

GROUP 3

INSTITUTIONAL TREATMENT PROGRAMMES

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I. INTRODUCTION

Group three was tasked to look at institutional and community treatment of sexual offenders and interagency cooperation among stakeholders. There was a general consensus by the group that it is important to consider institutional and community treatment of sexual offenders in an effort to reduce recidivism by those that have gone through the criminal justice system. This can be achieved through institutional and after care treatment programmes after the release of offenders into their respective communities as an alternative to merely punishing them. However, the fact that various countries are at different levels of implementation, that is, those that already have structures in place for example, Japan, Korea, Thailand and Fiji, and countries like Zimbabwe and Indonesia, who are yet to consider implementation of similar treatment programmes, was not overlooked. The level of development and capacities to initiate the programmes in some developing countries was also discussed.

The presence of experts from Canada and Germany, that is Dr. Marshall and Dr. Mueller-Isberner, was a source of inspiration as they provided invaluable insight on contemporary offender treatment programmes.

II. CURRENT SITUATION OF RESPECTIVE COUNTRIES

Before discussing the contents of effective treatment, we shared information on the current situation of each country in order to make our tasks clear. As a result of that, it emerged that countries of group three members are at different levels of implementation; however, all group three members agreed on the necessity of treating sex offenders.

1. Korea

Korea has institutional treatment programmes for juvenile and adult sexual offenders. The primary purposes of their programme are to increase motivation to avoid re-offending and to develop the self management skills necessary to achieve this. A Cognitive Behavioural Therapy Approach is used for both juvenile and adult offenders. The programme is divided into four stages. In the first stage, meditation and relaxation is provided for inmates. In the second stage, offenders need to consider their own sexual crime they committed. In the third stage, they have opportunities to examine and face why they committed such a crime. Lastly, they have an opportunity to share their experience with others and receive feedback from each other.

Korea has a unique feature where the court makes an order to the prison authorities for repeat or dangerous offenders to undergo treatment. However, the Korean programme is still on a pilot study basis for adult inmates, that is, it is still in its infancy and they are yet to evaluate it in order to check its effectiveness.

Generally, most of the participants are satisfied with the programme, but some are afraid that the contents of their offences may be known to their fellow participants. This is mainly because the aspect of confidentiality has not been clearly defined, hence the need to come up with a clear cut policy on handling offenders' information.

2. Thailand

Thailand also has a programme in place that is for both juveniles and adults. The difference with Korea is with the treatment model. In Thailand, after offenders are assessed, those exhibiting high risk tendencies are admitted into a hospital, where they undergo a rigorous medical examination and treatment is prescribed. The classification is done by doctors, multi-professionals and psychoanalysts. Firstly, treatment focuses on individual basic lifestyle and education. Secondly, it is followed by group therapy and counselling and lastly, Cognitive Behavioural Therapy. The objective of the Cognitive Behavioural Therapy is to try and change the offenders' behaviour and attitude.

3. Indonesia

In Indonesia the Directorate General of Correctional Services formed a psychology unit in an effort to provide correctional services to offenders. In the spirit of cooperation, some non-governmental organizations have funded training of correctional officers and have also been invited to give illustrations on therapy and rehabilitation that should be conducted by correctional officers. However, the programme is not specifically for sexual offenders but addresses all offenders in general.

4. Fiji

In Fiji, rehabilitation of offenders does not specifically focus on sexual offenders only but all offenders undergo a structured training programme like life skills, carpentry and joinery, agriculture, basic engineering and counselling. Cognitive Behavioural Therapy has also been introduced in Fiji and it is administered by trained prison officers. In order to enhance an approach based on a contemporary rehabilitation and corrections approach Fiji, in March 2006, passed the Prisons and Corrections Act, 2005, which amongst other issues provides for the introduction of probation and parole in their criminal justice system, to accommodate the need for community based treatment.

5. Zimbabwe

In Zimbabwe, rehabilitation is mostly agriculturally oriented; for example, maize production, poultry farming, dairy farming, vegetable farming and cattle ranging for adult offenders. For juveniles, academic education, smaller scale vegetable gardening and technical courses such as carpentry, motor mechanics and welding are provided. The Zimbabwean system does not have specific programmes for treatment and rehabilitation like the Cognitive Behavioural Therapy being offered to sexual offenders in Korea, Thailand and Fiji. At the same time the prison officers do not have specialized training in correctional services.

Between 1997 and 1998 some government and non-governmental organizations carried out an in-depth study on incarcerated sexual offenders. This was in an attempt to understand the characteristics of sexual offenders and situations that lead to and result in sexual assault. This was aimed to facilitate the development of an action plan on Crime Prevention and Rehabilitation of sexual offenders. This therefore shows that the idea is not new to Zimbabwe and what is required is a follow-up with the relevant ministry and probably sourcing of funds for implementation of the programme.

6. Japan

In November 2004, an ex-convict kidnapped and murdered a child, and it caused an outcry from the general public. It is against this background, the Correction Bureau and Rehabilitation Bureau, which have jurisdiction over offenders, jointly carried out a study on the sex offender treatment programme in April 2005. Among the eight researchers were experts in psychiatry, psychology and criminology. Based on research on the treatment of offenders in the US, UK and Canada the researchers endeavoured to establish a scientific and systematic programme to prevent sex offenders from recidivism and at the same time protect society from re-offenders. In March 2006, the society drafted a standard programme, which both bureaus will introduce shortly. As for juvenile treatment, specific programmes are now under development; however, it is quite likely that juvenile sex offenders will be treated in accordance with their needs.

III. PURPOSE OF TREATMENT

Article 65 of the Standard Minimum Rules for the Treatment of Prisoners provides the general purpose of treatment of persons sentenced to imprisonment as follows:

“The treatment of persons sentenced to imprisonment or a similar measure shall have its purpose, to establish in them the will to lead law-abiding and self supporting lives after their release and to make them fit to do so. The treatment shall be such as will encourage their self respect and develop their sense of responsibility.”

Article 62 of the Standard Minimum Rules for the Treatment of Prisoners provides the necessity of medical treatment in correctional institutions as follows:

“The medical service of the institution shall seek to detect and shall treat any physical or mental illness or defects which may hamper a prisoner’s rehabilitation. All necessary medical, surgical and psychological services shall be provided to that end.”

Article 10.1 of the United Nations Standard Minimum Rules for Non-Custodial Measures provides the purpose of supervision.

“The purpose of supervision is to reduce re-offending and to assist the offender’s integration into society in a way which minimizes the likelihood of a return to crime.”

Taking into consideration the above articles, all members agreed that there are three purposes of sex offenders’ treatment: protection of society by preventing recidivism, rehabilitation of sex offenders, and the need to address victims’ sentiments.

A. Protection of Society by Preventing Recidivism

In simple terms the primary purpose of treatment is to protect society, especially women and children from re-offenders after their release. Research has shown that the recidivism rate in sexual offences is not high after short-term tracking; however, it goes up after longer follow-up periods. Sex offences cause extensive damage to victims and arouse social unrest. Therefore, governments should rehabilitate sex offenders in order to reduce incidences of possible re-offending and safeguard society.

B. Rehabilitation of Sex Offenders

When treatment and rehabilitation of sex offenders programmes are implemented, it is important to have a view that provision of programmes is not meant to just punish but help treat them. Programmes should be offered for the purpose of helping them become law-abiding persons. Therefore, appropriate treatment, including medication where necessary, should be administered for their rehabilitation. Practitioners often encounter cases where sexual offending and mental disorder co-exists in an offender. This may be due to various factors, for example, primary mental illness, mental illness as a result of substance abuse or anti-social personality disorders.

Characteristics of mental disorders may be as a result of poor management of problems; these may be difficult to manage due to non-compliance with interventions or medication. In Germany, their forensic mental health system includes a legal framework to manage mentally ill offenders. It distinguishes severe criminal acts from criminal intent, irresponsibility or severely diminished responsibility during the criminal act due to a mental disorder. Where offenders exhibit a high risk of re-offending due to mental illness the hospital recommends unlimited detention, and an annual review will be carried out by the original court. Discharge may be considered when there is eminent change in presenting risk factors.

C. The Need to Address Victims Sentiments

Victims are seriously injured by sex offences both physically and/or mentally. Recovery may not be totally achieved; therefore, survivors and their families might have a strong desire for revenge. It is also important for the criminal justice system to consider restorative justice in the form of restitution and or victim-offender mediation/dialogue. Therefore an offender programme should incorporate educating or informing offenders on how victims, their families and societies are affected by their actions and to give them an

opportunity to show remorse. Victims will also have the opportunity to understand the need for treatment and dispel the misconception that offenders are being treated leniently.

IV. EFFECTIVE TREATMENT PROGRAMMES

Developed countries such as the US, the UK, and Canada have effective sex offenders treatment programmes based on research consisting of assessment, strategic programmes based on evidenced research, and evaluation. In addition, they are designed in accordance with three general principles of classification for purposes of effective correctional treatment namely, risk, needs, and responsivity.

The risk principle stipulates that higher intensity services should be reserved for higher risk cases. This is predicated on observations that higher risk cases respond better to more intensive services than to less services, while lower risk offenders fare as well or better with minimal intervention.[...] [T]he need principal states that the targets of service should be matched to the criminogenic needs of the offender. Criminogenic needs [...] are characterized by their potential for change: they are case characteristics that, when altered, as associated with changes in the likelihood of recidivism. [...] [T]he responsivity principle asserts that the styles and modes of service should be matched to the learning styles and abilities of the offenders. This increases the potential for treatment gain, ultimately mitigating recidivism. (Blanshette, K. 1998¹: p. 3.)

A. Assessment

The purposes of assessments are to explore critical factors of each case and to develop management strategies accordingly. In assessment, static and dynamic risk factors, individual needs and responsivity are identified. Comprehensive assessments inform clinical decisions, institutional treatment and community based after care. Therefore, the result of assessment is indispensable.

Due to diversity in individual characteristics, offenders have been found to share heterogeneous characteristics, hence, the need for assessment and classification in order to appropriately allocate treatment programmes that best meet individual needs. However, assessment is not a singular event but a multi-disciplinary process as confirmed by various experts from around the world. The invention of assessment models by experts contributes to the adoption of case management plans in advanced countries like Germany and Canada. Such sharing of innovative treatment models serve to be very effective, especially in Canada.

1. Intake Assessment

The members of the group acknowledged that empirically supported and promising tools used in assessment are as follows.

- Static-99
- Sex Offender Needs Assessment Rating (SONAR, STABLE/ACUTE-2000)
- Sex Offender Risk Appraisal Guide (SORAG)
- Minnesota Sex Offender Screening Tool - Revised (MnSOST-R)
- Level of Service Inventory - Revised (LSI-R)
- Violence Risk Appraisal Guide (VRAG)
- Psychopathy Checklist - Revised (PCL-R)

A combination of the above provides the basis for allocating sexual offenders to the required extent of treatment and at the same time identifying what should be targeted in treatment.

2. Assessment Before and After Treatment

Assessment even during treatment is necessary in order to check progress and effectively allocate individual offenders into appropriate treatment programmes. However, it is not a stand alone, or one time activity but it should be a continuous process.

3. Assessment in the Community

Probation officers in the area to which the offender is released should have the responsibility to decide the most appropriate method of addressing the risk presented by the sex offender after release from custody.

¹ Blanchette, Kelly. 1996. "Sex Offender Assessment, Treatment and Recidivism: A Literature Review". http://www.csc-gc.ca/text/rscrh/reports/r48/r48e_e.shtml.

This should include the point of entry into the community-based programme. Here experts emphasize the need to take into account assessment of risk, and deviance, the level of denial and standard criteria for inclusion on the programme. Much of the information for establishing a treatment programme for parolees who have gone through institutional treatment is overlapped. Therefore, sharing of information among role players is crucial.

B. Treatment Programmes

The group members acknowledge that the purposes of institutional treatment and after care treatment in society cannot be really separated from each other. It would be meaningless to implement vigorous institutional treatment without a follow-up system upon the release of offenders. Therefore, an equal proportion of injected effort must be enhanced to ensure continuity in terms of rehabilitation both in the institutions and community.

Treatment should be tailored to meet individual risk factors. Throughout this training course, the participants were informed that two types of approaches for sex offenders namely, cognitive behavioural therapy and medical care are effective in reducing recidivism.

1. Cognitive Behavioural Approach

Cognitive behavioural therapy aims to bring about behavioural change by addressing cognitions, or ideas, attitudes, and beliefs. The programmes based on cognitive behavioural therapy usually consist of cognitive skills training, cognitive restructuring, social skills training, anger management, victim impact, and relapse prevention. Oftentimes, sex offenders present distorted cognition concerning their offences; many researches suggest that this approach is effective to prevent them from re-offending.

For example, a study found that those programmes that utilized a cognitive/behavioural approach and/or employed relapse prevention strategies reduced the sexual recidivism from 17.3% in the comparison group to 9.9% in the treated group. In addition, it was observed that non-sexual re-offending was also reduced in the treated group (32.3%) compared to the untreated group (51.3%) (Table 1).²

Table 1: Recidivism Rates for Treated/Untreated Offenders

	Treated	Untreated
Sexual Recidivism	9.9%	17.4%
General Recidivism	32%	51%

Experience has shown that some offenders have a tendency to deny or minimise their blameworthiness. Research suggests that cognitive behavioural therapy is effective treatment for sex offenders in both institutional and community based treatment to prevent them from re-offending.³ Therapists may learn from presented behaviour on how offenders perceive their victims, for example, when they are angry and the experiences are discussed at a cognitive level.

2. Medical Care

Medication is administered to sex offenders in some countries such as the US, Canada, German and Thailand to compliment therapy. In Canada, Selective Serotonin Reuptake Inhibitors (SSRIs) and Anti-androgens are used to calm down sexually compulsive and extremely dangerous sex offenders like sadists. After the medical care, sex offenders participate in other forms of psychological treatment. In such cases, medical care and other therapy are combined to improve their effectiveness.

² Hanson, R. K. et al. (2002). "First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders" cited in Marshall, W. L. (2006). "Treatment of sexual offenders and its effect." A lecture delivered at the Research and Training Institute of the Ministry of Justice, 1 June 2006.

³ Marshall, W. L. et al. (2006). Treating Sexual Offenders; An Integrated Approach. Routledge, NY USA.

Anti-androgens reduce circulation of testosterone levels. Although sexual offenders can still function sexually, their sexual urge is controlled. Anti-androgens are used in two classes of offenders, that is, in those who appear to be unable to control their high levels of deviant arousal, which are referred to a psychiatrist for hormonal examination. Secondly, they may be administered to sadists and other dangerous offenders and they may remain on the drug for an indefinite period after release, depending on how they function. In some extreme cases medication may be used to totally eliminate sexual urge.

The group was informed that, in Germany, Haina Forensic Psychiatric Hospital has structures and procedures to protect and rehabilitate mentally ill offenders within their forensic mental health systems. For example, those with severely diminished responsibility due to mental illness are detained in the institution for an unlimited period and the detention is subject to annual review by the court that gave the order. The offender can only be discharged if he/she has fully recovered and has gone through comprehensive assessment and treatment.

Provision of medical care should be a continuous process until the offender is reasonably cured. In dangerous offenders, treatment will remain until the risk no longer exists, thus, when there is evidence of repetitive behaviour, patterns of aggressive behaviour, failure to control sexual impulse and a likelihood of doing so in the future.

C. Community Based Treatment Programmes

In an institutional setting, treatment is a continuous process, however, when it comes to an end it should continue after release. There is a need for a maintenance programme as a follow-up system that should be put in place. An ideal situation is that the treatment spreads from treatment to an after care programme. This may be achieved through interagency cooperation on what should be done and who does it in the community.

In coming up with the programme, risk factors exhibited should be taken into consideration. However, there is a need to be careful about what signals are sent to the community, for example, what injuries have been inflicted upon the victim, rather than minimising the degree of blameworthiness. Research has also shown that a database is useful when dealing with the release of sexual offenders, as it is crucial to monitor and catch them before they re-offend.

For example, Korea has a community based treatment programme, an attendance centre order, which the court issues to a criminal of habitual behaviour, including sexual offences. Those who receive the order must attend lectures in the probation and parole office or other organisations designated by the probation and parole office for a certain period of time, while leading a free life, instead of being accommodated in prison.⁴

D. Evaluation of Effectiveness of the Programmes

It is important to evaluate offender treatment programmes in order to measure either the successes or shortcomings of the programme. Literature suggests that effective evaluation can be achieved after a reasonable number of years i.e. four to five years of tracking offenders. This can be through collection, collation and analysis of data to determine the rate of recidivism with and without treatment. For example, Correctional Services of Canada have a computerised case file management system that gathers, stores, and retrieves information required for tracking offenders and for making decisions concerning their cases. It also enables maintaining the continuity between institutional treatment and community treatment, helps in analysis of the effectiveness of the programmes and getting information for research.

Group member countries that have the treatment programme in place have not been in operation long enough to carry out an evaluation of the successes scored so far. Therefore, in the interim, reliance is based on achievements by some developed countries like Canada and the UK. There was also consensus from the group that for an evaluation to be effective there is a need to establish a database whereby role players agree

⁴ For adults, attendance order programmes are carried out by Seoul Probation Office for at least five hours up to six weeks. For juveniles, Seoul Probation Centre is responsible for carrying out the Attendance Centre order programmes. The elements of the programme are divided into three phases: a six hour programme before assessment; a 30 hour programme during processing and a four hour programme for after care. Each element should be supplemented by personal counselling.

on what information each player should provide. Evaluation may also help the courts to seriously consider recommendations by probation officers during sentencing of offenders.

V. PROBLEMS AND COUNTERMEASURES

In order to implement programmes for the treatment of sex offenders effectively, there is a need to analyse individual country situations. For example, the cognitive behavioural approach is best administered by trained therapists or psychologists and these might not be readily available. Sometimes offenders have no choice but to respond positively to treatment. This might appear to be a motivating factor manipulated by those who are socially skilled. According to Dr. Marshall socially skilled sex offenders, for example sadists, are good pretenders and even professionals might find it difficult to read their minds. Medication that is administered on sex offenders in some countries such as the US, Canada, and Thailand are known to have serious side effects.

A. Budgets and Staff Strength

This is a problem common to most countries where resources allocated to the various departments across the board are insufficient. For example, if the police and courts are allocated more resources as compared to prisons, this will result in the police being more efficient in terms of arrests. The courts will deal with an increased number of offenders and these are eventually incarcerated and this causes some strain on the prisons.

In spite of these circumstances, we have to step forward and tackle the problem; therefore, we have to make the most of our resources in order to introduce treatment.

B. Securing Staff and Training

In Thailand the medical correctional institutions provide a full range of mental health treatment through staff psychologists and psychiatrists. Psychologists are available for formal counselling and treatment on an individual or group basis. In addition, two part time psychiatrists and a volunteer psychiatrist from the UK also help provide treatment for inmates with psychiatric problems. However, in Fiji, correctional services are being implemented, but the number of correctional officers is not enough, hence the need for additional trained staff.

Training programmes are different from country to country. First and foremost, there is a need to sensitise all the role players on the importance of treating offenders in order to motivate them and change their mindset. Staff who are involved in the treatment of offenders, and with relevant qualifications, should be further trained accordingly. In Canada, those with a first degree in Psychology go through a two week induction course then a two year internship. They are trained in how to interview, write reports, and assess inmates and how to evaluate. Consultants or experts may be hired from abroad to provide training to institutional staff, psychologists, doctors or experts.

C. Selection of Target Offenders

In the UK and Canada, sex offenders are classified into three groups: high risk, medium risk and low risk, and individual needs and responsivity are taken into consideration to enable the provision of appropriate programmes. However, because of scarcity of resources, sometimes it is not feasible to provide programmes for all offenders we might require. Therefore, sensitisation is also important to enable policy makers and other stakeholders to realise the importance of allocating resources. From an economic point of view, high risk – high needs offenders should be given first priority and this can be expanded to other groups gradually.

However, treating offenders according to their risk factors is an exception, but not the rule; effective open sessions may be held with mixed groups of offenders with various risk needs. In such cases, the therapists decides on how many sessions an individual offender should attend based on individual needs. Periodic consultations and evaluations are also important to check understanding and progress. If necessary, the staff may provide supplementary private sessions to ensure the principles of effective treatment.

D. Measures to Motivate Sexual Offenders

Most sexual offenders usually deny having offended throughout the trial process. This makes it difficult to enter them into a treatment programme, hence the need for motivation.

In Canada the consequences of not participating in treatment are no parole or other privileges, therefore offenders have no choice but to respond positively, this in itself is a motivating factor. It is therefore important to induct offenders prior to commencement of treatment. According to experts, research has shown that sex offenders who drop out of treatment programmes have a higher recidivism rate as compared to those who do not participate at all, therefore it is important to ensure that those who participate are motivated in order to remain on the programme.

Responsivity is also a good motivating factor, because the therapist would be dealing with a client who is acknowledging his behaviour, taking responsibility and has the will to change. Classifying and treatment of offenders according to their risk factors makes a comfortable atmosphere for sex offenders. Therapist skills also play an important part when dealing with sexual offenders. According to experts - treating offenders with respect not only improves their self esteem but also motivates them.

E. Responsivity

Responsivity is about acknowledging one's own behaviour, taking responsibility for ones actions and the willingness to change. This is important when dealing with offenders, as opposed to imposing it on them. Cognitive Behavioural Therapy addresses a host of symptoms presented by sexual offenders. From lectures delivered by experts we should be able to select the right individual country programmes to put in place depending on availability of resources in each particular country and at the same time individual countries' cultural differences must not be discounted. For example, in Canada and New Zealand, programmes for Aborigines are conducted by community elders because they command respect.

However, it has been proved in Canada that it is difficult to treat offenders who are mentally ill, have a low intelligence quotient, those who try to justify their behaviour or see themselves as victims. Therefore, the way in which treatment is provided should match different requirements of the clients. Here, good therapeutic skills, for example, being sensitive or speaking the client's language might be helpful.

F. Necessity of Sharing Information

Currently, many countries that are participating in this course do not have efficient information sharing systems on sex offenders. It is important that all role players be conversant with the importance of sharing information among them, this is helpful when making an initial assessment, which enables accurate classification in terms of risk factors. This makes possible planning suitable treatment which focuses on criminogenic needs of the targeted sex offender. Such information is crucial for a practical stage of intervention. Instruction based on facts leaves no room for sex offenders to maintain his/her distorted cognition - such as denial or minimisation. The police and courts are better positioned to provide circumstances surrounding the commission of the crime.

In addition, when an offender is released on parole it is also important that the correction officer provides the probation officer with information on what sort of treatment the offender has gone through and also his risk of re-offending. This enables the probation officer to structure an appropriate programme.

Some countries have introduced a registration system for this purpose, for example, in the UK, the Multi-Agency Public Protection Arrangements (MAPPA) has a paramount role of risk management of sex offenders in the community. The National Guidance allows all sex and violent offenders to be under the control of the MAPPA.

Upon release it is also important to advise the police of the intended release and the address where the offender is heading to. This enables the police to make periodic checks at the offender's residence. The police will also be able to provide probation officers with information about sex offenders who have absconded and to make efforts to re-arrest them.

In Korea, under the youth protection law, harmful criminals against the youth, sex offenders included, are subject to public disclosure. Information such as their name, age, date of birth, occupation, address and nature of crime committed is provided for public awareness through official gazettes, notice boards of government buildings for a month and the internet homepage of the Youth Committee for six months. According to Article 22 and 23 of the Youth Protection Law, when an offender is sentenced for a sexual crime which victimised a youth and is released from prison and there is the risk of the repetition of sexual

offences, the offender's profile must be registered, including name, age, occupation, home address and photograph. The offender is required to notify the above within two months of becoming subject to registration by the Commission. The Commission has to maintain the profile on the sexual offenders for five years. The victim of a sexual offender, their lawyer and youth-related educational institutions can also access the profile of the sexual offender. The Commission must inform the local police agency director of the registered information. And the Commission can entrust the permission and management of the registered information to the local police agency.

As a means of sharing information, an interagency database system is useful. The sharing of a database by correctional services, probation officers and other stakeholders will save the problem of going back and forth, interviewing offenders and or perusing lots of files. It also helps secure authentic and up-to-date information. When establishing such a system, it would be advisable to set up a committee consisting of members from each agency in order to come up with the structure of the database. However, if there are tight budgetary constraints, it is necessary to come up with an alternative system of communication among stakeholders that is a more feasible way of sharing information.

Sharing of information regionally and internationally is also crucial. This can be through memoranda of understanding, treaties, conventions, being members of Police Chiefs organizations, and international organisations such as Interpol and the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders.

VI. CONCLUSION

It is clear from the discussions in this paper that individual countries have diverse problems in terms of the prevention and treatment of offenders. It is also true to say that while some countries have advanced in the development of modern treatment models, others are trying to introduce treatment programmes relative to their social and economic conditions.

This paper has explored these diverse problems based on the country's own experiences. Towards the end some ideas have been recommended for the participants to develop and perhaps implement in their own countries.

VII. RECOMMENDATIONS

1. Countries that have no treatment programmes in place should start raising awareness in their countries, in professionals of treatment, victims, and civil society, on the importance of the treatment of sex offenders.
2. There is a need to review or introduce legislation that addresses the necessity of offender treatment in participating countries.
3. The introduction of scientific tools of assessment for treatment of sex offenders should be considered.
4. The introduction of effective treatment programmes for sex offenders should be considered. Evidence suggests that cognitive behaviour therapy is most effective in reducing recidivism, therefore, we need to consider it as a best alternative.
5. The limitations of cognitive behaviour treatment programmes should be recognized. Alternatively, special programmes for convicts not suitable for the cognitive behaviour programme, such as those with low intelligence, mental disorders, a short remaining prison term, and those who adamantly deny their guilt, should be considered.
6. The establishment of a central information bureau for collection and distribution of sex offender information for stakeholders in the criminal justice sector should be considered.
7. Appropriate training programmes should be developed and used to train all stakeholders in the treatment programmes, to develop, implement and monitor the assessment and rehabilitation of sex offenders.