women in their 40's and up continue to experience traumatic events, however have developed ways to cope „learned helplessness“ (Seligman M., 1995) with these negative experiences. Perhaps this is why women 40 and up show symptoms of depression and anxiety more often, while women in their 30's display more often signs of acute traumatic dissociative qualities. Supporting our hypothesis are items on the MDI such as item #2 „Your body feeling like it was somebody else's“ ( $F=3,36$   $p<0,05$ ) which was responded to most often by women in their 30's.

**THERAPEUTIC INTERVENTION IN A SEXUALLY ABUSED CHILD: THE EFFECT OF MILIEU THERAPY APPROACH IN A CHILD PSYCHIATRY INPATIENT UNIT**

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It has been well documented that children who suffered sexual abuse invariably demonstrate increased levels of posttraumatic stress symptoms, depression, anxiety and sexual and behavior problems. These manifestations may persist for months or even years although there is evidence to suggest that the traumatic experience itself may not be sufficient to elicit long-lasting distress. Indeed, some children appear to be resilient to some extent following a variety of traumatic events. It has been estimated that the severity of the stress reactions related to trauma may be a function of a complex interplay of the type of experience, the attachment status of the child, certain developmental influences and the quality of family relationships.

This presentation concerns the inpatient milieu therapy intervention in an 11-year old sexually abused boy. The main scope of the therapeutic intervention was to permit the child to express and repeat in a therapeutic and thus controlled setting his feelings, thoughts, fantasies and compulsions related to trauma. The re-experience of the affective, cognitive and behavior consequences of the traumatic event under therapeutic conditions and the work via the therapeutic team eventually led to the establishment of a new environment that contained the child.

The active ingredients of the intervention as well as its effect on the family setting is discussed.

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## **SEXUAL ABUSE AND DRUG ADDICTION : A CASE STUDY**

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The aims of the presentation of the case study are the following:

1. To point out the relation between sexual abuse and drug addiction.
2. To show how such a traumatic experience as sexual abuse can affect the self-esteem and the self-concept and can lead to self-destructive drug use.
3. To present the person-centered therapeutic process and how it was applied from the first day of the patient's admission in the Substitution Unit up to the final stage of social rehabilitation.
4. To describe the obstacles and the difficulties that the therapist had to deal with, during the therapeutic process.
5. Finally, information on the present state of the client will be provided.

With the presentation of the case study, we would like to point out the natural tendency of each human being that plays a role of necessity in developing all the psychological and physical functions, in order to reach „autonomy“, „self-actualization“ and „positive self-regard“. The therapeutic relation that was developed, helped our client to mature, to overcome the obstacles of the traumatic experience and of the drug addiction and to start a new journey towards the future, after attending the methadone substitution program and the program of social rehabilitation.

**PSYCHOPATHOLOGY AND PSYCHOSOCIAL RISK FACTORS IN SEXUALLY ABUSED CHILDREN**

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Sexual abuse in childhood is associated with an increased risk for psychopathology, comorbidity, severe functional impairment and more adverse course of the disorders. Parental psychopathology and adversities in family and environment are also often evident. The aim of this study was to evaluate the characteristics of the children who are sexually abused and their families and to examine the possible contributory role of the psychosocial risk factors in comorbidity, severity of functional impairment and course of the psychopathology.

We studied twenty-one children and adolescents, aged 5-16, who have been sexually abused and treated at the Pediatric and Child Psychiatry of University Hospital of Patras. All children were studied on measures of demographics, psychopathology, global functioning, family functioning and life events. Diagnoses were made according to DSM-IV.

The majority of sexually abused children were girls (77%), younger than 6 years old (48%). Most perpetrators were members of the family (father: 43%, family member: 38%). Post-traumatic stress disorder (59%), depressive disorder (41%), specific phobias (29%) and suicide attempts (19%) were the most common disorders. Forty-three percent of children had parents with at least one psychiatric disorder. Comorbidity and impairment in functioning were common.

Children and adolescents with sexual abuse are at heightened risk for significant psychiatric morbidity, functional impairment as well as the presence of multiple stressors. These findings suggest that sexually abused children warrant detailed psychosocial and preventive intervention by Mental Health Specialties.

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## **MARITAL AND SEXUAL SATISFACTION AMONG BATTERED WIVES WHO HAVE HAD MARITAL RAPE**

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Women subject to physical and emotional violence of their spouse usually are coerced to have sexual intercourse; thus, tend to have sexual problems. Marital rape for domestic violence victims have been overlooked in psychiatric practice. In this study we questioned the women who have been physically abused by their partners about their marital satisfaction, sexual dysfunction and self-esteem.

This study was carried out in Istanbul Medical Faculty, Psychosocial Trauma Programme outpatient unit. The study participants were 50 females who had a history of partner abuse and who sought psychiatric help. They were studied for their marital satisfaction, sexual dysfunction and self-esteem. Participants were divided in two groups according to whether they had PTSD diagnosis and not.

Assessment: a structured interview included demographic questionnaire, self-reported violence, SCID, Posttraumatic Stress Diagnostic Scale, Maudsley Marital relationship Questionnaire, Shover-Sexual History form (S-SHF) and Rosenberg Self-esteem Inventory were used.

The mean age was  $37 \pm 9.48$ , range was 22-57. Except for 3 women most of them were still married, half of them having been married with their free will and the other half had arranged marriages. Most women did not mention their sexual problems during the initial interview. But when they were asked, they disclosed their sexual problems very willingly as if Pandora's box was open at last. Furthermore, Schover et al. (1980-1982) proposed a multi-axial problem oriented system for women who were diagnosed with sexual dysfunction. In our study, except for 3 (6%) all women reported sexual problems such as lack of sexual desire (74%), lack of arousal (62%), orgasm related problems (44 %) , pain during intercourse (40 %) and dissatisfaction during sex was reported by 88%.

In addition, PTSD positive women's self-esteem, marital satisfaction and sexual problems statistically higher than the ones who have not PTSD diagnoses.

Conclusion: Although it is only rarely investigated, being exposed to sexual violence by intimate partner is a risk factor for different psychiatric problems, low self-esteem and marital as well as sexual problems. Mental health professionals should be aware of marital rape and its relationship with psychiatric problems. In this study which was in concordance with other studies, violence within the family had negative effects on sexuality.

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**ATTEMPTED SUICIDE ASSOCIATED WITH  
PHYSICAL AND SEXUAL VIOLENCE AGAINST  
CHILDREN AND ADOLESCENTS**

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Using the in case-control methodology, we examined a sample of 644 people, with 68% of women and 32% of men, with ages between 10 and 70 years, that were admitted for medical attendance in to the urgency Hospital, in Belo Horizonte, M/G State, Brazil.

The sample was divided in two groups, called of group attempt (those that tried the suicide) and group control (people admitted for any reason, except suicide attempt).

The work hypothesis that the suicide attempt, in any age, can be associated with the sexual violence was approved with reference to the sexual and confirming the correlation. There was not correlation between suicide attempt, in any age, and physical violence in the childhood and adolescence.

The group attempt accused a frequency of 33% (106) of sexual abuse, while in the group control the frequency was of 13% (42). Both differences are statistically significant.

In spite of the lessening to the physical abuse, that didn't mean in the sample risk factor for suicide attempt, it was running to 35% in the total population.

In the analyzed illustrative clinical cases of who tried the suicide and was sexually abused in the childhood or adolescence exists high consumption of alcohol and drugs.

The patients of both sexes, sexually abused in the childhood or adolescence, used the ego's defense mechanisms, before they tried the suicide.

## **A PSYCHOTIC EPISOD IN A SEXUAL ABUSED PATIENT**

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Sexual abuse is more common thing then people want to speak in public. Silance problem goes with cultural characteristic in our country although attitude of society is not very positive to person who suffered sexual abused. Predominant number of women is the similar with other country which report this problem.

The patient we wont to discus was sexually abused by her relative in age 23. She had amnesia after that trauma with active refusing to talk about that experience. Intrusive memory with the felling of shame and guilty in that period , cause reaction with element of paranoid interpretation resulting psychotic decompensation which ended suicide tempt year after.

At the age of 23, six mount before coming at our clinic patient begane to show unusual behaving with anxiety, agitation, aggression to family and poor social function. At first , on initiation of family, patient hardly begane to talk about sexually abuse experience. In clinical symptoms mainly dominate low tolerance to frustration, low control of impulse, unconvinience and anxiety. Trought self critic and negative perception of herself patient try to compensate insomnia, flashbacks and nightmare of abuse experience.

Psychological exploration of patient showed dominant sensitive-depress structure of character with avoiding coping style of life. Vulnerability to stress with rape abuse in maturation period resulted with PTSD symptoms and permanent change of character, needing psychotherapy treating depressive symptoms and suicide tempt.



**PROBLEMS OF RESEARCHING  
INTERGENERATIONAL SEX**

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Adult sexual interaction with pre-pubertal or early pubertal youths are not uncommon in society. For much of history such activities were accepted if not condoned. Though the age of consent has been rising, intergenerational sex still takes place. Much of twentieth century research has concentrated on the effects of such activities on the youths themselves or on their later memories. Research of offenders is more difficult except in a prison situation and it is from these that most data has been gained. In the U.S. therapists involved with adult offenders have to report them, and this is an impediment to serious research. Kinsey interviewed many who were involved as adults in such activity but came under severe attack as a result and there is a reluctance to report on his findings.

My own experience replicates his since my studies on age of consent, and attempt to understand intergenerational sex has resulted in smear campaigns against me and actual legislative investigations. Though I was eventually cleared of any wrong doing, and even recently given an honorary doctorate, I was probably just fortunate since others have even served jail terms. I strongly believe, however, that we need to understand these adult offenders, many of whom never enter the criminal justice system, and research is the best way to do it. This paper, as it recounts my own experience, emphasizes the importance of having individuals and societies involved in dealing with the topic speak out for the importance of research in non prison populations in helping us better understand to the those involved with intergenerational sex activity

## CONCEPTS OF SADISM AND MASOCHISM IN SEXUAL HOMICIDE

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Definitions of sexual sadism and masochism in ICD – 10 and DSM IV will be presented as well as the historical routes of the concepts. Today studies on differently selected clinical samples reveal a different distribution of sexual sadism versus masochism with masochism prevailing in general especially outpatient psychiatric facilities, and sadism prevailing in forensic settings, thus corroborating the concept of two separated diagnoses sadism versus masochism. In forensic settings the diagnosis of a sadistic character disorder (sadistic personality disorder [SPD] according DSM III-R) is found to a much higher degree than in other clinical samples (50fold). Berger et al.'s data will show the importance of the diagnosis of a sadistic paraphilia for follow-up prediction of sex offending (more important than personality disorders), while Hill et al.'s comparison of single versus multiple sexual murderers will show also the importance of the diagnosis of sadism for prediction but stress the importance of SPD, antisocial and schizotypal PD as well as the combination with voyeurism as a second paraphilia too. Sadists in a sample of 166 sexual murderers showed only in 14% symptoms of masochism, but in 50% at least one more paraphilia (f.i. transvestic fetishism, or pedophilia) and a high comorbidity with personality disorders (SPD, antisocial, borderline and schizoid). However in masochism also more differentiation seems necessary to predict danger of massive self-harm. Normally sexual masochists are satisfied with symbolic harm and humiliation. Sometimes we meet persons with extremely sexualized self-harm (castration or choking) without any previous contact to psychiatric or psychological professionals and sometimes such actions are expression of highly pathological developments. I hope Huckers data will shed some light in this darkness.

**JUVENILE SEXUAL HOMICIDE**

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According to criminal statistics violent sexual delinquency by juvenile offenders is constantly rising in Germany. Although sexual homicide committed by young persons is still a rare phenomenon, it is necessary to analyze biographical data, criminal history, psychiatric diagnoses and offense characteristics of these offenders to find out what motivates their aggressive acts. Psychiatric court reports on 19 juveniles (14-18 yrs.) who had committed a sexual homicide were analysed. Specific characteristics of sexually motivated homicides by juveniles are shown in comparison with data from 120 adult sexual homicide offenders (21-59 yrs.).

Regarding this special type of offense only a few but clear differences were found that differentiate juvenile from adult sexual homicide offenders. No differences were found in frequencies of serious problems among the relatives of their families of origin, problematic childhood behavior, their own traumatic experiences (victimization), criminal history and most of the psychiatric disorders. In contrast to the adult offenders at the time of the offence only very few juvenile offenders were without any employment and all of them were still living together with their parents. The most differences were found in sexuality: All juvenile offenders were singles and most of them never had any serious sexual relations with another person before the homicide. Juvenile offenders started to masturbate much earlier than the adults and showed a higher frequency of masturbation with sadistic fancies and also with killing fancies. In juveniles the development of this behavior was much faster than in adults.

In most of the offence characteristics the comparison groups didn't differ, but more juveniles than adults fettered their victims during the offence. The juvenile offenders' victims were rarely of the same age but often much younger or older.

Preliminary conclusions: Juveniles who commit a sexual homicide are not very different from adult offenders, but they show an earlier paraphilic development. It seems that such aggressive sexual offending is a hint for serious disturbances regarding a young person's personality, mental health and sexuality.

**PERSONALITY & MOTIVES IN MEN COMMITTING  
SERIAL SEXUAL HOMICIDE**

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The author has studied the full-length biographies of 123 men who have committed serial sexual homicide. In addition, the author has examined five men who have committed sexual homicide: four serial killers and one sexual sadist with one known and other suspected victims.

Of the biographed serial killers (78% were American), the majority (59%) came from lower-middle class families; many (53%) had been victims of parental brutality and had come from broken homes (45%). As to personality configuration: almost all met Hare criteria for psychopathy (89%); a few more had some psychopathic traits (6.5%). The most remarkable finding was that schizoid personality, though rare in the general population (1%), was present in 51% of the serial killers: half, that is, were asocial introverts. *Serious* juvenile delinquency was the rule (77%) and might include murder, rape, or arson. Sexual paraphilias were common (75%); more than a fourth (28%) exhibited sexual sadism (some subjecting their victims to prolonged torture). One in six practiced necrophilia.

Among the serial killers examined in a forensic hospital, all had been brutalized extremely by one or both parents. Their main motive was *revenge* against the offending parent(s): the same motive as was dominant in at least 42% of the biographed killers. One man had been mocked by his father and threatened with castration - for being homosexual. When he turned to sexual sadism, he cut off and cannibalized the genitals of a male adolescent. Hospitalized now for 25 years, he has shown no remorse or insight. The author will give other examples from this highly treatment-resistant group.

**PSYCHIATRIC DISORDERS AS PREDICTORS FOR RECIDIVISM IN SEXUAL MURDERERS**

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Only scarce data – and virtually no follow-up studies – exist about prognostic factors in sexually motivated homicide.

Psychiatric court reports on 166 men (mean age at the time of the first sexual homicide 26 yrs) who committed a sexual homicide between 1945 and 1992 in Germany were analyzed by three raters using standardized instruments (SCID-II, PCL-R, HCR-20, SVR-20, Static-99). Interrater reliability ranged between acceptable and high. Follow-up data were obtained from the federal criminal records.

High prevalence rates were found for substance abuse/dependency (alcohol 47.0%, illegal drugs 10.2%), paraphilias (51.8%, esp. sexual sadism 36.7%), sexual dysfunctions (21.7%) and personality disorders (78.3%), particularly antisocial (27.1%), Borderline (18.7%), sadistic (17.5%), NOS (13.9%), schizoid (16.3%), avoidant (12.7%) and narcissistic PD (9.6%). To establish possible prognostic indicators we compared offenders with a single victim (78.3%) with those who had killed more than one victim (21.7%). The two groups did not differ in sociodemographic characteristics and IQ. Multiple sexual murderers were more often diagnosed with sexual sadism (66.7% vs. 28.5%, OR 5.0,  $p < .001$ ), voyeurism (19.4% vs. 2.3%, OR 10.2,  $p < .001$ ), antisocial PD (47.2% vs. 21.5%, OR 3.3,  $p < .01$ ), sadistic PD (38.9% vs. 11.5%, OR 4.9,  $p < .001$ ) and schizoid PD (27.8% vs. 13.1, OR 2.56,  $p < .05$ ). First follow-up data about release from prisons or forensic hospitals and subsequent offenses will be presented.

Preliminary conclusions: Sexual sadism and character sadism (sadistic PD) as well as antisocial and schizoid personality traits can be seen as predictive indicators for multiple sexual murderers.

## **THE ROLE OF BRAIN ABNORMALITIES IN SEXUAL MURDERERS**

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Little is known about the role of brain abnormalities in sexual murderers. The objective of this study was to investigate the number and type of brain abnormalities and their influence on psychosocial development, criminal history and paraphilias in sexual murderers.

We analyzed psychiatric court reports of 166 sexual murderers and compared a group with notable signs of brain abnormalities (N=50) with those without any signs (N=106).

Sexual murderers with brain abnormalities suffered more from early behavior problems. During the sexual homicide they were less likely to cohabit with the victim and had more victims that were younger than six years. Psychiatric diagnoses according to DSM-IV revealed a higher total number of paraphilias. Transvestic fetishism and paraphilias not otherwise specified were more frequent in offenders with brain abnormalities. A binary logistic regression identified five predictors to belong to the group with brain abnormalities: transvestic fetishism and paraphilias not otherwise specified, insertion of foreign objects into the victim's vagina, victims that were 6 years or younger, the absence of alcohol abuse and addiction. These factors accounted for 46.8% of the variance explaining the presence of brain abnormalities.

Our results suggest the importance of a precise neurological and psychological examination of this special offender group.

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**SEXUAL OFFENDERS AND THEIR PSYCHIATRIC PROBLEMS: A 2 ½ YEARS' ASSESSMENT IN A CATCHMENT AREA**

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This paper reports about a new assessment centre for incarcerated sexual offenders in the Austrian prison system. 70-80% of all incarcerated sexual offenders are seen routinely in this assessment centre. An extensive examination about the occurrence of psychiatric disorders and about the risk of relapse is done routinely. Preliminary data reveal a high prevalence of personality disorders and severe sexual disorders in this group. Finally, results are discussed emphasizing the needs of a therapeutic management, particularly for those 15-30% who represent high risk offenders.

**OUTPATIENT CIVIL COMMITMENT IN TEXAS FOR  
THE MANAGEMENT AND TREATMENT OF  
SEXUALLY VIOLENT PREDATORS**

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Texas established in 1999 outpatient civil commitment for sexually violent predators. This is the only outpatient program in the USA for sexually violent predators. These individuals suffer from a behavioral abnormality, have been convicted of two or more sexually violent crimes and are deemed likely to reoffend. Civilly committed individuals are managed by a team composed of a case manager (supervision), treatment provider, public safety officer (global positioning satellite monitoring), and other professionals. Treatment consists of individual and group treatment as well as use of polygraphs and plethysmographs to monitor compliance and treatment gains. To date there are 36 civilly committed and no reoffenses. The cost per SVP is \$30,000.00 per year as compared to inpatient treatment of \$100,000.00 per year. Participants in this workshop will learn how the program is set up, statistics concerning all aspects of the program, the struggles and the successes of running an outpatient civil commitment program.



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## **WORKING WITH SEXUAL ABUSERS WITHIN A CHILD PROTECTION CONTEXT**

*Jon Brown*

*Chair of NOTA, Assistant Director of NCH, England*

Our understanding of the aetiology of sexual offending, of what factors are significant in increasing an individual's risk of re-offending and of what interventions are most effective in decreasing assessed risk has developed rapidly over the last 15 years. However, in the UK, North America and a number of European countries assessment and treatment programmes which have been informed by this developed knowledge base are, predominantly only available to a relatively small number of offenders who are in the Criminal Justice System.

The great majority of sex offenders remain unknown, un-assessed and often unmonitored and living in families. There is an urgent need to further develop the child protection system in the UK based on our current understanding of sexual offending and also the current accredited sex offender programmes based on our understanding of what works in child protection. Drawing on the public health approach to sexual abuse prevention this presentation will explore practical ways in which sex offender programmes can and should be developed to link more closely with and inform the child protection system and in which this system should evolve to reflect current knowledge in sexual offending.

## **CAN GOVERNMENTS REDUCE SEXUAL RECONVICTION RATES? THE UK EXPERIENCE**

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The UK government has a twin-track approach to reducing sexual reconvictions and protecting the public from sexual offenders. This approach is based on managing the risks through control measures and reducing the risk through treatment programmes. Therefore it has sought to tackle sexual reconviction by reviewing sexual offence legislation, requiring the registration of convicted sex offenders and seeking to impose restrictions on the movement and associations of known offenders. At the same time it has embarked on large-scale implementation of treatment programmes both in prison and in the community. The presentation will include information on the key aspects of this twin-track approach.

In particular there will be an outline of the arrangements for Multi-Agency Public Protection Arrangements through which information on registered sex offenders is shared between agencies who formulate a joint risk management plan for each high risk sex offender. There are currently over 21,000 sex offenders who are subject to registration requirements. The UK Government has rejected calls to make information on individual offenders available to the public.

Finally details will also be given of the treatment programmes including theoretical basis, methods and treatment targets. There are approximately 1,000 sex offenders in prison and 2,000 sex offenders in the community who are attending treatment programmes. In order to begin to assess the reduction in reconviction rates the presentation will end on evaluation and effectiveness data.

## **THE FORENSIC MEDICAL EVALUATION OF THE SEXUALLY ABUSED CHILD**

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Child sexual abuse is being recognized as a serious problem which affects children regardless of their age, sex, socio-economic class, or geographic location. It is also well accepted that the incidents of child sexual abuse are underreported. The role of a comprehensive forensic medical examination is of major importance in the full investigation of the case and the building of an effective prosecution in the court. The protection of the sexually abused child from any additional emotional trauma during the physical examination is of great importance for the forensic doctor. A supportive adult, not involved in the case, should be present. The physical examination includes inspection of the whole body with special attention to the mouth, breasts, genitals, perineal region, buttocks and anus. The next concern of the forensic doctor is the collection of biologic evidence such as epithelial cells, semen and blood, under the term that the alleged sexual abuse has occurred within the last 72 hours. A brief assessment of the developmental, behavioral, mental and emotional status should also be obtained. The cooperation with a pediatrician and/or a pediatric psychiatrist could be helpful or even necessary. Cultures and serologic tests for sexually transmitted diseases are decided by the forensic doctor according to the special circumstances of each case. Pregnancy test should also be performed in each case of a girl in reproductive age. Photographic documentation may be useful. A detailed presentation of the different aspects of the examination is attempted and guidelines and protocols are suggested. The current situation and legislation in Greece are also discussed.

**TOXICOLOGICAL INVESTIGATION OF DRUG-FACILITATED SEXUAL ASSAULTS**

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Sexual assault perpetrated on both women and men, while incapacitated by the so-called date-rape drugs, has drawn considerable attention during the last decade. In the typical scenario, the sexual predator surreptitiously spikes the drink of an unsuspecting person with a sedative drug. In some cases the victim consumes voluntarily recreational drugs, or mixes prescribed drugs with alcohol, which lead to impairment and loss of consciousness. If an individual takes advantage of such situations and has unconsensual sexual intercourse with an incapacitated individual is considered to commit a drug-facilitated sexual assault. Theoretically, any substance that is administered to lower sexual inhibition and enhance the possibility of unwanted sexual intercourse is a potentially a date-rape drug. Flunitrazepam and  $\gamma$ -hydroxybutyrate have been considered as the most commonly used date-rape drugs in these cases, although a quite broad list of such drugs have been reported. A great number of difficulties surround the forensic and toxicological investigation of drug-facilitated sexual assaults. The vast number of drugs makes the toxicological analysis a really time-consuming procedure. The delays in reporting due to the psychological burden of the rape in combination with the amnesic effects of the drugs enhance the problem. At the same time, the administration of a single dose makes even more difficult the toxicological investigation as it requires extremely sensitive analytical methods. Obtaining information about the time and the circumstances of the event, and about the symptoms appeared, prior the analysis is essential for the full investigation of the case. The most useful biological specimens, the time that they should be collected, the toxicological methods and assays that could be used, are discussed thoroughly. The Greek experience on the subject will also be presented.

## **CASES OF VICTIMS OF SEXUAL ABUSE IN A GREEK ISLAND REGION**

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Our experience has been acquired during a five years service to the Paediatric and Social Services Departments of the Ikaria Hospital. Ikaria is a Greek island with about 10000 permanent inhabitants.

We shall be referring to four individual cases. The first was that of a seven-year-old girl from an immigrant family; on examination for dysuria it was found that the girl had a perforated hymen and was suffering from vaginitis. The second case was that of a thirteen-year-old mentally retarded girl who was reported by many residents to have been the victim of sexual abuse and exploitation. The third case was a girl of fourteen who had herself accused her own father of sexual abuse, and the fourth was a female visitor of the island who had been raped.

General observations:

1. Neither the doctors (of all grades) nor the other staff of the hospital have any formal protocol for dealing with cases of this kind, however sensitive and genuinely anxious to help they may be.
2. 2)The other authorities involved (police, judicial authorities, etc) generally react with confusion and embarrassment to cases of this kind and often seem unaware of what they should do.
3. The geographical isolation of the island prevents easy access to-and cooperation with- services specializing in cases of this kind, making it almost impossible to treat the case properly, despite the best endeavours of the local doctors and services.

It is significant that the four above mentioned cases only one has received satisfactory attention in legal terms.

## **RELATIONSHIP OF CHILDHOOD SEXUAL ABUSE AND ANOREXIA NERVOSA IN ADOLESCENCE**

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A history of childhood trauma, in particular sexual abuse, is commonly reported in eating-disordered women, with rates ranging from 7% to 69%. This study examined the association of childhood sexual abuse with the type, severity of symptoms and comorbidity in adolescents with Anorexia Nervosa. Other forms of abuse were also studied.

Forty-eight adolescents, aged 13-18, who were treated at the Pediatric and Child Psychiatry Units of University Hospital of Patras were compared with normal controls. All children were studied on measures of demographics, psychopathology, global functioning, family functioning, life events and history of sexual and other forms of abuse. Diagnoses were made according to DSM-IV.

Nine adolescents (7%) with Anorexia Nervosa reported childhood sexual abuse. Purging type, longer duration of hospitalization and poorer functioning and outcome were more common in patients with childhood sexual abuse compared with patients without that history. Subjects with a history of childhood sexual abuse had significantly higher scores in Separation Anxiety Disorder and Personality Disorders.

In conclusion, child sexual abuse and associated family and social adversities must be viewed as a risk factor for Anorexia Nervosa in relation to the emergence of the widespread co-occurring psychiatric disorders and the severity of the illness and functional impairment. The findings of this study suggest that therapists who treat patients with Eating Disorders need to take issue of childhood trauma, particularly sexual abuse, in order to manage the disorder effectively.

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**„...AND THE WIFE SEE THAT SHE REVERENCE HER HUSBAND.“**

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Two young people, two persons coming from two different paths, meet and get married. Sexual intercourse, initially a source of joy and creativity, gradually becomes an abyss of mixed feelings, pain, fear, rage, anger, shame, humiliation, and a struggle for ownership. Any attempt to control the previous traumatic experience leads to new trauma. The „debt“ of one spouse towards the other becomes an obligation. The atmosphere surrounding the union of the two persons and their bodies is one of violence. Respect towards the other has become deceit. Love is a fallen angel. Each one of them repeats in his relations patterns of the past. Marriage is driven towards a dead end and after many years to the divorce. The wife, in an attempt to become sexually involved with another man, ends up in similar situations, similar dead ends.

In psychotherapy, the confusion of roles, beliefs, relations within the family of origin and their consequences up to the present begins to unravel. She tries to discover the roles played by her mother and her grandmother. She writes and rewrites the story of her life.

## **GOLDEN WREATH AND ARIADNE'S CLUE IN THE THERAPEUTIC PROCESS**

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According to the legend, the labyrinth of the Minoan palace was a spire. Whoever entered it left behind him/her the light and was lost in its corridors only to come face to face with the Minotaur and engage into a struggle against him. A sexually abused child or adolescent also struggles against a legendary monster, and is tormented by thoughts and feelings of humiliation, fear, guilt, love, anger, sorrow and despair. The therapist is then invited to walk along this same path. In this case both the therapist and the abused person run the risk to become trapped into the labyrinth of sexual abuse. The subject of this presentation is the therapeutic relationship that develops during therapy and the way to maximize the benefits deriving from the available therapeutic means, in order to help the child or the adolescent to find the way back to the light and to a healthy existence.



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**CO-OPERATION WITH A FATHER VICTIMIZER –  
THOUGHTS AND EMOTIONS OF A SPECIALIST–  
PRESENTATION OF A CLINICAL CASE**

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When B. was admitted for the first time by the Adolescent Therapeutic Department of I.K.A. Child Mental Health Center, she was 12 years old. Her mother, who was with her, was incapable of protecting her in any way. B. was sexually abused by her father, but she could never speak about the fact in a direct way. She had however all the symptoms of trauma, including self destructive actions. In this case report we will describe the attempt of our therapeutic team to cooperate with the father victimizer, the inability of the health system to protect and treat this child, since many public services were called to help her, but unfortunately the result was management of the case instead of therapeutic treatment.

**HIDDEN TRAITS OF THE LABYRINTH –  
PRESENTATION OF CLINICAL CASES**

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Children that are sexually abused are in difficulty to talk about the event. Confused with guilt and fearful, they try to understand what happened, making an effort not to accuse anyone especially when the abuser is a family member. The child psychiatrist is in difficulty when he undertakes a diagnostic role after the intervention of the district attorney.

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**REFLECTIONS OF A CHILD PSYCHIATRIST ON  
SEXUAL ABUSE**

*Marianthi Kotea, MD*

Victimizer and victim. Silence, concealment, guilt, shame. The child psychiatrist is invited to become a judge and find a fair solution. He is invited to be a therapist and heal a psychic trauma.

## **INCEST: DIFFICULTIES IN WORKING THROUGH THE TRAUMA**

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Incest is a severe psychic trauma referring to an overwhelming, paralyzing psychic state which implies a loss of ego functions, regression and obligatory psychopathology. According to Freud (1939) one of the effects of trauma is the attempt of the subject to bring it into operation once again, to revive it in analogous relationship with someone else. He summarized these efforts under the name of «fixations» to the trauma and as a «compulsion» to repeat.

There are a lot of difficulties for therapists in working through the trauma with incest victims. These difficulties are not only increased by the primitive defense mechanisms like splitting, denial and projective identification used by these certain patients, but also by the intense countertransference feelings deriving from the therapist's perception of the patient as a victim. The above issues illustrate clinical material from a long lasting psychoanalytic psychotherapy with a woman patient, who was an incest victim.

**ALIVENESS AND LACK OF ALIVENESS IN SEXUAL DISORDERS: A CASE PRESENTATION**

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Psychoanalytic research on the «deviant sexuality» emphasizes the dehumanization of the object, as well as its regressive and adaptive functions. From an intersubjective perspective, Ogden proposed that the meaning of «deviant sexuality» lies in the interactional field of the analytic dyad.

Based on these conceptions, we argue that the «neo-aliveness»\* contained in «deviant sexuality» represents attempts to deal with deadness and persecution. Detailed material from a case of a woman analysis and illustrate the above issues as they are manifested in the transference-countertransference interaction.

\* *neo-aliveness: borrowing from McDugall's work on neo-sexualities, we constructed this term to include patient's need to sustain their psychic world's aliveness.*

**THE PERVERSE PLEASURE AS ANTI-DEPRESSIVE  
DEFENCE AGAINST THE LOSS**

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Stoller claims that, through the perverse ritual, the trauma is changed in pleasure, orgasm, victory.

Through the presentation of extracts from the treatment of one patient with multiform perverse tendencies, is sketched out a psychosexual course where the loss caused fixations. If this loss, periodically, causes painful depressing sentiments, the most frequent defence of the patient against the grief is the resort in perverse scripts, which either add pleasure in pain and/or transform, imaginary, the loss in a pleasure-receiving revenge-control over the object.

**DISSOCIATIVE IDENTITY DISORDER (MULTIPLE IDENTITY DISORDER) AFTER TRAUMA**

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The Dissociative Identity Disorder (Multiple Personality Disorder), a still disputed disorder, has a reported incidence of 1:10000 in the general population, with a higher prevalence among women. The most common etiological factor is early (infancy-preschool years), severe, continuous child abuse. Historically this disorder has attracted great interest and disbelief until its inclusion in the DSM-IV. The diagnosis is difficult especially in childhood when all the alters are of the similar age. Since the Dissociative Disorder mimics other psychiatric problems the diagnosis is made after a series of unsuccessful diagnoses and treatments.

Maria a 21 years old girl was referred to the Outpatient Services of the D' Child Psychiatric Department, because of „loss of contact“ with the environment after a car accident, in which she suffered no injury. Maria was well known for similar problems in the past, which were diagnosed as epilepsy, without EEG findings or treatment. The diagnosis of Multiple personality was made. We identified 6 main alters along with several fragments of alters. She was treated with psychotherapy for 7 years. To day after 5 years after the completion of the treatment she remains well integrated except for brief dissociations under severe stress. The presentation will describe the nature of the abuse and it will focus on the diagnostic and therapeutic challenges.

## **FAMILY VIOLENCE IN GREECE: IDENTIFYING THE NEEDS FOR PREVENTION**

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The epidemiological research entitled „Domestic violence against women: First epidemiological research in Greece“ was carried out during October 2002 – April 2003, with the initiative of the Research Centre for Gender Equality (KETHI). The objective of the research was the recording of domestic violence incidents in the Greek society. The choice of the sample was derived through methods of simple multistage random sampling. It was comprised by 1.200 women, aged from 18 to 60 years, residents of Greek urban, semi-urban and rural regions. The collection of the data was done with the method of structured interviews by the completion of a questionnaire that included 53 questions and 1 concerning the remarks of the interviewer derived from the interview.

According to the main results of the research, 56% of the women interviewed, experienced verbal and/or psychological violence, 3,6% suffered physical abuse and 3,5% was forced in sexual contact. Moreover, 23,6% of women mentioned that they know a woman from their related and/or friendly environment who has been or is a victim of domestic violence from the spouse/intimate partner. Finally, only 8,8% characterizes their spouse/intimate partners violent.

The commentary that derived from the results of the survey has enabled us to propose the following.

- Creation of a support and counseling system for victims, professionals and perpetrators.
- Rapid response unit for domestic violence incidents.
- Implementations of present policies as well as further development of the judicial system.
- Educational curriculum for policemen and professionals that are directly exposed to the problem.
- Further research to in-depth exploration of the variables that comprise the problem.
- Awareness campaigns to sensitize and energize the people.
- Promotion of good practices.



- Women's access to resources (economic, political)
- Involvement of Non Government Organizations that will be utilized in the process of addressing and tackling with the problem in hand.

Utilizing the above we create a prevention attitude that will contribute to the confrontation of the described phenomena, thus ensuring services to victims as well as minimizing future victimization.

## **CHILD PHYSICAL ABUSE: A GREEK VERSION OF THE CAP INVENTORY**

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Child physical abuse constitutes an extensive problem of modern society, having serious consequences on the victim’s physical and mental health and development, and is even considered as one of the major causes of child mortality. In addition, it has been reported that recurrence rates can reach up to 85% in high risk child abusing families. This indicates the need for the development of preventive approaches, and the detection and early identification of potentially abusive abusive parents, with the use of screening instruments. One such instrument is the Child Abuse Potential Inventory. This scale provides an abuse scale for the prediction of the respondent’s physical abuse potential, which is further comprised of six factor scales corresponding to the major risk factors associated with child physical abuse. Taking into account cultural differences and child rearing practices, it has been necessary to adjust the CAP-I for the development of a Greek version for use by professionals in Greece.

The aim of the present project is to further a preliminary study in the validation of the CAP-I in Greece. The sample consists of physically abusive parents, recruited from the Child Psychiatry Department of the „Aghia Sophia“ Children’s Hospital, who completed the questionnaire prior to any intervention, in addition to a demographic characteristics questionnaire. Preliminary findings will also be presented.

## **THE PERSONALITY AND PSYCHIATRIC PROFILE OF CHILD MOLESTERS**

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The aim of the present study was to investigate the personality dimensions, the levels of impulsivity, aggression, and suicidality, as well as the psychiatric profile in individuals who have been convicted for child molestation. For this purpose 37 child molesters and 25 healthy controls have completed the Temperament and Character Inventory (TCI), the Aggression Questionnaire, the Barratt Impulsivity Scale, the Suicide Risk Scale, and the Life-Time History of Aggression. In addition psychiatric disorders were investigated with SCID.

The score of the TCI dimension Novelty Seeking, and the scores of aggression, impulsivity, and suicidality were significantly higher, while the scores of the dimensions Reward Dependence, Self-Directedness, and Cooperativeness were significantly lower, as compared to the controls. Also, the levels of aggression were associated with the risk of suicidality. Finally, more than half of child molesters had a life-time diagnosis with an Axis I, and about the two thirds with an Axis II psychiatric disorder.

The present sample of child molesters showed high psychiatric morbidity and a personality profile characterized by impulsivity, purposelessness and lack of empathy. The results indicate the need for development of treatment programmes inside the prison. Given the high levels of recidivism of child molesters, similar preventive treatment programs following their discharge from, may serve as major preventive factor of sexual aggression.

## **„SURVIVAL“ OF CHILD SEXUAL ABUSERS AFTER ARREST & LONG-TERM OUTCOME OF SEX OFFENDERS: A REVIEW OF THE LITERATURE**

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Sex offenders are always stigmatized by the nature of their crimes and esp. those who attack children. The child sex abusers are a very small minority of the offenders population but the nature of their crime renders them very unpopular and makes them the subject of intense disgust, aggression and violence. Each country deals with these individuals in a way that reflects overall the attitude of the general population about this type of crime. All societies aim to reduce the sex crimes mostly by means of incarceration but also some countries offer treatment. Sexual attacks on underage individuals carry the maximum penalties.

Psychiatric literature on the „survival“ of sex offenders discusses mainly issues that have to do with recidivism and re-arrest. Not all countries deal with this criminal population by means of treatment. Imprisonment carries a substantial risk for sex offenders and nowadays the common practice is to keep this population in isolation from other prisoners.

This paper discusses the origins of this widespread practice as well as the medical literature available on long-term outcome of sex offenders.

**PERCEPTIONS AND ATTITUDES TOWARDS THE  
CORPORAL PUNISHMENT AND CHILD EMOTIONAL  
ABUSE IN GREECE**

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Very little has been published on the subject of emotional abuse as differentiated from physical abuse. Professionals in the field continue to have difficulty in recognizing and operationally defining emotional abuse.

Corporal punishment is an under-recognized but actually common form of child abuse that is still perceived as an acceptable form of discipline act by a significant proportion of parents.

The present research is concerned with the Greek student and general population views on the issues of emotional abuse and corporal punishment.

A sample of 307 persons was administered an anonymous questionnaire which aimed at exploring their perceptions and attitudes towards corporal punishment and child emotional abuse as well as several myths and realities surrounding these issues.

Their personal experience as victims of abuse during their childhood, it is also investigated.

The discussion of the research findings aims at raising awareness of possible risk factors surrounding this issue. Implications for effective prevention are also highlighted.

**THE PROBLEM OF THE STARTING POINT OF  
PRESCRIPTION IN THE CASE OF SEXUAL  
OFFENCES**

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In the case of the commission of serious criminal offence, especially of child molestation, the following question arises: The starting point of the prescription begins after the commission of the offence or after the realization by the victim of the damage?

The presentation will describe the legal and ethical aspects of these cases.

**CHILD SEXUAL ABUSE IN GREECE:  
THE CHALLENGES FACED BY MENTAL HEALTH  
PROFESSIONALS WITHIN THE PUBLIC SECTOR**

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This presentation will highlight those areas of concern that deal with the interface between socio-medical practice and the law in cases such as child sexual abuse. We are using cases referred for either assessment or treatment to NHS Community Mental Health Centre of Peristeri (Athens) to examine how the strengths and weaknesses of the public care system in Greece is affecting the effectiveness of our intervention. Such case studies will be presented in order to exemplify the key problems in case management, including the investigative process and the process of decision making, in cases of child sexual abuse. The lack of both, agreed national professional practice guidelines on procedures to be followed and formal organizational framework for the protection of children from abuse (statutory and otherwise), often leads to secondary abuse of the child, who besides suffering the psychological effects of sexual abuse is traumatized by the deficient public care system. The lack of formal training in child and adolescent forensic child psychiatry in Greece restricts the expertise in the field of child sexual abuse (survivors and juvenile perpetrators) and may be affecting dramatically the quality of our socio-medical practice. In this paper we are putting forward a comprehensive proposal aiming at providing better service, using an integrated approach, to children who have been sexually abused.

P 01

**SEXUALITY AWARENESS AND PROBLEMATIC  
SEXUAL BEHAVIOUR TRAINING FOR STAFF  
WORKING WITHIN MEDIUM SECURITY**

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Staff do not always feel comfortable or confident to deliver high quality patient care in respect of sexual issues, especially if the behaviour is problematic and/or abusive. This paper describes a training programme for staff and its emotional and practical impact on staff.

The programme consists of two consecutive courses that are open to all disciplines. Training objectives are to improve patient care with regard to a) patient sexuality issues in general and b) problematic sexual behaviour (PSB) and to reduce anxiety or uncertainty for staff in dealing with patients who exhibit PSB.

It is expected that training will improve understanding of patient sexuality and sexual health issues and also, confidence and skills in working with patients who exhibit PSB. Furthermore, it is expected that knowledge and skills gained through training will be retained by staff (follow-up testing three months after initial training).

Participants complete questionnaires at the start and finish of each part of the course and three months later. The information is analysed to evaluate the training programme, results are compared to a control group. Confidentiality and anonymity is ensured in all cases.

Initial findings show improvement in the knowledge of sexuality, sexual health and issues related to dealing with PSB in those who attended the training.



P 02

**THE CURRENT STATUS OF PSYCHOSEXUAL TREATMENT AND EDUCATION OF SEX OFFENDERS IN TAIWAN AND A NARRATIVE MODEL OF TREATMENT**

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This study aimed to summarize the current status of psychosexual treatment and education of sex offenders in the community in Taiwan. A narrative model of treatment based in a psychiatric hospital was also introduced.

Trained assistants gave self-administered questionnaires to respondents between January, 2002 and December, 2002. All data was analyzed with SPSS version 10.0 software. A narrative psychosexual treatment and education model was also introduced in Taiwan.

A total of 55 professionals from 34 hospitals were surveyed. The response rate was 91.89%. The respondents' professions were as follows: psychiatrists: 15 (27.27%); psychologists: 24 (42.64%); social workers: 14 (24.45%); and nursing staff: 2 (3.64%). The average professional manpower of each hospital was as follows: psychiatrists: 1.38, psychologists: 1.68, social workers: 1.21, and nurses: 0.24. Eight key issues were identified that affected their treatment of sexual offenders, including the lack of a Standard Operating Procedure (SOP), inadequate man power and financial constraints.

The principle of community psychosexual education in a psychiatric hospital was introduced, and focused on 12-session psychosexual education.

There is a shortage of professionals able to perform this work. Psychosexual treatment & education of sex offenders will be assisted by the establishment of a SOP.

## **SEXUAL ABUSE OF CHILDREN IN A RURAL AREA OF GREECE**

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We present here results, which are part of a larger survey that has been done in order to investigate whether child abuse and neglect occurs in Greek families, in rural regions far away from Athens

The total of 825 sixth-grade pupils in all 30 schools of the state school in the Ioannina Municipality area were surveyed, by means of a specially designed self – administrated questionnaire, and provided 798 analyzable questionnaires.

Seven (1,00%) of the children of our sample, according to their reports, were subjected to sexual abuse, meaning by sexual abuse „inappropriate and disturbed sexual acts by an adult to a child“. Sexual abuse was found to be significant associated with the father’s low educational level and low age.

Our study indicated that child sexual abuse in Greece, even in rural regions, have epidemiological dimensions and characteristics similar to those described not only by previous studies concerning Athens, Greece, but also in other countries.

P 04

## **SUPPORTING VICTIMS OF SEXUAL ABUSE: THE WORK OF A NGO**

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We present the characteristics of clients who visited Research and Support Center for Victims of Maltreatment and Social Exclusion (CVME), a Greek NGO, situated in Ioannina, in order to seek help because they had experienced sexual abuse.

From all our clients, we examined the characteristics of those who visited our center between 1998 –2003 , complaining for sexual abuse.

Five children (4 girls, 1 boy), and 27 women came between 1998 – 2003 in our Center complaining for sexual abuse. Their mean age was 37,1 years for women and 10,00 for children. These people have been addressed to our center by themselves /family/friends (36,6%), by other services (30%) or by reclaims of our Center in Mass Media (33,3%).

The abusers were according to victims' s denunciations, the husband (50%), the ex-husband (20%), the father (10%), the boyfriend (6,6%), an acquaintance (3,3%) or the abuse was committed by an unknown (6,6%). In 59,1% of cases, the victim asked for psychological help, in 28,5% for legal advice, in 16,3% for social help, 2,01% for medical help and in 12,2% the victim had not a clear demand. Finally, our center offered to victims : legal advice (in 35,5% cases), psychological help (in 26,6% cases) social support (in 11,1% cases),medical assistance (6,6% cases) and in 8 cases the 17,7% the victim had been referred either to Police or to the Hospital or to a shelter.

In conclusion, an NGO working in the field of human rights has a lot to offer in the support of sexually abused victims.

## **HOW A CHILD PSYCHIATRIC DEPARTMENT CAN CONTRIBUTE IN THE PREVENTION OF SEXUAL ABUSE OF CHILDREN AND ADOLESCENTS**

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We present how our Child Psychiatric Department can contribute in the prevention of sexual abuse of children and adolescents.

According the data we found recently in international literature, if we try to improve the communication between parents and children or adolescents, strengthen and support the parents in their role, we take substantial measures for the prevention of sexual offences against minors.

So, we organized two groups of parents: the first one for parents with pre-school children and the second for parents of children 12 years old, going to adolescence.

These two groups had as aim a better knowledge for sexual issues for both parents and teachers.

In parallel, on the context of program of 'Education of Health' in high schools, the last two academic years we organized two groups of adolescents. The meetings of each group was for the participants a supportive environment, where the adolescents had the opportunity to express and discuss their feelings, fears, worries, problems and questions with the specialists of our inter-scientific team.

Working for the prevention of sexual offence and sexual abuse of children and adolescents, we must collaborate with other specialists from other services, so it was very important to have a communication with theme. In order to have a common philosophy in our approach and to achieve to speak the same language, we invited representatives of these Institutions to participate in our Educational Program in the Mental Health Centre of Katerini, in order to start a dialogue, which would facilitate more essential interventions should need arise.

In our Educational Program, which is mainly focused on issues that concern children and adolescents, a separate entity was incorporated for „psycho-social issues“ including these for the neglect as well as physical and sexual abuse.

Also, we participated in the organisation of a scientific meeting open in the public of our city, on the subject the confrontation of violence in the family, on the occasion of the celebration of World Day of woman, in March 2002 in Katerini.

Finally, we discuss two cases of sexual attacks in our area and the cooperation with the families, in the context of 'liaison' and consultative work'.

**TYPES OF SEXUAL OFFENSE AND RISK  
ASSESSMENT AMONG INCARCERATED SEX  
OFFENDERS IN TAIWAN**

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The purpose of this study was to classify sex offenders imprisoned in the Kaohsiung Jail. The risk of sex offense recidivism was then assessed using a Chinese version of the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R). A cut-off score was determined to allow the early detection of a moderate to high risk level of recidivism. The study also identified factors that may be used to discern and predict possible recidivism in a sex offender.

The subjects of this study were two hundred and eighteen persons identified as sex offenders who were imprisoned in the Kaohsiung Jail. The subjects were interviewed using a structured questionnaire and MnSOST-R. All data was analyzed by SPSS 10.0.

Among the three types of sex offenders identified, the age of first offense was generally higher for child molesters than for those guilty of rape or incest. However, child molesters had the highest risk of recidivism. According to the classification developed by Groth, 164 of the subjects exhibited a powerful pattern, and 54 were pervasively angry. Of the 218 sex offenders screened by MnSOST-R using a cut-off score set at 4, 17% were found to have a moderate to high risk level of recidivism.

According to the results of this study, the cut-off point for moderate recidivism in the Chinese version of MnSOST-R needs to be decreased. This is based on a comparison of this data with foreign data obtained using the English version of MnSOST-R.

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## **INFECTIOUS CONSEQUENCES IN SEXUALLY ABUSED WOMEN**

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The objective was to evaluate the presence and the consequences of the infections to the sexually abused women.

During the period May 2002 -May 2003, 40 sexually abused women were examined and monitored for a short period after sexual abuse. Urine sample and vaginal secretion sample were taken. The victims had been asked for infectious symptoms.

Eighty per cent of the 40 women presented symptoms of vaginitis cystitis and skin infections.

The presence of pathogens was identified through samples' culture.

## **GROUP PSYCHOTHERAPY RESEARCH: ANALYSIS OF GROUP PSYCHOTHERAPY FOR SEXUAL OFFENDERS**

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In Germany, group psychotherapy is widely used for the treatment of sexual offenders. However, data on the effectiveness of group psychotherapy are scarce, even more so data investigating the agents of change in therapeutic process. This study is aimed at investigating group psychotherapy for sexual offenders in a prison setting, integrating elements of psychodynamic, client centred conversation, behavioural, and gestalt therapy. Correlations between group factors, interactional factors, and individual factors will be identified. The design of the study will be presented.

The sample consists of 191 video taped sessions of 90 minutes each. The levels of analysis are the group as a whole, the interaction between group members, and the individual client. The following instruments are applied:

1. The Kiel Group Psychotherapy Process Scale (KGPPS), which allows the identification of therapeutic factors at the group level
2. The Core Conflictual Relationship Theme (CCRT), with which repetitive interpersonal relationship patterns can be identified and classified
3. Content analysis of the narratives of the sexual offences.



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**GROUP PSYCHOTHERAPY RESEARCH: ANALYSIS OF METAPHORS USED IN NARRATIVES OF SEXUAL OFFENDERS IN A GROUP THERAPY**

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Assumptions about forensic therapy process are mainly derived from non-forensic psychotherapy research. To adjust those to their specific setting and clients application of qualitative approaches is crucial. Analysis of metaphors in the tradition of cognitive linguistics (Lakoff and Johnson) allows relating manifest verbal behaviour with cognitive models. The study is aimed at investigating clients narratives and construction of biography and criminal behaviour, group participants interaction with those narratives and clients and therapists inherent beliefs steering psychotherapeutic process in a prison setting

From a total of 191 video taped sessions of 90 minute each 3 sessions in which one participant speaks about his criminal behaviour were chosen for transcription. The level of analysis is the individual client, group members interaction, and therapeutic group process. The instrument is a modification of analysis of metaphors by Buchholz for psychotherapeutic research.

## **INTRA- AND INTER-PERSONAL ASPECTS OF VIOLENT DOLESCENT AND ADULT MALE'S SEXUAL HISTORY**

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Prevention, particularly *primary* prevention of sexually inappropriate, that is *dissexual* behavior is likely to be more effective if aspects of human development and experiences, which are directly related and central to sexuality, are taken in to account. Despite extensive research having been conducted on various aspects of dissexual behavior, empirical data on the sexual history of sexually violent men is scant. Most studies focus on particular aspects only, such as the offender's own history of victimization, use of pornography, or deviant fantasies etc. Comprehensive assessments of the sexual history of sexual offenders remain the exception.

To obtain baseline data as well as to identify similarities in adults' and adolescents' sexual histories this project will investigate how intra- and inter-personal aspects of sexual history differ when comparing violent sexual offenders with violent offenders and non-offenders. Following an interdisciplinary approach, data on psychological, medical, socio-sexual, and criminological variables will be collected from both adolescent and adult offenders using quantitative and qualitative methods. Its multi-method design will allow for cross-validation of collected data and its interdisciplinary approach does justice to the complexity of the topic. Furthermore, the study is designed to include samples from various countries (so far Australia, Germany, and Austria) and, thus, will enable cross-cultural comparisons of the findings. Ultimately, the aim of this cross-cultural project is to further improve programs aimed at reducing the prevalence of sexual offending.

The poster will explain the concept of dissexuality, and specify aims, hypotheses, research plan, scope of the instrument, and possibly preliminary results.

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## **PROBLEMS OCCURRING WHEN DIAGNOSING SEXUAL SADISTS IN A FORENSIC SETTING**

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In a forensic setting diagnosing sexual sadism appears to be problematic because usually offenders do not tell their deviant sexual fantasies. Therefore in most cases we have to look for indirect evidence of sexual sadistic fantasies or acts by analyzing the records of the victim or other offence features. Unfortunately this is a very individual process with few agreed upon criteria leading to major validity and reliability problems for the diagnosis of „sexual sadism“. In this study we analyzed our implicit theories about „sexual sadism“ in a population of 216 male imprisoned sexual offenders referred to the Federal Documentation Centre for Sexual Offenders in Vienna, Austria. In our sample we found statistically different types of sexual offenders we diagnosed as „sexual sadists“. They showed different offense features and different levels of victim injury. Due to our study we consider the construct „sexual sadism“ to represent a heterogeneous group of offenders. What we are working on is to find and to describe proper dimensions that are able to differentiate the various types of „sadists“ we found in our study.

## **SEXUAL ABUSE: A HUMAN RIGHTS APPROACH**

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The aim of this presentation is to examine sexual abuse as a human rights violation, tantamount to torture, using literature review as a methodological tool.

Sexual abuse has been one of the most frequent forms of maltreatment in war or in detention. In fact, the horror of World War II led to the establishment of modern International Human Rights Law, mainly the Geneva Conventions, the International Covenant on Civil and Political Rights, the European Convention on Human Rights and the UN and Council of Europe Torture Conventions.

Torture is defined as the deliberate infliction of physical and psychological pain by or with the acquiescence of a person acting in an official capacity, with one of several intentions including the intimidation of the victim or third parties. It includes any intentional systematic or wanton infliction of physical or mental suffering or any other cruel, inhuman or degrading procedure.

Sexual abuse in detention is primarily an attack dominated by feelings of power and anger, rather than being an expression of sexual desire. Research evidence suggests that the motivation for sexual assault of men is the demonstration of complete control over the victim, and that the perpetrators do not perceive themselves or their acts as homosexual. The most disturbing aspect of sexual abuse as torture is that it is performed less for reasons of sexual arousal and more because it can be a formidable „interrogation tool“. A prisoner deprived of all dignity is one that will more readily „cooperate“...

Consequently, only observance of International Law, coupled with the appropriate supporting and health care services, may guarantee both prevention as well as proper treatment of this form of sexual abuse.

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**WOMEN WHO SEXUALLY ABUSE CHILDREN: AN OVERVIEW OF THE PROBLEM***Meropi N. Versi, PhD<sup>1</sup>, Eftychia Anastassopoulou, DEA<sup>2</sup>*<sup>1</sup>*Department of Psychology, The American College of Greece, Athens, Greece;*<sup>2</sup>*Athens University Medical School, Aiginition Hospital, Athens, Greece**mversi@acgmail.gr*

Most of the research in the area of sexual abuse has focused on male perpetrators. Maternal incest and other forms of female-perpetrated sexual abuse have been systematically under-reported. The myth that women cannot victimize children -especially their own- in a sexual manner, is firmly entrenched in our society, making female sexual perpetrators (FSP) an elusive population. Studies examining the nature of sexually abusive behaviors exhibited by females, as well as the characteristics of FSPs, are both limited and controversial.

The paper provides an overview on our knowledge regarding the prevalence and possible causes as well as the typologies and manifestations of female-perpetrated sexual abuse. In addition, the paper points to the significant research controversies that exist in the literature. For example, although some reports indicate that the abusive behaviors of FSP are usually very covert and do not include direct sexual contact, others describe FSP as more creative and sexually aggressive than their male counterparts.

This paper thus addresses the following research questions: What are the psychosocial characteristics of FSPs? What are the underlying causes of female-perpetrated abuse from both a gender-neutral and a feminist perspective? Are the underlying causal factors in any way similar to those in male-perpetrated sexual abuse? Are there specific 'subtypes' of FSPs, and is the development of profile markers for forensic use possible? Finally, do female sexual abusers meet current DSM criteria for the psychiatric diagnosis of pedophilia?

## **FALSE ALLEGATIONS OF SEXUAL ABUSE- POSSIBLE MOTIVES IN THE GREEK REALITY**

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It is believed that sexual abuse occurs with far greater frequency than what official statistics reflects. But at the same time an equally serious matter arises: the possibility of an improper allegation which undoubtedly may ruin the reputation of a falsely accused person. The problem becomes complicated when the signs in the forensic examination are minor, non specific, or even absent. Allegations arisen in the context of divorce and custody cases may be a source of frustration for the investigative authorities because of the possible biases and the acrimony between the partners. Other possible motives, especially between adolescents may be obtaining an alibi, revenge, sympathy or attention. An additional potential motive met in the Greek society is implicated, due to a peculiarity in the Greek Penal Code. According to the article 339 of our Code „if a wedding was performed between the perpetrator and the victim, no criminal prosecution will be exercised and if such has been instituted, it is declared inadmissible“. It is believed that a number of false allegations may be claimed in order to evoke a marriage with the accused person, who avoids this way the criminal prosecution.

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**THE PSYCHIATRIC AND DEMOGRAPHIC CHARACTERISTICS OF MALE INCARCERATED SEX OFFENDERS IN TAIWAN**

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The purpose of this study is to describe psychosocial characteristics and the prevalence of psychiatric morbidity in incarcerated sex offenders in Taiwan. Three hundred and forty one sex offenders were interviewed using standardized semi-structured interviews for psychiatric illness (DSM-IV) from 1999 to 2004 in a large Taiwan jail. Data on demographic, offence and victim characteristics were collected at the same time.

The average age of 341 sex offenders was 34.7+14.7 years. 40% of the sex offenders were only graduated below junior high school. 52% of the sex offenders were not married. Thirty-six percent of the sex offenders were out of work above two years. 51% of them are alcohol abusers or alcohol over consumption, 17% of them are drug abusers; and 1.5% of them are mental retardation. The attributes of male incarcerated sex offenders were related to sexual assault (including attempted), 31.1%; statutory rape (including attempted), 31.1%; and obscenity, 12.3%; 52.2% of them had first sexual crime.

There were some characteristics belonged to the sex offenders in Taiwan, including less educated, out of work, no married and substance abused. Owing to most of them had first sexual crime, so early prevention and evaluation should be performed.

## THE DANISH SEXUAL OFFENDER TREATMENT PROGRAM: THE FIRST FOUR YEARS

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In Denmark a national program for the treatment of sex-offenders was established in 1997. It was made possible to admit sex-offenders to treatment in combination with a suspended sentence or as a prerequisite for parole. All of the convicted offenders had to start their sentence in a special prison setting.

Of the persons who were convicted of a sexual offence during the first four years (1997 – 2001) 622 persons fulfilled the inclusion criteria for assessment to the treatment program. Some of these were found unfit for treatment, some did not want treatment, and some did not receive treatment due to capacity problems. Of those who were eligible 222 (123 on parole, 99 with suspended sentence) started treatment. There was no randomization for treatment, the assignment was partly based on need.

The rate of relapse in the 622 sexual offenders was compared with the relapse in a control group of 610 sexual offenders in the period 1994 – 1996. All in the control group has been followed for at least 69 months, whereas the observation period for the study group was shorter, less than 32 months for the half of the group. After correction for the difference in observation period the relapse rate of the 222 treated offenders was less (but not significant) than in the control group (RR 0,68 chi<sup>2</sup> 1,26 p=0,26).

The 222 offenders that started treatment had significant less relapse into all criminality (14%) than the 400 untreated offenders (24%). Until now it has not been possible to show a similar difference regarding sex reoffence. As assignment to treatment was based on need, the treated group may be at higher risk for relapse. After correcting for differences in sentences, this was however not found, which may indicate an effect from the treatment. As the observation period becomes longer it may be possible to answer this question.



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**PERSONALITY CHARACTERISTICS OF MALE SEX  
OFFENDERS ILLUSTRATED BY THE  
COMPREHENSIVE SYSTEM RORSCHACH METHOD**

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40 male sex offenders (primary nonviolent child sexual abusers) were tested prior to a treatment program using the Comprehensive System Rorschach Method. Three protocols were excluded due to validity criteria. The remaining 37 protocols were compared to an age-matched non-patient sample (n=32).

Analysis of preliminary data indicates that the sex offender group produced a significantly lower numbers of responses. They gave relatively higher proportion of answers using form as the only determinant (Lambda) and significantly fewer answers involving perspective or dimensionality (FD). The sex offender group produced significantly fewer answers using either color (WsumC) or the various types of shading qualities of the stimulus material (Sum c', Sum T, Sum V, Sum Y). They were also characterized by a relatively low proportion of answers involving multiple determinants (Blends). The sex offender group produced more reflection answers (Fr + rF) and fewer answers involving human movement (M) but these trends were not statistically significant.

As regards response content the sex offender group gave significantly fewer answers with human content and significantly more answers with anatomy and x-ray content. The two groups did not differ on variables related to degree of conventionality in perceiving and translating the stimulus material (Form Quality measures, Populars).

According to Rorschach interpretation conventions the sex offender group might be described as more psychologically guarded, avoidant and less introspective. They have fewer ideational and affective resources available and they seem to be less mature and more emotionally constricted. The sex offender group seems to be relatively inattentive to irritating and painful affective experience. They show a narcissistic tendency towards exaggerated self involvement combined with a relatively modest degree of interest in other people.

**THE EFFECTS OF ATTACHMENT ON MORAL  
DISENGAGEMENT AND VARIOUS EMOTIONS IN  
JUVENILE SEX OFFENDERS**

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The purpose of this study was to examine the effects of attachment relationships on moral disengagement and various emotions in male juvenile sex offenders. Bartholomew's (1990) model of attachment was used to investigate close emotional relationships, incorporating three styles of insecure attachment: fearful, preoccupied, and dismissive. A sample of 28 non-offending males and 24 juvenile sex offenders completed measures of attachment, moral disengagement, anxiety, self-esteem, depression, shame, guilt, externalization, and detachment/unconcern. Results demonstrated that juvenile sex offenders were more insecurely attached than the non-offenders and experienced greater levels of moral disengagement, anxiety, self-esteem, depression, shame, externalization, and detachment/unconcern. No differences were found between the two groups of participants for guilt.

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## **SEXUALLY AGGRESSIVE BEHAVIOR AMONG GREEK YOUNG MALES**

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The objective was to investigate the sexually aggressive behaviors of Greek males. For this purpose, 997 young males, aged  $22 \pm 2,3$  years, completed anonymously a standard questionnaire concerning their life-time sexually aggressive behaviors.

Twenty two per cent reported having conducted a sexual harassment to a woman, 8% an almost violent sexual activity, and 5% a violent sexual activity against a woman, without her consent. Further statistical analysis, showed that the sexually abusive behaviors were associated with low mood, drug use, including alcohol use, suicidal risk, and a history of psychiatric or delinquent behavior. In addition, sexually aggressive behavior showed different associations with the levels of education, the living area, and the sexual experiences during childhood.

These findings indicate the multi-faceted nature of the phenomenon of sexual aggression, and indeed, prevention programmes should take under consideration different psychological, social, and cultural parameters.

**A COMBINATION OF VIEWING REACTION TIME,  
AND INCIDENTAL LEARNING TASK IN CHILD  
MOLESTERS, RAPISTS, AND CONTROL MALES AND  
FEMALES**

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The present study was designed to explore the interference effects of sexual interest on viewing reaction time and cognitive functioning, in a group of sexual offenders. In order to test this hypothesis, 31 rapists, 27 child molesters, 53 control males and 24 control females, were given a viewing reaction time task while being distracted with photographs of semi-nude males and females of various ages and other stimuli. In the second part of the experiment, the subjects were instructed to attempt to recall whether or not the photograph had been presented during the first part or whether it was novel. The results showed that extra familial child molesters had their longest viewing times with the photographs of girls, intra-familial child molesters and control women with the pictures of adolescent females, and rapists and control males with the photographs of women. The pattern of errors during the incidental learning task yielded several interesting findings. Intra- and extra-familial child molesters showed the best recognition with the photographs of boys and adolescents males. Especially, extra-familial child molesters showed the best recognition with photographs of boys, despite having looked at them for the shortest period of time, probably because of suppression. In general, the profile of child molesters seems to be fluctuated between the control males' and the control females' profile, while the rapists' profile seems to share many common features with the control males' profile.

In summary, viewing reaction time, in combination with incidental learning tasks, can serve as an unobtrusive measure of males' sexual interests. The results of this study encourage the development and use of such techniques in epidemiological studies, as well as in professionals working with children.

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## **BODY'S CONTRIBUTION TO THE REVELATION OF SEX OFFENCES**

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This essay presents the proofs of penal trial from a comparative historical point of view, and underlines body's importance to the proof of sexual offences.

Modern process has dismissed the corporeal dimension that used to have in the past; it is not a „bodytest“ any more, a torture surveyed by God and tending to reveal the guilt or innocence of the defendant. Instead of being an ordeal, trial has become a confrontation in the field of speech, an evaluation of arguments and, mainly written, evidences. In other words, the examination of written documents and oral speech has put aside the probatory force of the body.

However, the „corporeality“ of the process has not completely disappeared. In several crimes, like sex offences, victim's or defendant's body turns out to be the basic and essential evidence. Modern methods of proving crimes, like sexual offence, (i.e. DNA test, examination by experts) recall, from another point of view, the probatory force of the body. At the same time, they create non-rebuttable assumptions, which determine at a large extent, the result of the trial.

What role modern judge is called to play?

To what extend can he rebut expert's conclusions?

And finally, what is the difference between the certainty that body used to create in the past and the non-rebuttable assumptions of the present?

## **FORENSIC EVALUATION FOR SEX OFFENDER OF WEB-MEDIATED STATUTORY RAPE – TWO CASES REPORT**

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Web-mediated statutory rape is defined as illegal act of sex via the medium of internet with a person under the age of full legal responsibility, even if the victim is willing. Forensic psychiatrists and psychologists are supposed to evaluate and make treatment recommendations for such sex offenders.

This article reports two case of web-mediated statutory rape sex offenders who used to take it for granted that web mediated sex with the minor who consent to date and reveal passive compliance is undoubtedly reasonable. Sexual psychopathy such as pedophilia should be considered but seemed to be less likely in both diagnostic interview & penile plethysmographic assessment. Actuarial prediction of sex recidivism risk is low.

However, through the rationalization or defense of these sex offenders, implication such as misinterpreting the information from web of consent to „date“ as consent to „sex“, and demonstration of more prevailing „forgiving attitude“ toward date rape in male gender than female may contribute to and be the focus of intervention in web-mediated statutory rape. More study is warranted in order to verify this postulation.

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**DETECTING PHYSICAL OR SEXUAL ABUSE AMONG  
OUTPATIENT SUBSTANCE ABUSERS***Mellos E, Liappas I, Pomini V, Hazioglou L and Rabavilas A**Athens University Medical School, Eginition Hospital „Athena“ Program, Athens,  
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Research demonstrates the association between physical or sexual abuse and substance related problems.

The aim of this study was to identify histories of physical and/or sexual abuse among drug and alcohol addicts in an outpatient drug free setting - program „ATHENA“. We examined the files of all new clients who received treatment during the years 2000 and 2001 (N=189). According to the principles of the program „ATHENA“ all the individuals who received treatment had more than four sessions. All the cases fulfilled the DSM-IV criteria for substance or alcohol abuse/dependence. Males were the 69% of the sample, while 31% of them were female. Heroin was the main substance of abuse for the 52% of the cases and alcohol for the 32% of them. The mean age of the sample was 32 years. Clients were not systematically asked about the history of physical or sexual abuse and all the recorded findings were self-reported.

In 10 cases (3 males and 7 females) physical abuse was reported (5.2%) and in 4 cases –all females- sexual abuse (2.1%). We suppose that there is a greater number of histories of physical and/or sexual abuse which is not disclosed and therefore is not mentioned during the therapeutic sessions.

Findings of this study predicate more systematic research and investigation of the physical and/or sexual abuse histories of drug/alcohol abusers mainly during the therapeutic process, after the establishment of the therapeutic relationship.

## **THE NARRATIVES OF INCEST VICTIMS – HOW DOES SEXUAL ABUSE TERMINATE?**

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In order to prevent sexual abuse, knowledge about how incest relationships stop may be of vital importance. The aim of this study was to identify which factors incest victims attribute to that the abuse stopped. The study is based on in-depth interviews with 10 women aged 19-30 years exposed to incest. The informants were recruited for interviews from a support centre against incest. A narrative approach was chosen for the interviews, as the purpose was to explore the social reality of the informant. All informants emphasised they themselves had played an active role in stopping the abuse. At a certain time when the incest victim seemed to have matured mentally, physically and often also in terms of status as more adult, they reached a position of efficacy to say stop. Qualities related to the personality, and assistance from care persons (e.g. mother), were mentioned as important factors in the stop-process. Even though the physical abuse stopped, it seemed to continue on an emotional and relational level. The reasons for this was related to a continued contact with the offender due to the family environment, that one's significant others do not believe the child is being abused or attempts to belittle the events, that the victim cannot bring herself to confront the offender, and guilt and shame connected to the ambivalent feelings toward the offender. Further results are forthcoming, and implications for prevention is discussed.



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**PANIC ATTACKS DURING ADULT LIFE AND HISTORY OF RAPE DURING CHILDHOOD***Florence Bakomitrou<sup>1</sup>, George Lentaris<sup>2</sup>, John Rontos<sup>1</sup>**<sup>1</sup>Piraeus General State Hospital, Psychiatric Department; <sup>2</sup>Intermedico Medical Network, Greece*

This case report deals with a 48-year-old divorced and working female patient, mother of 4. The patient came to therapy with the complaint of frequent panic attacks she had been experiencing during the last three years. She was incompliant to drug treatment, despite the doctor's recommendations.

During the initial phases of the therapy, there were many difficulties in the therapeutic interaction, as the patient had adopted a rather avoidant behavior against the therapist.

At first, she mentioned several problems pertaining to the family of origin, while on the third session she revealed to the therapist that she had been sexually abused by her father during her childhood.

The establishment of a warm and intimate therapeutic relationship was emphasized and given top priority. The case was treated according to the Cognitive-Behavioral Psychotherapeutic Principles.

The therapeutic intervention included the following stages:

- Detailed psychosocial and psychosomatic history taking
- Neuromuscular relaxation practice and diaphragmatic breathing
- Role playing
- Detection of cognitive distortions and discrediting of dysfunctional thoughts
- Thought modification techniques
- Cognitive restructuring techniques
- Social skills enhancement

## **USING POLYGRAPH IN DENIAL ATTITUDE OF CHINESE SEXUAL OFFENDERS**

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Most convicted sex offenders deny or minimize their crimes. Sexual abuse is considered to be widely underreported crime. Post-conviction polygraph examinations are increasingly used as a mechanism to assist in managing sex offenders more safely and effectively. Until now, no previous study presented denial problem about sexual offender in Taiwan society. The study will use the disclosure examination to assess the denial attitude of sex offense history.

Forty sexual offenders who continue to deny, minimize or rationalize his conduct in prison were included to receive polygraph under inform consent. All were recorded with Lafayette 4000 Computerized Polygraph Systems by certificated polygraph examiner. All polygraph cases were three-question single-issue examinations in which the MGQT was used and a minimum of three charts were recorded.

The cases consist of incest, child molesters and adult rapists. The results showed that 19 cases were no deceptive indicated, 5 cases were inconclusive and 16 cases were deceptive indicated. The detailed demographic data will be presented in the poster.

We attempted to verify the sex offense history of an offender by polygraph disclosure examination at the beginning of treatment. According to above results, there were 40% offenders to deceit his offense history. We suggest that treatment providers need to check up offense history carefully.

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## PSYCHIATRIC STUDY OF CHILD ABUSE AT A PRIMARY SCHOOL IN SOUTHERN TAIWAN

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The Objective was a two- year psychiatric study of abused children ( including physical, sexual abused and child neglect) at a primary school in southern Taiwan(Kaohsiung) was conducted in our project.

In the first year, the researchers screened subjects of students in each grades using a self-reported questionnaire ,CBCL-TRF(Child Behavioral Checklist, Teacher-Report-Form) , CAP (Child Abuse Potential Inventory) and CAPI-SIQ( Child Abuse Potential Interview, Social-worker Interview Questionnaire). The case (abused children) and control (non-abused children) groups were identified . Then, the studies among these two groups for their mental status, psychiatric diagnosis were assessed by three experienced child psychiatrists using the Chinese form of DISC-C. The other views of psychological , behavioral and cognitive evaluations were completed by an experienced clinical child psychologist. These tests included WISC-R, B-G test ,CAT test and activity checklist.

The results showed obvious psychiatric diagnosis of attention deficit hyperactivity disorder(31%) conduct disorder (10.3%) mental retardation(6.8%), borderline mentality 31%, anxiety disorder(10.3%) and depression(3.4%) in case group. The control group expressed statistical significance of higher PIQ and FIQ scores. The B-G test and CAT test showed no statistical significance between these two groups. The comparisons of CBCL-TRF, CAP and CAPI between these two groups will be presented on the poster.

In conclusion, the psychiatrists play an important role on child abuse case management by interacting with school teacher and social service agencies. Further related risk-factor studies will be necessary for primary prevention of child maltreatment.

## **HOW TRUE FACTS ARE ENGAGED IN A FILM ABOUT RAPE: THE CASE OF „THE ACCUSED**

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The objective of the present project is to identify whether there is any scientific basis concerning sexual offending in „The accused“ (a film by J. Kaplan, the theme of which is centralized upon a case of rape) or if there are only stereotypes that are reproduced about the sexual offender, his victim and the assault itself.

To meet the objective, our focus was twofold: we took into consideration the contemporary bibliography about sexual violence and its forms and we analyzed the film via the qualitative analysis method. As soon as all the components of the project were available, we compared the scientific data with the data that was obtained through the film analysis.

The most significant finding was that the major part of the film analyzed, was based upon the close inspection of the bibliography and the statistic findings about this kind of offenses; not only did we find few disparities between scientific and film data, but we also recognized an evident effort to shed light upon the true nature of rape and dispel the myths that surround the latter“.

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**THE ROLE OF CHILDHOOD SEXUAL ABUSE IN THE DEVELOPMENT OF GYNECOLOGICAL CANCER IN ADULT LIFE: REPORTS OF 3 CASES**

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We are presenting the cases of 3 women that were sexually abused in their childhood and in adult life they developed gynecological carcinomas.

The older one (aged 45 years old) presented to us 3 years ago with breast cancer. The other 2 (ages 42 and 39 years old) presented with ovarian cancers (the first one 2 years ago and the second one 4 years ago). All the 3 of them were suffering also from uselessness, apathy and complicated forms of intense guilt. According to their confessions to the psychiatrist of the group, the patient suffering from breast cancer, was systemically sexually abused at the age of 8 years old, by her first cousin. The one patient suffering from ovarian cancer (aged 42) was sexually abused in her childhood by a man in her neighborhood at the age of 10 and once more at the age of 14 years old. The second patient suffering from ovarian carcinoma (aged 39) was abused sexually at the age of 9 by her father. None of these patients got married in their adult lives and all of them confessed that they didn't have any sexual life since the time they were abused. We spent together about 45 hours with each patient, which was enough time to extract essential information regarding the impact of sexual abuse during childhood on a woman's personal life.

The story of the 3 patients gives us detailed information and the opportunity to evaluate the impact of sexual abuse during childhood on a woman's life. In their stories it is clearly mirrored the emotional conflict between their „superego“ and her „id“, which on the one hand inflicted internal pain and suffering and on the other hand, in their effort to find refuge and relief, prompted them to a single life. The patients were operated for their tumors and received adjuvant chemotherapy (the patient with the breast carcinoma received 9 cycles and the other 2 received 12 cycles). All the 3 of them are still in life, showing intense symptoms of depression, according to the Hamilton Anxiety and Depression Scale.

Despite the fact that the number of patients studied is only three, we may suggest that sexual abuse during childhood predisposes to a single, lonely life and even to gynecological cancer development.

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**PREVALENCE OF INTIMATE PARTNER VIOLENCE (IPV) AMONG INJURED PATIENTS ATTENDING THE EMERGENCY DEPARTMENTS**

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IPV represents an important problem of all societies. The objective of this study was to evaluate the effectiveness of a screening tool in the recognition of victims of IPV in the Emergency Departments and assess the magnitude and characteristics of IPV in Greece.

A short questionnaire, comprising four questions concerning the experience of physical, sexual, and psychological IPV during the last 12 months was developed and pilot-tested for a six-month period by health visitors through personal interviews with all adult patients visiting the EDs of three collaborating hospitals. Patients screened positive were subsequently asked to participate in a more detailed interview to document the abuse in terms of type, frequency and severity. A descriptive analysis and cross-tabulations of data were performed.

About 3% of patients that participated in the study (N = 2223) reported having experienced IPV during the last year, perpetrated in 2 out of 3 cases by current marital partners. At least one episode of severe physical violence was reported by 34% of the victims. In 8% of cases sexual violence was reported, whereas 12% of the victims had been threatened with a weapon. Females had an increased risk for sustaining the abuse compared to males (6% vs. 0.3%, respectively) and a two-fold higher risk for sustaining IPV was noticed among migrants compared to Greek nationals.

In conclusion, increasing awareness of health professionals in identification of IPV, encouraging them to use a convenient screening tool and provide discrete referral schemes to those in need are essential in breaking the vicious circle of violence.

## **MEDICAL STUDENTS: HOW EAGER ARE THEY TO LEARN ABOUT INTIMATE PARTNER VIOLENCE (IPV)?**

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IPV (physical, sexual and psychological) is an enormous public health problem, which affects individuals, families and the society on a whole. Until recently, the „traditional“ role of health care providers was believed to be exclusively limited to treat injuries of the victim, without having insight into the causes of their traumas. There is, however, increasing awareness of health care providers concerning the need to document cases of possible abuse, to assess them not only from the medical point of view, but also from the social and legal one, and to refer such victims to specialized centers. Without having these skills, health care providers will remain reluctant to screen for IPV and help the abused persons.

To increase the knowledge of health care providers to address the important problem of IPV a module, for training future physicians on IPV had been developed pilot tested and is currently being evaluated under the auspices of DAPHNE Program (JAI/DAP/03/120/Y).

During the pilot implementation of the module 127 medical students voluntarily enrolled a 10-hour course consisting of a theoretical part, a Workshop with IPV professionals and victims, and a fieldwork part. A mixed factorial design (2x2), one factor being between-subjects (program vs. no-program) and the other within-subjects (pre-test vs. post-test), was used to evaluate the effectiveness of the module. The educational material and the trainers were also evaluated. The results of this evaluation will be presented at the Conference.

Conclusions: As the role of all health care providers is crucial in screening, identifying and treating victims of IPV, so the need for implementing educational efforts, such as the one presented here is imperative for training health care providers of various specialties.



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**PHYSICAL AND SEXUAL VIOLENCE IN  
CHILDHOOD: A REALITY OF GREEK SOCIETY**

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While child neglect is the main form of abuse in childhood, physical and sexual violence produce irreversible repercussions on child's mental and physical health. The *objective* of this study was to assess the magnitude and patterns of childhood injuries due to physical and sexual violence in Greece. Data concerning intentional injuries sustained by children less than 15 years old during the period 1996-2000, as recorded by the Emergency Department Injury Surveillance System (EDISS) in Greece were used. Descriptive analysis and simple cross tabulations were performed and countrywide estimates of the incidence of these injuries were computed.

A total number of 427 cases of physical and sexual abuse were recorded by EDISS, figure that corresponds to an annual incidence of 7 such injuries per 10,000 children in Greece. The majority of cases concerned physical violence, but sexual abuse was also recorded in more than 5% of patients, with a higher risk for very young children and those of migrant status. Schoolmates and friends of children (36%), family members (30%), and educators (3.5%) were main the perpetrators of abuse. The abuse usually resulted in injuries of slight severity (85%) but severe injuries and the death of a child were also recorded

In conclusions, child abuse is a sizeable problem in Greece, which should be efficiently tackled in this community. Educational programs to create public awareness of child abuse and efforts to prevent it should be undertaken, while health care providers should be specifically trained to identify, assess and report child abuse.

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**THE VIRGIN CURE: AN INTRODUCTION TO THE  
MYTH OF THE VIRGIN RAPE HIV / AIDS CURE**

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Poster covers available literature on reports and studies investigating and examining the practice by HIV/AIDS infected males of raping virgins in effort to rid themselves of the disease. Discusses possible sources of the myth, the government's response, and research suggestions. This poster is designed to give the reader an introduction of the issue.

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## **A SEX DIFFERENCE IN THE HUMAN BRAIN AND TRANSSEXUALITY**

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Transsexuals have the strong feeling, often from childhood onwards, of having been born the wrong sex. The possible psychogenic or biological aetiology of transsexuality has been the subject of debate for many years. Here we show that the volume of the central subdivision of the bed nucleus of the stria terminalis (BSTc), a brain area that is essential for sexual behaviour, is larger in men than in women. A female-sized BSTc was found in male-to-female transsexuals. The size of the BSTc was not influenced by sex hormones in adulthood and was independent of sexual orientation. Our study is the first to show a female brain structure in genetically male transsexuals and supports the hypothesis that gender identity develops as a result of an interaction between the developing brain and sex hormones.

**DENIAL, PARTIAL DENIAL, AND MINIMIZATION IN  
SEXUAL OFFENDERS: CONSTRUCTION, METHODS  
AND PRELIMINARY RESULTS OF A STRUCTURED  
INTERVIEW UNDER CONSIDERATION OF CRIME  
SCENE VARIABLES AND OFFENSE  
CHARACTERISTICS**

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Denial, partial denial and minimization play an essential role when assessing dangerousness or readiness for therapy in sexual offenders. Although the influence of denial on relapse could never be proved empirically, denial – in any case – has indirect influence on risk by influencing therapy variables. First, offenders who deny are often excluded from therapy programs, second, denial often goes hand in hand with severe personality problems or sexual deviance, and third, denial may influence treatment outcome directly by seriously interfering with the therapeutic process. Therefore, denial – although not proven to be relevant for relapse directly – still seems to represent a crucial issue in sex offender management.

We, therefore, have developed an empirically derived structured interview for assessing the quantity and the quality of denial in sexual offenders.

First results suggest a reliable and valid instrument. First data of experiences with this instruments in 80 sexual offenders are presented.

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## **COMING OUT FROM THE SILENCE: A COMPARATIVE RESEARCH FOR THE IN-MARITAL VIOLENCE IN GREECE AND IN FRANCE**

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This research was done in France (Centre of Reception of Women Victims of Violence F.I.L. - Femmes Information Liaison -, AGENA) and in Greece (Open Polyclinic of Doctors of the World and the Support and Information Center of Vulnerable Social Groups of the Municipality of Acharnes). The aim of this research is to study and compare the sense of in-marital violence between the two countries, putting certain questions: Which are the representations of roles that women victims of in-marital violence have? How do they conceive them? Through this research we studied the dynamic of the relationships of these couples and the psychological operations of these women.

Quantitative and qualitative analysis was made in twenty incidents of women victims of violence using semi-directed questionnaire. There were ten victims questioned in Greece and ten in France. In the comparison between the two there were no differences. The common results of the two teams are the following:

- 1) The woman adopts stereotyped representations of role of her sex
- 2) These representations lead in negative self-image of the woman and the acceptance of violence in the house
- 3) Older personal traumatic experiences of the woman play active role and lead to an acceptant behaviour towards violence
- 4) The self-destructive attitude of these women is the expression of a psychological death that replaces a real death.

**THE EFFECTS OF PHYSICAL PUNISHMENTS BY PARENTS ON CHILDREN'S BEHAVIOUR**

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The objective of this study was to investigate the effect of punishment at home in the children's social personality. The samples of the study are taken from 7-11 year students attending Tehran public schools from grades 1 to 5. Thirty students with a history of punishment at home and 30 students without a history of punishment participated in the study. All participants completed a questionnaire in which the variables for physical aggressiveness, verbal aggressiveness, self-isolation and cooperation had been evaluated. Results showed that physical punishment had an effect on children's self isolation, as well as on their cooperation in the school.

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**PERSONALITY CHARACTERISTICS OF RAPISTS IN  
RELATION TO THEIR HISTORY OF CHILDHOOD  
ATTENTION-DEFICIT / HYPERACTIVITY DISORDER  
(ADHD) SYMPTOMS**

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The aim of the study was to investigate the relationship between the retrospectively assessed childhood Attention-Deficits/Hyperactivity Disorder (ADHD) symptoms, and the personality characteristics in a group of 44 prisoners convicted for rape. All participants completed the Wender Utah Rating Scale (WURS), the Aggression Questionnaire, the Life-Time History of Aggression, the Barratt-Impulsivity Scale, the Suicide Risk Scale, and the Temperament and Character Inventory of Cloninger.

The subgroup of rapists with WURS score of 46 or higher (N=27), showed significantly higher levels of self-reported aggression, life-time history of aggression, impulsivity, as well as a significantly higher score of the dimensions Novelty Seeking and Self-Transcendence and significantly lower score of the dimensions Self-Directedness and Cooperativeness, in comparison with the subgroup with WURS score of 45 and lower. Additionally, the WURS score showed a positive correlation with aggression, impulsivity, and suicidality.

In conclusion, history of childhood ADHD symptoms in this sample of rapists was linked to higher levels of aggression, impulsivity, and suicidality, as well as to a temperament profile characterized by frequent exploratory activity, quick loss of temper, and a character profile characterized by lack of purpose, difficulty to accept the others, and a lack of empathy. All these strongly support the need for longitudinal follow-up studies on the relationships between ADHD and sexual aggression.

## PSYCHOLOGICAL INTERVENTIONS FOR THOSE WHO HAVE SEXUALLY OFFENDED OR ARE AT RISK OF OFFENDING (COCHRANE REVIEW)

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The objective was to evaluate effects of psychological interventions on target sexual acts, urges or thoughts for people who have been convicted, or cautioned, for sexual offences. Thirty-three electronic databases including the Cochrane Controlled Trials Register (Issue 4, 2002) were searched. Relevant authors and organisations were contacted for additional data.

Randomised controlled trials (RCTs) involving adults treated in institutional or community settings for sexual behaviours that have resulted in conviction or caution for sexual offences, or offences or violent behaviours with a sexual element. Behavioural, cognitive-behavioural, psychodynamic, and psychoanalytic therapies were compared with each other, drug treatment, or standard care.

We included nine RCTs with over 500 male offenders, 231 of whom have been followed up for a decade. Cognitive behavioural therapy (CBT) in groups may reduce re-offence at one year for child molesters when compared with standard care (n=155, 1 RCT, RR any sexual/violent crime - 0.41 CI 0.2 to 0.82, NNT 6 CI 3 to 20). However, when CBT was compared with a trans-theoretical counselling group therapy the former may have increased poor attitudes to treatment (corrected n=38, 1 RCT, RR 2.8 CI 1.26 to 6.22, NNH 2 CI 1 to 5). The largest trial compared broadly psychodynamic group therapy with no treatment for 231 men guilty of paedophilia, exhibitionism or sexual assault. Re-arrest over ten years was greater for those allocated to group therapy (result not statistically significant [n=231, 1 RCT, RR 1.87 CI 0.78 to 4.47]).

### References

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