

## Conceptual framework appraisal of the understanding of factors involved in sexual offences against children

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### Abstract

Sex offenders are imprisoned for a set period of time. They are released back into their communities after spending some time in prison, either on parole or probation. Effective intervention is required for a sex offender to avoid reoffending. Strict sentences for sex offenders are ineffective in addressing sexual offending. To address sexual offending, offenders' deviant sexual patterns must be changed. This includes the use of a combination of cognitive behavioural therapy and relapse prevention. Sex offenders in South Africa are dealt with by the Department of Correctional Services. Chapter 28 of the Criminal Procedure Act of 1977 plays a significant role in guiding the operation of the Department of Correctional Services. Restorative justice is a critical concept in dealing with sexual offenses. The criminal justice system's re-traumatizing nature, combined with high levels of attrition and low conviction rates, encourages the search for new approaches to address the justice and healing needs of people who have been victims of sexual crimes. This alternative is provided by restorative justice.

**Keywords:** Child sexual offence, Intervention, Sexual behaviour, Treatment, Rehabilitation.

### Introduction

Child sexual abuse is most commonly perpetrated by relatives and acquaintances, and it is difficult for children to control their interactions with them. Broad intervention programs must include addressing offender's sexual behaviour. The primary intervention is required to comprehend the factors that influenced or contributed to the development of the first perpetration of a sexual offence. The high number of sex offenders in South African prisons demonstrates that the current punishment for sex offenders is insufficient to persuade people not to commit sexual offenses. Harsher sentences for sex offenders have proven ineffective in rehabilitating offenders. Other countries, in addition to imprisonment, focus on behavioural patterns in the treatment of sexual offenders. The emphasis is on changing deviant sexual arousal behaviour. To change deviant sexual arousal patterns, the treatment used Pavlov's classical conditioning model, Watson and Skinner's theories, and aversion therapy. In the 1970s and 1970s, the collaboration of theories and the use of cognitive processes

to address sexual offenses was recognized as an important factor. Offenders were subjected to treatment that required them to admit their wrongdoing. Furthermore, they received training in social skills as well as assertiveness training. While the South African criminal justice system includes the Department of Correctional Service (DCS) as one of its components. The South African constitution mandates that the DCS handle imprisoned sentenced offenders. DCS is in charge of placing offenders in a safe, secure, and humane environment, as well as ensuring that rehabilitation and reintegration programs are carried out successfully. The DCS must provide opportunities for offenders to develop and grow, as well as prepare offenders to adjust well to society after serving their time in prison. Alternative important concept for justice is restorative justice. Some victims fear secondary victimisation that may be brought within or appearing in the conventional court.

### **Background**

It is important to understand that most sex offenders will be released from incarceration back into the community at some point, possibly before completing their sentence; thus, there is a tremendous need for effective intervention that will reduce the reoffending rate (Moster, Wnuk, & Jeglic, 2008). Sexual offenders must be held accountable for their actions. The penalties imposed on sex offenders must be severe enough to serve as a specific and general deterrent. It must be effective enough to deter repeat offenders as well as other people from committing a sexual offense. Social justice requires the government to hold sex offenders accountable. According to the Human Science Research Council (HSRC), there are currently 19 531 sex offenders in prison in South Africa, with 26 of them being female (Moolman, 2014). According to Annette van der Merwe Ph.D.'s 2005 study, the sentencing of rape cases ranged from 12 to 25 years, indicating a stiff imprisonment sentence that has been the case in the past. This could be attributed to the initiatives of social movements such as the feminist organization. However, the researcher believes that a harsh sentence is insufficient to address sexual offending. Even though those found guilty face harsh sentences, children are still subjected to sexual offenses.

This demonstrates that South African offenders do not fear prisons. Furthermore, imposing harsh sentences does not address child sexual abuse because harsh sentences only apply to reported cases and those found guilty. As a result, those unreported cases go unpunished. Thus, the researcher believes that there is an urgent need to address the sexual exploitation of children before it becomes a problem that escalates. According to Moolman (2014) of the Human Sciences Research Council, stricter imprisonment is only one aspect of the management of sex offenders, adding that imprisonment does not always result in rehabilitation, a reduction in the likelihood of reoffending or placing the offender in treatment. Moolman (2014) also cited research by Dennis Doren from the Mendota Mental Health Institute in Wisconsin, USA, which "shows reoffending rates of 52% among sex offenders". However, the recidivism rate of sexual offenders in South Africa is unknown.

## Addressing illicit sexual behaviour

The first treatment for sex offenders in nature was reported to be behavioural and focused on changing sex offenders' deviant sexual arousal patterns (sex). These early treatments used Pavlov's classical conditioning model and Watson and Skinner's theories, as well as aversion therapy to change deviant sexual arousal patterns (Kirsch & Becker, 2006). Only in the 1970s and 1980s was the incorporation of theories and treatment of sexual offenses with the cognitive process recognized as a significant component of offending behaviour (Marshall & Laws, 2003). With this shift, new techniques in the treatment of sexual offending intervention from the behavioural model were added. These new technique intervention programs included training in social skills, assertiveness training, challenging distorted cognitions, and reconditioning sexual interest (Moster, Wnuk, & Jeglic, 2008).

The expansion of sexual offender intervention programs in the 1980s resulted in the incorporation of new components, and thus the concept of relapse prevention (RP) emerged as an essential component in sex offender treatments (Moster, Wnuk, & Jeglic, 2008). According to the Center for Sex Offender Management, the majority of sex offender treatment programs in the United States and Canada use a combination of cognitive behavioural therapy (CBT) and RP. In general, these treatment interventions are delivered through group and individual therapy, with a focus on the offender becoming aware of the victim and learning empathy, cognitive restructuring, learning about the sexual abuse cycle, RP planning, anger management and assertiveness training, social and interpersonal skill development, and changing deviant sexual arousal patterns.

### Cognitive Behavioural Therapy Interventions with Sex Offenders

#### *Cognitive Behavioural Therapy Fundamentals*

Cognitive behavioural therapy is based on the cognitive model, which holds that incorrect and dysfunctional thinking is a common symptom of all psychological problems and illnesses. These distorted thoughts affect and influence a person's temper and behaviour. Moster, Wnuk, and Jeglic (2008) bases CBT "on the idea that a person's thoughts, attitudes, and beliefs determine his or her behaviour in any given situation or interaction" (P. 111). As a result, CBT prescriptions state that a person must be aware and change his or her thoughts and beliefs if he or she wishes to change his or her behaviour, experiences, or emotional expression.

CBT therapists use a different process to assist their clients in critically examining the relationship between thoughts and subsequent emotions and behaviours. CBT therapists may employ techniques such as cognitive restructuring, behavioural rehearsal, and role play (Beck, 1995). CBT experts teach their subjects skills that help them improve their behaviours and thoughts, such as identifying and evaluating automatic thoughts, identifying emotions, problem-solving, decision making, and activity monitoring and scheduling. In addition, CBT therapists assign a home task to be completed in between sessions with their clients (Beck, 1995).

### ***Cognitive Disturbance***

One of the most important aspects of cognitive behavioural therapy (CBT) interventions for sexual offender treatment is the treatment of cognitive distortion. Incorrect attitudes and beliefs that support criminal behaviour are examples of cognitive distortions. Paedophiles, for example, may believe that engaging in sexual intercourse with a minor is educational to the minor and is in the best interests of the minor. Another example is a child sex offender who may blame the victim and believe that the child was seductive (Moster, Wnuk, & Jeglic, 2008). According to Moster et al. (2008), discovered that Blumenthal, Gudjonsson, and Burns (1999) find the following in their study.

*Found that sexual offenders hold attitudes and beliefs that minimize and justify their offending behaviour. They found that sexual offenders of children supported their offending with more permanent cognitive distortions, such as the belief that the young victim wants and accepts a sexual relationship, whereas those who offend against adults more often use blame attributions associated with the offense. (P. 111)*

Sex offenders are thus said to misinterpret the actions, behaviours, and cues of those who become their victims. Beckett, Beech, Fisher, and Fordham (1994) discovered that people who commit sexual offenses correctly identified the same gender cues during a nondate social outing, but misinterpreted different gender cues. The latter scholars discovered that offenders who sexually abuse children also misinterpret the minors' cues. They discovered that the child sex offenders have inaccurate beliefs, believing that the minors agreed to the molestation and that the child was not harmed as a result of the molestation. Hudson et al. (1993) discovered that a child sex molester may interpret a minor's nonresponse to a sexual advance as consent and an indication of gratification and compliance.

Another type of cognitive distortion reported by Moster, Wnuk, and Jeglic (2008) is denialism and minimization of sexual offenses. Denialism is defined as the acceptance of a justification that minimizes responsibility, bolstered by twisted beliefs and self-deception thought processes (Schneider & Wright, 2004). It is common for sexual offenders to deny or condense their sexual offenses at the beginning of treatment. This demonstrates that in the early stages of treatment, sex offenders may use cognitive distortion to deny that their behaviour constituted sexual offenses, as reported by Moster, Wnuk, and Jeglic (2008).

A reduced cognitive distortion is essential in a CBT intervention program, with reduced cognitive distortion according to Marshall and English, (1999), it is important for reducing recidivism. Cognitive restructuring is critical in changing the offender's beliefs. The cognitive restructuring method consists of the following steps:

*(a) explaining to the offenders the role of the deviant thoughts in their sexual offending behaviour, (b) providing offenders with information on correcting these thoughts, (c) helping offenders recognize the appropriate thoughts from the inappropriate ones, and (d) helping offenders challenge the inappropriate thoughts (Moster, Wnuk & Jeglic, 2008, p. 112).*

The treatment process is expected to begin with the offender explaining the sexual offenses in detail. This includes the offender unpacking his or her previous thoughts or beliefs that led to the sexual behaviour. The goal of requiring the offender to unpack personal motives or influencing factors in sexual offending is to assist the

offender in understanding the chain of offense. This treatment process frequently addresses a large number of cognitive distortions that the sex offender possesses. During the treatment period, the sex offender is required to discuss his or her sexual offenses; this discussion eventually allows the sex offender to progress to the final stage of treatment, which is RP (Moster, Wnuk, & Jeglic, 2008).

Furthermore, Murphy (1990) emphasizes that having an offender talk about his / her sexual offending in a group helps him/her critically think about his / her offending as well as the offending of other sex offenders in conjunction with cognitive distortions identifications. This practice of giving and taking assists the offender in reconsidering sexual offenses. Moreover, it provides a learning environment because the offender learns from others. The group is asked to evaluate the offender's cognitive distortion regarding the victim and the offender's behaviour throughout the group session. The process is repeated until the offender's cognitive distortion is reduced (Marshall et al., 1999). When offenders refuse to admit to committing a crime, treating their cognitive distortion becomes difficult.

### **Compassion**

Moster, Wnuk, and Jeglic (2008) defines empathy as follows.

*"The ability to cognitively identify someone else's perspective, to recognize emotions within oneself, and to apply these emotions by behaving compassionately as a result of another's feelings (Pithers, 1994, 1999). There is a general belief that empathy helps regulate human behaviour (Moore, 1990). However, to what extent one needs to be engaged in empathy and how human beings come to experience empathy is not yet thoroughly understood". (P. 115)*

Many researchers believe that sex offenders have empathy for other people but lack empathy for their victims. As a result, it is claimed that, in comparison to other sex offenders, child sex offenders are unable to decode a child's level of distress (Moster, Wnuk, & Jeglic, 2008).

Marshall and Fernandez (2001) advocate using victim impact statements and videos as one of several techniques that can help sex offenders develop empathy for their victims. Documentaries, talk shows, and movie clips can all be used to depict the consequences of a sexual offense. The offenders in their session group may talk about how the victim was affected by the sexual offense.

Letter writing, both from the victim to the offender and from the offender to the victim, is an effective intervention technique for instilling empathy in sex offenders. Offenders must write letters to victims expressing deep regret and accepting full responsibility for their actions. Although the letter is not sent to the victims, offenders are required to read their letters aloud to a group and rate one another. The offender may be required to rewrite the letter until the group is satisfied that it adequately expresses empathy for the victim. Members of the group must discuss the emotions elicited by the letter. Furthermore, the offender is asked to explain how the letter affected him or her (Moster, Wnuk, & Jeglic, 2008). In the absence of a letter from the victim, the offender may be required to put themselves in the shoes of the victim, acting as a mock victim. The offender must write a letter to themselves in which they demonstrate the impact of the sexual offense or imagine the victim's thoughts and emotions as a result of the sexual offense (Mann & Barnett, 2013).

## Handling of child sex offenders at prisons.

### *Department OF Correctional Services (DCS) South Africa*

Offender rehabilitation is overseen by the Department of Correctional Services (Landman, 2009). DCS is thus a custodian for people who have broken the law and committed an offense against society (Skelton, 2013), have been found guilty by the courts, and have been handed over to the DCS. One of the DCS's primary responsibilities is to correct offenders' behaviour that society has failed to correct. To carry out this duty of behavioural correction, the DCS must provide opportunities for incarcerated offenders to develop and grow, thereby preparing the offender to adjust well in a conventional society upon release.

The DCS is in charge of placing offenders in a safe, secure, and humane environment, as well as ensuring the successful implementation of rehabilitation and reintegration programs. The DCS Act of 1998 (Act 111 of 1998), the Criminal Procedure Act of 1977 (Act 51 of 1977), the South African Corrections White Paper of 2005, and the South African Remand Detention Management White Paper of 2014 all subsidise to this mandate.

The DCS is required by law to contribute to the maintenance and promotion of a just, peaceful, and safe society by correcting offending behaviour in a safe, secure, and humane environment. This environment must promote effective rehabilitation and lower recidivism (South Africa Yearbook 2018/19). In addition to the legislative framework, the constitution entrusts the Department of Correctional Services with the following responsibilities:

- Equality
- Human dignity
- Freedom and security of the person
- Right to healthcare services
- Children's rights
- Right to education
- Freedom of religion
- Right to humane treatment and to communicate with and be visited by the family next of kin.

The sentencing of an offender is dealt with in Chapter 28 of the Criminal Procedure Act of 1977, and the entire chapter 28 of the Criminal Procedure Act of 1977 deals with the department's mandate. Offenders must be imprisoned in accordance with the sentence imposed under the preceding chapter. According to the DCS (2005), the DCS's main mandate in terms of corrections strategic policy in SA is as follows:

*"Our prime mandate within Correctional Services remains security and public safety. We will not compromise on this. Driven by the challenge of ensuring that rehabilitation is central to all our activities, our programmes are aimed at maximising delivery on corrections, development, security, care, facilities, and after-care to all offenders. It is only through the delivery of these key services, aimed at behavioural, attitudinal and social changes that we have a chance of succeeding in the rehabilitative process of offenders". (P. 3)*

The treatment and rehabilitation services provided to offenders in South African

prisons are widely criticized (Dissel & Kollapen, 2010). As a result, ineffective rehabilitation services provided within prisons are ineffective in changing offenders' criminal behaviours (Landman, 2009). This runs counter to the White Paper on Corrections from 2005. According to South Africa's 2005 White Paper on Corrections, prisons must be rehabilitation prisons, and offenders must be given new hope and encouraged to adopt a lifestyle that will result in a second chance to become the ideal South African Citizen, who will be a law-abiding citizen (South Africa Yearbook 2018/19).

### ***Rehabilitation of child sex offenders***

Rehabilitation is required to bring about positive change in the fundamental behaviour of sentenced offenders. An individual's temperament, attitude, and behaviour must be altered. The primary requirement for this change is that the offender recognize that his or her behaviour, acts, and actions were wrong. Once an individual recognizes the error in his or her behaviour, the individual's behaviour can be changed (Cilliers & Smit, 2007).

Rehabilitation is a continuous process in which the offender accepts that retribution for their actions is unavoidable. As a result, if the offender is committed to successful and long-term reintegration into society, he or she must recognize the significance of disposition, attitudes, and positive behavioural change. Offenders must be forced to develop a positive and relevant value system as part of their rehabilitation. External behaviour change in the offender is also required. Rehabilitation cannot be carried out effectively unless these pillars are well-constructed (Cilliers & Smit, 2007).

Treatment that is tailored to the offender's needs and the conditions under which the offender is imprisoned is required for successful rehabilitation. Given the motivation for offenders' sexual perpetration of children, developing intervention programs derived/based on the motivation for offenders' sexual perpetration of children is critical. These programs must be implemented as part of the rehabilitation process. Intervention programs aimed at creating a more gender-equitable society, according to Jewkes, Sikweyiya, Morrell and Dunkle, (2010), are critical in addressing child sexual abuse (KZN DCSL, 2010).

Cilliers and Smit (2007) argue that rehabilitation may not be effectively realized if it is administered in the absence of any form of opportunity, they also argue that expecting incarcerated offenders to be rehabilitated within the current correctional environment is unrealistic. Suggestions that rehabilitation ethics require society to look beyond a just society and recognize that the solution to criminal activity is a social phenomenon that necessitates a critical examination of the causes of crime, recidivism, and criminality. Rehabilitation intervention that fails to address social problems that put the offender at risk of becoming a criminal, or that ignores traditional methods, will have no societal benefit.

In order for prison programs to be effective, offenders must be assessed based on their needs in order to determine which program is best suited to a specific offender. As a result, the ultimate goal of rehabilitation should be to increase community safety. As a result, increasing the validity of assessment and risk management ranges, as well as relevant treatment planning, can help to ensure community safety. Professionals who supervise and provide offense-specific treatment to incarcerated offenders must

guide treatment decision-making (Herbig & Hesselink, 2012).

The third goal of DCS is to provide needs-based correctional sentence plans and interventions based on an assessment of an individual's security risk and criminal profile to ensure that sexual offenses offenders receive intervention that addresses the circumstance in which they committed the sexual offense under its motivation (KZN DCSL, 2010). Assessments should be the first step in determining an incarcerated offender's schedule, and their needs should be met with the necessary resources to ensure maximum support (Herbig & Hesselink, 2012). Further Corrections must address all aspects of offending behaviour while focusing on the offense for which a person was sentenced to correctional supervision, remanded in a correctional care, or paroled (KZN DCSL, 2010).

The assessment must serve as the foundation for determining an offender's specific at-personal level needs, while also taking human rights and the efficacy of the treatment intervention into account. It must also keep in mind the goal of lowering recidivism in a country where crime is rampant, just as it appears to be levelling off (Herbig & Hesselink, 2012). Individual evaluations of offenders are mandated by the constitution, as stated in section 38(2) of the Correctional Services Act of 1998. (Act 111 of 1998). Individual assessment is required for the development of individualized treatment plans for offenders who have the right to an individualised assessment plan (Herbig & Hesselink, 2012).

Individualised treatment of offenders in South African prisons, on the other hand, is not the norm; South African prisons typically use a "one size fits all" approach (Herbig & Hesselink, 2012). This is despite the fact that a corrections white paper states that there is a clear need to implement more personalized intervention and assessment of offenders in order to coordinate and facilitate effective rehabilitation efforts. This is due to a shortage of professional workers in the DCS, according to Herbig and Hesselink (2012). Unfortunately, there were approximately 51% vacancies available for psychologists in 2010/2011, and social workers reported being overburdened with caseloads of more than 3 000 per person.

There are only a few offenders who are subjected to regular rehabilitation programs. According to reports, DCS justified poor performance in prisons by citing management flaws and a lack of a dependable appointment structure. Through the provision of critical services to offenders, such as offending behaviour modification and the development of the individual involved as a human being. In South Africa, needs and risk assessments are based on what are known as first-generation assessments— one-on-one, in-depth, and personal judgments of offending behaviour. However, only about 38% of sentenced offenders under correctional supervision or on parole have had their rehabilitation needs addressed through continuous assessment and correctional programs that address their offending behaviour.

Cilliers and Smit (2007) elaborate on the effectiveness of rehabilitation within the correctional institution, stating that the core characteristic required for a correctional institution to be a rehabilitative correctional institution requires all aspects of the facility setting to be geared toward changing the offender. The intention of DCS, according to Herbig and Hesselink (2012), is reformation and facilitation of a holistic sentence planning process that engages offenders at all stages, including social,

moral, spiritual, physical, vocational, educational, intellectual, and mental. As a result, therapeutic, academic, and vocational training components must be included in correctional programs (Silverman & Vega, 2003). Furthermore, the emphasis of educational programs must be on vocational training that meets the offender's needs and interests.

The types of sexual offenses committed by perpetrators vary, as do the circumstances surrounding their actions and the victims they choose. Working with sexual offenders necessitates fundamental shifts in belief systems as well as an appropriate therapeutic intervention to enable sexual offenders to consciously change their offending behaviour (Harper, 2012).

Sexual offenses against children, as defined by the Sexual Offenses and Related Matters Amendment Act of 2007, Act No. 32 (The DNA Project, 2014), necessitate dedicated multi-role players. Government agencies, including but not limited to the South African Police Service, Department of Correctional Services, and Department of Social Development, will work with Non-Government Organisations, Civil Society, Scholars, and the Community (SASSETA Research Division Monograph, 2016). Currently, efforts to intervene in child sexual abuse are concentrated on a small number of known offenders who have been reported to the police. Collaboration with other organizations would help in the prosecution of offenders who have not been reported to the police. Increased vigilance and harsh sentences, on the other hand, will not put an end to child sexual abuse.

### **Restorative justice**

Traditional punitive criminal justice has undergone significant change. "The re-traumatizing nature of the criminal justice system, combined with high levels of attrition and low conviction rates, encourages the search for new approaches to address the justice and healing needs of people who have experienced sexual crimes," according to the report (Marsh & Wager, 2015, p. 339). This transition occurred in tandem with the development of policies and strategies to promote restorative justice. This emphasizes the importance of community collaboration. Theoretical restorative policing encourages the community to take a more active role in promoting public safety.

Marsh and Wager (2015) argue that restorative justice can be used instead of or in addition to traditional justice. This additional form of justice asserts that communities must take the lead in ensuring reconciliation and reintegration, while the justice system must play a supporting role. Restorative justice may offer a more systematic, just, and appealing solution. According to Van Camp and Wemmers (2013), it will provide care and support, as well as an opportunity for dialogue and increasing victim satisfaction in which victims play an active role (Doak, 2011).

In recent years, policymakers have used restorative justice as a critical strategy to divert youth from the formal criminal justice system. Restorative justice has altered policy implementation and police perceptions of youth. Restorative justice believes that young people can comprehend the consequences of their actions on others. It also believes that young people are focused and capable of taking responsibility for

their actions. The restorative justice approach requires law enforcement to lead a systemic change that prioritizes community involvement in crime prevention and control. Law enforcement agencies must support programs that promote shared responsibility in order to ensure public safety and community harmony.

When a victim does not want to prosecute the offender formally, restorative justice may be useful. This may provide some justice to the offender while also bringing to light a crime that may have gone unreported in the statistics. Restorative justice is more likely to encourage offenders to admit guilt rather than deny it in an adversarial setting. To avoid public humiliation, the victim-survivor may avoid attacks on his or her character behaviour in an attempt to discredit testimony given in a formal court of law (Marsh and Wager, 2015). Not everyone supports the use of restorative justice in sexual offense cases.

McGlynn, Westmarland and Godden (2012) argue against using restorative justice in sexual offense cases, claiming that diverting sexual offense cases from the court system may be interpreted as lessening the seriousness of the crime. Some argue that restorative justice in sexual offenses could be argued as a more tolerant alternative to punishment for offenders, according to Marsh and Wager (2015). According to Pali and Madsen (2011), restorative justice may have a negative impact on the feminist movement's already made progress. While Julich and Buttle (2010) acknowledge that there are uncertainties, they also contend that such an informal process may expose the victim to secondary victimization due to the victim-offenders power imbalance.

## Conclusion

Families and society can take steps to reduce the likelihood that their children will become criminals. Counselling should be provided to children who have been physically or sexually abused so that they can express their feelings and recover from their experiences. Families should instil in their children sexual behaviour values that emphasize the importance of consent, respect, and responsibility. Sexually explicit magazines, photographs, or films should not be shown to children. Children need opportunities to express themselves in ways that are not harmful to others. When children engage in sexual misbehaviour, parents must act quickly to control the behaviour, get the children treated, and protect other children.

More than half of adult sex offenders began their criminal careers as teenagers (McCann & Lussier, 2008; Caldwell, 2010). This is not to say that all adolescent sexual misbehaviour will lead to adult sexual misconduct. According to the evidence, rape, child molesting, and other sexual offenses committed by teenagers should not be dismissed as adolescent sexual experimentation. If these behaviours are not addressed and treated, they may develop into patterns that are difficult to change (McKillop, Rayment-McHugh, Smallbone, & Bromham, 2018).

An interdisciplinary team of psychologists, social workers, spiritual workers, and criminologists must distinguish between various groups of sex offenders during sex offender treatment and rehabilitation, as it is critical to determine and implement strategies that are tailored to each offender individually. Practitioners will gain a better understanding of the circumstances surrounding the criminal misconduct by

compiling a comprehensive and precise profile of a sex offender (Looman & Abracen, 2013).

Nonetheless, sex offenders frequently respond to treatment and rehabilitation by justifying, manipulating, and deceiving themselves. This implies that more information should be gathered. A thorough understanding of the sexual offense committed will improve the efficacy of sex offender treatment and rehabilitation. However, the success of offender rehabilitation is influenced not only by the treatment programs offered to offenders, but also by the circumstances in which they are delivered. Treatment conditions must be derived from the underlying cause of the sex offense, which could be discovered through a psych criminogenic study of child sex offenders.

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