

**THE RESPONSIVENESS OF SEXUAL OFFENDERS TO  
A THERAPEUTIC GROUP WORK PROGRAMME AT  
WESTVILLE MEDIUM B PRISON**

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## DEDICATION

This study is dedicated to the time I have worked in the Department of Correctional Services, Westville Medium B.

## DECLARATION OF ORIGINALITY

I hereby declare that this dissertation, unless specifically indicated to the contrary in the text, is my original work.

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## ABSTRACT

Sexual offences are one of the most serious threats to South Africa's democracy. We hear again and again cries like: "Hang them!", "Prisons are a waste of taxpayers money", "We need to get more tough on criminals", and many others. On the other hand, the Correctional Services Department is mandated by parliament, by courts and by the public to render rehabilitation services to sexual offenders in their care. These outcries and mandates call for responsible and accountable service delivery to sexual offenders by social workers.

This research investigated the responsiveness of sexual offenders to a therapeutic group work program. It entailed the development, implementation and evaluation of a sexual offender programme. Adapting specific modules of existing programmes, a cognitive-behavioural sexual offender programme for sentenced Juveniles was developed. The process of data collection was a comprehensive, intensive process. Data was obtained from a sample of eighteen adolescent sexual offenders that was divided into nine experimental group and nine control group. Using the group work method, the programme was implemented to the experimental group. The programme was evaluated in terms of its content, methods of implementation and outcome. The use of triangulated methodology of data collection and analysis enabled the researcher-practitioner to validate information derived from different sources.

The outcome of this study revealed that the juvenile sex offenders responded positively to the cognitive-behavioural programme. This study is based on the premise that by working with the perpetrators of sexual crimes, you are protecting hundreds of lives from further harm. The positive improvement was in their self-concepts, attitude towards women, and cognitions. The programme is viewed as one module of the broader rehabilitation initiatives in the area of sentenced sexual offenders. The need for correctional services, communities and other stakeholders to join efforts in offender rehabilitation was emphasised. The provision of a supportive environment from which rehabilitation to take place was identified as one of positive influences of change. Based on the outcome of the evaluation, recommendations were made with regard to further adaptation of the programme, future programme development and implementation components, and the need for staff training in this field. Recommendations for further research are detailed.

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## **Chapter One**

### **CONTEXTUAL AND THEORETICAL FRAMEWORKS OF THE STUDY**

#### **INTRODUCTION**

The scientific study of crime, has engaged the interest of many disciplines, just as professional work with offenders has drawn on the contributions of various different professions, including social work. While crimes are acts, which harm the community, they encompass not only the most injurious behaviours, but also many with trivial effects. It is generally taken for granted that crime is undesirable and society must take active steps to control and prevent it.

Sexual offences are among the crimes that invoke the most fear and concern. As social reaction and sensitivity to the problem of sexual offending has heightened, we have witnessed an unprecedented increase in the numbers of sex offenders who are becoming correctional clientele. There is an expectation that correctional systems should make reasonable efforts to reduce the chance that identified sexual offenders will re-offend.

A common reaction to sex offenders is to seek punishment because the pain and trauma for victims is so severe. However, research data reflect that early intervention yields greater results (Blackburn, 1995). While many members of communities feel that the only safe option is continued incarceration, the reality is that most convicted sex offenders are released from custody back into their communities. Most corrections practitioners and researchers agree that the successful management of sex offenders lies in the combination of effective treatment and intensive, long-term supervision. Therefore, it is important that treatment programmes in corrections make a difference in the way sexual offenders think and behave to prepare for their release and subsequent community supervision.

In Britain, the Gladstone Committee of 1895 recommended that imprisonment should involve efforts to make offenders physically and morally better than when they went in (Blackburn, 1995: 13). Rehabilitation assumes that crime results from personal deficiencies or maladjustment (ibid). Attention is therefore focused on the individual criminal rather than the crime (ibid). The growing trend in therapy is to consider environmental factors that influence values, attitudes and behaviour, and to understand the reciprocal relationship between the individual and the environment. One common approach to managing sexual offenders is to provide specialized treatment programmes.

In this chapter, the researcher-practitioner describes the context of the study, followed by the rationale for the study. The value of the study, objectives of the study, the assumptions underlying the study and the outline of the theoretical framework guiding the study are discussed. Concepts are defined and the chapter concludes with the introduction of the research paradigm and an outline of the rest of the chapters.

## **CONTEXT OF THE STUDY**

Sexual offending has become an extensive problem in our societies causing untold harm to many innocent victims and is widely recognized as a significant problem in society. The costs of sex offending are substantial for victims and society and for the young offenders and their families. In addition to the human costs in terms of emotional and physical anguish and suffering, staggering financial costs are incurred as a result of child welfare and juvenile and criminal justice system involvement, therapeutic intervention and preventive efforts (Prentky and Burgess, 1990). To minimize these costs, timely and appropriate interventions are needed.

In South Africa sexual offences are increasing at an alarming rate; this is reflected in various sources such as the media, research findings, their number in correctional services institutions, the number of victims in therapeutic settings as well as community outcry with a range of feelings including anger, fascination, revulsion and fear.

The media (P4 radio news) has recently reported that at the Gender Equity Conference in 2004 it was noted that in South Africa, 80 children are sexually abused every day. In February 2003, in Medium B Prison – Durban Correctional Services Institution, out of 3800 sentenced offenders, 690 (30%) were sentenced for sexual offences. Nexus (1993) also reported an increase in the numbers of sexual offenders in South African prisons. These statistics have called for the criminal justice system and other role players to search for a more effective means to contain the problem of sexual offending. This necessitates a joint effort of all stakeholders to ensure effective service provision in this specialized and challenging field.

Research has demonstrated that many patterns of sexual offending often begin in adolescence and, in some cases, show a progression to more serious sexual assault as adults (Grant, 2000:1). Studies of adult sex offenders also support the conclusion that sexual abuse by juveniles is a serious problem. This research suggests that approximately half of these individuals began their sexually abusive behaviour before adulthood (Abel, Mittelman, and Becker, 1985; Groth, Longo, and McFadin, 1982; Saylor, as cited in Smith and Monastersky, 1986). If an individual begins to engage in such behaviours and is not subject to any negative consequences for such actions, he/she will be rewarded by the innate positive reinforcers of the sexual act (Abel, Osborn, and Twigg, 1993). These inherent positive reinforcers include, but are not limited to, the pleasure of orgasm, the pleasure of stress reduction, and the feeling of power the individual may feel over another person (ibid, p. 15).

A review of the professional literature suggests that developers of programmes to meet the perceived needs of these young offenders frequently have applied knowledge and interventions designed for adult offenders without considering the developmental issues and needs unique to juveniles. Only recently have a growing number of professionals pointed to the empirical literature to emphasize that, especially when it comes to juveniles, research has not supported the notion that once a sex offender, always a sex offender (Association for the Treatment of Sexual Abusers, 1997b; Becker, 1998). The importance of early intervention with juveniles who evidence sexual behaviour problems cannot be overstated.

The Correctional Services Department is mandated by parliament, by courts and by the public to render rehabilitation services to sexual offenders in their care. Social workers in Correctional Services have been working hard to successfully carry out this mandate. The ultimate goal is the protection of society, and the rational is that offender centred goals are means to this end (Palmer, 1983 cited in Blackburn, 1995). Cellini (1995) described the primary goals of treatment interventions with juvenile sexual offenders as helping them to gain control over their sexually abusive behaviours and to increase their pro-social interactions with peers and adults. Similarly, Becker and Hunter (1997) described the main treatment objectives as preventing further victimization, halting the development of additional psychosexual problems, and helping the juvenile develop age-appropriate relationships with peers.

Authors such as Allison and Wrighsman (1993) have managed to describe, explain and explore every aspect of this widely misunderstood crime and researchers such as Dhabicharan have described the life experiences of adolescent sexual offenders. The available literature on this subject has enabled the different role players to gain insight and specialized knowledge and skills with regard to the treatment of sexual offenders. This has lead to the development of treatment programmes.

The biggest challenge is to measure the effectiveness of the developed Correctional Services programmes and to understand whether or not the needs of the sexual offenders in their care are being met. The need to provide effective correctional programming is an ongoing goal for the department and has important implications of the practice of social work in the Department of Correctional Services.

## **RATIONALE FOR THE STUDY**

The researcher-practitioner developed an interest in the topic because it comprised an area of her therapeutic load at Westville Medium B Juvenile Prison. The researcher-practitioner during the data collection phase of the study was a social worker at Westville Department of Correctional Services. She was concerned about the growing number of clients who committed sexual offences who needed to be in treatment programmes. There was also growing and continued pressure from external

forces and the Department of Correctional Services Parole Board, for social workers to conduct therapeutic, effective sexual offenders programmes. Most social workers are reluctant to deal with sexual offenders. This is commonly due to lack of clear understanding and knowledge of sexual offenders. Those social workers who find themselves compelled to deal with sex offenders, each develops his/her own sexual offender programme, based on his or her own literature review, assessment and experience in the field of sexual offender treatment. There is no programme or tentative framework of handling sexual offenders. This is also due to the diverse types and characteristics of sexual offenders.

In the light of the above, and the need to develop strategies that effectively work towards the rehabilitation of sexual offenders, the researcher-practitioner developed a treatment programme in consultation with the Correctional Services Treatment Task Team aimed towards cognitive and behaviour changes among adolescent sex offenders. Because there was no evidence of the impact of programmes on the recipients, it was difficult to gauge whether the implementation of the specific sex offender programmes will successfully contribute to the rehabilitation of sex offenders. A number of different treatment programmes have been operating, but there has been controversy concerning how well they work. The researcher-practitioner saw a compelling need for evaluating the developed programme. The evaluation component was lacking in most instances.

### **VALUE OF THE STUDY**

The central theme of the Department of Correctional Services is community safety and successful reintegration of offenders into the community after imprisonment. This can be achieved through the provision of rehabilitation services and programmes that meet the offenders' needs and equip them with those skills, which can lead to dignified reintegration into society on their release.

The value of this study lies in its potential to contribute towards the rehabilitation process. The study acknowledges the need to implement treatment programmes that are responsive to the needs of the sexual offenders.

The programme in this study was aimed at protecting the society upon the offenders' release from prison and the provision of skills that would assist the offender in leading a crime free life style.

Programme evaluation lends particular significance to the study to demonstrate the effectiveness of the sexual offenders programme. Well-conceived, well-designed and thoughtfully analysed evaluation can provide valuable insights into how programme are operating; their effectiveness, their value to programme participants, their strengths, their weaknesses; and their cost-effectiveness (Feuerstein, 1986; Green, 1994; Herman, Morris and Fitz-Gibbon, 1987; Hope and Timmel, 1988b).

The value of the study for the social work profession is underlined by King, Morris and Fitz-Gibbon (cited in Sathiparsad, 1997) who stressed the ethical and professional obligations of social workers not simply to do their best for people, but to offer help that was most likely to be effective. This involves the constructive evaluation of methods and policies in the light of changing needs. Social work, like other professions, must develop credibility by demonstrating professional competency through agencies, as well as through well formulated and evaluated social work programme (Hornick and Burrows cited in Sathiparsad, 1997:15). Patton (1987: 17) in his statement asserted that "caring about evaluation findings and caring about helping people, can be, and ought to be, complementary."

## **OBJECTIVES OF THE STUDY**

This study was aimed at:

- Evaluating the impact or influences that the researcher-practitioner's developed sexual offenders treatment programme has on the sexual offenders observed and expressed beliefs, experiences, myths, thinking, perceptions, rationalization, minimization and externalisation of their behaviours; during the therapeutic group work sessions.
- Determining the strengths and weaknesses of the programme with a view to making recommendations towards the improvement of the programme.

## **UNDERLYING ASSUMPTIONS**

The focus is on “change”. The theoretical assumption underlying this focus is that change is inevitable and that all offenders, in spite of their past criminal behaviour, have the potential of enacting meaningful change in their personal and social situation (Hunte & Roach, 2002). The following underlying assumptions guided this study:

- The individual and social circumstances of the sex offender have resulted in the development of a pattern of faulty, deviant, and criminal thinking, which distorts the offender’s perceptions and feelings and has led to his deviant and destructive behaviour (Toseland & Rivas, 1998; Yochelson & Samenow (cited in Hoghugh, Bhate, & Graham, 1997); and Marshall 1990).
- If group members could acquire skills to analyse their values, attitudes, beliefs, perceptions, myths, and decisions that informed their behaviours, they would think and consequently behave differently (Hunte & Roach, 2002).
- Proper structured sexual offenders treatment programme facilitates positive change to sexual offenders’ beliefs, thinking, myths, perceptions, rationalization, minimization and externalisation of their behaviours (Hansoo, 2002).
- Cognitive-behavioural approaches seem to hold the greatest promise for rehabilitating sexual offenders by assisting them in recognizing false attitudes and thinking patterns, identifying the problems with those beliefs, and replacing them with a set of pro-social beliefs (SOMB, 2000 and Marshall, 1990).

## **THEORETICAL FRAMEWORK GUIDING THE STUDY**

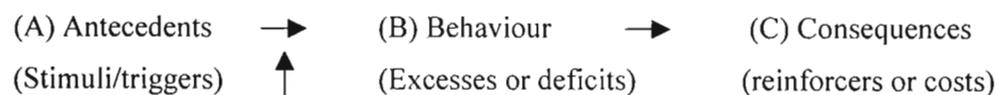
The Cognitive-behavioural perspective was viewed as an appropriate framework within which to contextualize this study. Cognitive-behaviour modification holds that cognitions affect behaviour. Ross and Fabian (cited in Blackburn, 1995) propose that both thinking ability and content should be prime targets of rehabilitation programmes, and that the following targets are particularly relevant: social skills, interpersonal problem solving, cognitive style, social perspective taking, critical

reasoning, values, meta-cognition, and self control. The general goal is to promote self-control with the targets being sexual behaviour, social competence, and cognitive distortions.

It has become evident from the literature study that a cognitive behaviour approach is probably currently the most widely used method in challenging the cognitive distortions of offenders and working to change the unacceptable behaviour. According to Hunte & Roach (2002: 80), the cognitive behavioural model attempts to engage with the issues of underdeveloped thinking or faulty thinking skills. It examines the thinking process by which persons negotiate with themselves and self instruct. This model directly targets the thinking styles that sustain criminal behaviour.

Cognitive therapy is based on the theory that distressing emotions and maladaptive behaviours are the result of faulty or irrational patterns of thinking. Dysfunctional beliefs, expectations, perceptions, attributions, interpretations and appraisals are identified and modified or replaced with rational, adaptive cognitions which alleviate the problematic feelings and behaviour (GPMHSC, 2000).

In a simplified form, Cognitive Behavioural Therapy is based on the following model:



Antecedents or stimuli trigger the problematic cognitions and/or feelings. The individual then responds with problematic behaviour, which may be followed by consequences, which reinforce the inappropriate behaviour. Cognitive Behavioural Therapy involves altering the antecedents, behaviours, consequences and the associated intervening cognitions.

Cognitive Behavioural interventions involve cognitive analysis, thought challenging, behaviour modification, and cognitive restructuring. These are achieved through self-instructional training, thinking skills, cognitive re-education, attention-regulation

and control, relaxation strategies, and skills training that are characterised by problem-solving skills, anger management skills, stress management skills, communication skills, and social skills.

Rational Behaviour Therapy has six fundamental principles: Comprehensiveness-holistic approach; easy to learn-specified steps to follow; culture free-can be utilized by any individual to any kind of client-no race, age or gender limits; prevent a number of problems: a short-term feature or technique; rational self-counselling and produces long-term results-it is empowering in nature-once necessary skills are acquired, one can deal with any future problems.

The basic core of this theory is that the main organ for survival and control is the brain. The brain primarily processes information. A healthy brain however, does not guarantee healthy thoughts but rather healthy or rational thinking leads to rational feelings and rational behaviour. The basic premise is therefore that the client will not feel bad if she has not thought badly for instance.

There are therefore A B C's of RBT:

A = Activity event

B = Evaluation (brain evaluates using past experience, knowledge, thoughts and Beliefs)

C = Consequences or reaction

The position is that thinking should be rational in order for feelings to be rational and behaviour to be rational as well. The principle is that between the Activity event (A) and the Consequences or Reactions (C), in (B) a person has a right to choose- through rational or irrational evaluation.

The key aspects with the application of RBT are:

- Differentiating between irrational thinking and rational thinking.
- A therapist should challenge irrational thinking.
- Learning to control emotions.
- A therapist should take the clients through stages of emotional re-education.
- Notions of practicing emotions.

- Changing of attitude, leads to a change in personality.
- A therapist helps the client to remove the blind spots.
- The focus is on “What to change” in order for the desired difference to be achieved.
- Deal directly with cognitive emotive dissonance e.g. Client: I could not win the girlfriend because my competitor is a known fighter. Gang raping was the only option.

### Analysis of the Client’s Situation

Case: I could not win the girlfriend

- Blind spot (to be removed)
- Belief: that the only way he could win this woman is through fighting
- Belief: competitor is a heavy fighter
- Feeling: is that of a loser without attempting
- Thinking: irrational – I could not win her
- Behaviour: irrational – gang raping

The case illustrate highlights the fundamental procedure of RBT application and

- Analyse the statement of the problem
- Analyse the client’s feelings
- Analyse behaviour manifestation
- Analyse the desired goal vs. ultimate end / actual achieved goal
- Re- examine the tabled force element and discuss force vs. choice

Also critical in mastering this theoretical framework is its 5 questions:

- Is my thinking here factual?
- Will my thinking help me protect myself from probable harm?
- Will my thinking here help me achieve my short-term and long-term goals?
- Will my thinking help me avoid significant conflict with others?
- Will my thinking help me habitually feel the emotions I want to feel?

## RESEARCH PARADIGM

A detailed description of the research methodology is outlined in Chapter Three.

Evaluative research design was the primary design used in this study within which action research processes and principles were applied. According to Strydom et al (2002:111), evaluative research is a form of applied research that can be conducted from a qualitative, quantitative or combined approach. Rossi and Freeman (cited in Sathiparsad, 1997: 18) defined evaluation research as the systematic application of social research procedures for assessing the conceptualisation, design, implementation, and utility of social intervention programmes.” Patton (1987: 14) offered a similar definition by stating that programme evaluation is “the systematic collection of information about the activities, characteristics, and outcomes of the programmes for use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programmes are doing and affecting.” These definitions clearly identify the purpose of evaluation research, that is, to assess and improve the ways in which human services programmes are conducted, from the earliest stages of defining and designing programmes through to their development and implementation.

The researcher-practitioner used a triangulated methodology, incorporating both qualitative and the quantitative research methods. Patton (1987) described triangulation as a method of building checks and balances into a design through multiple data collection strategies. This method provides a “means of validating information derived from different sources and permits the weaknesses and strengths of different data collection methods to be balanced” (Cheetham, Fuller, McIvor and Petch, 1992:4). According to Patton (1987), recent developments in evaluation have led to an increase in the use of multiple methods including combinations of qualitative and quantitative data. Marlow (1998:88) contended that combining measures can enrich one’s study and can help ensure that one is tapping a maximum number of dimensions of the phenomenon under study. Bryman (1990) and Harrison (1994) saw triangulation as a powerful solution to the problem of relying too much on any single data source or method and thereby undermining the validity of findings because of the weakness of any single method.

In conclusion, evaluators need to be open to more than one way of looking at a programme.

## **DEFINITION OF CONCEPTS**

### **Sexual Offences**

- **Sexual assault**

Criminal Law (rape) (amendment) Act 1990 - Sect 2:

The offence of indecent assault upon any male person and the offence of indecent assault upon any female person shall be known as sexual assault.

Criminal Law (rape) (amendment) Act 1990-Sect 3:

Aggravated sexual assault means a sexual assault that involves serious violence or threat of serious violence or is such as to cause injury, humiliation or degradation of a grave nature to the person assaulted.

\*According to Blackburn (1995: 284), sexual offences are defined namely by the use of force, disparities in age, violations of close relationships, and violations of public order.

- **Rape**

\*Criminal Law (rape) (amendment) Act 1990 - Sect 4:

In **this Act** "rape under section 4" means a **sexual assault** that includes:

- (a) Penetration (however slight) of the anus or mouth by the penis, or
- (b) Penetration (however slight) of the vagina by any object held or manipulated by another person.

\*According to Oxford Dictionary: Rape means a forcible or fraudulent sexual Intercourse especially imposed on women.

\*Statutory Rape: Sexual intercourse with a girl below age of consent.

\*Searles & Beger (1987) defines rape as a non-consensual sexual penetration of an adolescent or adult obtained by physical force, by threat of bodily harm, or when the victim is incapable of giving consent by virtue of his/her age, mental illness, mental retardation, or intoxication.

- **Paedophilia**

According to Blackburn (1995: 282), paedophilia is a sexual activity with a pre-pubertal child by a person of 16 years or older, and at least 5 years older than the child; activity may be limited to touching or fondling, but may involve fellatio, cunnilingus, and vaginal or anal penetration. Sexual love directed towards children.

### **Adolescent**

According to Hoghghi, Bhate and Graham (1997: 2), we use the term adolescent to cover all children and young people between the ages of 8 and 21 years, although more commonly the reference is to the ages 12-18.

For the purpose of this study, adolescent sexual offenders are defined as young people between the age of 18 and 21 who are sentenced for rape.

### **Rehabilitation**

Rehabilitation is defined as “the result of any planned intervention that reduces an offender’s further criminal activity, whether that reduction is mediated by personality, behaviour, abilities, attitudes, values or other factors” (Blackburn, 1995:337-338).

## **PRESENTATION OF CONTENTS**

The researcher-practitioner introduced and provided a broad overview of the study in this chapter. The context, rationale, value, objectives, assumptions, theoretical framework, and research paradigm have been briefly discussed. Important concepts

used in this study were identified and defined. The remainder of this dissertation is divided into the following four chapters:

**Chapter Two** consists of a literature review.

**Chapter Three** details the research methodology of the study.

**Chapter Four** provides an analysis and discussion of the results of the study.

**Chapter Five** outlines the major conclusions and the recommendations drawn from the study.

## **Chapter Two**

### **LITERATURE REVIEW**

#### **INTRODUCTION**

Section 2(2) of the Correctional Services Act 8 of 1959 defines the activities of the Department of Correctional Services. In this section of the Act, it is clear that in addition to the safe custody function, the Department of Correctional Services also has a treatment function. This function basically means that treatment aims to rehabilitate convicted inmates. The central theme of all treatment programmes is aimed at equipping inmates with those skills, which can lead to dignified reintegration into society on their release. The programme assists them to accept responsibility for their offending behaviour and facilitates the young person's understanding of their thoughts, actions, circumstances and arousal patterns and enables them to develop control of those factors. Social workers employed by the Department of Correctional Services are in the driving seats of treatment programmes that are rendered to inmates.

This chapter provides an overview of the literature with specific reference to the conceptualisation of sexual offences, theoretical perspectives of adolescent sexual offending behaviour, and theoretical approaches towards treatment, and group work as a treatment modality.

#### **CONCEPTUALISATION OF SEXUAL OFFENCES**

##### **Characteristics of Rape**

Rapes vary in both the social context and the degree of violence involved (Blackburn, 1995:291). According to Allison & Wrightsman (1993) there are many types of rape. Some may be similar, but no two can be exactly alike. Some may be particularly violent and brutal while others may involve little or no violence. Some may last a few minutes, others hours or even days with repeated assaults.

The number of assailants may vary from one to several. Some victims may know their assailants; others will be complete strangers. Some victims will be forced to comply with the threat of a knife or gun in their face, while the physical force of the rapist overcomes others. Still others will be coerced by sheer words alone. Some rapes may occur in the victim's home, in the presence of children, while others may occur in isolated areas.

### **Types of Rape and Beliefs about their Causes**

According to Ward & Inserto (1990) a lot of evidence in the studies of rapists has suggested that rape should not be viewed exclusively as a sexual crime and is not motivated solely by sexual needs and desires (ibid). Rape involves elements of violence, anger, domination and humiliation. Sex is the weapon rapists use to exert control over the victim. Gloria Cowan (2000) and Blackburn (1995), outlined the following types of rapes and beliefs about their causes:

Types of rape are: blitz rape involving a sudden attack, usually by a stranger; acquaintance rape; confidence rape by someone who uses deceit to gain access to the victim; pairs or group rape which are more the function of the dynamics of gang delinquency than of individual pathology; date rape; and/or partner rape.

Beliefs about the causes of rape include victim precipitation, male pathology and/or male hostility. The three causes of rape are said to vary as a function of the type of rape, with female precipitation higher for partner and date rape than for acquaintance and stranger rape. Male hostility and male pathology are lowest for partner rape.

The perceived causes of rape scale developed by Cowan and Campbell (1995) and by Cowan and Quinton (1997) has six dimensions of causes of rape: female precipitation, male dominance, male sexuality, male hostility, male pathology, and society/socialization. The six dimensions differentiate individual and societal causes of rape.

Among individual causes are those that blame the victim of rape – female precipitation; and those that blame the perpetrator of rape – male hostility including anger expression, male pathology, and male sexuality. Socio-cultural and systematic causes of rape include male dominance and society/socialization.

Female precipitation is the belief that only bad girls got raped. Victims are blamed for either their conducts or appearances as leading factors to them being raped. Male sexuality holds the premise that males cannot control their sexual urges. Male dominance is the belief that rape is due to gender inequality, the cultural belief that women are men's property, and a belief that views rape as the outcome of patriarchal systems in which men have more power than women. The feminist view that rape is encouraged by prevailing norms of power relationships, predicts that rape will be associated with attitudes and beliefs about women and relations between the sexes (Blackburn, 1995: 293-294). In a study of 156 tribal groups, Sanday (cited by Blackburn, 1995) observed that rape prone societies were characterized by greater sex segregation and low power and status of females, and supported ideologies favouring interpersonal violence and male toughness.

Society/socialization holds the belief that rape is caused by social processes, such as the media that fosters male aggression against women. Misperception of social cues is one of the causes of rape. Feminists see pornography as encouraging rape by dehumanising women. According to Blackburn (1995) retrospective clinical studies suggest that rapist have similar family backgrounds to those of aggressive delinquents, and cruelty by either parent is common.

Alcohol is a commonly cited factor in causes of rape. Independent reports point to relatively high rates of drinking prior to rape. Rada (1978) notes that 50% of the rapists he examined had been drinking at the time of the offence, while a third were problem drinkers. Amir (1971) also found that both offender and victim had been drinking in over 60% of cases. According to George and Marlatt (cited in Blackburn, 1995:295) "experimental studies suggest that alcohol expectancy (placebo), though not alcohol itself, increases sexual arousal to erotic films, and also increases interest in erotic violence".

Treatment programmes thus should address the identified causal factors to sexual offending and sexual offending itself.

### **Typologies of Rapists**

Juveniles who have committed sex offences are a heterogeneous mix (Bourke and Donohue, 1996; Knight and Prentky, 1990). They vary according to victim and offence characteristics. They also differ on a wide range of other variables, including types of offending behaviours, histories of child maltreatment, sexual knowledge and experiences, academic and cognitive functioning, and mental health issues (Knight and Prentky, 1990; Weinrott, 1996).

Rapists are not a homogeneous group, and differences in the social dynamics of date, gang, and stranger rapes may be paralleled by psychological differences among offenders (Blackburn, 1995: 292). Although each adolescent sexual offender is unique, as a group they have many similarities. To designate and recognize 'types' of adolescent sexual offenders is potentially an efficient way of dealing with them, particularly if relevant treatment can be developed (Dhabicharan, 2002:31). She further identified six types of adolescent abusers as cited in Hoghughi (1997). These are: naïve experimenter, under socialized child molester, the sexual aggressive, the sexual compulsive, the disturbed compulsive and the group influenced offender.

Graves (cited in Weinrott, 1996) conducted a meta-analysis of 140 samples involving 16,000 juvenile sex offenders. Results suggested three typologies: paedophilic, sexual assault, and undifferentiated. Paedophilic juveniles tended to lack social confidence and to be socially isolated, consistently molested much younger children (at least 3 years younger than themselves), and typically molested girls. The sexual assault group typically assaulted peers or older females. The undifferentiated group committed a variety of offences, and the ages of their victims varied widely. This latter group engaged in hands-off offences (e.g., exhibitionism) in addition to hands-on assaults. Compared with the other two groups, they began their abusive behaviour when they were younger, had the most severe social and psychological problems, were more antisocial, and had more dysfunctional families.

Weinrott (1998a) suggested four general types of juveniles who have sexually abused others. Three of these types are those who are juvenile delinquents in general, those who have deviant arousal, and those who are psychopathic offenders. The other type includes juveniles who fit none of these categories and may only require limited interventions, such as those that establish appropriate rules for future sexual behaviour.

Malamuth's research with college students (cited in Miner and Crimmins, 1995) suggested that sexual aggression resulted from the interaction of two pathways: hostile masculinity and sexual promiscuity. Hostile masculinity involves beliefs that to be male involves taking risks, being powerful, tough, dominant, competitive, aggressive, and defending one's honour. The sexual promiscuity pathway reflects age at first intercourse and number of sexual partners since the age of 14. High scores on both pathways were associated with high rates of sexual aggression against women.

Groth (cited in Blackburn (1995) sees sexual assault as sexual behaviour in the service of nonsexual needs, and emphasizes the motives of power and anger. Rape is a "pseudo sexual" act involving both motives, but there is a relative dominance of one or the other (ibid). In power rape, the offender seeks power or control, either to express virility and dominance or to resolve doubts about masculinity. Anger rape expresses rage, contempt and hate for women and entails excessive force. This may be motivated by revenge for perceived wrongs (anger-retaliation), or by sadistic excitement from the suffering of the victim (anger-excitation) (ibid).

Cohen, Seghorn and Calmas cited by Blackburn (1995) identified four groups of rape that are influenced by aggression. In displaced aggression, the rapist is hostile to women, and the rape is a hostile act instigated by an altercation with a female, sexual excitation being minimal. In compensatory rape, aggression is minimal, sexual gratification being sought in the context of feelings of sexual inadequacy. In sex-aggression diffusion, aggression is eroticised, resulting in sexual sadism. The impulsive rapist has minimal aggressive or sexual intent, and the rape is an opportunistic act, often during the course of some other predatory crime.

Opportunistic, pervasively angry, sexual, vindictive types are the recent ones identified by Conen et al. (cited in Blackburn, 1995).

The researcher practitioner's group comprised different types of juvenile sexual offenders. There were three juveniles who gang raped their victim. These juveniles were different from each other. One of them committed rape as an opportunistic act, the second one was a juvenile who was engaged in many other crimes, and the third one was under the influence of alcohol at the time of the crime. The group also had juveniles who committed rape because they wanted to dominate and show their girlfriends or ex-girlfriends that they were powerful. Some group members indicated that they raped because of peer influence and fear of rejection while others were jealous of their victims and wanted to humiliate them.

### **General Characteristics of Sexual Offenders**

According to Blackburn (1995) several studies have attempted to determine whether rapists are distinguishable by particular personal, sexual or social dispositions. With increasing research on adolescent abusers, a cumulative picture is gradually emerging of their main characteristics. "Although general conclusions may be drawn, work with individuals has to be based on accurate individual assessments" (Hoghughi et al., 1997: 11).

In spite of the apparent heterogeneity of juveniles who have sexually offended, findings from the few existing studies that compared juveniles who committed sex offences with those who committed other types of offences frequently have not revealed significant differences between samples (Becker and Hunter, 1997). As with delinquents in general, sexually abusive adolescents are unlikely to be intellectually very bright or verbally very articulate, they have long histories of anti-social behaviour, such as bullying, histories of excessive substance abuse, and lack of concern for their own welfare. These adolescents show particular difficulties in self-presentation, assertiveness, sympathy and sensitivity skills (Hoghughi & Richardson cited by Hoghughi et al., 1997). Juvenile sex offenders frequently engage in

nonsexual criminal and antisocial behaviour (Fehrenbach et al., 1986; Ryan et al., 1996).

Marshall and Barbaree (cited in Blackburn, 1995) draw on the more suggestive findings in proposing an integrated theory, which incorporates biological development, childhood socialisation, and the influence of cultural and situational factors. They suggest that given the close link between the neural and hormonal substrates of sex and aggression, the pubescent boy has to learn to inhibit an inherent capacity for sexual aggression. As a result of adverse childhood experiences, such as exposure to unskilled parenting and violence, some boys fail to acquire appropriate empathic and social skills, which would allow them to learn this inhibition and to develop satisfying heterosexual and social interactions.

Research repeatedly documents that juveniles with sexual behaviour problems have significant deficits in social competence (Becker, 1990; Knight & Prentky, 1990; and Dhabicharan, 2002). Inadequate social skills, poor peer relationships, and social isolation are some of the difficulties identified in these juveniles (Fehrenbach et al., 1986; Katz, 1990; Miner and Crimmins, 1995). Their inability to form intimate relationships also promotes aggression. Such boys are more vulnerable to cultural influences such as rape myths, as expressed, for example, in pornography, and are more readily disinhibited by transitory factors, such as alcohol intoxication or anger. Once such a youth has progressed to forced sex, further assaults become more likely, particularly when punishment is not contingent.

According to Hoghughi et al. (1997) studies show that the majority of sexually abusive adolescents come from families or parents with a high level of pathology including unstable family backgrounds, parental separations, violence, experience of physical abuse and neglect. They also found that over 50% of these abusers had no contact with the natural father and came from families where parents had separated with a history of parental violence towards the children. Not surprisingly, childhood experiences of being physically abused, being neglected, and witnessing family violence have been independently associated with sexual violence in juvenile offenders (Kobayashi et al., 1995; Ryan et al., 1996).

## **Common Myths and Facts regarding Sexual Assault and Rape**

Sexual violence is a highly emotive issue yet poorly understood phenomenon. Rape myths are those beliefs about rape that function to blame the victim and exonerate the rapist (Burt, 1980). Mounting research provides evidence that beliefs in rape myths are the most powerful predictors of sexual aggression in men and are also related to a number of phenomena, including narrow definition of rape, not guilty verdicts in rape trials, and denials of injury to rape victims (Scully, 1990). The stereotypes are not only found in the rapists' definitions and other legal definitions, they are embedded in the artefacts of our patriarchal culture.

In most situations, it is a prevalent and inaccurate idea that sexual violence occurs frequently in instances where one is provoked by an attractive, seductively - dressed woman, who is out alone at night. Here it is assumed that the offender is a stranger, spontaneously overcome by sexual passion and driven by circumstantial factors to inflict sexual violence on his victim. Under such conditions one will find rape to be an unfortunate, illegal occurrence but an understandable behaviour. Attractiveness is subjective. The mode of dress is unrelated to rape. The research conducted indicated that victims are not chosen for their attire but for their vulnerability. Also, the fact that some victims are handicapped further substantiates this argument (Ward & Inserto, 1990). Anyone is a potential target. Females or males of any age, socio-economic group and physical appearance are sexually assaulted.

Female precipitation is the most common rape myth because it directly holds the victim responsible for the rape. It is the belief that the victim provoked the rape in some way. For example, by the victim engaging in unsafe behaviours such as drinking, by how she dressed, or by how she generally behaved. This myth is very prevalent among adolescent offenders. They claim that the female victims agree to accept liquor from them, knowing that they will have to pay for that liquor through sex. According to White & Kurpus (1999) males, more than females, endorse the myth that good girls are not easily likely to be raped as likely as bad girls.

Rape is rape. It is not relevant whether the victim was not a virgin, nor does it matter that she willingly had sex with the man in the past. It is an issue of non- consent. Everyone has a right to say “No” regardless of what preceded it.

It is often believed that women fabricate stories of rape if they have consented to sexual relationships but change their minds if they are angry, want revenge, or if they are pregnant (Ward & Inserto, 1990). An additional point is that offenders often believe that young women change their minds because of fear to admit to their parents that they are involved in sexual activities. Another belief is that women use the rape charge to vindictively punish men.

A study by White & Kurpus (1999) and Scully (1990) confirmed that more males strongly felt that women could resist rape, if they try hard enough. For the victims and other people this suggests that the victim is responsible and that if raped, it is because she wanted to be raped. So the relatively low incidence of physical trauma is likely to be associated with the fact that victims do not vigorously resist assault. Ward & Inserto (1990) mentioned about 70% of rape cases occurring at public places like playgrounds, car- parks, beaches, lanes and footpaths. The rest occurred indoors and more than half occurred in residences.

Another myth is that sexual offenders come from lower class background, are poorly educated and are often mentally ill. This rape myth is particularly dangerous because potential victims may feel that they can identify a rapist or that they are safe with someone they know. People are also likely to feel sorry for a sick person and therefore minimize the rape event. According to [File://A:\Myths%20](#), rapists are not mentally ill but they do not use appropriate channels to release their anger, aggressions and frustrations. Another belief is that if there is no resistance, there is no rape. Lack of resistance cannot be equated with consent (Ward & Inserto, 1990). The majority of rape cases do not have physical evidence and resistance by victims because they are too afraid to resist. Victims are usually panic stricken. Some resistance can lead to more violence.

The uncritical acceptance of myths regarding rape and other forms of sexual assaults reflect the unwholesome attitude towards male- female relationships, precipitate prejudiced reactions to victims and may contribute to unjust or inappropriate management of sexual abuse cases by all role players. A critical understanding and challenging rape myths and facts may contribute to the success of any programme aimed at the treatment or rehabilitation of sexual offenders. These issues are dealt with in the researcher-practitioner's sexual offenders' programme for the same purpose.

## **THEORIES OF ADOLESCENT SEXUAL ABUSE**

Social work programmes use scientific methods, thus integration of theory into practice is very important. Although it is important for any theory to be informed by practice, the efficiency of most designed treatment programmes is dependent on researched theories.

According to Kuhn (cited in Hoghughi et al, 1997:20) "a theory is an organizing principle, which sets out the order, relationship, complexity, weight and impact of elements of an area of discourse".

This section is thus aimed at identifying and highlighting the theories that guided the researcher- practitioner's sexual offenders programme.

### **Feminism**

The crux of feminist views is that sexually abusive behaviour is a fundamentally male behaviour (Hoghughi et al, 1997:21). Male dominated society renders women and children powerless and portrays them as possible and desirable sexual victims, through both media projections and extensive availability of pornography. Boys grow up to see themselves as 'macho' and 'superior'. Patriarchy is the premise on which the male- gender role behaviour is commonly based. Those with particularly serious problems of identity then seek 'easy' or coercive sex with children and women (ibid).

This feminist understanding highlights the importance of addressing gender issues when working with sexual offenders. The researcher-practitioner's sexual offenders programme includes a section on 'gender' issues such as gender roles, gender stereotypes, and sexuality. Pre and Post- test on 'attitude towards women' is administered to all group members. The results of the scale inform the researcher practitioner's intervention.

### **Family Systems Perspective**

This perspective throws light on the family experiences, which shape and sustain abusive behaviour (Hoghughi, 1997:22). Two types of family have been particularly highlighted as conducive to sexual abusiveness:

- Where the pattern of family interactions is rigid, with inappropriately high parental expectations, severe punishment, poor communication and excessively strict rules about sexuality;
- Chaotic family patterns, where boundary setting is inadequate, parents' and children's relationships are poorly defined, there are frequent crises and where feelings are inadequately discussed. Both of these result in inadequate or deviant attachment patterns with serious consequences for adolescents' ability to form intimate relationships.

According to Hoghughi et al (1997: 23), in general, we cannot understand individual behaviour in isolation from its context and the major influences on it, of which the family environment is the most important. Its quality has a seminal and continuing impact on individual behaviour. They further said, it should be remembered that families themselves operate in a social context. Given the profile of the majority of families of abusers, it should be recognized that they are themselves inadequately cared for, controlled and developed.

The researcher-practitioners sexual offenders programme includes a session on assessment and analysis of family and social relationships through the use of the eco-map; a session on family patterns, structures, and discipline; the role of families and societies in shaping an individual's behaviour; and individual's contact with the wider

societal sub-systems. These sessions are included to help the offenders to gain insights and understanding of who they are, what might have shaped or influenced their behaviours, and what are their developmental inadequacies. This understanding and insight leads to the realization that sexual offending is an abnormal and unacceptable behaviour. Therefore, the abuser needs help.

## **Psychological Perspectives**

- **Functional Analysis**

This approach is aimed at analysing and explaining the interdependent elements of 'causation', 'triggering' and 'maintenance' of behaviour (Samson and McDonnell cited by Hoghughi et al, 1997). Essentially, the approach identifies antecedents, major features of the behaviour itself and its consequences (Hoghughi et al, 1997:26).

Antecedents concern background, personality factors and predisposition, contextual pressures, facilitation and trigger factors (ibid). Antecedents can include unobservable data, genetic predisposition, thoughts and feelings (ibid). Behaviour can be evaluated in terms of time, location, victim choice, method and other variables (ibid). Consequences can be analysed in broad terms of a 'good- bad' balance sheet for the abuser, including physical, material, social and psychological gains and losses (ibid).

In the researcher-practitioner's sexual offenders programme, sessions of such an analysis are included during the stage when group members acknowledge the committal of their offences. Each group member is encouraged to re-visit the time before offending behaviour, the scene of the offence and his behaviour, feelings, and reactions after committal of the offence. A true functional analysis of such scenes is done with the help of the practitioner and other group members. The net balance is seen as contributing to the learning history of the abuser and affecting the probability of perpetrating such behaviour again.

- **'Diathesis- stressor' paradigm**

The essential idea is that all abnormal behaviour is the outcome of the interaction of personal vulnerability factors and external stressors (Hoghughi et al, 1997:26). Personal vulnerability listed in Hoghughi et al (1997) may include: the genetic constitutional factors (temperament, IQ), home atmosphere, child-rearing factors (reinforcement history, parent/child relationship, discipline, consistency, disharmony, separation, own sexual abuse), development (pregnancy, birth), personality factors (extraversion- introversion, self esteem, internal/external), milestone (health, identity, school, skills), developmental stage/crisis, current life circumstances (housing, neighbourhood, friendships, activities, achievements), socio- economic demographic variables (race, class, income level, inner city), personal variables (cognitive, perceptual processes, motivation) and situation (places, time, circumstances). Stressors encompass any event, which makes a negative impact on the person- such as being angry, drunk or sexually aroused (ibid).

In therapy, the adolescent is frequently unaware of the conflicts and drives which lead him into criminal behaviour. The researcher- practitioner's sexual offenders programme is structured in the manner that it constantly and continuously assesses, identifies and challenges personal vulnerability factors in interaction with stressors. Most of these issues are dealt with from assessment stage until the termination stage.

The programme includes sessions regarding each group member's life path, self-concept, and cognitive patterns or thinking skills, peer- pressures, adolescent stage and sexuality, risky behaviours and many others.

- **Learning Theory**

According to Hoghughi et al (1997:29) "learning is regarded as the core process by which development is shaped to produce the sort of people we become". Learning takes place through operant conditioning, classical conditioning and social learning. Through classical conditioning, a victim of sexual abuse becomes a sexual abuser himself. For example, a male child who has been sexually abused by an adult male

over a long enough period, is likely to see 'being a male' largely in terms of such behaviour. Finkelhor and Browne (cited in Dhabicharan, 2003:60) stated, "Sexually abused children are taught and therefore learn to behave in sexually inappropriate ways".

Operant conditioning is the mechanism by which we learn to manipulate our environment and satisfy our needs, wants and desires (Hoghughi, 1997:30).

Over a period of time we learn to identify what will help us get what we want and avoid what will not. Offenders exchange attention and affection for sex (positive reinforcement), or they withhold punishment in exchange for sex (negative reinforcement) (Dhabicharan, 2003: 60). The researcher- practitioner can lend support to this assumption from her experience in working with adolescent sexual offenders. Most young offenders turn to rape because they have learned over time that when girls are approached for sex, using violence, they are more likely to give in, than when they are decently approached. They have also learned that violence takes away the embarrassment of being rejected or ridiculed when proposing love or sex to a girl. As adolescents, these offenders will do anything to boost their ego and to prove their manhood.

Social learning is concerned primarily with learning from other people' examples (Hoghughi et al, *ibid*). Hearing stories of sexual exploits, seeing other youngsters and or parents engaging in sexual behaviour and watching pornographic films may well inculcate in them thoughts and feelings as well as teach actual ways of carrying out sexual acts. The 'learnt' balance sheet will determine whether and how the propensity to abuse will be activated when the opportunity arises (Banduri cited in Hoghughi et al, 1997:30). This learning is evident in most gang rapes and adolescent sexual abuse in general. It is very common to hear an adolescent abuser saying 'everybody does it, I was just unfortunate to be reported'.

The section on sexuality, gender and sex in the researcher- practitioner's programme is included to assess and address such learning patterns or processes. On the other hand, during the intervention, the researcher practitioner becomes aware and guards against the assumption that sex and sexuality are simple conditioned responses rather

than central, intense, and complex expressions of a person's relatedness to others. That is why the whole programme is underpinned by cognitive – behavioural approaches. Adolescent sexual offenders are helped to identify new or adaptive behavioural patterns and processes, while they are empowered cognitively.

- **Cognitive Theory**

Hoghugh et al (1997) maintains that particular thinking styles and cognitive skills deficits are associated with individuals who commit criminal acts. Offenders generally experience difficulties of self-control, which lead to impulsive behaviour, which are themselves criminal, or precipitate criminal acts (ibid, 132). The ability to delay or inhibit a response is of concern in all analyses of development and learning, and has been examined variously under the headings of impulse control, self- control, delay of gratification, or tolerance for frustration (Blackburn, 1993:191).

Since criminal acts frequently involve the satisfaction of immediate needs at the risk of longer- term aversive consequences, criminals are commonly assumed to be deficient in control or delay functions (ibid). If one looks at lengthy imprisonment sentences that sexual offenders are sentenced to, one wonders why and how come people still commit sexual offences. The assumption is that, sexual offenders have not learnt to think before they act or develop effective thinking skills to generate alternative responses to situations and interactions. Consequently their thinking tends to be both impulsive and concrete.

Associated with poor self control and behavioural impulsiveness are deficits in cognitive processing, which ordinarily mediate between an impulse or urge to act in a particular way and the action itself (Ross and Fabian cited in Hoghugh et al, 1997:132). This cognitive mediation is one factor in moderating human behaviour, exerting a critical role in the development and maintenance of self-control and internal modification of behaviour to external circumstances. Overall, offenders are regarded as lacking the specific cognitive skills required for mediating appropriate social behaviour (Chandler, Higgins and Thies cited in, ibid).

Yochelson and Samenows (cited in Hoghughi et al (1997) identified a number of cognitive tendencies said to be pervasive in the life of the criminal and correction of these was considered crucial in their treatment. These include concrete thinking, fragmented thinking, and failure to empathise with others, lack of perspective of time, irresponsible decision-making and perceiving themselves as victims.

Based on this understanding, the researcher-practitioner included a section on cognitive education through teaching of thinking skills, social skills, principles, ethics, and restorative justice (victim empathy). Re-education on these skills and making them daily habits can result in behaviour regulation through inner speech.

As the programme was conducted in a group context, the following section deals with group work as a method of social work practice.

## **TREATMENT OF SEXUAL OFFENDERS**

### **Group Work as a Treatment Modality**

According to Konopka (1972:30), “Our present theory holds that the individual is not a separate entity but is a whole individual interrelated with others. He reacts to, is influenced by, and can influence a variety of complex systems. Man’s needs for food, shelter, love and tenderness, for accomplishment, and for fulfilment of his thirst for knowledge, are all dependent on the interaction of man with man. Next to the biological necessities, man’s deepest longings are to be loved and to be important-important to someone; it is from these that all other needs spring. All his life, man struggles to gain or retain this sense of self by reaching out to the you-to the one who gives importance and warmth and tenderness to his own self. When this bridge is built he can give love to others and can accomplish whatever he is capable of doing. At that point he (she) can feel fulfilment and achievement and achieve sacrifice. But without the bridge between the ‘I’ and the ‘you’, the human crumbles. He may either destroy himself or others in subtle or glaring forms.” Sexist language aside, Konopka powerfully portrays the idea that individuals exist in relation to other human beings.

There is an assumption that an individual achieves healthy development through a healthy and appropriate group life throughout his/her life cycle (Konopka, 1972). It is only in very early infancy that the human being is not related to or has no need for a group situation. In the life cycle the individuals' needs to belong, to be important, and to participate must be fulfilled in a variety of changing small group associations.

Konopka (1972: 37) further said that, "no individual goes through the life cycle without some damage". Human beings have various capacities to deal with dissatisfactions and frustrations on their own. However many need help at different stages of their development. Group work practice is directed towards provision of such help. Olmstead & Hare (1978: 63) pointed out that the group plays a vital part in the psychic life support of the individual by providing him/her with training, support and the opportunity for intimacy and emotional response.

Group work is a practice, which is aimed at ameliorating suffering and improving the personal and social functioning of its members through specified and controlled group interaction enabled by a professional person (Konopka, 1972:25). Additionally, group work, because of its emphasis on teamwork and pursuit of common objectives, is an effective medium for work with persons who, historically, have suffered from social dislocation, alienation, low self-esteem and who lack the skills to form and maintain appropriate relationships (Hunte & Roach, 2002:79). Group work is the 'preferred' modality when a client's main problem concerns relationships with others (Northen cited in Toseland and Rivas, 1998:17).

According to Klein (1972), the objectives of social group work are: rehabilitation, enabling, correction, socialisation, prevention, social action, problem solving, and social values. The above-mentioned objectives are important in treatment programme for sexual offenders. The researcher-practitioner's group is for sentenced juvenile sexual offenders who need to be rehabilitated (restored to acceptable behaviour), enabled during their development, to be corrected to become law abiding citizens, to be socialised correctly, to be prevented from re-offending, to be empowered to become agents for social action against gender violence, to use the group to solve their problems, and to be oriented to good social values.

According to Manor (2000:50), group work has been seen as an intervention that offers offenders opportunities to reflect on their actions and attitudes, and rehearse new responses and behaviours. The presence of others gives members a chance to learn from hearing about the experiences of others and to receive feedback that can help them in their efforts to change (Toseland and Rivas, 1998:17). Peer feedback can be particularly beneficial for adolescents and involuntary adult clients who may resist the suggestions of the worker, because he/she is viewed as an authority figure (ibid). These authors further said that, it could be also beneficial for those in institutions. Manor (2000:51) said that challenges from group members themselves have a unique and powerful credibility: those being challenged seem more likely to listen, especially if other group members reinforce the message. Likewise, praise and encouragement from a peer group build up to become a vital energising force that promotes change.

Moreover, Lewin's research, which examines the effect of the group in changing individual attitudes and behaviour, reveals three interrelated generalizations (cited in Olmstead & Hare, 1978). First, that group change is easier to bring about than is change of individuals separately; secondly, that its effects are more permanent; and thirdly, that it is more likely to be accepted if the individual participates in the decisions. Groups allow for feelings of belonging, commonality and support, they provide powerful means of attitude and behaviour change, and supply important perspectives, resources and support systems for individuals (Anstey, 1979:169).

According to Perkins, Hammond, Coles, and Bishopp (1998), group work with sexual offenders is widely reported in the literature as being an effective context for treatment. Group work can also reduce the risk of a therapist entering a collusive relationship with the client, as other offenders with similar difficulties are more likely to be effective in challenging each other's thinking and behaviours (ibid). The group process reflects what happens in society when "outsiders" have a view on what has happened (ibid). It may help the offender to become less secretive, begin to deal with previously unresolved guilt, anger or anxiety, and move towards more socially acceptable behaviour (ibid). With the support of the group, individuals within the

group environment can feel safe to practice and discuss the new skills and the ways of thinking they have been developing during therapy (ibid).

Sexual offences are not well accepted by the prison population at large and these offenders are often the targets of victimization and sodomy. This forces them back into the old mould of secrecy and defences. We have found that the group situation provides a safe environment for these offenders where they can often, for the first time, share openly their feelings and experiences and through the support of the other offenders, an environment conducive for growth and change is provided. Group work assists in the process of change by lessening the trauma of exposure and reducing feelings of isolation.

- **Group Structure**

Bertcher and Maple (1974) suggest groups comprise individuals who are homogenous in descriptive attributes but heterogeneous in behavioural attributes. Relevant knowledge in the selection process includes group purpose, individual characteristics and their potential impact on the group, size of the group, potential task, potential models for learning or modifying attitudes or behaviour, compatibility of members and problems to be tackled by the group (ibid).

The researcher-practitioner's sexual offenders' group consists of 9 members and it is a homogenous group, based on the common problem of sexual offending namely rape. According to Manor (2000:50) offenders are often more likely to disclose information related to offending behaviours if their life experiences are validated and recognised by others in similar circumstances.

Due to the sensitivity and intense disclosures, the group was a closed group, and met on a weekly basis for 90-120 minutes. The programme consisted of 23 sessions.

- **Group Techniques**

According to Hunte & Roach (2002: 81), there are two elements that comprise group-work: the task and the process. Processes according to Garvin (1997) include goal determination, goal pursuit, values and norms, role differentiation, communication-interaction, conflict resolution, behaviour control, and emotions.

The session content and the style of leadership are critical in achieving the overall goals. The interaction model of leadership was adopted. According to Toseland and Rivas (1998) the interaction model represents leadership as a shared function that is not lodged solely in the designated group leader. In addition to the worker's role as designated leader, leadership emerges from a variety of interaction factors as the group develops (ibid).

For the group, the focus is on 'change'. The theoretical assumption underlying this focus is that change is inevitable and that all group members, in spite of their past criminal behaviour, have the potential for enacting meaningful change in their personal and social situations. The style adopted de-emphasised the facilitator's role as a teacher. Instead the role is to facilitate interactions among group members, set up discussions and sharing of experiences that would enhance members' commitment to change and deal with discouragement. The group member, not the facilitator, is the agent of change.

Aristotle cited in Howie (1968) confirmed this by declaring that we learn by doing and not merely by listening to teachers. No one can be compelled to learn; one can be stimulated to learn for oneself. Essentially, education is not something imposed on students from outside by a teacher, rather it is an internal process of personal exploration and self-questioning (ibid). It is something, which the learner must do for oneself, and this is the necessary consequence of the doctrine that people have the responsibility for fashioning their own destiny (ibid). Once the group members understand and value the reasons for changing they have the personal knowledge and responsibility to make change.

Different methods were used, such as orientation, role-plays, games or exercises, audiovisual materials and equipments and homework assignments.

### **Cognitive Behavioural Treatment of Sex Offenders**

According to Hoghghi et al. (1997: 129), the clinical practice of cognitive behavioural therapy emerged from an amalgamation of behaviour therapy and cognitive psychology. The hyphenated term "cognitive-behavioural" reflects the importance of both behavioural and cognitive approaches to understanding and helping human beings. The hyphen brings together behavioural and cognitive theoretical views, each with its own theoretical assumptions and intervention strategies.

Research has proved that it is necessary to understand patterns of thinking and cognitive structuring of the individual, if there is to be an attempt to understand and explain human behaviour. Yochelson and Samenow (cited in Marshall, et al., 1990: 332), describe the offender's behaviour in terms of a lifelong pattern of distorted thinking. The way offenders perceive (or miss-perceive) and attend to environmental cues, the way they process information, as well as the way they evaluate the consequences of their behaviour, is influenced by distorted thinking. These authors see the correction of these thinking errors as being a major aspect of treatment and recommend a strong cognitive model.

It has become evident from the literature study that a cognitive-behavioural approach is probably currently the most widely used method in challenging the cognitive distortions of offenders and working to change unacceptable behaviour. Cognitive-behavioural methods predominate as they scored highly in meta-analysis of what worked in prison group work practice (Manor, 2000). This theory views human nature as being born with a potential for both rational and irrational thinking, having the biological and cultural tendency to think crookedly and to needlessly disturb ourselves, learn and invent disturbing beliefs and keep ourselves disturbed through our self-talk, and having the capacity to change our cognitive, emotional, and behavioural processes. According to Hunte & Roach (2002), the cognitive

behavioural model attempts to engage with the issues of underdeveloped thinking or faulty thinking skills. It examines the thinking process by which persons negotiate with themselves and self instruct. This model directly targets the thinking styles that sustain criminal behaviour.

Cognitive-behavioural therapists teach that when our brains are healthy, it is our thinking that causes us to feel and act the way we do. Therefore, if we are experiencing unwanted feelings and behaviours, it is important to identify the thinking that is causing the feelings / behaviours and to learn how to replace this thinking with thoughts that lead to more desirable reactions. Our emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situation. Change needs thus to occur fundamentally in respect of the offenders thinking, values, attitudes, relationships and behaviour to stimulate the development of certain personality characteristics that will enable him to improve his social functioning in respect of his different roles and to reduce the risk of re-offending.

According to Toseland and Rivas (1998), the process of helping group members make intra-personal changes includes helping them: (a) identify and discriminate among thoughts, feelings, and behaviours; (b) recognising associations between specific thoughts, feelings, and behaviours; (c) analyse the rationality of thought and beliefs; and (d) change distorted or irrational thoughts and beliefs.

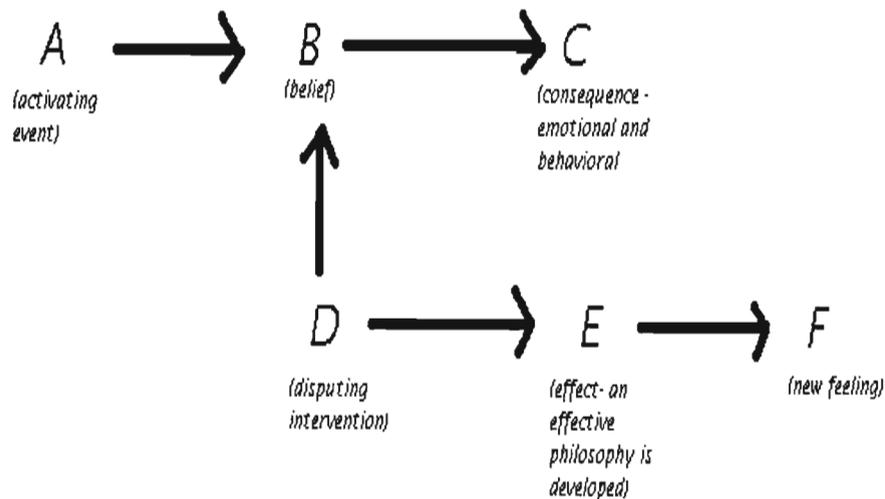
The core of this theory is that the main organ for survival and control is the brain. The brain primarily processes information. A healthy brain however, does not guarantee healthy thoughts but rather healthy or rational thinking leads to rational feelings and subsequently rational, appropriate behaviour. The basic premise is therefore that the client will not feel bad if she has not thought badly for instance. The mind processes are explained in terms of the A B C. These are:

A = Activity event/ Antecedents; B = Evaluation (brain evaluates using past experience, knowledge, thoughts and beliefs); and C = Consequences or reaction. The position is that thinking should be rational in order for feelings and behaviour to be rational.

The principle is that between the activity or event (A) and the consequences or reaction (C); a person has a right to choose through rational or irrational evaluation (B).

The key aspects with the application of Rational Behavioural Theory are differentiating between irrational thinking and rational thinking, challenging of irrational thinking, learning to control emotions, and emotional re-education. Rational Behavioural Theory holds that a change in attitude leads to a change in personality, through a therapist's facilitation of a process of removing blind spots. The focus is on "What to change" in order for the desired difference to be achieved. This requires analysis of each client's situation and dealing directly with cognitive emotive dissonance. The therapeutic process is seen as an educational process, which teaches clients to learn, to identify and dispute irrational beliefs that are maintained by self-indoctrination, to replace ineffective ways of thinking with effective and rational cognitions, and to stop absolutistic thinking, blaming, and repeating false beliefs.

### *The A-B-C Theory*



The researcher –practitioner carried out the processes of this model through out the programme, from assessment to termination phase.

### **Empirical Research Data on the Outcomes of the use of Cognitive-Behavioural Approaches**

Several authors have written on the positive outcomes of the use of cognitive-behavioural interventions with sexual offenders. According to the study by Perkins et al (1998), cognitive-behavioural training in anger management, social skills, and assertiveness training have all been used with varying degrees of success with sex offenders who lack these capacities.

Nicolaichuk (1998) cited in Perkins et al (1998:14) reports a control group follow up of 360 offenders who received group-based cognitive-behavioural treatment in Saskatoon. Nicolaichuk reports fifteen (15) year post-release experience of the treated and untreated sex offenders. A significantly smaller proportion of the treated group had sexual reconvictions of 17.6% compared with 29.9% of the control group, as well as having significantly fewer readmissions of 53.2% as opposed to 66% of the control group. Nicolaichuk also demonstrated that the treatment group had a lower so-called “CCP slope” than the control group. The CCP slope being a measure of the seriousness of offences, which were committed as measured by number of, and sentence lengths for convictions (ibid).

A recent progress report describing the Marques’ (1994) Cognitive –behavioural treatment and evaluation programme, which was running a Random Control Trial evaluative design has been reviewed by White et al (cited in Perkins et al, 1998). Marques’ report sets out recidivism rates over an approximately five (5) year follow up period. According to his report, offenders who completed treatment had the lowest sexual recidivism rate (10.8%), compared with 13.8% and 13.2%, respectively, for the volunteer and non-volunteer control groups. However, the highest recidivism rate of 18.9% is associated with the treatment drop - outs.

The results of the study by McGrath, Cumming, Hoke & Lingston (2003) evaluating a Vermont Department of Corrections treatment programme for adult male sex offenders indicated that, men who complete cognitive-behavioural sex offender programmes sexually re-offend at relatively low rates. The number of sexual re-offenders in the completed treatment groups (5.4%) was significantly lower than that of the some treatment (30.6%) and no treatment groups (30%) (Mcgrath et al, 2003).

The STEP study (sexual offender treatment evaluation project) conducted by Fisher and Beech (1999) in prison, which evaluated the efficacy of the seven identified programmes reported that group work, treating an average seven to eight men at a time, was central to all of the programmes in their study and group work was seen as an effective means of delivering treatment. According to the STEP, the main treatment approach reported as being used by probation services was cognitive-behavioural therapy (Fisher & Beech, 1999). Programmes were generally successful in covering the specifically cognitive areas of therapy, such as enabling offenders to recognise patterns of their distorted thinking that allow them to enact illegal sexual acts, heightening empathy and understanding towards the victims of sexually abusive behaviour and increasing the awareness of the harmful short and long term consequences of sexually abusive behaviour (ibid).

Overall, the STEP result revealed that more than half of the total sample showed treatment effects. All of the programmes were found to have a significant effect on offenders' willingness to admit to their offences and sexual problems, and the programmes significantly reduced the extent to which offenders justified their offending. They also reduced offenders' distorted thinking about children and sexuality. Short- term programmes (about 60 hours of therapy) appeared to have a good overall success rate (59%)(ibid).

According to Brzecki & Wormith (cited in Marshall, 1999), a review of North American sexual offender programmes revealed that most were either cognitive-behavioural or any one form or another of multi-modal or eclectic psychotherapy. Marshall (1990) further said he prefers to focus on cognitive-behavioural programmes because they appear to represent the future of sexual offenders treatment, but mostly

because they are the programmes most devoted to scientific evaluations. The content of such programmes is refined by research and is responsive to scientific scrutiny (ibid). This dependence on empirical data to guide the development of programmes is the hallmark of cognitive behavioural therapy, and it provides assurances that improvements will continue.

The conclusions drawn by Perkins et al (1998) in their review of sex offender treatment programmes were that the treatment programmes, which utilise cognitive-behavioural treatment to address criminogenic need, can demonstrably improve survival rates. Best evidence on key components of successful sex offender treatment programmes are that they address developmentally generated predispositions to offend, factors associated with the maintenance of offending behaviour and the development of relapse prevention skills. They address the development of offenders' insight, motivation not to offend and the skills necessary to avoid offending and achieve non-offending lifestyle; utilise treatment methods geared to the needs and personal capabilities of the offenders in treatment; and utilise combinations of group therapy and individual therapy as appropriate for different aspects of treatment and assessment.

### **Treatment Aims and Objectives**

According to Hallux quoted by Jacobs (1996: 33), for most people, treatment of the criminal implies changing his personality, beliefs or motivation so that he will be able to refrain voluntarily from committing criminal acts. The overriding goal in the treatment of the sexual offender is the protection of society upon the offenders release from prison. The society is protected from further sexual acting behaviour of the offender. The offender is assisted in developing and leading a crime-free life style (Correctional Services Act 1959).

Cellini (1995) described the primary goals of treatment interventions with juvenile sex offenders as helping them to gain control over their sexually abusive behaviours and to increase their pro-social interactions with peers and adults. Similarly, Becker and Hunter (1997) described the main treatment objectives as preventing further

victimization, halting the development of additional psychosexual problems, and helping the juvenile develop age-appropriate relationships with peers.

The central philosophy of the treatment programme is that of responsibility for self, and accountability and acknowledgement of the individual's ability to change. The cognitive behavioural programme is to foster motivation for change in the behaviour that led to imprisonment. The aim is for the sexual offenders to explore and examine values, beliefs, perceptions, comprehension and judgment affecting their behaviour, individually and collectively - In this way encouraging them to consider the need to make changes and maintain them. The treatment goals should, according to Jacobs (1996), include the healing, re-education, reform and re-orientation of the offender. It has as its aim changing the inner attitude and the feelings of inmates so that they will accept responsibility for what they do and will want to do what they know to be right.

According to Salter (1988), therapy objectives should be for offenders to learn to control their deviant arousal patterns, to place obstacles in the path of converting nonsexual problems into sexual behaviour and for offenders and their families to learn to solve nonsexual problems in nonsexual ways. For example, offenders need to deal with depression, anger, regret, and other problems directly, without the use of inappropriate sexual acting out. Other objectives include: to eliminate all sexually abusive and other criminal behaviour; to help the offender to develop a greater self awareness of his behaviour and his own personal style of interacting with his environment to the point where he will be taken responsibility for his environment, for his behaviour and acknowledge the presence of a problem within himself, which needs to be addressed; to develop an understanding, on both the intellectual and emotional level, of the consequences of his behaviour for his victim (victim empathy), significant others in his and his victim's family and for society in general.

To facilitate the achievement of these objectives the researcher – practitioner conducted continuous, comprehensive assessments of group members in relation to their environment. Offenders were encouraged to actively participate in the programme' and a supportive environment was created for group members to grow and develop intellectually, emotionally, psychologically and socially.

## **Treatment Principles**

- **Comprehensive-holistic approach**

The programme offers skills that empower individual group members to become well-balanced and complete persons.

- **Easy to learn-specified steps to follow**

Cognitive-behavioural treatment (CBT) is structured and directive. Cognitive-behavioural therapists have a specific agenda for each session. Specific techniques / concepts are taught during each session. The focus is on helping the client achieve the goals they have set. However, therapists do not tell their clients *what* to do rather, they teach their clients *how* to do.

- **Culture free**

Cognitive Behavioural Treatment can be utilized by any kind of client. There are no race, age or gender limits. It is a collaborative effort between the therapist and the client. Cognitive-behavioural therapists seek to learn what their clients want out of life (their goals) and then help their clients achieve those goals. The therapist's role is to listen, teach, and encourage, while the client's roles are to speak, learn, and implement what they learn.

- **Short-term feature or technique**

Cognitive Behavioural Therapy is brief and time-limited. In terms of results obtained it is considered among the "fastest". The average number of sessions clients received was 23. Other forms of therapy, like psychoanalysis, can take years. What enables Cognitive Behavioural Therapy to be briefer, are its highly instructional nature and the fact that it makes use of homework assignments.

- **Therapeutic Relationship**

A sound therapeutic relationship is necessary for effective therapy, but not the focus. Some forms of therapy assume that the main reason people get better in therapy is because of the positive relationship between the therapist and client.

Cognitive-behavioural therapists believe it is important to have a good, trusting relationship, but that is not enough. Cognitive Behavioural Therapists believe that the client changes when they learn to think differently. Therefore, Cognitive Behavioural Therapists focus on teaching rational self-counselling skills.

- **Educational-model**

Cognitive Behavioural Therapy is based on the scientifically supported assumption that most emotional and behavioural reactions are learned. Therefore, the goal of therapy is to help clients 'unlearn' their unwanted reactions and to learn a new way of reacting. While Cognitive Behavioural Therapists do not present themselves as "know-it-alls", the assumption is that if clients knew what the therapist had to teach them, the clients would not have the emotional/behavioural problems they are experiencing. Therefore, Cognitive Behavioural Therapy has nothing to do with "just talking". People can "just talk" with anyone. The educational emphasis has an additional benefit. It leads to long-term results and is empowering in nature. When people understand how and why they are doing well, they can continue doing what they are doing to make themselves well. Once necessary skills are acquired, one can deal with any future problems.

- **Explicit Value Stance**

According to Salter (1988:88), the heart of the therapeutic relationship has traditionally been its non-judgemental nature. This ability of therapists to see the world from the clients' point of view, and to help them determine what they want in their lives is one of the important differences between therapy and advice. Nonetheless, in sexual abuse the therapist must set the goals for the client. The client should hear that the therapist does not believe that child sexual abuse is acceptable,

that she/he has no intention of colluding with it in any way, that she believes that children or women are indeed reliable reporters of sexual abuse, and that sexual abuse is harmful.

- **Setting Limits**

As uncomfortable as it is for many therapists to set limits on the behaviour of their clients and enforce them, the therapist's willingness and ability to do so is an important factor in helping offenders to learn to live within the limits of the law. In this regard the therapist serves less as a model for an observing ego, as he/she does in other forms of therapy, and is more a model of a superego (ibid).

- **Limited Confidentiality**

There are exceptions to traditional therapeutic confidentiality, but they involve violence to self or other. When sexual offenders enter therapy, they sign a consent form to allow their therapist to share information concerning them when necessary.

In prison, one of the conditions for parole for sexual offenders is that they have attended a sexual offender's programme. The therapist represents the offender to the parole board (team of prison delegates), giving information regarding the progress made during therapy.

- **Trust**

According to Salter (1988:90), "in other forms of therapy the client is ultimately the best source of information and the best authority on his own experience. Even where the client's perceptions are not accurate, it is generally considered that it is those perceptions that motivate the client's behaviour, and they are taken as the basic data from which the therapist works". With sexual offenders many, and perhaps most therapeutic encounters begin with what may be called the fundamental lie (ibid, p91). Offenders may continue to assert their innocence despite overwhelming evidence and despite good rapport with their therapists. Offenders can be quite convincing when asserting their innocence.

- **Respect versus Collusion**

According to Salter (1988:92) “it is very difficult to extend respect to individuals who frequently lie, con, deny, and minimize behaviour that is extremely harmful to children and women. Yet the key to the successful rehabilitation of offenders is not ultimately the gadgetry of the plethysmograph, useful though it is, nor the charts and graphs and homework assignments of behaviour therapy, essential though they are. The critically important factor is the simultaneous capacity of the therapist to extend respect to people as human beings, to empathize with their pain, and to believe in their capacity to do better in the future while not colluding with sexual abuse a single inch.” Offenders detect very quickly a sense of respect coming from someone very difficult to manipulate, and they respond as though there were something in them worth respecting. It is this stance that seems to make the difference.

Self-knowledge and self-questioning is a prerequisite for growth in the professional and an honest appraisal at the outset will help identify prejudice and personal issues that may negatively impact on the therapeutic setting. This will enable the professional to express empathy and deal with counter transference without becoming overprotective, defensive and/or punitive. The professional needs to be aware that counter transference can arise from his/her own feelings or attitudes towards sexuality, and/or from a process of identification with the feelings and attitude of the victim or family.

- **Confrontation**

Treatment requires continual confrontations. However, confrontation does not have to involve hostility, and must not if it is to be therapeutic. The task in treatment is not only to confront and to come out the other side with the message clear but the rapport intact. Ingersoll and Patton (1990:130) describe this in terms of a “tough and tender” technique. They also stress the importance of balancing toughness and tenderness so that the perpetrator can understand that the therapist empathize, and feels a degree of tenderness concerning their pain, losses and separation but at the same time limiting their defensive power and control.

- **Uses the Socratic method.**

Cognitive-behavioural therapists want to gain a very good understanding of their clients' concerns. They often ask questions. They also encourage their clients to ask questions of themselves, like, "How do I really know that those people are laughing at me?" "Could they be laughing about something else?"

## **CONCLUSION**

The literature reviewed in this paper lead us through a process of first, understanding the subject (sexual offending) and sexual offenders. These were achieved through highlighting rape characteristics, types and beliefs about their causes, common myths and facts; highlighting typologies of rapists, and general characteristics of sexual offenders.

Secondly, the discussed theories of adolescent sexual abuse created a deep insight to the subjects. These theories were the basis from which the actual Treatment Programme (discussed in the methodology chapter) was developed. These theories identified the needs, gaps, and deficits of the sexual offenders and the society at large. Thirdly, the empirical findings on the use of Cognitive Behavioural methods outlined its usefulness in the treatment of sexual offenders.

Lastly, this chapter discussed the use of group therapy as an effective method when working with juvenile sexual offenders.

## **Chapter Three**

### **RESEARCH METHODOLOGY**

#### **INTRODUCTION**

In this research, the researcher adopted a researcher-practitioner approach. The researcher provided therapeutic intervention to a group of sentenced juvenile sexual offenders, and evaluated the change that the programme produced for participants. According to Strydom, Fouche, & Delpont (2002:59), the concept scientist-practitioner means not only that the same person can both practice and conduct research, but also that he or she can engage in practice and research simultaneously as a set of integrated activities.

This chapter describes the research methodology. It focuses on the research design, data collection methods, the group work programme attended by the subjects and data analysis procedures that were used in this study. This chapter also discusses the reliability and validity of the data, the ethical concerns presented by the study, the limitations of the study and the steps taken to minimize them.

#### **RESEARCH DESIGN**

This research investigated the responsiveness of sexual offenders to a therapeutic group work programme. This was an evaluative research. However, action research processes and principles were applied in this research. These processes included need identification and assessment (there was a community outcry as well as correctional services outcry about the escalating number of juvenile sexual offenders and the effectiveness of their treatment programmes); consultations, literature review and formation of task teams on sexual offender treatment programme; juvenile sexual offender treatment programme designation; programme implementation; and programme evaluation. Brien (1998) asserts that action research is "learning by doing" - a group of people identifies a problem, does something to resolve it, sees how successful their efforts were, and, if not satisfied, tries again.

Susman (1983) distinguishes five phases to be conducted within each action research cycle. Initially, a problem is identified and data are collected for a more detailed assessment. This is followed by a collective postulation of several possible solutions, from which a single plan of action emerges and is implemented. Data on the results of the intervention are collected and analysed, and the findings are interpreted in the light of how successful the action has been. At this point, the problem is re-assessed and the process begins another cycle. This process continues until the problem is resolved (ibid). All the named phases by Susman were followed in this study. However, the last phase was mostly characterised by referrals of group members for follow up services.

According to Strydom et al (2002:111) evaluative research is a form of applied research that can be conducted from a qualitative, quantitative or combined approach. The researcher-practitioner used a triangulated methodology, incorporating both qualitative and the quantitative research methods. With triangulation, the researcher seeks several different types of sources that can provide insights about the same events or relationships (Erlandson et al cited in Strydom et al, 2002:341).

In order for the researcher-practitioner to determine that change in the research subjects was the outcome of the programme, she combined both the qualitative and the quantitative tools. This combination made the study to be more reliable and more comprehensive. The classical experimental methods represented quantitative tools, and the group process notes and observations represented qualitative methods in this study. According to Strydom et al (2002:367) a mixed methodology design model adds complexity to a design and uses the advantages of both the qualitative and quantitative paradigms. It best mirrors the research process of working between inductive and deductive models of thinking in a research study. Marlow (1998:88) contended that combining measures can enrich one's study and can help ensure that one is tapping a maximum number of dimensions of the phenomenon under study. Every experience and contribution of the individual research subject during the programme is as important as the results of the pre and post-test evaluation scales administered.

Jick (cited in Strydom et al, 2002) discussed the following advantages of using triangulated methods:

- It allows researchers to be more confident of their results. This is the overall strength of the multi-method design. Triangulation can play many other constructive roles as well. It can stimulate the creation of inventive methods and new ways of capturing a problem to balance with conventional data collection methods.
- It may also help to uncover the deviant or off-quadrant dimension of a phenomenon. Different viewpoints are likely to produce some elements that do not fit a theory or model. Thus, old theories are refashioned or new theories developed. Moreover, divergent results from multi methods can lead to an enriched explanation of the research problem.
- The use of multi methods can also lead to a synthesis or integration of theories.

This method gave the researcher-practitioner insight not only to the responsiveness of the research subjects to the programme, but also to the programme itself and tools that were used during the programme and the study. The method was also responsive to the Department of Correctional Services' demands for professional staff to measure the impact or effectiveness of their services to offenders.

## **SAMPLING**

A non-probability sampling procedure was used. According to Marlow (1998:112) non-probability sampling is a sampling method of choice, particularly if we are conducting exploratory studies or evaluating our own practice.

Purpose sampling was used for the selection of research subjects. The researcher practitioner selected the research subjects from the list of sexual offenders referred by the correctional services assessment committee, to undergo a treatment programme.

Purposive sampling includes in the sample those elements of interest to the researcher (Marlow, 1998:113). The sample selected possessed the characteristics that the researcher was interested in studying.

The researcher-practitioner used the following criteria to screen the research subjects to be included in her study:

- Candidates must be willing to enter the programme
- Participants must agree to participate in a thorough assessment procedure

According to Mason (1996) the logic of purposive sampling is that you select units which will enable you to make meaningful comparisons in relation to your research questions, your theory and the type of explanation you wish to develop.

The problem with purposive sampling as with other non-probability methods is the lack of ability to generalize from these samples. However, its strength is that for many studies it can ensure the collection of information that is directly relevant to the subject being investigated. Eighteen (18) sentenced juvenile offenders who committed sexual offences against woman older than 12 years of age comprised the sample. Since this study attempted to establish that changes in the dependant variables were the result of the introduction of the independent variable, the sample was further divided to two groups: experimental and control group.

Each group comprised nine (9) research subjects. Marlow (1998) stressed the importance of ensuring the equivalence of the comparison groups. She said equivalency of the group is important because without it we cannot determine if disparity in outcome between the two groups is due to the treatment or due to the difference between the two groups. Research subjects were randomly assigned to either the experimental group or the control group. According to Marlow (1998:127) random assignment means that every subject has an equal chance of being assigned to either group. Marlow (1998:140) said, to avoid criticism such as “these are interesting findings, but it is possible that something else was influencing the results due to problems with your research design,” use experimental designs with randomly assigned control groups.

## DATA COLLECTION

The primary data sources were juvenile sexual offenders. Both qualitative and quantitative data collection methods were used. The data collection process included the pre-group phase, the group or treatment phase, and the post-group phase. During these phases, different data collection methods were used.

The pre-group phase was characterized by opening of research subjects' case files and assessment. These files were opened by the researcher-practitioner and consisted of her own notes as well as multiple sources of information such as pre-sentence reports, background reports and legal documents. Both the experimental and control groups were involved in the assessment phase.

According to Hoghghi et al (1997) assessment has several purposes. These are mostly: the identification of abnormal/anti-social/deviant thought patterns, feelings and behaviour; identification and understanding of the learning experiences and processes which might have led to such behaviours and their maintenance; identification of particular situational contexts in which abuse occurred; evaluating possibilities of repeat behaviours; ascertaining the adolescent's motivation to accept help towards more effective control of his behaviour; and eliciting information necessary for the formulation of an intervention and treatment strategy.

Sexual offenders referred to the researcher-practitioner for therapy underwent comprehensive assessment to determine treatment needs. The assessment process required the collation of information. This assessment helped the researcher-practitioner to develop a profile for each research subject. Prior to the clinical assessments, the following materials were reviewed when available: victim statement, police charge sheets, magistrate's comments, sentence warrant, prior psychological or psychiatric records, and Correctional Services admission report. According to Marshall (1999) reviewing of such documents is essential for the interviewer to challenge the offender's report. Marshall found that offenders typically represent themselves in an exculpatory manner and that many outright deny that they ever committed an offence (ibid).

The offenders signed a consent form. The consent form gave the practitioner permission to share information concerning the offender in confidence with relevant role players in their rehabilitation. However, offenders were assured that any information to be shared on their behalf would be discussed with them first.

The entire assessment process was explained to the offenders. Assessment of sexually abusive adolescents involve the same history-taking and information-gathering process as in any other comprehensive clinical assessment (Hoghughi et al., 1997:52). What makes the task difficult, however, is the unwillingness of adolescents to disclose deeply personal and sensitive information about their sexual behaviour (ibid.). Time is needed to establish rapport and a sense of safety for the adolescent and a common language in which sensitive issues can be discussed (ibid.).

The assessment during the researcher-practitioner's programme consisted of three components: a structured clinical interview, psychometric testing, and direct observations.

During the structured clinical interviews, the researcher –practitioner used the developed Correctional Services Mode of Intervention assessment form (Refer to Appendix A). This form collected data on identifying information of the research subjects, family composition, family factors such as family financial, educational, social factors as well as eco map, research subject's background information, interpersonal relations, history of substance abuse, criminal history- previous and present involvement, attitude to crime- crime in general and own crime, victim empathy, restorative justice, motivation for treatment, SWOT analysis, goals for oneself, and treatment plan. This more general form enabled the establishment of rapport, a sense of safety for the research subjects, a common language and a context in which sensitive issues could be discussed.

The above areas of assessment were not limited only to the pre-group phase, but were continually evaluated in the subsequent group sessions and post group phase. Assessment was a continuous process.

Psychometric testing involved self-report measures. Pre and Post-test scales were administered to both the experimental and control groups. According to Marlow (1998: 83) most variables are not clear-cut and cannot be contained in one question or item; instead, they are composed of a number of different dimensions or factors. Consequently, we need composite measures consisting of a number of items; these are referred to as scales. Neuman (cited in Strydom et al, 2002:185) describes a scale as “a measure in which a researcher captures the intensity, hardness or potency of a variable. It arranges responses or observations on a continuum.”

The scales administered were Spence and Helmreich Attitude Towards Women scale, Abel and Becker Cognition scale and Self-concept scale. The Attitude towards Women scale is a 15-item scale that measures attitudes towards a number of aspects of women’s roles including vocational, educational and interpersonal relationships. The interpersonal realm covers dating, sexual behaviour, and marital obligations. This scale also provides information regarding offenders’ degree of sex role stereotyping. (Refer to Appendix B).

The Cognition scale measures cognitive distortions. The focus is on what constitutes consent to sex, the perception of passiveness in victims as permission to continue, date rape, social roles, victim as a liar, victim enjoying it, and harmfulness of sexual offences. According to Hoghughi et al. (1997) cognitive distortion can have a major influence in sustaining sexually abusive thought and behaviour. The most productive area for cognitive distortions among adolescent abusers is discussion of what constitutes consent to sex and perception of passiveness in the victim as permission to continue (ibid.). The scale consists of 29 items chosen from statements offenders have actually made in treatment (Salter, 1988) (Refer to Appendix C). This scale is used clinically and is not formally scored (ibid).

The Self-concept scale looked at the research subjects’ perception of themselves and their views of how other people perceive them (Refer to Appendix D).

“Measurement consists of rules for assigning numbers to objects so as to represent quantities or attributes numerically. This makes measurement one of the best means

to create objective scientific knowledge that can enhance the professional knowledge base with the empirical evidence that is needed” (Nunnally & Bernstein, cited in Strydom et al, 2002:166). The researcher-practitioner received training from the Department of Correctional services on the use and scoring of these three scales.

The group or treatment phase was characterized by the facilitation of sexual offenders’ treatment programme by the researcher-practitioner. Only the experimental group attended the programme. The group met on a weekly basis. The group was also a context for data collection and provided scope for clarification and observation through consistent and repeated contact. Different group strategies were utilized during the sessions. These strategies were group discussions, assignments, home works, audio-visual material, and each research subject’s presentation. The style adopted, de-emphasized the researcher-practitioner’s role as teacher. Instead the role was to facilitate interactions among group members, set up discussions and sharing of experiences that would enhance members’ commitment to change and deal with discouragement. All the processes of the group and the individual research subject’s experiences and contributions were recorded by the researcher-practitioner.

Cognitive-behavioural interventions were employed in the group programme. According to Hoghughli et al (1997:130) cognitive-behavioural treatment with adolescent sexual offenders, include self-instructional training and social- cognitive skills training. Self- instruction training is a procedure to help reduce impulsivity and increase self- control in critical areas such as aggressive behaviour. The adolescent is taught to stop and think before acting. This represents verbal mediation of overt behaviour, to slow down reactions and encourage thinking through problems (ibid, p131). The group programme was aimed at addressing overt behaviour, thinking, and physiological activities. The focus of the programme was to address the issues identified during the assessment. Self-control therapies, self-instruction training, and problem solving techniques were all variations of cognitive-behavioural therapy.

The researcher-practitioner’s group programme was characterised by the following 6 modules with 23 sessions.

\* It is important to **note** that all homework given to the group members were discussed at the beginning of the group sessions.

### **Module 1: Mini-Marathon group session**

- **Session 1: Introduction and Contract**

This session was characterised by the practitioner introducing self and group members introducing themselves. The researcher-practitioner also gave a brief, simple opening statement of the group purpose and potential themes. The group's value in the prevention of re-offending was emphasised.

Feedback was obtained from the group members on their sense of fit between their ideas and needs and the practitioner's and the setting's view. The practitioner's role, tasks, and functions were clarified. A group contract, consisting of group rules, principles and ethics was formulated. The need to maintain confidentiality among group members was emphasised, since people would be sharing sensitive information throughout the programme. Inter-member interaction was also encouraged. Exercises that encourage openness and development of trust were also played during this session.

### **Module 2: Cognitive Restructuring and Re-education**

- **Session 2: Causal Factors in sexual crimes (general)**

This session was characterised by: Picture drawing exercise – the emphasis here was the processes that lead to a final picture, just like the processes that lead to offending behaviour. The group also brainstormed the possible contributory factors in sexual offences – it was made clear that although there are causes for actions, these causes do not render one less guilty. The focus of this session was that if group members knew what gave rise to sexual crimes re-offending could be prevented.

Group members were also given homework (which they may represent in any manner i.e. picture, poem, or story) to develop their Sexual Autobiography (contributory factors to their crimes). Honesty was emphasised as a leading factor towards rehabilitation or treatment.

- **Session 3: Causal factors in specific crime – My path**

During this session, group members were divided into sub-groups of two each. The members shared the homework given – causal factors to own crime. The large group together again shared and discussed feelings about contributory factors. The value of knowledge of contributory factors in relapse prevention was emphasized.

Arrangements were made for individual attention as a result of unresolved inner conflict.

- **Session 4: Beliefs, Gender Stereotypes, Myths, Perceptions and Rationalisation**

While some sexual offenders are poorly informed and lack factual information regarding human sexuality, more deficits occur in the area of their attitudes, opinions, beliefs and myths. This in turn, reinforces their avoidance of intimate mutually consenting sexual relations and their treatment of victims as objects rather than persons.

This module was aimed at talking about “things that the group members told themselves to make what they did okay.” The group members were given the following example: “If I speed in a car, I know it is against the law, because speeding is illegal. So if I feel bad about breaking the law, I tell myself that it’s no big deal because everyone else speeds.” Clinicians and researchers have noted that maladaptive beliefs and distorted thinking, form part of an important role in facilitating or justifying sexual offences (Ward, Hudson, Johnston & Marshall 1990). There have been a number of attempts to describe the nature of these beliefs, and to develop ways of measuring them, but in the absence of any integrated theory. These clinicians suggested that an understanding of the cognitive processes underlying the

initiation, maintenance and justification of sexual offending is a vital pre-requisite to the successful treatment of sexual offenders.

During this session, group members were confronted with their maladaptive beliefs about their deviant sexual behaviour. Group members then engaged in role-play enactment where a researcher-practitioner plays a rapist who uses certain rationalizations for her behaviour. The group members took the role of therapists, court personnel, judges, and medical practitioner; they either agree with the rapist's rationalizations or disagree. At the completion of the role-play, the group discussed the rationalizations or distortions, that were used and "why they were wrong." The statements they used to rationalize their behaviour were: "friends were doing it and said it was all right", "I was too drunk", "She did not indicate that she did not want me", "she did not have problems, her mother forced her to press charges against me". The above statements reflected the following themes: lack of empathy, objectification of females, and viewing of sex as something that one does to another person for personal gratification as opposed to a shared consensual experience.

The group also discussed issues regarding informed consent. Children and people who are high on drugs or alcohol, or are developmentally disabled were identified as legally unable to give informed consent.

Homework was given for the group members to write their rationalisations, beliefs, myths and gender stereotypes.

#### ▪ **Session 5: Victim Empathy**

Whilst some sexual offenders have concern and empathy for their victims, many do not, and some choose to distort their thoughts to such an extent to help them to justify their behaviour. It was necessary to help the offenders to humanize their victims and to develop empathy for their victims. Humanizing the victims prepared the way for the offenders to take responsibility for the abuse and it was only upon understanding the harmfulness of their activities, that some genuine remorse developed.

The aim was to help the perpetrator to overcome the tendency to see the victim as an object for their self-expression and to see instead the victim as hurt, frightened, betrayed, and defiled by their behaviours. This module dealt, powerfully and effectively, with the implications of their behaviour for the victims. The long and short-term consequences were discussed and the focus shifted away from them to their victims, the victims' families and the community. This was a very powerful process and was a turning point in the treatment process.

- **Session 6 & 7: ABC of Human Mind & Thinking Skills**

These sessions were spent developing and utilizing covert sensitisation scripts. The purpose of covert sensitisation was for each group member to learn to recognize his own thought processes and behaviours that place him at risk to abuse someone, and to interrupt these thought processes and behaviours. The importance of antecedents (A) and consequences (C) of a behaviour (B) and thinking was stressed. The group members learned how our minds work and were motivated to believe that they could modify or control their thinking and their behaviours.

Thinking skills were learned. These were PMI – Positive, Minus and Interesting; CAF- Consider all Factors, C & S – Consequences and Sequences, Planning, Decision Making, and Evaluation. Case studies were discussed using the learned thinking skills.

### **Module 3: Social and Life skills**

According to Salter (1988) it is not enough to reduce an offender's deviant arousal pattern. Many offenders have poor social and sexual skills with adults and when they are unable to meet their sexual needs with adults they invariably relapse to meeting them with children or with those less powerful than them. Social and communication skills, which were the focus of this session, are keys to the offender's ability to initiate and maintain adult relationships (ibid).

- **Session 8: Self-concept**

Here offenders were given the opportunity to explore their lives, to gain or develop insight into who they were, what were their potentials, awareness about their feelings, families, and their upbringing. Various authors have stressed the importance of exploring the perpetrator's family of origin. According to Faller (1988:198) many factors related to the perpetrator's upbringing, may shed light on the dynamics of sexual abuse and predicted prognosis. By understanding their previous experiences, there can be hope of helping the offender to identify some of the contributing factors of abuse and the particular changes they need to make in their own relationships. This approach might assist the offender to gain a little self-esteem. Once they have come to realize how much they have carried on the patterns learned in their own families, they might increase their empathy for their own victims. The offender may learn of specific earlier experiences, which may have contributed to the abusive behaviour and this can again confirm that the responsibility for the abuse lies at his own door, and help with the process of honest self-examination.

The content of this module included the use of self-introductions, self-collages, garbage bag, and the use of geno-grams, which explored interpersonal relationships and communication channels within the family of origin, identifying family patterns, childhood experiences, sexual behaviour in the family and his own sexual awakening, comparing the patterns and dynamics of the past and the present families, identifying influences and development of perspectives and the identification of situations and relationships at the onset of the sexual abusive behaviour.

- **Session 9: Assertiveness**

According to Hoghughi et al (1997) some sexually abusive adolescents are inhibited verbally and have great difficulty in expressing their thoughts and feeling and some have difficulty in recognizing and controlling their aggressive impulses. Significant difficulties in this area reduce the youngster's ability to engage with others socially and may lead to withdrawal or aggression, particularly with female peers.

Through dialogue, group members learned the differences between passive, assertive, and aggressive behaviours, to recognise their own anger and develop appropriate alternative responses. The differences between non-assertive, aggressive, and self-assertive behaviour were discussed and their contribution and impact in offending. The skills of being assertive were discussed. These were know your rights, know what you want and say it directly, assert your preferences appropriately, and review your behaviour.

▪ **Session 10 & 11: Problem Solving skills**

The focus was on learning and practising problem solving skills. During this session, different ways in which people solve their problems were brainstormed. Problem solving techniques were demonstrated by referring to various animals, birds and insects behaviour. The problem solving habits of some animals were examined as a mirror technique to group members (Rabbit or Buck-runs away from problem, Giraffe with his superior attitude—looks over everything, Leopard-lies in a tree and waits for his prey to pass by underneath, the Buffalo-loses his temper and charges, Lion—I am strong, I can deal with my problem alone, and many others.).

Problem solving steps were discussed. These were: (a) identifying a problem, which includes defining the problem, clarifying the boundaries of the problem, specifying the problem clearly. (b) Developing goals, which include the process of exploration and negotiation. (c) Collecting data which is based on the history of the problem, previous attempts to resolve the problem, facts about the situation, characteristics of the problem, psychosocial context of the problem, organizational and societal rules and regulations that impinge on the problem. (d) Developing plans, which include separation of relevant from irrelevant facts, combining facts, identifying discrepancies, looking for patterns across different facts and ranks from most important to least important. (e) Selecting the best plan by reviewing alternatives. (f) Implementing the plan. (Rooth, 1995).

Group members were given homework – to try and solve their personal problems using the problem solving steps and to discuss the exercise among each other in their cells.

## ▪ Session 12: Stress and Anger management

Many sexual offenders lack healthy, adaptive coping responses when they experience stress, anxiety or frustration. For some offenders the entry into their pre-assault pattern was their primary method of stress reduction.

The aim was for the group members to learn how to reduce the amount of stress in their lives, how to deal effectively with the stress they cannot avoid, and how to handle emotions. An example of an iceberg was used that the largest part of an iceberg is under the water and cannot be seen. Group members became aware that emotions are very similar to an iceberg. When someone busts into tears the only emotion that shows is hurt, but there are other feelings that need to be recognised and expressed appropriately.

During this session, it was explained to the group members that it was normal not to always know immediately how we feel. We are not always attuned to our emotions. However, the more “tuned-in” we become to our emotions, the more we can prevent ourselves from behaving negatively. For example, if I am aware that I am angry I can prevent being unreasonable towards innocent persons. Aristotle cited in [www.franklincovey.com/specials](http://www.franklincovey.com/specials), wrote long ago that, “Anybody can become angry, that is easy, but to be angry with the right person, and to the right degree, and at the right time, and for the right purpose, and in the right way – that is not within everybody’s power and is not easy”.

During this session, skills of managing emotions were learned, which are: identifying the emotion, understanding why you feel the way you do, expressing negative feelings constructively, and change the negative emotions. Displacement of feelings or emotions was discussed. It was explained that many times people abuse others because they are feeling frustrated. Group members were encouraged to identify different emotions and to know their sources (caused by ourselves, by others, and by situations).

- **Session 13: Communication**

The skills that were covered during the session were starting conversations, open – ended questions, and listening skills. Different exercises were done to develop group members' communication skills (verbal and non-verbal). For example, group members told stories to each other and they reported on those stories. The highlights were on: what mistakes occurred during the reporting of the story? Was the story told and reported in the same way? The focus was on listening, clear communication, and correct understanding.

Group members were also given pictures to analyse. Discussions took place on the messages conveyed through the pictures. The importance of paying attention to bodily postures, facial expressions and tone of voice was emphasized.

- **Session 14: Revision of skills**

All skills learned were revised using group members' personal, practical experiences.

#### **Module 4: Relationships and Sexuality**

- **Session 15: Human Rights and Values**

According to Aristotle cited in Howe (1968) the enjoyment of the good life depends upon the cultivation in young people a right sense of values. This session focused on the rights to human dignity and the rights to freedom and security of the person as outlined in SA Constitution of 1996. The following sections of the Constitution were discussed: Section 10 - Everyone has inherent dignity and the right to have their dignity respected and protected, Section 12 (1) (c, d &e) - Everyone has the right to freedom and security of the person, which includes the right to be free from all forms of violence from either public or private sources; not to be tortured in any way; and not to be treated or punished in a cruel, inhuman or degrading way, and Section 12(2)(b) - Everyone has the right to bodily and psychological integrity, which includes the right to security and control over their body.

This session was also characterised by a section on value orientations. According to Underson (1997: 54) value orientations have three significant qualities. They are: (a) directional. They provide a programme for selecting behaviours between more or less favoured alternatives. (b) Cognitive. They provide a conceptual world-view through which people filter their understanding of the nature of the world and human affairs. (c) Affective. They are invented with strong feelings and they are among the major reasons people and cultural systems are so resistant to change.

Individual values and societal values that promote respect and dignity for other human beings were discussed. Values attached to men and women were also discussed. Group members were also encouraged to identify things that they value in life and to discuss how those things or people are affected by their offending behaviour and imprisonment. Aristotle cited in Howe (1968:51) holds that when a moral judgement is required as a prelude to action, it is never a matter of unthinkingly applying a general moral principle or precept, which one has learned in advance. Instead we must make our judgements on an intelligent survey of all the factors in the given situation. The focus here was to provide offenders with plenty opportunities to make responsible decisions with due regard to the effects their decisions will have on other people and to their own capacity to implement them when they are made.

- **Session 16 & 17: Relationships with women and search for closeness**

These sessions were aimed at addressing problems of those group members who are under-socialised and have difficulty in establishing peer relationships both platonic and non-platonic (sexual), and at addressing those with adequate social skills used to manipulate peers.

Topics that were covered included having group members to describe their ideal romantic relationship; defining love; exploring differences between infatuation, being in love, and loving someone. Group members discussed the homework given during the previous session. The homework was on group members making collages about the way they want their relationships with women to be.

The three fundamental skills of building relationships demonstrated in the research study by Carkhuff (1969) were discussed. These were: (1) **Respect** - conveyed by giving positive attention, active listening, giving your time, remembering the person's name, introducing yourself, basic courtesies, asking questions, checking out assumptions you have made about the other person, not making snap judgements or evaluation, or criticizing, and not interrupting or talking over the other person; (2) **Genuineness** – conveyed by talking appropriately about yourself, responding naturally, sharing feelings appropriately, being spontaneous, verbal behaviour that is consistent with non-verbal behaviour, not being defensive, and not pretending to be someone or something you are not; and (3) **Empathy** – conveyed by reflecting back to other person's feelings you are picking up, sharing related experiences of your own, behavioural mirroring.

Group members were made aware that sexual communication is not only confined to words alone. Body language may also convey a great deal of information, such as: the extent to which they face you, the extent to which they sit close to you, and many others. Role-plays to demonstrate sexual communications were used. Reactions that a woman may portray to indicate that she is or not interested were discussed.

- **Session 18,19 & 20: Sexuality and Sex Education**

These sessions were characterised by the following:

- Male and female anatomy, on what is normal and what is not; on questions group members have about sexual dysfunction, and on sexual communication. Materials including sex education slides were used (Provided by Durban City Health).
- Discussions on why teens have sex: the group was divided into two small groups and had a contest to see which of the two groups could come up with the longest list of reasons that they could think of for having sex. The therapist then explained different reasons, different sex meanings, and different sex situations. Some of the typical reasons according to Becker & Kaplan (1993) included, to prove masculinity or femininity, to get pleasure

physically or give pleasure, to keep up with friends (or show off), to show anger or degrade someone, to show love, to relieve physical tension, curiosity, get acceptance, to keep a boy friend or make a commitment, to have children, or to have fun. Group members analysed all these reasons and were asked to choose positive and valuable ones.

- Fantasies and their influences in sexual offending were discussed.
- The remaining sex education concentrated on birth control decisions and methods, safe sex, sexually transmitted diseases, and HIV/AIDS.

## **Module 5: Preparation for Release**

### **▪ Session 21 & 22: Relapse prevention**

According to Marshall (1999:233) relapse prevention is a set of procedures designed to assist the offender in maintaining the gains he/she has made in therapy. This module was designed to help the offender become familiar with the cyclical nature of their offending, to understand the pattern of thoughts, feelings and behaviour that precedes the offence and to understand the risk factors involved. The focus was on the identification of a typical offence cycle (depressed mood, anger, intoxication, low self-esteem, stress, and marital discord), high-risk situations (being alone with a child, driving aimlessly), how to avoid them and the teaching of strategies for coping and management skills to deal with the ongoing temptations. According to Salter (1988) the danger lies in their optimism about controlling something that wasn't really a problem in the first place. It is easy to overestimate the power of their newly found controls, and underestimate the power of the old addiction (ibid).

### **▪ Substance Abuse**

Alcohol and drug abuse has been identified as one of the high risk factors in the cycle of sexual assaults. This module was aimed at creating awareness about the physical, emotional and behavioural effects of alcohol and drugs and to highlight the role of these substances in their offences.

- **Dealing with Peer pressure**

This part focused on the influence that friends could have on us. The time spent with friends played a role on their level of influence. Methods that peers may use to apply pressure were discussed. These were generalization, education, guilt, and insulting. Group members were thus encouraged to think and use all the skills (assertiveness, dealing with emotions, communication skills, thinking skills, problem solving skills, and many others) learned in the group to deal with peer pressure.

- **Employment or/ and healthy social activities**

The importance of being occupied on release was stressed. Employment and self-employment opportunities were identified. The importance of recreational, and religious activities and utilizing time productively as relapse prevention methods were discussed. In a healthy society the right use of leisure is the key to all worthwhile human achievements (Howe, 1968:154).

- **Costs of crime**

This section was discussed using Northwest Treatment Associates Offending Impact Assignment outlined by Salter (1988). This offending assignment looked at the impact of offending on the offender's primary relationship, employment, education, self-esteem, friendship, sex, finances, health, recreation, parenting and family life, mood, and religion.

- **Support Systems and After Care Services**

The focus was on the identification of people and organisations that could assist the group members to prevent or minimise the chances of re-offending. The roles and influences that the identified people or organisation can play or have in the group members lives were discussed. Each group member was encouraged to draw a network of his support systems. The importance of engaging the identified support systems in their lives was emphasized. Group members were encouraged to address their support systems about the crime they committed, the rehabilitation processes

they were going through, the programmes attended, their knowledge regarding the aim of incarceration, and also to work on the doubts and fears that each party might have. Arrangements were made for individual sessions with each group member and/or his significant others on the subject.

## **Module 6: Evaluation and Termination**

### **▪ Session 23**

Group members were prepared for this session long before the actual termination. This was done so as to deal with emotions associated with termination as early as possible. This session was characterised by a brief summary of the programme; each member's verbal evaluation of the programme, group members, researcher-practitioner and group experience; and the researcher-practitioner's individual feedback to each group member about their contributions to the group. Group members were also encouraged to maintain and generalise change achieved to other aspects of their lives. Follow up sessions were planned for members to meet after the completion of a formal group programme. Certificates were given to all group members who successfully completed the programme. The group was terminated with a Party.

### **Supportive Services**

The post group phase was characterized by follow up services, including the administration of post-test scales. Individual sessions on need base were being conducted. Group members volunteered to have a support group to meet once a month until their release dates. Most of the group members also become involved in peer-group awareness campaigns against Domestic Violence.

For the purpose of the study the next step after the group termination was data analysis, which is discussed further in the next section of this chapter.

## DATA ANALYSIS

The data were analysed using both the qualitative and quantitative methods. Qualitative research is associated with words and quantitative research is associated with numbers. The case records, observations and group process recordings were analysed using the qualitative methods, and the data obtained through the pre and post test scales were analysed using the quantitative methods of data analysis.

Miles and Huberman (1994) define analysis as consisting of three concurrent flows of activity: data reduction, data display, and conclusion drawing/verification. According to Janesick (1994:215) with qualitative research there is no one best or correct way of analysis and data presentation so “the researcher must find the most effective way to tell the story”. The primary mission in the analysis of qualitative data is to look for patterns in the data, noting similarities and differences (Marlow, 1998). Data were kept in context to avoid the temptation to present emerging data patterns as independent conclusions that stand on their own.

Qualitative data analysis tends to be inductive rather than deductive (Marlow, 1998:232). The basis of qualitative analysis often consists of a description. This narrative includes all materials collected: observations, data from case records, process notes. Marlow (1998) refers to these descriptive accounts as case studies. The researcher-practitioner constructed case studies using Patton’s (1987) three steps for constructing a case study. First, the raw case data were assembled. These data consist of all information collected. The second step was constructing a case record; the case data were organized, classified, and edited into accessible packages. The third step was writing the case study narrative. This narrative was a holistic portrayal of a programme and individual group member’s experiences of the programme.

The quantitative data from the scales were presented graphically. Since the study was on programme evaluation, the next question was, “How important was a difference in outcome between those who received the intervention and those who did not?” In the effort to answer this question, the graphs presented and compared the responsiveness or outcomes of the control and the experimental group.

## VALIDITY AND RELIABILITY

Validity and reliability are areas of concern in research. These look at content and the application of different research methods. Validity in this study has been enhanced by the use of triangulated methods. Both qualitative (recordings of the group processes) and quantitative methods (Pre and Post Test scales administered) of data collection were used. These methods complimented each other and ensured that a maximum number of dimensions of the phenomenon under study were tapped.

The researcher practitioner used relevant scales to measure the research subjects' self-esteem, cognitive distortions, and attitudes towards women. The administered scales were valid because each scale had enough items that represented the content, the instruments appeared to be relevant measures of the attributes under consideration, the instruments used were theoretically constructed, and the scales were developed by experts, who based them on researched theory on for example, cognitive distortions.

According to Marlow (1998:126), validity is a central concept in group design. Two related validity issues to be considered are internal and external validity. Internal validity looks at the extent to which the changes in the dependant variable(s) are a result of the introduction of the independent variable(s) and not some other factor(s). For example, was the change in the experimental groups' perceptions, thinking and behaviour a result of their participation in the sexual offenders programme presented by the researcher-practitioner, or were other factors responsible for this change? Here we are trying to establish causality. The researcher-practitioner used comparison groups to strengthen causality claims. The comparison groups were equivalent. The research subjects were randomly assigned into an experimental group and a control group. Equivalence of these groups determined if disparity in outcome between the two groups was due to the treatment or due to the difference between the two groups. The manner in which the researcher practitioner selected the research subjects strengthened the validity. She selected them from the list of referrals. The list was on first come, first serve basis. The list was for people who have never attended any rehabilitation programme. The researcher-practitioner's administration of pre and post-test scales to the comparison group strengthened the validity of the outcome.

External validity looks at the generalisability of outcome. Although the researcher-practitioner used purposive sampling, the outcome will be generalized because research subjects were randomly assigned to the experimental group and the control group. The use of pre-test and post-test to both groups increased the chances of generalizing the outcome. However, the fact that subjects were willing participants in the programme cannot guarantee that the responses to the programme could be the same with unwilling participants.

When determining how valid the data was, and the interpretation on which it was based, the researcher-practitioner maintains that she has more than nine (9) years of experience in this particular area of work and has observed adolescent sex offenders for a long period of time, the analysis has been obtained directly from their scales scores, interviews, and group discussions.

According to Marlow (1998:88), reliability refers to the dependability of a measurement instrument, that is, the extent to which the instrument yields the same results on repeated trials. It refers to the consistency of a measure. Kirk and Miller cited in Reissman (1994:145) defined reliability as the degree to which the finding is independent of accidental circumstances of the research.

According to Babbie and Rubin (1993:170), “test-retest reliability, deals with how stable a measure is. If the measurement is not stable over time, then changes that you observe in the study may have less to do with real changes in the phenomenon being observed than with changes in the measurement process.” To assess test-retest reliability, simply administer the same instrument to the same individuals on two separate occasions (ibid). The reliability of the measurements used in this study was not tested by the researcher-practitioner on the present research subjects, but they have been tested before in her practice. The reliability of the qualitative data collected, was enhanced through proper documentation, the methods of data collection, and through reliable recording of data.

## LIMITATIONS AND STEPS TAKEN TO MINIMIZE LIMITATIONS

The purposive nature of this study reduced the chances of the researcher getting uncooperative respondents. However, the respondents were free to choose or refuse participation. Participation was voluntary. The assigning of respondents randomly to the control group and the experimental group minimized this limitation.

Since this was a field experiment, the researcher did not have total control of extraneous variables. The researcher-practitioner was aware that, the research subjects might have responded to her programme based on who she is in their lives, as well as the social categories to which she belongs, such as age or gender. The fact that there were possibilities for the researcher-practitioner to represent the subjects to the parole board regarding their release dates could have had an impact on the research subjects' responsiveness to programme. The subjects might have done anything (e.g. showing or expressing victim empathy) to convince the researcher-practitioner that they posed no danger to society and were thus deserving parole candidates.

The prison environment itself might have facilitated change. The programme itself took place during an era when the prison was promoting restorative justice, instead of punishment. The prison was adopting Government's Truth and Reconciliation (TRC) principles that promoted and emphasised the importance of programmes that heal the wounds of the past – in this case the wounds between offenders, victims and communities. Correctional Services Officials conducted awareness campaigns on restorative justice, which motivated all offenders to develop victim empathy, to be remorseful, give back to their communities and to apologise to their victims, and be involved in rehabilitation programmes.

During this time of the programme the prison environment was very supportive to rehabilitation programmes. Those in the programme were referred to as role models. That also could have motivated them to remain in the group at all costs. There was no proof that the change occurred was the sole result of the researcher's intervention, but the use of the comparison group minimized this limitation.

The sample size was very small, but entailed a very in-depth study.

The conclusions could be subjective due to personal, professional and intellectual bias. The conclusions from the quantitative methods complemented this, thus minimizing this as a limitation.

Since the researcher was no stranger to the subjects, it was not possible to remain detached and outside, she might have imposed her own bias. That behaviour, in turn, could have led to biased observations and inferences. There were two possible sources of bias here: the effects of the researcher on the interviewees and the effects of the interviewees on the researcher. Biases could influence analysis both during and after data collection. Biases by the researcher, was limited by the use of triangulated methods.

## **ETHICAL CONSIDERATION**

The fact that human beings are the objects of study in the social sciences brings unique ethical problems to the fore (Strydom et al, 2002:62). Miles and Huberman (1994:387) reported that we couldn't focus only on the quality of the knowledge we are producing, as if its truth were all that counts. We must also consider the rightness or wrongness of our actions towards the people whose lives we are studying.

Strydom et al (2002) identified the following ethical issues to be considered when the research is conducted: harm to experimental subjects and or respondents, informed consent, deception of subjects and or respondents, violation of privacy, action and competence of researchers, cooperation with contributors, release or publication of findings, and debriefing of subjects or respondents.

The ethical considerations relevant to this study were the following:

- **Harm to experimental subjects**

The ethical concern of the study was that, the study itself was very sensitive as it involved sexual offending. The discussion and group session topics including the assessments were of a personal and sensitive nature. They touched the juveniles past behaviours, family relationships and even abuse. The crimes they committed were also sensitive. Talking about them could have created discomfort for the juveniles.

The harm may be more emotional than physical. Babbie (2001) mentions the more concrete harm that the respondents may experience, e.g. with regard to their family life, relationships or employment situation. The fact that negative behaviour of the past may be recalled to memory during the investigation could be the beginning of the renewed personal harassment or embarrassment. Since the research was conducted during therapy or in a treatment setting, a conducive environment was created by the researcher-practitioner, where sensitive issues were dealt with positively. The environment was very supportive.

Another ethical concern was the exclusion of the control group from treatment. There was the issue of whether establishing a control group involves denying services to clients. However, programme services may run on demand, and deprivation of services is not uncommon (Marlow, 1998). In this research, the respondents were from a waiting list. The researcher, under normal circumstances could not put all referred sexual offenders in the programme. The use of a waiting list is a common practice in the correctional services system. The control group will receive the services at a later stage.

- **Informed consent**

Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as the credibility of the researcher, be disclosed to potential subjects or their legal representatives (Williams et al., 1995:30).

All the research subjects signed a consent form. The research subjects were informed about the goals, procedures and relevant information about the research. The programme structure was also explained. Participation was voluntary.

There was also a question of whether informed consent of the subject should be gained so that a comparison group could be established. The research subjects were informed about the comparison group. They were told that, they would be assigned randomly.

## **SUMMARY**

In this chapter, the methodology used in the study is described and discussed. The practical application of the triangulation method as part of evaluation research is evident in the discussion on the development and implementation of multiple data gathering instruments. The three phases of data collection process were discussed, which are pre-group phase, the group or treatment phase, and post-group phase. These phases were characterised by programme development, the sample selection, assessment of participants, the programme implementation, and administration of pre and post-test instruments. The methods of data analysis were also discussed. Some possible limitations of the research methodology are noted. This chapter concluded with a discussion of ethical considerations relevant to the study.

The following chapter contains the analysis and discussion of data obtained through the processes outlined in this chapter.

## Chapter Four

### ANALYSIS AND DISCUSSION OF RESULTS

#### INTRODUCTION

This section focuses on data presentation, analysis, interpretation and discussion of the results. Since the researcher-practitioner used a triangulated methodology, this study's data has been subject to 'visual inspection' to ascertain the 'therapeutic criterion' as well as 'graphic evaluation' to ascertain the 'experimental criterion', in an attempt to obtain a broader view of the research findings and also to demonstrate persuasively that observed changes are a function of the intervention (Strydom, Fouche & Delport, 2002).

The visual inspection was applied to group processes and each group member's positive or negative experiences during group intervention. The records of all group sessions were kept by the researcher –practitioner. The graphical analysis was applied to the three test instruments used in this study, namely, the Spence and Helmreich Attitude Toward Women Scale, Abel and Becker Cognition Scale, and Estimate of Self Concept Tool.

Although multiple data collection strategies were used, the data are not presented as discrete entities. In view of the interdependence and interconnectedness of the data collected via different methods, the full appreciation of the data depends on holistic analysis and presentation.

Barlow & Hersen (cited in Smith, 1991: 98-99) commented that, "Data evaluation consists of methods that are used to draw conclusions about behaviour change. In applied research experimental and therapeutic criteria may be invoked to evaluate data". They further stated that, "the experimental criteria refers to the way in which data are evaluated to determine if any intervention has had a reliable or verifiable effect on behaviour. The experimental criterion is based on a comparison of

behaviour under different conditions, usually during intervention and non-intervention phases. To the extent that performance reliably varies under these separate conditions, the experimental criterion has been met. The therapeutic criterion refers to whether the effects of the intervention are important. This criterion entails a comparison between behaviour change that has been accomplished and the level of change required for the client's adequate functioning in society. To achieve the therapeutic criterion, the intervention needs to make an important change in the client's every day functioning."

The following section is a brief analysis and discussion of the influences or contributions of each group members' profile (family backgrounds, sexual exposures, educational levels, values, beliefs, culture, experiences and socialization) to their offending behaviours.

## **PERSONAL PROFILES OF PARTICIPANTS**

Nine profiles of the adolescent sex-offenders are presented. Sources of information were their sentence warrants, police records, prison admission reports, correctional services mode of Intervention assessment form and interviews with the offenders.

### **Sexual Offender 1**

Mbongeni was a twenty-year old offender. He committed his crime at the age of sixteen years in 1999. Mbongeni was sentenced to twelve years imprisonment for gang rape in the year 2000. He committed his offence with two of his friends (Mxolisi and Sizwe). He was a first offender with no criminal history. His victim was his school-mate and Mxolisi's sister's friend. The crime occurred during a party at Mxolisi's house.

Mbongeni was from a single parent family but lived in an extended family setting. He shared very poor relationships with his family members. He said he could not identify with them since he started living with them at the age of ten, after his parents' separation. He was withdrawn from his family and became attached to his friends.

At that stage, according to Mbongeni his friends were a big part of his life and he believed in them so much that he could not disappoint them in any way. He conformed to most of the things that his friends were doing.

Mbongeni accepted the committal of the offence and expressed remorse. During assessment, peer pressure and over use of alcohol were identified as contributory factors to the crime. Mbongeni's tender age (16 years of age) also contributed to his failure to take responsibility for his life. Mbongeni showed interest to be in group therapy.

### **Sexual Offender 2**

Mxolisi was a twenty-one year old offender. He committed his crime at the age of nineteen years in 1999. Mxolisi was sentenced to twelve years imprisonment in the year 2000 for gang rape. His victim was his sister's friend. The crime occurred during a party at his house. Mxolisi and his other two friends (Mbongeni and Sizwe) raped their victim in Mxolisi's room when they were all drinking together. Mxolisi had committed crimes (house breaking, theft, and assault) before his present offence, but had not been convicted.

Mxolisi was from a very strict family setting. When Mxolisi dropped out of school in standard five (5), his family, especially his parents rejected or excluded him from the rest of the family. He ended up spending much of his time in his room doing drugs (smoking dagga). Being out of school and being isolated from the family made Mxolisi to feel lonely. He believed that aggression and acts of being a hero to his peers would make him famous and would attract more friends. Mxolisi had many problems at that stage. He was involved in drugs and in a criminal life style.

During assessment it became clear that Mxolisi was the one who influenced his friends to rape. Mxolisi was older than his co-accused and behaved like their leader. The sentence warrant also referred to him as accused number one, meaning he was the first to rape. Mxolisi had difficulty in taking responsibility for his crime. He had lots of misconceptions about girls and women. He maintained that the victim did not

refuse to have sex with them because she did not scream or fight with them. Mxolisi's denial appeared to be his defence mechanism.

### **Sexual Offender 3**

Qethelo was a nineteen- year old offender. He committed his crime at the age of fifteen years in 1999. Qethelo was sentenced to twelve years imprisonment in the year 2002 for rape. He was in awaiting trial with no bail from 1999 till his date of sentence. According to his sentence warrant, Qethelo raped a twelve years old child who was a stranger to him.

Qethelo left school in Standard Two (Grade Four) due to financial difficulties. He was from a single parent family, but lived with his extended family under his uncles' and granny's supervision. Qethelo was from a rural, traditional neighbourhood. In his family, only his uncles, not his mother or any other female could take family decisions. Females were not allowed to express their views or feelings even on things concerning their lives. For example, at one stage Qethelo's uncle decided to remove Qethelo from his granny's house to live with a relative without Qethelo's mother's consent. This appears to have influenced Qethelo's view of women as passive entities.

During assessment Qethelo did not express victim empathy. He insisted that his victim consented to sex. He said his victim reported being raped because they were caught by her older sister, and that she was afraid to be punished at home.

### **Sexual Offender 4**

Thokozani was a twenty one year old offender. He committed his crime at the age of seventeen years in 1999. Thokozani was sentenced to ten years imprisonment in 1999 for rape. Thokozani raped a victim of twenty-eight years of age.

Thokozani was from an abusive family. His alcoholic mother used to leave him unsupervised and without food at a very young age. He ended up being taken advantage of or being abused by relatives or neighbours whom he depended on for support.

During assessment, Thokozani disclosed other incidents of sexual offending behaviour and his own abuse. He revealed that he started to be sexually active at the age of nine (9) years of age. He reported that he was forced to have sex with his aunt who threatened to take him out of school if he reported the matter. He revealed that out of that experience, he learned to enjoy having sex with other adults. He left school in Standard Two. He started to live on his own at the age of fifteen years. At a very tender age, he became very obsessed with sex and he would have sexual fantasies. He reported to have had sex with many adult females in his neighbourhood with or without their consent.

During intervention, Thokozani appeared to have been deeply affected by these past occurrences. Thokozani's thinking was very distorted. He had a myth that most women want to have sex with him. During the group sessions he told stories of women who cried because he refused to have sex with them. He admitted that during the scene of his crime, he really did not believe that his victim did not want to have sex with him. He said he viewed his victim (who was resisting sex) as one of those females who prefer aggressive sex since some of his own abusers wanted him to be aggressive with them when having sex. Thokozani showed low understanding of the group sessions and his intellectual level appeared to be low. This was reflected during group discussions. As with delinquents in general, sexually abusive adolescents are unlikely to be intellectually very bright or verbally very articulate (Hoghughi & Richardson cited by Hoghughi et al., 1997). These adolescents show particular difficulties in self -presentation, assertiveness, sympathy and sensitivity skills (ibid).

## **Sexual Offender 5**

Leonard was a nineteen-year old offender, who committed his crime at the age of seventeen years in 2001. Leonard was sentenced to ten years imprisonment in 2002 for rape. Leonard raped his ex-girlfriend and also ordered his friend who was accompanying him to rape the victim. Leonard's friend was found not guilty by the court of law. Leonard accepted responsibility for his crime. He reported that he raped his ex-girlfriend because he was very angry with her and felt humiliated by her. His victim dumped him in front of her new boyfriend. According to Leonard, he raped her and ordered his friend to rape her because he wanted to teach her a lesson and to let her feel the pain and humiliation that he suffered. Leonard said he did not get a long sentence in court because his victim accepted that they were lovers on separation.

Leonard was also from a rural, traditional neighbourhood. He said in his neighbourhood, there is a common belief that women dump men that are not men enough. Therefore to prove that you are man enough, you need to show it through sex or through violence towards women. Similarly, in a study of 156 tribal groups, Sanday (cited in Blackburn, 1995) observed that rape prone societies were characterized by greater sex segregation and the low power and status of females, and supported ideologies favouring interpersonal violence and male toughness. Malamuth's research with college students (cited in Miner and Crimmins, 1995) also suggested that sexual aggression resulted from the interaction of two pathways: hostile masculinity and sexual promiscuity. Hostile masculinity involves beliefs that to be male involves taking risks, being powerful, tough, dominant, competitive, aggressive, and defending one's honour.

Leonard left school in Standard Five. He said he left school because he was feeling embarrassed by the fact that he was the tallest and oldest in his class.

## **Sexual Offender 6**

Nicholas was a seventeen-year old offender, who committed his crime at the age of sixteen years in 2002. Nicholas was sentenced to two years in terms of Correctional Supervision Section 276 (1)(i) for rape. According to Section 276 (1)(i) the Chairman of the Parole Board can consider the sentenced offender for release on correctional supervision after finishing 1/6 of his sentence, on condition that he meets all the requirements for release. Nicholas' s term of imprisonment was supposed to be four months but since he was a sexual offender he could not be released without successfully undergoing the sexual offender programme (which was 8 months). The inclusion of Nicholas in the programme was one of his release conditions.

Nicholas accepted responsibility for his crime. Nicholas was sentenced for having sex with his unwilling girlfriend. According to him, he forced his girlfriend to choose between being bitten by him or having sex with him for the wrong that the girlfriend did. The girlfriend did not have much choice and out of fear of being bitten, she had sex with him. According to Dhabicharan (2003: 60) “ offenders withhold punishment in exchange for sex (negative reinforcement).

Nicholas accepted that he knew that he was doing wrong, but he did not think that the girlfriend will report the matter to the police. Nicholas also accepted that he had a dominant attitude towards his girlfriend and wanted to possess her. He said coming to prison and being involved in therapy has helped him to deal with his gender related problems early in his life.

During the course of intervention, Nicholas revealed that he was from an abusive family. His father abused his mother. Nicholas said that his father believed that women should be treated like children (be controlled and punished) because they behave like children. Nicholas said when his father died he saw a big gap in his family. His sisters and his mother became uncontrollable (this was his misconception). They were doing as they please, coming or leaving home as they please. Nicholas then decided to be strict with his girlfriend (controlling). Not surprisingly, childhood experiences of being physically abused, being neglected, and

witnessing family violence have been associated with sexual violence in juvenile offenders (Kobayashi et al., 1995; Ryan et al., 1996).

### **Sexual Offender 7**

Sizwe was a twenty one-year old offender, who committed his crime at the age of seventeen years in 1999. Sizwe was sentenced to twelve years imprisonment for gang rape in the year 2000. He committed his offence with two of his friends (Mxolisi and Mbongeni). He was a first offender with no criminal history. His victim was Mxolisi's sister's friend. The crime occurred during a party at Mxolisi's house.

Sizwe dropped out of school in Standard Three. According to Sizwe, he grew up emotionally abused by his mother. His mother used to tease him because of his facial looks and compared him with his bright, handsome brother. Sizwe said he grew up very shy, very ashamed of himself, self-absorbed and with a negative self-esteem. This resulted in him dropping out of school and being attached to bad friends who accepted him for who he was.

In the initial phases of the group, Sizwe appeared nervous to participate in the group discussions. Becker et al. (cited in Hoghughi et al. , 1997) found similarly that sexual abusers showed a higher degree of withdrawal and social anxiety than non-sexual offenders. During intervention, it became apparent that Sizwe's non-assertive nature, peer pressure, very low self-esteem and group conformity contributed to his participation in the rape.

### **Sexual Offender 8**

Muzi was a twenty one-year old offender, who committed his crime at the age of nineteen years in 2001. Muzi was sentenced to ten years imprisonment in 2002 for rape. Muzi was a first offender. He raped his ex-girlfriend and a mother of his child. Muzi was in a cohabiting relationship for two years with his victim. When the victim left him, Muzi kidnapped her for two days and raped her.

During assessment Muzi denied his offence but accepted that he had sex with his victim. When he was told that he could not be in the group if he was in denial, he begged to be in the group. He said since he was from a deep rural area he needed exposure on new laws. He also said he wanted to learn more about sexual offences since he had limited knowledge on the subject. Muzi was very fluent (he had Standard Ten or Grade twelve) and showed willingness to learn from the beginning. He was from deep rural community where traditional customs such as “Ukuthwala” (taking a lady by force from her home to yours) were believed to be appropriate.

Muzi’s cultural beliefs that females have no rights to take decisions and to leave the fathers of their babies and that once a female has a baby, she must behave like a wife contributed to his crime. This coincides with the feminist view that, rape is encouraged by prevailing norms of power relationships and that rape is associated with attitudes and beliefs about women and relations between the sexes (Blackburn, 1995). Feminist also view rape as due to gender inequality, the cultural belief that women are men’s property, and that rape is the outcome of patriarchal systems in which men have more power than women (ibid).

### **Sexual Offender 9**

Mlungisi was a twenty-year old offender, who committed his crime at the age of seventeen years in 2000. Mlungisi was sentenced to four years imprisonment in 2001 for rape. Mlungisi was a first offender. He committed his crime under the influence of alcohol. According to his sentence warrant, Mlungisi went to his girlfriend’s place while drunk. He demanded the girlfriend from her parents, threatening to kill them and took her to his house for the whole night. The girlfriend returned home the next morning. The independent reports point to relatively high rates of drinking prior to rape. Rada (cited in Blackburn, 1995) notes that 50% of the rapists he examined had been drinking at the time of the offence, while a third were problem drinkers.

The court gave Mlungisi a shorter sentence because the victim accepted that she was his girl friend and they have had sex several times. He then got sentenced for taking his girlfriend by force and disobeying the victim’s family rules.

Mlungisi accepted full responsibility for his crime. He also revealed that he was from a very violent township, where domestic violence and alcohol abuse were prevalent. He blamed his family for having unstable accommodation (they were renting different houses), exposing him to all sort of abusive life styles. He said since he was six years of age, he never stayed in one township for more than a year. He said this resulted in him using alcohol so as to adapt easy in each township and also to be accepted by peers.

Pre and post-test scores of the experimental and control groups in relation to the scales administered are to be presented and analysed in the next section. The influences on the differences in scores between the two groups are to be discussed. The main aim being to highlights the effects of the group work intervention to the post-test scores of the experimental group.

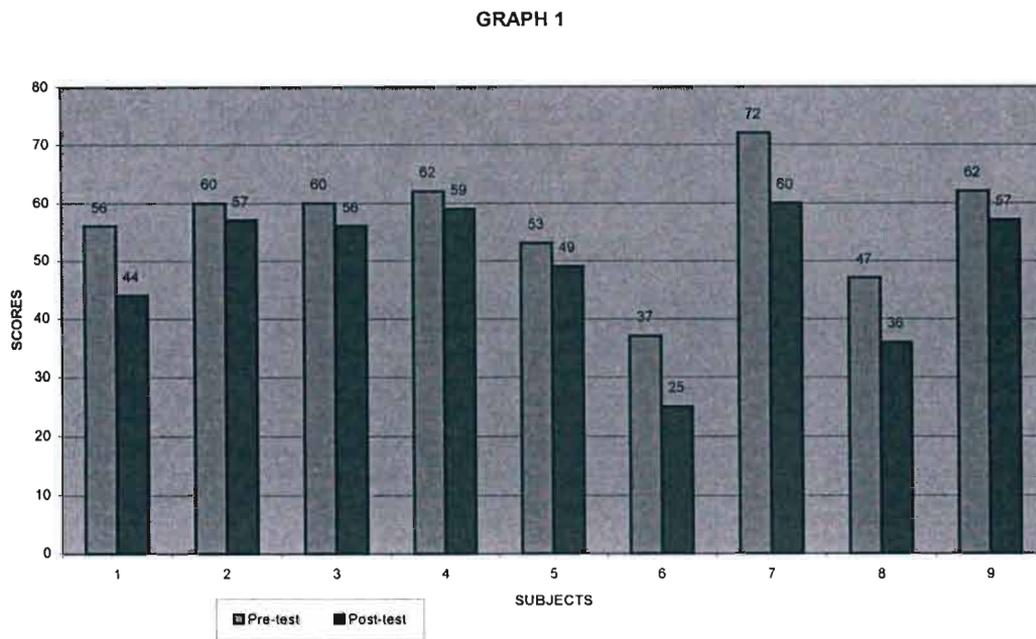
## **GRAPHIC PRESENTATION AND DISCUSSIONS**

The scores obtained from the Self Concept Scale, Attitude Towards Women Scale, and Cognitive Scale administered to the experimental and control groups at pre-test and post-test situations are presented graphically in this section. The period between the pre-test and post-test situation was approximately seven (7) months. For the purpose of this section, Juvenile sexual offenders are referred to as Subjects.

### **Self Concept Scale**

The Self-concept scale looked at the research subjects' perception of themselves and their view of how other people perceive them. A score between 81-125 indicates that the subject has a quite a number of problem areas which contributes to a negative self-concept. A score between 51-80 indicates that the subject has a fair self-concept and attention should be given to the problem areas. A score between 31-50 indicates that the subject has a good self-concept with few problem areas. A score between 20-30 indicates that the subject has a very positive self-concept.

**Graph 1: Experimental Group – Estimate of Self Concept Scores**



This graph displays the scores obtained by the experimental group at the pre-test and post-test situation on the Estimate of Self Concept Scale. The first bar graph indicates the score obtained at the pre-test situation, prior to treatment and the second bar graph indicates the score obtained at the post-test situation, after treatment. All subjects showed an improvement in self-concept. One subject reflected a very good self-concept, three subjects reflected good self-concept, and five subjects had fair self-concept.

The sessions on self-concept, assertiveness, problem solving skills, stress and anger management, and communication skills contributed a lot to the subjects improved self-concepts. These sessions were empowering in nature. They created group members awareness of themselves through learning from their own experiences, past mistakes and problem situations. According to Faller (1998) by perpetrators' understanding of their previous experiences, there can be hope of helping them to identify some of the contributing factors of abuse and the particular changes they need to make in their own relationships, thus assisting them to gain a little self-esteem.

The sessions prepared the group members to deal effectively and efficiently with life challenges and to live life productively. Exercises and group activities that exposed group members to interpersonal relationship conflict situations and encouraged their participation in solving of those conflicts, proved useful in highlighting the advantages of the problem-solving method of conflict resolution. Leonard for instance accepted that he raped his victims because of immaturity, low self-concept and also lack of problem solving and thinking skills. He also reported that he raped his ex-girlfriend because he was very angry with her and felt humiliated by the fact that she dumped him. Leonard said when the incident of being dumped happened his interpretation was that there was something wrong with him (negative self-concept). According to Groth (cited in Blackburn, 1995) in power rape, the offender seeks power or control to resolve doubts about masculinity. Most group members stated that the “Which animal am I?” exercise helped in creating an awareness of who they are and their responses in the face of problems. Some group members saw the problem-solving process as being essential in preventing offending.

The role played by the researcher-practitioner contributed to the improved self-concepts of group members. She created a warm, supportive non-threatening environment during group sessions. She listened, responded and reflectively related to others in order to encourage a dynamic process. The researcher-practitioner assumed the following functions as the group facilitator: She encouraged group members to disclose themselves and to accept an ‘honest’ and confrontative mode of communication; liberated and mobilized the group members own ability to help themselves through participation in the group process and completion; drew group members attention to their own individual resources and continually affirmed individual members; encouraged the articulation of repressed conflicts and feelings and effective problem solving techniques; attempted to continually use and reflected the group process to facilitate self awareness.

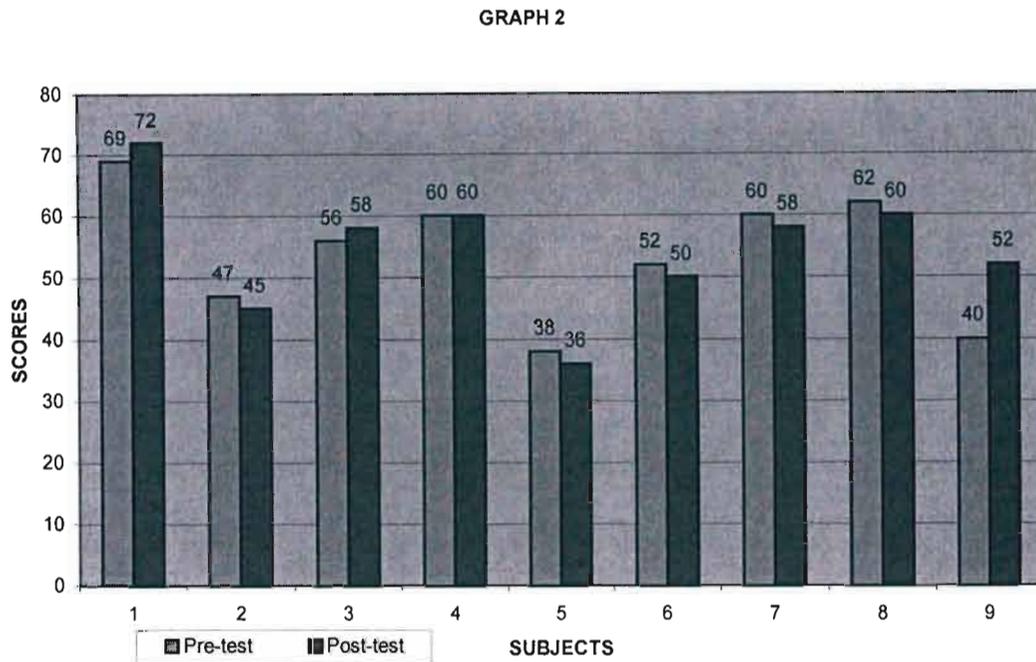
The group processes also contributed to the improved self-concepts of group members. Spontaneous communication occurred, as there was a feeling of trust and commitment to change, which freed the members to discuss their personal problems and aspirations.

A great deal of self-disclosure occurred within the group and many of the group sessions were emotionally charged with individual members breaking into tears. The group bond and the group cohesion gradually became stronger and stronger. Group members felt safe with one another. Inter-member involvement within the group was good. In addition, group members formed supportive relationships with one another and maintained regular contacts with each other outside the group sessions. The attractiveness of the group and the strong group bond was evidenced by the reluctance of the group members to miss a session, and the reluctance of group members to leave the venue after the formal group sessions had ended.

Group members learned how to communicate and to express their feelings. Most group members found learning how to express feelings to be most useful. Group members acknowledged that one could learn more about people by understanding their feelings. For example, Sizwe said if his mother understood how he felt about being teased about his facial looks the chances of him joining bad friends, of having negative self-esteem, and of offending might have been limited.

Programme attendance itself could be another contributory factor to the improvement of the group members' self-concepts. Because of overcrowding in prison and idleness, most prisoners who are involved in any programme are seen as privileged and carry some status. Those who are involved in programmes are referred to as students, meaning the educated ones. This positive view of and admiration of group members by other prisoners might have influenced the change in their self-concepts.

**Graph: Control Group – Estimate of Self Concept Scores**

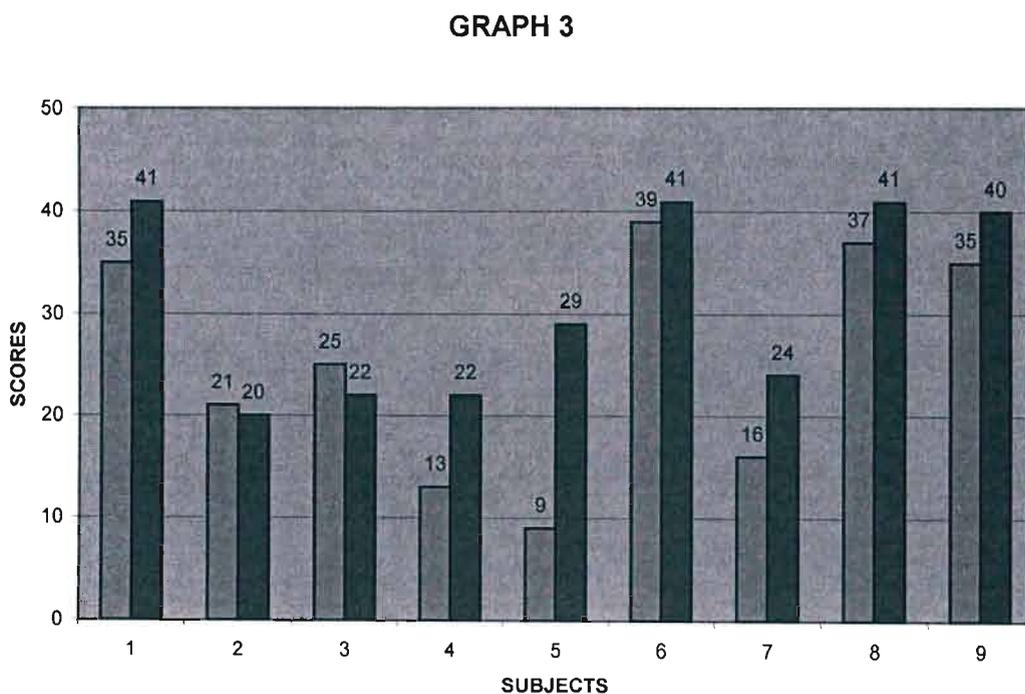


This graph displays the scores obtained by the control group at the pre-test and post-test situation on the Estimate of Self Concept Scale. Five of the nine subjects showed improvement, three subjects showed deterioration in their scores, and one subject reflected no change in self-concept. However, the improvements did not affect the move from lower level of self-concept to upper level. For example, no one from the control group moved from good self-concept to very positive self-concept and the number of respondents in the good self-concept level remained the same. The little improvement that occurred might have been influenced by other variables. For example, their involvement in other prison programmes such as sports.

### Attitude Towards Women Scale

The Attitude towards Women scale is a 15-item scale that measures attitudes towards a number of aspects of women's roles including vocational, educational and interpersonal relationships. The interpersonal realm covers dating, sexual behaviour, and marital obligations. This scale also provides information regarding offenders' degree of sex role stereotyping. Although scores range from 0-45, it is not necessary solely to score the ATW quantitatively. The face validity of the items is such that the researcher-practitioner derived information regarding the degree of sex role stereotyping in which an offender engages by analysis of the individual items. However a high score indicates a more egalitarian attitude toward women.

**Graph 3: Experimental Group – Attitude Towards Women Scores**



This graph displays the scores obtained by the experimental group at the pre-test and post-test situation on the Attitude Towards Women Scale (ATW). Most subjects showed improvement on their attitude towards women. Sessions on gender issues, sexuality, values, beliefs, norms, family influences, socialization and relationships provided a platform where group members' attitudes towards women were challenged.

According to Hoghghi et al (1997), in general, we cannot understand individual behaviour in isolation from its context and the major influences on it. Most group members' attitudes towards women were influenced by their upbringing, societal values or beliefs. Group members' responses on the pre-test scale were observed to be influenced by their social backgrounds. Those from the rural areas strongly disagreed with statements such as 'A woman should be as free as a man to propose marriage. However they strongly agree with statements such as 'The intellectual leadership of a community should be largely in the hands of men'. These agreements or disagreements reflected gender stereotypes by the group members. For example, during group discussions Qethelo accepted having not respected women in the past and confronted his patriarchal beliefs. He said the group has made him realise that women were equally important as men and they have rights to make decisions about their bodies. Similarly, in a study of 156 tribal groups, Sanday (cited by Blackburn, 1995) observed that rape prone societies were characterized by greater sex segregation and the low power and status of females, and supported ideologies favouring interpersonal violence and male toughness.

Leonard blamed his neighbourhood for the aggression he used on his victim. He said in his neighbourhood, there is a common belief that women dump men that are not men enough. Therefore to prove that you are man enough, you need to show it through sex or through violence towards women. Malamuth's research with college students (cited in Miner and Crimmins, 1995) also suggested that sexual aggression resulted from the interaction of two pathways: hostile masculinity and sexual promiscuity. Hostile masculinity involves beliefs that to be male involves taking risks, being powerful, tough, dominant, competitive, aggressive, and defending one's honour.

During the course of intervention, Nicholas revealed that he was from an abusive family. His father was very authoritative and abusive to the mother. Nicholas said that his father believed that women must be treated like children (be controlled and punished) because they behave like children. Nicholas accepted his own dominant and possessive attitude towards his girlfriend. The group helped Nicholas to realise that his father was abusive and that the manner that he ran his family was not correct.

The sessions on values, beliefs, gender stereotypes, perceptions, myths and human rights benefited the client a lot.

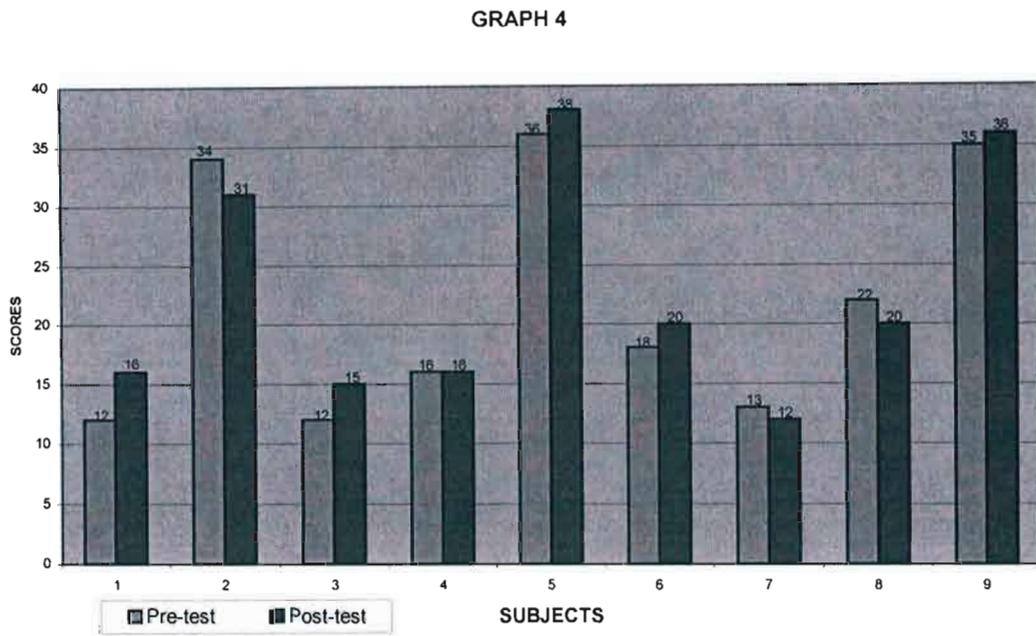
The rest of the group appeared to have benefited from these sessions. The group members said they learned very important skills and valuable lessons from these sessions. They said they also gained more insight on contributory factors to their offending behaviours. They commented on the usefulness of the role exchange exercise in developing victim empathy. This exercise created an awareness of the need to understand others' feelings and point of view before reacting to a situation.

The researcher-practitioner's observation of group members' responses during the exercise on role reversal revealed that this exercise was effective in teaching members to appreciate feelings in relation to one's roles. The group members mentioned the need to protect and respect their sisters and mothers from any form of abuse. The transfer of attitudes and behaviours from the programme to their home and other settings is viewed as being one of the positive outcomes of the programme (Gentry and Benenson, 1993; Prothrow-Stith and Weissman, 1991). However, there is a need for follow up to determine the real transfer of actions in a non-artificial environment or after release. Group members learned to correct each other's myths, beliefs, and perceptions.

The role played by the researcher-practitioner during the programme also contributed to the change in group members' attitudes towards women. Apart from sharing some didactic content, the researcher-practitioner was there as a catalyst for group discussion, her role was not to impose her beliefs or values but to stimulate the need for the members to consider the need for changes in themselves. She directed the group's attention to the way they were tackling issues rather than the results they achieved. She began in the group members' shoes, helped them to analyse their experiences, consider their feelings, plan with them how to preserve and sustain their achievements and how to change what they did not like, and she kept the group focused on their development.

However subjects 2 (Mxolisi) and 3 (Qethelo) showed deterioration in their scores. Although the scores showed deterioration, their observable and expressed attitudes towards women during group discussions were positive. Their results appeared to have been affected by the way they answered the post-test questionnaire. Their answers indicated that they adopted a 'play it safe attitude'. They appeared to have deliberately avoided strongly -agree or disagree with certain statements in the ATW Scale. Mxolisi for instance, after being confronted on several occasions by his co-accused on his misconceptions about women, started to show interest on other people's opinion on gender issues. This resulted in him wanting to get assurance from other group members that his statements were acceptable and were on the right track. This checking was displayed positively rather than negatively. During group discussions Mxolisi would start his sentences by saying "Guys correct me if I am wrong". Qethelo on the other hand displayed a great interest in this new exposure that challenged his socialization on gender issues. This experience however lowered Qethelo's confidence on gender related subjects and he ended up answering his post-test questionnaire very cautiously.

**Graph 4: Control Group – Attitude Towards Women Scores**



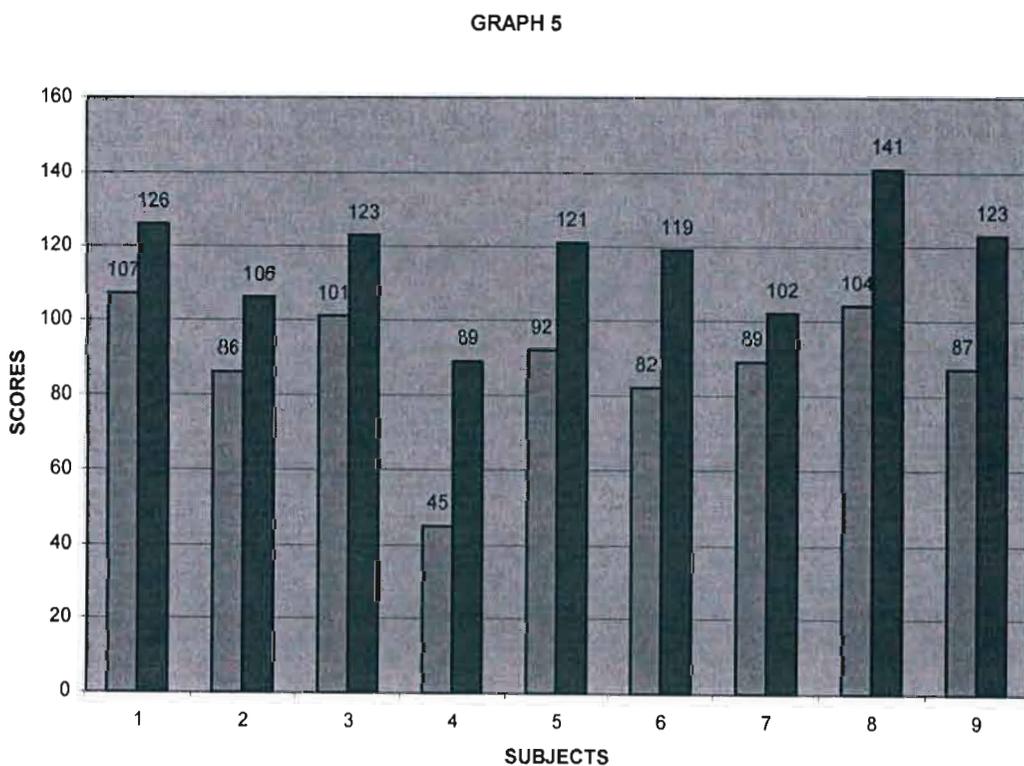
This graph displays the scores obtained by the control group at the pre-test and post-test situation on the Attitude Towards Women Scale. Five of the subjects' scores showed very slight improvement, three scores indicated deterioration, and one subject's scores remained the same. The five subjects whose scores showed improvement were the subjects who shared the cell with the experimental group. The homework discussions by the experimental group might have influenced this change.

### **Abel and Becker Cognitions Scale**

The Cognition scale measures cognitive distortions. The focus is on what constitutes consent to sex, the perception of passiveness in victims as permission to continue, date rape, social roles, victim as a liar, victim enjoying it, and harmfulness of sexual offences. The scale consists of 29 items chosen from statements offenders have actually made in treatment (Salter, 1988). According to Abel et al. (1984) subjects mark each item on a scale from strongly agree to strongly disagree (1-5).

The items are noted clinically rather than formally scored (ibid). Each item represents statements that have been made by sex offenders to justify their behaviour (ibid). Agreement with any of the items represents an example of distorted cognitions to be addressed in therapy (ibid). For the purpose of this graph, items are scored quantitatively as well. The scores ranged from 29 (strongly agree), 58 (agree), 87 (neutral), 116 (disagree) and 145 (strongly disagree).

**Graph 5: Experimental Group – Cognition Scores**



This graph displays the scores obtained by the experimental group at the pre-test and post-test situation on Abel and Becker Cognitions Scale. During the pre-test 8 out of 9 subjects' scores indicated a neutral thinking position. This neutrality was more influenced by distorted cognitions.

Subjects' answers indicated lack of sex education, cognitive distortions and myths about sex and its impact on victims. They either agreed or were neutral to the following statements: If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals, a child of 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not, no resistance means you want to have sex, an adult will tell if having sex with a young child will emotionally damage the child in the future, an adult, just feeling a child's body all over without touching her (his) genitals, is not really being sexual with the child, an adult can know just how much sex between him (her) and a child will hurt the child later on, and my daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me.

There were lots of misconceptions, distorted thought and denial expressed by group members during the initial phases of the group. The group provided a non-threatening environment to challenge them. For example, Mxolisi believed that his drunken victim was supposed to resist the rape. Mbongeni was very helpful in confronting this misconception. Mbongeni brought back a picture of what really happened. He reminded Mxolisi of how he (Mbongeni) became scared of Mxolisi when he ordered them to close the door and not to allow anyone to come inside the room. Mbongeni reminded Mxolisi how drunk and frightened the victim was during the incident. This confrontation and comments by other group members benefited Mxolisi and was a turning point to his life. Mxolisi cried during one of the sessions and said, "I have always put a blame to my victim because I could not face that I raped my sister's best friend and a family friend. Knowing that I raped with friends also made life more bearable."

Qethelo denied his crime during the initial phases of the group. According to his sentence warrant, he raped a child of twelve years of age who was a stranger to him. During assessment and during the initial phases of the group he insisted that his victim consented to sex, but because of being caught by her older sister and being afraid of punishment at home, the victim reported being raped. He also had a view that sex has nothing to do with love and that once a girl is no longer a virgin she has nothing to preserve, therefore she should just let men have sex with her.

The sessions on Human Rights, sexuality and sex education, relationships with women appeared to have influenced Qetelo's change in thinking. Qetelo later admitted openly to have raped his victim. He took full responsibility for his crime, which was an aspect that was lacking from him for a very long time. He was the one of the group members that showed great understanding, cooperation, and commitment to the programme, but it took him long to accept responsibility for his specific crime. Qetelo said the homework tasks given during the programme also contributed to his change of thinking. He thanked his cell -mate who was also a group member (Muzi) for giving honest and sincere feedback during their homework times. Toseland and Rivas (1998) stated that peer feedback can be particularly beneficial for adolescents and involuntary adult clients who may resist the suggestions of the worker, because he/she is viewed as an authority figure. He also thanked the whole group for providing a trusting environment within which he shared his secrets. He also said that the programme motivated him to join one of the prison's religious groups.

Thokozani also displayed very distorted thinking. He had a myth that most women wanted to have sex with him. During the group sessions he told stories of women who cried because he refused to have sex with them. He admitted that during the scene of his crime, he really did not believe that his victim did not want to have sex with him. He said he viewed his victim as one of those females who prefer aggressive sex since some of his own abusers wanted him to be aggressive with them when having sex. Thokozani appeared to have been deeply affected by his past sexual experiences and his own abuse. He was living in a fantasy world. However there was improvement in his state. The programme appeared to have been a good point of entry to Thokozani's long life of sexual abuse, sexual fantasies and sexual obsessions. The need for his future involvement in long-term individual therapy was identified.

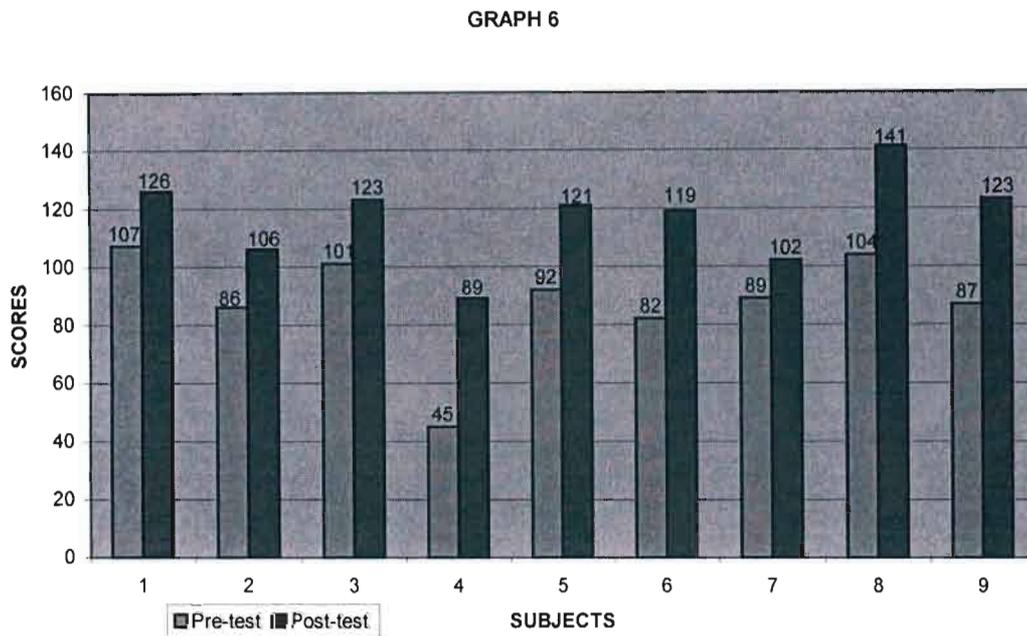
Hoghugh et al (1997) maintains that particular thinking styles and cognitive skills deficits are associated with individuals who commit criminal acts. Since criminal acts frequently involve the satisfaction of immediate needs at the risk of longer- term aversive consequences, criminals are commonly assumed to be deficient in control or delay functions (ibid). The assumption is that, sexual offenders have not learnt to think before they act or develop effective thinking skills to generate alternative

responses to situations and interactions. Consequently their thinking tends to be both impulsive and concrete. Leonard for instance accepted that he raped his ex-girlfriend to satisfy his egoistic attitude associated with frustration and anger at that time. If he had given himself time to delay his actions or to think them over, he probably would not have committed rape. On the other hand Mxolisi, Mbongeni and Sizwe revealed that they could not bear the thought that they ruined and spoilt long-standing relationships by raping their friend, neighbour and school -mate. They wished to turn back the clock – reversing the incident. Most group members during the sessions on sexuality and relationship revealed that if they thought about HIV/AIDS, sexually transmitted infections, or their victims, they would not have committed their offences.

All subjects showed more rational, positive, and improved cognitions in their post-test scores. Sessions on causal factors to sexual crimes; causal factors to specific crime; beliefs, gender stereotypes, myths, perceptions and rationalisation; victim empathy; ABC of human mind; and thinking skills appeared to have benefited the group members. These sessions provided group members with opportunities to be in touch with themselves, deal with their emotions and review and change their thinking processes. However there was a general sense that the members were not accustomed to getting in touch with their emotions. Group members were encouraged to tell their stories and to help each other in identifying problematic thinking processes and in correcting them, and to connect with their feelings.

The sessions influenced group members to plan for their future. Group members came up with relapse prevention plans. They covered topics on substance abuse, dealing with peer pressures, employment or/and healthy social activities, and costs of crime, and support systems and after care services. Other group members implemented some elements of their plans while in prison. Sizwe put his name on Nicro's waiting list for a life skills programme. Mbongeni and Leonard registered for formal schooling, Qethelo joined a prison religious group, others played soccer in their sections, and seven of the group members facilitated the Soul City Project on No Violence Against Women. They conducted educational sessions throughout the prison.

**Graph 6: Control Group – Cognition Scores**



This graph displays the scores obtained by the control group at the pre-test and post-test phases on the Abel and Becker Cognitions Scale. Six of the subjects' scores showed very slight improvement on their cognitive distortion levels, whereas three of the subjects' scores remained the same. The five subjects out of six who showed improvements were subjects who were in the same cell as the experimental group. There was a possibility that their improvements were influenced by the discussions that took place in their cell during homework time.

## **CONCLUSIONS DRAWN FROM THE ANALYSIS AND DISCUSSIONS OF RESULTS**

The graphs presented revealed greater improvement on the post-test scores of the experimental group as compared to the control group scores. All subjects from the experimental group showed improvement, whereas few subjects from the control group improved, others remained the same or deteriorated. The subjects from the control group whose post-test scores showed improvement were the ones who were in the same cell as the experimental group, and participated during their homework times. These results were supported by the observed change in group members' behaviours during group sessions. Group members began to see themselves and others in a very different light and this change in attitude and perception seemed to be accompanied by significant changes in behaviour.

The positive group processes and behavioural changes observed from the experimental group support the conclusions drawn by Perkins et al (1998) in their review of sex offender treatment programmes. They affirmed that programmes, which utilise cognitive-behavioural treatment to address criminogenic need, can demonstrably improve survival rates. Best evidence on key components of successful sex offender treatment programme are that they address developmentally generated predispositions to offend, factors associated with the maintenance of offending behaviour and the development of relapse prevention skills. They also address the development of offenders' insight, motivation not to offend and the skills necessary to avoid offending and achieve non-offending lifestyles; utilise treatment methods geared to the needs and personal capabilities of the offenders in treatment; and utilise combinations of group therapy and individual therapy as appropriate for different aspects of treatment and assessment.

The fact that the experimental group volunteered to continue meeting without the researcher-practitioner's involvement after formal programme termination demonstrated the programme's usefulness to the group members and their commitment to change.

Some group members demonstrated the influence of the programme on their lives by implementing positive and goal directed plans while in prison. There were those who became agents of change by facilitating a project on 'No Violence Against Women', and others furthered their education.

The group members also reported to have benefited from the sharing and support provided during the group processes. Through the group support, group members shared their deepest secrets without fear of rejection. They learned valuable lessons from each other's past mistakes and experiences. These benefits coincide with Meichenbaum (1975) finding that: "in group treatment clients could benefit from a group discussion of their faulty thinking styles and self statements and by the group discussion of the incompatible thoughts and behaviours they must employ to reduce anxiety and change their behaviour" (in Sank & Shaffer, 1984:19).

Some group members reported the following statements during the termination session:

"I have experienced growth in my life. I have learnt to change my thought patterns from negative thinking to positive thinking".

"I have loved the course and definitely feel I have grown from it".

"The group has helped me to survive in prison. I was always looking forward to the next meeting".

The homework exercises were valuable tools to facilitate change. The homework discussions did not only benefit group members, but also other prisoners who participated in the discussions. Group members also engaged non-group members in valuable discussions during homework times. This was observed in the improvement of the post-test scores of the control group members who were in one cell with the experimental group. The homework tasks also instilled a sense of responsibility and commitment to the group and gave group members a platform to be themselves without the interference or the presence of the researcher-practitioner. Group members got opportunities to learn and confront each other without the researcher practitioner present.

## CONCLUSION

This chapter served to detail the empirical findings of this study. The data analysis encompassed both qualitative and quantitative methods. Triangulation was used to obtain several different perspectives on the influence of the sexual offenders programme in facilitating change.

The findings of this study suggest that cognitive –behavioural programme conducted with sentenced juvenile sexual offenders in Westville Prison was an effective means to influence change in sexual offenders' beliefs, thinking, myths, perceptions, rationalization, minimization and externalisation of their offending behaviours. The sexual offenders benefited from the programme. However, given the period of the programme and the artificial environment (prison) in which the group took place, it is difficult to make comments on the sustainability of the change in group members. One cannot also claim that the change was exclusively the result of the programme because of the artificial and controlled nature of the prison and other extraneous variables. For instance other prison programmes that the group members participated in such as sports could have influenced change in their self-concept.

The major conclusions and principal recommendations are presented in the next chapter.

## Chapter Five

### CONCLUSIONS AND RECOMMENDATIONS

#### INTRODUCTION

This was an evaluative research study, which adopted processes and principles of action research. The study evaluated the responsiveness of sexual offenders to a therapeutic group work programme developed and implemented by the researcher-practitioner. According to Patton (1987), the value of programme evaluation is based on the extent to which it produces findings that are appropriate, relevant, accessible, understandable, timely and useful.

A triangulated methodology was used, incorporating both qualitative and the quantitative research methods. This combination made the study to be fuller and more comprehensive. According to Strydom et al (2002:367), a mixed methodology design model adds complexity to a design and uses the advantages of both the qualitative and quantitative paradigms. It best mirrors the research process of working between inductive and deductive models of thinking in a research study. Marlow (1998) contended that combining measures can enrich one's study and can help ensure that one is tapping a maximum number of dimensions of the phenomenon under study.

The research was based on a sample of 18 sentenced juvenile sex offenders, from which, 9 were in experimental group and the other 9 were in control group.

The research objectives, rationale, and assumptions of the current study were outlined in Chapter One. The research was guided by the following objective: to evaluate the impact or influences that the sexual offenders treatment programme has on the sexual offenders observed and expressed beliefs, experiences, myths, thinking, perceptions, rationalization, minimization and externalisation of their behaviours; during the therapeutic group work sessions.

The treatment goals should, according to Jacobs (1996), include the healing, re-education, reform and re-orientation of the offender. It has as its aim changing the inner attitude and the feelings of inmates so that they will accept responsibility for what they do and will want to do what they know to be right. Yochelson and Samenow (cited in Marshall, et al. 1990: 332) describe the offender's behaviour in terms of a lifelong pattern of distorted thinking: the way the individual perceives (or misperceives) and attends to environmental cues, as well as the way they process information and the way each individual evaluates or miscalculates the consequences of the behaviour.

As mentioned in Chapter One, the Department of Correctional Services has a great challenge of rehabilitating sexual offenders placed in their care. Social workers are well placed to contribute to this rehabilitation by developing and implementing Sexual Offender Programmes. The Sexual Offender Programme in this study is just one attempt towards sexual offenders' rehabilitation. It should be viewed as part or one of the pillars of a more comprehensive Correctional Services endeavour to curb sexual offending and to prevent relapse into sexual crimes.

In this chapter, the major conclusions drawn from the study are presented. The chapter concludes with recommendations based on the findings of the study.

## **MAJOR CONCLUSIONS OF THE STUDY**

In this section, the major findings of the study are synthesized and presented.

### **Conclusions regarding the use of the Cognitive-Behavioural Group as a Treatment Approach.**

Since there was no readily available sexual offender programme in Westville prison, the researcher-practitioner's choice of treatment method (group work) as well as theoretical framework (Cognitive-Behavioural theory) became an important aspect for evaluation.

The researcher-practitioner used the group work method because it widely reported in literature as being an effective context for the treatment of sex offenders (Perkins, Hammond, Coles, and Bishopp, 1998). Group work reduced the risk of the researcher-practitioner entering a collusive relationship with the group members, as other offenders with similar difficulties were more effective in challenging each other's thinking and behaviours.

Since sexual offences are not well accepted by the prison population at large and these offenders are often the target of victimization and sodomy and this forces them back into the old mould of secrecy and defences, we found that the group situation provided a safe environment for these offenders where they often, for the first time, shared openly their feelings and experiences and through the support of the other offenders provided an environment conducive for growth and change. Group work assisted in the process of change by lessening the trauma of exposure and reducing feelings of isolation. It should be noted that other methods of intervention such as individual therapy, family therapy and community work were also used on need base. These interventions were mostly utilized during assessment, evaluation, and on identified needs.

The interaction model of leadership was adopted, where leadership was a shared function that was not lodged solely in the researcher-practitioner. The style adopted de-emphasised the practitioner's role as a teacher. Instead the role was to facilitate interactions among group members, set up discussions and sharing of experiences that would enhance members' commitment to change and deal with discouragement. The group members, not the facilitator, were the agent of change. As a result of this leadership style, group members lowered their defences and recognised their innate strengths and abilities to change. The rich dialogue that took place during the sessions was encouraged.

The cognitive-behavioural approach guided the researcher-practitioner to place high regard on research participants' change in thinking, which it is hoped will contribute to change in behaviour. The core of this theory is that the main organ for survival and control is the brain.

The programme emphasized identifying thinking, experiences and knowledge that cause unwanted feelings or behaviours and to replace them with thoughts, feelings and knowledge that lead to more desirable reactions.

The exploring of emotions that stemmed from research participants' beliefs, evaluations, interpretations, and reactions to life situations; influenced positive change in their self-concepts, cognitive distortions, attitudes towards women, victim empathy, and their social skills. This process of helping group members make intra-personal changes includes helping them: (a) identify and discriminate among thoughts, feelings, and behaviours; (b) recognising associations between specific thoughts, feelings, and behaviours; (c) analyse the rationality of thought and beliefs; and (d) change distorted or irrational thoughts and beliefs (Toseland and Rivas, 1998).

Several authors have written on the positive outcomes of the use of cognitive-behavioural interventions with sexual offenders. This is discussed further in Chapter Two, under empirical findings on the use of cognitive behavioural approaches. The conclusions drawn by Perkins et al (1998) in their review of sex offender treatment programmes were that the treatment programmes, which utilise cognitive-behavioural treatment to address criminogenic need, can demonstrably improve survival rates. The programme under study successfully addressed the development of offenders' insight, motivation not to re-offend and the skills necessary to avoid re-offending and to achieve a non-offending lifestyle; utilise treatment methods geared to the needs and personal capabilities of the offenders in treatment; and utilise combinations of group therapy and individual therapy as appropriate for different aspects of treatment and assessment.

### **Conclusions regarding the effectiveness of the Sexual Offender Programme in helping the offenders to develop a positive self-image.**

The estimate of Self-Esteem questionnaire administered to respondents during pre and post-test were aimed at evaluating the influence of the programme in group members' development of positive self-concept. Data collected from the various sources indicated that this objective was achieved.

The scores presented graphically in Chapter Four, showed high levels of improvement in self-concepts of the experimental group as compared to the control group.

The empowering sessions on social skills, the role played by the researcher-practitioner, the group processes, and a positive image associated with programme attendance seemed to have contributed to the subjects improved self-concepts. During the sessions, the group members grew from being passive participants to becoming active participants. They became self-confident. A great deal of self-disclosure occurred.

The achieved positive self-concept inspired some group members' interests to improve other aspects of their lives and the lives of other inmates. For example, some registered with the prison school to further their education, and others became involved in peer education programmes.

**Conclusions regarding the effectiveness of the Sexual Offender Programme in helping the offenders to develop a positive attitude towards women and to develop victim empathy.**

Data obtained during the evaluation process indicated that the sexual offender programme in this study contributed to the development of a more positive attitude towards women and to greater victim empathy by the experimental group. The post-test scores on the attitude towards women scale administered also indicated such improvements. Sessions on gender issues, sexuality, values, beliefs, norms, family influences, socialization and relationships provided a platform where group members' attitudes towards women were addressed. Their responses during these sessions identified a need to take into account and address the social context from which their responses are rooted. According to Hoghughy et al (1997), in general, we cannot understand individual behaviour in isolation from its context and the major influences on it.

Group members' responses on the pre-test scale, were observed to be influenced by their social backgrounds. Those from the rural areas were more prone to agree with

statements that supported gender stereotypes influenced by cultural beliefs and patriarchal systems, compared with those from more urban areas. This coincides with the feminist view that, rape is encouraged by prevailing norms of power relationships and predicts that rape will be associated with attitudes and beliefs about women and relations between the sexes (Blackburn, 1995). Similarly, in a study of 156 tribal groups, Sanday (cited by Blackburn, 1995) observed that rape prone societies were characterized by greater sex segregation and the low power and status of females, and supported ideologies favouring interpersonal violence and male toughness.

The group members commented on the usefulness of the role exchange exercise in developing victim empathy. An awareness of the need to understand others' feelings and point of view before reacting to a situation was developed. The transfer of attitudes and behaviours from the programme to their home and other settings is viewed as being one of the positive outcomes of the programme (Gentry and Benenson, 1993; Prothrow-Stith and Weissman, 1991).

#### **Conclusions regarding the effectiveness of the Sexual Offender Programme in cognitive restructuring and its influence on behavioural change.**

The cognition scale administered to respondents during pre and post-test were aimed at evaluating the influence of the programme on group members' cognitive changes. All subjects from the experimental group showed more rational, positive, and improved cognitions in their post-test scores. The process of engaging group members in dialogue and in thought processes had a positive impact in their improved cognition. Group members' responses to the sessions in the programme that focused specifically on thinking skills and processes indicated their developed ability to avoid taking impulsive and concrete actions or decision. This ability can limit chances of future offending since it is strongly believed that criminal acts frequently involve the satisfaction of immediate needs at the risk of longer- term aversive consequences, criminals are commonly assumed to be deficient in control or delay functions (Hoghughi et al, 1997).

The sessions on cognitive restructuring and re-education provided group members with opportunities to be in touch with themselves, deal with their emotions and review and change their thinking processes. Ward, Hudson, Johnston & Marshall (1990) suggested that an understanding of the cognitive processes underlying the initiation, maintenance and justification of sexual offending is a vital pre-requisite to the successful treatment of sexual offenders.

### **Conclusions regarding further adaptation of the programme**

The purpose of evaluation is to make a difference by improving programmes and decision-making about programmes (Patton, 1987). Programme evaluation helps to identify factors inhibiting better programme performance and provides evaluators with guidelines relating to further development and adaptation of programmes (Hornick and Burrows, 1988). Programme adaptation may be necessary to narrow the gap between programme objectives and programme impact (Sathiparsad, 1997:109). In this study, the data and some observed phenomenon experiences provided clear guidelines for further adaptation of the sexual offender programme.

Participants with lower educational or intelligence level experienced difficulty in understanding the instructions or answering procedures of the scales. For example, they confused the relationship between the rating numbers and the value attached to them. They put 1 as an indication that they strongly agree with the statements instead of putting 4, for instance. The researcher-practitioner ended up taking them through the whole process of answering. Since the scales are in English and the participants were Zulu speaking, the researcher practitioner spent more time trying to interpret the statement without losing their meaning. These experiences are indicative of the need to develop scales that can be easily used by people with low education or intelligence level and that do not need language interpretation.

Some participants experienced difficulty in accurately engaging in the “self-collage” exercise. Those participants put pictures that were not related to their situations or lives. This problem was identified as being caused by lack of supervision by either the researcher-practitioner or other group members since the exercise was done as

homework. The need to do this exercise under supervision and during formal group sessions was identified as important in preventing future problems.

The sessions on relationship with women and search for closeness lacked more practical components. It was mostly theoretical, and would need to be explored on release. There were limiting circumstances to explore and to add a practical component to this session or topic. The participants were not even encouraged to develop close relationships to one another because that could be interpreted as promotion of homosexual relationships. This aspect was identified as a need to be monitored and revisited during provision of after care services.

### **Conclusions regarding the overall evaluation of the Sexual Offenders Programme**

The overall response to the sexual offender programme in this study was positive. Data analysis revealed that the objectives of each session and the programme as a whole were achieved. The assessment elicited information necessary for the formulation of intervention and treatment strategies, and also helped the researcher-practitioner to develop a profile for each research subject. The approaches used in programme implementation were relevant and provided an environment for participants to grow and change. The topics covered in the programme were relevant and contributed to the group members development of insight, acceptance of responsibility and accountability for their actions, motivation not to offend and the skills necessary to avoid re-offending.

Data analysis further revealed that skills learnt during the sessions were being implemented outside of the group setting, for example, in their cells, with their families during prison visits, and positively influenced some of the post test responses of the control group. The skills learned also inspired the group members to develop interest in improving other aspects of their lives, for example education, spirituality, and sports.

However, as indicated in Chapter Three the fact that subjects were willing participants in the programme cannot guarantee that the responses to the programme could be the same with the unwilling participants. Since this was a field experiment, the researcher did not have a total control of extraneous variables mentioned in Chapter Four. These were: the social categories to which the researcher-practitioner belongs, the role of the researcher-practitioner during parole board sittings; the prison transformation era that put emphasis and priority on rehabilitation instead of safe custody, Restorative justice, Unit Management, and Reconstruction & Development Programmes. The general supportive prison environment (religious, education) could have contributed to the responsiveness of the participants. Those in the programme were referred to as Role models and that also could have motivated them to remain in the group at all cost.

Nevertheless, despite there being no proof that the change occurred solely as a result of the researcher's intervention or that the researcher-practitioner cannot claim that the change was exclusively the result of the programme; the triangulated research method adopted in this study, the use of a control group supported the positive effects of the programme. This is reflected by the fact that the experimental group volunteered to continue meeting without the researcher-practitioner's involvement after formal programme termination, and they became agents of change (peer educators on "no violence towards women"). On the other hand, given the period of the programme and the artificial environment (prison) in which the group took place, it is difficult to make comments on the sustainability of the change in the group members.

## **RECOMMENDATIONS**

With a growing number of young people who are sentenced for sexual offences and the mandate to the Correctional Services Department by the public and government to provide specialised treatment, there needs to exist motivation and a willingness of more social workers and psychologist to become involved and their training to be provided. Sexually abusive young people grow into young adults, and gain more freedom and access to situations in which they may be at risk of continuing to abuse.

Provision of services for young people who show sexually abusive behaviours is of paramount importance if their behaviour is to be tackled with the prospect of some change, appropriate monitoring and risk reduction.

According to Dhabicharan (2002) there has been consensus that a long-term, intensive programme has significant record of success in rehabilitating the offender. Because of the unstable prison environment, it is sometimes not possible to keep a prisoner in the same prison for a long time. However, to ensure maximum effectiveness of the prison programme, it is recommended that a long term, intensive programme provision be viewed in terms of the sum of separate interrelated modules that forms the bigger rehabilitation picture. These modules could be: intensive assessment, intensive twenty to twenty three sessions programme similar to programme under study, restorative justice programme including family and community re-integration, Community Corrections' after care services including relapse prevention, and other programmes such as life skills, substance abuse, and pre-release programme. These modules can be implemented separately, by different professionals, and throughout the prisoner's sentence term (from prison to parole term). Ideally, each group should have a tailor-made programme.

Community awareness programmes should also form part of the rehabilitation programmes. In the community, public acceptance of sexual stimuli and messages that foster exploitive attitudes and glorify abusive behaviours must be challenged. Social acceptance of violence, sexual objectification and compensatory sexual behaviours must be questioned.

From the analysis in this study, it appears that there was a link between the nature of the environment and the success of the programme. The greater success of rehabilitation programmes necessitates supportive environments by the service providers, the prison officials, prison policies, practices & procedures. These are practices that de-emphasis security over rehabilitation, policies that promote restorative justice over punishment, and policies that calls for the implementation of Reconstruction and Development Programme principles.

The outcome of the study indicated cognitive behavioural changes among participants. As acknowledged in Chapter Four, the ability of the participants to sustain these behavioural changes is questionable. One cannot be sure as to how the participants will behave for instance outside the prison, on release.

A longitudinal study is recommended to ascertain the long-term effects of the programme. In addition, studies similar to those conducted by Nicolaichuk (1998) which reported fifteen (15) year post-release experience of the treated and untreated sex offenders. Nicolaichuk compared the recidivism rate of those who received treatment as compared to those who were not treated. Another progress report was done by Marque (1994) who reported recidivism rates over an approximately five (5) year follow up period of the offenders who received cognitive-behavioural treatment. The findings of both studies reported that the treated groups had a significantly lower sexual recidivism rate compared to volunteer or non-volunteer control groups.

The study focused on programme evaluation. The literature reviewed and the Department of Correctional Services stressed the importance of programme evaluation in measuring the effectiveness of the programme and as demonstration of responsibility and accountability to wider society. It is recommended that with the development and implementation of further rehabilitation programmes, the evaluation component be included to ensure that the rehabilitation efforts are having the desired effects. This is consistent with the National Social Welfare and Development Plan of the African National Congress (1994) which views evaluation as an ongoing process to determine the appropriateness and economic viability of social welfare programmes (Sathiparsad, 1997).

## **CONCLUSION**

The findings of this study revealed that the sentenced juvenile sex offenders responded positively to the group work programme conducted in Westville Medium B Prison. The programme is viewed as one module of the broader rehabilitation initiatives in the area of sentenced sexual offenders. The need for joint efforts and the provision of a supportive environment by correctional services personnel and their

stake- holders in rehabilitation of offenders is emphasized. The need to develop and implement more comprehensive programmes with community re-integration and after care component is indicated. Staff training in this field forms the basic requirement for programme implementation.

This study is based on the premise that by working with the perpetrators of sexual crimes, you are protecting hundreds of lives from further harm, and that “Working with groups of offenders is a cost effective means of delivering treatment” (Beckett cited in Badgley, 1984).

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# APPENDICES

## APPENDIX A

### Department of Correctional Services Mode of Intervention Assessment Form

Date: \_\_\_\_\_

Prison: \_\_\_\_\_

#### ASSESSMENT FORM

#### A. FAMILY HISTORY

##### 1. IDENTIFYING DETAILS

NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

AGE \_\_\_\_\_

A.K.A. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

IDENTITY NUMBER \_\_\_\_\_

LANGUAGE \_\_\_\_\_

OTHER \_\_\_\_\_

RELIGION \_\_\_\_\_

DENOMINATION \_\_\_\_\_

PRISON NUMBER \_\_\_\_\_

SECTION \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

##### 2. FAMILY COMPOSITION

NAME & SURNAME	RELATIONSHIP	STATUS

2. FAMILY BACKGROUND

2.1. GENOGRAM

2.2. GENOGRAM ANALYSIS

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3. HOME AND FINANCIAL CIRCUMSTANCES

3.1. FAMILY BACKGROUND

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3.2. HOME AND FINANCIAL CIRCUMSTANCES

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4. DETAILS PERTAINING TO OFFENDER

4.1. EDUCATION

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4.2. EMPLOYMENT HISTORY

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4.3. SPORT AND RECREATION

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4.4. SUBSTANCE ABUSE

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4.5. INTERPERSONAL RELATIONSHIPS

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4.6. PHYSICAL AND PSYCHOLOGICAL FACTORS

4.6.1. PHYSICAL FACTORS

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4.6.2. MEDICATION

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4.6.3. PSYCHOLOGICAL FACTORS

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4.7. INVOLVEMENT WITH EXTERNAL ORGANISATION (NGO's, CBO's)

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5. CRIMINAL BEHAVIOUR

5.1. PRESENT CRIME

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5.2. CRIMINAL HISTORY

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5.3. PREVIOUS CONVICTIONS

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5.4. ATTITUDE TO CRIME

5.4.1. GENERAL

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5.4.2. SPECIFIC

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5.4.3. VICTIM/RESTORATIVE JUSTICE

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5.4.4. IMPRISONMENT

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<b><u>GOALS</u></b>	<b><u>KEY POINTS</u></b>
<b><u>PRESENT</u></b>	
<b><u>MEDIUM</u></b>	
<b><u>FUTURE</u></b>	

NB: FIRST ASSESSMENT EVALUATION TO BE UNDERTAKEN WITH THE OFFENDER AFTER INITIAL ASSESSMENT

6. EVALUATION TOOL (AFTER INITIAL ASSESSMENT)

<u>MAJOR INDICATORS</u>	<u>SCORES</u>
<u>ATTITUDE TO CRIME</u>	
<u>ATTITUDE TO VICTIM</u>	
<u>ADJUSTMENT TO PRISON/ACCEPTANCE OF SENTENCE</u>	
<u>MOTIVATION /PARTICIPATION IN PROGRAMMES</u>	
<u>SELF-ESTEEM</u>	
	<p><b>KEY</b>            0-NEGATIVE            1-FAIR            2-SATISFACTORY            3-GOOD            4-VERY GOOD            5-EXCELLENT</p>

7. EVALUATION TOOL

EVALUATIONS OF STRENGTHS AND WEAKNESSES (TO BE UNDERTAKEN WITH CLIENT) SWOT EXERCISE

<p><b><u>STRENGTHS</u></b></p>	<p><b><u>WEAKNESSES</u></b></p>
<p><b><u>OPPORTUNITIES</u></b></p>	<p><b><u>THREATS</u></b></p>

8. FOLLOW UP EVALUATION AFTER +/- 3-6 MONTHS SINCE INTERVENTION)

9. CARE PLAN

PROBLEMS IDENTIFIED	AIMS/OBJECTIVES	METHODS	RESOURCES	MONITOR METHODS	TIME FRAMES	RATING SCALES (START)	RATING SCALES (END)

## APPENDIX B

### Attitudes Toward Women Scale

The Attitudes Toward Women (ATW) scale is a 15- item version of the original 55- item scale. The scale focuses on the rights and roles of women, and asks subjects to respond to each statement on a four-point scale from “agree strongly” to “disagree strongly.”

#### Scoring

Items are scored from 0 to 3. Three indicates a more egalitarian attitude toward women. The following items are therefore scored with A (“agree strongly”) scoring 0 and D (“disagree strongly”) scoring 3: 1,5,7,8,9,12,13,15. The remaining items are scored in reverse, with A scoring 3 and D scoring 0. Scores range from 0 to 45.

#### Interpretation

It is not necessary or possible solely to score the ATW quantitatively. The face validity of the items is such that a clinician can derive information regarding the degree of sex role stereotyping in which an offender engages by analysis of the individual items.

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#### Attitudes Toward Woman

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The statements listed below describe attitudes towards the role of women in society which different people have. There are no right or wrong answers, only opinions. You asked to express your feeling about each statement by indicating whether you (A) agree strongly, (B) agree mildly, (C) disagree mildly, or (D) Disagree strongly.

	Agree Strongly			disagree Strongly
1. Swearing and obscenity are more repulsive in the speech of a woman than a man.	A	B	C	D
2. Under modern economic conditions with women being active outside the home, men should share in the household tasks such as washing dishes and doing the laundry.	A	B	C	D
3. It is insulting to women to have the "obey" clause remain in the marriage service.	A	B	C	D
4. A woman should be as free as a man to propose marriage.	A	B	C	D
5. Women should worry less about their rights and more about becoming good wives and mothers	A	B	C	D
5. Women should assume their rightful place in business and all professions along with men.	A	B	C	D
6. A woman should not expect to go to exactly The same places or to have quite the same freedom of action as a man	A	B	C	D
7. It is ridiculous for a woman to run a locomotive and for a man a darn socks.	A	B	C	D
8. The intellectual leadership of a community should be largely in the hands of men.	A	B	C	D
9. Women should be given equal opportunity with men for apprenticeship in the various trades.	A	B	C	D
10. Women earnings as much as their dates should bear equally the expense when they go out together.	A	B	C	D
11. Sons in a family should be given more encouragement to go to college than daughters.	A	B	C	D
12. In general, the father should have greater authority than the mother in the bringing up children.	A	B	C	D
13. Economic and social freedom is worth far more than acceptance of the idea of femininity, which has set up by men.	A	B	C	D
14. There are many jobs in which men should be given preference over women in being hired or promoted.	A	B	C	D

## APPENDIX C

### Abel and Becker Cognitions Scale

#### Description

This is a 29-item scale that measures cognitive distortions regarding the sexual molestation of children.

#### Scoring

Respondents mark each item on a scale from 1 (“strongly agree”) to 5 (“strongly disagree”). The items are noted clinically rather than scored quantitatively. Each item represents statements that have been made by sex offenders to justify their behaviour.

#### Interpretation

Agreement with any of the items represents an example of distorted cognitions to be addressed in therapy.

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### ABEL AND BECKER COGNITION SCALE

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Read each of the statement below carefully, and then circle the number that indicates your agreement with it.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

	Strongly Agree				Strongly Disagree
1. If a young child stares at my genitals it means the child likes what she (he) sees and is enjoying watching my genitals.	1	2	3	4	5
2. A man (or woman) is justified in having sex with his (her) children or stepchildren, if his wife (husband) doesn't like sex.	1	2	3	4	5
3. A child 13 or younger can make her (his) own decision as to whether she (he) wants to have sex with an adult or not.	1	2	3	4	5
4. A child who doesn't physically resist an adult's sexual advances really wants to have sex with the adult.	1	2	3	4	5

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|--|---|---|---|---|---|
| 5. If a 13-year old (or younger) child flirts with an adult, it means he (she) wants to have sex with the adult.   | 1 | 2 | 3 | 4 | 5 |
| 6. Sex between a 13-year old (or younger) child and an adult causes the child no emotional problems.   | 1 | 2 | 3 | 4 | 5 |
| 7. Having sex with a child is a good way for an adult to teach the child about sex.  | 1 | 2 | 3 | 4 | 5 |
| 8. If I tell my young child (stepchild or close relative) what to do sexually and they do it, it means they will always do it because they really want to. | 1 | 2 | 3 | 4 | 5 |
| 9. When a young child has sex with an adult, it helps the child learn how to relate to adults in future.   | 1 | 2 | 3 | 4 | 5 |
| 10. Most children 13 (or younger) would enjoy having sex with adult and it wouldn't harm the child in the future.  | 1 | 2 | 3 | 4 | 5 |
| 11. Children don't tell others about having sex with a parent (or other adult) because they really like it and want to continue.                           | 1 | 2 | 3 | 4 | 5 |
| 12. Sometime in the future, our society will realize that sex between a child and an adult is all right.   | 1 | 2 | 3 | 4 | 5 |
| 13. An adult can tell if having sex with a young child will emotionally damage the child in the future.  | 1 | 2 | 3 | 4 | 5 |
| 14. An adult, just feeling a child's body all over without touching her (his) genitals, is not really being sexual with the child.                         | 1 | 2 | 3 | 4 | 5 |
| 15. I show my love and affection to a child by having sex with her (him).  | 1 | 2 | 3 | 4 | 5 |
| 16. It's better to have sex with your child (or someone else's child) than to have an affair.  | 1 | 2 | 3 | 4 | 5 |

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|--|---|---|---|---|---|
| 17. An adult fondling a younger child or having the child fondle the adult will not cause the child any harm.                                      | 1 | 2 | 3 | 4 | 5 |
| 18. A child will never have sex with an adult unless the child really wants to.  | 1 | 2 | 3 | 4 | 5 |
| 19. My daughter (son) or other young child knows that I will still love her (him) even if she (he) refuses to be sexual with me.                   | 1 | 2 | 3 | 4 | 5 |
| 20. When a young child asks an adult about sex, it means that she (he) wants to see the adult's sex organs or have sex with the adult.             | 1 | 2 | 3 | 4 | 5 |
| 21. If an adult has sex with a young child, it prevents the child from having sexual hang-ups in the future.                                       | 1 | 2 | 3 | 4 | 5 |
| 22. When a young child walks in front of me with no or only a few clothes on, she (he) is trying to arouse me.                                     | 1 | 2 | 3 | 4 | 5 |
| 23. My relationship with my daughter (son) or other child is strengthened by the fact that we have sex together.                                   | 1 | 2 | 3 | 4 | 5 |
| 24. If a child has sex with an adult, the child will look back at the experience as an adult and set it as a positive experience.                  | 1 | 2 | 3 | 4 | 5 |
| 25. The only way I could do harm to a child when having sex with her (him) would be to use physical force to get to her (him) to have sex with me. | 1 | 2 | 3 | 4 | 5 |
| 26. When children watch an adult masturbate, it helps the child learn about sex.   | 1 | 2 | 3 | 4 | 5 |
| 27. An adult can know just how much sex between him (her) and a child will hurt the child later on.  | 1 | 2 | 3 | 4 | 5 |
| 28. If a person is attracted to sex with children, he (she) should solve that problem themselves and not talk to professionals.                    | 1 | 2 | 3 | 4 | 5 |
| 29. There's no effective treatment for child molestation.  | 1 | 2 | 3 | 4 | 5 |

**APPENDIX D**

**Estimate of Self Concept Scale**

This questionnaire is designed to show how you see yourself. Please answer each item as carefully and accurately as you can by placing a number next to each statement.

- 1 – Rarely or never
- 2 – A little of the time
- 3 – Sometimes
- 4 – Often
- 5 – Most or all of the time

- 1. I feel that people would not like me if they really knew me well. -----
- 2. I feel that others get along much better than I do. -----
- 3. I feel that I am an attractive person. -----
- 4. When I am with other people, I feel they are glad I am with them. -----
- 1. I feel that people really like to talk with me. -----
- 6. I feel that I am a competent person. -----
- 7. I feel that I make a good impression on others. -----
- 8. I feel that I need more self-confidence. -----
- 9. When I am with strangers, I am very nervous. -----
- 10. I think that I am a dull person. -----
- 11. I feel unattractive. -----
- 12. I feel that others have more fun than I do. -----
- 13. I feel that I bore people. -----
- 14. I think my friends find me interesting. -----
- 15. I think I have a good sense of humour. -----
- 16. I feel very self-conscious when I am with strangers. -----

17. I feel that if I could be more like other people I would be happy. -----
18. I feel that people have a good time when they are with me. -----
19. I feel embarrassed when I go out. -----
20. I feel I get pushed around more than others. -----
21. I think I am a rather nice person. -----
22. I feel that people really like me very much. -----
23. I feel that I am a likeable person. -----
24. I am afraid I will appear foolish to others. -----
25. My friends think very highly of me. -----

- Reverse the scores for the following items: 3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, 25 (eg. If you entered 2, it becomes 4 and 4 becomes 2, whilst 3 remains the same).
- Total the scores.
- 20-30 points – your self-concept is very positive.
- 31-50 points – your self-concept is good, problem areas are few.
- 51-80 points – you have a fair self-concept, attention should be given to the problem areas.
- 81-125 points – you have quite a number of problem areas, which contributes to a negative self-concept. You can benefit from a skills training course.