Treatment of People Convicted for Sexual Offenses (PCSO): Old and New Challenges

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Stop Sexual Abuse

The unchanging ultimate challenge

What works to stop re-offending?

Punishment works well

Over a period of 5 years, less than 10% of released PCSO have a new charge or conviction

Over a period of 20 years or longer, about 25% of released PCSO have a new charge or conviction
Punishment does not have to be judicial to have an effect. Addressing behaviour is important, e.g., #MeToo

But for those for whom punishment does not work, more punishment does not work either. They need help = TREATMENT

What works in treatment of PCSO?

Who? Offenders who need it most
What? Things related to recidivism risk
How? In a way the offender ‘gets’

Responsivity requires customization
And, responsivity requires a little love...

Responsivity requires customization

Responsivity
Be Warm
Be Empathic
Be Rewarding
And then you can be Directive

With respect toward their own traumas: Trauma Informed Care
Higher risk requires more intensive intervention: We need risk assessment instruments to assess that.

Recidivism over time

If a released offender remains free of recidivism in society, his risk of reoffending get progressively smaller: Reduced with half every five years!

Focus treatment on the offender's (most important) dynamic risk factors.

Sexual motivation is a process.
Sexual Motivation Cycle (Smid & Wever, 2019)

Experience matters
Learning processes do play a part

Sexual motivation and sexual offending behavior

The largest group of victims are around 14 years old, for every offender age category (Felson & Cundiff, 2014)

Treatment of those offenders focuses on inhibition...
...and avoiding risky situations (Temptation Island)

Sexual motivation and deviant sexual offending

Children under age 12 are considered attractive by a minority of people in general (0.3% - 20% max).

Deviant treatment of those offenders, too, focuses on inhibition...

But there can also be a focus on targeting the deviant interest itself
Medication: Anti-androgens

- This medication will lower or nullify the sensitivity of the sexual system
- That effect is not specific. Meaning that all sexual arousal will be reduced, not only the deviant arousal

Aversive conditioning and EMDR are examples of treatment that try to target the deviant arousal specifically

But often the deviant interest is the only (strong) interest. Taking away deviance, means taking away sexuality

The patient/client needs to be in agreement with this, or it will not work in the long term

Does treatment work?
Latest meta-analysis (Gannon et al., 2019)

- Yes, overall, treatment reduces recidivism with roughly 1/3
- Treatment is more effective:
  - If provided by trained professionals
  - If it includes some form of 'arousal-conditioning'

Treatment

- Learning to behave differently is certainly possible, 'even' for sex offenders
- Learning to feel differently is more complicated, but might not be entirely impossible
- There needs to be informed agreement with the patient

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