

**THE DEVELOPMENT AND IMPLEMENTATION
OF AN INTERVENTION PROGRAMME
FOR YOUNG SEXUAL OFFENDERS**

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in partial fulfilment of the requirements for the
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DECLARATION

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SAYSTOP DISCLAIMER

The input and support of CAYSTOP and SAYSTOP towards this research is acknowledged. Opinions expressed and conclusions arrived at are those of the author, and are not necessarily to be attributed to any individuals or organisations connected to either the CAYSTOP or SAYSTOP programmes.

LIST OF ABBREVIATIONS

CAYSTOP -	Cape Young Sexual Offender Programme/Project
CJB -	Child Justice Bill
CLC -	Community Law Centre, University of Western Cape
CPU -	Child Protection Unit
DSD -	Department of Social Development, previously known as the Department of Social Services / Department of Social Welfare
FBI -	The Federal Bureau of Investigation (America)
FGC -	Family Group Conference
HSRC -	Human Sciences Research Council
NAPN (USA) -	National Adolescent Perpetraor Network
NICRO -	National Institute for Crime Prevention and the Reintegration of Offenders
RAPCAN -	Resources Aimed at Preventing Child Abuse and Neglect
SALC -	South African Law Commission
SAPS -	South African Police Services
SAYSTOP -	South African Young Sexual Offender Programme/Project
VOM -	Victim Offender Mediation
YSO -	Young Sexual Offender(s)

ABSTRACT

Over the last decade, sexual abuse committed by young sexual offenders has increasingly been reported in South Africa. Such offenders are often inappropriately managed by both mental health and related professionals and the justice system. This dissertation describes the process involved in the development and implementation of a diversion programme for young sexual offenders in the local setting by the use of action research. This is preceded by an overview of the concepts of diversion and the characteristics, assessment and management of young sexual offenders.

The development and implementation process is presented in stepwise action cycles, highlighting the various action steps that were taken. These are evaluated in the 'observation' and 'reflection' sections of each cycle. Twelve action cycles, spanning a period of 6 years, are described, beginning with the identification that young sexual offenders and their management posed a problem, the development of a diversion programme and the initial pilot studies, through to the formation of SAYSTOP, a multidisciplinary umbrella organisation. Further steps describe the wider implementation of the programme, facilitator training and follow-up studies conducted on young sexual offenders.

The multi-disciplinary role played by SAYSTOP in the management of young sexual offenders is discussed and the SAYSTOP diversion programme is compared to guidelines suggested in the literature.

The strengths, weaknesses and limitations of both the process and the SAYSTOP diversion programme are discussed in the conclusion, followed by recommendations for future guidelines and policy decisions regarding young sexual offenders.

Results indicate that sexual offences committed by youths in South Africa are common and that no intervention programmes exist that aim to rehabilitate these offenders. Professionals from various fields were able to combine their experience and develop a group intervention programme targeting these youths. Following successful administration of this programme to young sexual offenders a manual documenting both the content and objectives of group sessions was developed. Structured workshops with the aim of training future facilitators (probation officers) ensured that the diversion programme was implemented on a regional level in the Western and Eastern Cape. Follow-up studies on young sexual offenders and feedback from facilitators indicated that the core concepts of the programme were understood by participants although several areas were identified that needed to be addressed in more detail.

The follow-up studies showed that none of the youths re-offended, although disappointingly only $\pm 30\%$ of youths could be interviewed. A system whereby young sexual offenders could be managed and followed-up over a longer period within a continuum of care model could not be implemented. Insufficient resources and high staff turnover are identified as key factors that hampered both the development and implementation of the SAYSTOP diversion programme.

Although the SAYSTOP diversion programme proved to be successful as a first line of intervention, further refinement of the programme content, development of a continuum of care model and a central management structure involving all role players is necessary for this form of diversion programme to be successful in the future.

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CHAPTER 1 - INTRODUCTION

1.1 Personal background

During the middle of 1997 when my work with young sexual offenders started, no substantial services existed that addressed the increasing problem of youth who had sexually assaulted victims (usually children younger than themselves).

My own experience as consultant psychiatrist to the sexual abuse team at Red Cross Children's Hospital indicated that there had been a steady increase in the numbers of child perpetrators of sexual abuse. Within this service there existed a certain expectation that such offenders would receive some therapeutic input to reduce the chances of these acts from recurring, as well as receive treatment for any underlying psychiatric disturbance, if this was present.

In addition it emerged that what initially appeared to be isolated cases, on further enquiry revealed an extremely disturbing trend - namely that young children who were the victims of sexual abuse had been abused by other, usually older, children as opposed to by adults.

Furthermore, individual children who had been perpetrators of sexual abuse were being referred to the Child and Family Unit, Red Cross Children's Hospital at an increasing rate. Whereas in the past these referrals had been the exception rather than the norm, by the end of 1997, two to three such offenders were being referred to Red Cross Children's Hospital each month (ages ranging from 6 years to 17 years).

Up to that point, such children were seen and treated by me on an individual basis, but I soon realised that the current resources then in place would eventually be

overwhelmed by the need for such a service to treat such child perpetrators. I held a training position at Red Cross Children's Hospital and I further realised that any service that I might develop or render would probably cease to exist once I left the training unit. Furthermore, the service I was offering (in this case treating young sexual offenders individually) was only part of the overall management and input required by these children.

Other services, such as the justice system and social services, were integral role-players who needed to be included in the process and decision making with regards to young sexual offenders. In most of the cases referred to me individually, no legal route was followed. The attitude or feeling was that the child perpetrator was ill and needed treatment, or was merely engaging in sexually experimentative behaviour. It was felt that the criminal justice system would be too punitive a course to follow for something the young sexual offender clearly 'could not help'. Furthermore it was felt that the justice system might punish rather than help the young offender as a means of addressing the problem. In addition, the legal process was frequently a lengthy one, resulting in the retraumatisation of victims and often inconclusive in its finding and 'sentencing'.

From the time I first started assessing young sexual offenders and henceforth becoming more aware of the fact that sexual offences committed by children/adolescents were far more prevalent than at first I thought they were, I felt that some research concerning a specific area was warranted (i.e. an epidemiological survey at a school, examination of records involving the children's court, examining the profile of young sexual offenders etc). As my experience in medicine, as well as to an extent in psychiatry, was principally quantitative, I was originally strongly drawn to such an idea.

A psychology student, Ms Catherine Wood, who was an active member of SAYSTOP, subsequently undertook a study on the profile of young sexual offenders. Some of the cases I had assessed personally were referred to her for

purposes of that study. While replication of such a study might have added to her information, this would merely have the effect of duplicating such a study when time could be spent more productively on other more important or useful studies.

In late 1997, I formed part of the group examining the issues around young sexual offenders. This group had subsequently evolved into a body that developed and implemented a diversion programme for young sexual offenders.

Even though at times I felt drawn to the idea of doing independent research on a sample of young sexual offenders undergoing treatment and proposed this idea, I was advised rather to contribute, in an ongoing fashion, to the group that had been formed around young sexual offenders and to write a paper about that experience and process. Time constraints precluded me from doing both. Furthermore a crisis (which will be mentioned in this dissertation) developed, necessitating the researcher's continued participation in the group as opposed to conducting research on the 'sidelines'. By describing the process I would be recording an experience that one would not be able to repeat. Data from the experience would be important in directing the process forward. Both the strengths and deficiencies of the programme could be highlighted, something which might prove useful in pointing out areas of research and management with regards to young sexual offenders in the future. Such a paper might also be of value in other fields (education, health, social policy, legal policy etc.) where programmes of a multi-disciplinary nature would need to be implemented.

Given the nature of the work I had become involved in and through reviewing literature on conducting research, the concept of action research seemed the most appropriate form of research.

Within this context, rather than looking intensively at a few confined areas regarding young sexual offenders, this research looks at the development and implementation of an intervention programme for young sexual offenders from a

broad and overall perspective and from the experiences and observations within the group that developed this programme.

I have been an active member of a multi-disciplinary team involved in developing an intervention programme for young sexual offenders from late 1997 until present. From 1998 - 2000, I was directly involved in the planning and implementation of this programme. Thereafter, when the structure of SAYSTOP grew and expanded to include a greater number of individuals and organisations, I was connected to the processes in a more consultative role. Throughout, I have maintained contact with members of the SAYSTOP team, both past and present, through meetings, dialogue, and correspondence. In a more formal fashion, I have met with members of the team when expertise and experience was called upon for suggestions regarding implementation and development of the programme and in matters connected to the care and management of young sexual offenders.

When I embarked upon this dissertation, I knew that I would be taking on a large task, simply in terms of documenting the growth and development of an intervention programme over a time span of 6 years. I also knew that such a task could not be undertaken without placing the work being done in South Africa into the context of studies and research on young sexual offenders into the broader international context. One of my goals when undertaking this project was to create a comprehensively researched resource which could be used by other professionals, caregivers and students involved in the care and management of young sexual offenders. I saw little point in omitting relevant and useful information, particularly as, as far as I am aware, this is the first time an intervention programme for young sexual offenders in South Africa has been fully documented. As a result this dissertation is lengthy, but shortening it would have meant omitting valuable source material. I hope that this dissertation will prove useful:

1. As a tool which can be used by other individuals and agencies when looking at setting up, implementing and managing intervention programmes for young sexual offenders;
2. As a document which contains relevant and useful information which can be used as a starting point for further research and study;
3. As a means of pointing out the strengths and weaknesses of the SAYSTOP programme and its processes; and
4. As a vehicle for recommending intervention strategies.

1.2 Young sexual offenders - the extent of the problem

There is no epidemiological information available about the incidence or prevalence of young sexual offenders in South Africa. It has only been over the last 5 - 10 years that a clearer picture has emerged with regards to the incidence of childhood sexual abuse locally. It can be postulated/hypothesised that only once services were put into place that directly addressed the issues of childhood sexual abuse (i.e. Childline, Child Protection Unit (CPU), increased public awareness, special children's courts, etc.) was it possible to realise the extent of childhood sexual abuse in South Africa.

In developed countries, where resources and management with regards to sexual abuse of children have been more intense and have existed for far longer periods than those in South Africa, the fact that a significant percentage of childhood sexual abuse victims were indeed abused by older children is now fully recognised and addressed (Hunter, 1999; Ryan et al, 1996 and Shaw, 1999). What is currently emerging in those countries is the fact that young children (below age 12 years) form a considerable percentage of sexually abusive children, a fact that was not recognised in the past (Righthand and Welch, 2001).

Even though one cannot extrapolate data from other countries and assume that the same applies to South Africa, the fact that South Africa has such a high rape prevalence is a strong indicator that we need, at the very least, to take cognisance of the international literature and probably brace ourselves for a flood of young sexual offenders in the future. This is particularly likely once the public as well as professional groups are made aware of the existence and seriousness of young sexual offenders, as a problem with grave implications, both in present terms of offences committed by young sexual offenders and in terms of offences likely to be committed by these individuals in the future.

According to the Federal Bureau of Investigation (FBI) (1990) in the United States of America, the 1990 uniform crime reports indicated that 15% of the arrests for forcible rape (excluded by definition were statutory rape without force and other sexual offences) were committed by youths younger than 18 years old.

Studies of adult sexual offenders conducted by Abel et al (1985) revealed that a significant proportion of persons with a paraphiliac disorder developed deviant sexual arousal patterns before the age of 18 years

In a study of self-reports made by convicted adult sexual offenders Abel et al (1987) showed that half of these had begun offending before the age of 18 years.

Whilst the exact incidence of sexual crimes committed by adolescents is unknown, both the incidence figures from victims' statements and the arrest statistics point out the seriousness of the problem. Statistics from the FBI (1987) and Becker and Murphy (1998) show that in the USA it has been noted that approximately 20% of all rapes and 30% - 50% of child molestations were perpetrated by adolescent offenders.

In 1993, Barabee et al concluded that the average adolescent offender could be expected to commit 380 sexual crimes during his lifetime. This projected figure

was based on data from adult offenders who began committing sexual crimes as adolescents. The seriousness of sexual predatory behaviour by adolescents and the implications for the future cannot be denied.

In a study conducted by Groth et al (1982), nearly half of one sample of 137 adult convicted rapists and child molesters reported that they had committed their first sexual offences between the ages of 8 - 18 years, with a modal age of 16 years for the entire sample. Longo and McFadin (1981) also found that so-called minor 'nuisance' or 'hands-off' offences, such as exhibitionism and voyeurism, as well as rape and child molesting are common in the adolescent histories of convicted rapists and child molesters. Longo and Groth (1983) further stated that at least 1 out of 3 convicted adult rapists or child molesters shows evidence of progression from non-violent sex crimes during adolescence to more serious assaults as adults.

Davis and Leitenberg (1987) suggest that a significant percentage of adolescent sex offenders continue to commit sexual crimes as adults.

Data on the prevalence of juvenile sexual offending comes mostly from the United States of America. Combined surveys of the Departments of Health, Social Rehabilitation and Correctional Services have revealed a prevalence rate of 1.6 sexual offences a year per 1000 males aged 5 - 17 in Vermont (Wasserman and Kappel, 1985), 2.0 per year per 1000 males (ages not given) in Oregon (Kerr, 1986, as cited in James and Neil, 1996), while in Snohomish County Washington, the referral rate of juvenile sexual offenders aged 10 - 19 years old was 3.5 per year per 1000 males (Wheeler, 1986, as cited in James and Neil, 1996).

Fewer studies are available about the prevalence of sexual offences by young people in the UK. An epidemiological survey conducted by James and Neil (1996) using a postal questionnaire revealed a 1 year prevalence rate of 1.5 official juvenile sexual offenders per 1000 males aged 12 - 17 within Oxfordshire (UK).

Ryan (1991) has estimated that, in the general population, 8% of all males and between 5% - 7% of all females under the age of 18 years have been subject to sexual assault by a juvenile. This estimate is based on data from community self-report surveys and from information in child sexual reports which indicates that over 50% of male child sexual abuse and up to 25% of female child sexual abuse is perpetrated by teenagers.

Of further note, Ryan (1996), while investigating juveniles referred for supposed 'first offences', revealed on average that each had 7 previous victims.

An important issue is that of identification of young sexual perpetrators. According to James and Neil (1996), reliance upon official figures leads to a considerable underestimation of the prevalence of young sexual offences for several reasons:

1. Very young offenders: In many countries, children under the age of 10 years are below the age of criminal responsibility and informal police cautions, often used in cases of juvenile sexual offending, are not included in the crime statistics;
2. Victim under-reporting: As many as 80% of rapes and indecent assaults may go unreported by the victim;
3. Third party under-reporting: Such as by parents of offenders;
4. Minimisation or denial of the seriousness of the behaviour by professionals: Ascribing young sexual offence to 'adolescent experimentation'; and
5. Concern by professionals and parents: many do not want to label the youth as a sexual offender.

Ryan et al (1990) believe that one of the reasons sexual offences committed by children and adolescents are under-reported may be due to the beliefs held in developed countries one or two decades ago, namely that such behaviour by children/adolescents was seen as normal sexual experimentation by both professionals and the public. They state that historically, juveniles who have been

discovered engaging in sexually abusive and exploitative behaviours have not been held accountable for their behaviour. Thus, acts of sexual exploitation which would certainly be defined as criminal in adulthood, were often dismissed as 'adolescent adjustment reactions', 'conduct disorders' or 'curious, experimental, exploratory or situational events'.

Unfortunately, no statistics are available on the prevalence of young sexual offenders in South Africa. However, data is available on the prevalence of sex offences among the adult population of South Africa. Figures quoted by Redpath (2002) show that as of 31 March 2001, sex offenders comprised 13% of all prisoners in South African prisons, 12% of sentenced prisoners had been sentenced for a sexual crime, and a further 16% of unsentenced prisoners were in prison for an alleged sexual offence. Children make up a very small proportion of sex offenders in custody: only 2.3% of the total, 1.6% of sentenced prisoners and 3.6% of unsentenced prisoners.

In the same article Redpath (2002) stated that the very small percentage of child sexual offenders who are diverted from the criminal justice system was cause for concern, as was the large proportion for whom no outcome was recorded and the large number of withdrawn cases. She further noted that comparing the prison numbers with arrests and prosecution numbers suggested that many prosecutions were unsuccessful and stated that the implication was that most child sexual offenders were simply going through the system without any impact that might affect their future behaviour. On the contrary, she believed that it was more likely that such an experience would lead to the belief that they could 'get away' with their behaviour despite being caught.

Redpath (2002) also quotes statistics from research conducted by Childline on sexually abused children. During a six-month period, from July to December 2000, Childline's six provincial call centres received 42, 234 telephone calls. Of all calls, only one third (13, 842) were calls expressing a specific need, the remainder being

what Childline refer to as 'test calls', believed to be made by individuals testing Childline's response, but unwilling to talk. Of the 'non-test' calls, 13% (1,734) of calls related to sexual abuse. Of all calls regarding child sexual abuse recorded, 35% were connected to the 15 - 20 year age group of offenders, while the under 15 age group of offenders accounted for 19% of all calls made regarding child sexual abuse. Analysis of the above figures indicates that in over half of all calls made to Childline involving sexual abuse of children, the alleged perpetrators were below the age of 20 years.

In a further analysis of data on cases referred to Childline, Cawood (2001, as cited in Richter, Dawes and Higson-Smith, 2004) reports that in 2000, 43% of all cases of sexual assault reported to Childline nationally were committed by children under the age of 18 years.

The author has been engaged in personal communication with several individuals and organisations over the last few years: The Department of Social Development, Red Cross Children's Hospital, a representative from the Attorney General's Office, a prosecutor of the Wynberg Children's Court, and a consultant from the Child and Family Unit, Red Cross Children's Hospital. Correspondence and communication certainly seems to indicate that the reporting of sexually aggressive acts perpetrated by both adolescents and, to a lesser extent, by even younger children has increased significantly during this time.

The figures quoted above come from reported cases, and one can expect the number of unreported cases to be far higher, for the reasons given by James and Neil (1996) and Ryan et al (1990). Given the high adult rape statistics in South Africa together with the findings conducted in other countries, namely that most adult sexual offenders started their career in childhood/adolescence, one would assume the prevalence of young sexual offenders to be equally high in South Africa as it has been found to be or estimated in other countries.

Thus, it becomes most important to educate both the public and professionals alike about the nature, seriousness and potential implications of sexual offences committed by children and adolescents. Coupled with this, however, would be the equally important issue of offering an intervention programme/service for such young individuals. Highlighting or drawing attention to an existing problem, which has the potential to become 'recognisably prevalent', is of no use if no perceived solution, support or system is in place to deal with such a problem.

1.3 Legal aspects and concepts of diversion, including the proposed Child Justice Bill

When the child/adolescent perpetrator comes into contact with the justice system in South Africa, several pathways can be followed. Firstly it should be noted that conviction rates in cases of alleged sexual abuse of a child by an adult perpetrator are generally quite low. Understandably, issues usually revolve around evidence and proving a case beyond reasonable doubt. These same dilemmas are experienced in cases involving young sexual perpetrators, where issues and evidence might even be more complex, resulting in cases being withdrawn or dismissed.

The young sexual offenders who are found guilty can be divided into three main groups:

1. Those young sexual offenders in whom the sexual offence represents an isolated incident;
2. Those young sexual offenders who have a history of other criminal offences besides that of sexual abuse; and
3. Those young sexual offenders who have a history of sexually abusive behaviour.

The former usually are given a suspended sentence, whereas the latter two may be referred to a place of safety, correctional facility or prison.

The time that lapses from when the sexual offence is committed, to charges being laid, to the case being investigated and court proceedings being instigated, is frequently longer than one year. This prolonged process frequently leads to significant re-traumatisation of the victim and his/her family. It also increases the stress experienced by the perpetrator and his family, adversely affecting relationships within that family and towards the perpetrator, frequently causing him to feel alienated even further by society, often with dire consequences (e.g. entrenchment within a gang, feelings of rejection by parents or caregivers etc.).

In general however, young people who commit sexual offences are being allowed to get away with their unacceptable behaviour without being deterred or being subjected to any process which might lead to behavioural change.

The overwhelming demands on resources to provide for safety, detention and rehabilitation of young offenders for crimes such as shoplifting, robbery, damage to property etc. has tended to overshadow any intervention process for young sexual offenders. Moreover, as of September 2004, these children have had to compete for attention with approximately 76,000 convicted offenders of all ages serving community corrections sentences. In 2005 there were 571 probation officers in the whole of South Africa. These numbers give one some idea of the realities of providing quality intervention for young offenders in general, let alone young sexual offenders.

Some of the obvious deficits of handling young sexual offenders in our country involve the following areas:

- The processing of these children in the juvenile justice system;
- Assessment of individual offenders; and

- The provision of programmes which will serve the ends of justice; and
- appropriately address the needs of offenders with regards to their management and rehabilitation.

South Africa ratified the Convention of the Rights of the Child (CRC) in 1995. A broad overview of the goals of the CRC shows government committing itself to a range of obligations aimed at establishing and protecting the rights of South African children. The national plan of action, which drew up recommendations and implementations, identified the need for the development of a comprehensive juvenile justice system - one which would deal separately with children in conflict with the law.

The central objective of the new system is to divert child offenders away from the criminal justice system, with or without conditions. Diversion may take place anytime from arrest until after conviction - where it is appropriate and where the child acknowledges responsibility for his/her wrongdoing.

All official dealings with a child must consider diverting the child away from the criminal justice system.

Diversion should not, however, depend solely on an armoury of specifically designed programmes.

According to Munting and Shapiro (1997), the main aims of diversion include:

1. making offenders answerable and accountable for their actions;
2. providing an opportunity for reparation;
3. identifying what motivates the offending behaviour;
4. preventing unnecessary labelling of first time or petty offenders;
5. providing educative and rehabilitative programmes; and
6. lessening the criminal justice system's caseload.

Implementation of a juvenile justice system relies heavily on the involvement of probation officers. Many of these officers are already overworked and have difficulties coping with the current system, which includes work with adults. It is imperative to provide adequate funding of such a juvenile justice system to ensure that it does not collapse - in which case the situation would become more chaotic than the one which currently exists.

The National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) has been at the forefront of developing diversion options for adolescent offenders. The institute currently offers 5 diversion options namely:

- The Youth Empowerment Scheme;
- Pre-trial community service;
- Victim Offender Mediation;
- Family Group Conferencing; and
- The Journey.

The Youth Empowerment Scheme and The Journey are group-facilitated programmes with strong life and social skills components. Pre-trial community service involves accepting responsibility for the crime and offering some form of restitution by embarking upon community service for a stipulated period. In family group conferences and victim offender mediation, the victim, the offender, and their families, are brought together in order to facilitate forms of reparation, retribution and apology. These diversion programmes are geared towards young offenders exhibiting a wide range of 'less serious criminal offences' such as shoplifting, theft and vandalism.

Personal communication with Advocate N Fleischack (1997) notes that since 1997 there has been a drive to see the extension of the current diversion programme option to incorporate options centring around young sexual offenders.

At present, in cases where charges are laid against children under the age of 14 years for committing a sex related offence, it appears that the prosecutors tend to recommend that cases be withdrawn. Grounds given are the young age of the accused and the lack of medical evidence to substantiate the claims of the victims (e.g. lack of semen inside the victim's vagina).

The Attorney General's office, however, argued that due to the serious nature of the charges, some effort should be made to ensure that the accused take responsibility for their actions. As a result, since 1997, the Deputy Attorney General has been developing a diversion option along the grounds of the Family Group Conference (FGC) to deal with such cases.

FGC's and Victim Offender Mediation certainly appear to be appropriate interventions in certain cases. However, gleaned evidence from numerous reports in the literature on the subject of 'Treatment of Young Sexual Offenders', Becker (1990), O'Shaughnessy, (2002) and Shaw (1999) show that the international trend points to group intervention as being one of the cornerstones of management, together with several other adjuvants.

The South African Law Commission (SALC) (2000) explains how, in the Child Justice Bill (CJB), diversion is seen as being a valuable option for young criminal offenders: The CJB currently in the process of being tabled before parliament for approval aims to ensure that children accused of criminal offences will be afforded the opportunity to pay their debt to society without obtaining a criminal record through a process known as diversion. Diversion is the referral of cases away from the formal criminal justice system to an approved programme or plan. It envisages a cohesive child justice system which strives to prevent children from entering deeper into the criminal justice process while holding them accountable for their actions by various diversion options and programmes. These options and programmes embody restorative justice principles, which focus on reconciliation and restitution rather

than on retribution and punishment, and lay emphasis on compensation to the victim by the offender with the object of successfully reintegrating both victim and offender as productive members of safe communities. The proposed system does, however, provide for criminal prosecution of children who are guilty of serious or violent offences as well as those who repeatedly commit offences. The system also allows for the secure containment of children who are assessed to be a danger to others. Imprisonment of children should however be a measure of last resort and for the shortest appropriate period of time. The above recommendations are based on international human rights standards and constitutional principles rather than proven research data showing better outcome in youths being held accountable in a retributive or restitutive setting.

Fivaz (2002) maintains that minors in conflict with the law are not criminals in the true sense of the word, but are often troubled children. The proposed CJB is designed to promote interventions shown to support children's capacity to redirect negative behaviour and achieve their potential. Diversion is a form of such intervention.

Thus Fivaz (2002) believes that diversion should empower minors to cope with life's challenges through effective diversion programmes, assisting them to acquire the knowledge and skills needed to become responsible citizens. The aim of a diversion programme should be to teach/convey such skills as identifying feelings, how to handle those feelings and how to cope with stress, rejection, failure, conflict and sexuality.

According to Fivaz (2002), the difference between traditional justice and restorative justice is that traditional justice i.e. retributive justice, engages in a shame-based approach which carries the risk of stigmatising young people. The focus is on retribution, where it is believed that delivering pain to the offender will somehow create restoration to the victim and the community. On the other hand, restorative justice, the concept embraced by the CJB, seeks to restore the relationship between

the victim and the offender and enable the offender to be re-integrated into the family and community a changed young person.

Skelton (2001) comments that evidence from other countries indicates that offenders who voluntarily participate in diversion programmes often report a higher satisfaction with such processes than they do with outcomes reached in the mainstream criminal justice system.

Children are viewed as developing individuals who are able to change. Background factors in a child's life (e.g. socioeconomic background, histories of abuse, poor parenting, peer pressures etc.) should be viewed as mitigating factors in the management of minors who have transgressed the law. Addressing these shortfalls in a child's background history and behaviour in a restorative rather than a retributive manner is viewed as being both more humane and creates a positive environment that is more likely to facilitate the desired change. These and other factors lend support to the use of a restorative rather than retributive system of justice when addressing misdemeanours and offences committed by children.

In summarising the overall aim of diversion programmes, Muntingh (1999) says that they are intended to divert the child from the mainstream criminal justice system and to encourage him/her to accept responsibility for the wrongdoing. The child is presented with practical ways to account for his or her infraction. Mbambo (2000) elucidates on the further objectives of diversions. These include encouraging the child to be accountable for the harm caused, meeting the particular needs of the individual child, promoting the integration of the child into the family and community, and providing an opportunity for those affected by the harm to express their views on its impact on them.

Further, and very importantly, diversion sets out to prevent stigmatising the child and prevent adverse consequences flowing from being subject to the criminal justice system.

Section 49 of the Draft CJB refers to the minimum standards applicable to diversions and diversion options as follows:

- No child may be excluded from a diversion programme due to an inability to pay any fee required for such programme.
- A child of the age of ten years and over may be required to perform community service as an element of diversion, with due consideration to the child's age and development.
- Diversion options must:
 - promote the dignity and well-being of the child, and the development of his or her sense of self-worth and ability to contribute to society;
 - not be exploitative, harmful or hazardous to a child's physical or mental health;
 - be appropriate to the age and maturity of the child; and
 - not interfere with a child's schooling.
- Diversion options must, where reasonably possible:
 - impart useful skills;
 - include a restorative justice element which aims to heal relationships, including the relationship with the victim;
 - include an element which seeks to ensure that the child understands the impact of his or her behaviour on others, including the victims of the offence, and may include compensation or restitution; and
 - be presented in a location reasonably accessible to children; and children who cannot afford transport in order to attend a selected diversion programme should, as far as is reasonably possible, be provided with the means to do so.

- Any diversion option that has a predetermined content and duration and either involves a service to groups of children or offers a service to individual children on a regular basis, which service is presented by a government department or a non-governmental organisation, must be registered in terms of the regulations to this Act. (SALC, 2000)

Section 51 of the Draft CJB states that a child suspected of having committed an offence may only be considered for diversion if:

- such child voluntarily acknowledges responsibility for the alleged offence;
- the child understands his or her right to remain silent and has not been unduly influenced in acknowledging responsibility;
- there is sufficient evidence to prosecute; and
- such child and his or her parent or an appropriate adult, if such person is available, consents to diversion and the diversion option. (SALC, 2000)

Section 52 of the CJB proposes three levels of diversions for children aged ten years or older with level one comprising the least onerous and level three the most onerous options.

Level one diversion options include measures such as:

- written or oral apologies,
- formal cautions with or without conditions,
- placement under supervision or guidance orders for periods not exceeding three months,
- compulsory school attendance,
- family time orders,
- positive peer association orders,

- good behaviour order and referral for counselling or therapy of periods not exceeding three months.

Further measures include:

- compulsory attendance at specified centres or places for a specific vocational or educational purpose,
- symbolic restitutions and restitution of a specific object(s) to a specific victim(s).

Level two diversion options include the above measures for a maximum period of six months. Furthermore, community service, the provision of some service benefit to a specified victim(s) or payment of compensation to a maximum of R500 may be ordered. Referral to appear at a FGC, attending Victim Offender Mediations or other restorative justice processes may also be ordered.

Level three diversion is applied to children of the age of 14 years or older if there is reason to believe that a Court, upon conviction of a child, would impose a sentence involving detention of the child for a period exceeding 6 months. Options include referring the child to a programme with a residential element, community service and/or referral for counselling or therapeutic intervention in conjunction with any of the options listed in the subsection. (SALC, 2000)

The UN Justice Project has as one of its objectives the enhancement of the capacity and use of programmes and alternative sentencing of children. In order to fulfil this mandate, the project is conducting an audit of available diversion programmes throughout the country as well as identifying other good practice youth development programmes which may have the potential to offer diversion.

Mbambo (2000) lists the types of programmes the project has identified thus far:

- Developmental life skills and life centre models;
- Peer / youth mentorship;
- Wilderness / adventure therapy;
- Skills training and entrepreneurship programmes;
- Restorative justice programmes including family group conferencing and victim offender mediation;
- Counselling and therapeutic programmes; and
- Combined programmes i.e. several or a combination of the above.

NICRO has adopted the following guidelines to strengthen its diversion programmes. Brey (2000) lists some of NICRO's guidelines as follows:

- Restorative justice as the underlying principle of all its diversion programmes;
- Every participant must be engaged in an individual intervention plan;
- Aftercare and follow-up should be integral components of all the programmes;
- All the programmes should have built-in indicators to measure their impact; and
- Pilot programmes must be implemented in support of the proposed child justice legislation.

In processes such as a FGC or Victim Offender Mediation (VOM) the victim and perpetrator are brought together in order to mediate an agreement for restitution between the two parties involved. Clear guidelines about how to bring the above processes about are found in Sections 53 and 54 of the Draft CJB.

Muntingh (1999) looks at diversion on a global level, commenting that as an alternative to sentencing a child within the criminal justice systems, diversion has been successful in Europe, Britain, North America, Australia and New Zealand.

Many professionals and individuals are concerned about certain existing and proposed legislation pertaining to young sexual offenders. Galleneti (2004) notes that currently young sexual offenders above the age of 14 years who have committed rape as an offence are excluded from diversion in terms of the draft CJB. As well as this, the draft Sexual Offences' Bill tabled before parliament wishes to broaden the definition of rape to include other penetrative acts such as anal or oral penetration. Application to review the latter age limit, especially in view of the proposed broadening of the definition of rape, has been made to the parliamentary portfolio committee. However, given the spirit in which the proposed CJB has been drafted, Galleneti expects that diversionary measures and programmes directed at managing these youths will nevertheless feature prominently.

In their policy recommendations, Becker and Hicks (2003) argue that by excluding juvenile sexual offenders from diversions, the Courts may be failing to take advantage of the supervision, family involvement, and treatment that would be available through the child justice system. Furthermore, by subjecting juveniles to incarceration and placing them in contact with serious adult offenders, excluding young sexual offenders from diversion may well increase the likelihood of juveniles re-offending. Juveniles may be further socialised as offenders through this type of contact with serious adult offenders in the criminal justice and corrective system, some of whom are likely to be antisocial. Certainly such socialisation would be at odds with the goal of reintegrating juvenile sexual offenders into their communities. Becker and Hicks conclude by saying that imposing adult penalties for young sexual offenders may provide motivation for them to deny crimes. This would be an impediment to the goal of increasing accountability for criminal actions and also a hindrance to successful treatment. Knowing that their child

would be managed in the criminal justice system and not be offered interventions, families would be extremely reluctant to report any sexual offence committed by one of their children (e.g. cases of inter-family sexual abuse).

In an article by Mukwevho (2001) of the Sexual Offences and Community Affairs Unit of the National Directorate of Public Prosecution, the importance of the prosecutor in diversion is stressed. The final decision as to whether to prosecute or divert offenders lies with the prosecutors. It is therefore imperative for prosecutors not only to know and understand diversion, but also to appreciate the need for diversion in other legal systems. There is as yet no coherent policy regarding the role of diversion in the criminal justice system (considering that currently the CJB is in draft form before parliament). As a result, diversion has been implemented selectively and disjointly - this despite a directive concerning diversion being issued by the office of the National Director of Public Prosecutions (NDPP).

Between July 1999 and June 2000, the Sexual Offences and Community Affairs Unit conducted an audit on diversion practice by courts to determine which courts practised diversion, what problems were experienced in implementing diversion, which diversion programmes were being utilised, and why certain courts were not practising diversions. The audit produced the following findings:

- 10 000 children were diverted by the Courts;
- the Western Cape Province had the largest number of diverted cases (n=2491), followed by Kwazulu Natal (n=2030). The Wynberg cluster (Western Cape) dealt with most cases (n=1304), followed by Kimberley, Northern Cape (n=1077);
- in the North West Province, no diversion was practised;
- in small towns, only the predominantly 'white' areas practice diversion; and
- out of about 500 courts, just over 100 practised diversion.

Mukwevho (2001) enumerates on the challenges experienced by prosecutors practising diversion. These include the following:

- lack of diversion programmes and referral institutions in most areas;
- lack of co-operation from other stakeholders, more particularly the Department of Social Development;
- lack of co-operation from children and their parents;
- difficulties in implementing FGC programmes e.g. many child offenders have no sound family base;
- no contactable address for some children;
- lack of awareness of the existing programmes among some prosecutors; and
- lack of diversion training, resulting in policy directives not being applied appropriately.

Finally, the role of probation officers as envisaged by the draft CJB is vital. When a child comes into conflict with the law probation officers need to become an integral part of all the procedural affairs, from the initial assessment, through to the sentencing and further - to the monitoring of the diversion process. A vital but time-consuming part of their task includes the writing of numerous reports to the courts. Serious thought will need to be given to the qualifications of probation officers, the specific training they need and to the need to increase the number of officers employed by the Department of Social Development. (As mentioned previously, in 2005, this number was 571.)

1.4 Research aims and Objectives

1.4.1 AIMS

The aims of this study are to describe the processes and strategy of developing and implementing a comprehensive diversion programme for young sexual offenders between the ages of 12 and 17 years within the South African context.

1.4.2 OBJECTIVES

The objectives of the study include the following:

- Presenting a literature overview on the topic of young sexual offenders, their characteristics, assessment and management. In the light of lack of knowledge/awareness of this problem in South Africa, this serves as important background information;
- Using action research as methodology to document the process involved in developing and implementing an intervention programme for young sexual offenders. This allows for the process to be clearly described in a step-wise fashion, highlighting how and why decisions were taken, validating these as well as drawing attention to important evocative facets that occurred;
- Identifying important interdisciplinary tasks and functions within the processes and elaborating on these;
- Comparing the content of the programme and its administration to recommended guidelines in the international literature; and
- Highlighting strengths and weaknesses of the intervention programme, allowing for recommendations to be made within the South African context.

1.5 Summary

This first chapter thus highlights the need for the development of an intervention programme designed specifically for the diversion of young sexual offenders. The relatively high incidence of adolescent/child perpetrations in other countries is highlighted as well as the probable under-recognition of this problem in South Africa where there is a lack of intervention strategies, and little documentation of intervention programmes.

The following chapter gives a literature overview of:

- the young sexual offender;
- assessment of the young sexual offender; and
- management and intervention strategies for young sexual offenders.

This information is especially important in guiding the development of a treatment programme for young sexual offenders in South Africa. Important aspects of the SAYSTOP programme will be compared with the findings in the literature in the chapters titled 'Discussion' and 'Conclusion'.

CHAPTER 2 - LITERATURE OVERVIEW

2.1 Introduction

This literature overview was conducted by:

- performing a computer literature search using CINAHL, Health Source: Nursing Academic division, SocINDEX and MEDLINE databases spanning the years 1975 - 2005. Key search words used included young, child, adolescent, juvenile, sex, sexual, offender, abuse, abuser, perpetrator, molester, offence and sexual development.
- obtaining journal articles and books focusing on young sexual offender characteristics, risk factors, assessment and management/treatment. Articles were sourced both locally and internationally.
- referring to bibliographies/references/reviews to source original articles and to obtain further references from these; and
- obtaining articles from local and overseas colleagues/organisations working in the field of young sexual offenders.

2.2 Sexual development and deviant sexual behaviour

2.2.1 Normal sexual development and behaviour

Sexual development has been described by Bukowski et al (1993) as a process that begins at birth and continues throughout life. It is viewed as a process that requires the synthesis of many dimensions of experience, including feelings of desire and attraction, morality and social convention, and the individual's view of others as sexual beings with desires and rights. The individual must make sense of all these

factors and successfully integrate them to achieve healthy sexual development. Bolton and MacEachron (1988) join with Bukowski et al (1993) in commenting on the complexities of this task. Although they are apparent, there are few resources for children and adolescents to use in this process. Wilcox (1999) points to the lack of sex education in the home and to the schools where sex education is minimal and many of the psycho-social aspects of sexuality, such as gender roles, sexual values and ethical considerations of various sexual behaviours are absent from the curriculum.

Bentovim and Vizard (1988), Friedrich et al (1991), Martinson (1991) and Satterfield (1975) all identify common behaviours in normal sexual development. Engaging in such autoerotic behaviours, as for instance genital play, rhythmic rocking and masturbation to 'orgasmic-like' states has been observed in boys as young as six months and girls as young as ten months. Masturbation is considered a common experience in a child's sexual development

However, Vizard (1995) makes the point that large-scale studies of sexual behaviour in normal children have been rare. Friedrich et al (1991) reported a survey of 880 children aged 2 - 12 years old, excluding those with a history of sexual abuse or physical or mental handicap. Mothers completed behaviour checklists, one of which was especially designed to elicit information on their children's sexual behaviour. The results from this survey showed that both increased sexualised behaviour and increased general behaviour problems in the children were linked to a measure of family nudity. They found that the children exhibited a wide variety of sexual behaviours at relatively high frequencies. However, they also found that it was extremely unusual for children to exhibit aggressive sexual behaviour and behaviour more imitative of adult sexual behaviour. For example, less than 1% of the children in their sample were reported to insert objects into their vagina or anus, ask a partner to engage in sex acts or engage in oral/genital sex. They observed a decline in children's (both boys and girls) overt sexual behaviour as they got older.

Between the ages of 2 and 5 years, children start establishing their sense of gender identity. It is at this age that children become increasingly interested in their own and others' genitals (Bentovim and Vizard, 1988; Burton et al, 1997 and Friedrich et al, 1991). Common behaviour during this period includes genital play, undressing, discussing bodily functions and enquiring about sex. During this phase of development children also often expose their bodies to others and engage in sexual exploration games with each other. Martinson (1991) reports that when young children do engage in sex play they prefer to carry out this activity with their peers rather than with people older than them. As a result, non-coercive peer sex play has been regarded as a common part of the child's normal psycho-social development.

As outlined by Gil and Johnson (1993, as cited in Araj, 1997), normative sexual behaviour for pre-school children includes watching or poking others' bodies and being interested in bathroom functions. For children aged 5 - 7 years, it includes telling dirty jokes, kissing and holding hands. For pre-adolescents, aged 8 - 12 years, normative behaviour includes 'mooning' and exhibitionism, kissing and touching others' genitals. Araj (1997) and Friedrich et al (1991) add penile erections, thigh rubbing in female pre-schoolers, sexual exploration games, touching and rubbing of the genitals, exhibitionism, voyeurism, use of 'dirty' language, and flirtatious behaviours to the list of activities observed during normal childhood development between 2 - 6 years of age.

In an overview of normal sexual behaviour from middle to late childhood, Johnson (1999) noted that sexual interests during the middle childhood years fluctuate with the degree of sexual stimulation and sexually sensitising experiences. Kissing and holding hands may occur. 'Playing doctor' and other forms of sexual play between children are normal. Only when coercion occurs or when there is a lack of mutual consent is there cause for concern. As children get older they are invariably sexually stimulated and sometimes sexually aroused. It is at this stage that they

seek information continually, trying to establish a greater understanding about the nature of sexual life. Play and sexual exploration with others and gender/role enactments are the means whereby the child begins to assimilate the elements of sexual life and to institute patterns of sexual excitement and pathways to sexual gratification. Generally the child's interest in sex and sexuality is balanced by curiosity about other aspects of his or her life, with most sexual play taking place between children who have well established mutually enjoyable play relationships and/or school friendships. Sexual behaviours of children vary greatly and as well as being influenced by previous sexual experiences, their behaviours are affected by fortuitous and opportunistic experiences, the degree of sexual stimulation and the child's sexual interests and curiosity. Araj (1997) adds an extra dimension to the description of normal sexual behaviour in children observing that sexual play is typically spontaneous and causes pleasure, joy, laughter and embarrassment. Such play is accompanied by varying levels of inhibition and disinhibition. Shaw (1999) notes that masturbatory behaviour becomes more frequent in pre-adolescents and is only considered excessive should the child's masturbatory practice occur in public or lead to pain or bruising.

Money and Ehrhardt (1972) claimed that pre-teen children were probably as 'sexual' as younger children could be observed to be, but sought to conceal their behaviour in order to conform to society's rules on modesty and manners.

When it comes to describing normal adolescent sexual development, the picture can be confusing. Downs and Hillje (1993) point out that systematic studies of sexual behaviour in this age group were not undertaken until the 1940s, and accurate sex education is still lacking in most cultures. Biological processes associated with sexual maturation combined with social processes to influence the age at which sexual activities start, and the type of activity. Smith and Udry (1985) reported that the prevalence of different types of sexual behaviour in 12 - 15 year olds followed different developmental patterns in black and white youths, and in boys and girls, but for the large majority, the sequences of behaviour moved from touching and

kissing through sexual petting to full intercourse. Billy et al (1988) noted that age at which intercourse itself first takes place has consequences for later sexual behaviour, and that among other associated factors, early intercourse led to selecting friends who were also sexually active. According to Check and Malamuth (1983) and Goodchilds et al (1988), much coercive or non-consensual behaviour shades into acts which are partially agreed between the partners, or where one partner (usually the male in heterosexual relationships) is of the belief that performing certain actions, such as spending a lot of money on someone or being invited into their home, entitles him to sexual favours.

Ryan (2000) described sexual behaviours for pre-pubescent and adolescent children along a continuum, categorising behaviours as:

- a. normal or developmentally appropriate;
- b. requiring adult responses;
- c. requiring correction; and
- d. illegal and thus requiring immediate intervention.

Ryan also noted that some of the behaviours that may be normative for young children may become problematic in older children and that more unusual behaviour among younger children may become more normal with age. Some of the behaviours requiring adult response or correction appeared to differ only in degree from those in the normal range. However, for some adolescents, distinguishing between these lines may require a period of trial and error. The behaviours at the extreme end of the continuum are more easily identifiable because they generally include force or threats of force, sexual conversation or behaviour with much younger children, or physically injurious behaviour.

In a retrospective study of a sample of 128 undergraduate women, Lamb and Coakley (1993) found that 85% of the women had played sexual games (e.g. playing doctor, experiments with genital stimulation, kissing games and fantasy

sexual play) when they were children and that, in general, the participants viewed the play as normal. The mean age at the time of the sexual play was 7 ½ years. 44% of the women reported cross-sex play whereas 56% reported same-sex play. The vast majority of the situations (76%) described involved peers, where 56% of the peers were the same age; 26% were older, and 18% were younger. A little over half of the respondents reported being discovered by an adult, with most of the adults merely ignoring the incident. One third of the same sample indicated that some sort of pressure from gentle persuasion to forceful coercion had been used to persuade them to play the game.

Lamb and Coakley (1993) concluded that so-called 'normal' sexual behaviour is difficult to describe because normal, meaning behaviour that is typical and normal, behaviour that promotes development, or at least is not detrimental, are not always one and the same. Haugaard and Tilly (1988) obtained similar findings when they asked 1089 male and female undergraduate students about their sexual interactions during childhood. Amongst the most frequent types of activities reported were kissing and hugging, exhibitionism, and fondling, although a few people reported engaging in oral sex and intercourse. Regardless of the type of activity engaged in, the encounter was viewed more negatively when higher levels of coercion were used.

Professional interpretations of the meaning of sexualised interactions between children may vary between cultures and over time. Gunderson et al (1981) conducted individual interviews with 60 Norwegian pre-school teachers about their perceptions or direct observations of the sexual knowledge and behaviour of their pupils. Half of the teachers reported seeing 'direct sexual behaviour, such as body exploration, genital manipulation and coitus training', and one third of the teachers reported that children were 'often' interested in other children's genitals. In the USA, Cantwell (1988) later described the same behaviours in very young children as molestation and warned that 'An education effort is needed to take child

perpetrators of inappropriate sexual activities seriously, even among pre-school and school aged children’.

While early development provides the crucible for the development of sexual values, Postman (1994) comments that it is apparent that sexual development itself is greatly facilitated during the middle school years. It is at this age that children are increasingly exposed to the popular culture, and have virtually the same access as adults to sexually explicit information from videotapes, television programming, pornographic magazines and the Internet. Postman looks to the latter in particular, saying that in an age of ‘electronic information’ popular culture has in many instances superseded the family as the source of information about what is acceptable sexual behaviour.

On the basis of years of work at the Kempe Centre, Ryan (2000) emphasised that, given the confusing messages about sexuality from society, any child can become confused and exhibit some abnormal sexual behaviour.

2.2.2 Deviant sexual behaviour

Becker (1988) has described non-deviant sexual behaviour in adolescents as ‘non-coercive sexual interaction with a peer’. By extrapolation, deviant sexual behaviour may be defined as comprising one or more of three elements:

1. the use of coercion or force;
2. sexualised interactions which are age inappropriate for the partner; and
3. partners who are not peers.

If any of these elements are present, the behaviour of the subject may be defined as abusive, but Vizard et al (1995) caution that even these guidelines are open to question - i.e. what constitutes ‘coercion’ and ‘age appropriate sexual interactions’, and even (at the margins), who are peers and who are not. Even with more uniform

practice of eliciting information, cultural, religious and individual attitudes and practices would mean that some variations of what was acceptable behaviour would continue.

As defined by the National Task Force on Juvenile Sexual Offending in the USA (1993), sexually abusive behaviour occurs without *consent*, without *equality*, or as a result of *coercion*.

In this context *consent* is defined as including all of the following:

1. understanding what is proposed;
2. knowledge of societal standards for what is proposed;
3. awareness of potential consequences in alternatives;
4. assumption that disagreements will be respected equally;
5. voluntary decision; and
6. mental competence.

Equality is defined as 'two participants operating with the same level of power in a relationship, neither being controlled or coerced by the other'.

Coercion is defined as 'exploitation of authority, use of bribes, threats of force, or intimidation to gain co-operation or compliance'.

Sexually abusive behaviours range from non-contact offences to penetrative acts. Monastersky and Smith (1985) suggest the following sexual offence continuum for this purpose:

1. Non-aggressive hands-off behaviours, including exposure, voyeurism, masturbating with women's underwear and obscene phone calls and letters.

2. Aggressive hands-off behaviours, including all the above activities where steps are taken to increase victim's proximity, such as breaking and entering with the intention of stealing underwear.
3. Non-aggressive hands-on behaviour, including fondling, oral-genital contact and penetration where the offender uses their authority to gain access to the victim and
4. Aggressive hands on behaviours including the previous activities where the offender uses (or threatens to use) force and/or weapons and/or does not stop if the victim expresses distress.

Of note are the findings by Longo and Groth (1983): that one third of a sample of convicted adult rapists or child molesters showed progression from non-violent sex crimes during adolescence to more serious sexual assaults as adults. This highlights the importance of taking any evidence of sexually inappropriate behaviour in children seriously.

Friedrich et al (1992) identified non-normative sexual behaviours in sexually abused children aged 2 - 12 years when they developed the child sexual behaviour inventory. Behaviours of concern for children aged 2 - 12 years include activities or actions such as making sexual sounds, talking flirtatiously, hugging or kissing unknown adults, wanting to watch television or movies with nudity or sex, and trying to have sexual intercourse with others. It was found that sexually abused children exhibited a greater range of sexual behaviour than children who had not been abused. For example, just over 10% of sexually abused children had inserted objects into the vagina or anus and had asked partners to engage in sex acts, and 8% of the sample had engaged in oral/genital sex. In addition to a prior history of sexual victimisation, Friedrich et al (1991) also found that family nudity, relaxed television and magazine viewing standards, family disorganisation and witnessing sexual intercourse could influence the type of sexual behaviour exhibited by children.

Ryan (2000) acknowledges that a great deal remains unknown about normal and abnormal sexual development, and there is a lack of clear guiding principles. To compensate for this, the context within which the behaviour took place must be evaluated. Thus behavioural scientists need look at the degree of coercion used, the maturity of the victim, and the age difference between the victim and the initiator.

Development progresses at different paces for different children and, thus, classification is difficult using age alone. Many clinicians attempt to rate the deviant content of an act on a continuum rather than by applying rigid rules. Accordingly, there are a large number of contingencies and exceptions in determining the sexual misconduct of juveniles, leaving the legal system with many grey areas.

The above highlights the wide presentation of normative and sexual behaviour found in children and adolescents. This has important implications for the criminal justice system when assessing and managing young sexual offenders. Not having a clear understanding of what constitutes normative sexual development (which appears to include such activities as exhibitionism and fondling), the legal system could charge youths with sex offences that may well be better handled outside of the system. Some of these activities, depending on context, may be offences that warrant prosecution, whereas others that appear similar may not. Central to making a decision as to whether certain sexual behaviour between two minors constitutes sexual abuse are questions around consent, equality and coercion.

2.3 Characteristics of young sexual offenders

2.3.1 INTRODUCTION

By identifying the characteristics of young sexual offenders, one hopes to gather information that will assist in highlighting factors that may distinguish them from the general population. The factors identified need to be evaluated in order to establish the possible aetiological role they play in causing or contributing to the sexually abusive behaviour. Identifying common deficits in areas such as social skills, relationships and family functioning are important in order to target these in any envisaged intervention programme. The aim of this section is to try and identify characteristics associated with young sexual offenders to assist in both the understanding of possible aetiological factors and through identification to provide resources for addressing these factors and others in an intervention programme.

2.3.2 SOCIO-DEMOGRAPHICS

In probably the largest study to date, Ryan et al (1996) collected data from the Uniform Data Collection System (UDCS) consisting of 1 600 youths across the USA. The age range of the sexually abusive youths in the study sample ranged from 5 - 21 years, with 90% between 10 - 18 years of age. The modal age was 14 years. Race, income, and religion were very similar to the general population. Males represented 97.4 % and females 2.6% of the sample. The youths had been discovered in all areas of the country with relative equal distribution between rural and urban areas. Most (84.9%), were living in a parents' home, 6.3% in the home of a relative, and 8.8% in placements with unrelated care-givers at the time of discovery of their abusive behaviours. In 97.0% of the homes, one or more other children were present. Only 53.9% were living with two parents (27.8% were living with both natural parents and 26.1% with one natural parent and one step parent). In the general population 70.7% of children younger than 18 years old were living with both parents.

Only 5% of the sample were elementary school students, 53.7% were in junior high school (grades 7 - 9) and 42.4% were attending high school (grades 10 - 12). Scholastically, 70% maintained at least a C average at school. Most juveniles attended regular public schools. In spite of reasonable academic success, a large number exhibited school related problems. Of these youths, 60% were known to have truancy, learning disabilities, and/or behavioural problems at school. Only 28% were reported as having no record of problems at school.¹

In the above study the vast majority of young sexual offenders was found to be between the ages of 10 and 18 years, and attending school between Grades 7 and 12. Although most displayed reasonable academic success, the majority showed some form of behavioural or learning difficulties at school. The incidence of parental separation in young sexual offenders was higher compared to the general population.

2.3.3 CHARACTERISTICS OF SEXUAL OFFENCES

According to Shaw (1999), sexually inappropriate behaviours span a wide spectrum, from such forms of sexual harassment and non-contact sexual behaviours as obscene phone calls, exhibitionism, and voyeurism to varying degrees of more overt sexual aggression. These involve direct sexual contact such as frottage, fondling, digital and penile penetration, fellatio, sodomy and other aggressive sexual acts.

One form of sexual aggression which is becoming more visible is child on child sexual harassment, where one child or adolescent directs unwanted sexual attraction to another children or adolescent. Although exact figures involving sexual

¹ The above figures are cited directly from Ryan et al (1996).

harassment by children or adolescents are not available, this type of behaviour should nevertheless be considered as falling into the spectrum of sexually abusive behaviours.

Depending on the sample studied, the spectrum of sexually offensive behaviour reported in the literature varies. For example, children and adolescents who made up the sample in detention centres, residential treatment programmes and outpatient clinics report different spectra of sexually offensive behaviour. In this sense the higher the level of care, the more serious the nature of the sexual offence and associated aggression. In Ryan et al (1996) many referring offences (35.4%) involved one or more types of vaginal or anal penetration without oral/genital contact, 14.7% involved one or more types of oral/genital contact, and 17.9% involved both penetration and oral genital contact. Thus 68.0% involved penetrative and/or oral/genital behaviour.

The offences of these youths included verbal coercion (57.0%), threats (24.5%) and physical force (31.7%). In the revised instrument data (N=616) it was known at intake that 25.9% of those referred after the age of 12 years had committed some sexually abusive behaviour before the age of 12 years. Only 7.5% of the total sample (N=1600) had previously been charged with a sexual offence.

Studies of outpatient populations of juvenile sexual abusers by Fehrenbach et al (1986) and Smith and Monastersky (1986) indicate that the most common sexual offences are fondling or 'indecent liberties' (40% - 60%); rape and/or sodomy (20% - 40%); and non contact sexual offences (5% - 10%). Abel et al (1986) and Shaw et al (1993, as cited in Shaw, 1999) indicate that the average juvenile sex offender younger than 18 years of age has committed 8 - 9 sexual offences and averaged 4 - 7 victims.

Common findings in the literature by researchers such as Ryan et al (1996), Fehrenbach et al (1986) and Smith and Monastersky (1986), show that female

children are targeted most frequently, although in some of the studies by Hunter and Figueredo (1999) and Smith and Monastersky (1986) male victims represented up to 25% of the samples. Hunter and Figueredo (1999), Ryan et al (1996) and Smith and Monastersky (1986) found that rather than being of peer age, victims were more often substantially younger than the offender. Victims are rarely strangers to the offender; they are usually relatives or acquaintances.

Fehrenbach et al (1986) and Knight and Prentky (1993) maintain that adolescents are less likely to harm their victims than are adult sex offenders. They usually use coercion in the process of committing sexual offences, and this coercion is expressed as bribery and intimidation, and threats of harm, violent injury or physical force. Weapons are rarely used by adolescent offenders.

The children who suffer sexual offence are generally very young. Fehrenbach et al (1986) and Ryan et al (1996) state that the majority of the victims of juvenile sex offenders are younger than 9 years of age, with approximately 25% to 40% of them being younger than 6 years of age.

Offence behaviour varies in seriousness from sexual harassment and hands off offences to rape / sodomy involving the use of force. Most studies indicate that young sexual offenders have a history of sexually abusive behaviour preceding the report of the index offence.

2.3.4 SEXUAL KNOWLEDGE AND EXPERIENCE OF YOUNG SEXUAL OFFENDERS

In the study conducted by Ryan et al (1996), only 57.8% of youths perceived themselves as being sexually 'normal/adequate'. In terms of sexual development, 14.7% felt they were sexually 'mature', and 25.2% reported feeling inadequate or different from others. Only 1.9% identified themselves as homosexual. Of the

respondents interviewed, 40.0% reported having had an 'age appropriate' sexual relationship at some time. Only half as many of these youths known to have been sexually abused reported feeling sexually 'normal or adequate'; two times as many of those youths also felt 'different or inadequate'; and two and a half times as many identified themselves as homosexual (still less than 4.0%).

In this study, Ryan et al (1996) state that 8.4% of the young offenders said that they thought of sex as a way to 'hurt/degrade/punish'; 9.4% saw it as a way to dissipate anger and 23.5% used it to control/feel powerful. Only about one third thought about sex as a way of showing love or caring for another person. More than half, 55.9%, viewed aggression as a way to protect themselves and felt it was an expected masculine trait.

In the initial evaluation, 45.6% were able to report some 'trigger' feeling or situation associated with their offending behaviour. These were most frequently described as anger, boredom, or family problems. Many of them (21.3%) told the evaluator of additional sexual offences not previously reported, with 11.8% reporting 'several' and 4.6% 'a lot'.

Longo (1982) found a higher than expected history of direct, consenting sexual contact with older males and females among the adolescent sex offenders he studied.

In the large sample assessed in the study by Ryan et al (1996), evaluators found almost 70% of youths were described as demonstrating sexual knowledge that was either less than average or distorted.

Thus, in summary, young sexual offenders were frequently found to experience feelings of inadequacy, manifest a lack of or distorted sexual knowledge and deviant sexual arousal patterns. Sex was viewed as a means of control and

expression of aggression was seen as an acceptable masculine trait. Certain trigger factors often preceded sexually abusive behaviour.

2.3.5 HISTORY OF OTHER OFFENCES OF YOUNG SEXUAL OFFENDERS

In the 1996 study conducted by Ryan et al, using data from the UDCS, it was found that of the 1 600 juvenile sexual offenders studied, 63.0% of cases had a non-sexual offence history at the point of intake, and 27.8% were known to have committed more than three non-sexual offences. The most common non-sexual offences included shoplifting (41.4%), theft (30.7%) and assault (26.4%).

In a study by Fehrenbach et al (1986), based on information from 293 young sexual offenders, 129 (44%) had committed at least one prior non-sexual offence. Of these, 49 (38%) had committed simple theft, 46 (36%) had robbed or assaulted another person, and 34 (26%) had committed offences in both categories.

Young sexual offenders thus frequently have a history of previous non-sexual related offences. This history would need to be taken account of in a programme directed at their management.

2.3.6 CHILD MALTREATMENT HISTORIES

In the study by Ryan et al (1996), traumatic experiences were common in the histories of the youths interviewed. At the point of intake (before further disclosures or discoveries during the treatment process), it was known that 41.8% had been victims of physical abuse and 39.1% of sexual abuse. Neglect was also recorded in 25.9% of the cases. The study showed that 63.4% of the youths had witnessed some form of family violence in the home (i.e. spouse abuse, abuse of

sibling), 57.0% had experienced the loss of a parental figure and 13.6% the loss of some other significant person. In 12.0% of these cases of parental loss, the loss was as the result of the death of one or both parents; another 34.2 % of these losses were accounted for by out-of-home placements during childhood. Other losses occurred with the termination of parent/child relationships due to abuse interventions, abandonment, or desertion associated with parental divorce.

In studies conducted by Kahn and Chambers (1991) and Vizard et al (1995), it was found that a large number of sexually abusive youths had a history of having been physically abused and an even greater proportion had a history of having been sexually abused. Samples of pre-pubescent and young female sexual abusers studied by Johnson (1999) show that rates of physical abuse and sexual victimisation are even higher in samples of pre-pubescent and young female sexual abusers.

In a study comparing offenders who had been abused with those offenders who had not been abused, Hunter and Fegueredo (2000) noted that adolescent offenders who had suffered multiple molestations at an early age were identified as being at risk for becoming juvenile sexual offenders.

Veneziano et al (2000) note a similarity between the nature of the molestation suffered by a male sexual offender and the kind of sexual abuse he himself perpetrates. That is, male juvenile offenders who had been sexually abused prior to the age of 5 years were twice as likely as their peers to victimise a child younger than the age of 5 years. In addition, male juvenile sexual offenders who had been victimised by a male were twice as likely to choose a male victim than were their peers. Of striking significance are the statistics showing that male juvenile sexual offenders who had been subjected to anal intercourse were 15 times more likely to abuse their victims in that way than were their peers, and male sexual offenders who had been fondled by their perpetrators were 7 times more likely to abuse their victims in this way.

According to Skuse et al (1998), the risk of adolescent boys who had themselves been victims of sexual abuse engaging in sexually abusive behaviour towards other children is increased by their life circumstances. Such circumstances, in particular exposure to a climate of intra-familial violence, may be unrelated directly to the originally abusive experience.

Ford and Linney (1995) found that among young sexual offender groups, child molesters had been sexually victimised more often and that child molesters experienced significantly higher levels of family violence than status offenders.

In a study comparing sexually assaultive male juveniles with violent juveniles (who had not engaged in sexual assaults), Rubenstein et al (1993) found that 75% of those who had been sexually abused subjects in the two groups had been victimised by females. This finding contrasts with current statistics which indicate that the majority of perpetrators of child sexual abuse are male. One explanation for the discrepancy in this literature may be the fact that most of the literature regarding sexual abuse of boys deals with general populations of abused boys, whereas the two groups of the study conducted by Rubenstein et al comprised incarcerated offenders. Another explanation for these findings might be found in the perceptions of the subjects and in the ways in which questions regarding sexual abuse were asked of them. Many subjects did not perceive having sexual relations with older women during childhood as being abusive. Thus, in response to questions such as, 'Did anyone ever bother you sexually?', they would answer, 'No'. It was rather, in response to such questions as, 'How old were you and your partner when you first had intercourse?' and 'Have you ever had sexual relations with someone much older?', that many subjects reported significant age differences between their partners and themselves. These age differences were great enough to be considered sexual abuse (e.g. 17 vs 9 years of age). Of special note is the fact that all of the sexually assaultive juveniles who committed multiple sexual offences as adults (i.e. on follow-up) had early documentation of, or admitted on follow-up, to having been

sexually abused as children. (I.e. all those who committed sexual offences as adults had a history of having been sexually abused.)

In the study by Ryan et al (1996), more than 22% of young sexual offenders interviewed said that the perpetrator of their own sexual abuse was female. Of the total sample interviewed, only 10% of the perpetrators were strangers to the victim.

Research by Hunter and Figueredo (2000) suggests that the age of onset, the number of incidents of abuse, the period of time elapsing between the abuse and its first report, as well as perceptions of familial responses to awareness of the abuse are all relevant when it comes to understanding why some sexually abused youths go on to commit sexual assaults whilst others do not. A study of 74 young sexual offenders by Veneziano et al (2000) found that male sex offenders who were sexually abused were more likely to select victims and perpetrate acts reflective of their own sexual victimisation.

Sexual arousal at the time of the sexual abuse, uncertainty and confusion about sexual identity, compensatory hyper-masculinity, and a readiness to re-enact the sexually victimising experience are factors thought to be associated with increased risk for inappropriate sexual behaviours as identified by Friedrich (1995) and Watkins and Bentovim (1992).

The above findings emphasise the importance of eliciting a history in young sexual offenders as to whether they themselves have been sexually abused. It is important to note here that the type of questions asked will elicit different types of information, as evidenced by the fact that many young sexual abusers would not think to offer information about possible sexual abuse by a female unless specifically asked. Even though the vast majority of children who are sexually abused do not manifest sexually abusive behaviour as they become older, important factors that may possibly increase this risk include concomitant physical abuse, multiple episodes of sexual and physical victimization and a history of sexual abuse

being perpetrated by a female. Family factors, such as a climate of violence existing within the family and the family's response and reaction to the abuse may also play an important role. Not only does the above have implications in the management of young sexual offenders, where the offence can possibly be viewed as a re-enactment of their trauma, it also has implications in the management of childhood victims of sexual abuse, particularly when attempting to prevent the cycle of sexual abuse from repeating itself.

2.3.7 SOCIAL SKILLS, INTERPERSONAL SKILLS AND PERSONALITY CHARACTERISTICS OF YOUNG SEXUAL OFFENDERS

Based on interviewer judgements, Fehrenbach et al (1986) found that of 305 young sexual offenders, nearly two-thirds (65%) showed evidence of significant social isolation. Nearly one third (32%) reported having no friends at all, and another one third (34%) reported having a couple of friends but none with whom they were close.

In a study comparing young sexual offenders with non sex offending delinquents and normal adolescents, Katz (1990) found that the young sexual offenders differed from delinquents on measures of social distress and their perception of heterosexual relationships. This is noteworthy because on most measures the groups were similar to each other and different from norms. The exception was that compared to the self-assurance and/or bravado expressed by most delinquents, molesters seemed more easily threatened by male/female relationships. One relevant implication of this finding is that when a young man molests a child it may not be because he lacks impulse control, is engaged in exploratory behaviour, or has an underlying conduct disorder that 'just happens' to be expressed in the form of a sexual crime. While a number of relevant variables need to be addressed in each case, the data from the study suggests that social incompetence, leading to social isolation and anxiety should be regarded as one of these variables. The teenager who passes

through puberty only to find himself chronically frustrated as he attempts to satisfy increasing sexual and emotional needs is a case in point. Suffering under such conditions, he might learn to avoid female peers and turn instead to children finding them a less threatening substitute form of gratification. The chances of this happening could increase significantly if other risk factors are present, such as easy access to would-be victims, poor parental supervision, a history of impulsiveness, family violence, and prior sexual victimisation.

Young sexual offenders generally manifest impaired social and interpersonal skills, and juveniles with sexual behaviour problems have significant deficits in social competence - a point that Becker (1990) and Knight and Prentky (1993) say recurs repeatedly in research and studies. This view is supported by Carpenter et al (1995) who found that adolescent sex abusers who offended against children were more schizoid, dependent and avoidant than adolescents who sexually abused peers. Katz (1990) too, found that as a group, young sexual offenders who abused younger children reported more problems with loneliness, lack of assertiveness, social anxiety, negative evaluation, self-consciousness, depression and low self-esteem. In short, they perceived social situations as threatening, doubted their ability to perform well in them, and expressed a good deal of personal dissatisfaction.

In a study conducted in Ireland, O'Halloran et al (2002) found sexually abusive boys to have more behavioural problems than their 'normal' adolescent counterparts. They tended to manage their anger poorly, displayed more social isolation and emotional loneliness, had more problems with perspective taking and more psychosocial adjustment problems.

Fehrenbach et al (1986) and Katz (1990) identify inadequate social skills, poor peer relationships, and social isolation as some of the difficulties experienced by these juveniles. Data from the study by Ryan et al (1996), suggests that the young sexual offenders in that sample may be less assertive, less mature and less educated about sexual matters than their peers. Family function and individual social competence

appeared problematic despite such socio-demographic variables as race, religion, geography and parental income being very similar to that of the general population.

Miner and Crimmins (1995, as cited in Righthand and Welch, 2001) found that juveniles in America who have sexually offended had fewer peer attachments and felt less positive attachment to their schools, compared with other delinquent juveniles and non-delinquent juveniles. In fact, they stated that this and other research, point to the primacy of isolation and poor social adjustment as distinguishing characteristics of adolescent sex offenders, indicating that interventions that target the ability to build interpersonal attachments potentially affect the propensity to engage in sexually abusive and aggressive behaviours.

In a study comparing young sexual offenders to young offenders of other crimes, Ford and Linney (1995) observed an absence of differences on the psychometric instruments they used (questionnaires and rating scales regarding behaviour, conflict, interpersonal relations and self-concept). This is consistent with findings in the adult literature and supports the notion that there is no one personality profile or interpersonal style that characterises sex offenders.

Although there do not appear to be specific personality characteristics that separate young sexual offenders from the general population, common factors such as social isolation, lack of or poor peer relationships, difficulties in social competence and feeling threatened by male/female relationships stand out amongst young sexual offenders. These are factors that would need to be recognised and addressed in an intervention programme.

2.3.8 FAMILY FACTORS AND ENVIRONMENT

The characteristics of the family composition of young sexual offenders have been mentioned under a previous heading. Research on family factors affecting juvenile sex offenders examined family communication styles and types of family involvement with the juvenile. Studies undertaken by Borduin et al (1990) have found that supportive communication and comments that facilitate dialogue are limited in the families of juvenile sex offenders and violent offenders, whereas negative communication, such as aggressive statements and interruptions, are frequent.

Several studies add to this picture. Ryan et al (1996), comment that not surprisingly, adequate support and supervision may be lacking in the families of these juveniles, whereas Awad et al (1984) and Becker et al (1993, as cited in Shaw, 1999) show that the family environment of the young sexual offender is usually characterised by family conflict, family instability, family dysfunction and exposure to violence. Knight and Prentky (1993), Lewis et al (1979) and Shaw et al (1993, as cited in Shaw, 1999) have found evidence of harsh inconsistent parenting and physical and sexual maltreatment, whereas Smith and Monastersky (1986) point to low levels of adaptability and cohesion in the homes of young sexual offenders.

In their assessment of the profile of parents of adolescent perpetrators attending a voluntary outpatient treatment programme in Ireland, Duane et al (2003) found that when comparing parents of adolescent perpetrators with a normal control group, significantly more parents of adolescent perpetrators reported having been arrested or charged with a criminal offence and had themselves personally experienced child abuse (most commonly emotional abuse). Furthermore, the parents of adolescent perpetrators experienced far more difficulties in general family functioning, affective responsiveness, affective involvement, definition of roles and behaviour control.

A higher degree of family instability, negative communication, parenting difficulties and a chaotic family environment are all factors that may be present in various forms in the families of young sexual offenders. Strategies targeting the family as well as the young sexual offender would thus need to be incorporated in an intervention programme.

2.3.9 ACADEMIC, COGNITIVE AND NEUROLOGICAL FUNCTIONING IN YOUNG SEXUAL OFFENDERS (INCLUDING MENTAL RETARDATION)

Studies conducted show that juvenile sex offenders usually present with a history of academic and school behaviour problems and perform less well on tests of academic skills (Awad et al, 1984; Awad and Saunders, 1989; Fehrenbach et al, 1986; Lewis et al, 1979; Ryan et al, 1996 and Shaw et al, 1993, as cited in Shaw, 1999). Depending on the study, statistics from Awad and Saunders (1989), Ryan et al (1996) and Shaw et al (1993, as cited in Shaw, 1999) show that approximately 40% - 80% of juvenile sex offenders manifest learning disabilities and behaviour problems. Epps (1991, as cited in Vizard et al, 1995) found that 44% of young sexual offenders had learning difficulties, half of them having formally been to special schools and 27% of the sample having received help for speech delay or language difficulties. This seems to support the notion that certain adolescent sex offenders have significant communication problems, which may be contributing to their social isolation.

McCurry et al (1998) studied 200 juveniles with serious psychiatric disorders, 99 of whom also evidenced inappropriate sexual behaviours: hyper-sexuality (37 of the juveniles); exposing (24 of the juveniles); and victimising (38 of the juveniles). Analysis revealed that, in general, subjects with lower IQ scores evidenced significantly more inappropriate sexual behaviour than those with higher scores.

This finding was especially true for subjects who molested or raped. Furthermore, subjects who evidenced the most serious inappropriate sexual behaviours had verbal IQ scores that were significantly lower than their performance IQ scores. The authors noted that deficits in verbal cognitive functioning, reflected by impulsivity and poor judgement, may contribute to the increased rates of serious inappropriate sexual behaviours among these juveniles and stressed that treatment providers should consider the effects of verbal deficits when applying interventions.

Lewis et al (1979) investigated possible neurological deficits in a group of juvenile sex offenders and a comparison group of juveniles who had committed non-sexual but violently assaultive offences. Psychological tests were administered (Wechsler Intellectual Scale for Children, Bender Gestalt, Woodcock Reading Mastery Test, and Key Math Diagnostic Arithmetic Test), and sleep electro-encephalographs (EEGs) were performed when possible. The groups did not differ on full scale, verbal, or performance IQ scores. Sex offenders evidenced greater difficulties on the reading test than the comparison group. The EEGs revealed the most direct evidence of neurological impairments among the juveniles from both groups: 23.5% of the sex offenders and 3.3% of the comparison group evidenced grossly abnormal EEGs or grand mal seizures. Ferrara and Mc Donald (1996) conclude that these findings, of neurological impairments in both groups of juvenile offenders, are consistent with other research and studies undertaken on juvenile delinquents in general and violent juvenile offenders specifically.

In one of the few studies focusing on adolescent sex offenders with mental retardation, Gilby et al (1989) compared sexual behaviour problems in a sample of intellectually normal and mentally handicapped adolescents. The authors defined intellectually normal as borderline intellectual functioning or higher and included mild and moderate mental retardation in their definition of mentally handicapped. The sample included both outpatient and inpatient adolescents at an assessment and treatment centre for children and adolescents. The authors found that the frequency of sexual behaviour problems of the groups studied did not differ significantly

according to their levels of intellectual functioning. For both the 'intellectually normal' and 'mentally handicapped' groups they noted that the more closely the adolescent was observed (e.g. within a residential setting), the greater the number of sexual behaviour problems recorded. This was especially true in the case of the mentally handicapped inpatient group, leading them to suggest that reports of a greater than expected number of sexual problems among persons with mental handicaps could be related to the increased levels of supervision these individuals received, rather than on an increased incidence of sexually inappropriate behaviour.

Stermac and Sheridan (1993) support the general view that the clinical characteristics of disabled sex offenders, the spectrum of sexual offences and their victim profiles are not demonstrably different from those of non-disabled sex offenders. However, it should be noted that the paucity of research studies limits the overall understanding of this group of sexual abusers, and clear conclusions cannot be drawn.

2.3.10 PSYCHIATRIC DISORDERS

A number of studies have focused on the specific mental disorders found among juvenile sex offenders. Becker et al (1986), Kavoussi et al (1988) and Shaw et al (1993, as cited in Shaw, 1999) have found evidence of psychiatric co-morbidity in approximately 60% to 90% of adolescent sexual abusers. The most prevalent co-morbid psychiatric disorders are conduct disorder (45% - 80%); mood disorders (35% - 50%); anxiety disorders (30% - 50%); substance abuse (20% - 30%) and attention deficit hyperactivity disorder (10% - 20%). In a further study conducted by Shaw et al (1996), it was observed that the age at which the first sexual offence was committed had a bearing on the number of co-existing psychiatric diagnoses, namely the younger the child when his/her first sexual offence was committed, the higher the number of co-existing psychiatric diagnoses. Of note are the findings by Becker et al (1991) which show that a history of sexual or physical abuse in young

sexual offenders was significantly related to scores on the Beck Depression Inventory. These indicate that juveniles who have committed sexual crimes, particularly those with a history of abuse, should be evaluated for depression.

The high rates in the above findings signal the need to screen for psychiatric disorders amongst young sexual offenders. Treatment of these underlying conditions would form an integral part in the comprehensive management of young sexual offenders.

2.3.11 FINDINGS IN A SAMPLE OF YOUNG SEXUAL OFFENDERS IN SOUTH AFRICA

In a study conducted by Wood (Wood et al, 2000) in 1997 on 20 young sexual offenders in the greater Cape Town area, the offenders were all boys between the ages of 7 - 15 years, with a mean age of 12 years. Only 35% of the perpetrators lived with both parents (i.e. 65% came from broken homes). On the whole, living circumstances consisted of overcrowding with one or both parents abusing alcohol. Over half the participants had witnessed domestic violence, whilst 80% regularly witnessed violence in the community. Of the respondents interviewed, 35% had little or no contact with their fathers. A history of a serious criminal offence was elicited in 40% of the children's fathers.

Regarding the sexual offences committed, 45% were charged with rape, 30% with sodomy, 20% with fondling and 5% for attempted sodomy. The ratio of male to female victims was 7:13 respectively. The ages of the victims ranged from 5 years to 12 years with a modal age of 7 years. All the offenders knew their victims. In 65% of cases perpetrators used verbal coercion to threaten the victims, whereas in 35% of cases physical coercion (without a weapon) was used. Over half the young sexual offenders interviewed operated as a group whilst committing the sexual offence, compared to 40% who operated on their own. Despite strong evidence to

the contrary, 60% of the offenders denied the sexual offence, whereas of those who admitted to the sexual offence, 95% tended to minimise the incident. Half the respondents admitted to having previously committed a sexual offence.

The majority of respondents admitted to prior consenting sexual interaction, with 35% admitting to prior penetrative sexual intercourse. Most of the respondents had not received suitable sex education and their knowledge about sexuality was assessed as being extremely limited.

A previous non-sexual offence including housebreaking and theft, shoplifting and attempted murder (one respondent) was elicited in 55% of the sample.

Half the respondents reported a history of childhood abuse, with 30% reporting previous physical abuse and 20% reporting a history of sexual abuse. Half the respondents who admitted to a history of sexual abuse, had been abused by females. It was strongly felt that there was an under-reporting of a history of being sexually abused, as the data was obtained during only a single interview.

Half the respondents were assessed as having inadequate social skills with 30% being withdrawn and/or described as loners and 20% seen as being immature.

Respondents' level of intellectual functioning was found to fall in the borderline to mild mental retardation range in 70% of cases. This contrasts significantly with findings in the international literature. The majority of respondents attended school, but scholastic problems were common, with most having failed one grade or more. The most notable reason for this appeared to be the poor intellectual functioning of the sample. School attendance was erratic in many cases with a history of truancy being elicited in 45% of cases.

Behavioural problems were commonly encountered. During the interviews a history of significant temper tantrums and of being easily angered, was elicited from more

than half the respondents. A history of impulsive behaviour and fighting was elicited in 45% of respondents. A quarter of the subjects had a history of bedwetting, sleep difficulties or cruelty towards animals. Notably, a history of substance abuse was absent in most of the respondents. The interviews conducted with respondents did not focus on making any specific psychiatric diagnosis.

Dhabicharan (2002, as cited in Richter, Dawes and Higson-Smith, 2004) states that most adolescent sexual offenders from a study conducted in Durban, came from problem families. The family life of the offenders was characterised by the disintegration of the family, and by physical, emotional and/or sexual abuse of the women and children within the family unit. Specifically, the family life (or lack thereof) of child offenders was characterised by severe emotional, relational and/or physical deprivation. Many of the children lacked guidance and control and the opportunities to learn family values. They also lacked the opportunity to learn relationship skills such as empathy, negotiating the fulfilment of needs via relationships etc. Father figures and role models were often absent – if not physically, then emotionally.

Poor social circumstances and low intellectual functioning are two factors that stand out when comparing the study of the South African cohort to that of the international literature. There is a definite need for well-documented studies on the particular circumstances and influences on the lives of young sexual offenders in South Africa. These would enable intervention programmes to be structured according to specific factors, ones which might not be found in studies from abroad.

2.4 Assessment of the young sexual offender

2.4.1 INTRODUCTION

Sexually abusive young people are assessed so that an understanding may be gained of them. This, according to Ross and Loss (1991) leads to reasonable judgements regarding protection of the community, case disposition and treatment planning. Shaw (1999) stresses the importance of a thorough assessment of young sex offenders, saying that clinical assessments of juvenile sex abusers require the same comprehensive evaluation as that of other children and adolescents. Multiple informants and multiple sources of data need to be used. He lists medical and psychological reports, offence reports, victim statements, protective services reports, and probation reports as important sources of information. Ideally such collateral information should be obtained before the individual interview; otherwise the offender's normal proclivity to minimise and deny leaves the interviewer relatively helpless. The importance of a careful assessment can never be replaced by any empirical measures or psychological batteries.

2.4.2 FORENSIC CONSIDERATIONS

Hunter and Lexier (1999) stress the importance of defining the role of the clinician in the assessment of the sexual abuser, stating that generally it is preferable to conduct the clinical evaluation after adjudication. Rather than focusing on a determination of guilt or innocence, the clinical interview should centre on assessing amenability to treatment, required levels of care, treatment goals and objectives and risk of re-offending. Shaw (1999) recommends that the young sexual offender should be advised of both the reporting laws and the limits of professional confidentiality. In addition, informed consent should be obtained from the juvenile and his/her parent or guardian before the clinical interview commences.

2.4.3 CLINICAL INTERVIEW

2.4.3.1 Interview style

Shaw (1999) observes that until they are confronted or fear the consequences if they do not talk, most young sexual offenders are not motivated to disclose the circumstances of their sexually abusive behaviour. It is essential for the clinician to maintain a non-judgemental stance and ensure that he/she relates to the juvenile offender in a matter of fact and exploratory manner. Although the clinician may have a structured agenda, he/she would do well to follow the patient's lead and take advantage of open-ended questions should promising opportunities arise. The clinician is advised to avoid sexual jargon, maintain a sense of seriousness and avoid any minimisation of the sexually abusive behaviour. In general it is best to initiate the interview with a non-threatening line of questioning and thus avoid the initial defensiveness. The lines of questioning the interviewer develops will let him/her know more about the offender and his/her circumstances - family, school and current life situation. In interviews of this nature, the interviewer confronts omission of current information, minimisation and denial. However, there is little value in becoming angry and accusatory. Far more useful is to be patient, persistent and not easily dissuaded. O'Shaughnessy (2002) warns that providing the necessary psychological support while simultaneously challenging the adolescent to disclose the details of underlying sexual fantasies, thoughts and behaviours is a formidable task.

2.4.3.2 Content of interview

An extensive and comprehensive individual clinical interview of the sexual abuser is, according to Shaw (1999), the cornerstone of the assessment and evaluation. During this interview, the clinician hopes to unravel underlying motivations and

sexual fantasies, a process which demands considerable time and effort. In his article on assessment and treatment of young sexually abusive youths, Shaw gives a detailed account of the most important topics needing to be covered when conducting an assessment/interview with the young sexual offender. These are as follows:

a. *Sexual history*

It is essential to obtain a comprehensive sexual history during the ongoing psychiatric assessment, something Shaw feels is best achieved after time has been taken to develop a trusting relationship. To direct the enquiry it works best to have a conceptual framework and sequence of questions.

Shaw's suggestions for the assessment of the sexual abusive incident are to ascertain:

1. What one wants to learn from the clinical interview ;
2. What degree of co-operation exists;
3. How honest and forthright the abuser is;
4. To what degree he/she accepts responsibility for his/her sexual offences;
5. To what degree he/she shows evidence of remorse and regret;
6. What relationship exists between the abuser and the victim;
7. What the age difference is between the abuser and the victim;
8. What the characteristics of the sexually aggressive behaviour are;
9. The frequency and duration of the sexually aggressive behaviour;
10. What precipitating factors led to the sexual offence;
11. Whether the behaviour was premeditated or impulsive;
12. What characteristics of the victim attracted the offender;
13. What was/is the nature and extent of the coercive behaviours;

14. What behaviours were manifested before, during and after the sexual offence;
15. What the affect states were/are before, during and after the sexual offence;
16. Whether there was verbal interchange with the victim;
17. Whether attempts were made to avoid detection;
18. Whether the perpetrator shows an understanding of the effects of his/her sexual behaviour on the victim;
19. Whether the perpetrator shows insight into the wrongfulness of his/her sexual behaviour; and
20. Whether the perpetrator shows understanding of the consequences of the behaviour.

Shaw underlines the importance of determining the young sexual offender's sexual knowledge and education, sexual development and sexual experiences - to learn what he/she knows about gender differences, sexual intercourse, auto-erotic practices and to discover his/her preferred patterns of sexual behaviour. He also allows that specific questions may be asked regarding the young sexual offender's understanding and knowledge of normal sexual activities.

Equally important is an in-depth exploration of the history of aggressive sexual behaviours. Shaw states that these include:

- Whether there have been previous incidents of sexually abusive behaviour;
- What the pattern and spectrum of previously committed aggressive sexual acts was;
- To what degree aggressiveness and sadism played a role in the sexual offence;

- Whether there was a need to dominate, control and humiliate the victims;
- If the perpetrator might have a history of having been exposed to sexual victimisation in the past;
- If the perpetrator has suffered physical abuse and/or neglect;
- Whether the perpetrator has a history of exposure to inappropriate and sexually explicit behaviour; and
- Whether the perpetrator has a history of prior non-sexual delinquent behaviour.

Should there be any discrepancies between the victim's statement and the account given by the offender these should be challenged by the interviewer.

b. *Developmental and psychosocial history*

Another important area of the assessment process involves the information associated with compiling a comprehensive developmental history. Here the clinician needs to establish:

- the nature of the pregnancy and the peri-natal history;
- developmental milestones;
- family relationships;
- early identificatory models;
- capacity for relationships and interpersonal functioning (peers, parents and authority figures);
- school experiences and history;
- social skills;
- substance abuse; and
- prior medical and psychiatric history.

Shaw points to the family assessment (including how the family functions) as providing an opportunity to understand the early developmental and environmental context in which the sexual abuser developed. The clinician needs to gather information about the parents' personal and psychological history, how they employ authority and discipline and whether a role of coercive sexuality exists within the family. By the same token, he/she should ascertain how affection, tenderness, competition, aggression, love, sexuality, and lust are expressed in the family. He/she should also try to gauge how supportive and available the family is as a treatment resource, and what the family's attitude and response is towards the offence.

c. *Medical and psychiatric history*

It is important to look carefully into the medical and psychiatric background of the young sexual offender and obtain a comprehensive history, especially with regard to sexually transmitted diseases, Human Immuno-deficiency Virus infection, psycho-pathology and psychiatric co-morbidity. Psycho-pathology and psychiatric co-morbidity are looked at in greater depth in the section on mental state examination.

d. *School and academic history*

A careful assessment needs to be made of the youth's intellectual capacities and academic performance. School reports, collateral information from the school and parents and, where necessary, formal psychometric assessment are the best ways of gaining such information.

e. *Legal history*

The legal history of the young sexual offender should also be examined carefully to ascertain whether there is a history of arrests, convictions, incarcerations, use of weapons or cruelty to animals.

f. *Mental status examination*

The clinician needs to perform a comprehensive mental status examination. This should assess the presence of psycho-pathology, personality disturbances, organicity and substance abuse. Information gained should help to acquire an understanding of the youth's adaptive, coping and defensive strategies. In addition, the clinician should look into aspects around self-esteem, self-image, general maturity and attitude. In the assessment it is important to exclude or confirm any psychiatric co-morbidity, particularly that associated with young sexual offenders. Thus any features of conduct disorder and lack of empathy need to be carefully explored, with specific attention being paid to the assessment of suicidal content and risk. Risk factors for suicidal behaviour include apprehension by a judicial authority, along with the associated factor of the shame of being exposed as a sexual offender, fear of punishment and incarceration, embarrassment and stigmatisation.

2.4.3.3 Psychological testing

Psychological testing may be a useful adjuvant to the clinical interview but should never be relied upon exclusively during an assessment. Neuro-psychological testing and psycho-education assessments may be required when one is suspicious of neurologically based deficits and/or learning disabilities.

Several tests have been used in order to ascertain the sexual profile of young sexual offenders. These include the Multi-Phasic Sex Inventory, the Adolescent Cognition Scale, the Adolescent Sexual Interest Card Sort and the Child Sexual Behaviour Inventory. Their accuracy, reliability and helpfulness are, however, questionable.

2.4.3.4 Phallometric testing

Hunter (1999), O'Shaughnessy (2002), and Saunders and Awad (1988) describe aspects of phallometric testing as involving the measuring of penile erection in response to different stimuli (usually visual) as a means of determining sexual preferences and deviancies. Such assessments are used on adult sexual offenders in some centres. However, the use of phallometric assessment in children and adolescents is controversial and carries ethical implications. In some centres it has been used, with caution, as an instrument to measure deviant sexual arousal in children and adolescents.

2.4.3.5 Risk and recidivism assessment

Broadly speaking, the youth who recidivates returns to a pattern of offending either after completing treatment, or after dropping out of a treatment programme. In this sense, recidivism is ascribed to re-offending following specific intervention. In an even broader context, recidivism could be described as a continuation of (sexually abusive) behaviour.

The courts frequently give clinicians the responsibility of determining a youth's risk of recidivism. These assessments are used to make dispositional decisions and, as a result of legislative mandates, have potential relevance in determining which juveniles should be placed on State Registries, as well as what information about certain sexually abusive youths should be released to the public.

Mention is made by Hunter (1999) of the fact that unfortunately, risk assessment, especially risk of violence remains an inexact science. A number of risk assessment instruments are emerging as promising in the assessment of risk in adult sex offenders, but to date none of these have been validated on a juvenile population. Thus, at this time, when making their evaluations of the risks posed by a youth,

clinicians working with sexually abusive youths have to rely on experience, existing research on delinquency and pro-social functioning of youths, and retrospective and actuarial information on adults who re-offend.

Two retrospective studies that investigated the frequency of offences prior to the referral offence found relatively high offence rates. Awad and Saunders (1991) investigated the sex offence histories of 49 juveniles who had sexually assaulted peer or adult females and 45 juveniles who had sexually abused younger children. Their statistics showed that 61% of the juveniles who sexually assaulted peers or adults had histories of prior sex offences. Of those who abused younger children, 40% had histories of prior molestations. Fehrenbach et al (1986) found that 57.6% of the 297 juvenile sex offenders in their sample had perpetrated other sex offences prior to their referral offence. In the study conducted by Ryan et al (1996) on 1600 young sexual offenders referred for evaluation and/or treatment, the average number of victims per offender known at the time of intake was 7.7. Thus, half of youths presenting for intervention for the first time have a record of previous sexual offending and as such could already be seen as recidivists in the broader sense of the definition - that does not include repeat sexual offending after specific intervention.

O'Shaughnessy (2002) points to the significance of the fact that virtually all the studies of adolescent sexual offender programmes show a lower rate of recidivism than programmes for adult offenders. However, it should be noted that this rate often varies and could be affected by such factors as the length of follow-up period and the type of offenders in the study.

The studies conducted by O'Shaughnessy (2002) used criminal record check reviews and have shown sexual recidivism rates amongst adolescents ranging from 6% to 12% in follow-up studies. These follow-up periods vary from 6 months to almost 10 years. What is striking, however, is that although the sexual re-offence rates are relatively low as compared to adult offenders, the other rates of criminal

behaviour, including violent offences and general offending were high following intervention. Unfortunately, because none of these studies used a control comparison group, it is unclear whether low recidivism rates for sexual offences reflect the true treatment effect. Such a comparison group would need to be made up of a group that has received no treatment or intervention, but has possibly been apprehended through the legal system.

Schram et al (1991, as cited in Righthand and Welch, 2001) observe that the two years immediately following discharge from treatment represent the highest risk period. This is especially true for sexual offenders being treated in residential programmes (the fact that these offenders are already 'incarcerated' indicates that they may already pose a high risk).

The rate of recidivism is clearly influenced by variations in methodology. The definition of recidivism (i.e. a new arrest versus a new adjudication), the adequacy of delinquency or criminal records, and the duration of the follow up period are among the issues identified by Prentky et al (2000).

It is difficult to ascertain what factors contribute to the lower recidivism rate among young sexual offenders compared to adult sexual offenders. Weinrott (1996, as cited in Righthand and Welch, 2001) points to possible causes for this lower rate: deterrence, humiliation, lack of opportunity, clinical treatment, and increased surveillance. He also mentions that inadequate research methodology affects statistics on re-offence rates.

2.4.3.6 Factors to consider in assessing recidivism risk

According to Gerdes et al (1995) and Rasmussen (1999), an extensive developmental and historical assessment of the offending youth helps when determining the risk of re-offending. When evaluating the risk of further sexual offences the factors to be considered include:

- the frequency and diversity of the sexual offences;
- the severity of the aggressive-sadistic behaviour;
- the planfulness/impulsivity of the sexual offending behaviour;
- psychopathology;
- neurological impairment;
- prior anti-social or violent behaviour;
- motivation for treatment;
- intelligence;
- psychological mindedness;
- capacity for empathy; and
- family, community and social support.

Becker (1988, as cited in Friedrich,1990) suggested that adolescent sex offenders were probably more likely to re-offend if one or more of the following factors were present:

- initial offending was pleasurable;
- consequences for the offence were minimal;
- the deviant sexual behaviour was reinforced through masturbation or fantasy; and/or
- the offender has a deficit in social skills.

Righthand and Welch (2001) observe that while several of the above factors appear to have good face validity they require additional assessment.

Schram et al (1991, as cited in Righthand and Welch, 2001) found that as well as having higher rates of truancy, juvenile sexual recidivists also had higher rates of thinking errors. Their erroneous perceptions allowed for ideas and beliefs that justify abusive behaviour - e.g. blaming the victim. The recidivists they studied had

at least one prior sex offence. They also were much more likely to have deviant sexual arousal patterns although these were not assessed using physiological measures. Those who did not re-offend were significantly less likely to have been sexually abused or have a sibling who was abused.

In spite of the various descriptions of characteristics described in and ascribed to juveniles who have sexually offended, Weinrott (1998, as cited in Righthand and Welch, 2001) reported that very few characteristics have been empirically associated with sexual recidivism. He noted that these characteristics include the following:

- psychopathy;
- deviant sexual arousal;
- cognitive distortions;
- truancy;
- a prior (known) sex offence;
- blaming the victim; and
- use of threat/force.

In a study conducted by Khan and Chambers (1991), juveniles who victimised a non-related child known to them were most likely to be convicted for a new sexual offence. Youths who offended against peers were least likely to re-offend sexually. In their study, Worling and Curwen (2000) found that sexual interest in children (i.e. youths displaying signs of sexual interest and being sexually interested in and aroused by children significantly younger than themselves) was found to be a significant predictor of subsequent sexual recidivism. Similarly they found that both violent, non-sexual and non-violent recidivism were related to those variables known to be predictive of non-sexual delinquency in adolescents. Specifically, non-sexual recidivism was related to socio-economic disadvantage, low self-esteem, anti-social personality, heightened anger, recent delinquent and aggressive behaviour, and previous criminal charges.

Khan and Chambers (1991) found that the younger the offender when she/he committed his/her first offence, the greater the likelihood of criminal re-offence. When looking at the gender of the victim, Smith and Monastersky (1986) note that male juveniles who had committed at least one recent sexual offence against a male, were somewhat more likely to re-offend than those who had victimised only females.

Characteristics associated with adult recidivists include:

- multiple victims;
- diverse victims;
- stranger victims;
- juvenile sexual offences;
- multiple paraphilias;
- history of abuse and neglect;
- long-term separations from parents;
- negative relationships with their mothers;
- diagnosis of anti-social personality disorder;
- a history of unemployment;
- substance abuse problems; and
- chaotic, anti-social lifestyle.

Bynum et al (2001) note that the above are characteristics of offenders and are not necessarily specific risk factors for re-offending.

The above indicators pertain to adult sexual offenders and it has not yet been shown to what extent these factors differ amongst young sexual offenders who have sexually re-offended.

A study conducted by Hunter and Figueredo (1999) found that as many as 50% of youths entering a community-based treatment programme were expelled during the first year of their participation. Those who failed the programme had higher overall levels of sexual maladjustment (as measured on assessment instruments) and were considered to be at greater long-term risk for sexual recidivism.

Righthand and Welch (2001) point to one of the problems of assessing recidivism. Rather than risk the dire consequences associated with failing to predict recidivism which comes to pass, treatment providers may tend to over-predict sexual recidivism (and therefore keep offenders in treatment). After investigating the predictive utility of several measures, Ageton (1983, as cited in Prentky et al, 2000) found that four variables correctly classified 77% of the juveniles who re-offended sexually:

1. involvement with delinquent peers;
2. history of crimes against persons;
3. attitudes towards rape and sexual assault; and
4. family normlessness.

Subsequent analysis revealed that only one variable - involvement with delinquent peers - was necessary to correctly classify 76% of the cases.

A significant finding emerged from a study conducted by Khan and Chambers (1991), namely, offenders who used verbal threats in the commission of their offences were found to re-offend sexually at a higher rate than those who did not threaten their victim. Also of statistical significance was the finding that offenders who blamed their victims for their crimes re-offended at a greater rate than those who did not.

In the same study, nearly 50% of the adolescent sexual offenders re-offended criminally during the mean 20-month follow-up period. Youths with at least one

previous conviction of any type were significantly more likely to re-offend criminally. This suggests that the prior conviction rate of any young sexual offender should be studied further as it provides one possible classification criterion to determine institutional or community placement for treatment. It is also clear that in assessing risk of re-offence by adolescent sexual offenders, the risk of non-sexual criminal re-offence should be strongly considered in addition to that of sexual re-offence.

Hagan and Gust-Brey (2000) found that 10 (20%) of the 50 adolescent sex offenders who had completed a treatment programme for serious sex offenders re-offended sexually during a 10-year period. The sample consisted of offenders who had perpetrated a sexual assault against children, and it was emphasised that the offenders were a particularly delinquent sub-sample of sex offenders because:

- a. the offenders would have been eligible for at least 10 years in prison for their original offence if they had been adults;
- b. these youths had been incarcerated only after many attempts at community intervention had failed; and
- c. 86% were involved in crime as adults.

Rubenstein et al (1993) found that the recidivism rate for sexually assaultative youths was particularly high (37%). A significant proportion of these recidivists had a history of being sexually abused by older females.

Marques (1999) is heading a long-term study in California that measures the treatment outcome of relapse prevention strategies using two control groups. Preliminary findings have not yet demonstrated any treatment effect because of the low numbers and lack of long-term follow-up. The high recidivism rate in individuals who dropped out of treatment was however noteworthy.

O'Shaughnessy (2002) uses the Psychopathy Check List, Youth Version, (PCL-YV) as part of the ongoing assessment of young offenders, particularly juvenile sexual offenders. A 55-month follow up of the treatment of 220 adolescents was completed using criminal record reviews. Of these, almost 70% had a prior history of sexual assault and 22% had a prior history of violent assault before the index assaults. At follow up, 15% of the group had committed a sexual offence, 30% had committed violent offence and 51% had committed non-violent offences. Based on the PCL-YV scores, the group was divided into low, medium and high psychopathy levels. Offenders with high PCL-YV scores were significantly more likely to commit sexual assault, violent offences and general offences than low PCL-YV score offenders. A high scoring group was also more likely to commit general offences than the medium group. The combination of high psychopathy and deviant sexual arousal (as measured by phallometry) formed a sub-group within the high scoring group that showed even higher rates of violent and general offending.

O'Shaughnessy (2002) believes that in order to determine more accurate risk assessment, further research is required in the area of sub-classification of sexual offenders as well as controlled treatment studies and prospective longitudinal studies. Hunter (1999) warns clinicians to exercise caution in rendering judgement of the risk that individual juveniles represent for further sexual offending, especially when such judgements will figure prominently in legal dispositions. It should be clearly stated that while such assessments reflect the best available predictive information on these issues, empirical support for risk models is tentative at present.

More recent studies explore characteristics of the parents of young sexual offenders and the effects they have on the risk of recidivism. Kelley et al (2004) investigated 5 selected risk factors in parents that may be important in predicting the risk young sexual offenders pose in possibly re-offending. The results indicated that the greatest risk factor among young sexual offenders was having a mother who had a substance abuse problem. Thus, risk assessment should not only include an

assessment of the sexual offender and the offence, but also needs to investigate specific factors within the family.

In their study on risk assessment of adolescent sex offenders, Christodoulides et al (2005) highlight the importance of the concept of 'opportunity to re-offend' in interpreting findings of risk assessment and recidivism. Perpetrators who are systematically observed, have their freedoms restricted and are kept isolated from potential victims, are less at risk of re-offending simply by virtue of restricted opportunity, regardless of their presenting a number of historical and/or dynamic risk factors. Kenny et al (2001) suggest that opportunity for re-offending is extremely problematic to measure, but very likely to affect recidivism outcome.

Thus, in summary, despite the absence of clearly defined and replicable (risk) factors and characteristics involved in the recidivism of young sexual offenders, it is nevertheless important to incorporate pertinent attributes in the assessment of young sexual offenders, both during intake and upon discharge, in order to guide therapists in the type and intensity of both the intervention and the follow-up required by the young sexual offender. The fact that the literature to date is still not clear as to what factors constitute true risk for sexual recidivism, further highlights the importance of follow-up (studies) of young sexual offenders. Numerous follow-up studies reveal that certain groups of young sexual offenders frequently re-offend criminally, (i.e. non-sexual offences) and this too needs to be taken cognisance of with respect to the goals and targets that need to be set for intervention programmes.

2.4.3.7 Disposition

At the end of the assessment process, the clinician should be prepared to address the following issues as laid down by Shaw (1999) and provide guidance to other professionals, the juvenile court, and other community agencies:

- The degree of the abuser's threat to the community, victim and other potential victims;
- The risk of repeating the sexually aggressive behaviour;
- The treatment needs of the individual and his/her family;
- The desirability of removing the abuser from his/her family; and
- The appropriate treatment programme for the abuser (e.g. should the offender participate in a community outpatient programme, or does he/she need to be placed in a more restrictive environment such as a detention centre or residential programme).

2.5 Management and intervention strategies for young sexual offenders

2.5.1 INTRODUCTION

Righthand and Welch (2001) and Shaw (1999) unequivocally state that the primary objective of intervention with juveniles who have sexually offended is to ensure community safety and protection. Cellini (1995, as cited in Righthand and Welch 2001) described the primary goals of treatment interventions with young sexual offenders as helping them to gain control over their sexually abusive behaviours and to increase their pro-social interactions with peers and adults. Becker and Hunter (1997, as cited in Righthand and Welch, 2001) identify other treatment objectives, namely, prevention of further victimisation, halting the development of additional psycho-sexual problems and helping the juvenile develop age appropriate relationships with peers. Sermabeikian and Martinez (1994) explain the rationale for early intervention. It is to treat, disrupt and prevent the sexually offending behaviour before it becomes a chronic or compulsive problem. Knopp (1985, as cited in Ryan et al, 1987) comments that while the sexual offender may always be at risk for sexual assault, we do have many tools to offer him to enable

him to control his deviancy if he chooses to do so. However, it is only through involvement in a programme specifically for sexual offenders that these tools can be made available to him. To withhold the opportunity for treatment from a youthful offender, therefore, is irresponsible and only invites him to victimise others further.

Trivits and Reppucci (2002) stress the importance of the age at which intervention happens. According to them, amenability to treatment is a cornerstone of the juvenile justice system's balance between rehabilitation and community safety. Childhood has been viewed as a time of development, and children have generally been considered more malleable than adults. The potential benefits of early intervention and treatment, therefore, take on added significance for juveniles. Farrel and O'Brien (1988, as cited in Shaw, 1999) consider the economic benefits of specialised outpatient treatment. According to them, the cost of providing this was about one fifteenth of the cost that one would have to provide in an institutional or residential setting.

Becker and Hicks (2003) comment on societal trends and attitudes. Concern about sex offending behaviour has motivated a shift towards retributive justice for juveniles, to the extent that rehabilitation is still a secondary goal. They give three reasons why these legislative trends may prove to be anti-therapeutic:

1. Incarceration removes juveniles from resources in their families, school and communities. The most promising interventions for juvenile sexual offenders incorporate these resources in treatment, rather than focusing solely on the juvenile.
2. Contact with serious adult offenders in the correctional system, some of whom are likely to be anti-social, may contribute to the further socialisation of juveniles as offenders. Such socialisation would be at odds with the goal of re-integrating juvenile offenders into their communities.

3. Imposing adult penalties for juvenile sexual offenders may provide motivation for them to deny crimes, an impediment to the goal of increasing accountability for criminal actions and also a hindrance to successful treatment.

Several authors comment on the apparent lack of clear empirical evidence regarding successful treatment of young sexual offenders attending intervention programmes (Lab et al, 1993; O'Shaughnessy, 2002; Trivits and Reppucci, 2002; Righthand and Welch, 2001 and Shaw, 1999). Studies lack comparisons of a treatment group with a non-treatment group. Once a treatment programme is available, it is felt to be unethical to not offer perpetrators the opportunity to attend such a programme. In one of the few controlled studies, Borduin et al (1990) compared Multi-Systemic Therapy (MST) to individual therapy in the treatment of young sexual offenders. Multi-Systemic Therapy attempts to ameliorate deficits in the adolescent's cognitive processes (denial, empathy, distortions), family relations (family cohesion, parental supervision), peer relations (developing age appropriate peer relations with girls and boys) and school performance. Multi-Systemic Therapy targets and treats various systems within the youth's lives and environment such as the family, the school and peers, in order to bring about change. Individual therapy consisted of counselling sessions that focused on personal, family and academic issues. Therapists offered support and feedback as well as encouragement for behaviour change. The theoretical orientations of the individual therapy were a blend of psychodynamic (promoting insight), humanistic (e.g. building a warm relationship), and behavioural (providing social approval for positive behaviours) approaches. The adolescents received approximately 45 hours of individual therapy. Multi-Systemic Therapy was shown to be clearly superior to individual therapy in the treatment of young sexual offenders, with a significantly lower recidivism rate. Unfortunately, the study has not been replicated on larger groups of young sexual offenders. O'Shaughnessy (2002) states that despite the fact that by the mid 1990s over 800 different programmes had been established in the United States alone, knowledge is still limited as to what may be the most effective

approaches to assess and treat young sexual offenders. However, despite the above Trivits and Reppucci (2002) and Hunter (1999) believe there is some evidence that without detection and/or correction, juvenile sexual offenders may continue offending.

Despite the numerous reports published on the treatment of young sexual offenders, empirically based methods of assessment and intervention strategies need to be established in order to demonstrate clearly the efficacy of intervention.

Longo (2003) comments that, although several independent efforts have been made to establish standards of care, no national standard endorsed by a national agency or organisation exists in the United States of America. Thus not even the independently published standards today are made enforceable or endorsed by a single national organisation.

2.5.2 TREATMENT PLANNING

The committing of a sexual offence against a minor is deemed a reportable offence in most countries. Thus, according to Ryan et al (1990) it is important that mental health professionals, social services and the justice system collaborate in the management and administration of treatment for young sexual offenders. The offender first becomes responsible for the consequences of behaviour through being made legally accountable. Participation in treatment is facilitated when court orders for treatment are issued, while probation or parole supervision enhances community protection. Thus wherever possible, treatment should be court mandated.

Becker (1990), Hunter (1999), Ryan et al (1990) and Shaw (1999), address the issue of confidentiality, and the need for this to be waived, should the young sexual offender agree to participate in a treatment programme. Both the young sexual offender and his family should be fully informed about ethical issues around confidentiality, specifically as far as the offence in question is concerned, as well as

in connection with a past history of offences or the intention to commit future offences. The clinician must obtain informed consent, and it is important that this is gained both with regards to the waiver of confidentiality, and the young sexual offender's willingness to participate in a treatment programme. In those cases where the court expects a written report from the clinician (either during or on completion of intervention), this report should be shared with the offender and his family.

Shaw (1999) states that the planning of treatment necessarily reflects a judgement about the level of care required. The heterogeneity of young sexual offenders is a factor which complicates decision-making. Added to this is the fact that sexual abusers vary according to different behaviours and circumstances: the severity of delinquency/criminality, psychopathology, sexual deviancy, the history of child maltreatment and sexual victimisation, family support systems, motivation for help and the danger they present to the community. Hunter and Figueredo (1999) found that the degree of sexual maladjustment, denial, and the lack of a sense of accountability for one's sexual offences predicted failure in treatment compliance (i.e. attending and adhering to the rules) in a community based intervention programme.

Bengis (1997) recommends a continuum of care to address both the needs of individual juveniles who have committed sex offences and the needs of the community adequately. Righthand and Welch (2001) agree with this view. Presenting a range of interventions and placement options allows for the provision of cost-effective interventions while at the same time ensuring that paramount importance is placed on community safety. Bengis (1997) points out that at different stages of their treatment, juveniles may require different levels of supervision and treatment intensity. He stresses that to be most effective, the components of the continuum should have consistent treatment philosophies and approaches and, wherever possible, should provide stability in treatment providers

as the juvenile moves along the continuum. Bengis (1997), Longo (2003) and Righthand and Welch (2001) suggest that such a continuum may include:

- Self-help groups and 'hot line' support;
- prevention programmes;
- short term, specialised psycho-educational programmes;
- outpatient groups, day programmes and special education schools;
- alternative community based living environment, such as foster care; group living homes, mentor programmes or supervised departments;
- unlocked, intensive, community based residential placements; and
- locked, secure, correctional facilities.

Hunter and Figueiredo (1999) and Rasmussen (1999) include the following factors to consider when placing a young sexual offender in a more restrictive environment:

- the consistent need to deny sexual offences;
- the lack of remorse and victim empathy;
- a well established pattern of frequent and diverse committed acts of sexual aggression;
- the number of previous arrests;
- the number of victims;
- severity of psycho-pathology;
- failure of previous treatment efforts;
- the degree of compulsivity and sexual arousal; and
- a documented history of violence, aggressive and sadistic behaviour.

According to Shaw (1999), treatability has traditionally been related to the sexual abuser's willingness to accept accountability for his/her sexual offences. This is manifested by:

- admission of a sexual offence;
- acceptance of the sexual offending behaviour as a problem;
- motivation to stop sexual offending; and
- willingness to participate fully in treatment.

Monitoring co-morbid conditions during treatment is vital. O'Shaughnessy (2002) and Lakey (1994) stress the importance of both addressing and treating co-morbid and/or additional psycho-pathology with which the young sexual offender may present following the assessment process. This would include conditions such as substance abuse, attention deficit hyperactivity disorder, mood disorder, etc.

Separate management is suggested as being best for some groups. Righthand and Welch (2001) identify such special population groups as very young children (below the age of 10 years) or those with significant cognitive impairment who have sexually abused others. Separate management, either individually or as a group, ensures that the special needs of such groups can be incorporated in the treatment programme.

2.5.3 GENERAL CONCEPTS, GOALS, THEMES AND CONTENT OF YOUNG SEXUAL OFFENDER TREATMENT PROGRAMMES

Over the last 20 or so years, the literature discussing the treatment of young sexual offenders repeatedly emphasises the following issues and indicates these areas of focus for treatment programmes:

1. Acceptance of responsibility for the offence without blaming external factors or events;

2. Acknowledging and understanding the consequences of the offence on the victim, others and self;
3. Sexual education, including facilitation of non-deviant sexual interests, development of a positive sexual identity of self and an understanding of healthy sexual behaviour;
4. Teaching young offenders to recognise internal and external antecedents of sexually abusive behaviour;
5. Clarification and correction of cognitive distortion;
6. Decreasing deviant sexual arousal;
7. Promotion of victim empathy;
8. Teaching and clarifying values related to respect for self and others, including values concerning abusive versus non-abusive (sexual) behaviour;
9. Assertiveness skills and conflict resolution to manage anger and resolve interpersonal disputes - i.e. anger management;
10. Strategies to enhance impulse control, gaining control of behaviour and facilitating good judgement;
11. Social skills training including enhancement of interpersonal and social skills, peer relationships and promoting greater self-confidence and social competence;
12. Provision for relapse prevention. This should include teaching youths to understand the cycle of thoughts, feelings and events that are antecedent to the sexual acting out, to identify such feelings in viable circumstances and pinpoint thinking patterns that should be avoided because of increased risk of re-offending, to identify and practise the coping and self-control skills necessary for successful behaviour management;
13. Exploring options for restitution/reparation to victims and the community;
14. Addressing and resolving personal victimisation experiences;
15. Exploration of family issues that may support or trigger offending behaviour or that may be causing family dysfunction;
16. Creation of awareness about sexually transmitted diseases;
17. Clarification of appropriate and inappropriate dating skills;

18. Training with regards to vocational, scholastic and basic living skills;
19. Clarification around aspects of control and power especially in the context of sexually abusive behaviour;
20. Encouraging the identification and expression of feelings; and
21. Assistance with co-existing disorders, including the role of substance abuse in the offender's presentation.

The above list has been compiled from Becker (1990), Hunter (1999), Lakay (1994), Righthand and Welch (2001), Ryan (1986), Ryan et al (1990) and Shaw (1999).

2.5.4 MODES AND TECHNIQUES OF INTERVENTION FOR YOUNG SEXUAL OFFENDERS

Much can be gleaned from a literature study of the suggested manner of intervention for young sexual offenders. The literature on this topic has grown considerably over the last decade, as the crisis has been acknowledged and effective methods and techniques have been sought to counter this problem.

Schwartz (1992) points to the increasing awareness that sexually abusive behaviour is more than a mere matter of simple disorder of sexual arousal. Thus, according to Becker (1994), there is need for combined and integrated treatment approaches. Becker (1998), Becker and Hunter (1993), Borduin et al (1990), O'Shaughnessy, (2002), Righthand and Welch (2001) and Schwartz (1992) all agree that the spectrum of emotional, behavioural and developmental problems presented by these young people requires an integrated, multimodal treatment programme. Such a programme should be tailored to the individual clinical presentation and social and family support system. The predominant treatment approaches suggested include cognitive, behavioural and psycho-education models, behavioural interventions,

relapse prevention, psycho-social therapies, and psycho-pharmacological approaches.

Such treatment seems to work best if incorporated into a system of group therapy.

2.5.5 GROUP THERAPY

O'Shaughnessy (2002), Righthand and Welch (2001), Schwartz, (1992), Shaw (1999), Smets and Cebula (1987) and Worling and Curwen (2000) identify the group setting as central to the treatment of young sex offenders. This is usually the medium through which cognitive behavioural modalities i.e. psycho-educational, behavioural and relapse prevention programmes, are conducted. Lakay (1994) gives reasons for the efficacy of group treatment, stating that there appears to be general consensus that group treatment is the treatment of choice for adolescent sexual offenders. The group mobilises peer pressure and is a powerful agent of change in pressuring for disclosure and conformation. Further reasons are given by Shaw (1999): in group therapy, young sexual offenders are placed in a context where they are unable to easily minimise, deny, or rationalise their sexual behaviours. As the medium for therapeutic intervention peer group treatment may be used in a number of different ways. These depend on the setting, the type of group membership, the severity of sexual offences, the goals and objectives of the group, whether the groups are open or closed, and the length of the group experience.

Shaw (1999) lists interpersonal, behavioural, cognitive behaviour, psychodramatic, and psycho-educational interventions as being among the number of therapeutic strategies that shape and configure the group treatment. Groups are usually divided by age and it is generally advised that the facilitators be both male and female therapists, to assist in modelling of behaviour. The therapeutic intervention is structured and focused, emphasising problem-solving skills, social skills, anger management and exploring cognitive strategies for controlling behaviour. Trust, betrayal, secrecy, guilt, labelling of affects, loss, helplessness, powerlessness,

empowerment, sexual feelings, cognitive distortions, self-blame and self-esteem are included in the list of thematic concerns during this type of intervention.

Shaw (1999) also notes that the achievement of a sense of group cohesion and peer acceptance constitutes an important goal in group therapy of adolescent offenders. Thus, as an initial strategy, there is some advantage to the group being structured around psycho-educational material which provides a nidus for the processing of emotionally arousing themes.

According to Righthand and Welch (2001) a number of offenders can be provided for in group therapy, thus allowing efficient means of concurrently presenting educational components of treatment.

Smets and Cebula (1987) look at some models of therapy for young sexual offenders which use a stepwise approach. These models consist of several levels. The first step deals with the issue of non-disclosure and from there steps are taken to the point where the young offender takes full responsibility for the sexually offensive behaviour. Another level of the therapy concentrates on a relapse prevention strategy. Only when each group member has reached a certain step will the next step be taken.

A system of group support should expand to include the families of young sexual offenders. Shaw (1999) suggests that parents receive concurrent parent counselling. Alternatively, they could be placed in a structured parent group with emphasis on educational modules. Here they can discuss their own issues of victimisation, and more importantly, focus on styles of interaction with their children and the management of their children's sexual behaviour.

2.5.6 COGNITIVE BEHAVIOUR THERAPY

Various forms of cognitive, behaviour and cognitive-behaviour interventions are recommended in the treatment of young sexual offenders. Specialised techniques such as cognitive restructuring, satiation and covert sensitisation are recommended, as well as more general techniques such as social skills training, psycho-education and sex education.

Modes of intervention for young sexual offenders as identified by Becker (1990), Cautela (1966, as cited in Shaw 1999), McConaghy et al (1989), O'Shaughnessy (2002) and Shaw (1999) include the following:

a. *Values clarification*

The therapist explains sexual and other values and shows how these tie in to the cessation of exploitative sexual relationships and other interactions (Shaw 1999);

b. *Anger management*

Youths receive instruction aimed at facilitating the recognition and the development of appropriate coping strategies for managing anger (Shaw 1999);

c. *Cognitive restructuring*

This procedure assists subjects to confronting the rationalisations youths make as to why it was acceptable for them to engage in deviant sexual behaviour. An example of such a distortion is the belief that a very young child would never have sex with an adolescent unless he/she really wanted to do it. Until the adolescent can confront these beliefs, he/she is at risk for committing sexual crimes. One method of confronting cognitive distortions is through role-playing (Becker, 1990);

d. *Assertiveness training*

Training is provided to show the adolescent how to behave in a more appropriately self-assertive way to have his/her needs satisfied in a reality orientated and culturally acceptable manner (Shaw 1999);

e. *Social skills training*

Adolescents need to learn the requisite skills so that they relate with peers in an appropriate and comfortable way. Social Skills Training aims to help them achieve this. Alternative means of problem solving through role-playing are taught. Alternative responses are proposed by group members and are then used for role-playing. For example, assertive responses are suggested and discussed as alternatives for real life situations in which the boys have responded aggressively (Becker, 1990);

f. *Sex education*

The therapist debunks myths, provides information regarding human sexuality, sex roles, variations of sexual behaviour and explains about sexually transmitted diseases (Shaw 1999);

g. *Victim empathy*

The inherent empathy in some offenders is addressed using the technique of empathy enhancement. The offender may be assisted in perceiving and understanding the intrinsic harm that sexual assault causes victims through various exercises such as role-playing or confrontation. The group leader may use group members' own sexual abuse experiences to facilitate the teaching of empathic awareness of the impact of sexual assault on others (O'Shaughnessy, 2002);

h. *Satiation*

Through the technique of verbal satiation offenders learn how to use devious thoughts in a repetitive manner to the point of satiating themselves with the very stimuli that they may have used to become aroused (Becker, 1990);

i. *Covert desensitisation*

In this counter-conditioning technique, the offender imagines some negative reaction or aversive stimulus in an attempt to learn to extinguish pleasurable responses to sexually stimulating deviant imagery. Scenes are constructed for each offender according to his/her sexual erotic fantasies. (Cautela, 1966 as cited in Shaw, 1999); and

j. *Imaginal desensitisation*

The sex offender is taught to use relaxation techniques to interrupt the sexually stimulating imagery and to inhibit the sexual arousal cycle (McConaghy et al, 1989).

Most young sexual offenders construct strong systems of denial and these, according to Ryan et al (1990), must be targeted during the early phases of treatment or no real progress can be made. The levels of confrontation necessary to accomplish this are greater than any used by most traditional therapists. This confrontation is not intended to attack the individual personally but to break down the denial in their thinking and assist them to confront their behaviour. The therapist must initially be in control of the therapy sessions and be directive in order to address the offender's distorted thinking patterns and the rationalisations which allow him/her to offend.

2.5.7 RELAPSE PREVENTION

Management strategies form an important part of aiding the young sexual offender to prevent relapse. O'Shaughnessy (2002) believes that once an adolescent is able to identify high risk or near miss situations, he/she is then able to engage the techniques used in the treatment process to manage these situations. Examples include avoiding contact with children, avoiding sexual thoughts of children and, in particular, masturbating to those thoughts using the techniques he/she has learnt to manage impulses. The young offender also learns how to apply the behavioural therapies to reduce deviant drive when faced with increased and deviant sexual arousal. The goal is to teach the adolescent that the risk to commit further sexual assault persists for a prolonged period of time and that he/she must learn management strategies that can be used even after the therapy and supervision have ended.

2.5.8 INDIVIDUAL PSYCHOTHERAPY

Schwartz (1998, as cited in Shaw, 1999) looks at the advantages and disadvantages of individual therapy. He maintains that the value of individual therapy for young sexual offenders is limited and should probably never be relied on as the only treatment model. Individual therapy does have some advantages in that it provides a greater sense of confidentiality and development of trust and creates an environment where the individual is assisted to understand his/her psychodynamics, unresolved developmental issues, conflicts and resistance to therapeutic intervention. Most importantly, individual therapy can be used to develop a therapeutic alliance which may be used to facilitate the offender's participation in other treatment modalities. However, there are disadvantages to individual therapy - it is easier for the therapist to be manipulated; denial is more easily sustained; there is less therapeutic confrontation; the sexual secrets are maintained within the therapeutic dyad; and unlike group therapy, there is less opportunity to learn from

others, i.e. victim empathy, offender characteristics, offence cycle, interpersonal and social skills.

However, Shaw (1999) identifies a particular group who can benefit more from individual therapy, seeing it as often being the treatment of choice for younger, sexually reactive abused children who have become sexually abusive. This is particularly true for children who manifest high levels of intra-psychic conflict, emotional distress, confusion and defensiveness around their own sexual victimisation. Individual therapy allows for the development of a dyadic relationship in which issues of trust, sexually aggressive fantasies, shame and guilt can be worked with in the context of the therapeutic relationship. That said, in most instances, the individual therapy will be juxtaposed to other interventions to possibly include family and group therapy, cognitive behavioural therapy and psycho-pharmacological interventions.

When individual therapy for juvenile sex offenders happens, it is, according to Muster (1992), generally characterised as one of firmness and confrontation alternating with a flexible and empathetic stance.

2.5.9 PARENT AND FAMILY INTERVENTIONS

Geradin and Thibaut (2004) state that family interventions is a crucial but difficult component in the treatment of juvenile sex offenders because family members often resist and desire that treatment focuses only on the offending child.

Rasmussen (1999) and Worling and Curwen (2000) argue that adequate family support can help reduce recidivism and that treatment programmes involving families are likely to be more effective than those that do not.

Parents need to understand what is being done in the treatment programme and to see how this relates to recovery. Parent involvement is an important component of support and supervision of the young sexual offender. Parent groups can educate the parents as well as provide them with support during the crisis their child's behaviour has triggered. Also of importance is the need to address those family problems and dysfunctions which may support or contribute to the adolescent's offending pattern. Minimisation, denial, cognitive distortions and lack of empathy may reflect family patterns that would need to be addressed.

Gray and Pithers (1993) described strategies that can engage the co-operation of family members and reported that parents found the following approaches useful:

1. Written information on relapse prevention, cognitive distortions and the consequences of sexual abuse;
2. Educational video tapes of adolescent abusers discussing their intervention process and the need to be held accountable;
3. Literature on the recovery process of sexual abuse victims;
4. Referrals to treatment groups for adult survivors of sexual abuse;
5. The opportunity to be included periodically in sessions of the adolescent abuser group;
6. Support groups for parents of abusive adolescents; and
7. Attention to the concerns of the juvenile's siblings in the treatment process.

Shaw (1999) states that family therapy may be warranted in those instances where there is incest, especially when the sex offender remains in the family or will rejoin the nuclear family after treatment.

Through the FGC the families of the perpetrator and the victim meet in a controlled environment and in a facilitated manner in order for some form of retribution to occur.

It is likely that the young sexual offender comes from a home where there may be underlying problems. Ryan et al (1996) stress that Social Service interventions may be required both to assess and manage the home circumstances in which young sexual offenders find themselves.

2.5.10 PSYCHO-PHARMACOLOGICAL INTERVENTIONS

Kafka and Prentky (1992) and Shaw (1999) comment on the several studies which have supported the use of selective serotonin re-uptake inhibitors in the treatment of sexually deviant behaviour. SSRIs are effective in the treatment of obsessive-compulsive behaviour and as such their use has been recommended for individuals with paraphiliac or non-paraphiliac impulsive sexual pre-occupations. The agent that has been most studied is fluoxetine and a number of reports indicate that its use is associated with a reduction in paraphiliac behaviour and non-paraphiliac sexual obsession. However, according to Geradin and Thibaut (2004) and O'Shaugnessy (2002), although the use of such psycho-pharmacological interventions is promising for adolescent offenders, there are no current studies on which to rely in guiding clinicians as to when to use these in the treatment of young sexual offenders.

Shaw (1999) also makes mention of the considerable interest in the use of anti-androgen drugs to decrease sexually aggressive behaviour. Because of their significant side effect profile (specifically that of growth retardation) the use of anti-androgens is contra-indicated in children and adolescents, excepting in the most severe of presentations. A signed informed consent statement is necessary before initiating such treatment.

2.5.11 DURATION AND INTENSITY OF TREATMENT

A vast number of treatment programmes have proliferated over the last decade. However, the lack of empirical efficacy supporting them makes it difficult to stipulate guidelines in this regard. The severity of the offence, the degree of risk of re-offending and the past history of sexual offences all play a part in assessing the duration and intensity of treatment. Despite the presence of hundreds of different treatment programmes targeting young sexual offenders in the United States of America, there is a conspicuous paucity of data regarding the intensity and duration the intervention should take. For young sexual offenders attending the Multi-Systemic Therapy cited in the paper by Borduin et al (1990), total consultation and treatment time ranged from between 21 to 49 hours with a mean of 37 hours, whereas other treatment programmes advocate hour-long weekly sessions for one year with subsequent follow up. Although adequate outcome data are lacking, NAPN, the National Adolescent Perpetrator Network in the USA (1993), suggests that satisfactory treatment will require a minimum of 12 to 24 months. Righthand and Welch (2001) maintain that such long-term treatment seems worthwhile, as indicated by the results of research investigating recidivism after juveniles were referred for sex offences - typically revealing relatively low rates of sexual recidivism (8% – 14%).

2.5.12 ATTRITION OR DROP-OUT FROM SEX OFFENCE - SPECIFIC INTERVENTION

Studies of treatment programmes for young sexual offenders have demonstrated high drop-out rates from treatment. Becker (1990), Hunter and Figueredo (1999) and Rasmussen (1999) cite varying statistics, ranging from 33% to 55%. The two main factors associated with this high drop out rate seem to be older age and the youth's impulsivity.

Hunter and Figueiredo (1999) reported that more than 50% of the subjects in their sample were terminated from treatment during the first year. Although 20% of these juveniles ended treatment for reasons unrelated to their behaviour or attitudes (e.g. family relocation), 33% were expelled from the programme as 'treatment failures'. Of the 'treatment failures', more than 75% were terminated because they were non-compliant with attendance and therapeutic directives. Only 11.4% of the 'treatment failures' were terminated because of recidivism (4.9% for sex offences; 6.6% for other types of offences).

Hunter and Figueiredo (1999) and Marques (1999) stress the extreme importance of high rates of treatment attrition. Studies suggest that failing to complete treatment is associated with higher rates of recidivism both for sex offences and other types of offences.

Failure to complete treatment is thus a possible risk indicator for recidivism. Young sexual offenders who fall into this category should be targeted and checked up on through follow-up assessments and observations, as well as being referred back to the justice system for further action.

2.5.13 AFTERCARE AND NOTIFICATION

A sexual abuser is never cured. Rather, he or she is rehabilitated. There is thus a need to provide monitoring and follow up with continuing services. Following the termination of a course of therapeutic interventions, offenders are maintained in a spectrum of continuing services. These, according to Shaw (1999) should relate to the severity of sexual misbehaviour and the psycho-pathology, and risk status of the offender. This continuum, as discussed earlier, may range from contacting a professional should the need arise, to individuals who for various reasons pose a serious danger to the community and require further input in a closed facility.

In more developed countries it has become more common for the authorities to be notified about known adult sex offenders. These adults are then placed on a register. Trivits and Reppucci (2002) do not recommend the extension of this practice to young sexual offenders who enter treatment programmes. It is felt that the risk of victimisation of offenders, especially within the educational setting, outweigh the benefits notification may hold of protecting the community. It is suggested that only when young sexual offenders sexually re-offend should notification be considered. This is in keeping with the findings that show that relatively few young sexual offenders re-offend sexually compared with adult sex offenders.

2.5.14 SUMMARY OF INTERVENTION MEASURES

Hunter (1999) and Ryan (1996) summarise the intervention for sexually abusive youths as typically including the combination of individual, group and family therapies. In addition, many programmes offer supportive educational groups to families of these youths. Youths who display co-morbid or additional serious psychiatric or behaviour problems may require additional treatment for these conditions. Ryan (1996) goes on to say that social and family problems experienced by these youths may also benefit from social service intervention. She also comments on the availability or lack of financial resources, saying that it is not known to what extent treatment recommendations are shaped by these factors, although it is likely that options are heavily influenced by such resources.

Hunter (1999) and Shaw (1999) suggest that there should be careful co-ordination of all therapies provided to sexually abusive youths within the treatment agency, with external agencies offering case management and oversight. A thorough assessment of the youth, family, the environment and the available resources should lead to individually tailored treatment programmes.

2.5.15 OTHER ASPECTS IMPORTANT IN THE COMPREHENSIVE MANAGEMENT OF YOUNG SEXUAL OFFENDERS

a. *Training and qualifications of treatment providers*

Two organisations within the United States of America, The Association for the Treatment of Sexual Abusers (1983) and the NAPN (1993), stipulate that individuals providing treatment for juveniles with sexual behaviour problems must be personally and professionally qualified. Being emotionally healthy, having respect of oneself and others, using good listening skills and having the ability to empathise are among the personal qualifications identified by Righthand and Welch (2001) in this regard. Professional qualifications include relevant education, training and experience, with treatment providers receiving training before they begin their interventions. Training should then take place on a continuing basis, so that providers can stay up-to-date with this evolving field.

Kraus (2005) describes a high degree of compassion fatigue and burnout amongst professionals working with survivors of trauma and perpetrators of abuse. Collins and Long (2003, as cited in Kraus, 2005) show that factors such as being part of a multidisciplinary team where there was a great deal of camaraderie and team spirit, seeing clients recover and 'move on', being part of the community and receiving supervision and staff support, protected professionals against burnout and fatigue. Griffin et al (1997) suggest support groups for professionals involved in the treatment of young sexual offenders. These provide an important forum for sharing information and experiences and allow a place for professionals to lend each other mutual support and encouragement.

b. *Treatment programme evaluation*

Adequate programme evaluation involves at least two primary approaches. First, implementation research is conducted to ensure that the components necessary for effective treatment exist and are implemented. Second, outcome research is necessary to determine whether the interventions have been effective.

In many programmes Vizard (1995) finds that the study of treatment efficacy is hampered by the apparent absence of a systematic assessment of the full range of young offenders' needs at the start and end of treatment, and by the absence of measures of many aspects of treatment. It is thus important to establish some long-term prospective studies of sexually abusive children and young people, to identify the factors which increase the risk of re-offending. Vizard also shows that current studies of treatment outcome tend to concentrate on the reduction of offending behaviour or other variables specific to sex offences. There has been remarkably little attempt to quantify the influence of factors in the young person's environment, such as family composition, family attitudes and beliefs, and the type of care, and educational arrangements. The search for effective treatments will only end when such evaluations are integrated into all treatment programmes. Until this is achieved, it will be impossible to say with any certainty that sexual offenders who are being released from treatment present a smaller risk to society than when they first offended.

Righthand and Welch (2001) comment on the shortcomings of using recidivism rates to assess treatment effectiveness, as most outcome studies tend to do. Among the methodological problems generally limiting the usefulness of this approach are low rates of recidivism, short follow-up periods and variability in outcome measures (e.g. arrests or adjudication). It may be important to assess other factors such as sexual deviation, anger and emotional expression, self-concept, and the quality of interpersonal relations

when trying to quantify the desired change over time on each patient's interpersonal, social and psycho-sexual adjustment.

c. *Co-ordination of services and policy making*

The NAPN (1993) indicates that most treatment specialists believe successful programming for sexually abusive youths requires a co-ordinated effort between criminal justice system actors and treatment providers. If juveniles wish to participate productively in treatment programming they must be willing to address their problems and comply with therapeutic directives. Adjudication and supervision typically prove more useful in client accountability and compliance with treatment as well as a means to prevent future victimisation.

Hunter (1999) cites clinical experience which has demonstrated that a particularly effective motivator is the suspension of the youth's sentence as contingent upon his/her successful completion of a treatment programme. Under collaborative arrangements, the treatment specialist provides ongoing progress reports to the courts. Should a youth fail to comply with programme expectations he/she can be brought back to the court for review.

According to Hunter (1999), the planning and implementation of treatment services should, ideally speaking, reflect a collaborative effort involving the youth, his or her family, and all agencies involved in the youth's care. It should also include those agencies serving victims of the youth. Often, this is accomplished by forming an advisory board. The functions of such a board are to supervise the operation of the programme and act as a mediator between the programme and the community, helping to ensure that the treatment programme serves the needs of its clients while at the same time meeting community safety standards. These boards typically comprise representatives from public institutions serving youths and families and include the local juvenile court, the Department of Social Development, the

prosecutor's office, the public defender's office, victim advocacy services, and parents of youthful perpetrators.

Gilligan and Talbot (2000) have identified the following key factors in implementing and maintaining successful collaborative efforts:

- Effective communication and co-operation among the criminal justice system and other professionals;
- Assessment of collaborative needs;
- Clear definition and delineation of roles;
- Efficient and streamlined co-ordination of agency tasks;
- Routine and regular flow of information and data; and
- Participation and accountability by all parties involved in the process.

Following these guidelines, multi-disciplinary advisory boards would be in an ideal position to guide both regional and national policy decisions regarding the overall management of young sexual offenders.

d. *Sexual abuse prevention and public awareness*

Using the public health model, Freeman-Longo and Blanchard (1998, as cited in Longo, 2003) identify three levels of sexual abuse prevention - primary, secondary and tertiary.

The goal of primary prevention is to prevent sexual abuse before it occurs. Primary prevention puts responsibility on the would-be abuser not to sexually abuse others. Primary prevention invites those who believe that they have a problem to seek help and treatment, promoting a message of hope and recovery.

The goal of secondary prevention is to teach people how to avoid becoming victims. In its most familiar forms, secondary prevention consists of child sexual abuse prevention and awareness programmes in schools, and rape awareness, prevention, education, and self-defence classes. Although crime prevention programmes and efforts are valuable, secondary prevention programmes place the responsibility for the prevention of sexual abuse on the potential victim. Another form of secondary prevention identifies 'at risk' individuals who may be susceptible to becoming abusive or to being abused and intervenes to reduce that risk.

The goal of tertiary prevention is to stop the abuse from continuing. This may involve treating victims of sexual abuse and teaching them ways to avoid and/or prevent sexual abuse from happening again. Treating sexual abusers and helping them learn ways to not sexually abuse again is another form of tertiary prevention. While treatment is a valuable and worthwhile effort, the problem with this level of prevention is that it occurs *after* someone has been abused or *after* the abuser has already caused victimisation.

A most important aspect in all forms of sexual offences that needs to be addressed is informing the public in general of all aspects of sexual abuse and its prevention. The media, advocacy groups and professional bodies all need to assist in the dissemination of such information.

CHAPTER 3 - METHODOLOGY

3.1 Introduction

Chapter 3 will outline and discuss in detail the methodology used in undertaking the study on CAYSTOP/SAYSTOP and the development and implementation of an intervention programme for young sexual offenders. The motivation and research aims and objectives of the study have been discussed in Chapter 1. An overview of action research will be given, followed by the manner in which this method was applied in conducting this study.

The research method used for this study was action research, as I wished to focus on and describe the process of the development and implementation of a diversion programme designed for young sexual offenders. Action research was a useful tool in driving and guiding the process as it happened. Furthermore, it highlighted how members from diverse disciplines came together and negotiated the process of developing and implementing the diversion programme. Reporting of results in an action research framework allowed for documentation of the process in a stepwise, systematic and logical format.

Razum et al (1997) recognise action research as a research tool that is used widely in many disciplines including medicine. Its predominant application is in the field of education and social science. Most publications on action research take these as the areas of focus in their discussions.

Education became an important part of the development and implementation of the SAYSTOP programme. Educating young sexual offenders about their inappropriate and harmful actions shaped an important theme in the process. A strong educative element was also necessary in training professionals in administering the programme and in creating awareness amongst various role-players and the general

public. In this sense it was felt that action research was best suited to capture and convey educational, social, mental health and legal aspects pertinent in guiding this project.

3.2 Action research

3.2.1. OVERVIEW

Action research dates back at least half a century with its origins lying in social psychology, the natural sciences, organisational science and social planning. Hart and Bond (1995) see it as a hybrid, one which has generated differing action research approaches. Indeed, it has been argued that action research has been used in many different settings and disciplines without any attempt to identify the core characteristics of action research.

Certainly, according to Grundy and Kemmis (1981) in spite of fairly widespread use and application of the term 'action research', there does not appear to be universal acceptance of a single definition of the term. In a seminal paper, 'Action research and minority problems', Kurt Lewin (1946) described the processes involved in action research as a form of research which could marry the experimental approach of social science with social action in response to major social problems of the day.

Hart and Bond (1995) describe Lewin's theories and methods of approach. For Lewin, action research proceeded in a series of steps or procedures that were initiated by a general idea and objective. The first step involved examining the general idea in relation to the means available for reaching the objective, including more fact finding about it. An overall plan was then developed of how best to reach the objective and a decision was taken about the first action step, which might involve a modification of the original idea. The action step would then be

evaluated, and on the basis of this, further modification and/or re-planning would take place, and a decision would be made about the next step

Lewin (1946) explained that the next step was composed of a circle of planning, executing and reconnaissance/fact-finding. This step was undertaken for the purpose of evaluating the results of the second step, for preparing the rational basis for planning the third step, and, possibly, for modifying the overall plan again. He thus saw rational social management as proceeding in a spiral of steps, each composed of a circle of planning, action, and fact-finding about the result of the action.

Hart and Bond (1995) believe that evaluation by applying 'fact finding about the results of the action' is central to action research and provides the means of ascertaining whether or not the action has led to an improvement. This supports Lewin (1946) who argued that if a judgement could not be made as to whether an action had led forward or backward, and if there were no criteria for evaluating the relations between effort and achievement, nothing would prevent wrong conclusions being drawn.

Meyer (1993), a nurse researcher, has argued that the four-step framework of planning, acting, observing and reflecting, which developed from Lewin's work, forms the basis for more modern definitions of action research. The concepts are the same, but allow facets of the process to be more concisely expressed.

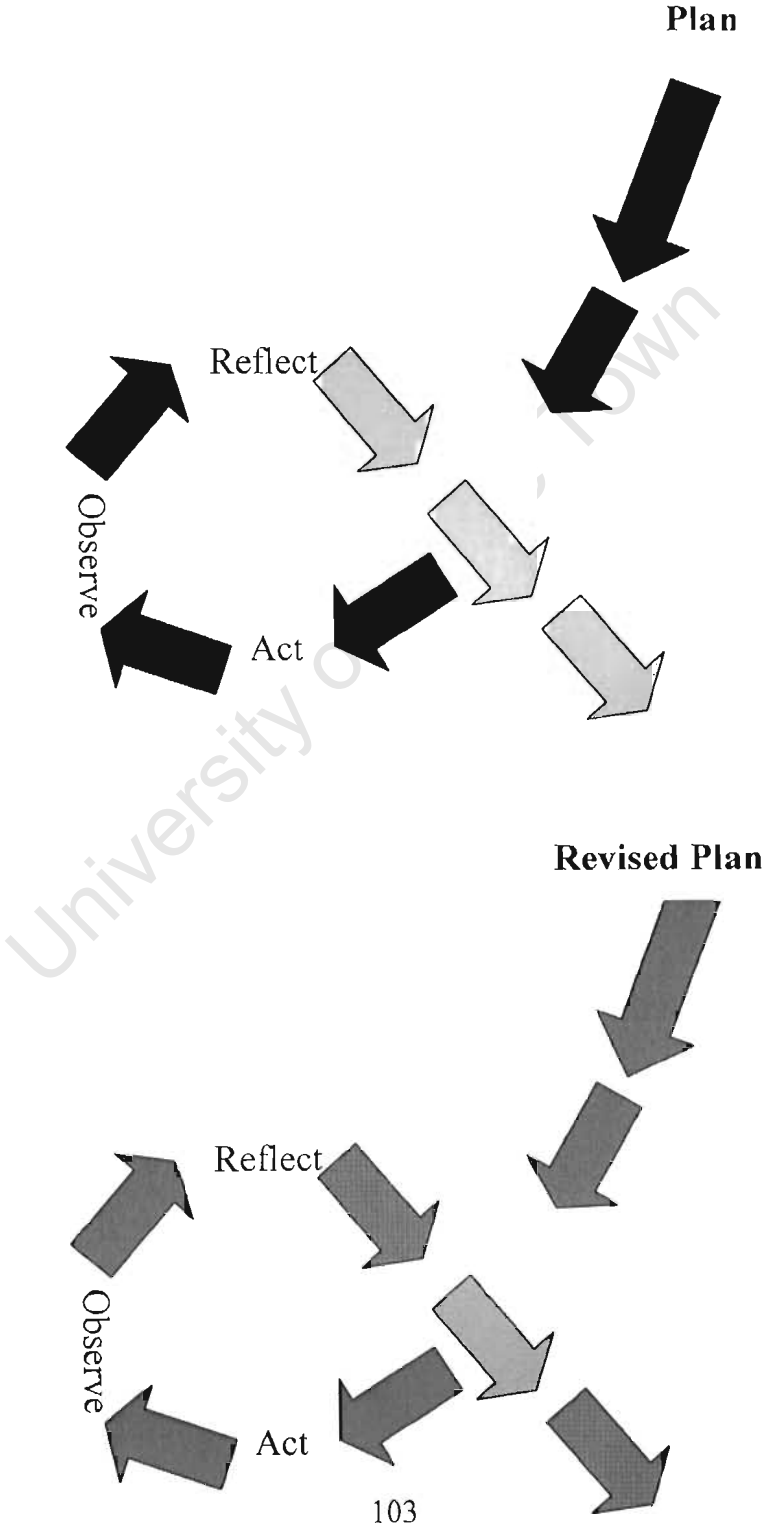
A similar approach had also been put forward by Kemmis and McTaggart (1988). Looking at the action research process in practice, they identify the starting point as coming from a general idea that some kind of improvement or change is warranted and/or desirable. To bring about change, or to decide where to start making improvements, a group works together to identify an area where members perceive a cluster of mutual concern and consequence. This then becomes an area of 'thematic concern' (the substantive area in which the group decides to focus its

improvement strategies) upon which the group decides to work together. The methods adopted to address a situation or an aspect within a situation should not be mistaken for this thematic concern. The thematic concern attempts to raise the problematic nature of a particular concern, and does not uncritically accept or propose methods or means that lead to improvement. It is at this point that a decision is made as to where the struggle to change will be engaged. Taking various factors into account, the decision is based on where it is possible to work towards making a significant impact. Thus from the general idea, there is a move towards reconnaissance and fact finding about circumstances of the field of the thematic concern. It is only after this initial deliberation and discussion has taken place that a general plan of action is decided upon.

Kemmis and MacTaggart (1988) then go on to look at the steps that follow the initial planning stage. Prior to taking the first action step, the action researcher or research group becomes more circumspect. They devise methods of monitoring the effects of the first action step, look at the circumstances in which it occurs and try to determine what the strategy begins to look like in practice. The first step is taken only after it is possible to ensure that the fact-finding will be maintained through monitoring the action. Once a step is implemented, new data starts emerging. It is then that the circumstances, action and effects can be described and evaluated. After this, group action and the actions of individual members of the group are subjected to critical reflection. This evaluation stage amounts to a fresh reconnaissance and fact finding which in turn prepare the way for new planning. Taking the new data into account, the general plan is revised. The second action step can then be constructed on the first along with appropriate monitoring procedures. This second step is implemented, monitored and evaluated. And so the spiral of action, monitoring/observing, evaluation and re-planning continues.

Figure 1 is a representation of the above action cycle(s) in diagrammatic form adapted from 'An Action research Spiral' (after Kemmis and McTaggart, 1988, p11).

FIGURE 1: AN ADAPTATION OF THE ACTION RESEARCH SPIRAL
(AFTER KEMMIS AND MCTAGGART, 1988, P11)



Action research always follows the steps of planning, action, observation, and reflection. The main sources for the description of these steps are Grundy and Kemmis (1981), Hart and Bond (1995), Kemmis and McTaggart (1988) and McNiff (1988), acknowledged experts in the field of action research.

The Plan

Kemmis and McTaggart, (1988) define planning as constructed action. According to this definition, planning must be prospective to action, in other words, it must be forward looking. However, cognisance must be taken of the fact that because all social action has a component of unpredictability it may be somewhat risky. Thus, in order to allow for and adapt to unforeseen effects and previously unrecognised constraints, the general plan must make allowance for a degree of flexibility. The action prescribed by the plan needs to be critically informed in two aspects by:

1. taking into consideration the risks involved in social change and recognising real constraints, material and political, in the situation/circumstance; and
2. allowing practitioners to act more effectively, wisely and prudently over a greater range of circumstances.

To some degree at least, practitioners should be able to reach beyond present constraints, be empowered to act more appropriately in the situation and more effectively in their field of practice, and to realise a new potential in their chosen field. Part of the planning process should include collaborative discussion as participants need to work together (both on a theoretical and practical level) to build a language in order to analyse and improve their understandings and action in the situation.

Change or reform begins with a sense of dissatisfaction with the present practice. McNiff (1988) lists six critical questions that set the scene ready for action, the answers to which will produce a practical assessment of the situation and a possible plan of attack:

1. What is the concern?
2. Why does this concern exist?
3. What could be done about it?
4. What evidence can be collected to assist in making some kind of judgement about what is happening?
5. How would such evidence be collected?
6. How could it be established whether the judgement about what has happened is reasonably fair and accurate?

Action

Action is retrospectively guided by the planning process looking back at it for its rationale. Grundy and Kemmis (1981) and Kemmis and McTaggart (1988) typify such action as being deliberate and controlled, a careful and thoughtful variation of practice which is critically informed. However, they make the point that action cannot be completely controlled by plans. Essentially, action is risky, it takes place in real time, and carries with it the possibility of social and material constraints. Some of these constraints may arise suddenly and unpredictably as consequences of changes in the social and political life of the setting. In view of this they advise that plans for action should always have a tentative and provisional quality, and remain flexible and open to change in the light of circumstances. The essence of such action recognises practice as ideas-in-motion - where action is used as a platform for the further development of later action, action with critically informed intent. Critically informed action is however also bound to prior practice, to what has been tried or done previously, and how these actions have worked before, but prior

practice also has only a tentative grasp on the realities of the present (situation). Thus, according to these authors action is seen as being fluid and dynamic, presenting situations which require instant decisions about what is to be done and practical judgement has to be exercised. The implementation of action plans entails the consideration of material, social and political aspects directed towards improvement. Although negotiations and compromise may be required, these need to be looked at within their strategic context. The gains may be modest to begin with, and these may suffice, and subsequent informed action will be based on previous gains.

There is a difference between ordinary action in given situations and action research - i.e. that action research involves *observed* action. Evidence about the implemented action is collected so that researchers may evaluate it thoroughly. Thus, before any action, or further action takes place, careful thought needs to be given to the kinds of evidence needed in order to critically evaluate the action.

McNiff (1988) encapsulates the rationale behind action in action research: while the plan involves the statement of the problem and an imagined solution, action involves the implementation of a solution. She then goes on to look at the process of observation.

Observation

Through observation the effects of critically informed action are documented. Observation is always guided by the intent to provide a sound basis for critical self-reflection - it is prospective. It provides the basis for reflection both now, and even more so in the immediate future, as the present cycle runs its course. Thus observation can contribute to the improvement in practice through better understanding and informed strategic action. Because action will always be limited by constraints of reality, and these will never be clear in advance, careful

observation is essential. It is important to plan observations carefully to establish a documentary basis for subsequent reflection. Too narrow an approach should be guarded against, keeping observation responsive, open-eyed and open-minded, with constant awareness of the need to identify the unexpected. It is not sufficient merely to plan observation categories (and measurements) in advance. As with action itself, flexibility and openness to record the unexpected are the keystones of observation plans. Action researchers should keep a journal to record the unexpected observations as well as those that were planned.

McNiff (1988) looks more closely at the observation process, stressing the need to observe:

- the action process;
- the effects of action (intended and unintended);
- the circumstances of and constraints on action;
- the manner in which circumstances and constraints limit or channel the planned action and its effects; and
- any other aspects which may arise.

She goes on to say that the intent of observation is to provide a sound basis for critical self-reflection, fore-shadowing the achievement of reflection. Thus observation contributes to the improvement of practice through greater understanding and more critically informed strategic action. Observation will always concentrate on the action, its effects, and the context of the situation in which the action must be taken.

McNiff (1988) then encapsulates the rationale behind observation in action research: while action involves the implementation of a solution, observation involves the evaluation of the solution.

Reflection

Kemmis and McTaggart (1988) describe reflection as being a process which recollects action as it has been recorded in observation being active at the same time. Reflection is retrospective in that it endeavours to understand processes, problems, constraints and issues made manifest in strategic action. Reflection encompasses the variety of perspectives possible in the situation and comprehends the issues and circumstances in which they arise. As with other steps in action research, reflection usually involves discussion among participants, and group discourse and reflection leads to the reconstruction of the meaning of the situation. This then provides the clarity for the basis of a revised plan. The evaluative aspect of reflection asks action researchers to weigh their experience, to judge whether effects (and issues which arose) were desirable, and to suggest ways of proceeding. Reflection allows for reconnaissance. This builds a more vivid picture of life and work in the situation and constraints on action. Most importantly, as participants committed to group goals, the group and its individual members now learn what might be possible. Thus, reflection is also descriptive.

McNiff (1988) encapsulates the rationale behind reflection in action research: while observation is seen as the evaluation of an implemented solution, reflection can be seen as the modification of the practice in the light of the evaluation.

Grundy and Kemmis (1981) see action research as a dynamic process where the four steps of planning, action, observation and reflection, rather than being static and complete in themselves become moments in the *Action Spiral*. Initially, improvements in understanding will appear as a better-developed rationale for the practice. Through testing by the group in practice, this rationale is then developed, and thereafter following the ongoing spiral of action, each proposition in the rationale can be checked against practice and against other parts of the rationale.

They regard action and reflection as the components which form the strategic axis of action research. The organisational axis of the process is formed through planning for action (on the basis of reflection) and observing action as a basis for future reflection. On the strategic axis of the process, the activity of discursive, reconstructive reflection complements observation which is a reconstructive activity, while discourse (theory) and practice are dynamically interrelated along both axes. As this dynamic works itself out in the life of the action research process, improvements in practice and understanding occur concomitantly.

3.2.2 ACTION RESEARCH TYPOLOGIES

Several typologies have been proposed in order to clarify the wide settings in which action research can be used and applied. Hart and Bond (1995) define four types of action research which are distinguished by the way in which they differ in broad approach to a subject:

1. The 'experimental type', most closely associated with the original basis of action research, uses a scientific approach to social problems to discover general laws of social life to inform policy-making.
2. The 'organisation type' endeavours as its main concern to overcome resistance to change and create more productive working relationships. It represents the application of action research to organisational problem solving, including topics such as reduction of output and absenteeism.
3. The 'professionalising type' is informed by an agenda based in practice which also reflects the aspirations of professions such as nursing, teaching and social work, to enhance their status on par with the established professions, such as law and medicine, and to develop research based practice.
4. The 'empowering type', closely associated with community development approaches, consists of an anti-oppressive stance of working with vulnerable groups in society.

Other authors use slightly different terminology in categorising different forms of action research. Halsey (1972, as cited in Hart and Bond, 1995) describes:

- ‘Experimental’ action research as entailing a controlled study of the effectiveness of various interventions in similar social settings;
- ‘Empirical’ action research as leading to the gradual development of generally valid principles of group behaviour. An example of this would be the accumulation of data from research with a succession of similar groups, e.g. boys’ clubs;
- ‘Diagnostic’ action research as leading to recommend remedial measures for a problem and proposing a plan of action; and
- ‘Participative’ action research as involving residents of a community as participants in the remedial action. This would include their participation in making decisions about the action plan.

Whyte (1991, as cited in Hart and Bond, 1995) states that in ‘participatory’ action research some of the people in the organisation or community under study participate actively with the professional researcher from beginning to end of the research process - i.e. from the initial design through to the final presentation of results and discussion on their action applications. This is in sharp contrast to the conventional model of pure research, in which members of organisations and communities are treated as passive subjects, with some of them participating only to the extent of authorising the project, being its subjects, and receiving the results. ‘Participatory’ research is *applied* research, but here there is a contrast with the most common type of applied research, where the researchers serve as professional experts, designing the project, gathering the data, interpreting the findings, and recommending action to the client organisation. Like the conventional model of pure research, this is the elitist model of research relationships. In ‘participatory’ action research, some of the members of the organisation being studied are actively engaged in the quest for information and ideas to guide their future actions.

Typology, of which several others exist in action research, helps clarify the complex processes of action research by simplifying them. Hart and Bond (1995) believe that typologies should be seen as a guide to practice rather than a prescriptive device - something which has the potential to impede the fluidity and dynamism of action research.

Hart and Bond (1995) see this fluidity as something which is integral to the life of an action research project - as a project moves through the spiral of a cycle, or as it moves from one cycle to another, it may also shift from one type of typology to another. For example, to begin with the research phase might use a more traditional research design - a survey or a randomised control trial - locating it in the 'experimental' type. As practitioners evaluate the findings of the experimental phase in practice this type of research might then shift to a 'professionalising' phase. Should the findings of this phase then be disseminated by professionals to the users of the service, a more empowering type of action research could be used. Thus, during the course of such a project, action research would have shifted from being outcome-led to process-led - from being weighted towards research to being weighted towards action. It would have moved along the rational social management-structural change framework, away from research and control of research subjects towards a focus on change and engagement with participants.

3.2.3 CHARACTERISTICS AND AIMS OF ACTION RESEARCH

Holter and Schwartz-Barcott (1993) identify four core characteristics of action research:

1. Collaboration between researcher(s) and practitioner(s);
2. Solution of practical problems;
3. Change in practice; and
4. Development of theory.

On the other hand, Lathlean (1994, as cited in Hart and Bond, 1995) restricts herself to three distinctive features: action research always involves an intervention and is context specific, and generalisation of findings is theoretical rather than statistical (as in experiments and surveys).

Hart and Bond (1995) argue that there are seven criteria that distinguish action research from other methodologies in dynamic interactions.

These are that action research:

1. is educative;
2. deals with individuals as members of social groups;
3. is problem -focused, context specific and future orientated;
4. involves a change intervention;
5. aims at improvement and involvement;
6. involves a cyclic process in which research, action and evaluation are inter-linked; and
7. is founded on a research relationship in which those involved are participants in the change process.

Put simply, action research is the way groups of people can organise the conditions under which they can learn from their own experience, and make this experience accessible to others.

McNiff (1988) sees action research as being participatory, collaborative research which typically arises from the clarification of some concerns generally shared by a group. During the process people describe their concerns, explore what others think, and probe to find what it might be possible to do. In discussion they decide what would be feasible to work on - a group project. The group thus identifies the thematic concern. In turn, the thematic concern defines the substantive area in

which the group decides to focus its improvement strategies. Group members plan action together, act and observe individually or collectively and reflect together. They reformulate more critically informed plans deliberately - as the group consciously constructs its own understanding and history.

The two essential aims of all action research processes are to improve and to involve.

Action research aims at improvement in three areas:

1. The improvement of a practice;
2. The improvement (or professional development) of the understanding of the practice by the practitioner; and
3. The improvement of the situation in which the practice takes place.

Thus the aim of involvement stands shoulder to shoulder with the aim of improvement. Action research is an inherently social form of research: those involved in the practice being considered are also involved in the action research activity in all its phases of planing, acting, observing and reflecting. As the project develops, it is expected that a widening circle of those affected by the practice will become involved in the research process. For this reason, action researchers are inevitably concerned with the politics and processes of innovation and change.

3.3 Use of action research for this study

Since the beginning of the process of developing and implementing a diversion programme for young sexual offenders, i.e. when other professionals and I were made aware of the increased incidence of reported cases of sexual offences perpetrated by youths, the researcher and team have used an action research model in finding solutions. Problems were discussed and defined by the SAYSTOP group,

interventions and actions were formulated which were then implemented and critically evaluated, thus informing the next step of the process.

The researcher kept detailed notes of this process and felt that the most meaningful way to report on this would be by use of an action research format, describing the various action cycles (under the headings of plan, action, evaluation and reflection), how these were informed, evaluated and how they led to the development and implementation of the diversion programme for young sexual offenders. In this manner the content of the process could be documented, factors that influenced the working and interaction of the group could be identified and important factors that drove the process could be reported upon (within the action research framework).

Finally, it needs to be acknowledged that one of the limitations of this study is the fact that action research parameters are not necessarily strictly adhered to in each and every of the many facets involved. It is however felt that the process could most meaningfully be documented by using an action research framework

3.4 The researcher and the 'subjects'

The principal subjects of this research are the members of the team who initially formed CAYSTOP and then adopted the name SAYSTOP. It is the workings of the organisation SAYSTOP that the researcher wishes to capture and report upon.

The researcher has been a part of the SAYSTOP group since its inception. He played an integral part in the process of the development and implementation of the diversion programme up to and including cycle 6. Thereafter, the researcher performed a consultative function, assessing the suitability of certain young sexual offenders to attend the programme, working with children who were too young to attend the programme and with offenders who were at risk of re-offending. The researcher remained in contact with the SAYSTOP group through personal communication, by attending meetings and by receiving newsletters and copies of

minutes of specific meetings. Cycles 7 and 8 thus focus more specifically on research findings conducted by SAYSTOP than on the SAYSTOP group dynamics. For Cycle 9, the researcher once again became more closely involved with the SAYSTOP group and its members in documenting the process. Subjects were informed at all times about the researcher's intention of writing and publishing the paper about the process that occurred.

The researcher was thus an active member and participant of the team, rather than a passive bystander who merely observed and recorded the process.

3.5 Ethical considerations

Informed consent was obtained from SAYSTOP members to document and publish the process of developing and implementing the diversion programme for young sexual offenders which was devised by the SAYSTOP group. The researcher was an active participant in this process.

A research protocol outlining the study was approved by the Research Ethics Committee, Faculty of Health Science, University of Cape Town.

In certain instances, SAYSTOP conducted studies on certain groups of individuals (e.g. feedback forms from probation officers, follow-up studies involving young sexual offenders, feedback from caregivers of young sexual offenders etc.). Consent for these studies was obtained by SAYSTOP members from the subjects at the time of gathering that information.

The researcher was mindful in conducting this action research study, that no harm or disharmony would be caused to individual group members (or their representative organisations) constituting SAYSTOP. Similarly, no harm would be caused to any young sexual offenders or their families attending the SAYSTOP

intervention programme by the conducting of this study. The risk of harm befalling one of the organisations constituting SAYSTOP (e.g. tarnishing of reputation) was minimised by the nature of implementing action research methodology, where the focus is on reaching consensus and agreeing on decisions jointly. Fortunately no incidents occurred that in any way undermined the integrity of any of the organisations or their members.

Currently, ethical aspects around diversion are somewhat controversial as diversion is only intended to be drafted in the legal statutory law once the CJB has been approved and passed in parliament. Diversion as a means of diverting young offenders from the criminal justice system is however widely practised and supported by the Justice system. The SAYSTOP diversion programme was fully supported by the Deputy Attorney General of the Public Prosecutor's office, Advocate Natalie Fleischack. The potential dangers that young sexual offenders pose to the public and their victims whilst attending an out-patient programme and not therefore being incarcerated, need to be seen in the following context: Prior to the initiation of the SAYSTOP programme, most offenders remained in their communities without receiving any form of intervention, and so possibly posed an even greater risk.

Lastly, the researcher needs to acknowledge his dual role as part of the SAYSTOP team, developing, administering and implementing the diversion programme, as well as documenting the process for dissertation purposes. The nature of action research, specifically its collaborative approach, neutralised the researcher's possible subjectivity on the reporting of the process. Where new team members either came on board or replaced existing team members they were always informed about this dual role. There was never any objection from any of the SAYSTOP team members to the researcher taking on this dual role.

3.6 Research data and sources

Collection of data in action research includes:

- a. pen and paper method, for example personal filed notes, diaries and questionnaires;
- b. 'live methods', such as interviews and discussions;
- c. extensive methods like presentations, audio-taped interviews and videotaping the action (McNiff, 1988); and
- d. additional methods including anecdotal records, document analysis and photographic evidence (Kemmis and McTaggart, 1988).

The primary source of data was obtained during team meetings held by the various role-players involved in developing and implementing the diversion programme for young sexual offenders.

These included members of the following organisations:

1. Resources Aimed at the Prevention of Child Abuse and Neglect - RAPCAN;
2. National Institute for Crime Prevention and Reintegration of Offenders - NICRO;
3. Community Law Centre - University of the Western Cape;
4. Department of Social Development (previously the Department of Welfare), Provincial Administration of the Western Cape; and
5. The Institute of Criminology, University of Cape Town.

The above organisations and researcher formed 'The South African Young Sexual Offender Programme', SAYSTOP, with the specific view of developing and implementing the diversion programme for young sexual offenders.

Other organisations consulted included:

1. The CPU, South African Police Services;
2. The Department of Health (Provincial Administration of the Western Cape);
and
3. The Department of Justice, particularly the Deputy Director General of the Attorney General's office and staff from the Wynberg magistrates' court.

Comprehensive field notes were taken during team meetings and activities describing both the content and process involved. Interviews were conducted with the various SAYSTOP members and documents produced by SAYSTOP such as minutes of meetings, newsletters and reports were studied. The above form the central data of this dissertation.

Various data were used by the SAYSTOP team in order to evaluate and reflect upon the various plans and actions that constituted a so-called 'action spiral'. Although mention and comment on these results are important as they informed the process and verified certain actions that were taken, this data is not directly reported upon or analysed, except in the way it affected the process and team decisions. This data was not collected for the purpose of this dissertation but rather to inform the decision-making processes of SAYSTOP.

This data includes :

- feedback given by facilitators of the diversion programme;
- feedback given by young sexual offenders during and after completion of a programme;
- feedback given by parents of young sexual offenders receiving intervention;
- feedback given by referring agents;

- feedback given by participants of a workshop on implementing a young sexual offender diversion programme;
- feedback given by facilitators on district level (i.e. probation officers);
- feedback on a presentation given at the South African Child Psychiatry and Allied Professions Congress held in Cape Town in 1999 and in Port Elizabeth in 2003; and
- results of follow-up studies conducted by SAYSTOP on groups of young sexual offenders one year following initial intervention.

Feedback was obtained by means of:

- filling in questionnaires;
- conducting interviews;
- homework assignments given to young sexual offenders attending the programme;
- interaction with, observation by, and documentation from SAYSTOP members; and
- group discussions.

3.7 Presentation of data and results

An action research framework is used to present the various action cycles that occurred in developing and implementing the SAYSTOP diversion programme. The action cycles are reported on under the headings of:

- Plan;
- Action;
- Evaluation; and
- Reflection.

Each new cycle is guided by the reflection of the previous cycle.

The methods that the SAYSTOP team used in planning, evaluating and reflecting on each action step of a cycle are presented in the results. As action research is a dynamic and ongoing strategy used in guiding and informing a programme of this nature, a certain degree of 'analysis of findings' is reported upon in the presentation of the results. Methods of evaluating and analysis of the data are further elaborated upon in the section 'Discussion of results'.

The results listed and described are predominantly the opinions, expressions and conclusions drawn by the SAYSTOP team, as interpreted by the researcher (see initial disclaimer in introduction). Various members of the SAYSTOP team at times needed to conduct individual research for SAYSTOP. This research was funded by and done under the auspices of SAYSTOP. Such research was always presented to the team for discussion, analysis and ratification. Where documents or papers have been presented about this individual research, especially where it formed part of one of the cycles presented, acknowledgement is given to the author/researcher. Where the researcher made specific observations, these were always fed back to the team and incorporated into team decisions.

By using an action research format of presentation the researcher wishes to describe and highlight:

- the content of the process;
- the factors that influenced the process;
- how and why action steps were taken;
- the factors and methods used in the evaluation of 'the plan' and 'action'; and
- the overall working of the SAYSTOP team.

The use of an action research model to present the results also allows the researcher to capture the dynamic aspects of the process. It allows for results and data to be reported on in a historical context starting at the beginning and following the process step by step.

In a sense action research, as applied to a programme such as the one developed by SAYSTOP, is an ongoing process. Programmes such as these should always strive to devise actions aimed at improvement. The final spiral contains information about aspects that the researcher may not have been directly involved in or that constitute current action steps being undertaken during the writing of this paper. Time constraints necessitated drawing an end point in as far as the reporting of results was concerned.

3.8 Data management and analysis

According to Mc Niff (1988), analysis of an action research study implies identifying and agreeing criteria in action which can be used to explain what has happened or to indicate that improvement has taken place. In this sense, and using such criteria, data is reported upon and analysed within the recorded action research spiral under the headings 'observation' and 'reflection'.

Triangulation of findings formed an important aspect by which the SAYSTOP team informed itself about whether the action undertaken could be deemed successful in bringing about change. Eliot (1981) defines triangulation as not so much a technique of monitoring, as a more general method for bringing different kinds of evidence into some relationship with each other so that they can be compared and contrasted. The basic principle underlying the idea of triangulation is that of collecting observations/accounts of a situation (or some aspect of it) from a variety of angles or perspectives and then comparing and contrasting them.

The researcher will attempt to analyse the evaluation steps taken by the SAYSTOP team in verifying its action throughout the various cycles. The findings of the evaluating tools used will be highlighted and, where possible, the method of triangulation will be used to analyse these. To a large extent, analysis of results occurs within the 'Reflection' section of an action research spiral, described within the 'Results' section of the dissertation.

The various action spirals or cycles will be reviewed in order to identify how the action steps were reached and how the action steps led to the development and implementation of the diversion programme.

The action cycles described will be condensed and in some cases tabulated in order to present the complete process in a systematic and concise form. Due to the length of this dissertation this will be included in a separate section contained in the appendices (Appendix A).

Important factors that influenced decision making will be extracted and highlighted.

Themes and factors that were important in facilitating the multidisciplinary approach in developing and implementing the diversion programme will be emphasised.

Factors that could have potentially obstructed the process will be examined, as well as the manner in which these were dealt with by the team.

Aspects regarding the content of the diversion programme will be compared to similar aspects in the international literature, which are discussed in the literature overview contained in the dissertation. Feedback obtained from outside experts regarding the content of the programme will be included under this subsection.

CHAPTER 4 – RESULTS

4.1 Introduction

Action research can be seen as a step-wise approach to a problem that at the conclusion may lead to a new or revised action plan being formulated. In the next section, various cycles are described reporting on the results and conclusions that led to the new cycle. Results are reported on within action research cycles where each cycle is subdivided into the following subheadings.

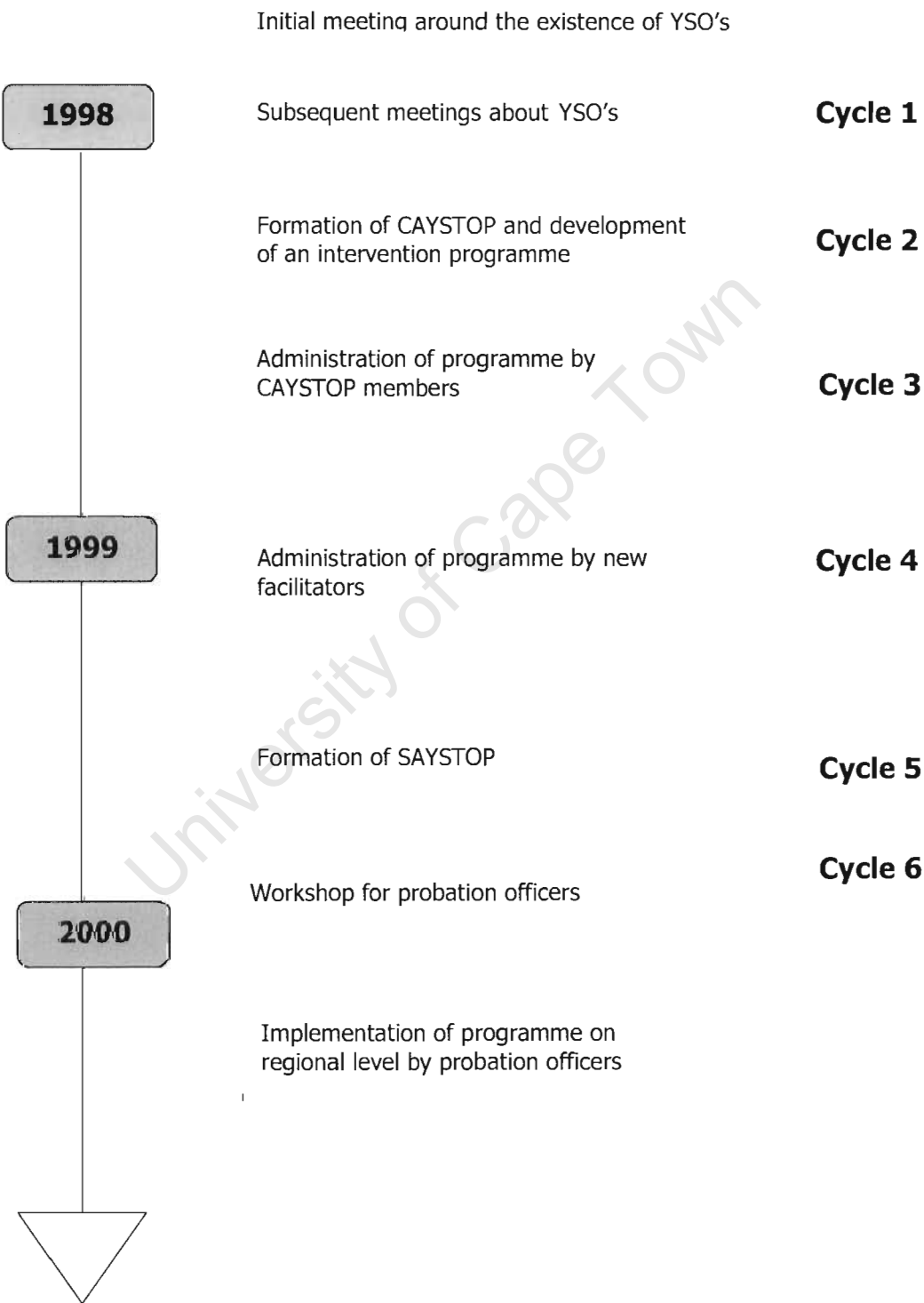
- The Plan, which compromises the statement of problems and the imagined solution;
- The Action, which described the implementation of the solution;
- Observation, which is the evaluation of the solution; and
- Reflection, which described the modification of practice in the light of the evaluation and lays the foundation for the revised plan of the next action spiral (McNiff, 1988).

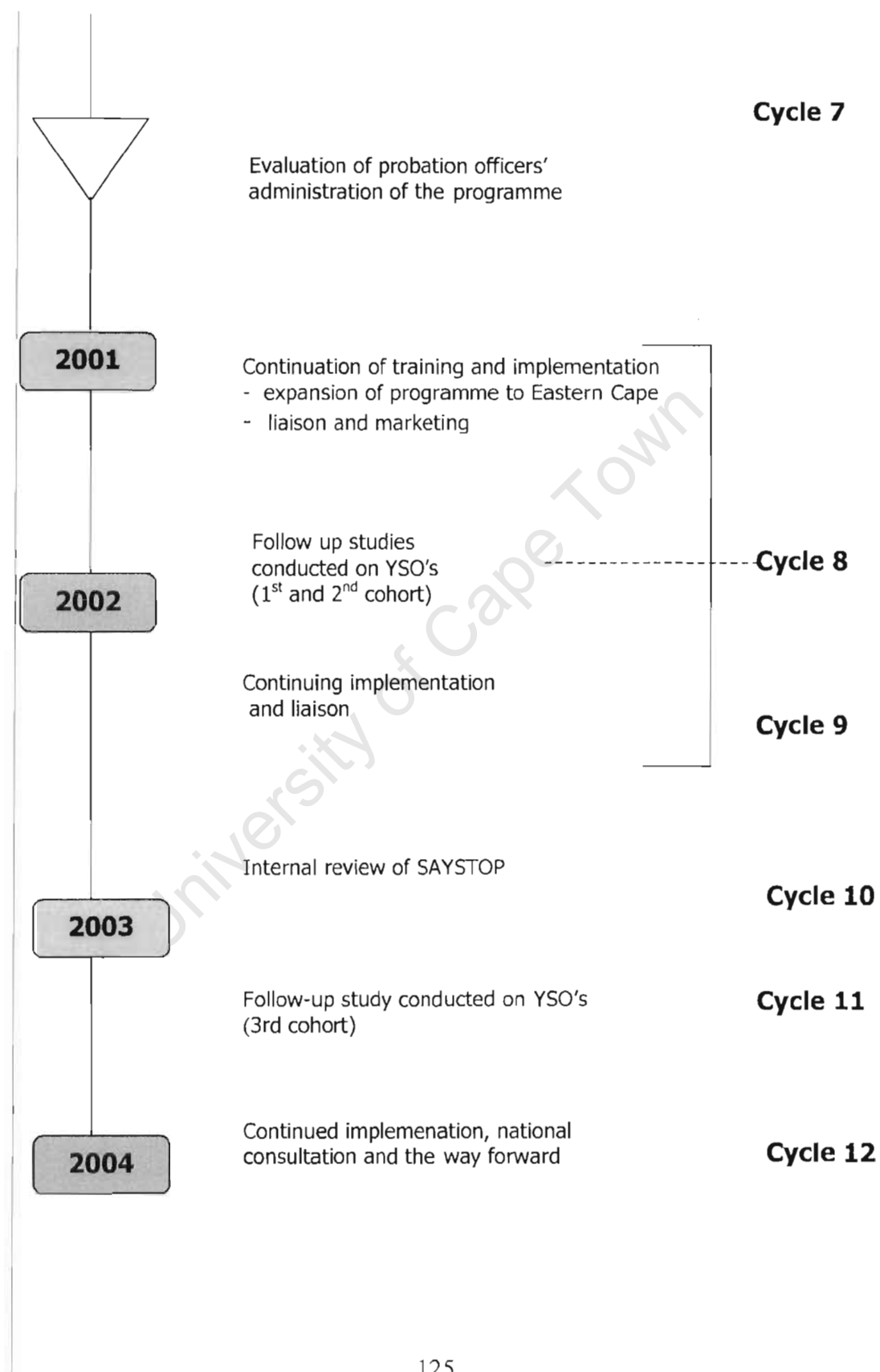
Action steps are numbered in some of the cycles in order for these to be reported on in a systematic fashion during the observation phase.

4.2 Timeline

Figure 2 outlines the time frame during which the research occurred, highlighting important developments and the corresponding cycles that document these.

FIGURE 2 THE CAYSTOP/SAYSTOP TIMELINE





4.3 Cycles 1 - 12 of the SAYSTOP intervention programme for young sexual offenders

4.3.1 CYCLE 1 – AWARENESS OF YOUNG SEXUAL OFFENDERS AND ADDRESSING THE PROBLEM

4.3.1.1 Plan

Cycle 1 of this study started at the end of 1997, while I was working at Red Cross Children's Hospital as a consultant psychiatrist to the sexual abuse team. My attention had been drawn to the fact that there was an increase in the reported incidence of sexual offences committed by children under the age of 17 years. I attended a number of meeting where concerns were expressed regarding the lack of available facilities to which these sexually abusive youths could be referred. The numbers being mentioned were high, and it was clear that a programme of individual or personal treatment would not be possible due to the substantial caseload anticipated from this source alone. In addition, it was felt that group treatment would be a far more beneficial and cost-effective means of treating young sexual offenders.

Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN), a non-governmental organisation working in the field of prevention of child abuse and neglect had also become aware of the growing problem of sexual abuse being perpetrated by children and at the end of 1997 had called for a forum of concerned parties to meet and discuss the issues around young sexual perpetrators. Invitations were sent out to as many organisations and individuals as possible in order to obtain the broadest possible perspective of incidents involving sexual offences committed by minors and to establish what intervention strategies existed.

These meetings were seen as providing a starting point at which an initial plan could be formulated to assess the magnitude and extent of the problem regarding young sexual offenders. Furthermore, professionals could share their experiences and concerns and possibly delineate the way forward with regards to the management of young sexual offenders.

4.3.1.2 Action

Several meetings were held in order to highlight the seriousness of the problem and to discuss approaches in addressing management and intervention strategies for young sexual offenders.

1. The first two meetings brought together representatives from the CPU, Childline, NICRO, RAPCAN and Red Cross Children's Hospital. In addition, social workers and probation officers, all of whom had experience dealing with young sexual offenders in their professional capacity, attended. Both meetings were held at the RAPCAN offices. They lasted for 2½ hours and gave the 12 participants the opportunity to share the experiences they had encountered whilst dealing with young sexual offenders. The meetings were intentionally relaxed, informal and interactive, with participants sitting in a circle, thus encouraging each member to express his/her experiences and feelings around young sexual offenders and their management.
2. Two further, more formal meetings were held consisting of presentations on young sexual offenders. Representatives of the Attorney General's Office and Wynberg Magistrate's Court were invited to give their input, specifically with regards to the legal perspective. This was followed by discussions on strategies and plans about how best to tackle interventions for young sexual offenders.

The presentations consisted of information regarding the prevalence, profiles, assessment and various management options of young sexual offenders derived from the international literature as well as some local case studies. Presentations using the overhead projector were used as a means of informing participants. Presentations were given by a social worker in private practice who had experience in dealing with both sexual perpetrators and victims of sexual abuse, a social worker representing NICRO, an organisation dealing with diversion options for young offenders (other than sexual offences) and by the researcher who had dealt both with victims of sexual abuse and young sexual offenders at Red Cross Children's Hospital.

Following the presentations, the 18 members of the meeting split randomly into sub-groups of 4 - 5 members to tackle the question of what the way forward should be regarding young sexual offenders in South Africa. One representative from each group presented recommendations that the group had formulated for further discussions by the larger group. This then would lead to some form of consensus and a concrete plan for future action that could be drawn up by all participants.

4.3.1.3 Observations

1. In a sense the first two meetings were almost cathartic in nature as each group member related how they had observed an increase in the number of sexual offences where perpetrators were children. All members at those meetings expressed feelings of helplessness and powerlessness connected to approaching and dealing with this problem.

One probation officer related how in a rural town a certain young sexual offender had been given a nickname by the community and was being treated as a bit of a joke. The probation officer was not sure how to treat this child.

The probation officer had a duty towards protecting the public (including other children), but also had a duty to treat and help the offender. He felt that removing the child from his family and community was an option but also stated that the offender would probably continue his sexually abusive behaviour wherever he was placed. Children's homes and places of safety ensure that young perpetrators are no longer a risk to the community at large but are themselves not empowered as to how to treat the sexual offender. Furthermore, in a children's home, other children might be at serious risk of being abused by the offender.

Other role-players from different disciplines expressed their frustrations regarding the lengthy legal process involved and felt that young sexual offenders were frequently 'let off the hook'. Individuals treating the victims of young sexual offenders expressed concern and anger at the fact that young sexual offenders frequently still had contact with their victims and that no form of punishment or intervention was served on the perpetrators. It was felt that the young perpetrators were frequently not held responsible or accountable for their actions and this further distressed the victims and their families.

Table 1 lists some of the difficulties encountered by organisations or individuals regarding young sexual offenders.

**TABLE 1 DIFFICULTIES ENCOUNTERED BY VARIOUS
ORGANISATIONS AND INDIVIDUALS REGARDING YOUNG
SEXUAL OFFENDERS**

Organisation/ or individual(s)	Principal difficulties encountered
CPU	- Apprehension of young sexual offenders, but no consequences following lengthy legal process. - Protracted time spent on investigation of case, only for it to be withdrawn.
Department of Justice	- Uncertainty about sentencing options for young sexual offenders; - No diversion programmes for referral of young sexual offenders.
Probation officers	- Difficulties managing young sexual offenders as no clear guidelines present, e.g.: - What type of intervention? - Length/duration of intervention? - Lack of support system.
RAPCAN/NICRO	- Queries received about young sexual offenders but lack of intervention protocols.
Red Cross Children's Hospital	- Unable to individually take on or sustain management of young sexual offenders referred through the system.
Private Practitioners (social workers/ psychologists)	- Lack of existing guidelines regarding the management of young sexual offenders; - Individual intervention lengthy and costly; - No legal mandate to intervene; - Ethical issues involving patient confidentiality versus obligation to report young sexual offender to statutory body.

Advocates for victims of sexual abuse	- Perception that perpetrators get off lightly; - No sense of justice for victims or their families.
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2. The following two meetings were much more focused in that they had as their goal to formulate a plan regarding possible intervention strategies for young sexual offenders. These meetings had an informative aspect to them, where presentations were given about young sexual offenders and the various intervention options that existed.

Following small group discussion, various proposals were made. These included individual intervention for young sexual offenders, victim-offender mediation and FGC's, but by far the strongest support came for the development of a group programme directed at intervention for young sexual offenders. This was felt to be the most feasible option due to the limited resources and professionals available to manage young sexual offenders. Furthermore, group diversion programmes run for young offenders other than sexual offenders by NICRO in the Western Cape had shown promise and a similar model could be used for young sexual offenders. Group intervention was also one of the modalities recommended by the international literature on young sexual offenders and was considered appropriate for adolescents, the category under which most of the perpetrators fell. Furthermore, RAPCAN announced that they had received funding for the specific purpose of developing interventions for young sexual offenders.

The legal representatives expressed their support for such a programme viewing it as part of what they envisaged would be a diversion process away from the criminal justice system for young sexual offenders. It was made very clear that the development of such a programme would be in the order of months rather than weeks.

4.3.1.4 Reflection

The first two meetings were important as they demonstrated that sexual offences by children/adolescents on other children had significantly increased (at least reports thereof) and that no guidelines or facilities existed for the evaluation and management of such individuals. Anecdotes from participants at the initial two meetings reflected a sense of hopelessness, helplessness and frustration. Sharing these feelings and experiences enabled participants to realise that these feelings were not symptomatic of personal inadequacies, but resulted from a lack of a cohesive management system. The recognition of the urgent need for such a system helped to pave the way to a common goal: further meetings to develop an intervention strategy for young sexual offenders. Even though the professionals and members of different disciplines attending these meetings told of encountering different difficulties in their respective fields, the common factor expressed by all was the lack of a multidisciplinary strategy to manage young sexual offenders.

By the end of these meetings broad consensus had been reached by all role-players that the most appropriate intervention strategy would be the development of a group intervention programme for young sexual offenders with adequate funds being available to tackle such a task. Individuals who had experience of or a special interest in the management of young sexual offenders would meet to discuss and plan ways in which this would be possible, with interdisciplinary liaison and support as a vital core.

These meetings also saw the formulation of one of the primary aims of such an intervention programme: victims of sexual abuse would at the very least be assured that perpetrators would be held responsible and accountable for their actions and, by receiving intervention whilst still minors, hopefully prevent a cycle or pattern of re-offending.

In contrast to the initial sense of frustration, hopelessness and helplessness mentioned at the start of this process, a high degree of enthusiasm and optimism was evident towards the end of the initial reconnaissance and planning meetings. This certainly boded well for the following step - developing a group intervention programme for young sexual offenders.

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4.3.2 CYCLE 2 – DEVELOPMENT OF AN INTERVENTION PROGRAMME FOR YOUNG SEXUAL OFFENDERS

This cycle documents the formation of a team of role-players who undertook the development of an intervention programme for young sexual offenders. It looks at the nature and experience of the team members, shows how tasks were tackled and describes the methods used in developing the intervention programme. For documentation purposes, action steps in this cycle are numbered and lettered in order to highlight these when describing the observation process.

4.3.2.1 Plan

Organisations and individuals who had experience of or an interest in the management of young sexual offenders would be invited to form a team. This team would meet in order to:

- focus on laying down a structure and framework within which the team would operate;
- tackle the issue of how to develop an intervention programme for young sexual offenders;
- devise the format such a programme should take;
- decide on and formulate the content of an intervention programme for young sexual offenders; and, finally,
- write up the instructions and content of such a programme in order for it to be administered by suitably qualified facilitators.

4.3.2.2 Action

1. Compiling a team of individuals who would develop an intervention programme for young sexual offenders

The researcher has experience in working with children, and had, as a result of his work at Red Cross Children's hospital, assessed and evaluated young sexual offenders and worked with them on an individual basis. He has general psychiatric experience and child psychiatric experience, including the facilitation of group therapy for adolescents. However, no specific organisation or individuals existed who had extensive experience of managing large numbers of young sexual offenders. Therefore a team had to be formed consisting of members who had expertise in areas such as working with young offenders (other than sex offenders), working with children or having experience in work with adult sexual offenders.

Table 2 illustrates the profiles of the individuals who worked together as a team to formulate and develop the intervention programme.

**TABLE 2 ORGANISATIONS AND THEIR EXPERIENCE IN
DEVELOPING AN INTERVENTION PROGRAMME FOR
YOUNG SEXUAL OFFENDERS**

Organisation	Profession & number	Experience
NICRO	2 social workers	- Developing and facilitating programmes directed at children/adolescents in conflict with the law
RAPCAN	2 members	- Work in field of preventing sexual abuse of children; - Work with victims of sexual abuse

Private	1 social worker	- Work with adult sexual offenders
Private	1 psychologist	- Undertaking study on profile of young sexual offenders
Red Cross Children's Hospital	1 psychiatrist	- Evaluation of young sexual offenders; - Individual management of young sexual offenders; - Work with child victims of sexual abuse; - General psychiatric and child psychiatric experience including facilitation of group therapy for adolescents

The above team adopted the name CAYSTOP (Cape Young Sexual Offender Programme). At a later stage this would be changed to SAYSTOP (South African Young Sexual Offender Programme).

Table 3 lists the names of the organisations consulted, both for their input and for comments about the development of the programme.

TABLE 3 ORGANISATIONS CONSULTED ABOUT DEVELOPMENT OF THE INTERVENTION PROGRAMME FOR YOUNG SEXUAL OFFENDERS

Organisation	Role with regards to young sexual offenders
South African Police Services (SAPS) - CPU	- Apprehension of young sexual offenders
Department of Justice	- Sentencing of young sexual offenders
Department of Social Development	- Monitoring of young sexual offenders

2. The CAYSTOP team decided to hold two-hour meetings every 2 - 3 weeks focusing on the following aspects in a step-wise fashion:
 - a. Defining goals, methods and objectives in developing an intervention programme for young sexual offenders;
 - b. Developing an assessment form for young sexual offenders;
 - c. Discussing important themes that sessions of the intervention programme should address;
 - d. Discussing, developing and documenting the programme's content, outline, format and mode of administration; and
 - e. Addressing issues that had arisen since the beginning of the development of the intervention programme.

Members from NICRO had experience in developing diversion programmes for young criminal offenders (i.e. other than sexual offenders). They suggested that a combination of individual work and group work by CAYSTOP members would be more productive and time saving as opposed to the CAYSTOP team combining their resources in meetings and painstakingly thrashing out the content of the programme from meeting to meeting. It was decided that individual team members would develop the specific content of the various sessions of the group intervention programme, write these up and circulate them to the rest of the team to study in their personal time. The meeting time could then be used for discussion, comments and further input. The group as a whole would make decisions about broad issues such as structure, format and the themes that needed to be included in the sessions of the programme. The group would also look at the aspects and issues of broader policy decisions. Individuals and the team would rely on personal experience and be guided by the international literature both in formulating the intervention programme and developing group intervention sessions that constituted the backbone of the programme. Journal articles and literature on the subject of young sexual offenders were collected and made available to all team members at the RAPCAN library.

4.3.2.3 Observations

1. Compiling a team of individuals who would develop an intervention programme for young sexual offenders

The group was fortunate in that all of the members had experience in some aspects regarding the task at hand. Each member had experience in different fields (as mentioned e.g. assessing young sexual offenders, working with children who had come into conflict with the law, working with adult sexual offenders and working with children who had been victims of sexual offences). Each member brought a different dimension or perspective to the intervention programme and the project thus offered the scope for each participant to contribute in his/her field of expertise.

2. CAYSTOP meetings

a. Meetings to define goals, methods and objectives in the development of an intervention programme for young sexual offenders

Important decisions taken during the first three meetings included:

- i. Regular team meetings would be held on a 2 - 3 week basis;
- ii. Development of the intervention programme would occur in the following stages:
 - development of a referral form;
 - development of an assessment form; and
 - development of the content of the programme.

- iii. The programme would be developed for children between the ages of 12 and 17 years;
- iv. Intervention sessions would be group-based with two facilitators administering sessions to 8 - 10 offenders;
- v. The predominant type of intervention used would be social skills based;
- vi. Young sexual offenders would be referred to the team during the time of the development of the programme for assessment. This proposal was made by a team member and was supported immediately by the rest of the team. It was felt that it was important that team members get first-hand understanding of young sexual offenders by interviewing and assessing them. Furthermore, this would ensure that a group of young sexual offenders would be compiled, hopefully to receive intervention, once the content of the programme had been completed. This would ensure that the momentum being created would be sustained. Offenders would be referred by the Wynberg Magistrate's Court due to the proximity of that Court, the large area it served and as a good relationship had been established with this court whilst its members attended the initial meetings (as described in Cycle 1); and
- vii. Emphasis was placed on the fact that the development of the programme should be seen as the starting point, not the end point.

These preliminary meetings were important as they allowed members to get to know each other and lay down the framework in which the development of the programme could occur.

It was envisaged that eventually other individuals/agencies would be facilitating the programme. A difficulty arising from this was that the content of each session of

the development of the programme would have to be carefully documented and presented in such a form that it could be used in the same manner by other facilitators. As is later demonstrated, this would prove to be a major task, as the development of each stage would need to be written up in manual form, giving instructions as to the aims, objectives and specific purposes of each session.

Many of the young sexual offenders who had previously been assessed by some of the CAYSTOP members were rather low functioning both academically and socially. Given this fact, and drawing on the experience that the social workers from NICRO had with working with offenders (as well as information obtained from the literature on treatment of young sexual offenders), it was decided that the technique used in the programme should be based on psychosocial life skills development and education. Evocative techniques would be extensively used in drawing the attention of the participants to behaviours which would then lead to discussions amongst the group of offenders. At this point it was emphasised that facilitators would need to be fairly directive in their approach, as opposed to allowing the members of the group of offenders to explore issues in an open-ended fashion. Unlike the case of adolescent groups in general psychiatric/psychological practice, where open endedness is the norm and the group has its own dynamics, these were children who had limited insight, did not present themselves with the problem and would probably be rather apprehensive speaking about any of their problems. Despite the fact that in order to join the programme they had to admit to their offence, the facilitators would have to expect to encounter a degree of denial and defensiveness and a certain amount of minimisation and evasiveness.

Clarifying the above and laying down certain ground rules about the form the programme should take were extremely important tasks, ensuring that individual CAYSTOP members were clear from the start as to what angle to take in approaching topics of the programme and how to present these. The experience that the social workers from NICRO shared in this regard was invaluable.

b. Meetings to develop an assessment form for young sexual offenders

The assessment form needed to be carefully planned and should serve the important function of deriving as much information as possible about the offender, his/her offence and background.

As had been previously planned, different CAYSTOP team members were given the task of drawing up various aspects of the assessment form, depending on their area of expertise.

Table 4 indicates which specific part of the assessment form was developed by different CAYSTOP members.

**TABLE 4 CAYSTOP MEMBERS AND THE SECTION OF THE
ASSESSMENT FORM THEY DEVELOPED**

CAYSTOP member(s) and area of expertise	Section of assessment form developed
Social worker experienced in working with adult sexual offenders	- Background history of young sexual offender; - history of sexual offence; - detailed sexual history (including sexual abuse); - risk factors.
NICRO social workers experienced in developing diversion programmes for young criminal offenders	- General information; - willingness of offender to participate in programme.
Psychiatrist experienced in working with children	- Family history; - developmental history; - mental state examination.

RAPCAN and NICRO social workers	- Synthesis and editing of assessment form.
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It was decided that assessment should occur in the company of the offender and his parents. As well as assisting in the assessment of how the family functioned, this would ensure that sufficient background information was obtained about the young sexual offender, that the parents became involved in the process and that any misconceptions (especially around the sexual offence) could be addressed. Furthermore both the parents/caregivers and the perpetrator could be informed about the intervention programme and given an opportunity to raise any queries or concerns. The severity of the offence and hence the need for intervention could be explained to both the perpetrator and his family. Should it be necessary, a period towards the end of the assessment could be set aside for assessing the young sexual offender alone. More confidential issues that the perpetrator might feel uncomfortable about relating in the presence of his parents, particularly the possibility that he himself might have been sexually abused, could in this manner be further explored.

Even though one key member could quite easily have drawn up the assessment form, this was nevertheless an important preliminary group exercise, as the same techniques would be used in drawing up the actual intervention programme.

- c. *Discussions of important themes that the intervention programme would need to address*

Once the type and form that intervention should take had been agreed upon (see observations 2a(iv) and (v), i.e. group-based social skills programme), issues about the content of the programme were discussed at a following

meeting. As mentioned previously, all CAYSTOP members had some experience in the management of young offenders, young sexual offenders or adult sexual offenders. Furthermore, members of CAYSTOP had by this stage become acquainted with the international literature pertaining to young sexual offenders and their management.

In the meeting each member of the CAYSTOP team was asked to mention which topics he/she felt were important. The following points emerged:

- The theme of the programme would focus on respect;
- Parents should participate in the programme to some degree;
- Definitions around sex, sexual abuse and body parts should be explored;
- There should be an understanding between cause and consequences of action;
- Issues around anger management, impulse control, decision making, assertive behaviour and peer pressure would need to be raised;
- Issues around gender discourses and social constructs specifically pertaining to power and control would need to be included in the programme;
- Victim impact and empathy responses would need to be explored;
- Restitution, responsibility, restoration and relapse prevention would need to be discussed;
- Developmental progressive disclosure of offences would need to occur;
- Myths around sex and sexuality would need to be explored; and
- Threats, coercion and invasive behaviour would be important topics to cover.

Besides discussion of the content of the programme, other issues that arose included:

- Issues around confidentiality with regards to the information received from the assessment of young sexual offenders, specifically regarding the following:
 - Where the young offender had admitted to other sexual crimes; and
 - Where the offender himself had been the victim of abuse.

It was decided that these cases would be discussed by the team. The family of the offender should be encouraged to report the above incidents. It was also agreed that confidentiality might need to be waived in cases where the family failed to undertake such action and where the CAYSTOP members would therefore be statutorily obliged to report such incidents.

- Following the completion of the development of the intervention programme pilot studies would be undertaken. In these the administration of the programme to young sexual offenders would be facilitated by CAYSTOP members, whereafter outside facilitators would be trained to administer the programme. At this stage of the discussion no clarity was reached as to who these facilitators would be.

d. Meetings to discuss and document the programme content, outline, format and administration

Following the meeting held to focus on the content of the intervention programme and important factors to be addressed therein, the format and outline of the intervention programme were tackled.

It was decided that the intervention programme would consist of eight 2-hour sessions.

The major topics of each session included:

- Session 1 - Crime awareness (parents/caregiver to attend)
- Session 2 - Self esteem
- Session 3 - Sexuality, Socialisation and Myths
- Session 4 - Sexuality, Socialisation and Myths
- Session 5 - Victim empathy
- Session 6 - Anger management
- Session 7 - Relapse prevention
- Session 8 - The way forward (parents/caregiver to attend)

As had been the case with the assessment form, the development of the various sessions was divided amongst the CAYSTOP group members. The diversity of expertise allowed for certain sessions to be developed by particular CAYSTOP team members.

The individual team member would then present the content of each session for comment and input by the group at the next meeting.

This meant that CAYSTOP members focused their attention on the one or two sessions in which they had particular experience and expertise and surveyed the appropriate literature with specific regard to the topic or theme. These sessions were prepared in the individual's own time. Thus the group as a whole did not waste time on developing each session, but could rather focus on what to add to sessions and what could be omitted. The above also ensured that each CAYSTOP member could contribute to the content of the

programme in a meaningful and purposeful manner and no one felt left out of the process.

As guidelines for preparation, each CAYSTOP member was asked to draw up the aims of a particular session, identify important themes and give examples of evocative techniques such as role play and small group discussions that could be used in drawing out feelings and observations about these themes from sexual offenders attending the programme.

One of the largest tasks, and one that did not come to the fore in the meetings as such, was the writing up of these sessions in manual form. This involved:

- giving facilitators clear instructions on the content of each session;
- guidelines on how a session should be facilitated;
- indicating how time should be managed; and
- clarifying concepts through the use of role play and other examples.

The RAPCAN and NICRO members of the team gave considerable time and effort to this process. In a sense this time was hidden within the process of the development of the intervention programme and only once the final draft of the manual became available did the team realise how much time and effort had gone into this aspect. This was acknowledged by the team and added to the overall sense of accomplishment and excitement experienced and shared by all team members.

e. Issues that had emerged since the inception of CAYSTOP and how these were addressed

During the time of the development of the intervention programme various other problematic factors within the referral and assessment system emerged. The following needed to be given attention:

- Certain offenders who had been referred by the court, denied guilt. These individuals were referred back to the court for further handling.
- Certain offenders were too young to attend the programme i.e. 8 - 10 year olds. These individuals were referred back to the courts advising that social services should become involved. This did however raise the issue as to how to manage younger offenders. This was put onto the agenda for future debate.
- In certain cases offenders had acted in a group when committing an offence. Often in these cases clarity could not be gained as to the role of each individual during the perpetration of the crime. In these cases it was decided that the whole group should be treated as those who denied active participation in the sexual act could still be considered accomplices because they had not walked away from the act, helped the victim or reported the incident to an adult. It was felt that such individuals would probably gain more by attending the programme than by being turned away.
- Some alleged sexual offenders who had been assessed and accepted onto the programme had cases pending for over a year. These participants remained on the intervention programme.

- One offender had serious drug dependence problems and was found to be unsuitable for the programme.

Certain of the above factors precluded certain individuals from attending the intervention programme. This meant delaying the launch of the first pilot study to October 1998.

- Releasing a press article and TV documentary once the pilot project had commenced. The group felt that the timing of this might be somewhat premature. Such action might result in a flood of referrals, and given the current lack of resources to manage young sexual offenders, this could have the effect of derailing the process.

4.3.2.4 **Reflection**

Consensus and agreement between CAYSTOP group members about the development of the intervention programme was achieved with relative ease for the following reasons:

- Tasks and objectives were initially defined in a step-wise or sequential fashion;
- The initial meetings on defining a framework and developing guidelines about the form the programme should take gave the group and its members clear structures and boundaries within which to work. This helped to prevent the risk of tension or conflict arising in these areas during the actual development of the programme content;

- Because none of the CAYSTOP members had direct experience in developing or facilitating group interventions for young sexual offenders, the CAYSTOP group needed to rely on joint input in order to achieve their goal. No group or individual was able to take on a dominant or proscriptive role in the development process. Each organisation or individual was able to share and contribute unique experiences in different fields and from different angles. Individuals embraced tasks according to their specific experience or interest. Each member was thus able to contribute to the development of the group intervention programme meaningfully and, as mentioned above, feel included in the process. This established a sense of cohesiveness and trust amongst group members.
- Because individual CAYSTOP members developed aspects of the intervention programme in their own time the potential for arguments and disagreement about minor details was significantly reduced. Instead, the group spent time productively, making important changes and giving input where this was felt to be necessary. Furthermore, this effective time management device reduced the risk of frustration that might have resulted from wasting time on long and drawn out discussions of relatively minor points.
- Developing the assessment form successfully and efficiently in the above fashion gave the group the confidence to tackle the task of developing the programme content in a similar manner.

At this point, it is worth mentioning again that the CAYSTOP group members came from different backgrounds and willingly shared their experience. This ensured that the content of the programme received input from a wide range of sources and benefited from different perspectives, emphases and angles. The dual effect of this was that the programme content profited from a wide range of input

and that each CAYSTOP member was able to contribute to parts of the programme enabling him/her to feel part of the process. Had one viewpoint or opinion prevailed, the programme content would have been less comprehensive and individual team members would have felt marginalised, risking alienation and hostility amongst the CAYSTOP members.

The CAYSTOP group was able to combine local and personal experience with international literature and guidelines in developing the programme. This ensured that local factors and restraints were taken into account while at the same time adhering to well researched international guidelines. Achieving this balance was important as one of the specific aims of the programme was to target young sexual offenders within the South African context.

By assessing young sexual offenders during the development of the programme by all CAYSTOP members, first hand experience was gained about the individuals the programme wished to target. A major advantage here was that on completion of the development, the programme could be administered to a cohort of young sexual offenders. Thus the momentum and enthusiasm that was built up amongst the CAYSTOP team would be sustained and, furthermore, groups of young offenders would be helped earlier than if the team had waited to complete the content of all of the sessions before embarking on the assessment process.

Even though the CAYSTOP team was primarily driven by the collective aim and purpose of developing an intervention programme for young sexual offenders where no management strategies had existed previously, the fact that financial remuneration was awarded added incentive to this task.

In summary, good progress had been made by the CAYSTOP group following the initial enthusiasm expressed at the conclusion of Cycle 1. This resulted in a group intervention programme being developed and transcribed for the purpose of being administered to a group of young sexual offenders by two facilitators. A sense of

excitement and optimism prevailed amongst CAYSTOP members in tackling the next tasks: implementing the programme and assessing both its ease of administration and the reception and short term impact it would have on young sexual offenders.

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4.3.3 CYCLE 3 – PILOT STUDY ADMINISTERING THE INTERVENTION PROGRAMME DEVELOPED BY CAYSTOP TO YOUNG SEXUAL OFFENDERS

4.3.3.1 Plan

Young sexual offenders who had been assessed by the CAYSTOP team would have the group intervention programme administered to them by two CAYSTOP facilitators. A suitable venue would be identified and facilitators would prepare themselves before administering each session of the programme. Strengths and weaknesses of the programme, particularly with regards to its ease of administration, the participation in and understanding of it by young sexual offenders would need to be evaluated. The short term impact the programme had on young sexual offenders would also need to be assessed.

During a team meeting the CAYSTOP team would identify methods by which the above aims could best be achieved.

4.3.3.2 Action

Two CAYSTOP members who had taken an active part in the development of the intervention programme and had experience in facilitating groups would facilitate the 8 session programme. Printed guidelines on the content and themes needing to be covered would be available for facilitators to discuss before sessions as well as guiding them during sessions. Facilitators would decide before the sessions which sections one of them would actively facilitate where the other facilitator would play a more passive and supportive role.

Sessions would be held on a weekly basis, on Mondays between 15h00 and 17h00 as this would be least disruptive on participants' schooling. It was decided that financial assistance would be given to cover the transport costs of participants and sandwiches would be provided after sessions. The venue would be the Department of Social Development, Wynberg. This location was central, easily accessible by public transport and offered the facility of a one way mirror for observing the group. This would also allow future facilitators the opportunity to observe sessions and familiarise themselves with the process. At this stage some uncertainty existed as to who these future facilitators would be and how the programme should be implemented on a wider basis. Whilst the programme was still in its early piloting phase, RAPCAN undertook to provide two future facilitators from their staff.

Following completion of the programme, written reports about each offender would be submitted to the court together with a recommendation.

CAYSTOP meetings would continue on a regular basis, focusing on future goals and aspects that emerged during the administering of the programme.

CAYSTOP members were requested to submit suggestions about those factors they felt would be important to evaluate during the pilot phase of the programme and how this evaluation could best be achieved. Following discussions these suggestions were collated by the SAYSTOP group.

Regular team meetings were held to discuss factors that emerged following sessions. Following each session, facilitators made notes of difficulties that were encountered. These difficulties were discussed following sessions as well as during team meetings. Members of the CAYSTOP team who were not involved in facilitation observed the group in progress and discussed their observations at team meetings. Furthermore, the young sexual offenders were asked for individual summaries of what they had learnt from each session. They completed these at home and handed them to the facilitators at the next session. Both the perpetrators

and their caregivers/parents completed a more formal feedback form during the final session of the programme.

Table 5 lists the issues needing to be piloted and the sources used for this purpose. In this table, numbering and lettering correlates with those used in the observations and reflection section.

TABLE 5 *ISSUES PILOTED REGARDING ADMINISTRATION AND FACILITATION OF PROGRAMME AND SOURCES USED*

Issues to be piloted/assessed	Source
1. Ease or difficulty administering the programme including :- a. time management b. co-ordination between facilitators c. following of guidelines and instructions for each session d. clarity of instructions and guidelines	- Feedback by facilitators; - Observation/monitoring of sessions behind one way mirror
2. Understanding of the content of the programme and effects of the process on participants (young sexual offenders)	- Impressions/Observations of facilitators; - Impressions of observers behind one way mirror; - Feedback from participants (homework).
3. Involvement and participation of the group as a whole during sessions	- Feedback from facilitators; - Feedback from observers behind one way mirror.

4. Behaviours of individual participants and the effects on the group	- Feedback from facilitators; - Feedback from observers behind one way mirror.
5. Views the perpetrators and their parents/caregivers expressed about the programme	- Feedback form completed by: a. Participants; b. their parents/caregivers.
6. Strategising and addressing current issues and future pilot groups	- Team meetings and discussions by all CAYSTOP members.
Numbering and lettering used in this table correlates with observations and reflection sections.	

4.3.3.3 Observations

1. Ease or difficulties in administering the programme

- a. Time management at times was problematic, meaning that latter sections of sessions frequently had to be hurried along.
- b. Co-facilitation of sessions was perceived as being successful. Defining which facilitator would take the lead role for different sections of the session before the programme started was essential.
- c. The printed guidelines/outline of the content of the programme were easy to follow and apply. However, it was noted that the facilitators were familiar with the content as they had developed it.
- d. The clarity of the guidelines would need to be re-evaluated once facilitators who were not familiar with the content (in the sense of not having developed the content) were facilitating the programme.

2. *Understanding of the content of the programme and effects of the process on participants (young sexual offenders)*

- Language difficulties were encountered with most of the offenders in that the majority used Afrikaans as their first language. Fortunately both facilitators were bilingual.
- Participants tended to respond better to a directive and encouraging approach than an interpretative or reflective one.
- Both the facilitators as well as observers behind the one way mirror felt that participants understood the content of the programme and the meaning of the various exercises that were given. In some instances facilitators needed to encourage certain participants and a directive approach needed to be taken as participants responded better to this.
- The homework that participants completed following each session indicated that they had understood the meaning/message of the core exercises and themes of the various sessions.
- Respondents were able to admit to their crime and appeared to take responsibility for it. Respondents were aware of possible future consequences were they to re-offend.

3. *Involvement and participation of young sexual offenders during the sessions*

The difference in ages between some of the participants (12 to 17 years) made interaction between members of the group difficult at times. In general, group members participated in a positive manner, adhering to instructions and working constructively together on group exercises. The two-hour period of sessions tended to be a long time for participants to focus and concentrate

and this would need to be addressed. Overall attendance rate at the 8-session programme was above 90%.

4. *Behaviours of individual participants and the effects on the group*

Groups of participants could be divided into the following categories:

- Active participants
- Passive bystanders
- Disruptive participants

It was important for the facilitators to recognise these categories and address their behaviour.

- The active participants frequently took a leading role in group activities, were eager to give answers and participate in the sessions. Their active participation appeared genuine rather than attention seeking or undermining of sessions. The active participants were encouraged to help and support the more passive participants.
- The passive participants frequently needed to be encouraged and given a chance to participate. Among the various factors felt to contribute to different participants' passivity during sessions were that individuals felt intimidated within a group situation, were introverted by nature and possibly experienced significant guilt about their crimes. The two most obvious factors identified with regards to the more passive participants were young age and low intellectual functioning.

- The disruptive participants failed to pay attention during sessions, disrupted other participants and at times uttered inappropriate comments or remarks. It was important for facilitators to be firm with such participants, reminding them of the seriousness of sessions and warning them that this disruptive behaviour could have consequences with regards to court proceedings. It was noted that where two disruptive participants sat next to each other or did certain exercises together, this had a particularly detrimental effect on the flow of the sessions. Facilitators once again needed to be pro-active and separate such individuals. Disruptive participants were asked to sit next to one of the facilitators with positive consequences. At times the whole group was asked to give the disruptive participant feedback about the effect of his behaviour and how they felt about this, with the effect of making the disruptive individual more co-operative.

5. *Views the perpetrators and their parents expressed about the programme*

Participants felt positive about the programme and enjoyed sessions. They felt that the programme had in a 'sympathetic manner' helped them to understand and acknowledge their crime and, furthermore, it had helped them take responsibility for their actions.

Parents were encouraging of the programme and supported it. They felt their inclusion in the first and last session was very important as this helped them to deal with the fact that their children had committed a serious offence. Most of the parents commented that the programme had had a positive effect on the child's behaviour in the home and had improved family communication and functioning.

6. *Strategising and addressing current issues and future pilot groups*

The emphasis of CAYSTOP meetings changed from developing an intervention programme to implementing and evaluating it. No logistical problems were encountered with regards to the venue, attendance of sessions by perpetrators or facilitators and the continuation of CAYSTOP meetings. In general, the facilitators and observers of groups drew the same conclusions. CAYSTOP members were able to communicate in a positive, co-operative and constructive fashion about their observations and no areas of conflict arose around the immediate administering or implementation process of the group intervention programme. Although some surprises emerged during the first pilot group that were not anticipated: the age discrepancy of young perpetrators; disruptiveness or passivity amongst participants and language barriers, the CAYSTOP group was able to address these appropriately. Instead of one organisation or member predominating during meetings, a collective and co-operative approach prevailed. Some anxiety existed amongst the CAYSTOP members concerning the long-term implementation of the programme as no group or organisation had yet been identified that would embrace the programme in the future. Even though CAYSTOP would continue to explore avenues regarding long-term implementation, it was felt that the team should remain focused on the current task, namely the short-term evaluation of the programme and effecting necessary changes in order for it to be taken confidently into the future. This was a very important area of concern as in the future the programme would be administered by facilitators who were not familiar with the development process and content of the programme.

4.3.3.4 Reflection

1. *Ease or difficulty of administrating and facilitating the programme*

- a. Individual sessions were broken down and given specific time frames in which they needed to be completed.
- b. Facilitators needed to prepare themselves before a session as to the themes each would tackle and roles they would play. Areas of difficulty should be discussed immediately after sessions rather than later.
- c. Certain guidelines were refined as it was felt new facilitators who did not have experience in administering the programme might have difficulties interpreting some of the guidelines.
- d. The clarity of the instructions and guidelines given to facilitators of the programme would be assessed in the following cycle, when new facilitators would administer the programme.

2. *Understanding of the content of the programme, and effects of the process on participants (young sexual offenders)*

- Language difficulties could be encountered if facilitators were not proficient in the first language of the offender(s).
- Facilitators needed to adopt a directive and encouraging approach in order to draw out responses from participants;
- Participants appeared to understand the content of sessions and the way in which they were presented, admitting to their crimes, accepting responsibility for their actions and being aware of future consequences were they to re-offend.

3. *Involvement and participation of the group as a whole during sessions*

Where possible, groups should be arranged according to age and consist of either young adolescents or older adolescents. Time out or refresher periods were introduced, giving participants a break and enabling them to refocus during a two-hour session.

4. *Behaviours of certain participants and the effects on the group*

Cognisance needed to be taken of the fact that individuals responded differently in a group setting. Broadly speaking, individuals fell into three categories: active participants, passive participants and disruptive participants. Facilitators needed to assess individuals and identify which of these categories they would fall into in order to address their behaviour and prevent it from being detrimental to the group as a whole. Strategies how best to address this were discussed.

5. *Views the perpetrators and their parents/cargivers expressed about the programme*

Both the young sexual offenders and their parents gave positive feedback about the programme and their experiences whilst attending the programme.

6. *Strategising and addressing current issues and future pilot groups*

Shifting the focus from developing to evaluating the intervention programme called for a sufficient degree of introspection from the CAYSTOP team, as it meant that the material developed required critical evaluation and analyses. The positive and trusting relationship that had been established by the team allowed its members to express and share opinions openly about the early pilot implementation process. Absence of any major logistical problems

meant that the team could give its undivided attention to the implementation and evaluation process.

In general, the facilitators and team observers drew the same conclusions about the initial administering phase. Unpredictable difficulties that arose, such as those already mentioned were acknowledged by all team members as being inevitable. The group focused on solutions collectively rather than leaving this task solely to the facilitators. This added to the team's sense of cohesion and gave the group facilitators the feeling of being supported in their tasks.

Discussion with the perpetrators and feedback from their homework, showed that the perpetrators appeared to understand and internalise the most important concepts. This system, which provided positive feedback on a regular and ongoing basis, further boosted the morale of the CAYSTOP team and gave them the confidence to tackle future tasks. This was further reinforced by the more formal positive feedback obtained from both the perpetrators and their caregivers following the final session.

Anxiety about the possible difficulties around the long-term implementation of the programme, and uncertainty as to who would take on such a task and responsibility, was expressed, acknowledged and addressed. The team feared that all its hard work might not bear the fruit of being implemented over a long term period. Although this was a very valid concern, at this stage the team agreed that it was more important to ensure that the programme was 'user friendly' and effective, as only once this was established could a viable proposition be made about implementing the programme on a wider scale. This allowed the team to remain focused on its current task and prevented possible demotivation and detraction at a critical time.

In summary the CAYSTOP group felt that the guidelines given to facilitators were concise and relatively easy to follow. Participants understood the meaning of sessions and were able to acknowledge their crimes. Both the participants and their parents/caregivers felt the programme had a positive effect and supported it. Following incorporation of the findings during the first pilot study, the team now felt ready to move onto the next stage of the process: new facilitators who had not been involved in the development of the programme would now facilitate the programme under supervision of the more experienced facilitators.

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4.3.4 CYCLE 4 – PILOT STUDIES USING NEW FACILITATORS TO ADMINISTER THE INTERVENTION PROGRAMME TO YOUNG SEXUAL OFFENDERS

4.3.4.1 Plan

During the first pilot project, the facilitators had been closely involved in the development of the programme and were thus familiar with the content, aims and objectives of each session as well as with working with adolescents/offenders in a group setting. Following the successful completion of the first pilot study, it was now important to ascertain how new facilitators who were not familiar with the content of the programme (in the sense that they were not part of the development phase) would be able to administer it.

The new facilitators, a psychologist and child care worker from RAPCAN joined the CAYSTOP team to familiarise themselves with the broader issues, to be given information regarding the tasks ahead and in order to give feedback once they had facilitated a group session. They were further prepared by observing some of the sessions during the first pilot study from behind a one way mirror. This step was deemed crucial, as it would indicate whether the programme and its guidelines could be understood and administered by outside facilitators and agencies. Monitoring and receiving feedback from the facilitators would be vital in establishing this. Furthermore, the response of participants (young sexual offenders) would need to be carefully observed as it had been in Cycle 3.

4.3.4.2 Action

Table 6 indicates decisions taken by the CAYSTOP team in providing guidelines, information and support to assist the new facilitators in their tasks of facilitating the next two pilot groups.

TABLE 6 TASKS UNDERTAKEN TO ASSIST NEW FACILITATORS IN THEIR ROLES

Clear instructions with regards to the content and procedure of each session had been typed up in the form of a provisional intervention manual and new facilitators would acquaint themselves with the content prior to each session.
One of the previous facilitators would work through individual sessions with the new facilitators prior to sessions.
One of the previous facilitators would be introduced to the group (young sexual offenders) and would act either as co-facilitator or observe from behind the one way mirror.
Problems encountered during a sessions would be discussed following the session and at the next team meeting.

Even though emphasis needed to fall onto the relative ease with which the group intervention programme was administered by new and relatively inexperienced facilitators, emphasis was also placed on repeating the action steps of the previous cycle. In other words, this part of the process did not focus purely on the administration of the programme, it also kept an eye on all strategies that had already been put into place, making sure that the analysis of the programme continued and that the procedures were functioning effectively.

Table 7 lists the issues to be piloted and the sources of data.

**TABLE 7 ISSUES PILOTED REGARDING ADMINISTRATION AND
FACILITATION OF PROGRAMME BY NEW FACILITATORS
AND SOURCES USED**

Issue to be piloted	Source of data
Assessment of administration of programme by new facilitators	- Feedback by new facilitators; - Observation of group facilitation behind one way mirror; a. by previous facilitators b. by other CAYSTOP members; - CAYSTOP team meetings discussing the above.
Repetition of Action steps for Cycle 3	See Table 5 Cycle 3

4.3.4.3 Observations

- Good rapport was established between the new facilitators and the CAYSTOP team, particularly with the previous facilitators. New facilitators were eager and diligent in the manner in which they tackled their task. They felt supported in their task and were made to feel part of the team. This allowed for open communication and expression of difficulties.

- Clarification of certain concepts by the previous facilitators before a session was important. This served the dual purpose of assisting new facilitators with the more difficult group exercises, thus preparing them sufficiently for the sessions and highlighting which of the written guidelines and instructions contained in the provisional manual needed further elaboration or clearer

explaining. Once these changes were implemented, the new facilitators found instructions to be clear and concise.

- By adhering to the guidelines of the provisional intervention manual the new facilitators were able to administer the intervention programme with proficiency and confidence. As had occurred during Cycle 3, perpetrators appeared to understand and internalise the most important messages contained in each session. Both the perpetrators and their parents/caregivers gave positive feedback at the conclusion of both group programmes. In this sense the positive findings of Cycle 3 were replicated for the current cycle.

Both new facilitators had some previous experience in group work where an open-ended and psychodynamic approach was used. However both found that the directive and social skills based approach used in the programme was far more useful in drawing out and creating a co-operative spirit amongst participants.

Language difficulties were encountered in that only one of the facilitators was proficient in Xhosa. Although most of the Xhosa participants were able to follow English instructions certain themes and concepts required translation. This interfered with normal time management and inhibited the normal flow of the group.

- Techniques introduced following analyses of the first pilot study such as providing time guidelines for various sections, refresher exercises to regain focus and methods of addressing the passive or disruptive perpetrator proved successful.
- Initial team meetings focused predominantly on the relative ease with which the programme could be administered by new facilitators and addressing difficulties experienced with some of the instructions and guidelines in the

provisional intervention manual. As it started to become apparent that the new facilitators were able to administer the programme proficiently, as gauged by observation by the CAYSTOP group, the positive feedback from the new facilitators and the replication of observations noted in Cycle 3, focus needed to shift to the next stage, namely expanding the programme in width.

The team experienced a major crisis at this point. Four of the original CAYSTOP members left the team to take up new job opportunities. Most significantly, the two RAPCAN members amongst those leaving had fulfilled an important co-ordinating and administrative role within the team. These resignations had come about unexpectedly, preventing the team from introducing any contingency plans. Furthermore, RAPCAN was placed under interim management until new appointments were made, making it difficult for the organisation to undertake any definite commitments regarding its future role within the CAYSTOP team. This left the new facilitators, who were members of RAPCAN, uncertain about their proposed future role.

The above factors seriously hampered future decision making tasks at a critical stage. The remaining CAYSTOP members felt that they alone (i.e. 3 members) did not have the resources, time or funding available to implement the intervention programme on a wider scale as they had full time work commitments outside of CAYSTOP. The three remaining members also felt that they did not have a wide enough mandate to make decisions regarding future implementation of the programme.

Notwithstanding the crisis that had arisen, there was a strong feeling that a plan needed to be devised to ensure that the hard work, effort, time and resources that had been dedicated to the young offender intervention programme thus far should not go to waste. The positive and encouraging

findings about the programme's administration during the pilot phases (i.e. current and previous cycle) reinforced this feeling.

4.3.4.4 Reflection

New facilitators were welcomed and treated as equals rather than passive subjects whose proficiency at administering the programme would be monitored. The core members of the CAYSTOP team identified two roles as being extremely important here: Firstly, the way in which they facilitated the process ensured that the new facilitators became active working members of the team as quickly as possible. Secondly, their ongoing assessment of the programme, especially in terms of ease of administration, enabled the new facilitators to identify and openly communicate any difficulties they encountered - both with the instructions and session guidelines contained in the provisional intervention manual and with the actual facilitation of the programme. As a result, changes could be made to some of the instructions contained in the provisional intervention manual to ensure that future facilitators understood the content, theme and tasks of each of the sessions.

The manner in which the new facilitators were able to conduct the respective groups indicated that outside facilitators should be able to administer the group intervention programme to young sexual offenders provided they were given adequate support. This enhanced the CAYSTOP team's overall confidence and optimism in carrying the programme into the future. The CAYSTOP team experienced both a sense of relief and reward - the hard work of the past had paid dividends and this specific cycle indicated that the programme could be implemented on a wider scale.

Although the resignation of several key team members severely shook the CAYSTOP team several factors ensured its survival:

- Individual members did not leave the team because of any conflict or disagreement. On leaving the team, members expressed their support and encouragement for the continuation of the process and expressed the wish to maintain some sort of contact.
- The evaluation of the process to date indicated that the programme was proving to be successful.
- The positive feedback received from the new facilitators and participants was encouraging.
- The personal investment that the team and its members had made to date.
- The close relationship and understanding that existed between the remaining team members, especially as they had all played an important role during the facilitation process (i.e. the remaining team members had all actively taken part in the facilitation and administering of the programme).

The above factors gave the remaining team members a sense of purpose and cause and, indeed, engendered a feeling of responsibility - to ensure that the programme be carried forward.

The remaining group members recognised that this would entail bringing new members on board and that the team and the programme needed to enter a new phase. This would mean sharing past experience and building new and trusting relationships with other possible partners and organisations.

A solid platform had been laid. An accessible instruction manual for group intervention of young sexual offenders had been produced and was shown to work well. The positive feedback received on the impact of the programme in the short-term meant that the remaining CAYSTOP members could present the work done to date to prospective partners with confidence.

4.3.5 CYCLE 5 – FORMATION OF SAYSTOP AND FORMULATION REGARDING THE WAY FORWARD

4.3.5.1 Plan

After the resignation of several key CAYSTOP members, uncertainty existed about delineating and implementing the way forward regarding the young sexual offender programme. Instead of trying to reconstruct the CAYSTOP team by recruiting interested parties, it was felt that the work done to date should be presented to a wide audience. It was hoped that the following could be achieved in this multi-disciplinary forum:

- Key role-players involved in the overall management of young sexual offenders (e.g. SAPS, Dept of Justice, Dept of Social Development, Dept of Health etc.) could be given feedback about the developments to date;
- Opinions, guidance and recommendations both about the work done to date as well as about the future aims and goals could be received from a wide range of sources;
- Interested parties who might assist in taking the process forward could be identified and approached; and
- Consensus could be reached about broad principles regarding the way forward which could hopefully be endorsed by all significant role-players.

In this manner the CAYSTOP team could devise strategies to implement the intervention programme on a broader basis.

4.3.5.2 Action

Important role-players were identified and invited to attend 2 multi-disciplinary meetings at the NICRO offices, each lasting approximately 2 hours. The organisations invited received a letter outlining the agenda and were requested to approach other organisations/individuals whom they felt might contribute to the meetings.

Table 8 lists the main organisations invited.

**TABLE 8 ORGANISATIONS INVITED TO FORMULATE WIDER
IMPLEMENTATION OF THE PROGRAMME DEVELOPED
FOR YOUNG SEXUAL OFFENDERS**

Organisation	Area of expertise
SAPS - CPU	- Apprehension of young sexual offenders and contact with their victims.
NICRO	- Experience in development and implementation of diversion programmes for youths in conflict with the law; - involvement in development of current intervention programme for young sexual offenders.
RAPCAN	- Work in the prevention of abuse and neglect of children; - involvement in development of current intervention programme for young sexual offenders.

Red Cross Children's Hospital - Child and Family Unit	- Contact and intervention with both young sexual offenders and children who had been victims of sexual offences; - involvement in development of current intervention programme for young sexual offenders.
Department of Health (Psychological Services)	- Experience in Victim-Offender mediation; - experience in facilitation of groups and other psychological aspects.
Representative of the Attorney General's office	- This department had been one of the main motivators for the development of the programme; - importance with regards to policy making decisions.
Representatives from the Children's Court - Wynberg Magistrate's Court	- Contact with both victim and offender within the justice system; - involvement in sentencing young sexual offenders; - a significant proportion of the offenders involved in the first 3 pilot projects had been referred by the Wynberg Magistrate's Court.

Community Law Centre (CLC)- University of the Western Cape (UWC)	- Specific interest in the juvenile justice system and diversion programmes.
Department of Social Development	- State organisation responsible for (young) sexual offenders.

The meetings would consist of the following:

- overhead presentations of the work done to date, including the development of the intervention programme and feedback on the early pilot implementation process;
- overhead presentation of the current difficulties experienced, specifically with regards to future implementation;
- addressing any queries about the above presentations;
- obtaining input from all participants regarding their feelings about the work done to date and future strategies that could assist with the direction and implementation of the intervention programme; and
- reaching of a broad consensus amongst the various role-players about the way forward.

Following the above presentations and discussions CAYSTOP members would meet in order to formulate and implement suggestions made at the multi-disciplinary meetings.

A presentation on the work to date would also be given at the South African Child Psychiatry and Allied Professions Congress for input and feedback.

4.3.5.3 Observations

Participants who attended the 2 multi-disciplinary meetings were complimentary about the work done to date. They agreed unanimously that the foundations of a solid group intervention programme had been developed and that the pilot projects had run smoothly and successfully. All participants agreed that now that the structure had been established, it was time to move from the strictly developmental phase and implement the intervention programme on a larger and wider scale. Funding and recruitment of staff were identified as the two most important factors that needed to be addressed. None of the organisations represented at the multi-disciplinary meetings felt that they alone had the resources available to be fully responsible for taking the programme into the future. However, most felt that they would be able to assist by playing a supportive role. Thus the programme would continue to be developed and implemented by a team who would, as in the past, work collaboratively, sharing experience and expertise.

The following key suggestions were made at the second multi-disciplinary meeting:

- New role-players should join the team, especially those who could assist with implementing and facilitating the programme on a wider basis;
- A name change from CAYSTOP (Cape Young Sexual Offender Programme) to SAYSTOP (South African Young Sexual Offender Programme) should be considered. Even though the implementation of the programme would initially occur on a regional level in the Western Cape, it was felt that replacing the word 'Cape' with 'South African' would be important were the programme to be expanded on a more national level;
- A central steering committee should be formed for guiding policy decisions;

- Further exploratory meetings should be conducted with probation officers and the Department of Social Development, under whose jurisdiction young sexual offenders fell, regarding their support and availability to act as facilitators in implementing the group intervention programme on a larger scale;
- A workshop should be held to train prospective facilitators and assist them in facilitating the group intervention programme;
- A formal business plan should be drafted, clearly delineating the aims and estimated costs involved in implementing the intervention programme;
- The business plan, together with the intervention manual, should be presented to prospective sponsors in support of funding;
- The intervention programme should be specifically marketed as a diversion programme;
- Those facilitators who had facilitated the pilot studies should focus on training, supervising and supporting newly appointed facilitators;
- A three-day workshop should be held for prospective facilitators. It was felt that the most appropriate facilitators would be probation officers under whose jurisdiction young sexual offenders fell. The Department of Social Development was approached in this regard and expressed a keen interest in being part of the process/programme;
- Appointing a researcher and creating a data bank of young sexual offenders should be considered in order to monitor the longer-term effects of the programme and develop a research arm linked to the programme; and
- Although no one organisation could be responsible for taking over the programme and running it entirely, this did not mean that the future of the programme would be jeopardised. It was suggested that any member of any organisation who could assist in any way should join the SAYTOP team and offer their assistance as part of a team effort. Thus, although new role players would become part of the process, the

process itself would remain very similar to the team-based approach of the earlier phases of its development.

Following the multidisciplinary meetings a new organisation, the South African Young Sexual Offender Programme, SAYSTOP was founded to succeed CAYSTOP. The SAYSTOP team adopted the key recommendations made by the multidisciplinary team.

Table 9 outlines the organisations and individuals who comprised SAYSTOP and the future tasks they would tackle.

TABLE 9 SAYSTOP MEMBERS AND THEIR TASKS

Organisations and individuals who comprised SAYSTOP	Future tasks to tackle
RAPCAN	- Training and supervision of new facilitators.
NICRO	- Training and supervising of new facilitators.
CLC (University of the Western Cape)	- Assistance in programme implementation especially legal aspects; - assistance in formulating and implementing business plan.
Institute of Criminology	- Programme implementation and research function.
Social worker (previously with NICRO)	- Training and supervision of new facilitators.

Child psychiatrist	- Training of new facilitators; - assessment of complicated cases / presentations.
All of the above organisations/individuals committed themselves to implementing the programme on a wider scale.	

Following changes in its own management structure, RAPCAN gave its full support to the task of providing a service to train and supervise new facilitators. Members from the CLC, who had made extremely useful suggestions during the multi-disciplinary meetings agreed to become members of SAYSTOP, bringing invaluable experience to the new team in the field of marketing and programme implementation. The psychology student, who had contributed to the early part of the intervention programme development but subsequently left CAYSTOP and Cape Town, had returned to fill a post at the Institute of Criminology and re-joined the SAYSTOP team.

Following discussions with the Department of Social Development, the department agreed to provide probation officers who would be trained to facilitate the group intervention programme.

Once an undertaking had been received from all parties on all of the above, the SAYSTOP team focused on the following:

- Delineating goals and objectives focusing on the shift from development to implementation. The most important of these was implementing the newly named SAYSTOP diversion programme on a regional level. This would be done by training, supervising and supporting probation officers in facilitating the programme. Once the implementation process was under way, management issues would be addressed as and when they arose;

- Drawing up a formal business plan to be presented to prospective sponsors. The plan outlined the aims and goals of SAYSTOP and gave a breakdown of the estimated costs involved; and
- Developing the content of a three-day training workshop for probation officers.
- Organising a system of regular meetings where all of the above activities could be reported on and discussed.

Following the practice of the previous working group (i.e. CAYSTOP), the above tasks were divided amongst SAYSTOP members depending on their experience and then discussed during team meetings. Sub-groups were formed to tackle the different tasks.

A presentation by two SAYSTOP members at the South African Child Psychiatry and Allied Professions Congress was well received and gained the support of the attending delegates, both for the work done to date and the envisaged plans for the future.

4.3.5.4 Reflection

Inviting members to a multi-disciplinary forum to give their input on the work done to date, the successes of the programme, and the crises it now faced, gave an objective view of the programme and provided the opportunity for useful opinions to be given. Although these ‘outsiders’ had not been directly involved in the development of the intervention programme, they all, in different ways, represented an important role in the management of young sexual offenders. The acknowledgement and support given to CAYSTOP members about the achievements thus far evoked a sense of accomplishment, enhanced their receptiveness and enthusiasm about the way forward, and created a forum where

useful suggestions could be made concerning the future. The remaining CAYSTOP members felt a great sense of relief, knowing that the programme would not founder and that the hard work to date would not go to waste. The CAYSTOP team members were happy to stay on board and there was a renewed sense of purpose. This gave everyone a sense of cohesion and common ground before new members and old met to discuss further action.

None of the organisations present at the multi-disciplinary meetings felt that they had the capacity to single-handedly carry the programme into the future. However, nor could it be expected of CAYSTOP to do so. This clearly indicated that a team approach was required. When other organisations volunteered their support in implementing the programme, new role-players joined, forming the SAYSTOP team.

Formulating and agreeing on key points during the multi-disciplinary meetings meant that a unified approach to implementation was achieved, i.e. a broad mandate was received by all invited role-players involved in the management of young sexual offenders.

Some degree of guarantee regarding the long-term viability of the programme occurred when appropriate future facilitators i.e. probation officers were identified and subsequently accepted this task. This meant that the programme could be carried into the future by a recognised organisation i.e. the Department of Social Development, under whose jurisdiction young sexual offenders fell. This proved an important factor in renewing the sense of optimism that originally prevailed when the CAYSTOP team first started.

Changing the emphasis of the programme from development to implementation required a different approach to the one previously used by CAYSTOP. Here members had co-operated closely in formulating a well-defined task (i.e. the development and pilot implementation of the programme) in which each member

had vital background experience. Implementing the programme required new skills including public relations, marketing, research and business skills. New members who joined SAYSTOP were able to offer these skills and guidance. The new members of SAYSTOP acknowledged the quality and hard work that had gone into the development of the programme, and they now wanted to be part of this process. On their part the ex-CAYSTOP members acknowledged and appreciated the expertise that new members could bring to the team. All of the above allowed for a close and trusting relationship to start developing between SAYSTOP members. The developed intervention programme provided a firm foundation, and from hereon, new goals and objectives could be set. This gave the SAYSTOP group a sense of direction and new momentum and the members of the new team felt excited and optimistic about the future.

Whereas in the past, the CAYSTOP group had worked closely together on designing and developing the treatment programme, the effective way for SAYSTOP to operate was by forming subgroups in order to tackle the different tasks required to implement the programme (e.g. finance, marketing, training, research and steering committees). In most cases members were involved in more than one task or sat on more than one committee. However, although the team could not operate as intimately as it had done in the initial phases, SAYSTOP members were still very much united by the common goal of implementation. Total transparency existed between all members and the work done by respective subgroups was shared and discussed during team meetings. These meetings kept everyone in the loop, further enhancing a sense of mutual trust and allowing all to feel a part of the process.

The accumulation of positive feedback received about the programme content and its future objectives from young sexual offenders and their parents/caregivers, members attending the multi-disciplinary meetings and delegates attending the South African Child Psychiatry and Allied Professions Congress, coupled with the fact that probation officers had agreed to take on the role of future facilitators gave

the SAYSTOP team the confidence and backing to lobby for funding. This set the foundation for the next stage - training probation officers to administer the young sexual offender diversion programme at district level.

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4.3.6 CYCLE 6 – WORKSHOP FOR PROBATION OFFICERS WHO WOULD FACILITATE THE DIVERSION PROGRAMME FOR YOUNG SEXUAL OFFENDERS IN THE FUTURE

4.3.6.1 Plan

A decision had been taken by the SAYSTOP Steering Committee and the Department of Social Development: probation officers would receive training to implement the diversion programme developed by SAYSTOP and administer it to young sexual offenders at district level. Probation officers from various districts in the Western Cape would be invited to a three-day workshop equipping them to set up and facilitate the diversion programme in their areas.

A business plan was drawn up stipulating:

- the costs of the above workshop;
- the anticipated costs for implementing support structures for newly trained and future probation officers; and
- the costs of developing a data collection service for research purposes.

The business plan was accepted by the sponsors approached.

On the one hand, the workshop would focus on theory and background and on the other, on practical aspects and implementation. Various SAYSTOP members would give presentations in their area of expertise. As well as presentations, the workshop would involve working through each of the eight sessions of the intervention programme with the probation officers.

4.3.6.2 Action

The workshop ran over 3 days and was held at Little Streams, a small conference centre in Cape Town.

Presentation and input was given on:

1. the development of the SAYSTOP programme;
2. psychological aspects regarding young sexual offenders;
3. the assessment of the young sexual offender;
4. the legal aspects and concepts of diversion;
5. the practical aspects of convening a FGC;
6. facilitation skills and practical input in running each of the 8 intervention session; and
7. practical aspects of setting up a SAYSTOP programme at district level.

A copy of the provisional intervention manual, together with notes on each of the presentations, was handed to probation officers on commencement of the workshop. These would be especially useful for probation officers once they started implementing the programme in their specific areas.

At the end of each day, both the presenters and participants of the workshop were requested to complete a questionnaire and feedback form about the topics covered and make relevant comments. This helped to determine how successful the workshop had been in accomplishing its overall objective and ascertained the relevance of the actual content of each of the training sessions. The questionnaires thus proved useful in establishing whether the workshop was run in such a way that the topics covered were understood easily by the participants. Furthermore, useful

suggestions as to the overall implementation of the programme on the ground could be made by both presenters and attendants of the workshop.

Once probation officers started facilitating a group, support services would be introduced consisting of the following:

- A telephone hot line would be made available for the newly trained facilitators to access should they experience any problems. SAYSTOP members who were experienced in the facilitation of the programme would thus be readily accessible.
- A regular newsletter would be published giving information about new developments, feedback on the current implementation phase, difficulties encountered and how to address these as well as various other information. The newsletter would be circulated, not only to facilitators, but to a wide range of individuals and organisations involved with young sexual offenders. Once a diversion programme had been successfully completed acknowledgement of this would be published and facilitators would receive a certificate.
- Support on the ground: Once a sufficient number of young sexual offenders to whom the diversion programme would be administered had been referred to the new facilitators, members of the SAYSTOP team who were experienced in facilitation would supervise some of the sessions and give input and assistance on site. It was hoped that this would make the new facilitators feel supported and encouraged in their tasks and in addition any difficulties that might arise could be addressed immediately.
- In order to make data collection easier, changes were made to the assessment form. Probation officers were requested to send copies of

these forms to SAYSTOP so that a central database could be established.

- Should difficulties be encountered with regards to the suitability of any young sexual offender's attendance on the programme, a senior member of SAYSTOP would assist in the assessment of the individual.
- The telephone hotline, facilitation support by experienced team members and assessment of the suitability of young sexual offenders for the programme would constitute a system of mentoring. Probation officers could access appropriate SAYSTOP members (mentors) with regards to specific problems they were encountering, and SAYSTOP members (mentors) would assist and/or support probation officers in the setting up and running of a SAYSTOP programme in their specific districts.

4.3.6.3 Observations

A total of 33 probation officers from 12 magisterial districts throughout the Western Cape attended the first training workshop held by SAYSTOP.

The post-workshop assessment was conducted by the psychologist from the Institute of Criminology at the University of Cape Town. As a member of the research arm of SAYSTOP, she collated the feedback received from the probation officers and the trainers and shared her findings with the other members of the team.

The feedback from Wood (2000) revealed that in the short term the workshop accomplished both the overall workshop objectives and the specific training objectives. The probation officers reported that they found the training beneficial and enjoyable. In particular, they found it useful to work in groups and to be able to plan and problem solve with their colleagues. The training syllabus appeared to cover the most important training areas and from the feedback given on each of the training sessions, it was apparent that on the whole these sessions were very successful in accomplishing their training objectives. The probation officers put forward a number of useful suggestions as to how the training syllabus could be improved.

Furthermore, all probation officers reported that by the end of the training workshop, they felt confident and sufficiently equipped to attempt the expected task of setting up a SAYSTOP diversion programme in their region. The majority of the probation officers felt that the workshop had adequately prepared them for conducting the assessment interview and had provided them with the appropriate information and skills to facilitate all eight sessions of the SAYSTOP diversion programme.

4.3.6.4 Reflection

SAYSTOP members were relieved that taking the programme to a broader level was a realistic and viable option and felt excited about the challenges ahead. The fact that funds were obtained to ensure the ongoing viability of the SAYSTOP programme was a source of relief, encouragement and optimism.

Besides training and equipping probation officers to implement the programme on district level, the workshop also allowed SAYSTOP members and probation officers to start building the relationship essential to the implementation process.

Whilst the level of confidence expressed by probation officers was encouraging, the success of the workshop in obtaining its overall objective could only be realistically assessed subsequent to the implementation and evaluation of the diversion programme in the Western Cape.

A follow-up workshop was earmarked in approximately 12 months time to focus on feedback, evaluation and how the programme might be improved. Before this workshop, probation officers would be involved in getting young sexual offenders referred to the programme. To do this, the probation officers would have to establish further liaison with officers of the court and make them aware of the aims of the SAYSTOP intervention programme. In addition the probation officers would be in contact with members of the SAPS and any other organisations who might want to refer young offenders to the programme via the justice system. Once these links had been established, and young sexual offenders had been referred and assessed, the 8-week programme could commence. The probation officers had to find the time to fit the running of the programme into their extremely tight and intense work schedules. Throughout this time (i.e. in the year before the follow-up workshop was to take place), support structures would remain in place. The probation officers could contact members of the SAYSTOP team by telephone, liaise with them when they made on-site visits, and attend SAYSTOP meetings. It was decided that once a probation officer had facilitated a programme a certificate would be issued indicating that he/she had attended the workshop and facilitated a young sexual offender diversion programme.

4.3.7 CYCLE 7 – ROLLING-OUT AND EVALUATING THE SAYSTOP DIVERSION PROGRAMME ADMINISTERED AT DISTRICT LEVEL

4.3.7.1 Plan

Following the successful completion of the probation officers' workshop on implementing and facilitating the SAYSTOP diversion programme, the next cycle involved the evaluation of the actual implementation of the diversion programme at district level by probation officers. This would include the observations of SAYSTOP members, affiliated mentors and probation officers during the period that the programme was implemented. Furthermore, a feedback/follow-up workshop comprising SAYSTOP members and probation officers was scheduled for the end of 2000, where issues pertaining to the diversion programme and its implementation could be discussed in detail, including any proposed changes or additions to the programme.

4.3.7.2 Action

At SAYSTOP meetings and during the probation officers' training workshop it was decided that probation officers and SAYSTOP would make contact with local referral sources, to acquaint them with the SAYSTOP diversion programme and promote it as a referral system. Contact, in the form of a letter or personal visits by SAYSTOP members or probation officers, was made with the magistrates' courts, SAPS and other organisations/individuals who came into contact with young sexual offenders. Any enquiries about referrals of young sexual offenders made to SAYSTOP or the respective organisations represented by SAYSTOP were directed

for assessment to the probation officers of the particular jurisdiction under which the young sexual offender fell.

On referral of young sexual offenders, the probation officers would assess the candidates' suitability to attend the diversion programme. Once sufficient numbers of referrals or candidates deemed suitable to attend the programme had been received, the probation officers would begin facilitating the diversion programme in their respective areas. Probation officers would forward a copy of the assessment form to SAYSTOP for future research purposes.

On completion of the programme, probation officers would give feedback to the referral source (usually the public prosecutors of the various Magistrates' Courts) in the form of a letter with appropriate recommendations.

Various support structures were available to probation officers to assist them with the implementation and facilitation of the diversion programme.

These included (as outlined in the previous cycle):

- Support and mentoring services offered by SAYSTOP members including a telephone hot-line, on site or field visits and availability regarding any difficulties that were experienced at any stage; and
- Regular newsletters keeping probation officers abreast of new developments, problems experienced and sharing of information.

SAYSTOP would compile and forward a progress report to the sponsors of the programme informing them about progress to date. This report would be produced by the appointed SAYSTOP researcher whom it was felt was most closely involved with the programme during the current stage, together with a working paper developed by Ms Wood and Ms Ehlers (Wood and Ehlers, 2001).

In order to evaluate the implementation of the diversion programme, feedback would be obtained by the following means:

- On-going feedback where both probation officers and SAYSTOP mentors would report on the successes and difficulties they encountered during the implementation process. These would be discussed at SAYSTOP meetings;
- Holding a follow-up workshop for probation officers who attended the initial training workshop. This would involve completion of forms and questionnaires, personal presentations given by probation officers, discussion on specific topics and the sharing of experiences in focus groups. Probation officers would give their impressions of the impact they felt the programme had had or was having on offenders. Strategic planning for the future would also constitute part of the follow up workshop;
- Perusal of the SAYSTOP newsletters, progress report to sponsors and the working paper (mentioned previously) to gather any additional information.

4.3.7.3 Observations

Cycle 7 involved many facets and processes obtained from numerous sources. Feedback from newsletters, SAYSTOP steering committee meetings, probation officers' workshops and follow-up workshops produced many observations which were documented in the working paper (Wood and Ehlers, 2001).

16 diversion programmes were facilitated in 11 of the 12 magisterial districts during the 10-month period between the time of the initial training workshop and the feedback workshop. 93 young sexual offenders attended the diversion

programme during this period. Of the 33 probation officers trained at the workshop, only 6 did not facilitate a SAYSTOP programme. 5 additional probation officers received in-service training from their colleagues and went on to assist them in facilitating the programme. Therefore, in total 32 probation officers facilitated SAYSTOP diversion programmes in 2000.

Probation officers felt that the training workshop had sufficiently equipped them to set up and facilitate a SAYSTOP diversion programme. It was felt that the intervention manual and guidelines were concise and easy to follow. Probation officers expressed their enthusiasm, optimism and commitment to the implementation process and felt positive about the diversion programme.

Probation officers found the support structures and the mentoring system extremely useful. Whilst establishing and facilitating their programmes the probation officers made regular use of the telephone mentoring and supervision offered. In the evaluation of these services, they commented that they had found this system of mentoring a useful tool for providing them with support and practical input from a distance. The main issues discussed during telephone mentoring sessions included: advice on liaison with the courts; programme promotion; case discussions around selection of appropriate candidates for the programme; the issue of whether to prosecute or divert candidates; and regional programme adaptations. As far as the on site visits were concerned, probation officers found these useful but commented that they had gained more from the telephonic support services and discussions than from the supervision of actual sessions.

The diversion programmes were not always implemented using the standard procedure and structure developed by the SAYSTOP working group. During 2000, SAYSTOP learnt that in order for the programme to be implemented in peri-urban and rural areas within the Western Cape, the administration of the programme needed to be adapted to accommodate various context-specific variables characterising these service areas. Of the 16 groups run, 9 used the standard

procedure and structure. Two of these groups adapted the programme slightly in that the probation officers opted to facilitate two sessions a week. All of these groups were based in urban centres within the Western Cape. The programme for the other 7 groups was implemented in an adapted form to suit the requirements of that region and/or institutional setting. Adaptations to the programme included either running the programme as an intensive residential intervention or adapting the material and working through the sessions with the child as part of an individual, victim-offender mediation or family intervention. The main reasons for needing to adapt the programme in certain settings included the wide area covered by certain magisterial districts (in some instances over 200 km) or the fact that perpetrators were held in places of safety (i.e. a residential setting).

Probation officers felt that running the diversion programme had significantly increased their workload and expressed concern that this may not have been realised or recognised by their department and supervisors. Concern was expressed that should a facilitator fall ill or not be available there was no backup. Probation officers expressed the need for more facilitators to be trained and made the suggestion that volunteers should be trained. Another area of concern was the low number of male facilitators available. As suggested in the literature, groups mediated by a male and female facilitator appeared to be the ideal.

Difficulties were encountered in developing relationships with the various magistrates' courts. Even though certain magistrates and prosecutors had responded positively to the concept of the diversion programme, they appeared reluctant or refused to refer young sexual offenders to the diversion programme. This reluctance stemmed in large part from the fact that although diversion programmes existed, and were recognised as being effective, diversion as a means of managing and treating young sexual offenders was not an officially sanctioned legal process. (The proposed CJB endorsed the idea of diversion, but had yet to be ratified.) Procedural and administrative difficulties were encountered at some courts, where some dockets were lost or charges were withdrawn. In some instances the

recommendations made by probation officers regarding certain young sexual offenders were ignored. A proposal was put forward stating that the courts should be informed of the dates of forthcoming diversion programmes.

Probation officers felt that informing and educating the public about the concept of diversion and the SAYSTOP diversion programme would be important. However, a degree of resistance could be expected from those organisations and members of the public who preferred seeing young sexual offenders being prosecuted within the criminal justice system.

Probation officers felt that the programme was perceived positively by both the perpetrators and their family/caregivers. In general, perpetrators understood the content of the programme, participated and responded positively during sessions and appeared to take responsibility for their actions. The following difficulties were reported with regards to the young sexual offenders:

- In groups where there were age discrepancies between the children the older children became frustrated when a session had to be slowed down so that the younger children could understand the content. Explaining concepts and doing exercises frequently took longer with the younger children, and affected the time available;
- In groups where there were discrepancies in intellectual functioning, similar problems arose, with some members of the group grasping concepts more quickly and needing less in the way of more focused attention; and
- Two types of language difficulties were experienced:
 1. certain slang phrases that perpetrators used were not understood by facilitators; and
 2. The fact that the manual was in English but groups were run in a different language. (This was perceived as problematic but not insurmountable).

Parents and caregivers responded positively to the programme. During the first session certain parents and caregivers appeared ambivalent but during the last session most expressed their support for the diversion programme. Parents and caregivers reported that they felt that the programme had had a positive impact on the children. In some instances however, probation officers expressed concern about the environment to which the child returned. Probation officers also expressed concern about the lack of follow-up guidelines after the completion of the diversion programme.

Some of the schools which the perpetrators attended came to learn about SAYSTOP and gave positive feedback about the impact that the programme had had on individual learners. Generally, schools appeared to be supportive of the diversion programme, although, subsequently, in some instances inappropriate referrals were made to the programme by schools.

Some of the children referred to the programme were too young to attend. Probation officers felt that this needed to be addressed.

Probation officers felt that the assessment form was rather complicated and time consuming. They suggested certain additions and alterations to some aspects of the diversion programme and manual. It was felt that a session on Sex Education should be added, that the sessions on Victim Empathy and Relapse Prevention be extended and the session on Anger Management be re-worked.

Follow-up workshops and continued professional education and training were seen as being essential, as was the fact that more probation officers should be trained to implement and facilitate the SAYSTOP diversion programme.

SAYSTOP members felt that the overall pilot implementation process had generally been successful. However, it would be of vital importance to conduct a

follow-up study on the young sexual offenders in order to evaluate the longer-term effects and impact on the young sexual offenders who had attended the diversion programme.

4.3.7.4 Reflection

During the pilot implementation phase, 16 SAYSTOP diversion programmes were facilitated by 32 probation officers in 11 magisterial districts in the Western Cape. 93 young sexual offenders participated in the diversion programme.

The training, manual guidelines and support the probation officers received equipped them to administer the diversion programme in their district. Good rapport and a positive working relationship was established between SAYSTOP members and probation officers which boded well for the continued implementation of the programme. Rather than being treated merely as administrators of the programme, probation officers felt part of the whole process. In order for this relationship to continue and grow, it was important for SAYSTOP to take cognisance of the input probation officers gave, both during the time when they were administering the programme and later, when they gave more formal feedback. This was especially important with regard to the increase in their workload brought about by the programme. Facilitating a SAYSTOP diversion programme significantly added to probation officers' workload and this needed to be brought to the attention of the probation officers' supervisors as well as to departmental heads. The need to train more facilitators and offer continued professional education became increasingly apparent.

In some instances, due to practical and logistic reasons, the format of the programme was successfully adapted to suit the circumstances e.g. changing the length and location of the programme to one of a 3-day duration in a residential setting, working with smaller groups and using the manual content to work with

individual perpetrators and their families. This revealed that the programme could be adapted to different settings or situations. The fact that probation officers and SAYSTOP members achieved this without any disruption or significant problems indicated that a degree of autonomy, confidence and flexibility existed amongst role-players - a strongly positive indicator as these were among the necessary requirements for the process to be successfully carried into the future.

In order to inform and create awareness of the SAYSTOP diversion programme, further liaison with courts and the legal system needed to occur. Informing the general public about the SAYSTOP diversion programme was also important.

In general, the facilitators of the programme, i.e. the probation officers, felt that the content and message of the diversion programme was understood by young sexual offenders, and the perception was that they were able to take responsibility for their crime. Parents and caregivers of the perpetrators and staff members of the schools that the perpetrators attended were supportive of the SAYSTOP diversion programme and felt it had had a positive impact on the participants. The intermediate and long-term effects of the diversion programme on the perpetrators who had participated in it still needed to be assessed. Difficulties with regards to age and intellectual discrepancies between group members needed to be taken in to account when assigning children to groups in the future.

Language difficulties and lack of clear follow-up guidelines after the completion of the diversion programme needed to be addressed.

The assessment form that was forwarded to the research arm of SAYSTOP needed to be changed in order to make it less complicated and time consuming. With regards to the programme content, a session of Sex Education needed to be added and the sessions on Victim Empathy, Relapse Prevention and Anger Management needed to be extended and/or re-worked.

Training of new facilitators, follow-up workshops and continued professional education for probation officers would be essential.

Provided the above factors were addressed, the observations to this point indicated that from an implementation perspective, the rolling-out process of the programme should continue.

A longer-term assessment study was needed in order to measure and inform about the quality of the diversion programme. Such a study would document the impact of the SAYSTOP diversion programme on young sexual offenders. Through tracking their behaviour in the future it would play a large role in determining whether the outcome of the programme had been successful - namely, whether it achieved the aim of preventing young sexual offenders from re-offending. Such a study would be as vital as the continued rolling-out of the programme, as some indication of the programme's long-term impact on young sexual offenders was essential in order to gain continued support and motivate for its future existence and development.

4.3.8 CYCLE 8 – EVALUATION OF THE LONGER-TERM IMPACT OF THE SAYSTOP DIVERSION PROGRAMME ON YOUNG SEXUAL OFFENDERS

4.3.8.1 Plan

Participants (young sexual offenders), their caregivers/parents, programme facilitators and programme organisers had all given positive feedback regarding their perception and understanding of the SAYSTOP diversion programme. It was felt that the diversion programme had had a positive effect on perpetrators both during and immediately after its administration. However, in order to assess the longer-term effects of the programme on young sexual offenders, follow-up studies needed to be conducted on participants who had attended the programme.

Gathering information about the long term effect and impact of the programme on young sexual offenders was extremely important as this would assess whether the programme had achieved one of its major goals, namely the prevention of sexual re-offending. Furthermore, the strengths and weaknesses of the programme and its implementation could be gauged, thus informing possible improvements in certain areas.

Two cohorts of subjects were identified for possible follow-up:

1. Offenders who had attended the initial pilot study at the Department of Social Development, Wynberg (n = 28), referred to as the 'Wynberg cohort'.
2. Offenders who had attended the programme administered by probation officers at district level during 2000 (n = 93), referred to as the 'district implementation cohort'.

During previous SAYSTOP meetings it was decided that the research sub-group i.e. Institute of Criminology - University of Cape Town, should conduct the follow- up studies, and where necessary, be given the support of the SAYSTOP team.

4.3.8.2 Action

Interviews would be conducted by a psychology honours student (Wynberg cohort) and by four interviewers (district implementation phase cohort) under the supervision of the research arm of SAYSTOP. Interviews would be conducted after a minimum time period of 12 months had elapsed since the offenders completed a programme.

Structured and semi-structured questionnaires would be developed and administered to respondents. These would examine the following:

- the profile of the children interviewed;
- the description of the referring sexual offences;
- the respondents' attendance of the programme;
- the retention of the programme content;
- the respondents' impressions of and most/least enjoyable aspect of the programme;
- the core lessons learnt;
- the children's responses to each specific session of the programme;
and
- the caregivers' responses to the programme.

Using information from the original assessment form, respondents would be contacted either by telephone or by letter, and their caregivers would be informed

about the intended interview. Once contact had been established, the respondents and their caregiver(s) would be given details about the follow-up study. Informed consent for conducting the interviews and study would be obtained from the respondents and their caregiver(s).

Results would be presented at SAYSTOP meetings for comment and discussion, whereafter they would be written up as a progress report to be sent to sponsors and to form part of the working papers. The follow-up study of the Wynberg cohort would be presented as a Master's degree dissertation by the psychology honours student.

4.3.8.3 Observations

1. The Wynberg cohort

Two members of the research arm of SAYSTOP: Ms Danielle Baptista, a psychology Masters student (University of Cape Town), and Ms Catherine Wood, a psychologist from the Institute of Criminology (University of Cape Town), shared their observations and findings from the study they conducted on the Wynberg cohort.

In the first study, conducted by Baptista (Baptista and Wood, 2002), of the 28 offenders who attended the three pilot programmes at Wynberg, it was only possible to interview 6 of the participants. Despite the low number of respondents, certain conclusions could be drawn from the study.

None of the above respondents had re-committed a sexual offence. Overall, data from the study provided initial support for the SAYSTOP diversion programme as an innovative and effective intervention for certain types of

children accused of having committed sexual offences. In relation to the children interviewed, the SAYSTOP diversion programme seemed to have accomplished its central aims of teaching the participants to take responsibility for their offences and developing a degree of insight into the impact that their behaviour had on their victims. The feedback information on the programme content was positive and participants retained many concepts taught during the programme. Generally, participants regarded the programme as a learning experience and thought that it had educated them about crime. Group work was seen as a necessary and beneficial aspect of the programme that encouraged children to participate and engage in a variety of discussions. The caregivers maintained that the programme was invaluable in helping their children to acknowledge their abusive behaviour and in preventing recidivism. Furthermore, they contended that the programme was undeniably a better option than a sentence of imprisonment. The children suggested that the programme might be more effective if it were lengthened

2. *The district implementation cohort*

Ms Catherine Wood conducted the second follow-up study and shared her findings with the SAYSTOP team.

The second follow-up study conducted by Wood (Wood, 2002) consisted of assessing the offenders who had attended the SAYSTOP programme in 2000. Despite the researcher's numerous appeals to the probation officers, she only received just over half the total number of assessment forms for the children ($n = 50$ out of 93) who had attended groups in 2000. After phoning 48 of the caregivers, contact was established with 28 boys. In the other 20 cases, the boys and/or their families had either moved away or the contact information was incorrect. Of the 28 boys who were contacted and given information about the follow-up study, two of the boys did not arrive for their arranged interview and one of the boys lived too far away for the

interviewer to visit. Consequently, 25 follow-up interviews were conducted. Caregivers were unavailable for seven of the interviews. In these cases, the information was solely gathered from the children.

The central aim of the SAYSTOP diversion programme is to encourage the child to take responsibility for his actions and to develop insight regarding the impact his behaviour has had on the victim. In this regard, the programme did appear to enable the majority of the boys to acknowledge responsibility for the referring sexual offence. None of the above respondents had re-committed a sexual offence and one had been convicted of a non-sexual offence. Overall, for most of the children who attended the programme, the feedback suggested that in relation to each of the sessions, the programme had been fairly successful in accomplishing the set aims and objectives. Additionally, the programme assisted most of the children to:

- become aware of the importance of responsible decision making;
- identify triggers that evoked anger in them;
- develop more constructive ways of responding to conflict situations;
- understand the consequences of a criminal record;
- adopt a positive attitude of self-acceptance; and
- prevent sexual and criminal recidivism.

The use of active and participatory group sessions and the facilitators' non-judgemental, supportive and respectful manner appeared to enable these attitudinal shifts and life skills to be imparted in an enjoyable milieu. The programme was less effective in accomplishing the second central aim - that of developing insight into what the victim is feeling. Linked to this, most of the boys struggled to reflect critically on myths about gender stereotypes and demonstrate limited insight into the role of power and powerlessness in abuse.

Although overall, caregivers reported that they were extremely impressed with the programme and felt it had had an immensely positive impact on their children, it was found that most of the caregivers still dismissed, denied or ignored their child's sexually abusive behaviour.

4.3.8.4 Reflection

The feedback of the first follow-up study was encouraging. However, evidence suggested that in order to increase reliability in future SAYSTOP evaluation research, the research design should include court-mandated follow-up interviews. These should occur after a longer follow-up period and should involve a larger sample of children, and all should have the baseline interview completed (to be forwarded to the SAYSTOP research arm) prior to attending the programme.

For a sizeable proportion of the children, the programme was fairly successful in holding them accountable and providing them with an opportunity to acknowledge their abusive behaviour. Furthermore, the option of attending the programme meant that they did not receive a criminal record. Thus to date the preliminary data from the follow-up study provided support for the SAYSTOP programme to be used as an appropriate diversion option for dealing with certain types of children accused of committing sexual offences. This was especially relevant considering that the objective was to develop a viable programme within the South African context - one that could be used as a first line intervention.

It was recommended that at the end of the 8 sessions the facilitators re-assess whether the programme had provided adequate intervention for each participant or whether ongoing, more intensive and specialised intervention of a longer duration should be provided. This suggestion was consistent with international guidelines

around the provision of the continuum of care services and the principles of effective practice that advocate a matching between offender risk and degree of service intervention.

On reflection it was felt that it was vital that probation officers receive training enabling them to conduct assessments on perpetrators who have completed the programme. Such training would provide insights into what the perpetrators have learnt from the programme and assess the potential risk of re-offending.

On completion of the programme, maintaining contact with the perpetrators for at least a year would be an important means of assessing future risk. Such contact should take the form of four follow-up visits in the year subsequent to completing the programme.

While the decision to include caregivers in the first and last sessions of the programme appeared to have facilitated a greater understanding between caregivers and their children and had, furthermore, encouraged a collaborative relapse prevention initiative, responses from this group suggested that there was a need for further education and intervention for the caregivers.

Even though the programme appeared to have been successful in preventing recidivism amongst those young sexual offenders interviewed, the low number of respondents who could be contacted or interviewed in the follow-up studies (21.5% and 27.0% respectively) casts doubt on the reliability and validity of the results obtained. The reasons for not being able to conduct follow-up studies on a significant number of participants who attended the programme in 2000 included:

- assessment forms completed by probation officers not being forwarded to SAYSTOP;
- incorrect demographic details on the assessment forms; or
- relocation of participants.

Methods to ensure that most respondents could be followed up would need to be explored. The most viable method seemed to be the option of a court mandated follow-up.

Several changes and additions to the programme would need to be addressed:

- Certain sessions, specifically those dealing with victim empathy, myths and gender stereotypes and the role of power and powerlessness in abuse would need to be extended and/or re-worked in order for young sexual offenders to internalise these themes and concepts;
- An assessment form should be developed and administered to young sexual offenders who had completed the programme. Such a form would indicate which participants had failed to internalise the significant themes and concepts that the programme wished to address and would also help to identify participants who were considered to be at risk for re-offending;
- A longer follow-up programme for this group of individuals would need to be developed;
- Separate sessions for parents, especially those who tended to dismiss, deny or ignore their child's sexually abusive behaviour should become part of the programme. Guidelines for such sessions would need to be developed.

In order to bring about the above additions to the programme, SAYSTOP should facilitate additional workshops. These should be attended by the probation officers who had gained experience in working with young sexual offenders, outside experts and members of the larger multi-disciplinary team.

As the programme expanded, the input from and involvement of the probation officers increased substantially. Considering the energy devoted to the programme

by these probation officers, their increased workload, and the fact that such involvement might deflect them from their other duties, it would be important to ensure ongoing commitment to the programme from the Department of Social Development. In this regard it would be important for SAYSTOP to actively lobby and motivate for additional resources to ensure that the additions proposed to the programme could indeed be implemented were they to be developed.

As a minimum, all young sexual offenders should receive a mandatory one-year follow-up after completion of the programme, with those offenders deemed to be at high risk of re-offending receiving more intensive follow-up. This would hopefully ensure that the longer-term impact that the programme had on young sexual offenders could be monitored more reliably and accurately.

Despite the tremendous hard work, effort and time devoted to both developing and implementing the young sexual offender programme, SAYSTOP would need to re-focus in order to refine the programme. A degree of anxiety existed amongst group members, especially concerning the need for ongoing funding to ensure the continuation and further development of the programme.

4.3.9 CYCLE 9 – CHANGES TO THE SAYSTOP PROGRAMME, INCREASING AWARENESS, AND THE EXPANSION OF THE PROGRAMME TO THE EASTERN CAPE

4.3.9.1 Plan

1. Subsequent to the follow-up workshop with probation officers and the follow-up studies conducted on Young Sexual Offenders (cycles 7 and 8), changes would need to be made to both the young sexual offender intervention manual and the facilitators' training manual. Similarly, certain areas would either need to be highlighted or added to the training workshops and follow up workshops.
2. Given the reasonable success of the SAYSTOP programme and its successful regional implementation, further awareness, both from the public and professional standpoint should be created.
3. Liaison with and training of probation officers should continue.
4. Expanding the diversion programme to other provinces should be considered.
5. Regular SAYSTOP steering committee meetings should continue in order to address problems and delineate future objectives. (One of these was to explore some means of ensuring adequate follow-up of young sexual offenders who had participated in the intervention programme).

4.3.9.2 Action

1. Meetings were held by SAYSTOP staff conversant with the literature concerning young sexual offenders and experienced in facilitating groups and with probation officers who had administered the group intervention programme in order to revise aspects of the current intervention manual, training workshops and follow up training workshops. Feedback obtained from previous data, from young sexual offenders, their parents/caregivers,

group facilitators (probation officers) and SAYSTOP members, would guide this process.

2. Awareness and promotion of the SAYSTOP programme was undertaken in the following manner:

- circulation of the SAYSTOP newsletter was increased to 350 copies;
- articles on SAYSTOP were submitted to journal publications;
- granting interviews to local media;
- giving presentations to various departments eg. Department of Education, Department of Justice etc;
- publication of an information booklet;
- closer liaison with Magistrates' Courts;
- presentation at the open hearing of parliament on the proposed CJB; and
- presentation at conferences/congresses.

3. The probation officers would continue to be trained and mentored, and the training workshops and follow-up workshops would continue to be held, revising aspects of these where necessary.

4. It was proposed that the diversion programme be expanded to the Eastern Cape, as this region was close to the Western Cape and also had an established NICRO branch in the area. Furthermore, the Department of Social Development in the Eastern Cape had made an earlier request asking for assistance with the implementation of a diversion programme for young sexual offenders. However, at the time this request was made, the regional implementation of the SAYSTOP programme had not yet been completed and evaluated, necessitating the delay of further expansion. Initially, the expansion venture would take the form of a reconnaissance mission by

SAYSTOP staff. This would be followed by a training workshop and follow-up workshop.

5. SAYSTOP meetings would continue on a regular basis. Issues would be addressed as they arose and strategies formulated for future objectives. The SAYSTOP research arm would continue to monitor aspects of the programme and co-ordinate efforts to further develop and expand the content of the programme, especially regarding guidelines around the follow-up of young sexual offenders.

4.3.9.3 Observations

1. SAYSTOP members and probation officers held several meetings to decide how best to incorporate the feedback received from the various sources and studies into the intervention manual.

The most important changes and additions made included:

- addition of process notes and comments to each of the exercises;
- revision of the assessment form to improve flow and make it more user friendly. These changes were predominantly structural;
- extension of the programme from 8 sessions to 10 sessions. This included a session on sex education entitled: 'Understanding my body'. Material for this session was adapted from the manual 'Lifestyle and HIV/AIDS education' published by the Planned Parenthood Association of South Africa;

- an additional session on victim empathy was included by developing further exercises and evocative techniques involving the subject;
- material from Rape Crisis, Cape Town was used to add material to the sessions on Sexuality, Socialisation and Myths, specifically a section dealing with rape trauma syndrome and myths surrounding rape; and
- the session on anger management was incorporated into the relapse prevention module which was extended to two sessions.

The final draft of the manual was compiled by two NICRO members, edited by a CLC member and printed in an official format. The director of Childline, herself strongly involved in the rehabilitation and treatment of young sexual offenders, endorsed the manual in a foreword.

Certain changes were made to the component dealing with the training of facilitators (predominantly probation officers) of the SAYSTOP programme:

- the order of the training components was reshuffled to allow for fruitful discussions and more in-depth presentations of case examples;
- the duration of the training workshop was extended from 3 days to 4 days; and
- 2 sessions were added to the training workshop with the intention of applying theoretical knowledge and information to practical case examples:
 - A 'case discussion' session where prospective facilitators were given various case examples. These were to be discussed in groups of 3 - 4 individuals before being presented and discussed amongst all participants; and

- A session on ‘general problem scenarios’. Here, in mock facilitation scenarios, some of the difficulties encountered when facilitating groups were role-played.
- The section termed ‘Family Group Conference’ was renamed as: ‘Repairing the harm caused to victims: How should this be facilitated?’
- To avoid the problem of questionnaires being filled out in a rush at the completion of the training workshop, they would instead be completed by trainee facilitators at the end of each day of the workshop.

Initial feedback by probation officers indicated that the changes both to the programme and to the training of facilitators were well received.

2. Promoting awareness about young sexual offenders and the SAYSTOP programme was also well received. 350 copies of the newsletter were distributed to various individuals and organisations who were either directly involved in the management of young sexual offenders or came into contact with such individuals. Furthermore, several articles were published in the Child Justice publication, *Article 40*, informing those working with youths in conflict with the law about the SAYSTOP programme. SAYSTOP staff made special appointments with prosecutors and magistrates to inform them about the SAYSTOP programme and to encourage them to recommend diversion.

An information booklet about SAYSTOP was printed and circulated. This outlined the central role played by probation officers in implementing the programme and explained the support offered by the SAYSTOP team.

SAYSTOP gave input at the Portfolio Committee on Justice and Constitutional Development’s public hearing at Parliament on the new CJB.

The CJB proposes to make diversion mandatory for child offenders. Certain categories of child sexual offenders above the age of 14 would, however, be excluded from such diversion processes. SAYSTOP's proposal, that this age limit be increased, was received with misconception, caution and concern about the rights and needs of victims of sexual offenders by certain advocacy groups.

In Vienna, at the 7th Conference of the International Association for Treatment of Sexual Offenders, one of the SAYSTOP members made a presentation about the programme content and process which was well received. Delegates were particularly complimentary about what could be achieved with limited resources, facilities and support - problems and obstacles that developed countries did not have to contend with.

A presentation at the 14th Biennial South African Association of Child and Adolescent & Allied Professions Conference was also well received. When delegates were canvassed about the fact that young sexual offenders above the age of 14 years might not be diverted, should the current draft CJB be adopted, all the delegates disagreed with such a decision. It was felt that only where perpetrators above the age of 14 had used physical violence and posed a risk to the community, should alternatives to diversion be considered.

In addition, presentations were made to the Department of Education and at a public prosecutors' training workshop, both of which were well received.

An article published in 'Law, Race and Gender', a monthly newsletter addressed to magistrates, made magistrates and other professionals in the legal field more aware of the SAYSTOP programme. Several articles were published in the Youth Justice publication, *Article 40*, highlighting the role of SAYSTOP in the field of diversions.

Apart from some controversy generated by SAYSTOP's presentation to Parliament, none of the other tools used to disseminate information about young sexual offenders (including newspaper articles) evoked any negative or hostile responses.

3. Continued support was given to probation officers administering the programme on the ground (i.e. mentoring, telephonic hot line service and on-site visits). Several SAYSTOP mentors had taken up new positions and needed to be replaced. Even though the new mentors acquainted themselves with the task at hand as well as they could, valuable expertise and experience was lost, especially as many of the previous mentors had gained hands-on facilitation experience with groups of young sexual offenders from the initial pilot studies.

In February 2003, a follow-up workshop was held for the probation officers who had received training in October 2001. Feedback indicated that the probation officers felt confident and positive about administering the programme, although they were still experiencing difficulties with court liaison. Once again, the issue of training more probation officers was raised for discussion. A future training workshop would be held in August 2003. Additional programme material was incorporated into the training manual covering aspects of working with parents as well as looking at the areas of concern related to HIV/AIDS.

4. The reconnaissance mission to the Eastern Cape by two senior SAYSTOP members was successful. The Eastern Cape was chosen as an area for the SAYSTOP programme to expand to due to its relative proximity to the Western Cape and because an active NICRO branch was operating in the area (NICRO being one of the stakeholders in SAYSTOP). In the Eastern Cape, a relationship was established between NICRO and:

- probation officers from the Department of Social Development;
- an organisation called Stepping Stones which included four magistrates in Port Elizabeth;
- Port Elizabeth Childline;
- Project Go;
- the University of Port Elizabeth;
- Vista University;
- SAPS; and
- the Department of Justice.

Three main organisations formed the Eastern Cape branch of SAYSTOP: NICRO, Stepping Stones and Childline, with multi-disciplinary input from other individuals and organisations who were involved in or concerned with the management of young sexual offenders. The initial groundwork enabled SAYSTOP to hold its first training workshop in Port Elizabeth in June 2001 using the same format as was being used in the Western Cape. 36 delegates, among them four magistrates, attended the workshop aimed at equipping participants with sufficient skills and knowledge to effectively establish and facilitate SAYSTOP intervention programmes. All participants gave positive feedback and were enthusiastic about implementing the SAYSTOP programme.

In July 2002, a follow-up workshop was held in the Eastern Cape. Feedback was encouraging, with facilitators feeling that they had been given an intervention tool that could make a difference. Three aspects, centred on language and cultural perceptions were noted as being important:

- The request was made to have the SAYSTOP manual translated into Xhosa. This would make administering the programme to the population group in the Eastern Cape easier;

- Cultural differences emerged during some of the sessions. E.g.: An exercise in session 4, giving baby Andrew a blue-coloured room because he was a boy, was not understood in its cultural context by participants; and
- Both facilitators and participants felt uncomfortable discussing certain topics such as masturbation.

A further four-day training workshop was held in June 2003. This was attended by 32 probation officers, many of whom worked in rural parts of the Eastern Cape.

5. The following aspects were noted during SAYSTOP Steering Committed meetings held in 2001 and 2002.

Staff changes: Significant staff turnover had occurred, necessitating new staff members to be trained as mentors. This required the various organisations compromising SAYSTOP to devote considerable time introducing new staff, whose duty it was to mentor probation officers, to the subject of young sexual offenders. Valuable experience was lost when an existing staff member left, with new staff members needing to acquaint themselves with the programme and their role as mentors. Although the mentors' supervisors (usually SAYSTOP Steering Committee members) had experience with administrative aspects of the programme, they lacked the 'grassroots' aspects of facilitating the programme. Similarly, newly appointed mentors did not have first hand experience of facilitating groups. At times this left probation officers frustrated when they required practical input about the programme. By the beginning of 2002 two key members had left: a founding member of SAYSTOP who played a vital co-ordinating role, and the principal researcher. By that stage, the author was the only SAYSTOP member who had been present since the initial inception of CAYSTOP in 1998.

High turnover of probation officers also posed a problem to the implementation process. A significant number of probation officers who had received training either resigned, were allocated to a different area or received promotion to other positions which prevented them from administering the programme. On the positive side, the number of probation officers requesting training remained high.

Common difficulties experienced by probation officers included the following:

- Pressure from referral agents to accommodate low functioning/ intellectually handicapped perpetrators. SAYSTOP felt that these candidates should be seen individually at this point and that consideration should be given to adapting the content of the programme to suit such candidates.
- Difficulties were still experienced with the liaison between probation officers and the courts. Probation officers frequently complained that the courts were reluctant to refer cases, that there existed uncertainty as to when, during the legal process, referral should take place and that particularly in rural areas, referrals were received in 'drips and drabs'. One child, who had been referred to the SAYSTOP programme, left after charges had been withdrawn. Investigating officers were often keen for young sexual offenders to join a group as soon as possible, but could not obtain the go ahead from the courts. On other occasions, young perpetrators who did not fulfil the criteria for the SAYSTOP programme (e.g. violent offenders, repeat offenders) were referred to the programme by the courts. Some court officials complained about the lack of feedback given by a probation officer. Although SAYSTOP had addressed numerous public prosecutors and magistrates as well as visited courts, it

was felt that it would be important for probation officers to establish a closer relationship with the relevant court officials.

- Contact between mentors and probation officers was at times also perceived to be problematic. Both experienced problems reaching each other by telephone to discuss aspects about the programme. It was suggested that specified and pre-arranged times be set aside in order to make telephonic contact. Should the problem of reaching a particular individual persist, the relevant head of that department within SAYSTOP (steering committee member) or the Department of Social Development (regional head) would be notified in order to facilitate contact. Probation officers were continuously encouraged to submit the relevant statistics in order for SAYSTOP to continue with its research work on young sexual offenders. It was once again stressed that probation officers experienced a considerable workload (besides the SAYSTOP programme) and had taken on the SAYSTOP diversion programme as additional workload. Mentors experienced problems with receiving data about the programmes from probation officers (e.g. number of offenders attending programme, dropouts, 'relapses', attendance registers, assessment data and post treatment assessment data). Probation officers were continuously reminded about this aspect and its importance in monitoring and evaluating the SAYSTOP programme.

On several occasions the longer term survival of the SAYSTOP programme had been raised as a result of uncertainties with regards to the future funding of the SAYSTOP consortium. The Department of Social Development in the Western Cape expressed a keen desire to take over/continue with training of facilitators and programme implementation.

4.3.9.4 Reflection

Changes made to the programme as a result of feedback were implemented and appeared to be well received on initial feedback. The long awaited publication of the intervention manual facilitated the application of the programme and enhanced its status.

SAYSTOP had put a lot of work and effort into promoting the programme both amongst professionals and the community as well as by liaising with the courts. It is difficult to accurately estimate the impact of this. Judging by the number of referrals, the promotion certainly appeared to have had a positive effect. Difficulties were still evident with court referrals/processes and probation officers were encouraged to forge closer links with the courts in promoting the SAYSTOP programme. Amongst professionals dealing with children in general, there was overwhelming support for the SAYSTOP diversion programme, although certain victims' advocacy groups voiced some objections. Closer links with these advocacy groups should be forged in order to ascertain their grievances, and possibly address these with them.

The SAYSTOP programme successfully managed to expand into the Eastern Cape. The efficacy of the programme in that region would however still need to be evaluated. The need to translate the manual into Xhosa and to be sensitive to certain cultural differences with regards to the programme content when working with different cultural groups was noted and would need to be addressed.

Staff changes within SAYSTOP had a disruptive effect on programme implementation and research. None of the staff resigned due to any dissatisfaction with their jobs, but rather because they had received offers of promotion from other organisations. Staff replacements were usually not found before the staff member left. This complicated the training of and hand-over to new staff.

Difficulties were still being experienced with liaison between the courts and probation officers as well as between SAYSTOP mentors and probation officers. There was a need to continue to address these difficulties as they had a direct effect on programme implementation, evaluation, follow-up and research. Steps implemented to address these difficulties would need to be monitored.

The above two factors had serious implications for further programme development and implementations. The two team members who resigned had integral knowledge and experience of issues that needed to be addressed, specifically:

- aspects concerning follow-up of young sexual offenders;
- development of a system that would offer ongoing/more intensive care of young sexual offenders; and
- the development of a post-intervention questionnaire that could assist in ascertaining the degree to which young sexual offenders incorporated core themes and values that the programme was meant to impart. (Such a questionnaire would also have served to assess both the risk the offender posed and the degree/intensity of further input/follow-up that was required.)

The departure of experienced personnel, coupled with the fact that training of probation officers and logistic support had to continue, resulted in very little time being given to the proposed development structures.

The fact that the Department of Justice did not have a specific section dealing with juvenile justice hampered liaison with this department and hampered official sanctioning of court mandated follow-up.

The resignation of key members of the SAYSTOP team who could not be replaced immediately prevented certain key findings of the previous cycles from being developed and incorporated into the programme (e.g. offering a continuum of care)

and resulted in loss of direction, areas of focus and confusion regarding the way forward.

The Department of Social Development expressed a keen interest and desire to take the SAYSTOP programme forward, should funding difficulties prevent SAYSTOP from playing its current role in the future. Negotiations about a possible future handover of the programme would need to occur if its funding could not be sustained.

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4.3.10 CYCLE 10 – INTERNAL REVIEW MECHANISM IN ORDER TO DELINEATE THE WAY FORWARD

4.3.10.1 Plan

Two key members of SAYSTOP, the programme co-ordinator and researcher, who had both played a vital role in development and implementation of the diversion programme on the ground, had resigned their positions. The process lost significant momentum and experience as a result. Furthermore, immediate replacements for these important positions were not found. Following the appointment of a new researcher and co-ordinator at the beginning of 2003, both had to acquaint themselves with the task ahead, formulate goals and objectives and forge relationships with internal and external role-players. In order to clarify SAYSTOP's goals for the future and gauge the feelings of current and past SAYSTOP members regarding the workings, functions and directions of SAYSTOP an internal review needed to be conducted.

4.3.10.2 Action

The newly appointed researcher would formulate and forward a questionnaire to 16 past and current SAYSTOP members in both the Western and Eastern Cape. Anonymity would be guaranteed, allowing the respondents to express their feelings as openly and honestly as possible. The questionnaire would:

- gauge how respondents felt about the SAYSTOP project;
- identify strengths and weaknesses;
- gauge how SAYSTOP had been received in the criminal justice field;
- identify perspectives on programme impact and rates of recidivism;
- and
- gather recommendations concerning the improvement of SAYSTOP and its future sustainability.

The results would be presented at a SAYSTOP meeting for discussion and exploration of future goals.

4.3.10.3 Observations

The internal review assessment was conducted by Ms Ninette Eliasov, a psychologist from the Institute of Criminology (University of Cape Town). As a member of the research arm of SAYSTOP, she developed a questionnaire and collated the feedback received, sharing her findings with the other members of the team.

Eliasov (2003) reported that most respondents to the questionnaire said they felt positive about the project because it was an exciting initiative and much needed in the criminal justice field.

With regards to the strengths and weaknesses of the SAYSTOP project, mixed views were expressed. Strategically, the key issue appeared to be ambiguity surrounding the original version and mandate of the project. On the one hand, pioneers conceptualised the project as a management system for young sexual offenders (which would produce a continuum of services over time), while in practice SAYSTOP had become a 10-week intervention captured in a manual. Most people seemed to agree that the existing programme was a useful (though limited) intervention in light of the lack of alternatives. However, there was a sense that its potential had not yet been realised. The need to establish a common vision and address recurring issues (e.g. short duration, inappropriate referrals, lack of data flow from probation officers to SAYSTOP research arm etc.) were raised as critical issues.

In general, respondents felt that the manual was well designed and easy to apply.

The training appeared to be comprehensive and well received.

Some concern was expressed about accessibility of mentors and their capacity to offer meaningful support on an ongoing basis. Facilitators also appeared to have difficulty giving feedback to their mentors, hence blocking communication flow and hampering the research/monitoring system that was in place. This was likely to be linked to work overload, insufficient follow-up and high staff turnover. In particular, funding constraints and the loss of key people in the latter phase of the pilot project appeared to have dramatically affected the smooth running of the project - hampering continuity in terms of its skill base and impeding the transition of SAYSTOP from an intervention programme to a management system.

In spite of these challenges, most respondents felt that SAYSTOP had been well received by role-players in the criminal justice system who appreciated the importance of the project as a specialised diversion option.

One third of the respondents were unable to comment on the impact of the programme to date, stating that this would be revealed by outcome of future research. The remaining respondents felt that the programme had impacted positively on the target group.

All respondents felt that the programme had value and should be sustained in some form. Generally, people felt that in its current form, the programme should remain focused on young, first time offenders and be combined with other interventions/sentencing options for serious offenders. In summary, the sustainability options, mentioned, included:

- SAYSTOP to be reconceptualised as a management system for young sexual offenders which initiates and monitors a continuum of services;
- 10-week programme to be applied to young, first time offenders; and included as part of a sentencing package for serious offenders;

- 10-week programme to become an assessment period as well as being reworked to serve as a primary prevention strategy; and
- 10-week programme to be extended and become an in-depth therapeutic intervention.

Structurally, most people felt that ownership of SAYSTOP should be taken over by the Department of Social Development who should be responsible for training, mentoring and supporting probation officers.

Following Ms Eliasov's presentation of the above results, several meetings were held to discuss the way forward.

It was acknowledged that resignation of key SAYSTOP members had resulted in the group becoming somewhat unfocused and that valuable momentum had been lost.

Closer ties should be forged with the Department of Social Development as it was envisaged that the SAYSTOP diversion programme would possibly be handed over to this department.

Liaison with other organisations that administered intervention programmes to young sexual offenders (e.g. Childline in Durban and the Teddy Bear Clinic in Johannesburg) should occur. Organising a National Consultative Conference on young sexual offenders where all major role-players and stakeholders would be invited to was proposed.

Training and mentoring services should continue. It was felt that flexibility in administering the diversion programme should be promoted and that it should not be intended as a 'ten-week cure for all programme'. The importance of follow-up, extending the programme for more serious offenders, completing and submitting of assessment forms and liaison with SAYSTOP mentors should be strongly encouraged.

It was suggested that SAYSTOP, in addition to the above, should consider exploring ways in which to prevent youth at risk from becoming sexual abusers i.e. exploring ways in which sexual abuse could be prevented.

Research, in the form of follow-up studies, would continue in order to ascertain the efficacy and longer term impact of the diversion programme. The study would focus on participants who had attended SAYSTOP diversion programmes in 2002, including participants from the Eastern Cape.

4.3.10.4 Reflection

Significant disruptions had occurred within SAYSTOP following the loss of two important members. Replacements, once they were appointed, could not be expected to start where their predecessors had left off and needed to familiarise themselves with the workings of SAYSTOP and their tasks. Momentum and direction had been lost during this process.

Holding meetings or running a workshop about the above difficulties could have resulted in splits within the organisation or in individual SAYSTOP members aggressively pursuing their own agendas. Conducting an internal evaluation in the form of canvassing all SAYSTOP members (both past and present) resulted in garnering diverse and balanced opinions. The fact that anonymity was ensured furthermore resulted in members not being afraid to be critical of certain aspects of the programme.

The internal review and subsequent meeting allowed SAYSTOP to redefine its focus, aims and objectives. It also proved a valuable experience for the newly appointed researcher and co-ordinator as it highlighted the workings and issues SAYSTOP was concerned with, and helped them to redefine their own roles in the organisation.

4.3.11 CYCLE 11 – EVALUATION OF THE SAYSTOP PROGRAMME ADMINISTERED TO YOUNG SEXUAL OFFENDERS IN 2002

4.3.11.1 Plan

A study would be conducted on participants who had attended the SAYSTOP programme in 2002, approximately one year after completing the programme. The impact of the programme on youths, its effectiveness, and the profile of young sexual offenders would be studied. The research would be conducted by the newly appointed researcher, Ms Eliasov, who had familiarised herself with the literature on young sexual offenders and become an active member of the SAYSTOP team.

4.3.11.1 Action

The methodology of the study would be qualitative, drawing on interviews and secondary data as information sources. Focus would be directed to the following:

- a. The profile of young sexual offenders - this would be developed through analyses of assessment forms submitted to the SAYSTOP data bank by probation officers between 1999 and 2002. A research assistant, was contracted to code 100 assessments of youths referred to SAYSTOP.
- b. The evaluation conducted on the SAYSTOP programme would focus on the youths and caregivers who participated in 2002 (i.e. involving both the Western Cape and Eastern Cape). To facilitate data collection, a questionnaire based on former impact studies was designed by the principal researcher for both youth and caregivers. It was initially administered in the Eastern Cape and then again improved for the Western Cape sample.

The youth questionnaire was divided into two sections: Section A asked for general information concerning the young person (gender, age, schooling etc.) and his offence history. Section B was specific to the SAYSTOP programme, assessing learning outcomes for each module.

The questionnaire for caregivers was shorter and aimed at assessing their understanding of the offence, current relationships with their child and experience of SAYSTOP. Both questionnaires also attempted to investigate whether there had been any re-offending.

Three local research assistants (two female and one male), recruited because of their familiarity with the target areas, experience in youth work and language proficiency, assisted with data collections.

4.3.11.3 Observations

As a member of the research arm of SAYSTOP Ms Eliasov co-ordinated and collated the feedback from the questionnaires. She shared her findings with the SAYSTOP team.

The research process was hampered by a number of difficulties, particularly a breakdown in communication with probation officers. The departure of both the SAYSTOP researcher as well as the co-ordinator during the first quarter of 2002 dramatically disrupted the process and created a gap. Staff members were only re-appointed the following year and much momentum and important information was lost. Resistance was thus experienced when attempts were made to access retrospective information from probation officers in 2003.

a. Profiles of young sexual offenders

When drawing up the profiles of young sexual offenders as ascertained from 100 questionnaires that were studied and coded for, Eliasov (2004) found that:

- 76% were Afrikaans speaking, 22% Xhosa speaking and 2% English speaking. 97% were male and 3% were female.
- 46% of youths lived with both parents, whilst 34% were raised by a single parent - mostly the mother. 21% of youths indicated that they had been removed from care, whilst 15% were in foster care at the time of the assessment.
- 43% of youths experienced substance abuse in the home with most stating that their parents consumed alcohol and some abused other drugs. 41% of youths stated that they had family members who had been in conflict with the law.
- 15% of youths reported some medical problems and 11% stated that they had received some professional counselling, in the past.
- 31% of youths indicated that they had experienced major stress in the home, including most commonly death of a relative, rejection and parental conflict or separation. 17% stated during the initial interview that they had been victims of either physical or sexual abuse.
- 72% of the sample were attending school with the majority in grades 6 - 8. 3% attended special class. Two thirds of youth not attending school were unemployed.
- 74% stated that they had good peer relationships. 19% stated their peer relationships were fair to average. 7% appeared to be socially isolated and 7% admitted that they belonged to a gang.
- 42% of the youths admitted they consumed alcohol, particularly socially or over weekends. 17% stated they used other drugs,

with cannabis specifically mentioned.

- 53% of youths were referred to SAYSTOP on charges of indecent assault and 47% for rape. 89% appeared to be first time offenders. Most youths (57%) had committed the offence in a group of on average 2 - 4 peers. Within these groups there appeared to be followers (72%) and leaders (28%).
- Of the victims, 74% were known to the offenders. Most youths (71%) acted immediately once they had intention to commit a sexually abusive act, whereas others had taken a longer time to act (hours to days).
- Most youths felt ashamed, scared or remorseful after the sexually abusive incident and it appeared that many only realised the severity of their actions during the course of the assessment itself.
- Probation officers indicated that most offenders (75%) had been co-operative and admitted responsibility. 77% of youths were recommended to attend the SAYSTOP diversion programme.

b. *The impact study*

33 youths participated in this study, conducted by Eliasov (2004), which found that:

- With the exception of one youth, all had known their victim, with two thirds still having regular contact with their victim.
- Almost all respondents were extremely positive about SAYSTOP, with most commenting that it had been educational and enjoyable. All youths responded favourably when asked about the probation officers who facilitated the groups and most found the group format an appropriate setting for programme administration.

- Most of the content of the programme was remembered and internalised, although problems around aspects of victim empathy, views on gender stereotypes, notions of power, relapse prevention, anger management and socialisation were identified.
- None of the youths had committed a sexual offence since completing the programme and only one youth admitted to committing a non-sexual offence (theft). 2 youths did not respond to the specific question. A total of 34 caregivers participated in the study with 20 having attended both parent sessions of the programme and 3 attending one of the two sessions. Just under a third of caregivers did not attend the programme.
- Most caregivers felt that their relationships with their children had improved since attending the SAYSTOP programme, with only three caregivers stating that their relationships with their children had since deteriorated.
- Most caregivers expressed uncertainty regarding their understanding of the offence or why their child had committed a sexual offence. Peer pressure, silliness, curiosity and that it had been part of a game where the most common responses cited by parents, other than being unsure. None of the caregivers apportioned blame to the offender and only one implicated the family. A third of caregivers stated that their children had not shared any aspect of the programme with them.
- All caregivers commented positively when asked about their impressions of the programme and most felt it had impacted positively on their children stating that their children had become more responsive, trustworthy, reliable and co-operative. In four instances, caregivers stated that their children had been unaffected in the long term and that their behaviour had become worse over time.

- None of the caregivers reported that their children had sexually re-offended, although two caregivers confirmed that their children had been involved in theft and one had allegedly abused substances and was involved in a gang.

4.3.11.4 Reflection

The demographic detail obtained from the assessment form yielded useful information that could be used in the South African context. Of note was the fact that over half of youths had committed sexual offences as part of a group. The role of peer pressure in such situations would need to be addressed. The home environment (including parental separation, abuse, substance abuse and family history of criminal behaviour) appeared as significant stressors in the perpetrators' backgrounds.

As with previous follow-up studies, it was extremely disappointing that only a small number of participants who had attended the SAYSTOP programme could be contacted to participate in the study. Lack of longer-term follow up guidelines and failure to submit data following assessment and on completion of the programme appeared again to be the main reasons for this. This despite several measures having been implemented to address this problem following the previous follow-up study. All role-players would need to give serious attention to this problem.

The relatively low number of respondents in the above studies has potential implications and consequences on the validity of the results obtained as they only deal with a subsection of perpetrators. Results should thus be interpreted with caution. What was encouraging however, was the absence of any sexual re-offence and a relatively low rate of other criminal recidivism (9%). Similarly, most offenders and their caregivers were positive about the programme. They had benefited from it significantly and found it very useful.

Young sexual offenders still experienced difficulties with understanding and internalising concepts such as victim empathy, views on gender stereotypes, notions of power, relapse prevention, anger management and socialisation. Sessions dealing with these themes would either need to be expanded or additional sessions should be added to a longer-term follow-up programme.

Of concern was the fact that two thirds of offenders still maintained contact with the victim. It appears that no attempt at victim offender mediation or family group conferencing had been undertaken. In situations where the victim is still in contact with the perpetrator, this type of intervention should be mandatory.

Of similar concern is the fact that one third of caregivers did not attend any of the sessions intended for parents. Coupled with this is the fact that none of the caregivers apportioned any blame for the sexual offence to their child and generally had a poor understanding of the nature of sexual offending in children. Serious attention would need to be given to aspects such as mandating caregivers to attend sessions as well as extending and expanding the sessions for parents in order to address the above shortcomings. As identified in the analysis of the initial assessment forms, many of the families experience psychosocial stressors which possibly could also be addressed in sessions with parents.

In summary, it was felt that the 10-session SAYSTOP diversion programme could be an effective and viable treatment option, particularly for children who are young, first-time offenders and sexually naïve. The programme should, however, be lengthened and enhanced with additional content either as a follow-up component or as a direct extension of the programme. The programme is not recommended as a sole intervention for perpetrators who commit serious offences, for cases of incest or for offenders who are involved in aggravating circumstances. In such cases, an extended SAYSTOP programme could be a beneficial adjunct to other court orders, especially family group conferencing, individual therapy, family therapy and community service.

On a different note, it was felt that the possibility of adapting the existing SAYSTOP programme separately, to serve purely as a primary prevention programme should also be considered.

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4.3.12 CYCLE 12 – CONTINUED IMPLEMENTATION, NATIONAL CONSULTATION AND THE WAY FORWARD

4.3.12.1 Plan

SAYSTOP would continue its current role of training probation officers to facilitate the diversion programme. Requests for assistance in setting up a diversion programme had been received from several provinces. Forums would need to be established to explore the prevention of sexual abuse perpetrated by young sexual offenders and to look at adapting the SAYSTOP programme for more serious or at risk offenders. Furthermore, funding for future projects would need to be sought, especially as it was envisaged that the Department of Social Development in the Western Cape would be taking over the management of the SAYSTOP diversion programme.

4.3.12.2 Action

1. Training workshops for probation officers from both the Eastern Cape and Western Cape were earmarked for June and August 2003 respectively. The training workshop in the Western Cape would also impart training skills for 5 probation offices to administer training workshops in the future.
2. A request by delegates from the Department of Social Development, Gauteng, asking for assistance with the implementation of a diversion programme for young sexual offenders in that province was accepted. A workshop would be held at the University of the Western Cape in December 2003.
3. SAYSTOP would be attending and presenting at a National Consultative Conference, organised by the Open Society Foundation (OSF) to be held in Cape Town in November 2003 on 'Managing and treating young sexual

offenders: What action for government and civil society?’

4. SAYSTOP would host a National Consultative Workshop on ‘Youth at Risk - How do we intervene to prevent sexual offences?’
5. Negotiations would be held with the Department of Social Development - Western Cape on how best the handing over process of the SAYSTOP diversion programme could occur and which areas required specific attention (e.g. follow-up protocols, parent programmes, VOM, etc.).
6. The above tasks/processes would help guide SAYSTOP’s future role, which would be discussed at steering committee meetings.
7. Funding proposals for future projects, especially in the area of prevention of sexual offences by young perpetrators and future (long-term) programme development for more serious or repeat sexual offenders would be submitted to prospective sponsors.

4.3.12.3 Observations

1. Training workshops were held for probation officers in the Eastern Cape (n=32) and in the Western Cape (n=32). Issues connected to adapting the SAYSTOP programme within different cultural settings were discussed with team members from the Eastern Cape. In addition, part of the workshop in the Western Cape focused on training experienced probation officers to administer the training module, so beginning the process of handing over part of the SAYSTOP programme to the Department of Social Development. Additional material on HIV/AIDS and input for parents was presented for incorporation in the 10-session programme. The importance of follow-up, especially of high-risk offenders was highlighted. Although feedback data has not been analysed to date, feedback from both workshops appeared to be positive.
2. A similar workshop for delegates from the Department of Social

Development, Gauteng was held in December 2003, focusing on establishing a diversion programme for young sexual offenders. Strengths and weaknesses of the SAYSTOP diversion programme were presented. Caution was advised in that the programme should not be seen necessarily as an isolated intervention tool, and that the follow-up constituted an important part of ongoing management. Importance of having policy and management structures in place as well as a team approach were emphasised. The Gauteng Department would remain in contact and give feedback in due course.

3. SAYSTOP gave several presentations at the National Consultative Conference on 'Managing and treating young sexual offenders: What action for government and civil society?', which were all well received. Both the strengths and weaknesses of the SAYSTOP diversion programme were presented. The forum provided by the National Consultative Conference allowed for the establishment of networks with other national agencies such as the Teddy Bear Clinic in Johannesburg and Childline in Durban who were also actively involved in diversion programmes for young sexual offenders in their respective areas. These two organisations used somewhat different approaches in their management of young sexual offenders. Valuable information was shared amongst all delegates at the conference. The latter part of the conference addressed the minimum acceptable standard for diversion programmes targeting young sexual offenders, looking at assessment strategies, organisational management systems, training and ongoing therapeutic support. Because of past experience, and the vast amount learned through the SAYSTOP programme, SAYSTOP was able to make many meaningful suggestions on this topic and these were incorporated into the Human Sciences Research Council's (IISRC) current work in formulating minimum standards to be used in diversion programmes.
4. Several national representatives and organisations gave presentations at the prevention of sexual abuse workshop and a wide range of topics was covered.

It was decided that a summary of the workshop would be printed which would give the SAYSTOP team important cues as where and how best to tackle the field of sexual abuse prevention, specifically as pertaining to young sexual offenders.

5. At this point, a clear plan regarding the hand-over of the SAYSTOP programme to the Department of Social Development had not yet been finalised. SAYSTOP felt that it was important for the department to first set up internal structures to address aspects concerning supervision, training and diversion protocol in order for the diversion programme to operate on a solid foundation. SAYSTOP would assist in such endeavours, but felt that it was the task of the department to suggest proposals. Further meetings in this regard were scheduled.
6. SAYSTOP's future function was discussed in several steering committee meetings. Themes that emerged most strongly included involvement in projects targeting the prevention of sexual abuse by children, reworking the current SAYSTOP programme for serious and high risk young sexual offenders and facilitating the hand-over of the current SAYSTOP programme to the Department of Social Development.
7. The funding proposal submitted by SAYSTOP was successful, ensuring that SAYSTOP would continue its work in the future. On a sadder note, both the SAYSTOP researcher and co-ordinator left their posts at the end of the year (2003). Through their exceptional hard work and enthusiasm both of these team members had brought renewed momentum to the project and this would be sorely missed.

4.3.12.4 **Reflection**

1. 61 probation officers were trained by SAYSTOP in 2003. Mechanisms of handing over the training component to the Department of Social Development would need to be explored. This process had partly been initiated already by training experienced probation officers in workshop management and training skills. The fact that most of the content of the training workshop was contained in an unofficial training manual would facilitate this process.
2. New links forged with the Gauteng Department of Social Development should be strengthened, both to monitor the SAYSTOP diversion programme development there and to exchange ideas, information and experiences. Support would be offered to the department during the initial building and implementing phase.
3. Ties forged with other organisations at the National Consultative Conference on treating young sexual offenders should be strengthened both for exchange and cross pollination of information/services and in order to jointly lobby for the support of diversion measures for young sexual offenders on a national level. For example, the approach used by organisations such as Childline (Durban) and the Teddy Bear Clinic (Johannesburg) should be looked at with a view to exploring how methods and strategies employed by these bodies could be used in the SAYSTOP intervention programme. Liaison between such groups could lead to the formulation of a broader intervention programme, one which could be implemented on a national basis, targeting the different categories of young sexual offenders. Furthermore, SAYSTOP should remain in close contact with the HSRC during its development phase of minimum standards for the diversion of youths.

4. Following the vast input and suggestions made at the national workshop of sexual abuse prevention amongst young sexual offenders, SAYSTOP would need to carefully delineate future aims and objectives. The workshop was a success in that it opened many possible avenues that could be tackled in the future.
5. A smooth hand-over of the SAYSTOP diversion programme and its training module to the Department of Social Development was seen as being vital to the programme's sustainability and expansion. Negotiations with the department, including continuing liaison and support would thus have to become one of the focal points of SAYSTOP in this new phase. 'Dumping' the programme onto the department without sufficient guidance and support would risk its potential misuse in the future. Focus should also be placed on creating a management system and model of continuum of care as proposed in earlier cycles ensuring that the SAYSTOP diversion programme is not merely applied as a finite 10-week intervention option.
- 6&7 Acceptance of the funding proposal now meant that SAYSTOP could venture into new projects and studies. Careful planning of these, including lessons learnt in the past, would need to occur. Vacancies left by the SAYSTOP co-ordinator and researcher would need to be filled as soon as possible. Past experience had shown that these two portfolios were essential for the smooth running of the organisation. Resignation of these members in the past had resulted in stagnation of the work done on the ground.

Finally, with the envisaged hand-over of the SAYSTOP diversion programme to the Department of Social Development, it is important to reflect on the number of young sexual offenders who have received intervention and the number of probation officers trained since the initial pilot project held at Wynberg during 1999. In total 157 probation officers have been trained since 2000. At least 80 diversion programmes have been conducted with a total of 512 young sexual offenders (and their families) receiving intervention.

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CHAPTER 5 - DISCUSSION OF RESULTS

5.1 Introduction

Action research consists of approaching a problem(s) in a step-wise fashion, by implementing action, observing its effects and reflecting on these. In this sense the results of each cycle are 'analysed' and discussed under the 'observations' and 'reflection' sections of each of the 12 cycles.

Interdisciplinary co-operation and liaison were the key elements in both the development and implementation of the diversion programme. These are discussed in more detail below.

Aspects of the diversion programme are also compared to those in the literature overview contained in Chapter 2 in order to ascertain the strengths and weaknesses of the programme. This allows for subsequent recommendations to be made regarding areas for improvement of service and future programme implementations.

Finally, due to the length of this dissertation, a section tabulating and discussing important aspects involving the process of each of the cycles is included in the appendix (Appendix A).

5.2 Multidisciplinary aspect of the study with specific reference to the SAYSTOP intervention programme for young sexual offenders

Multidisciplinary collaboration occurs when several disciplines are required to collaborate in reaching a goal, and in approaching a subject where each one's input is vital in ensuring a desired end product. The functions and roles of individuals may overlap in certain instances or be quite divergent. The goal of such collaboration is to bring about a mutual understanding of roles and a desired balance of expertise and expectations in order to facilitate an end product involving the optimum input of each member or discipline. The amount/degree/intensity of input required by each discipline may vary, but in order for the complete service to be offered/provided individuals need to recognise their own contribution and that of others in the delivery of the service. It is important to balance individual input with collective input in reaching desired goals.

The management of young sexual offenders involves several disciplines and services. Firstly there is the police service (in this case the CPU of the SAPS), whose task it is to investigate the alleged offence and apprehend the perpetrator. Charges are laid with the public prosecutor, who given the evidence at his/her disposal, decides whether to proceed with prosecution or not. Given the current legal process in South Africa, an offender enters or does not enter a diversion programme at the discretion of the public prosecutor or magistrate. Once the proposed CJB becomes legislated, a far greater emphasis is envisaged for the diversion of young offenders in general. Once diversion occurs, it is the duty of the professional(s) administering the intervention to ascertain to what extent the offender has participated and benefited from a programme, and to establish the risk the offender poses to the community. Sexual offences are particularly serious, as they cause the victim severe harm and there exists the risk that the offence may be repeated. A comprehensive programme, including a follow-up period which should

include some tool to assess the degree of change brought about by the diversion programme, should form part of the diversion process for young sexual offenders. This in turn should inform the Courts as to the degree of ongoing intervention/follow-up that should occur. Thus, even though the role of the professionals administering the diversion programme is pivotal, it is dependent on the support of the other role players.

Prior to the initiation of the SAYSTOP project, all role-players involved in any aspect of the management of young sexual offenders, including those treating their victims were invited in order to plan future intervention strategies. In this fashion an effective mandate was unanimously obtained to develop an intervention programme for young sexual offenders by all role players. Furthermore official sanctioning for such a project was obtained from the Department of Justice.

The design and content of the diversion programme was undertaken by therapists with different qualifications (e.g. social work, psychology, psychiatry) all of whom had some experience in working with young (sexual) offenders. Advice from other disciplines was sought where this was necessary (e.g. legal input). Similarly, the initial administering and evaluation of the programme in the form of pilot projects (Wynberg) was performed by the “therapy” team in order to gauge how well the young sexual offenders understood the content of the programme as well as gauging ‘the ease of administering’ of the programme.

On completion of the above, the developed intervention programme and results were once again presented to role-players of all the disciplines involved with young sexual offenders for their opinion and critical input. Support for the expansion of the project was unanimous amongst all the role-players.

In order to take the programme forward and implement it on a wider scale, SAYSTOP, a multidisciplinary organisation was formed, with the function of taking on both specific/specialised tasks and collective tasks. The non-

governmental organisations RAPCAN and NICRO, together with a psychologist employed by the Institute of Criminology, University of Cape Town, were involved with programme implementation, training of facilitators and programme evaluation/research. The CLC of the University of the Western Cape promoted the programme as a diversion programme encouraging the Courts to make use of it, and disseminated information about SAYSTOP in both the professional and public domains. The above tasks, however, were not exclusively undertaken by one or the other organisation(s), but also assigned collectively, according to the resources offered by different members, with organisations contributing to each others' tasks.

Close links were formed with the Department of Social Development under whose jurisdiction probation officers fell. Despite a considerable workload and shortage of staff, the probation officers from this department accepted the challenge of being trained in facilitating and thereafter implementing the SAYSTOP diversion programme. The author on his part, assisted with most of the above tasks, assessing the more difficult young sexual offenders and advising on their management. All of the above members/organisations were present at SAYSTOP steering committee meetings where policy and other decisions were made.

Several stumbling blocks were encountered from a multidisciplinary perspective during the SAYSTOP implementation period i.e. from Cycle 7 onwards. Despite being widely practised, diversion is not as yet an officially sanctioned legal process, and many public prosecutors and magistrates tended to be either sceptical or hesitant to use it as a sentencing option whilst others were unaware of the concept altogether. Even though SAYSTOP used various media to inform Courts about diversion and the SAYSTOP programme in particular, response to this was often only lukewarm. Probation officers in the respective districts found the police to be very helpful. They transported offenders to and from venues and referred offenders to the programme. However, they frequently found communications and liaison with the courts difficult, often feeling that they and the work they were doing wasn't being fully appreciated. If such diversion programmes are to become

successful and effective, this is a facet that will require serious attention, especially as probation officers form the backbone of the services encompassed in the proposed CJB. Liaison with the courts was further hampered by the distances that have to be covered between the magisterial districts in rural areas and by staff changes within the courts and by probation officers in the Department of Social Development.

Resignation of staff and staff changes were an important factor that hampered the multidisciplinary process. An important component of liaison within a multidisciplinary setting is that of building some form of relationship with or between organisations. Such a relationship has, to varying degrees, some personal aspect to it involving a degree of trust built up over time. During Cycle 9, two key role-players resigned in short succession. These team members had been part of developing the programme and played a central role in co-ordinating the implementation of the programme, the training of probation officers and research functions. New appointments had to gain both experience and build up relationships both within and outside of SAYSTOP, a process which no doubt left a temporary yet significant gap in the multidisciplinary and implementation process, slowing down the momentum that had been built up. Key recommendations regarding offender follow-up and introducing a continuum of care model were thus not addressed or developed at that time.

It is far easier to bring about change from within an organisation or department than from outside it. One of the driving forces behind the initial development of the SAYSTOP programme had been a member from the Attorney General's office. Shortly after Cycle 7, this member retired and was not to be replaced by another member of the Attorney General's Office. Had this member been replaced, his/her continuing function would have been to issue internal directives to prosecutors and magistrates, thus delivering a far stronger message from SAYSTOP. Subsequent to this member's retirement, even though SAYSTOP, and particularly the Community Law Centre with both their experience and expertise in child justice, continued to

make suggestions re diversion, any recommendations were seen as coming from an external organisation(s).

Although subsequent appointments were enthusiastic and committed and brought with them a renewed spirit of energy and optimism, losing the above members meant that SAYSTOP suffered the loss of a *depth* of expertise that was not easily replaceable.

SAYSTOP was a multidisciplinary organisation that had used its collective knowledge and experience in developing and implementing the SAYSTOP diversion programme. It had promoted the programme in various forms and had built up a strong liaison with the Department of Social Development and to a lesser extent with the Department of Justice. However, no degree of lobbying, promoting or liaison can necessarily promote a good relationship between the members of an organisation on the ground - in this case prosecutors, magistrates and probation officers. Although representatives of these two organisations did sincerely express their need to co-operate in matters such as a diversion programme, establishing mechanisms on the ground to facilitate a positive working relationship is essential for the implementation of the proposed CJB and the concept of diversion. At present, the justice system does not have a specific juvenile criminal justice court, and nor is there a system in place for officially sanctioned court mandated follow-up. This, in conjunction with the loss of a key member who was able to work from within the justice system, was a factor hampering the optimum desired results of the SAYSTOP programme.

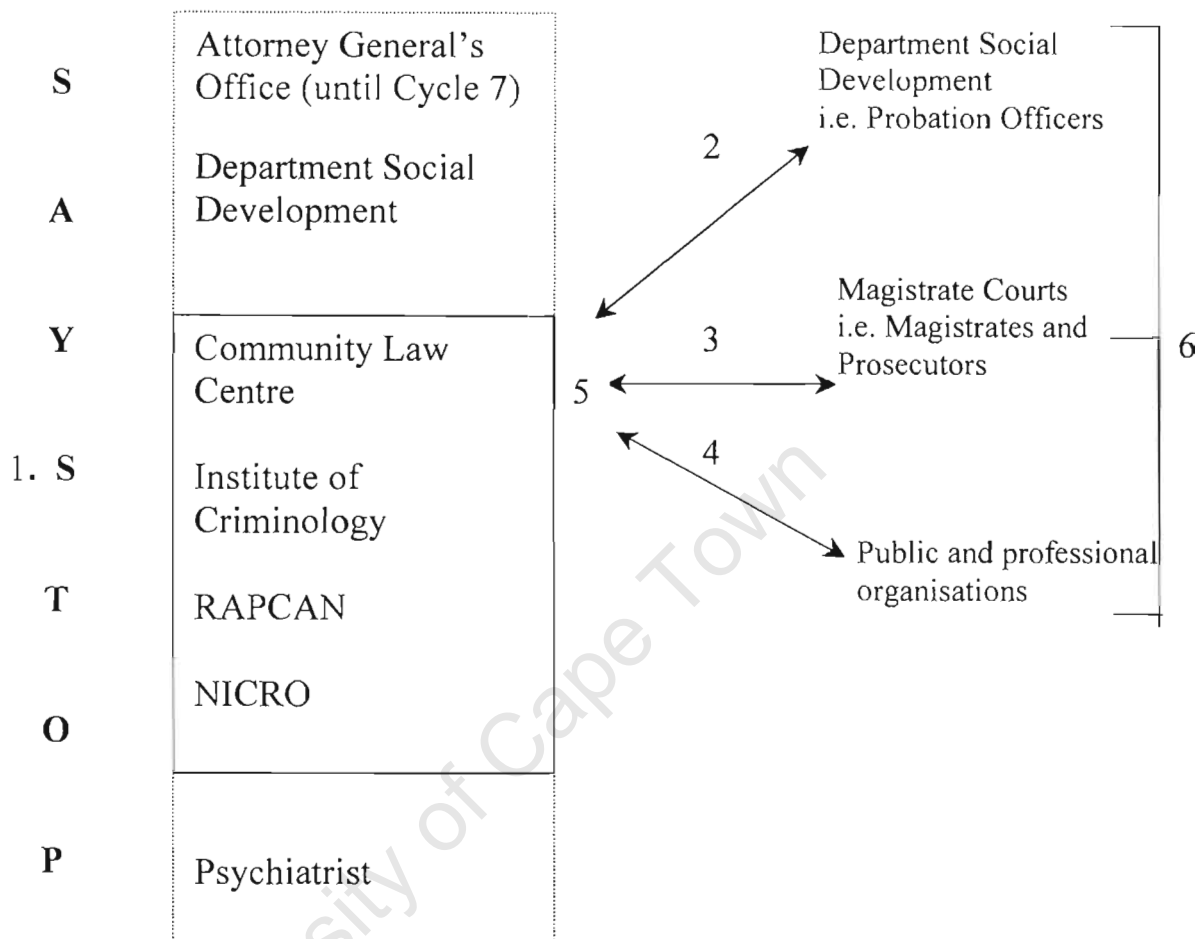
High staff turnover, both within SAYSTOP and amongst other organisations, especially amongst probation officers, hampered relationships that were built up between organisations. Furthermore, the fact that young sexual offenders were not prosecuted within a dedicated Child Justice Department made building a relationship with the Department of Justice difficult. Establishing good working relationships depends to a large degree on stability and continuity of personnel,

especially when exploring a new field, such as the diversion of young sexual offenders.

Figure 3 (see over) represents in diagrammatic form the interdisciplinary liaison processes that occurred during the development and implementation of the SAYSTOP diversion programme. The diagram is elaborated upon below.

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FIGURE 3 INTERDISCIPLINARY LIAISON PROCESSES



1. SAYSTOP as a multidisciplinary team having developed a diversion programme for young sexual offenders, implemented initial pilot studies and subsequently facilitating the implementation of the programme on a wider level and conducting outcomes research.
2. Training, monitoring and supportive role in implementing and administering the intervention programme.
3. Creating awareness and promotion of the SAYSTOP programme (meetings, newsletters, journal publication etc.).
4. Creating awareness and promoting of the SAYSTOP programme (meetings, newsletters, journal publications, press releases, congresses and conferences etc).
5. Feedback information for research purposes and refinement of programme.
6. Inter-organisation/group liaison - important to facilitate close liaison and relationships between these organisations on the ground.

5.3 Comparison of the content of the SAYSTOP programme and management structure to the literature

Before embarking on comparing the important elements of the SAYSTOP programme to guidelines and recommendations given in the international literature, it is important to highlight certain aspects about young sexual offenders and programmes aimed at intervention. It should be noted that empirical evidence on successful intervention methods is lacking in the literature and very few studies compare cohorts of young sexual offenders receiving intervention with a similar group not receiving intervention. The literature thus can be used to give guidelines on intervention strategies for young sexual offenders, although of the many different programmes available (over 800 different programmes in the United States of America alone in the late 1990's) there is no endorsement of any specific programme, strategy or intervention.

During the inception of SAYSTOP in late 1997 and during the subsequent development of the intervention programme, literature on young sexual offenders was limited compared to the large resource base currently available. It is for this reason that one of the most important concepts, namely a continuum of care approach and the concept of risk assessment were not incorporated during the original development of the programme.

The SAYSTOP programme was developed as an intervention for young first time offenders, where no history of physical violence occurred during the act of sexual abuse. This assumes that the offender does not have a history of having committed sexual offences in the past. However, this history is often only obtained during intervention when the offender starts trusting the process and the facilitators involved in the programme. Should it be discovered, during this part of the process, that the offender does have a history, either of physical violence during the act of sexual abuse or of having committed sexual offences in the past, such offenders are not asked to leave the programme, but continue. The difficulty here is not that he is

allowed to continue, but that the fact of a previous offence having been committed increases the perpetrator's risk of re-offending, and thus necessitates more input and follow-up. By not incorporating a continuum of care model, no facility is created where the individual can either receive more intensive or ongoing intervention or where more intense follow-up sessions can be implemented.

Finally, the availability of resources plays an important role in the quality of the service delivered. A so-called 'ideal' programme's implementability is directly related to the quality and quantity of the services and resources available. South Africa cannot compete with the resources available in more developed countries which frequently means that current resources are either overburdened and/or under-qualified in delivering the required services. SAYSTOP relied heavily on funds from external donors as well as on contributions from overworked probation officers in implementing its programme.

Whilst developing the SAYSTOP programme, it was realised that auxiliary staff rather than experts in the field would be conducting the interviews and administering the programme. The programme is thus designed for such individuals, limiting the depth to which certain topics are covered, but ensuring that they are nevertheless included. Even though a comprehensive mental state examination is not conducted, areas of major psychopathology (e.g. substance abuse, conduct disorder, anxiety and depression) are covered in respect to the screening of co-morbid disorders during the assessment process. However, very few young sexual offenders were referred to the psychiatrist for subsequent assessment/management of co-morbid conditions. This implies that co-morbid conditions were either not detected, or that the individuals were not referred. Given the high degree of psychiatric co-morbidity found in young sexual offenders (as highlighted in the literature), more attention would need to be paid to this aspect of the assessment in order for young sexual offenders to be comprehensively managed.

Regarding the referral and intake process, wherever possible referral via the justice system was practised and encouraged. As the CJB has to date not yet been approved by Parliament, official court mandated attendance of offenders has not yet been implemented. Given the current legal framework, it thus depends solely on the discretion of the prosecutor (as a representative of Public Prosecutions) as to whether a young sexual offender is referred to the programme. An important part of the initial intake process of the SAYSTOP programme is an admission of guilt by the young perpetrator as recommended in the literature. This assists in holding the offender accountable for his actions and enhances treatability.

Informed consent is obtained from the offender and his parents/caregiver to take part in the diversion programme. In addition, for the SAYSTOP programme, consent of the victim is also sought/recommended. Although the latter is not mentioned in the literature, it does ensure that the victim feels that some measure is taken against the perpetrator. Insisting on victim consent may, however, lead to difficulties in the intervention process, should this consent be refused.

The assessment of the young sexual offenders is conducted by completing a semi-structured questionnaire, which covers most of the areas recommended by the literature. This ensures that most of the relevant questions are pursued and ensures the capturing of the relevant data for research study purposes. Even though questions around the committed offence are fairly comprehensive, details about the offenders' sexual fantasies and possible underlying sexual deviances are not explored adequately. It is especially important that this sort of examination take place as these deviant sexual fantasies play an important part in potential recidivism and need to be addressed in treatment. As young sexual offenders are unlikely to disclose deviant sexual fantasies during the initial interview, time should be set aside during the programme, once sufficient trust and rapport has been built up, to explore questions of such nature in greater depth.

The content covered in the ten sessions covers most of the goals, themes and concepts advocated in the literature regarding young sexual offenders. Thus topics such as acceptance of responsibility, victim empathy, values clarification, cognitive distortions, assertiveness skills, anger management, social skills, relapse prevention, aspects of control and power, gaining control of certain behaviours and sex education are all covered by the SAYSTIOP programme. However, the question that needs to be posed is whether these topics/concepts are addressed in sufficient length and intensity to have a meaningful impact on young sexual offenders. Judging from the results obtained in the follow-up studies conducted on youths who had participated in the SAYSTOP programme, an aspect of concern was the fact that youths experienced difficulties internalising some of the core themes the SAYSTOP programme wished to address. This seems to indicate that more time needs to be spent on exploring the themes the programme wishes to target.

Following the initial intervention process interviews/assessments could be conducted in order to ascertain the degree to which core themes have been internalised. This could become one of the important measures for ascertaining the degree of further input or follow-up required by the individual.

Certain themes/topics that are recommended in the literature are not covered by the SAYSTOP diversion programme. As in the assessment, one important topic that has been omitted is that of the identification and treatment of deviant sexual arousal and antecedents to the sexually offensive behaviour. Although this is a difficult topic to explore, and the methods used to address these require specialised training (e.g. satiation, covert desensitisation and imaginary desensitisation) it is nevertheless important to identify individuals who have deviant sexual fantasies in order to directly address these, possibly in a different forum or setting. As mentioned previously, these individuals pose a higher risk of recidivism.

Although the consequences of having a criminal record are discussed in depth during the first session, little time is devoted to the prevention of future offences other than sexual abuse. The literature is consistent on the fact that young sexual offenders are at high risk of committing offences other than sexual abuse in the future. More material should thus be incorporated that addresses the prevention of possible future criminal offences other than sexual offences.

Although two of the 10 sessions of the SAYSTOP programme are devoted to victim empathy, insufficient time is spent on the consequences that the actual sexual offence committed by the perpetrator has on the victim, others and self. This specific aspect is only dealt with towards the end of the second session where the perpetrators have to write about this on a sheet of paper that they hand in. Given that empathy (or lack thereof) plays such a central role in committing a sexual offence, the above scenario should be explored further in addition to including more material on victim empathy. The development of an emotion such as empathy is extremely complex and cannot be taught in a few sessions. Both family and psychosocial factors play an important part in shaping qualities such as empathy. Families thus also need to be targeted, both with regard to their sense of empathy and the manner in which they instil this sense in their children.

Even though vocational, scholastic and basic living skills are assessed during intake, not much focus is placed on these during the administration of the programme. This is especially important in light of the fact that the majority of young sexual offenders are noted to experience scholastic problems and learning difficulties. Individuals and families in whom the above skills are found to need attention should receive appropriate input. The group of young sexual offenders studied by Wood (Wood et al 2000) in 1997, all exhibited poor intellectual functioning and would possibly have benefited from vocational skills training. This task should not necessarily be taken on by the members of the intervention team. Rather, liaison with the school or other organisations should be considered in assisting in addressing the above difficulties.

Although the literature does not point to any specific personality profile that distinguishes young sexual offenders from the general population, difficulties in social competence as well as social isolation are factors that are consistently found in studies on young sexual offenders (Becker, 1990; Carpenter et al, 1995; Fehrenbach et al, 1986; Knight and Prentky, 1993; O'Halloran et al, 2002 and Ryan et al, 1996). Administering the SAYSTOP programme using the group format where members are encouraged to contribute and participate in sessions ensures that the interpersonal skills of participants are targeted, particularly aspects such as social isolation. However, themes exploring the forming and maintaining of friendships, dating skills and appropriate male/female relationships are not adequately covered as specific sections in the diversion programme. Topics focussing on these themes should be woven into the existing content and/or developed as specific sections of the diversion programme.

The mode of intervention utilised by the SAYSTOP diversion programme is group intervention with a social skill and cognitive behavioural approach. Although this is the most common approach advocated in the literature, this is advocated within a multimodal setting rather than being the sole form of therapy (O'Shaughnessy, 2002; Righthand and Welch, 2001, Ryan, 1996; Schwartz, 1992; Shaw, 1999; Smets and Cebula, 1987 and Worling and Curwen, 2000). Thus one of the shortcomings of the SAYSTOP programme is the fact that it relies almost exclusively on group therapy without incorporating other modes of intervention.

Even though parental participation in groups occurs during the first and final sessions, more in-depth work with parents is not undertaken. The family/caregivers are essentially entrusted with ensuring that the young sexual offender does not pose a further risk to the community. A more detailed family assessment, including a home visit by the assessor would give a clearer indication of the family's functioning, understanding of the offence and ability to contain the young sexual offender. Separate groups for parents, offering both guidance in parenting as well as

support are important adjuvants in the overall management of young sexual offenders that are not fully addressed by the programme. Furthermore, it is important for parents to realise the seriousness of the offence and prevent its recurrence. The need for such intervention is further highlighted by the fact that parents/caregivers tended to minimise the seriousness of the sexual offence perpetrated by the young sexual offender. This was shown during the follow-up studies conducted on young sexual offenders and their parents/caregivers by Eliasov (2004).

Studies conducted by Dhabicharan (2002, as cited in Richter, Dawes and Higson-Smith, 2004) and Eliasov (2004) highlight the dysfunction within most of the families of young sexual abusers in South Africa. Often these children come from broken homes and some of them have never known their fathers. They are exposed to parental conflict, domestic violence, overcrowding, stress, drug and/or alcohol abuse, rejection, and emotional and/or sexual abuse. Caregiver or parental input and support with regards to understanding and containing the young perpetrators are important aspects that assist in their overall management. Family factors and functioning, on the other hand, can be seen as one of the possible underlying causes contributing to sexually abusive behaviour. Family dysfunction, which is a frequent feature in the families of young sexual offenders, should be addressed whenever possible. This, of course, is time consuming and requires a certain level of expertise. When detecting factors such as negative communication styles, chronic family conflict and instability, and lack of appropriate role modelling as well as abuse in the various forms that it may take within families, the family should receive some form of intervention. If necessary, in order to alleviate the workload of the intervention team, co-opting the services of other organisations (e.g. Child Welfare, The Parent Centre, etc.) could be explored in this regard. It is important to bear in mind that treating a young sexual offender without attempting to address the home/family environment that he finds himself in may be of limited benefit.

The SAYSTOP programme does not incorporate individual psychotherapy as a mode of intervention. The literature comments that this is not the first choice of intervention, although, according to Shaw (1999), certain individuals may benefit from such input, especially those who themselves have been abused. This is particularly pertinent when the child is still very young (i.e. pre-adolescent). Even in these cases, individual therapy should not be offered as the sole form of intervention. Although such intervention should be offered, both the cost and high degree of specialisation involved need to be borne in mind. A similar argument may be made for individuals who might require medication as a form of intervention. Of note is the fact that no request for either of the above forms of intervention was made, either by facilitators conducting the group intervention or other significant parties.

Individual input/therapy may also be indicated in individuals who themselves have been sexually abused. The factor of the young sexual offender having himself been sexually abused is one that is explored during the assessment interview, but is not covered as one of the themes during the group intervention programme. Young sexual offenders should be encouraged to explore, either within the group context or individually, their own histories of (sexual) abuse and receive assistance in dealing with these. This is an important area that is not covered in the SAYSTOP programme.

Although hundreds of programmes targeting young sexual offenders have proliferated in North America, the international literature seldom suggests recommendations regarding the duration or intensity that intervention with young sexual offenders should take. Multi Systemic Therapy (one of the few interventions whose impact has been studied) consisted of between 21 - 49 hours of intervention, with a mean intervention of 37 hours. The NAPN in the USA recommends an intervention/follow-up period of 12 - 24 months. Regarding the duration and intensity of the SAYSTOP programme, the 20 hours or three months of intervention offered is shorter than generally recommended by the literature.

Against the above must be weighed the facts that one of SAYSTOP's goals was to initiate an intervention programme/process for young sexual offenders where no such service existed, that the programme was meant to target first time non-violent offenders, as well as the relative scarcity of resources in South Africa when compared to developed countries.

Follow-up studies conducted by SAYSTOP on youths who had completed the programme revealed that a significant proportion had failed to internalise key concepts of the programme. This may very well indicate that more time needs to be spent exploring these topics as opposed to the specific session(s) being of a poor quality and needing to be reworked. Indeed, it would be naive to imagine that one or two sessions spent on topics such as self-esteem or victim empathy would bring about a change in a severely disturbed individual from a dysfunctional background.

Although the SAYSTOP diversion programme clearly indicates that it should not be seen as a 10 session/week 'cure' programme, lack of follow-up guidelines, absence of assessment of the risk the offender poses regarding future transgressions, and not offering a continuum of care model are clear shortfalls that need to be addressed when reviewing more recent recommendations in the literature. Extending the duration and intensity of the programme, within the continuum of care model should be given serious consideration, especially given that the majority of so-called 'first time' offenders had in fact previously committed a sexual offence. Thus some form of follow-up, depending on the risk status of the young offender should be considered for at least a twelve month period. Furthermore, this should be court mandated.

Following completion of the group-based diversion programme an assessment should be conducted on the young sexual offender, determining the extent to which the core concepts and themes of the programme have been understood and internalised, the risk he or she poses and the future intervention/follow-up that he or she requires. Such an assessment should be individualised in order to ascertain what

form future input should take (e.g. continued group intervention, individual sessions, family input, treatment of co-morbid conditions etc.).

The SAYSTOP programme makes it quite clear that prospective facilitators need to undergo training before implementing and administering intervention to young sexual offenders. The fact that this training is in itself structured as a programme or workshop ensures that prospective facilitators receive a standardised 'minimum input' enabling them to familiarise themselves with both the content and skill required to administer the programme. Similarly, by being offered ongoing support and follow-up workshops the goals of continued education as well as refinements to the programme are achieved in accordance with the recommended literature. Offering a support group for facilitators to share experiences and offer support for work in a field that can be extremely taxing on one's own emotions should be considered.

Any diversion programme should have an evaluation component to it in order to gauge its strengths, weaknesses and outcomes. Outcomes should not only be measured by establishing the recidivism rate, but should also assess to what extent core themes and messages have been internalised by the young sexual offenders and their family/caregivers. The above was an important component during the development and implementation of the SAYSTOP diversion programme, yielding valuable information that assisted in improving the process. Such a component in any programme should be an ongoing process. Implementing these findings is vital in order to constantly improve service delivery.

In summary, when compared to guidelines in the international literature on young sexual offenders, the initial assessment, mode of intervention (group therapy) and the overall content of the programme – excepting for more in-depth exploration of the consequences and impact of the crime on the victim and others, assessment and management of deviant sexual arousal/fantasies, prevention of other future criminal offences and dating/interpersonal skills – correlate closely with those mentioned in

the literature. Group therapy should not, however, constitute the sole source of intervention and a more multi-modal approach is recommended (i.e. family intervention, individual input, liaison with school and other organisations etc.). The length of the programme i.e. 20 hours, is also shorter than that stipulated in the literature. In addition, parents need to be given more input.

Consideration also needs to be taken of the social context in which the perpetrator finds himself. Further input to the families of young sexual offenders, as well as possible input with regards to vocational, scholastic and basic living skills needs to occur. Assessment of the risk the offender poses in re-committing a sexual offence, both before and after completion of the programme, together with follow-up guidelines within a continuum of care model, are also significant omissions considering that the management of young sexual offenders is seen as an intermediate to long term process as opposed to a short term one. The training of facilitators, continued education and programme evaluation have been well covered by the SAYSTOP project.

In mitigation of the above omissions in the SAYSTOP programme, it needs to be realised that the programme was started 'from scratch' with no local models to follow. Furthermore, at the time of the original programme development, no clear guidelines around a continuum of care and risk assessment model were available and, despite generous funding, lack of resources and trained personnel during the implementation process posed significant difficulties. Finally, the SAYSTOP programme was initially developed for relatively low risk offenders and always viewed as a starting point to be built upon or expanded into a more integrated management system.

CHAPTER 6 – CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Action research is a useful tool in guiding projects such as this one, which required addressing challenges in a stepwise fashion, with each cycle informing about the quality of work achieved and giving direction with regards to the steps necessary in tackling the next cycle or phase. Documenting the process in an action research format allows for reflection of the entire process and critically analysing steps that were successful as well as shortcomings and limitations. This will hopefully be useful in guiding future work in the field of young sexual offenders and the development of diversion programmes in general.

What initially started off as the development of an intervention programme for low risk young sexual offenders as its foundation, rapidly grew into an implementation process of this programme in 2 provinces. Due to the wide scope the project took on, it has of course, not been possible to keep track of and record each and every process and the hard work done by all the participants. Circumstances for this group became especially difficult following Cycle 5, where there was rapid expansion of the programme. Many facets had been contended with and the dynamic of the group changed from that of a small and personal group into a much larger one with different role-players. The author has thus recorded what, in his view, have been the most important factors and processes over a period of 6 years.

It needs to be noted that prior to the initiation of the development of the programme no intervention facilities were available for young sexual offenders - nothing holding them accountable for their transgressions or preventing these from being repeated. This situation still prevails in most provinces of South Africa.

Cycles 1 - 4 document a process mainly involving mental health professionals developing an intervention programme using both local experience and international guidelines and subsequently administering this to young sexual offenders. Following Cycle 5, where the implementation of the programme on a far wider scale was endorsed by all significant role-players, the close and personal atmosphere that prevailed was replaced by one which was less intimate - that of the steering committee with many different functions. To a greater or lesser degree the process of implementation and expansion took precedent over programme adjustment and refinement. This resulted in an excellent training manual being developed, solid back up and support of group facilitators and follow-up workshops with probation officers, but programme adjustments that were recommended following Cycle 8 were not developed or implemented. Even though some material was added to the programme and certain sessions were re-worked to expand the programme from eight to ten sessions, critical recommendations about risk assessment, offender follow-up and offering a continuum of care for offenders based on the severity of the crime and the risk posed of re-offending were not addressed. As a result a key opportunity was lost - that of transforming SAYSTOP from a specific diversion programme (i.e. for low risk offenders) to an integrated management system for all types of young sexual offenders. Furthermore, by not introducing some form of court-mandated follow-up for young sexual offenders, the subsequent impact studies performed on young sexual offenders yielded relatively low numbers of respondents. This in turn led to questions concerning the validity of some of the findings, specifically the low or absent re-offence rate.

Important factors that contributed to SAYSTOP not evolving into a comprehensive management system included the resignation of key members at critical times, work overload, high turnover amongst probation officers and the member from the Department of Justice not being replaced following retirement. Furthermore, the absence of a specific Child Justice Court/Department hampered communication and liaison with the justice system.

Following the formation of SAYSTOP during Cycle 5, only three members from the original group who had developed the intervention programme remained as members. Unfortunately both of these team members left in short succession following Cycles 7 and 8 leaving a significant void insofar as programme development and working with young sexual offenders was concerned. Furthermore, no candidates were groomed or had sufficient experience to immediately fill these vacancies. This led to SAYSTOP continuing to implement instead of developing its programme.

Probation officers took on the task of facilitating the diversion programme despite an already enormous workload. Both their work and their contribution to SAYSTOP need to be acknowledged. The high turnover of probation officers in their posts, meant that more had to be trained and supervised, which could be another reason why more attention was not given to the further development of the SAYSTOP programme. Many of the original assessment forms were not forwarded to the data bank by probation officers and the reason for this still remains unclear, although work pressure may very well have been one of the contributing factors. Probation officers are envisaged as playing a pivotal role in the proposed CJB. If this is to be the case, state institutions need to take serious steps to increase the number of probation officer posts considerably and augment their training.

Central to any offender rehabilitation programme is the justice system, which determines appropriate sentencing options. Although diversion has become accepted as a viable strategy and is commonly practised, many magistrates and prosecutors are not familiar with this approach as it has not yet been endorsed as an official policy. A representative from the Attorney General's Office was a strong driving force during the initial phases of the SAYSTOP project, resulting in a directive to Magistrates' Courts supporting the diversion of young sexual offenders to the SAYSTOP programme. Subsequent to Cycle 7 however, this member retired and was not replaced by another member from the Attorney General's office who would have been able to give the SAYSTOP diversion programme more official

sanctioning. Despite intense lobbying by both SAYSTOP (especially the CLC) and probation officers, there appeared to be a general reluctance by the courts to embrace the SAYSTOP diversion programme.

Collaboration with the Department of Justice and the courts in mandating diversion and follow-up within a continuum of care model is vital in ensuring proper implementation of any diversion programme. It is one way of ensuring some degree of compliance by young offenders and holding them and their caregivers accountable if stipulations are not followed. Once the CJB is passed, special young offender courts together with specific directives should be in place to address both of the above.

Following Cycle 8, there was great focus on promoting the SAYSTOP diversion programme, training probation officers, holding feedback workshops and adding material to the programme (i.e. increased sessions for parents, sexual education and material on HIV/Aids). New appointments were made, namely those of programme co-ordinator and researcher, and these members required time to familiarise themselves both with the workings of SAYSTOP and the content of the diversion programme. The fact that SAYSTOP had expanded considerably, including a branch in the Eastern Cape, made initial liaison difficult for the new appointments, especially as they still had to acquaint themselves with diversion principles and the overall running of SAYSTOP.

Even though very useful and important, the two subsequent studies undertaken that are described in Cycles 10 and 11, once again highlight the difficulties that arose after not focusing on and implementing findings and recommendations made during Cycle 8. The importance of follow-up and management within a continuum of care was however fed back to the HSRC's task team on minimum standards for diversion, and these will be incorporated in their proposals. Furthermore, SAYSTOP intends developing a diversion programme for more serious young sexual offenders, which will place much more emphasis on this area. Links were

fostered with other organisations involved in the management of young sexual offenders during Cycle 12. It was felt that strengthening these could lead to a mutually beneficial exchange of ideas and strategies for dealing with young sexual offenders, with the possibility of targeting a broader range of young sexual offenders on a national level.

From the point of view of programme content, the SAYSTOP diversion programme covers most of the pertinent themes and concepts that are recommended in the literature. Follow-up studies conducted by SAYSTOP indicated that, in general, the programme had had a positive impact on offenders and their caregivers, but that youths had difficulties internalising certain key lessons. Rather than assuming that these topics are not adequately covered by the diversion programme, it might be more accurate to say that the youths had difficulties with internalising/understanding important concepts because of the short duration of the programme. It would be naive to believe that a youth who experiences difficulties around such issues as victim empathy, power/powerlessness or gender stereotyping can gain insight and understanding into these concepts over the course of a few hours of group therapy. Moreover, underlying difficulties in these areas are very often responsible or play a significant role in the perpetration of a sexual offence. Given the relatively short duration of the diversion programme, sessions that were not properly understood/internalised should be expanded upon, rather than re-worked or re-developed, so adding to the duration of the programme in accordance with the international literature (i.e. $\pm$ 40 hours compared to 20 hours).

Other areas that need to be addressed in future include adapting the programme for low functioning individuals, re-working or re-developing sessions aimed at 'very young' sexual offenders (i.e. below age 10 years), translation of the manual into other languages and addressing cross cultural differences.

Important additional areas of focus, both derived from the literature and the follow-up studies which are not covered by the SAYSTOP programme include assessment

and intervention for both deviant sexual arousal and exploring antecedents to the sexually offensive behaviour. Other topics that need to be emphasised include more in-depth exploration of the consequences of the offence on the victim, dating skills and addressing vocational, scholastic and basic living skills where indicated. The family assessment should be more detailed, and more time needs to be devoted to parental input in light of findings of the follow-up studies conducted by SAYSTOP. Family group conferencing and victim offender mediation (as described in the diversion manual) should be mandatory, especially where the offender remains in contact with the victim. Group therapy should remain the central mode of intervention, although other input and therapies should be added in order to address other aspects in the lives of young sexual offenders.

Transcription of the SAYSTOP diversion programme into a manual ensured that the programme was administered in a standardised fashion. The manual acts as a framework giving clear guidelines on the aims of each session and process notes are provided on how to facilitate each session. The text of the manual makes it easy to understand and apply as evidenced from feedback received from users. Furthermore, as shown, it can be adapted to different settings (e.g. residential setting, intensive one-week programme setting etc.). Clear guidelines are given in the introduction that the manual is only to be used by individuals who have received appropriate training and that only first time low risk offenders should be targeted. However, the danger nevertheless exists that it may be used by unqualified personnel to treat high risk or dangerous young sexual offenders. To use the programme in such a way would qualify as misuse of a specifically designed tool with potentially harmful consequences and should therefore be safeguarded against.

The training module and follow-up workshops conducted with probation officers were among the strengths of the SAYSTOP programme, allowing for expansion of the project. The fact that a 'non official' training manual was developed, allowed for training to occur in a structured fashion, ensuring that all relevant topics were addressed and allowing probation officers to revise sections once a program had

been implemented. Clear guidelines are also given on how to implement the programme in respective districts. The relevant support structures that were put into place (i.e. telephone hot lines, mentoring, newsletters etc.) also proved to be very useful in assisting probation officers in their tasks. Feedback obtained during follow-up workshops allowed for improvements in both the training modules and the programme content. It also allowed probation officers the opportunity to give input about their experiences, allowing them to feel part of the broader process.

As mentioned previously, lack of enforceable follow-up measures impacted negatively on the programme and some of its findings. It is only through longer-term follow-up studies that the true efficacy of a programme can be gauged. This should not be purely seen as a research function, but should be stressed as being an integral part of every diversion programme. If recidivism is detected this should not be seen as a failure on the part of a facilitator or the programme but rather as an opportunity to improve intervention practices and build in safeguards and processes to ensure community safety. In mitigation of such an eventuality, it also needs to be added that few reliable follow-up studies are reported on in the international literature indicating that this is a widespread difficulty encountered in young sexual offender research.

Finally, it needs to be pointed out that 2 bills currently before parliament, namely the Sexual Offences Bill and the CJB contain clauses that could have a potentially detrimental effect on young sexual offender rehabilitation. Firstly, the Sexual Offence Bill wishes to widen the definition of rape, where penetration of the vagina with any object and penile penetration of other orifices constitute rape. Furthermore, the CJB stipulates that diversion should not apply to youths over the age of 14 who are found guilty of rape. Many of the youths who successfully participated in the SAYSTOP programme would have been excluded had recommendations made by the above 2 bills been adhered to. Not offering these youths the opportunity of diversion counters both international policy on young sexual offender rehabilitation and the opinion of local professionals specialising in

the treatment of childhood mental health in general. Objections to certain clauses in the above bill have been made by both SAYSTOP and other organisations specialising in the management of young sexual offenders.

Despite the above-mentioned shortcomings, the success of the SAYSTOP programme needs to be acknowledged. The SAYSTOP programme offered diversion to a significant number of youths (n=512) and the youths who were followed up did not sexually re-offend. No informal reports of sexual re-offending by any youth who was part of the programme have been brought to the attention of SAYSTOP. Furthermore a large number of probation officers received training (n=157) allowing the Department of Social Development to benefit from the degree of skill they acquired and to incorporate important findings and recommendations to carry the programme into the future.

6.2 Recommendations

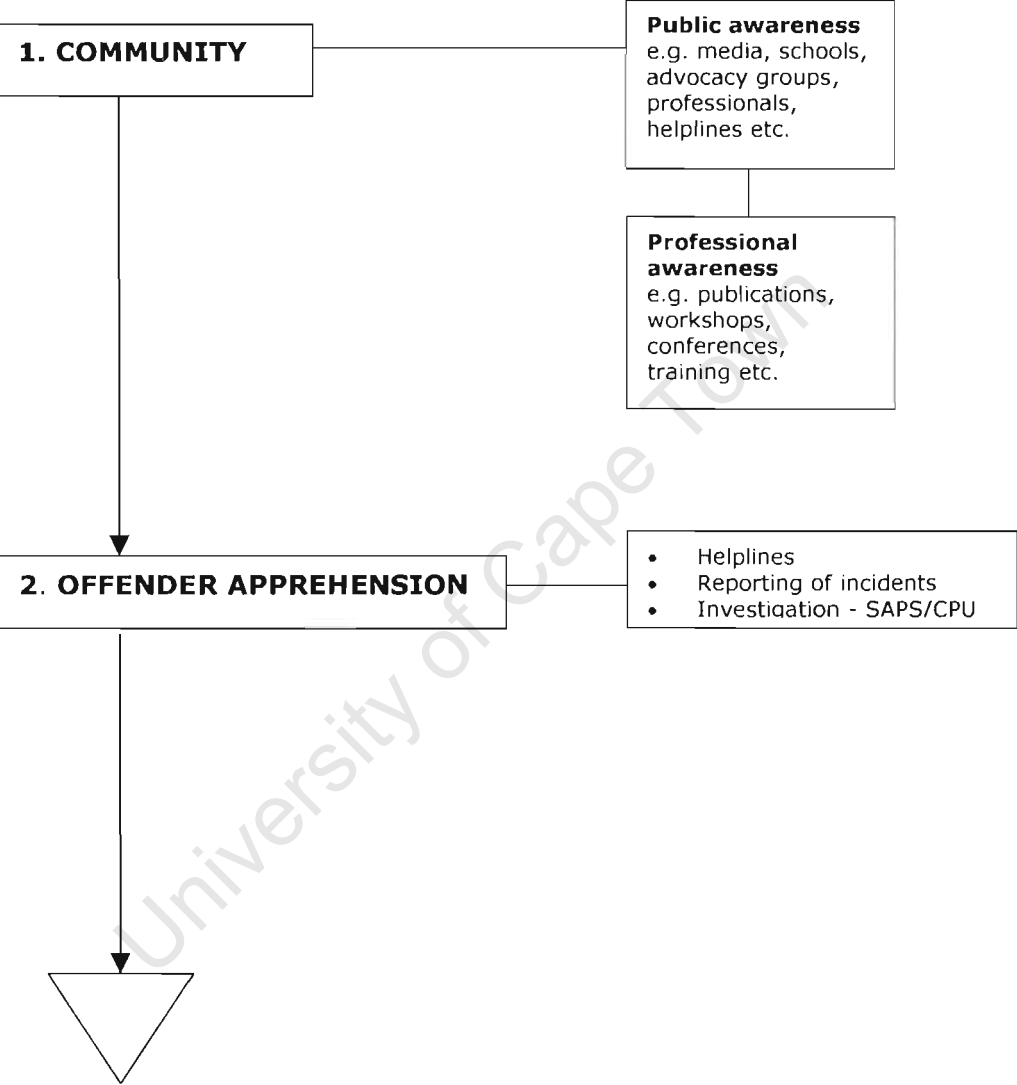
1. The SAYSTOP diversion programme, i.e. its assessment guidelines and the 10 sessions should be retained as a framework which should be expanded upon. Certain topics should be added (e.g. assessing for and treating deviant sexual fantasies, dating skills etc.) and others expanded upon, which would bring the programme's duration and content closer in line with international guidelines. Furthermore, more intensive work with parents/caregivers of young sexual offenders should occur. Instead of group intervention being the only form of intervention, a more multi-modal approach is recommended.
2. The model of training workshops, follow-up workshops and facilitator support should be retained, adding sections on new material to the training manual.

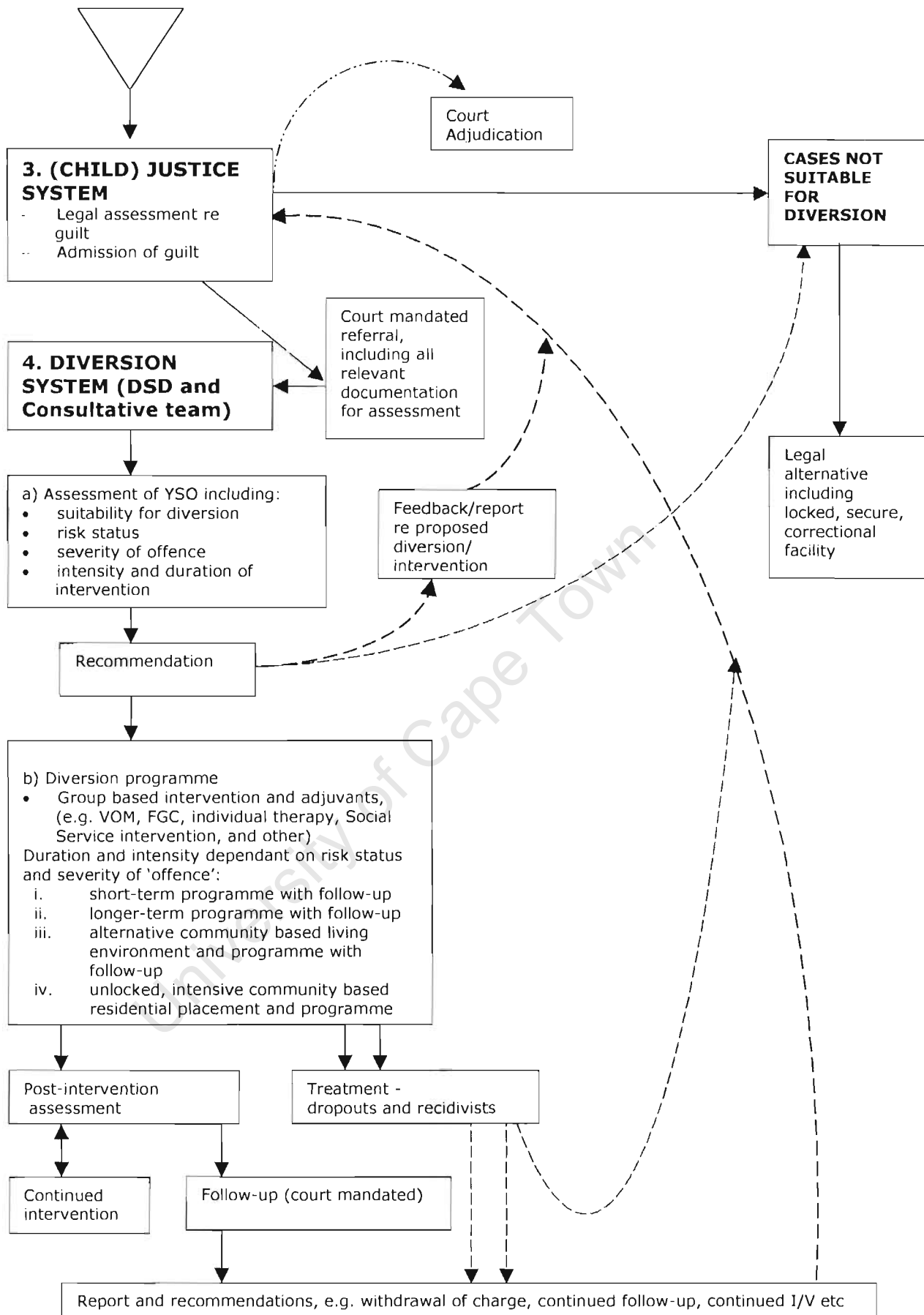
3. A continuum of care model with risk assessment and follow-up guidelines should be introduced. The roles of the courts, Department of Justice and service providers (probation officers) in implementing such a model are vital. (See Figure 4 at end of this section).
4. A central management structure consisting of all role-players should be formed in order to oversee, guide and supervise the diversion process involving young sexual offenders. Members from the Department of Justice, who are in a position to issue directives, should be represented in such a structure. Furthermore, victim advocacy groups and community representatives should also be encouraged to participate in such a structure. Organisations such as SAYSTOP, Childline (Durban) and the Teddy Bear Clinic (Johannesburg), in conjunction with the HSRC (minimum diversion standards), should continue to liaise in order to formulate a broad intervention strategy/programme which could address the needs of the young sexual offender, specifically within the South African context.
5. Staff shortages and work overload amongst probation officers seriously needs to be addressed given the envisaged role of probation officers in the proposed CJB. High turnover amongst probation officers also needs to be investigated and addressed. Should shortage of staff and expertise prevent the Department of Social Development from implementing the diversion programme and proposed follow-up and continuum of care model, in future a district (such as, for example, the Wynberg Magistrates' Court) could serve as a centre where full programme administration, follow-up of offenders and programme evaluation could occur. Such a centre would be able to inform longitudinal success rates of the programme, and could possibly act as a "nerve centre" via which other centres can be guided.
6. In order for children in conflict with the law to be dealt with appropriately, the Department of Justice should give consideration to establishing courts that deal exclusively with juvenile justice, operating according to a system

designed specifically for children/child offenders. Such a juvenile system should, ideally, be run by prosecutors and magistrates who have experience and an understanding of the issues involved in child justice and young offender rehabilitation. It could also offer prosecutors and magistrates the opportunity to gain the necessary experience in dealing with complex legal questions that may arise. This step would also enhance communication, liaison and interaction within and between departments involved in the diversion process, or indeed, the management of any young offender.

7. It should always be ensured that vital and experienced staff members have junior staff working alongside them, to whom duties can be handed over should there be a resignation. This would ensure a smooth hand-over and prevent stagnation of services following resignations of key staff members.
8. Serious consideration should be given to changing clauses contained in the proposed CJB and Sexual Offences Act that are currently before Parliament, as these might prevent a large number of young sexual offenders from entering a diversion programme and receiving appropriate intervention.

**FIGURE 4 THE MANAGEMENT OF YOUNG SEXUAL OFFENDERS,
INCLUDING CONTINUUM OF CARE MODEL**





REFERENCES

1. Abel, G., Mittleman, M. and Becker, J. (1985). 'Sex Offenders: Results of assessment and recommendations for treatment.' In Ben-Aron, H., Hucker, S., and Webster, C. (Eds), *Clinical Criminology: Current concepts* (Toronto: M & M Graphics), pp191- 205.
2. Abel, J.J., Becker, J.V., Mittleman, M., Cunningham-Rathier, J., Rouleau, J., and Murphy, W. (1987). 'Self reported sex crimes in nonincarcerated paraphilias.' *Journal of Interpersonal Violence*, 2, pp3 - 25.
3. Abel, J.J., Rouleau, J., and Cunningham-Rathier, J. (1986). 'Sexually Aggressive behavior.' In Curran, W., McGarry, A., and Shah, S. (Eds), *Psychiatry and Psychology: Perspectives and Standards for Interdisciplinary Practice* (Philadelphia, Pennsylvania: S.F.A. Davis Publishing).
4. Ageton, S.S. (1983). *Sexual Assault among Adolescents* (Lexington, MA: Lexington Books).
5. Araji, S.K. (1997). *Sexually aggressive children: Coming to understand them* (Thousand Oakes, CA: Sage).
6. Awad, G.A., and Saunders, E. (1991). 'Male adolescent sexual assaulters, clinical observations.' *Journal of Interpersonal Violence*, 6, pp446 - 460.
7. Awad, G.A., and Saunders, E.B. (1989). 'Adolescent child molesters: clinical observations.' *Child Psychiatry and Human Development*, 19, pp195 - 206
8. Awad, G.A., Levene, J., and Saunders, E.B. (1984). 'A clinical study of male adolescent sex offenders.' *International Journal of Offender Therapy and Comparative Criminology*, 28, pp105 - 116.
9. Baptista, D. and Wood, C. (2002). *Evaluating the SAYSTOP Diversion Programme: Findings from the first follow-up study*. (Internal Publication, Institute of Criminology, University of Cape Town), pp1-24.

10. Barbaree, H.E., Hudson S.M. and Seto, M.C. (1993), 'Sexual assault in Society: The role of the juvenile offender'. In Barbaree, H.E. Marshall W.L. and Hudson S.M. (Eds), *The Juvenile Sex Offender* (New York: Guilford Press) pp1-24.
11. Becker, J.V. (1988). 'Adolescent Sex Offenders.' *Behaviour Therapy*, 11, pp185-187.
12. Becker, J.V. (1990). 'Treating Adolescent Sexual Offenders.' *Professional Psychology: Research and Practice*. 21, pp262 - 265.
13. Becker, J.V., Harris, C.D. and Sales, B.D. (1993). 'Juveniles who commit sexual offences: a critical review of research.' In Nagayama Hall, G.C, Hirschman, R., Graham, J.R. and Zaragoza, T. (Eds), *Sexual Aggression* (Washington DC: Taylor and Francis), pp215-228.
14. Becker, J.V. and Hicks, S.J. (2003). 'Juvenile Sexual Offenders: Characteristics, Interventions and Policy Issues.' *Annals of the New York Academy of Science*, 989, pp397-410.
15. Becker, J.V. and Hunter, J.A. (1993). 'Aggressive sex offenders.' *Child and Adolescent Psychiatric Clinics of North America*, 2, pp477 - 487.
16. Becker, J.V. and Hunter, J.A. (1997). 'Understanding and treating child and adolescent sexual offenders.' *Advances in Clinical Child Psychology*, 19, pp. 177-197.
17. Becker, J.V., Kaplan, M.S., Tenke, C.E. and Tartaglini, A. (1991). 'The incidence of depressive symptomatology in juvenile sex offenders with a history of abuse.' *Child Abuse and Neglect*, 15, pp531-536.
18. Becker, J.V. and Murphy, W.D. (1998). 'What we know and do not know about assessing and treating sex offenders.' *Psychology, Public Policy and Law*, 4, pp116-137.
19. Bengis, S., (1997). 'Comprehensive service delivery with a continuum of care.' In Ryan, G.D. and Lane, S.L. (Eds), *Juvenile Sexual Offending: Causes, Consequences, and Correction* (San Francisco, C A: Jossey-Bass Publication), pp211-218.

20. Bentovim, A. and Vizard, E. (1988). In Bentovim, A., Elton, A., Hildebrand, J., Tranter, M. and Vizard, E. (Eds), *Child sexual abuse within the family: Assessment and treatment* (London: Wright), pp1-15.
21. Billy, J.O., Landale, N. S., Grady, W.R. and Zimmerle, D. M. (1988). 'Effects of sexual activity on adolescent social and psychological development.' *Social Psychology Quarterly*, 51, pp190-212
22. Bolton, F.G. and MacEachron, A.F. (1988). 'Adolescent male sexuality: A developmental perspective.' *Journal of Adolescent Research*, 3, pp259-273.
23. Borduin, C. M., Henggeler, S. W., Blaske, D.M., and Stein, R.S. (1990). 'Multisystemic treatment of adolescent sexual offenders.' *International Journal of Offender Therapy and Comparative Criminology*, 34, pp105-113.
24. Brey, F. (2000). 'NICRO's Diversion Plan Beyond 2000' *Article 40*, 2, pp1-12.
25. Bukowski, W.M., Sippola, L. and Brender, W. (1993). 'Where does sexuality come from? Normative sexuality from a developmental perspective.' In Barbaree, H. E., Marshall, W. L. and Hudson, S. M. (Eds), *The Juvenile Sex Offender* (New York: Guilford Press), pp88-103.
26. Burton, D.L., Nesmith, A.A., and Badten, L. (1997). 'Clinicians' views on sexually aggressive children and their families: A theoretical exploration.' *Child Abuse and Neglect*, 21, pp157-170.
27. Bynum, T., Carter, M., Matson, S. and Onley, C. (2001). 'Recidivism of Sex Offenders.' *Centre for Sex Offender Management*. May 2001 document, pp1-22.
28. Cantwell, H.B. (1988). 'Child sexual abuse: very young perpetrators.' *Child Abuse and Neglect*, 12, pp579-582.
29. Carpenter, D.R., Peed, S.F. and Eastman, B. (1995). 'Personality characteristics of adolescent sexual offenders: A pilot study.' *Sexual Abuse: A Journal of Research and Treatment*, 7, pp195-203.
30. Cautela, J.R. (1966). 'Treatment of compulsive behavior by covert sensitization.' *The Psychological Record*, 16, pp33-41.
31. Cawood, L. (2001). *Analysis of Childline statistics 2000*. Unpublished report, Childline, Gauteng.

32. Cellini, H.R. (1995). 'Assessment and treatment of the adolescent sexual offender.' In Schwartz, B.K. and Cellini, H.R. (Eds), *The Sex Offender: Vol. 1. Corrections, Treatment and Legal Practice*, (Kingston, NJ: Civic Research Institute), pp. 6.1-6.12.
33. Check, J.V.P. and Malamuth, N.M. (1983). 'Sex role stereotyping and reactions to depictions of stranger versus acquaintance rape.' *Journal of Personality and Social Psychology*, 45, pp344-356.
34. Christodoulides, T.E., Richardson, G., Graham, F., Kennedy, P.J. and Kelly T.P. (2005). 'Risk assessment with adolescent sex offenders'. *Journal of Sexual Aggression*, 11 pp37-48.
35. Collins, S. and Long, A. (2003). 'Too tired to care? The psychological effects of working with trauma.' *Journal of Psychiatric and Mental Health Nursing*, 10, pp17-27.
36. Davis, G.E. and Leitenberg, H. (1987). 'Adolescent Sex Offenders.' *Psychological Bulletin*, 101, pp417-427.
37. Dhabicharan, K. (2002). *The life experiences of adolescent sexual offenders: Factors within the family that contribute to offending behaviours*. (Unpublished Masters thesis, University of Natal, Durban).
38. Downs, A.C. and Hillje, C.S. (1993). 'Historical and theoretical perspectives on adolescent sexuality: an overview.' In Gallott, T.P., Adams, J.R. and Montemayor, R. (Eds), *Adolescent Sexuality* (Newbury Park, C A: Sage Publications), pp1 - 33.
39. Duane, Y. Carr A., Cherry, J., McGrath, K. and O'Shea, D. (2003). 'Profiles of the parents of adolescent child sexual abuse perpetrators attending a voluntary outpatient treatment programme in Ireland.' *Child Abuse Review*, 12, pp5-24.
40. Eliasov, N. (2003). *Strategic Review Report: Report of an internal Review process conducted with SAYSTOP Steering Committee, Staff and significant Stakeholders from April-May 2003*. (Internal Publication, Institute of Criminology, University of Cape Town, June 2003), pp1-9.

41. Eliasov, N. (2004). *Evaluating the SAYSTOP Diversion Programme: Findings from the third follow-up study, June-November 2003*. (Internal Publication, Institute of Criminology, University of Cape Town, March 2004.)
42. Elliott, J. (1981). 'Action Research: a framework for self-evaluation in schools.' In Flanagan, W., Breen, C., and Walker, M. (Eds), *Action Research - Justified Optimism or Wishful Thinking?* (Cape Town, University of Cape Town), pp88-107.
43. Epps, K. (1991). 'The residential treatment of adolescent sex offenders.' *Issues in Criminological and Legal Psychology*, 1, pp58-67.
44. Farrell, J.K. and O'Brien, R. (1988). *Sexual Offences by Youths in Michigan: Data Implications and Policy Recommendations*. Report to the Michigan Legislature (Detroit: Safer Society Resources of Michigan).
45. Federal Bureau of Investigation (US Department of Justice) (1987). *Uniform Crime Reports of the United States* (Washington, DC: US Government Printing Office).
46. Federal Bureau of Investigation (US Department of Justice) (1990). *Uniform Crime Reports of the United States* (Washington, DC: US Government Printing Office).
47. Fehrenbach, P.A., Smith, W., Monastersky, C. and Deisher, R. W. (1986). 'Adolescent Sexual Offenders: Offender and Offense Characteristics.' *American Journal of Orthopsychiatry*, 56, pp225-233.
48. Ferrara, M.L. and McDonald, S. (1996). *Treatment of the Juvenile Sex Offender: Neurological and Psychiatric Impairments* (Northvale, NY, Jason Aronson).
49. Fivaz, L. (2002). 'Changing the mind-set.' *Article 40*, 4, pp1-10.
50. Ford, M.E., and Linney, J.A. (1995). 'Comparative analysis of Juvenile Sexual Offenders, Violent nonsexual Offenders and Status Offenders.' *Journal of Interpersonal Violence*, 10, pp56-70.
51. Freeman-Longo, R.E. and Blanchard, G. T. (1998). *Sexual Abuse in America: Epidemic of the 21st Century* (Brandon, VT: Safer Society Press.).

52. Friedrich, W.N. (1990). *Psychotherapy of Sexually Abused Children and their Families*. (New York, NY: W. W. Norton and Co.)
53. Friedrich, W.N. (1995). *Psychotherapy with sexually abused boys: an integrated approach* (Thousands Oaks, LA: Sage).
54. Friedrich, W.N., Grambsch, P., Broughton, D., Kuiper, J., and Beilke, R.L. (1991). 'Normative sexual behaviour in children.' *Pediatrics*, 88, pp456-464.
55. Friedrich, W.N., Grambsch, P., Damon, L., Koverola, C., Wolfe, V. and Hewitt, S.K. (1992). 'Child Sexual Behaviour Inventory: Normative and clinical comparisons.' *Psychological Assessment*, 4, pp303-311.
56. Geradin, P. and Thibaut, F. (2004). 'Epidemiology and the treatment of juvenile sexual offending.' *Pediatric Drugs*, 6, pp79-81.
57. Gerdes, K.E., Gourley, M.M., and Cash, M.C. (1995). 'Assessing Juvenile Sex Offenders to determine adequate levels of supervision.' *Child Abuse and Neglect*, 19, pp953-961.
58. Gil, E. and Johnson, T.C. (1993). *Sexualized children: Assessment and Treatment of Sexualized Children and Children who Molest* (Rockville, MD: Launch Press).
59. Gilby, R., Wolf, L., and Goldberg, B. (1989). 'Mentally retarded adolescent sex offenders: A survey and pilot study.' *Canadian Journal of Psychiatry*, 34, pp542-548.
60. Gilligan, L. and Talbot, T. (2000). 'Community Supervision of the Sex Offender: An Overview of Current and Promising Practices.' *Centre for Sex Offender Management*, January 2000 document, pp1-16.
61. Goodchilds, J., Zellman, G.L., Johnson, P.B. and Giarusso, R. (1988). 'Adolescents and their perception of sexual interaction.' In Burgess, A.W. (Ed), *Rape and Sexual Assault*, 2 (New York: Garland), pp245-270.
62. Gray, A. and Pithers, W.D. (1993). 'Relapse prevention with sexually aggressive adolescents and children: Expanding treatment and supervision.' In Barbaree, H.E., Marshall, W.L and Hudson, S.M. (Eds), *The Juvenile Sex Offender* (New York, NY: Guilford Press), pp289-319.

63. Griffin, S., Williams, M., Hawkes, C., and Vizard, E. (1997). 'The professional carers' group: supporting group work for young sexual abusers.' *Child Abuse and Neglect*, 21, pp681-690.
64. Groth, A., Longo, R. and McFadin, B. (1982). 'Undetected recidivism among rapists and child molesters.' *Crime and Delinquency*, 28, pp450-458
65. Grundy, S. and Kemmis, S. (1981). 'Educational action research in Australia: the state of the art.' In Flanagan, W., Breen, C. and Walker, M. (Eds), *Action Research - Justified Optimism or Wishful Thinking* (Cape Town, University of Cape Town), pp1-60.
66. Gunderson, B.H., Melas, P.S., and Skar, J.E. (1981). 'Sexual behavior of pre-school children: teachers' observations.' In Constantine, L.I. and Martinson, F.M. (Eds), *Children and Sex: New Findings. New Perspectives* (Boston: Little, Brown and Company.), pp 45-61.
67. Hagan, M.P., and Gust-Brey, K.L. (2000). 'A ten year Longitudinal Study of Adolescent Perpetrators of Sexual Assault against children.' *Journal of Offender Rehabilitation*, 31, pp117-126.
68. Halsey, A. H. (1972). *Educational Priority Volume 1: EPA Problems and policies* (London: HMSO).
69. Hart, E. and Bond M. (1995). *Action Research for Health and Social Care: A Guide to Practice* (Buckingham, Philadelphia: Open University Press).
70. Haugaard, J.J., and Tilly, C. (1988). 'Characteristics predicting children's responses to sexual encounters with other children.' *Child Abuse and Neglect*, 12, pp209-218.
71. Holter, I. M. and Schwartz-Bercott, D. (1993). 'Action Research: what is it? How has it been used and how can it be used in nursing?' *Journal of Advanced Nursing*. 18, pp298-304.
72. Hunter, J. (1999). 'Understanding Juvenile Sexual Offending Behavior: Emerging Research, Treatment Approaches and Management Practices.' *Centre for Sex Offender Management*, December 1999, pp 1-12.
73. Hunter, J.A., and Figueredo, A.J. (2000). 'The influence of personality and history of sexual victimization in the prediction of juvenile perpetrated child molestations.' *Behavior Modification*, 24, pp241-264.

74. Hunter, J.A. Jr., and Figueredo, A.J. (1999). 'Factors associated with treatment compliance in a population of juvenile sexual offenders.' *Sexual Abuse: A Journal of Research and Treatment* 11, pp49-67.
75. Hunter, J.A., and Lexier, L.J. (1999). 'Ethical and legal issues in the assessment and treatment of juvenile sex offenders.' *Child Maltreatment*, 3, pp339-348.
76. James, A.L., and Neil, P. (1996). 'Juvenile Sexual Offending: One-year period prevalence study within Oxfordshire.' *Child Abuse and Neglect*, 20, pp477 - 485.
77. Johnson, T.C. (1989). 'Female child perpetrators: Children who molest other children.' *Child Abuse and Neglect*, 13, pp571-585.
78. Johnson, T.C. (1999). 'The development of sexual behavior problems in childhood.' In Shaw J.A. (Ed.), *Sexual Aggression*: (Washington, DC, American Psychiatric Press), pp4-74.
79. Kafka, M.P. and Prentky, R. (1992). 'Fluoxetine treatment of non-paraphiliac sexual addictions and paraphilias in men.' *Journal of Clinical Psychiatry*, 53, pp351-358.
80. Kahn, T.J. and Chambers, H.J. (1991). 'Assessing Reoffense Risk with Juvenile Sexual Offenders.' *Child Welfare*, 70, pp333-345.
81. Katz, R.C. (1990). 'Psychosocial adjustment in adolescent child molesters.' *Child Abuse and Neglect*, 14, pp567-575.
82. Kavoussi, R.J., Kaplan, M. and Becker, J.V. (1988). 'Psychiatric diagnosis in adolescent sex offenders.' *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, pp241-243.
83. Kelley, S.M., Lewis, K. and Sigal, J. (2004). 'The impact of risk factors on the treatment of adolescent sex offenders.' *Journal of Addictions and Offender Counselling*, 24, pp67-81.
84. Kemmis, S. and McTaggart, R. (1988). *The Action Research Planner* (Victoria, Deakin University).
85. Kenny, D.T., Keogh, T. and Seidler, K. (2001). 'Predictors of recidivism in Australian juvenile sex offenders: Implications for treatment.' *Sexual Abuse: Journal of Research and Treatment*, 13, pp131-148.

86. Kerr, M. (1986). *An executive study. The Oregon report on juvenile sex offenders* (Salem, OR: Avolon Associates, Children Services Division).
87. Knight, R.A. and Prentky, R.A. (1993). 'Exploring characteristics for classifying juvenile sexual offenders.' In Barbaree, H. E., Marshall, W.L. and Hudson, S.M. (Eds), *The Juvenile Sexual Offender* (New York, NY: Guilford Press), pp 45-83.
88. Knopp, F.H. (1985). *The youthful sex offender: The Rationale and Goals of Early Intervention and Treatment* (New York: Safer Society Press).
89. Kraus, V.L. (2005). 'Relationship between self-care and compassion satisfaction, compassion fatigue, and burnout among mental health professionals working with adolescent sex offenders.' *Counseling and Clinical Psychology Journal*, 2, pp81-88.
90. Lab, S.P., Shields, G. and Schondel, C. (1993). 'Research note: An evaluation of juvenile sexual offender treatment.' *Crime and Delinquency*, 39, pp543-553
91. Lakey, J.F. (1994). 'The profile and treatment of male adolescent sex offenders.' *Adolescence*, 29, pp755-762.
92. Lamb, S. and Coakley, M. (1993). ' "Normal" childhood sexual play and games: Differentiating play from abuse.' *Child Abuse and Neglect*, pp515-526.
93. Lathlean, J. (1994). 'Choosing an appropriate methodology.' In Buckledee, J. and McMahon, R. (Eds), *The Research Experience in Nursing* (London: Chapman and Hall), pp31-46.
94. Lewin, K. (1946). 'Action research and minority problems.' *Journal of Social Issues*, 2, pp34-46.
95. Lewis, D.O., Shankok, S.S. and Pincus, J.H. (1979). 'Juvenile male sexual assaulters.' *American Journal of Psychiatry*, 136, pp1194 - 1196.
96. Longo, R.E., (2003). 'Emerging issues, policy changes, and the future of treating children with sexual behavior problems.' *Annals of the New York Academy of Science*, 989, pp502-514.

97. Longo, R.E. (1982) 'Sexual learning and experience among adolescent sexual offenders.' *International Journal of Offender Therapy and Comparative Criminology*, 2, pp235-241.
98. Longo, R. and Groth, A. (1983). 'Juvenile sexual offenses in the histories of adult rapists and child molesters.' *International Journal of Offender Therapy and Comparative Criminology*, 27, pp150-155.
99. Longo, R. and McFadin, J. (1981). 'Sexually inappropriate behavior: development of the sexual offender.' *Law and Order*, 29, pp21-23.
100. Marques, J.K. (1999). 'How to answer the question, "Does sex offender treatment work?"' *Journal of Interpersonal Violence*, 14, pp437-451.
101. Martinson, F.M. (1991). 'Normal sexual development in infancy and childhood.' In Ryan, G.D. and Lane, S.L. (Eds), *Juvenile Sexual Offending. Causes, Consequences, and Correction* (Massachusetts, Lexington Books), pp57-82.
102. Mbambo B. (1999). 'Emerging trends in diversion.' *Article 40*, 2, pp1-8.
103. McConaghy, N., Armstrong, M.S., Blaszyński, M.A., and Kidson, W. (1989). 'Resistance to treatment of adolescent sex offenders.' *Archives of Sexual Behavior*, 18, pp97-107.
104. McCurry, C., McClellan, J., Adams, J., Norrei, M., Storck, M., Eisner, A. and Breiger, D. (1998). 'Sexual behavior associated with low verbal IQ in youth who have severe mental illness.' *Mental Retardation*, 36, pp23-30.
105. McNiff, J. (1988). *Action Research: Principles and Practice* (London, Macmillan.).
106. Meyer, J.E. (1993). 'New paradigm research in practice: the trials and tribulations of action research.' *Journal of Advanced Nursing*, 18, pp1066 - 1072.
107. Miner, M.H. and Crimmins, C.L.S. (1995). 'Adolescent sex offenders: Issues of etiology and risk factors.' In Schwartz, B.K. and Cellini, H.R. (Eds), *The Sex Offender: Vol 1, Corrections, Treatments and Legal Practice* (Kingston, NJ: Civic Research Institute), pp9.1-9.15.

108. Monastersky, C. and Smith, W. (1985). 'Juvenile sexual offenders: A family systems paradigm.' In Otey, E.M. and Ryan, G.D. (Eds), *Adolescent sex offenders: Issues in research and treatment: A research monograph from ncpcr* (Rockville, Maryland: US Department of Health and Human Services), pp 164 - 172.
109. Money, J. and Ehrhardt, A. (1972). *Man and woman: boy and girl* (Baltimore, MD: Johns Hopkins University Press).
110. Mukwevho, H. (2001). 'The role of prosecutors in enabling diversion.' *Article 40*, 3, pp1-12.
111. Muntingh, L.M. (1999). 'Does diversion work?' *Article 40*, 1, pp1-10.
112. Muntingh, L.M. and Shapiro, R. (1997). *NICRO Diversions: An introduction to diversion from the criminal justice system*. (Cape Town: NICRO)
113. Muster, N.J. (1992). 'Treating the adolescent victim-turned-offender.' *Adolescence*, 27, pp441-450.
114. National Task Force on Juvenile Sexual Offending (1993). 'National Adolescent Perpetrator Network Revised Report.' *Juvenile and Family Court Journal*, 44, suppl 4, pp1-121.
115. O'Halloran, M., Carr, A. O'Reilly, G. Sheerin, D., Cherry, J., Turner, R., Beckett, R. and Brown, S. (2002). 'Psychological profiles of sexually abusive adolescents in Ireland.' *Child Abuse and Neglect*, 26, pp349-370.
116. O'Shaughnessy, R.J. (2002). 'Violent adolescent sexual offenders.' *Child and Adolescent Psychiatric Clinics of North America*, 11, pp749-76.
117. Postman, N. (1994). *The Disappearance of Childhood* (New York: Vintage Books).
118. Prentky, R., Harris, B., Frizzell, K. and Righthand, S. (2000). 'An actuarial procedure for assessing risk in juvenile sex offenders.' *Sexual Abuse: A Journal of Research and Treatment*, 12, pp71-93.
119. Rasmussen, L. A. (1999). 'Factors related to recidivism among juvenile sexual offenders.' *Sexual Abuse: A Journal of Research and Treatment*, 11, pp69-85.
120. Razum, O., Gorgen, R. and Diesfeld, H.J. (1997). ' "Action research" in health programmes.' *World Health Forum*, 18, pp54-55.

121. Redpath J. (2002). 'Child Sex Offenders in Custody in South Africa.' *Article 40*, 4, pp1-12.
122. Richter, L., Dawes, A. and Higson-Smith, C. (2004). *Sexual abuse of young children in Southern Africa* (Cape Town: HSRC Press).
123. Righthand, S. and Welch, C. (2001). 'Juveniles who have Sexually Offended: A Review of the Professional Literature.' Office of Juvenile Justice and Delinquency Protection, U.S. Department of Justice, March 2001 Report, pp 1-65.
124. Ross, J. and Loss, P. (1991). 'Assessment of the juvenile sex offender.' In Ryan, G.D. and Lane, S.L. (Eds), *Juvenile Sex Offending* (Lexington, MA: Lexington Books), pp199-252.
125. Rubenstein, M., Yeager, C.A., Goodstein, C. and Lewis, D.O. (1993). 'Sexually assaultive male juveniles: A follow up.' *American Journal of Psychiatry*, 150, pp262-265.
126. Ryan, G. (1986). 'Annotated bibliography: adolescent perpetrators of sexual molestation of children.' *Child Abuse and Neglect*, 10, pp125-131.
127. Ryan, G. (1991). 'Incidence and Prevalence of sexual offenses committed by juveniles.' In Ryan, G. and Lane, S. (Eds), *Juvenile sexual offending: Causes, Consequences, and Correction* (Boston, MA: Lexington Books), pp 9-19.
128. Ryan, G. (2000). 'Childhood sexuality: A decade of study. Part 1, Research and curriculum development.' *Child Abuse and Neglect*, 24, pp33-48.
129. Ryan, G., Lane, S., Davis, J. and Isaac, C. (1987). 'Juvenile sex offenders: development and correction.' *Child Abuse and Neglect*, 11, pp385-395.
130. Ryan, G., Metzner, J.L. and Krugman, R.D. (1990). 'When the abuser is a child: The assessment and treatment of the juvenile sex offender.' In Oates, R.K. (Ed), *Understanding and managing Child Sexual Abuse* (Harcourt Brace Jovanovich, Sydney).
131. Ryan, G., Miyoshi, T.G., Metzner, J.L., Krugman, R.D. and Fryer, G.E. (1996). 'Trends in a National Sample of Sexually Abusive Youths.' *Journal of the American Academy of Child Adolescent Psychiatry*, 35, pp17-25.

132. Satterfield, S. (1975). 'Common sexual problems of children and adolescents.' *Pediatric Clinics of North America*, 22, pp643-652.
133. Saunders, E.B. and Awad, J.A. (1988). 'Assessment, management and treatment planning for male adolescent sexual offenders.' *American Journal of Orthopsychiatry*, 31, pp542 - 549.
134. Schram, D.D., Milloy, C.D. and Rowe, W.E. (1991). *Juvenile Sex Offenders: A Follow-up Study of Reoffense Behavior* (Olympia, WA: Washington State Institute for Public Policy, Urban Policy Research and Cambie Group International).
135. Schwartz, B. (1992). 'Effective treatment techniques for sex offenders.' *Psychiatric Annals*, 22, pp318 - 319.
136. Schwartz, B.K. (1988). 'Interpersonal techniques in treating sex offenders.' In Schwartz, B.K. and Cellini H.R. (Eds), *A Practitioner's Guide to Treating the Incarcerated Male Sex Offender* (Washington DC: US Department of Justice, National Institute of Corrections, US Government Printing Office), pp101-107.
137. Sermabeikian, P. and Martinez, D. (1994). 'Treatment of adolescent sexual offenders: theory - based practice.' *Child Abuse and Neglect*, 18, pp385 - 395.
138. Shaw, J.A. (1999). 'Practice Parameters for the Assessment and Treatment of Children and Adolescents who are Sexually Abusive of Others.' *Journal of American Academy of Child and Adolescent Psychiatry*, 38, suppl, pp55 S - 76 S.
139. Shaw, J., Campo-Bowen, A.E. and Applegate, B. (1993). 'Young boys who commit serious sexual offenses: demographics, psychometrics, and phenomenology.' *Bulletin of the Americans Academy of Psychiatry and Law*, 21, pp399-408.
140. Shaw, J.A., Applegate, B. and Rothe, E. (1996). 'Psychopathology and personality disorders in adolescent sex offenders.' *American Journal of Forensic Psychiatry*, 17, pp19-37.
141. Skelton, A. (2001). 'Setting standards for diversions.' *Article 40*, 3, pp1-8.

142. Skuse, D., Bentovim, A., Hodges, J., Stevenson, J., Andreou, C., Lanyado, M., New, M., Williams, B. and McMillan, B. (1998). 'Risk factors for development of sexually abusive behaviour in sexually victimised adolescent boys: Cross sectional study.' *British Medical Journal*, 317, pp175-179.
143. Smets, A.C. and Cebula, C.M. (1987). 'A group treatment programme for adolescent sex offenders: five steps towards resolution.' *Child Abuse and Neglect*, 11, pp247-254.
144. Smith, E.A. and Udry, J.R. (1985). 'Coital and non-coital sexual behaviors of white and black adolescents.' *American Journal of Public Health*, 75, pp1200-1203.
145. Smith, W.R. and Monastersky, C. (1986). 'Assessing juvenile sexual offender's risk for reoffending.' *Criminal Justice and Behavior*, 13, pp115-140.
146. South African Law Commission (SALC) (2000). 'Draft Child Justice Bill.' In *Project 106, Report on Juvenile Justice*. (Accessed on June 15, 2001 <http://wwwserver.law.wits.ac.za/salc/report.project106.html>).
147. Stermac, L.E. and Sheridan, P. (1993). In Barbaree, H.E., Marshall, W.L., Hudson, S.M, (Eds), *The Juvenile Sex Offender* (New York: Guilford), pp235 - 242.
148. Trivits, L.C., and Reppucci, N.D., (2002). 'Application of Megan's law to juveniles.' *American Psychologist*, 57, pp690-704.
149. Veneziano, C., Veneziano, L. and LeGrand, S. (2000). 'The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence*, 15, pp363-374.
150. Vizard, E., Monck, E. and Misch, P. (1995). 'Child and Adolescent Sex Abuse Perpetrators: A Review of the Research Literature.' *Journal of Child Psychology and Psychiatry*, 36, pp731-756.
151. Wasserman, J. and Kappel, S. (1985). *Adolescent sex offenders in Vermont* (Burlington, VT: Vermont Department of Health).
152. Watkins, B. and Bentovim, A. (1992). 'The sexual abuse of male children and adolescents: a review of current research.' *Journal of Child Psychology and Psychiatry*, 33, pp197-248.

153. Weinrott, M. (1996). *Juvenile Sexual Aggression: A Critical Review* (Boulder, CO: University of Colorado, Institute for Behavioral Sciences, Center for the Study and Prevention of Violence)
154. Weinrott, M. (1998). Recidivism among juvenile sex offenders: Are favorable outcomes only favorable when therapy matters? Handout from Empirically-based treatment interventions for juvenile sex offenders. Presentation sponsored by the Child Abuse Action Network and the State Forensic Service, Augusta, ME, August 1998.
155. Wheeler, J.R. (1986). *Final evaluation of Snohomish County prosecutors' juvenile sex offender project*. (Olympia, WA: Department of Social Services, Justice Section).
156. Whyte, L. (1991). *Participatory Action Research* (New York: Sage).
157. Wilcox, B.L. (1999). 'Sexual obsessions: Public policy and adolescent girls.' In Johnson, N.G. and Roberts, M.L. (Eds), *Beyond appearance: A new look at adolescent girls* (Washington, D.C: American Psychological Association), pp333-354.
158. Wood, C. (2000). *SAYSTOP training workshop evaluation report* (Institute of Criminology, University of Cape Town).
159. Wood, C. (2002). *Evaluating the SAYSTOP Diversion Programme: Findings from the second follow-up study* (Internal Publication, Institute of Criminology, University of Cape Town, June 2002) pp1-83.
160. Wood, C. and Ehlers, L. (2001). *Towards a viable programme for young sex offenders in South Africa* (Working paper, Institute of Criminology, University of Cape Town.).
161. Wood, C., Welman, M. and Netto, L. (2000). 'A profile of Young Sex Offenders in South Africa.' *South African Journal of Child and Adolescent Mental Health*, 12, pp45-58.
162. Worling, J.R. and Curwen, T. (2000). 'Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction.' *Child Abuse and Neglect*, 24, pp965-982.

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A.1 INTRODUCTION

This section tabulates the processes that were involved in each of the cycles during the development and implementation of the diversion programme. Important factors that determined the shape and content of the programme are described, including a short description of how the various tasks were tackled by the team. Obstacles and challenges are listed, as is the manner in which these were confronted and /or undertaken. The manner in which CAYSTOP/SAYSTOP grew from a handful of members to an organisation with several arms and numerous roleplayers is shown. Important evocative processes are highlighted, and details of how these affected CAYSTOP/SAYSTOP and the manner in which they were managed is also given.

A.2 CYCLES 1-12 OF THE SAYSTOP INTERVENTION PROGRAMME FOR YOUNG SEXUAL OFFENDERS

A.2.1 Cycle 1 – Awareness of young sexual offenders and addressing the problem

Plan

- Invitation of important role players in the field of young sexual offenders to share experience at meetings and to ascertain the magnitude of problems.

Action

- Sharing of experiences, concerns and ideas about young sexual offenders at meetings.

Observation

- Significant numbers of young sexual offenders exist in the community;
- no co-ordinated or structured intervention exists for young sexual offenders.

Reflection

- Broad consensus reached by all role players to embark upon the development of a group-based intervention programme for young sexual offenders using a team approach.

One of the most important factors in the first cycle was that it was able to bring together most of the key role-players involved in the management of young sexual offenders, highlight the significant difficulties that were experienced, notably the lack of any intervention protocols or co-ordinated management approach. The feelings of frustration and helplessness that were elicited in the initial meetings acted as a catalyst and strong cohesive force in formulating the way forward. The strength of the meetings lay not merely in identifying problems, but also in initiating a plan to address these. By sharing experiences, presenting case studies and giving presentations of international models of the management of young sexual offenders, consensus on the way forward could be reached by all role-players (police, justice system, social services etc.). Group decisions, as opposed to individual or sub-group decisions, were arrived at by combining local experience with international guidelines and agreeing on future strategy. This collaborative approach ensured that everyone felt part of the process, which was established - one that they saw as a solution to the problems and frustrations they were encountering. In a sense, a mandate was obtained which had the backing of all the significant role-players regarding the way forward. Moreover, the meetings achieved the formation of a network of all significant role-players who would meet in future in order to monitor/guide the process. A sub-group, entrusted with the development of an intervention programme was formed, a task which had the full backing of all role-players.

A.2.2 Cycle 2 – Development of an intervention programme for young sexual offenders

Plan

- Development of an intervention programme for young sexual offenders by a team (with experience in the field).

Action

- Meetings to formulate objectives, goals, aims etc. of the intervention programme;
- Research and development of intervention strategies and content of programme using both an individual and team approach;
- Transcription of programme plan and content.

Observation

- Programme used international guidelines and local experience in formulation of intervention programme;
- Individual and group work used;
- Assessment guidelines and an 8-session group intervention programme developed.

Reflection

- Combining individual and group work ensured effective time management, input from all members and group consensus which built a sense of cohesion and trust;
- Transcription allowed for implementation of standardised programme content.

The goal of the second cycle was for a group of individuals with experience and expertise to meet and formulate a core intervention programme for young sexual offenders. Individuals from various backgrounds and with differing experience met to tackle this task. The wide range of experience offered by the group allowed for individuals to formulate and develop certain sections of the intervention programme, which were then presented to the group for further input and ratification. This ensured that all group members actively contributed to the content of the programme, as well as that the group as a whole agreed on the various sections of the programme. Agreement was reached by pooling the collective experience of the group and after comparing recommended sections with the international literature available at the time. During the development of the intervention programme, young sexual offenders were being assessed. This gave team members first-hand experience of the type of individual at whom the intervention was aimed. During meetings team members were thus able to offer views and opinions as to the development of the content and the mode of the programme, ensuring that it was suited to the youth targeted for intervention. Such

combined experience also helped to identify potential future problems. The fact that each team member had contributed to the intervention programme ensured that everyone eagerly awaited the pilot implementation and its outcome. Transcription and editing of the various sessions developed was undertaken by the team members who had less practical experience, again ensuring that each team member played an important role in the development process.

A.2.3 Cycle 3 – Pilot Study administering the intervention programme to Young Sexual Offenders

Plan

- Administering of intervention programme by facilitators and its evaluation.

Action

- Preparation for administration;
- Administration of programme by facilitators;
- Assessment and evaluation of administration using various feedback and observation methods.

Observation

- Successes and difficulties experienced and how these were addressed by the team.

Reflection

- Changes to programme content and facilitation style brought about;
- Changes to enable outside facilitators to administer the programme.

Cycle 3 involved administering the programme to young sexual offenders and assessing various aspects of the programme in order to identify strengths and weaknesses. Three sources of feedback were used for this process, namely facilitators, team members who had observed the process from behind a one-way mirror and the young sexual offenders and their caregivers/families. Team meetings

served as a forum where identified weaknesses could be addressed and change brought about in either the programme content or guideline section. Multiple sources thus informed this process while the whole team decided on the relevant changes, in order for new facilitators (who had not been involved in the development process) to administer the programme.

A.2.4 Cycle 4 – Pilot studies using new facilitators to administer the intervention programme

Plan

- Administration of intervention programme by new facilitators.

Action

- Preparing, supporting and assisting new facilitators in their task.
- Assessing the administration process and repeating action steps of previous cycle.

Observation

- New facilitators competent at administering programme;
- Difficulties encountered were addressed by team and documented in the manual.
- Previous changes made had a positive impact;
- Positive observations made in first pilot study were replicated.

Reflection

- Successful administration of pilot projects gave team a sense of optimism in exploring avenues to expand the intervention programme;
- The resignation of key role players resulted in uncertainty as to how to carry the programme forward.
- Reporting results of the pilot studies to the larger group of role-players in order to delineate the way forward needed to occur.

The purpose of Cycle 4 was to gauge how effectively the intervention programme could be administered by new facilitators who had not been involved in the

development of the programme. These new facilitators relied on the printed guidelines/instructions and the support of the CAYSTOP members in administering the programme. Both observation and feedback indicated that new facilitators were able to administer the programme with a degree of proficiency that indicated that they had understood the content and guidelines of each of the eight sessions. The experience of and support given by the CAYSTOP team in this regard was, however, also very important in bringing this task about. The above indicated that the intervention programme could be taken forward cautiously, with outside facilitators possibly administering the programme, whilst the CAYSTOP team gave the necessary support. Resignation of key role-players tempered some of the enthusiasm that was generated by the above findings. In order to best delineate a good working solution for the future, the CAYSTOP team felt that it would be most appropriate to present the findings of the pilot studies to the larger multidisciplinary forum, in order to obtain a clear mandate as to the best way forward.

A.2.5 Cycle 5 – Formation of SAYSTOP and formulation regarding the way forward

Plan

- Delineating the way forward following development and initial pilot phase of the intervention programme.

Action

- Presentation of work to date to a multidisciplinary team for comment, input and further discussion.

Observation

- Positive feedback and response from all role-players;
- Multidisciplinary team with various functions formed to take process forward;
- Formation of a central steering committee and different functional arms;
- Close co-operation with probation officers from the Department of Social Development in expanding the programme on a district level;
- Registration of the programme as an official diversion programme.

Reflection

- Multidisciplinary consensus reached on way forward;
- Formation of a new multidisciplinary team/organisation named SAYSTOP to take programme into the future;
- Initial focus to fall on training of probation officers in administering intervention programme on a wider basis.

Cycle 5 focused on ways in which the intervention programme should be taken forward. By presenting the work to date to a multidisciplinary forum (similar to what had been done in cycle 1) a clear mandate could be obtained from all major stakeholders/role-players regarding the direction forward. The decision to expand both in depth and in breadth was thus not a decision taken by the team that developed the intervention programme, but a decision taken by a forum consisting of a wide range of role-players involved in the child justice system and child care system. The new organisation that was formed, SAYSTOP, thus contained role-players from a wider field than the team that had developed the intervention programme and was involved in the initial pilot projects.

This team was headed by a steering committee with several different arms tackling the various tasks required in expanding the programme. The fact that definite goals were put in place such as formulating funding proposals, training of probation officers, marketing, research and other organisational duties ensured that the initial momentum that the process had gained was maintained and that the new team could proceed with a sense of optimism and enthusiasm.

A.2.6 Cycle 6 – Workshop for probation officers who would facilitate the diversion programme for Young Sexual Offenders in the future

Plan

- Conducting a workshop for probation officers to administer the SAYSTOP diversion programme;
- Developing a training manual for this purpose.

Action

- Conducting a 3 day training workshop for probation officers;
- Obtaining feedback from participants about the effectiveness of the workshop.

Observation

- Feedback indicated that the overall objectives of the workshop were attained;
- Probation officers felt confident in administering the diversion programme in their respective districts with ongoing support offered by SAYSTOP.

Reflection

- Establishment of a relationship between probation officers and SAYSTOP;
- Probation officers appeared to have received sufficient training to implement and administer the diversion programme;
- Sufficient support structures provided by SAYSTOP appeared to be in place
- Follow-up workshop would be conducted within $\pm$ 1 year.

Cycle 6 focused predominately on the training of probation officers in administering the SAYSTOP diversion programme in their respective districts. A training manual had been developed by the SAYSTOP team in order to cover as many areas as possible i.e. legal aspects, data on young sexual offenders, facilitation skills, research and development of a data bank etc. Each subgroup of the SAYSTOP team developed sessions which emphasised their area of expertise. The research and training team, which contributed most to the workshop content, co-ordinated the various sessions, presenting them in manual form. By far the greatest proportion of time was spent working through the eight sessions that made up the intervention programme with the probation officers. The feedback received from probation officers following the workshop was positive and indicated that they felt equipped to administer the diversion programme in their respective districts. From an organisational point of view, both the structure of the organisation and the team participants of SAYSTOP had changed. The steering committee, which consisted of members of the various organisations, played the role of guiding the overall process, taking important decisions and ratifying the proposals made by the various subgroups. Certain of the sub-groups worked closely together, (e.g. training sub-group and research subgroup) whereas other sub-groups

did not come into contact that frequently. The participant base and goals of SAYSTOP had been considerably widened, and some of the intimacy in working together in the initial project had been lost. Even though quite close contact had been forged with the probation officers during the training workshop both their geographic distance as well as their workload prevented them from being more actively involved in SAYSTOP on a decision-making basis.

A.2.7 Cycle 7 – Rolling out and evaluating the SAYSTOP diversion programme administered at district level

Plan

- Evaluation of the implementation of the SAYSTOP diversion programme at district level.

Action

- Obtaining and evaluating feedback from SAYSTOP members and probation officers over past year;
- Conducting a follow-up workshop with probation officers and evaluating their experiences;
- Obtaining and evaluating feedback from other sources including young sexual offenders, caregivers, schools, police etc.

Observation

- 16 diversion programmes were administered to 93 youths;
- Probation officers felt sufficiently equipped to set up and facilitate the diversion programme;
- Sessions outlined in the manual were concise and easy to follow;
- Support structures were felt to be extremely useful;
- Difficulties experienced with probation officer workload, court liaison and creating public awareness.

Reflection

- Probation officers felt part of the SAYSTOP team;

- Referral form required modification;
- Reworking of certain sessions and addition of a session on sex education needed to occur;
- Court liaison and public awareness needed to be addressed;
- Probation officer workload needed to be taken into consideration;
- Follow-up studies were needed to ascertain the longer-term impact of the diversion programme on YSO's.

Cycle 7 attempts to evaluate the implementation of the SAYSTOP diversion programme on district level following the training of probation officers in setting up and facilitating the programme in their respective areas. Data was obtained from various sources and in various forums. This included feedback given at SAYSTOP steering committee meetings by the various members, informal feedback given by probation officers, observations made by the SAYSTOP members who mentored/supervised probation officers, field trips undertaken by SAYSTOP members, informal reports from the police and schools the young sexual offenders attended as well as feedback from young sexual offenders and their caregivers. More formal feedback was obtained from probation officers during a follow-up workshop during which they completed a questionnaire. From this feedback it was established that probation officers felt both confident and competent in administering the programme. Support structures that were in place were seen as extremely useful. A significant number of programmes had been run targeting almost 100 youths. Several difficulties had been identified which needed to be addressed, ranging from difficulties experienced with court liaison, language barriers, content of some of the sessions etc. Despite their workload and although they did not actively participate in SAYSTOP meetings, the probation officers indicated that despite this they felt very much part of the SAYSTOP team. The expansion of the programme made it more difficult to document each aspect of the process, especially where different arms of the SAYSTOP organisation were involved in different areas.

A.2.8 Cycle 8 – Evaluation of the longer-term impact the SAYSTOP programme had on young sexual offenders

Plan

- Evaluation of the longer term impact the SAYSTOP diversion programme had on youths.

Action

- Administration of structured and semi-structured questionnaires to young sexual offenders who had attended:
 - the initial pilot programme held in Wynberg; and
 - pilot programmes in 2000.

Observation

- Difficulties experienced in tracking down young sexual offenders i.e. contact established in less than 30% of cases;
- No sexual re-offending noted;
- In general programme had a positive impact;
- Problem areas included aspects around victim empathy, gender stereotyping and aspects of power/powerlessness;
- Parents tended to minimise their children's offence(s).

Reflection

- Follow up of young sexual offenders should be court mandated;
- Young sexual offenders should be re-evaluated at completion of a programme to assess their risk status and in order to formulate follow-up procedures (i.e long-term vs short-term);
- Further intervention and education of caregivers would need to occur;
- Extension/changes to sessions/topics that young sexual offenders had difficulties internalising i.e. victim empathy, gender stereotypes and power/powerlessness.

Cycle 8 attempted to establish the longer-term impact that the diversion programme had on young sexual offenders. This aspect involved principally the research arm of the SAYSTOP team although the results of this and the previous cycle have important functions in guiding the combined process forward. Structured and semi-structured questionnaires were completed by young sexual offenders in order to gauge what they had learnt from attending the diversion programme. Encouraging was the fact that in general the findings were positive and none of the respondents had subsequently committed a sexual offence. Of concern was the fact that less than 30% of young sexual offenders who had participated in programmes could be contacted for follow-up, that certain important concepts such as victim empathy, gender stereotypes and issues regarding power/powerlessness were poorly understood and that parents/caregivers still frequently tended to minimise the initial offence that the respondents had committed. Recommendations based on the results of the research included exploring aspects such as court mandating follow-up, re-assessing offenders at the completion of the programme in order to assess their risk and the intensity of follow-up they required, developing further intervention strategies for parents and extending/changing certain content of the sessions where respondents had shown difficulties grasping the core concepts.

The data gathered in Cycles 7 and 8 was extremely important in pointing out which areas of the programme and its wider implementation needed to be addressed.

A.2.9 Cycle 9 – Changes to the SAYSTOP programme, increasing awareness and the expansion of the programme to the Eastern Cape

Plan

- Previous cycles highlighted some of the shortcomings of both the diversion programme and its implementation which needed to be addressed;
- SAYSTOP's future role would need to be examined and addressed.

Action

- Meetings by SAYSTOP team and workshops with probation officers would be held to address the above;
- More active marketing of the programme and liaison with courts would occur.

Observation

- SAYSTOP members and probation officers held several meetings/workshops culminating in the following changes/additions to the diversion programme:
 - additional process notes and comments/guidelines for each of the programme sessions;
 - simplification of the assessment form;
 - increasing sessions from 8 sessions to 10 sessions with additional material on sex education, victim empathy, myths around rape, anger management and relapse prevention;
 - the transcribed sessions were edited and printed in official manual form;
 - additional material for training workshops which would be extended over a 4 day period (training workshops and follow-up workshops to be continued);
 - active marketing and liaison with as wide a field as possible in the form of articles, newsletters, liaison with courts, submissions to Parliament (CJB submissions), presentations at congresses and conferences and media articles;
- Reconnaissance to Eastern Cape to establish a steering committee;
- Training workshop and follow-up workshops earmarked for Eastern Cape;
- Staff changes and resignation of key SAYSTOP members occurred;
- High turnover of probation officers noted, hampering continuity.

Reflection

- Changes to content of diversion programme sessions and training workshop brought about;
- Effects would be evaluated in future;
- Programme expansions to Eastern Cape;
- Significant staff turnover (both within SAYSTOP and of probation officers) had an impact on programme continuity resulting in a loss of momentum and cohesion;

- In light of this an internal review would be conducted in order to delineate the way forward.

Cycle 9 attempts to address some of the difficulties that were highlighted in the previous 2 cycles and describe the further expansion of SAYSTOP. A close relationship had developed between the SAYSTOP training and research arms and the probation officers, as they had worked together on the implementation and evaluation phases. This enabled probation officers to contribute directly to changes/additions to the programme and training workshop, making them feel part of the decision making process, not merely staff members in an implementation process. Meetings between SAYSTOP staff and probation officers resulted in new and expanded material to be introduced to both the intervention manual and the training workshop. Probation officers (despite considerable constraints of time and workload) were encouraged to become active participants in the change process as opposed to merely fulfilling the role of administering the diversion programme. One of the major difficulties encountered was the lack of data available about the young sexual offenders who had participated in the programme. This information should have been forwarded to the research arm by probation officers, but often was not, despite repeated requests. Simplifying the assessment form was seen as one way of overcoming this problem. The SAYSTOP team also stressed the importance of this information to the database and for ensuring follow-up procedures.

A concerted effort was made by all SAYSTOP team members to increase both public and professional awareness of young sexual offenders and the SAYSTOP diversion programme. This was achieved by increasing the newsletter circulation, publications in journals, development of an information booklet and articles which were printed in the local media (newspaper). Increased liaison with the courts took place with SAYSTOP members and probation officers visiting several Magistrates Courts promoting the SAYSTOP programme as a means of a diversion option for young sexual offenders. SAYSTOP members also gave presentations to the Department of Education, the Department of Justice and to the parliamentary portfolio committee responsible for drafting the CJB and new legislation on sexual offences.

Following a request by the Department of Social Development in the Eastern Cape to assist in initiating a diversion programme for young sexual offenders in that province, SAYSTOP introduced a similar system to the one operating in the Western Cape. A SAYSTOP team was thus formed in the Eastern Cape which was closely supported by the Western Cape team. Follow-up workshops in that province both indicated the success of the programme there and highlighted certain difficulties which needed to be addressed.

Two aspects significantly affected the running of SAYSTOP and the rate at which important changes/recommendations could be brought about. The continued expansion of SAYSTOP (i.e. in size, in function and in geographic area covered) made it more and more difficult to document in detail the various processes that were occurring. Furthermore staff turnover both amongst the SAYSTOP team and amongst probation officers hampered the smooth continuity of the implementation process, and the development of strategies to manage the follow-up procedures. Resignations by key members of the research and training arm meant that new and relatively inexperienced members had to fill these positions. Key recommendations for changes to be made, such as ensuring some form of post-programme intervention and follow-up and directing further intervention/education at the caregivers of young sexual offenders was not followed through on. The above mentioned resignations in key areas resulted in none of the original members of the CAYSTOP team, who had originally developed the programme and administered it, being present in the SAYSTOP team, apart from the researcher who by this stage was involved in a consultative role. The training and research arms of SAYSTOP played an extremely vital role in bringing about changes in the actual content and administration of the programme and these resignations resulted in temporary stagnation of important areas, preventing the programme from moving forward in a dynamic fashion. Before a new researcher or co-ordinator could bring about changes in the programme he/she first had to be thoroughly acquainted with the established programme and the running of SAYSTOP.

In order for the organisation to once again establish new momentum and goals, an internal review of SAYSTOP would be conducted canvassing both past and present members.

A.2.10 Cycle 10 – Internal review mechanism in order to delineate the way forward

Plan

- Resignation of key members on the SAYSTOP team resulted in loss of direction and goals;
- An internal review of SAYSTOP would be conducted in order to ascertain new directions and goals.

Action

- A questionnaire would be completed by past and present SAYSTOP members addressing the above;
- Results would be analysed and presented to SAYSTOP for discussion and exploration.

Observation

- Wide range of opinions;
- Positive responses obtained:
 - manual & training;
 - programme well received by criminal justice system; and
 - positive impact on target groups acknowledged;
- Negative responses obtained:
 - programme perceived as a 10-week “fix all” instead of an integrated management system;
 - Full potential not yet reached;
 - programme does not address serious or repeat offenders;
 - recurrent issues not addressed - duration/follow-up; and
 - assessment form feedback;

- Probation officer workload, high staff turnover and resignation of key members an obstacle to continuous development of programme;
- Process of handing over programme to Department of Social Development should be considered;
- Forging links with other national organisations involved in management of young sexual offenders;
- Training and mentoring of probation officers should continue with emphasis on importance of follow-up, longer-term management plan and exploring preventative roles.

Reflection

- Diverse and balanced opinions obtained;
- Allowed SAYSTOP to redefine focus, aims and objectives;
- Important in helping new SAYSTOP team members in understanding workings of SAYSTOP and to define their tasks.

Cycle 10 consisted of undertaking an internal review study in order to clarify future goals and objectives of SAYSTOP. This had become particularly important as several key staff members had left who were driving forces of the organisation. It would also allow the newly appointed staff members (a researcher as well as a programme co-ordinator) to familiarise themselves with the wide range of functions that SAYSTOP was fulfilling and help crystallise issues that were considered of fundamental importance.

Past and current members of SAYSTOP were presented with a questionnaire developed by the new researcher. Various fields were covered including the way forward. Several positive and negative findings were made which were fed back to the current SAYSTOP team at a presentation. One of the major criticisms of the SAYSTOP diversion programme had been that it was viewed as a 10-week programme instead of as an ongoing management system. The internal review allowed SAYSTOP to redirect its focus on aspects such as forging closer ties with other organisations who offered some form of intervention programme to young sexual offenders and to continue its mentoring and training role where emphasis should be placed on follow-up of young sexual offenders as opposed to merely

administering a 10-week programme. A subgroup was formed, to explore ways in which the current working of SAYSTOP could be handed over to the Department of Social Development in the future. Research into the efficacy of the programme would continue.

The internal review study thus assisted SAYSTOP in redefining its role for the next 12 months before major funding would possibly cease.

**A.2.11 Cycle 11 – Evaluation of the SAYSTOP programme
administered to young sexual offenders in 2002, examining both
their profile and the impact the programme had on them**

Plan

- Study on profile, impact and effectiveness of diversion programme administered to youths in 2002.

Action

- Coding of 100 assessment forms returned to SAYSTOP;
- Developing, administering and analysing questionnaires completed by youths and their caregivers who had attended the SAYSTOP diversion programme in 2002 (both Eastern Cape and Western Cape).

Observation

- Important demographic details obtained on background of young sexual offenders;
- In general youths and their caregivers experienced the SAYSTOP programme as having had a positive impact;
- Difficulties with internalising concepts regarding victim empathy, gender stereotypes, notions of power, relapse prevention, anger management and socialisation were still experienced;
- No sexual re-offending occurred;
- 2/3 of offenders still had regular contact with victim;

- 1/3 of caregivers did not attend sessions and in general caregivers did not apportion blame for the offence to the perpetrator.

Reflection

- Important demographic details of young sexual offenders obtained;
- Low number of follow-up respondents disappointing;
- Victim offender mediation important to promote (in view of 2/3 of offenders still in contact with victim);
- Difficulties still present with young sexual offenders struggling to internalising certain themes and concepts;
- Additional parental input vital;
- No sexual re-offending occurred.

Cycle 11 is an impact study conducted by the research arm of SAYSTOP on young sexual offenders who completed programmes in 2002 and examining both their profile and the impact the programme had on them.

The above consisted of coding returned assessment questionnaires completed by probation officers following the initial assessment which had been forwarded to SAYSTOP (n=100) and administering questionnaires to young sexual offenders and their caregivers (n=33). Useful demographic data was obtained in helping to understand some of the stressors and variables pertaining to YSO in the South African context. Even though none of the young sexual offenders who participated in the study had committed a subsequent sexual re-offence, important data emerged regarding their inability to internalise some of the core messages of the programme. Two further disturbing aspects were the fact that in 2/3 of the cases, the offender still had regular contact with the victim and that parents/caregivers of offenders needed to be more involved in the programme and given more input. The above findings have an important bearing on consideration for programme content expansion and once again highlighted the difficulty in making contact with the majority of young sexual offenders when conducting follow-up studies.

A.2.12 Cycle 12 – Continued implementation, national consultation and the way forward

Plan

- Continuation of training workshops for probation officers;
- Handing over of diversion programme to Department of Social Development;
- Sharing experiences with other organisations involved in treatment of young sexual offenders;
- Exploring avenues to develop longer term treatment programme for serious young sexual offenders;
- Exploring avenues of implementing preventative programmes for potential young sexual offenders;
- Exploring aspects around future funding.

Action

- Training workshops would emphasise lessons of past and train more experienced probation officers in administering the training workshops;
- Meetings with the Department of Social Development to plan the hand-over of the SAYSTOP diversion programme;
- Attending and presenting at National Consultative Workshop on Young Sexual Offenders;
- Organising and holding a workshop on prevention strategies for young sexual offenders;
- Submission of funding proposals for the development of a preventative programme for young sexual offenders and a programme for serious/repeat young sexual offenders.

Observation

- Workshops in the Eastern and Western Cape focused on:
 - training probation officers to facilitate training workshops;
 - additional sessions on HIV/Aids and parental input;and
 - highlighting the importance of follow-up of young sexual offenders;

- Workshop for delegates from Gauteng Department of Social Development on establishing the groundwork for implementing a diversion programme for young sexual offenders was well received;
- Assisting of Western Cape Department of Social Development in setting up internal structures to hand over the SAYSTOP diversion programme;
- Presentation at National Consultative Workshop well received:
 - Links with other organisations established;
 - Different approaches (e.g. those of Childline (Durban) and the Teddy Bear Clinic (Johannesburg)) were noted; and
 - Important input given to HSRC's study on minimum standards for diversion programme for young sexual offenders;
- Funding proposals for re-working of the intervention manual for more serious young sexual offenders and development of prevention strategies accepted;
- Key members of SAYSTOP unfortunately resigned to take up other occupational positions.

Reflection

- 61 probation officers trained, including future facilitators of training workshops;
- New links formed with other organisations treating young sexual offenders should be maintained and strengthened, with a view to formulating a broader intervention programme, targeting a wider cross section of young sexual offenders;
- Methods employed by other organisations (e.g. Childline and the Teddy Bear Clinic) should be assessed for use in the SAYSTOP programme;
- Continued liaison and support of Department of Social Development in taking over SAYSTOP diversion programme;
- Acceptance of funding proposals ensured continued survival of SAYSTOP and presented new goals and challenges;
- Lessons learned in the past important in dealing with future projects.

Cycle 12 describes the avenues SAYSTOP took following the internal review that was conducted. Continuing the training of probation officers took place, in conjunction with training probation officers in facilitating and administering

workshops within their own departments for the future. New material on HIV/Aids and parent input was introduced into the 10-session programme. Follow-up of sexual offenders was strongly urged in view of the low number of youths who could be contacted for follow-up studies. Meetings with the Department of Social Development focused on establishing a steering committee type of structure within the department in order for the SAYSTOP diversion programme to be handed over.

During a National Consultative Workshop held in Cape Town at the end of 2003, closer links were forged with Childline from Durban and The Teddy Bear Clinic in Johannesburg, both organisations involved in young sexual offender intervention. SAYSTOP gave several presentations at the workshop and the experience gained over the years was put to use in drawing up guidelines for minimum standards applicable to young sexual offenders being diverted, a project conducted by the HSRC in anticipation of the CJB being passed by parliament in the future.

Two future tasks that SAYSTOP had decided to pursue, were exploring aspects around preventative work in the field of young sexual offenders and expanding the existent SAYSTOP diversion programme or developing a new programme aimed at more serious and/or repeat young sexual offenders. Funding proposals were drawn up for this purpose which had been accepted.

SAYSTOP would invite key role players and experts in the field of prevention to give their input in order to gauge how best to tackle issues pertinent to the prevention of sexual abuse by young perpetrators. This approach would be similar to Cycle 1 described earlier.

It was hoped that SAYSTOP would still play an active consultative role during and after the hand-over of the current diversion programme to the Department of Social Development and share their results of future work (prevention and longer term intervention programme) with this department.

Appendix B Wynberg pilot questionnaire for parents

University of Cape Town

EVALUATION BY PARENTS

1. How are you feeling about the crime which your child committed and how has it affected your relationship with him\her?
2. Did your child at any stage share with you the content of the course or anything which may have made an impression on him\her? What did they share?
3. Have you noticed any change in your child's attitude or behaviour over the past 6 weeks?
4. Do you feel that your child deserved the chance which this programme gave him? WHY?
5. Any other comments?

Appendix C

Wynberg pilot questionnaire for young sexual offenders

University of Cape Town

GENERAL QUESTIONNAIRE FOR PARTICIPANTS

- 1) What are you feeling about the crime which you committed and how has it affected your life?
- 2) What in this course has benefited you the most - WHY?
- 3) What in this course has benefited you the least - WHY?
- 4) What do you think would have happened to you if you had not been given this chance?
- 5) Why should YOU have been given this chance?
- 6) How do you rate your:
 - attendance -
 - co-operation -
 - attitude -

Appendix D

Probation officer questionnaire on completion of a follow-up workshop

University of Cape Town



South African Young Sex Offenders Project

*a diversion programme for
young sex offenders*

FOLLOW-UP WORKSHOP - FOCUS GROUP QUESTIONS

Facilitator:

Participants:

1. Reflecting on the period between the Training Workshop in February 2000 and this Follow-up workshop, what stands out for you most with regards to setting-up and facilitating the SAYSTOP Diversion Programme?

Facilitator: Go around in a circle - giving everyone in the group an opportunity to speak - summarise the input

2. On a sheet of paper, list all the challenging aspects, experiences and/or variables the members of your group have encountered whilst setting-up and facilitating a SAYSTOP Diversion Programme.
3. On a sheet of paper, list all those aspects, experiences and/or variables that have facilitated the process of setting-up and facilitating a SAYSTOP Diversion Programme.
4. Were there any specific factors operating in your region that made it difficult/imposed the establishment of a SAYSTOP Diversion Programme in your area.
5. On the whole, what were the various reactions you encountered with regards to the establishment or non-establishment of a SAYSTOP Diversion Programme in your area.

REACTION	Negative	Ambival.	Indiffer.	Positive	Unsure	Other
Supervisor						
Explain (if necessary):						
Colleagues						
Explain (if necessary):						
Magistrates						
Explain (if necessary):						
Prosecutors						
Explain (if necessary):						
Victim(s) and family						
Explain (if necessary):						
Child offender						
Explain (if necessary):						
Child's caregiver(s)						
Explain (if necessary):						
School						

Explain (if necessary):						
Service orgs.						
Explain (if necessary):						
Community members						
Explain (if necessary):						

6. Reflecting on the training workshop February 2000, how successful do you think the training workshop was in equipping you for the process of setting-up a SAYSTOP Diversion Programme?

Not at all		Fairly successful		Very successful
1 =	2 =	3 =	4 =	5 =

Using the cards, please rate the core training sessions in terms of their usefulness (1 = most useful through to 5 = least useful). In addition, please include any recommendations for how the training workshop could be improved.

RATING:	
1.	
2.	
3.	
4.	
5.	
EXPLANATION	

SUGGESTIONS FOR IMPROVING

7. In terms of the manual and assessment form, please use the cards and as a group rate each of the items in terms of how easy they were to administer and/or facilitate (1 = easiest to administer/ facilitate through to 9 = most difficult/unclear). Please explain why you have chosen to rate them in this order and include any suggestions for improving them to make their administration easier.

RATING:

1.

2.

3.

4.

5.

6.

7.

8.

9.

EXPLANATION

SUGGESTIONS FOR IMPROVING

8. Reflecting on the supportive services, please comment on the usefulness of each of these services. Please include comments as to how these services can be improved.

TELEPHONE ADVICE LINE

(Explore: Did they use it? How would they change it? E.g. Phone in or be phoned on a regular basis? Input helpful? Etc.)

NEWSLETTER

(Liked/ Disliked? Were the articles useful? What type of information would they like more of in the future? How could it be improved?)

FOLLOW-UP VISITS

(Were these useful? Timing of visits? How could the supportive system be improved?)

ANY GENERAL COMMENTS REGARDING SUPPORT NEEDS?

9. What further assistance do you think that you require in order to continue to establish and run SAYStOP Diversion Programmes? From:

Your office:

PAWC:

The SAYStOP Steering Committee:

The community you work in:

**Appendix E Questionnaire - 2nd follow-up study of the
SAYSTOP diversion programme**

University of Cape Town

FOLLOW-UP QUESTIONNAIRE



South African Young Sex Offenders Project

*a diversion programme for
young sex offenders*

PROGRAMME EVALUATION QUESTIONNAIRE

BACKGROUND INFORMATION

INSTRUCTIONS: Fill in off SAYStOP Assessment Interview Questionnaire and Diversion Programme Attendance Register. Check information and clarify any gaps with parent(s)/ caregiver(s).

NAME: _____ TODAY'S DATE: _____

AGE: _____ D.O.B.: _____ LANGUAGE: _____

HOME ADDRESS: _____

NAME OF PARENT/ CAREGIVER: _____

CONTACT NO.: _____ (HOME) _____ (WORK)

CASE INFORMATION

OFFENCE: _____

DATE OFFENCE OCCURRED: _____

COURT: _____

PREVIOUS CHARGES/
CONVICTIONS: _____

SAYStOP GROUP INFORMATION

GROUP: _____ TIME PERIOD: _____

TYPE OF GROUP: _____ NO. OF SESSIONS ATTENDED: _____

RECOMMENDATIONS: _____

PARTICIPANTS QUESTIONNAIRE

INSTRUCTIONS: The following questions are to be asked to the child without their parents/ caregivers being present in the room. Explain to the child that the purpose of the interview is to find out about what they liked and disliked about the SAYSiOP diversion programme. Encourage the child to honestly answer all the questions.

PERSONAL BACKGROUND

The first couple of questions are included for the purpose of building rapport with the child and making him/her feel relaxed in the interview setting.

What grade are you in? _____

Do you enjoy school? What do you like? What don't you like? _____

(Expand until feel child is comfortable – ask about teacher, subjects, sports and hobbies, friends, etc.)

SECTION A: GENERAL QUESTIONS

1. What is the first thing you remember when you think about the SAYSiOP diversion programme? _____

2. How did you feel before you started the programme? _____

3. What do you remember from the programme? _____

4. What impressed you the most about the programme? *(What did you think was most helpful about the programme?)* _____

5. What impressed you the least? *(What was the least helpful?)* _____

6. What did you enjoy most about the programme? _____

7. What did you enjoy the least? _____

8. Did you learn anything from the programme? If so, what? _____

9. Can you remember who facilitated the programme you attended? Names? What comes to mind when you think about these individuals? _____

10. What impressed you the most about the facilitators? *(What did you think was most enjoyable/helpful/liked about them?)* _____

11. What impressed you the least? *(What was the least enjoyable/helpful/disliked?)* _____

12. Do you think the programme made you look at what you had done in a different way? _____

13. Was there anything about the programme that you thought could be improved?
(What could make the programme better?)

14. Was there anything about the programme that you thought was a waste of time?

15. Did you feel more comfortable that you were in a group? Why?

16. Did you learn anything from the other boys? If so, what?

17. Did you feel that you could express and share your feelings and experiences openly with the group? (Did you feel that you could talk easily with the group?)

SECTION B: OFFENCE HISTORY

1. What offence did you commit that resulted in you attending the SAYSIOP diversion programme? (When did you go to SAYSIOP? What did you do?)

2. Did you commit this offence alone or in a group?

3. Do you have any contact with the victim? (Describe how often, when, where, activities, etc.)

SECTION C: SPECIFIC QUESTIONS

CRIME AWARENESS

1. What have you learnt about the implications and consequences of a criminal record? (What have you learnt about why a criminal record is bad?)

2. What impact has the offence that resulted in you attending the SAYSIOP diversion programme had on your life?

3. What impact has the offence that resulted in you attending the SAYSIOP diversion programme had on your parents and other family members?

SELF-ESTEEM

4. How has your involvement in the offence that resulted in you attending the SAYSIOP influenced the way you see yourself?

5. Did you feel labelled after you committed the crime?

6. What do you think are the positive aspects (good things) in your life?

7. How would you describe yourself? (What kind of boy/girl are you?)

8. Ask the child to "Draw the best person they can" (*For this task, they should only be given a pencil (NOT crayons) and an eraser. They should not be prompted as to whom they should draw.*)

UNDERSTANDING MY BODY

9. How are boys' bodies biologically different from girls?

10. Describe what happens during sexual intercourse?

11. How do women fall pregnant?

12. What are the consequences of having sex?

SEXUALITY, SOCIALISATION AND MYTHS

13. Is it a woman's role to stay at home and care for her family while the man works and earns the money to provide for the families needs? Why?

14. Can you think of three jobs that a man can do that a woman cannot?

15. Should women/girls obey men/boys in relationships? Why?

16. Do you think that if a woman/girl wears revealing clothes she is responsible for her own rape?

17. Does a man/boy need permission to have sex with his girlfriend/wife?

VICTIM EMPATHY

18. What makes a person "powerful?" Give an example of a powerful person.

19. When in your life have you felt powerful? Why? How did you behave?

20. Thinking back to the day you how did you feel after you afterwards?

21. Reflecting on the offence that resulted in you attending the SAYStOP diversion programme, how do you feel now about what you did?

22. How did your parents react to what you had done? How did that make you feel?

23. What did your friends say?

24. Do you feel any remorse (*bad about*) for the crime you committed? Why?

25. How do you think your victim is currently feeling about what happened?

RELAPSE PREVENTION

26. What would you do in the following situations?

- a) A child at school starts being a bully towards you.
- b) A friend of yours suggests that you drink a beer that he has stolen from home. You don't think that it is a good idea but don't want him to think you are "uncool."

In terms of the child's answers, would you say he/she responds to difficult situations by becoming aggressive, submissive or assertive?

27. What are some of the early warning signs in your body that make you aware that you are angry or cross?

28. If you are angry with someone, what do you generally do to let them know that what they have done/said has made you cross? (*Give an example – You are in the playground and a boy in your class walks up to you and says something rude about your mother*)

29. In the last week or two, were there any situations in which you got cross/frustrated/lost your temper? Why and how did you handle it?

30. Thinking back on this incident, do you think that you could have handling this situation differently? How and why?

31. How do you feel about the crime you committed now?

32. Have you been pressurised (*has anybody made you*) to commit an offence since attending the SAYSiOP diversion programme?

33. Have you ever felt like committing the offence again? When? Why?

34. Have you committed another sex offence since the programme?

35. Have you committed any other criminal offence since the programme? If so, what, and how long after the SAYSiOP programme?

36. Do you think that the programme could be helpful for other boys like you:

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Why?

37. Has the programme helped you stay out of trouble:

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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In what way?

38. What is your current opinion of the programme (*think about now*)?

39. Since finishing the programme, have you ever thought about it? If so, why?

40. What was the most useful thing that you learnt?

41. Can you imagine a situation in which you might be tempted to re-offend:

Strongly Disagree	Disagree	Possibly	Agree	Strongly Agree
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Explain

PARENTS QUESTIONNAIRE

SECTION A: PERSONAL QUESTIONS

1. How did you first find out about your son's offence?

2. How did you react?

3. How has the "community" reacted (*neighbourhood, extended family, school, etc.*)?

4. Did your relationship with your child change after you found out about his offence?

5. Why do you think your child committed the offence?

6. How is your relationship with him now?

7. How is he currently coping at school?

SECTION B: SAYSIOP QUESTIONS

1. Did you attend the first and last sessions of the SAYSIOP diversion programme?

2. What were your expectations of the programme? Were these met?

3. Did your child share any information/ content of the programme with you?

4. Do you think that the SAYSIOP diversion programme helped your child become aware that what he had done was wrong?

5. How do you feel about what he/she did?

6. Have you had any problems with your child since he attended the programme?

7. To the best of your knowledge, has your child committed any other offence since the programme? If so, how long after the programme?

8. Have you had any further interactions with the police regarding your child? If so, what?

9. Have you noticed any behavioural problems? (e.g. fighting, disobedience)

10. Do you think the programme should be used for other young offenders like your child? Why?

11. Has your child behaved differently since he/she attended the programme? How?

12. What do you think of the SAYSIOP diversion programme?

University of Cape Town



South African Young Sex Offenders Project STRATEGIC REVIEW QUESTIONNAIRE

Thank you for your willingness to participate in an internal strategic review of the SAYSTOP programme. The review will aim to assess the programme and its structure and identify recommendations concerning the Way Forward. All information will be kept confidential.

1. WHEN AND WHY DID YOU BECOME INVOLVED IN SAYSTOP?

2. WHAT HAS BEEN YOUR ROLE IN THE PROJECT? (list specific activities with time frames)

3. HOW HAVE YOU PERSONALLY EXPERIENCED THE PROJECT?

4. WHAT ARE YOUR THOUGHTS / COMMENTS ABOUT THE SAYSTOP PROGRAMME (i.e. design, content, manual, training of trainers, mentoring / support and newsletter) – explain your answer

5. WHAT ARE YOUR THOUGHTS / COMMENTS ABOUT SAYSTOP'S STRUCTURE (i.e. consortium of partners – CLC, NICRO, Institute of Criminology, RAPCAN, mentors, newsletter) – explain your answer

6. IN YOUR OPINION, HOW HAS THE PROGRAMME BEEN RECEIVED BY OTHER ROLE PLAYERS: probation officers / facilitators; supervisors; police; prosecutors; magistrates; public (please explain your answer):

7. WHAT WOULD YOU SAY HAS BEEN THE IMPACT OF THE PROJECT FOR: young offenders; caregivers; victims; youth justice practitioners (please be specific and motivate your answers)

8. ARE YOU AWARE OF ANY CASES OF RECIDIVISM OF YOUTH WHO HAVE COMPLETED SAYSTOP? (if yes, please explain your answer)

9. IN YOUR EXPERIENCE, WHAT WOULD YOU SAY HAVE BEEN THE STRENGTHS / ACHIEVEMENTS / HIGHLIGHTS OF SAYSTOP?

10. IN YOUR EXPERIENCE, WHAT WOULD YOU SAY HAVE BEEN THE GAPS / WEAKNESSES OF SAYSTOP?

11. HOW COULD THE PROJECT BE IMPROVED? (give specific recommendations)

12. DO YOU THINK THAT THE PROGRAMME SHOULD BE SUSTAINED AS A DIVERSION OPTION FOR YOUNG OFFENDERS? Y / N

13. IF YES, WHAT INFRASTRUCTURE / SUPPORT IS NEEDED AND WHO SHOULD TAKE RESPONSIBILITY FOR SUSTAINABILITY?

14. IF NO, WHAT SHOULD BECOME OF THE PROGRAMME AND WHO SHOULD TAKE RESPONSIBILITY?

15. ANY FURTHER COMMENTS / RECOMMENDATIONS

Thank you

**Appendix G Questionnaire - 3rd follow-up study of the
SAYSTOP diversion programme**

University of Cape Town



INTERVIEW SCHEDULE

South African Young Sex Offenders Project

a diversion programme for
young sex offenders

PROGRAMME EVALUATION QUESTIONNAIRE

BACKGROUND INFORMATION

INSTRUCTIONS: Fill in off the SAYStOP Attendance register or from information provided telephonically by the probation officer.

NAME: _____ TODAY'S DATE: _____

AGE: _____ D.O.B. _____ LANGUAGE: _____

HOME ADDRESS: _____

NAME OF PARENT/ CAREGIVER: _____

CONTACT NUMBER: (H): _____ (W): _____

HEALTH: _____

DO YOU OR HAVE YOU USED DRUGS? YES / NO and
ALCOHOL: YES / NO (If yes, explain): _____

HAVE YOU HAD PROFESSIONAL HELP FOR ANY PROBLEM (eg. abuse, removed from care) Y / N (If yes, explain): _____

EXPLAIN: _____

FAMILY INFORMATION

HOME DWELLING: Shack 2 roomed house Flat
Other: _____

NO. OF PEOPLE IN HOUSEHOLD: _____ Caregiver (s) _____

DOES ANYONE ABUSE SUBSTANCES: _____

HAVE A CRIMINAL RECORD: _____

CASE INFORMATION

OFFENCE: _____

DATE OFFENCE OCCURRED: _____

COURT: _____

PREVIOUS CHARGES / CONVICTIONS: _____

SAYSTOP GROUP INFORMATION

GROUP: _____ TIME PERIOD: _____

TYPE OF GROUP: _____ NO. SESSIONS ATTENDED: _____

RECOMMENDATIONS MADE BY P/O: _____

PARTICIPANT QUESTIONNAIRE

INSTRUCTIONS: The following questions are to be asked to the child without their caregiver present. Explain to the child that the purpose of the interview is to find out what they liked and disliked about SAYStOP. Remind the child that their answers will be kept confidential and that they should be honest and answer all the questions.

PERSONAL BACKGROUND

The first few questions are included to encourage the child to feel comfortable/ relaxed.

Are you in school: Y / N If yes, what grade _____

Do you enjoy school? What do you like / not like?

If no, what are you doing at the moment?

(Expand until the child is comfortable – eg. ask about teachers, friends, sports/ hobbies etc)

OFFENCE HISTORY

1. Why did you attend SAYStOP/ What happened (offence). Were you alone / In a group?

3. Did you know the victim? Do you have any contact now with him/ her? (how often, where, what etc)

*4. In your view, do / did you think you needed to go through the programme?

SECTION A: GENERAL QUESTIONS

1. What do you remember when you think about the SAYStOP programme?

2. How did you feel before you started the programme?

3. What did you think about the programme? What did it mean to you? Do you ever think about it now?

- * 4. Do you feel that the programme responded to your needs / dealt with your issue in any way? (explain your answer)

5. Did you learn anything from the programme? If yes, what was the most important thing (explain)?

- * 6. Could you tell me about an incident where you have practised what you learnt?

6. What did you like most about the programme? (What was your favourite activity? What did you think was most helpful? What did you enjoy most about the programme?)

7. What did you not like about the programme? (What was least helpful / useful / a waste of time?)

- * 8. What was the easiest part?

- * 9. What was the most difficult part?

10. What did you think about the facilitators who ran the programme (did you like them / not – knowledge, relationship, language etc)?

- * 11. Did the programme change your life in any way? (explain)

12. Has the programme helped you to stay out of trouble? Has it made you think differently about what happened (offence)? (explain)

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
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Explain your answer:

13. What did you think about the other youth in the group? Did you feel comfortable in the group? Could you openly express your feelings? (explain your answer)

- * 14. What would have happened to you if you did not participate in the programme?

- * 15. Do you view the programme as a punishment? (explain your answer)

SECTION B: SPECIFIC QUESTIONS

INSTRUCTIONS: Explain that these questions relate to what they learnt in each session of SAYStOP.

CRIME AWARENESS

1. What did you learn about the consequences of a crime (eg. criminal record, impact on yourself and your family)?

- ** 2. What impact has the offence which led to the Diversion Programme had on your life?

- ** 3. How has it affected your parents / caregivers and family members? How does this make you feel?

SELF ESTEEM

4. How do you see / describe yourself (what kind of person are you)?

5. What are the good things about you/ positive aspects in your life?

- **6. How has the offence which led to your involvement in SAYStOP affected the way you see yourself?

7. How do you relate to your community (have you felt labelled by the offence?)

UNDERSTANDING MY BODY

8. What did you learn about the human body in the programme? How are boys different from girls?

9. Describe what happens during intercourse. What are the consequences of having sex?

- **10. How do women get pregnant?

SEXUALITY, SOCIALISATION AND MYTHS

11. Should women stay at home and care for the family while men work? Why?

12. Should women obey men / boys in a relationship? Why?

13. Do you think if a woman wears 'sexy' clothes it is her fault if she is raped? Explain.

14. Does a man / boy need to have permission to have sex with a woman/ girlfriend? Why?

VICTIM EMPATHY

15. What makes a person 'powerful'? Give an example of a 'powerful' person:

16. When in your life have you felt 'powerful'? Why? How did you behave?

17. Thinking back the offence – how did you feel afterwards? How do you feel about it now? Explain

- ** 18. Do you feel any remorse (bad about) the crime you committed? Why? Explain:

19. How do you think it affected the victim? (explain)

RELAPSE PREVENTION

- ** 20. What would you do in the following situations:

A child starts to bully you:
A friend suggests you drink a stolen beer from home

21. In the last month, were you in a difficult situation eg. where you got angry? Experienced some trouble? What happened - how did you handle the situation?

22. Thinking back on the situation – could you have handled it differently?

23. What are some of the early warning signs in your body that make you aware that you are angry?

24. Have you committed / felt like committing another offence since the programme? When – how long after the programme? (explain)

25. Can you imagine a situation where you might be tempted to re-offend? Explain:

RECOMMENDATIONS / COMMENTS:

INSTRUCTIONS: Explain that this research is going to suggest how SAYSTOP can be improved. Their recommendations are therefore important to us.

- * 26. Would you choose to go through the programme if you had the choice?

27. Do you think the SAYSTOP programme will be useful for other youth who were in the same situation? What would you say to them if they asked about SAYSTOP? Explain:

28. How could the programme be improved (what could make it better eg. content, time period etc)?

29. Any other comments / suggestions regarding SAYSTOP:

PARENT / CAREGIVER QUESTIONNAIRE

SECTION 1: PERSONAL QUESTIONS

1. How did you find out about your child's offence?

2. How did you react?

3. How has the community reacted (extended family, neighbours etc)?

4. How did the incident affect your relationship with your child?

5. Why do you think your child committed the offence?

6. How is your relationship with him / her now?

7. How is he/ she currently coping (eg. at school/ work, at home)?

SECTION 2: SAYStOP QUESTIONS

1. Did you attend the first and last sessions of the SAYStOP programme?

2. What did you think about SAYStOP?

3. What were your initial expectation? Were these met? Explain

4. Did your child share any information/ content of the programme with you? (be specific):

5. What was the impact of the programme on your child eg. any changes you observed?

6. What did your child learn from the programme? Do you think the programme helped your child to be more aware of what he/ she had done wrong?

7. How do you feel now about what he/ she did?

8. Have you had any problems with your child since he/ she attended the programme? Explain

9. To the best of your knowledge, has your child got into any trouble / committed any other offence since the programme (sexual or non-sexual)? If so, what and how long after the programme?

10. Have you noticed any behavioural problems (eg. fighting, disobedience etc)?

11. What do you think was the strength / most positive aspect of SAYStOP for you and your child?

12. What do you think is the weakness/ least positive aspect of SAYStOP? Explain:

13. How can the programme be improved (eg. content / length):

**Appendix H SAYSTOP newsletter Volume 1, Issue 1,
May 2000**



South African Young Sex Offenders Programme

*a diversion programme for
young sex offenders*

SAYStOP Newsletter

Volume 1, Issue 1
May 2000

Training of Probation Officers—February 2000

During February a three-day training workshop was held for 34 probation officers from around the Western Cape.

The training covered the necessary skills and knowledge in order to effectively establish and facilitate the SAYStOP Diversion Programme. Those who participated indicated that they enjoyed the training, and found it informative and beneficial. The strong practical emphasis, and the opportunity to work closely with colleagues in groups were particularly appreciated.

The feedback received from the probation officers who attended the training emphasized the need to extend the duration of the Training Workshop, and to increase the amount of practical training, such as role-plays and facilitation training.



A participant on the SAYStOP Training Workshop

Also highlighted in the feedback, was the need for guidance on how to include victims in an appropriate and sensitive manner. All of these comments and concerns have been taken into account and will be addressed in the planning and

implementation of further Training Workshops.

Although the training was intensive and contained a lot of information, the Probation Officers appeared to leave the workshop feeling confident to set up the SAYStOP Diversion Programme in their respective regions.

SAYStOP's Steering Committee is currently exploring the possibility of conducting a follow-up workshop with probation officers who go on to implement the Diversion Programme. This training will assist in consolidating the skills imparted during the February training, and further provide an opportunity to deal with issues which arise during the programmes which are run in the regions.

Inside this issue:

Implementing SAYStOP	2
Wynberg Programme	2
The regional programmes	3
The role of PAWC	3
June holiday programme	4

TAKE NOTE

- The newsletter needs your contribution!

Please write in with queries, feedback, ideas around implementation or any other contributions. The address is on the back page of the newsletter.

- We need your information!

Please remember to send the data fact sheets, and copies of the assessment forms to the Institute of Criminology.

- We are here to help!

Please keep in contact with Louise Ehlers regarding any aspect of the programme, or any problems you are experiencing.

First edition of the Newsletter

This is the first of a series of Newsletters which will be circulated between now and the end of the year, every two months.

The aim of the Newsletter is to provide feedback and updates to all those who are in the process of implementing the SAYStOP Diversion Programme. It is an opportunity to share ideas and insights which are developed

when the programmes are implemented in the regions, and to share highlights and difficulties which are encountered along the way.

As from the next edition we will be including a letters page, and we encourage you to send in comments, questions or stories from your experiences.

With this edition we have included a pamphlet setting out what SAYStOP is, and what it does. This may be useful to provide to those who are interested in your project.

We hope you enjoy reading this Newsletter, and that it provides motivation and inspiration for your SAYStOP work!

Implementation ABC—SAYStOP Diversion Programme

- Attend SAYStOP's 4-day Training Workshop, where the background, content and facilitation of the programme is covered



Attending the Training Workshop is the first step in the implementation of the SAYStOP Diversion programme. These are participants on the February Training Workshop

- Return to region and set up referral systems to obtain candidates for the Programme: discuss programme with magistrates, prosecutors, police and schools in your region

- Remain in contact at all times with the SAYStOP team in Cape Town (contact Louise Ehlers 021 447-4000), to keep them updated of your progress, and to obtain guidance and advice on all aspects of the Programme

- Using the assessment protocols, conduct an assessment on each of the referrals received to establish suitability for participation in the SAYStOP Diversion Programme

- Forward all data and statistics from the assessment process to the SAYStOP team in Cape Town

(contact Catherine Wood 021 650-2981/8)

- Arrange for an on-site visit by the SAYStOP team to assist in the preparation of the programme for implementation (contact Louise Ehlers 021 407-4000)
- Review the training manual obtained during the Training Workshop, and commence the programme in your

region. Remember to contact the team if you have any questions, problems or difficulties (contact Louise Ehlers 021 407-4000)

- Arrange for second on-site visit by SAYStOP team during implementation of the programme, in order to receive guidance and comment on facilitation (contact Louise Ehlers 021 407-4000)

- Keep in contact with SAYStOP in Cape Town for guidance and advice regarding implementation

- Complete the Programme, covering all the sessions

- Compile the necessary reports, data and statistics for the SAYStOP team, and forward it to Cape Town (contact Catherine Wood 021 650-2981/8)

- Receive your certificate from the SAYStOP team, once you have successfully completed at least one implementation of the programme.

Wynberg Diversion Programme—April 2000

Ingrid Phillips and Taufiq Damons have just completed co-facilitating the SAYStOP Diversion Programme at the Wynberg Magistrates Court. Ingrid is excited and optimistic about the programme, and its affect on the offenders.

"The participants really opened up, and were able to see the effect of their behaviour, and realize that they could choose to take another path in life. The feedback from their parents was also very encouraging"

"The SAYStOP Diversion Programme will definitely help young people to learn from their mistakes, and reduce re-offending"

Ingrid said the highlight of the Programme has been the session on Victim Empathy.

"The participants definitely developed a different perspective on what they had done when they were made to explore the feelings of powerlessness of their victims"

Ingrid believes that the Programme will

make a difference to the level of re-offending.

"In many of these cases, no action would have been taken against the offender. The Programme will definitely help young people to learn from their mistakes, and reduce re-offending"

Another programme is planned in Wynberg later in the year.

Progress of regional SAYStOP Diversion Programmes

Bonnytown	First Programme completed in May; second Programme currently underway
Beaufort West	First Programme will commence in June, together with Prince Albert
Bellville	First programme will commence in July in Parow Library
Caledon	First Programme will commence in June, and a second in Riviersonderend later in June
Cape Town	First Programme currently underway
George	First Programme will commence in June,
Gouda, Saron & Tulbach	First Programme will be implemented in the next 2 months
Guguletu	Once sufficient referrals, will run a Programme in Xhosa
Langebaan	An intensive 4-day Programme will be run in the June school holidays for participants from Atlantis, Porterville, Hopefield, Elandsbaai and Vredenberg; a second programme may be repeated later in the year
Mitchell's Plain	Once sufficient referrals will commence Programme
Oudshoorn	First Programme will commence in June
Paarl	Once sufficient number of referrals, will commence Programme
Stellenbosch	Plan to run first Programme before the end of the year
Wynberg	Completed first programme in May; another planned for later in the year

The Role of PAWC in SAYStOP

Ruwayda Carloo of the Social Support Services branch of the Provincial Administration of the Western Cape (PAWC) says that her department give their full support to the SAYStOP Diversion Programme.

"It is an important new development in it's field. There is a serious need for programmes such as this one. Should the pilot programme be successful, we would like to see the programme repli-

cated throughout the province. This will mean that the project will be ultimately sustainable, as it will become one of the services offered by the province."

Ms Carloo stated that PAWC is excited that probation officers have been trained to be part of the pilot project. The PAWC had also provided funding for the Training Workshop.

The SAYStOP Steering Committee wish to thank PAWC for their ongoing sup-

port of the project, both in terms of the financial assistance which made the training possible, and for the encouragement and participation in the project and Steering Committee.

"PAWC wholeheartedly supports the SAYStOP programme—it is an important new development in it's field"

SAYStOP Contact Details

For assistance and support:

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* * * * *

For data-collection:

CATHERINE WOOD

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* * * * *

For general information:

SAYStOP STEERING COMMITTEE

Tel: (021) 447-4000

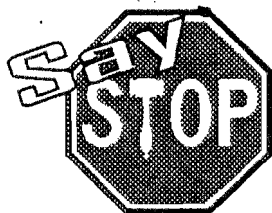
Fax: (021) 447-4616

E-mail: louisee@global.co.za

SAYStOP was formed for the purpose of developing innovative and effective interventions to treat and manage young sex offenders, with the aim of preventing patterns of deviant behaviour from being established, and decreasing the possibility that a young person will commit further similar offences.

Thereby SAYStOP wishes to contribute to the building of safer communities in South Africa.

SAYStOP is a collective of individuals and representatives from NGO's, government, academic institutions and private practitioners who manage and control the various pilot applications of SAYStOP's Diversion Programme.



South African Young Sex Offenders Programme

*a diversion programme for
young sex offenders*

In this edition of the NEWSLETTER we have included an information brochure on the SAYStOP Diversion Programme which can be used to provide background and details of the activities of SAYStOP, and this particular programme.



Intensive Programme during June school holidays

Anneline Swartz of the Atlantis office of the Department of Social Services was faced with a dilemma—the children that had been identified for participation in the Programme came from different centres which were very far apart.

"How can the Programme run when the kids have to travel each week from Porterville, Hopefield, Elandsbaai, Vredenberg and Atlantis?"

Together with Rene Baron of NICRO, they brainstormed the problem and came up with a creative solution—the Programme could be run on an intensive basis over 4 days, and the participants could travel to a central venue to participate over the 4 days, instead of having to travel each week.

The course is planned for the 27th to

the 30th of June. During the 4 days, sessions will be presented in the morning and afternoon, covering 2 sessions per day.

A venue has been identified in Langebaan, which provides a central and accessible venue to all of the centres which have made referrals.

I am pleased that we can offer the Programme in this way, and offer the opportunity to participants from the outlying areas. These centres often lose out on innovative services such as this one."

This intensive programme during June will be viewed as a experimental implementation of the Programme. After it is completed it will be fully assessed and evaluated with a view to replicating it for other widespread areas.

The Steering Committee of SAYStOP are delighted that Anneline and Rene have been proactive and creative in

**"The SAYStOP Programme
must not be limited to the
bigger centres—outlying
areas must be included"**

their application of the Programme. If anyone would like to talk to them about using a similar strategy in their own region, please contact on 021 5571084 (Anneline) or 021 5727655 (Rene) to find out further information from them.

**Appendix I SAYSTOP bi-monthly newsletter, Volume 4,
Issue 4, October 2003**



SAYStOP Newsletter

South African Young Sex Offenders Project

A diversion programme for young sex offenders

Evaluation study nears completion!

The University of Cape Town is in the final stages of completing the third follow-up study of youth who completed the SAYStOP programme. The first leg of the study was conducted from May - July 2003 in Port Elizabeth and East London to assess the impact of SAYStOP in the Eastern Cape. The information was gathered by a local research assistant, Nwabisa Kota; with the support of the Eastern Cape Co-ordinator and probation officers. The second leg of the study was conducted from August to October 2003 in the Western Cape by a research assistant, Muammar Bardien, with the assistance of probation officers. The full impact study of SAYStOP in both the Eastern and Western Cape will be available in January 2003.



The follow-up study seeks to assess the impact of the SAYStOP diversion programme from the perspective of youth and caregivers who attended the diversion programme in 2002.

The study has both general and specific outcomes including:

- ⇒ To develop a profile of young sex offenders who have been diverted to SAYStOP
- ⇒ To assess the impact of SAYStOP on the youth and their families
- ⇒ To qualitatively assess degrees of recidivism subsequent to completing the SAYStOP programme
- ⇒ To assess the extent to which learning outcomes were achieved in each module of SAYStOP
- ⇒ To extract best practice principles concerning Diversion Programmes for young sex offenders in general
- ⇒ To gather recommendations concerning the improvement of SAYStOP and its future sustainability

We want to extend a heartfelt thanks to all probation officers and research assistants who went beyond the call of duty to make the research possible.

SAYStOP bi-monthly newsletter

Volume 4, Issue 4

October 2003

Special points of interest:

- ⊙ Intensive Manual Development Workshop: 3 November 2003, University of the Western Cape
- ⊙ National Consultation on the Prevention of Sex Offences by Targeting Youth at Risk: 27-28 November 2003, University of the Western Cape
- ⊙ Training for Gauteng Department of Social Development, 2-5 December 2003

Inside this issue:

News from parliament	2
Report on psychiatrist conference	3
Views from Western Cape Social Services	4
Progress in Eastern Cape	6
Progress of SAYStOP	7
Staff details	8
Update on site visits	

In parliament . . .

Sexual Offences Bill

After the Portfolio Committee of Justice and Constitutional Development conducted oral hearings on the proposed Sexual Offences Bill in September, SAYStOP made a supplementary submission outlining the legal position in various other countries particularly pertaining to consensual acts of penetration or indecent acts between children. Analysed countries included: Australia, Austria, Bahamas, Botswana, Cameroun, Canada, Croatia, Czech Republic, Denmark, Ethiopia, Fiji, Finland, Germany, Greece, Iceland, Ireland, Jamaica, Kenya, Netherlands, New Zealand, Norway, Russia, Samoa, Singapore, Sweden, United Kingdom, and Zimbabwe. In summary we submitted that the defence which applies to offenders under the age of 16 years who engage in consensual indecent acts with other children, currently only included in section 9(5)(a) and (b) of the Bill, be re-inserted in section 9(2) which deals with consensual acts of penetration with children between 12 and 16 years of age. Whilst section 9 deals with consensual acts only, a clear definition of consent could enhance the protection available to children and serve to exclude recourse to the defences under section 9 where actual consent is not present. To address the concern that children over the age of consent might still be at risk of sexual exploitation, we included a separate section in the submission outlining provisions in other jurisdictions to address the vulnerability of such children. We endorse the creation of section 9 as an attempt to criminalise adults who engage in acts of penetration or indecent acts with children. We hope however that the section will be reformulated to protect children from sexual exploitation without opening children who engage in consensual sexual acts with each other up to severe criminal sanction.

The Portfolio Committee is in the process of scrutinising each section of the Bill.

Child Justice Bill

As reported in the previous issue, the Child Justice Bill is being redrafted by the drafters based on recommendations from the Portfolio Committee of Justice and Constitutional Development.

Future SAYStOP activities ...

Prevention workshop

SAYStOP will be hosting a National Consultation on the prevention of sex offences by youth on the 27th and 28th of November 2003 at the School of Government Building at the University of the Western Cape. This Consultation will be attended by organisations working with youth who are at risk, psychiatrists, probation officers, academics, organisations working with victims and various government departments. We envisage a maximum of 40 participants at the Consultation. The intended outcome of the Consultation is the development of a general framework and principles for the running of programmes with youth to prevent sex offences. Should you wish to attend, please contact the SAYStOP Coordinator.

Training for Gauteng Social Services

SAYStOP will be training probation officers and key programme managers in the Gauteng Department of Social Services on the SAYStOP programme and issues pertaining to implementation. Training will take place from the 2nd to 5th of December 2003 at the School of Government Building at the University of the Western Cape.

SAYStOP featured at Child and Adolescent Psychiatry Conference

Ulli Meys, a SAYStOP Steering Committee member and child psychiatrist, reports on the 14th Biennial South African Association of Child and Adolescent Psychiatry and Allied Professions Conference held in October 2003

I recently had the opportunity to present the work done by SAYStOP since late 1997 at the above conference held in Port Elizabeth.

Delegates attending the conference included child psychiatrists, psychologists, social workers, occupational therapists, child psychiatric nursing sisters and various other professionals working with children from various parts of South Africa as well as overseas.

The presentation was delivered under the title "Implementation and Evaluation of the SAYStOP Programme". As an introduction, the initial development of the program and intervention manual were described, including the initial pilot programme which was administered to youths at the Department of Social Services in Wynberg. The above process occurred between 1997 and 1999. This was followed by the development of the training manual for facilitators of young sexual offender groups and the subsequent workshop held for probation officers in the Western Cape at the beginning of 2000. The implementation of the SAYStOP programme in the Western Cape was described. This process was undertaken by probation officers with close support from SAYStOP mentors, a process that has continued until today. A brief overview was given on the implementation of the SAYStOP programme in the Eastern Cape.

Results and findings of follow up workshops with probation officers and the follow up studies conducted with young sexual offenders were presented. These follow up studies had been undertaken by Ms Catherine Wood, SAYStOP research coordinator at the time. Improvements and additions made to the SAYStOP programme over time which were informed by the above



results were described (e.g. re-working of certain sections of the manual, adding new sections to the manual, extending time and content of the training workshop and adapting the programme to different settings).

Preparing for the presentation required reading various SAYStOP literature documents and interviewing current SAYStOP members. As one of the original members of the team who developed the intervention programme and maintained close links with SAYStOP over the years, I was impressed by all the hard work and effort that has gone into SAYStOP by all involved since its inception. This especially pertained to probation officers who were required to take on an extra case load.

The main aims of the presentation were to create awareness around young sexual offenders, to promote the SAYStOP programme and to gauge the audience's response and opinion on the work done to date.

The main strength of the SAYStOP programme is the fact that it offers a structures group

(Continued on page 6)

SAYStOP in relation to the Department of Social Services

Stan de Smidt, coordinator of Probation Services in the Provincial Administration of the Western Cape, discusses some of the challenges that lies ahead in implementing a diversion programme for young sex offenders



The Department of Social Services and the SAYStOP consortium continue to work closely together in a partnership that remains productive. However, this partnership must remain potent and relevant to achieve sustainable growth.

Growth and development is essential to remaining credible and to ensure a continued demand for the service. SAYStOP has to ensure that this occurs for its continued relevant future existence. In order to realize this goal, both the successes of the programme must be considered with new ideas and developmental approaches. A major demand for future development would be to cater for diverse types of sexual offenders who would need the behaviour modification interventions that the programme could offer. Efforts should not only be directed at the less serious and first time offenders.

On the legal front, development is taking place with the Child Justice Bill and the Sexual Offences Bill. Alternative sentencing and diversion options are key to the change in the criminal justice system. These changes are essential to suit the needs of individuals who are involved in criminal activities, and this can include sexual offences.

As more rape cases are reported, which are often serious in nature, it appears that individual transgressors are becoming younger as are their victims. In a reported case in the Northern Cape, the offender and victim were both eight years old. It is here that the SAYStOP programme fills an important gap.

However, alternatives have to be built into this programme, such as residential care as a level of diversion option which provide longer and more intensive treatment. A ten-week programme may be

too short to modify certain sexual offenders' behaviours or satisfy all the relevant role-players. Adjustments will have to be made to address the needs of the more serious offender as well as satisfy the demands of the courts, victims and communities.

The SAYStOP programme should therefore not be perceived as a soft option, but at the same time it should meet the ends of justice. The programme should not be allowed to stagnate but it should be dynamic and responsive to the demands of change. This would, however, not imply the sacrificing of the existing stable and sound structure.

Probation officers, as implementation and change agents, have to ensure that the best interests of every party are met. They fulfil an essential function regarding the assessment, running of the programme and submitting pre-sentencing reports.

Magistrates and prosecutors should be enabled to trust and believe in the effectiveness of the SAYStOP programme and hence stop saying that the structures are not in place or that various constraints are hampering the achievement of diversion and sentencing goals. If this does not occur, then the SAYStOP programme will not survive the test of time.

(Continued on page 5)

(Continued from page 4)

Sound forward planning is needed to ensure the relevancy and demand for the SAYStOP programme. In this regard, probation officers have a crucial role. Their inputs and those from other key role players are essential to making the SAYStOP programme the sentencing option of the future. SAYStOP should not only remain a diversion option, but should develop beyond this concept. It should become a sentencing option in its own right.

The Department of Social Services is committed to working in close partnership with the consortium. This will assist in ensuring that SAYStOP is a huge success in pursuit of its ultimate goal. The goal of changing the behaviour of sexual offenders and to a reduction of crime of this nature.

Handing over the pilot . . .

Anneke Meerkotter, SAYStOP Coordinator, briefly discusses the way forward for the provision of diversion programmes for young sex offenders

When the Open Society Foundation funded SAYStOP to develop a diversion programme for young sex offenders, the aim was that the eventual programme would be handed over to the Department of Social Development as the institution best suited and with the responsibility to provide diversion services to youth. The new Child Justice Bill emphasises the legal responsibility which is placed on the Department to ensure the availability of suitable diversion programmes for young offenders.

After its pilot in 1999 and since its implementation of diversion programmes in 2000, SAYStOP has trained 66 programme facilitators in the Eastern Cape and 91 in the Western Cape. After training, the SAYStOP consortium has taken the responsibility for mentoring facilitators. SAYStOP has also tried to provide continuous information on the progress in implementing a diversion programme for young sex offenders in the Eastern and Western Cape.

At the same time, the Institute of Criminology at UCT, a Consortium member, conducted evaluation studies to evaluate the effectiveness of the SAYStOP manual as a model group diversion programme for youth between the ages of 12 and 16 years of age who committed 'minor' sexual offences and are first offenders.

SAYStOP is currently in the process of negotiating with the Western Cape Department of Social Development to take over responsibility for the Diversion

programme. This diversion programme should then form part of the job description of probation officers, who would have to account for its implementation along with that of other diversion programmes offered by the Department. As such the programme would no longer be referred to as a SAYStOP programme.

SAYStOP will conduct similar negotiations with the Department of Social Development in the Eastern Cape. We will keep you updated.

Eastern and Western Cape Follow-up workshops postponed

During June and August 2003 probation officers in the Eastern and Western Cape received training on running SAYStOP programmes. The follow-up training for these probation officers is scheduled for February 2004, in order to allow probation officers adequate time to facilitate at least one group prior to the follow-up training and certification. Dates for the training will be communicated to you early in January 2004.

(Continued from page 3)

programme containing most of the important themes and issues that need to be addressed in the intervention process with young sexual offenders and their caretakers. The content of the programme is well presented with clear guidelines contained in a manual. Furthermore, the structure and content of the training workshop is contained in semi-manual form.

Some of the weaknesses of the programme include the lack of guidelines in working with more disturbed young sexual offenders and their families who require further input, difficulties encountered in the follow up of young sexual offenders (including receiving original assessment data on young sexual offenders in order to create a data base) and guidelines in performing a "risk assessment" on young sexual offenders. All the above factors are however continuously being addressed.

Responses by delegates attending the conference were all positive and complimentary of the programme and process. Re-offenders should be brought to the attention of SAYStOP in order to gather data on these individuals which would assist with determining possible risk factors. Active marketing of the program should be undertaken by SAYStOP in other provinces to prevent the cumbersome task of "re-inventing the wheel".

With the new Child Justice Bill, the speaker posed the question to delegates about their feeling on young sex offenders being diverted and managed in the community as opposed to being referred to a residential/prison setting. All delegates attending the conference felt that the former option should be adopted, the only exception being for young sexual offenders who engaged in physical violence whilst committing the offence or who presented with a history of violence and aggression.



New EC facilitators make progress

Lizo Cagwe submitted the following report on progress made by newly trained facilitators in the Eastern Cape. As reported in our previous issue, four probation officers have since made considerable progress in getting referrals from courts. For the other areas, implementation should accelerate once site visits to local magistrates and prosecutors have been completed.

From the monthly reports received at that point, it seems most facilitators have managed to convene meetings with their colleagues in their offices to inform them about the SAYStOP programme. At Dordrecht district there is a possibility that a sexual offences court will be established.

Some facilitators have also managed to put the programme in the agenda of the community policing forum, intersectoral meetings, that include SAPS, Justice, Education, Social Development and other NPOs. This will ensure that all role players are kept informed about the programme and its challenges.

There is a possibility that the programme will also be used as a sentencing option, especially for those children who will be under probation supervision. The Queenstown and Butterworth facilitators are planning to engage schools, so that they can use the programme as a disciplinary option.

Progress of SAYStOP Diversion Programmes 2000–2003

Atlantis	Two residential programmes completed with 18 youth.
Athlone	Two standard programmes completed with 19 youth.
Beaufort West	Three standard programmes completed with 18 youth.
Bellville	Five standard and one individual programme completed with 21 youth.
Bonnytown	Three residential programmes completed with 31 youth.
Caledon	Two residential and one individual programme completed with 25 youth.
Calitzdorp	One standard programme completed with 6 youth.
Cape Town	Three standard, two residential programmes completed with 38 youth.
East London	Three standard programmes completed with 12 youth.
Eerste Rivier	One standard programme completed with 5 youth.
Enkulseweni	One standard programme completed with 8 youth.
George	One standard and seven residential programmes completed with 56 youth.
Guguletu	One standard programme completed with 7 youth.
Khayelitsha	Seven standard programmes completed with 33 youth.
Laingsburg	One individual programme completed with 1 youth.
Mitchells Plain	Four standard, one individual, one residential programme completed with 47 youth.
Oudtshoorn	Two individual, three residential, one standard programme completed with 42 youth.
Paarl	Two individual and three standard programmes completed with 23 youth.
PE Childline	One standard programme completed with 7 youth.
Piketberg	Three individual programmes completed with 4 youth.
Stellenbosch	One Standard programme completed with 5 youth.
Stepping Stones	Two standard programmes completed with 13 youth.
Uitenhage	One standard programme completed with 4 youth.
Worcester	One standard and one residential programme completed with 21 youth.
Wynberg	Five standard programmes completed with 31 youth.

PLEASE NOTE

The above information is based on reports received from probation officers and is not a comprehensive list of all the groups that have been run or the number of youths that attended the programme. Please notify the Coordinator or mentors of any inaccuracies in the above list, and fax through any outstanding registers of groups that have been run.

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SAYStOP is a Consortium of the following Western Cape organisations: Community Law Centre (UWC), Institute of Criminology (UCT), RAPCAN and NICRO. The Eastern Cape Steering Committee incorporates various service organisations. For more information on the Eastern Cape, or to reach the Eastern Cape Steering Committee, contact **Lizo Cagwe**.

REQUEST FOR CONTRIBUTIONS

**WRITTEN OR TYPED LETTERS AND
ARTICLES FOR THE LAST TWO
EDITIONS SHOULD REACH THE
SAYStOP COORDINATOR BY 20
NOVEMBER OR 1 DECEMBER PER
FAX, E-MAIL OR POST**

Update on site visits

Glynis Rhodes (RAPCAN mentor) and Celeste Henriques (NICRO mentor) have both conducted site visits during September and October 2003.

Glynis visited Piketberg, Vredenburg, Bellville and Bosasa Horizon Youth Centre. In Vredenburg Roseline Cloete and Anna Faro reported that the diversion programme is well accepted in their community and by their support personnel. They have the assistance of the local community members and the SAPS in implementing the programme. The SAPS transports the boys and the museum offers the venue free of charge. As with many other areas, Vredenburg and Piketberg expressed their concern that the long distances that they travel to do the initial assessment of youth impacts negatively on their workload.

Celeste visited the Athlone and Cape Town probation offices as well as Bonnytown. A key concern in all areas is the lack of referrals to the SAYStOP programme. Another concern is the impact of a lack of funds on the probation officers' ability to initiate new groups. To ensure that youth who are diverted by courts are able to access diversion programmes, funding and other issues which hamper service delivery should be addressed by the Department of Social Services.

All probation officers in the Eastern and Western Cape should be visited by mentors before the end of the year. Kindly contact your mentor to arrange a date that suits your schedule. We look forward to meeting you!

Appendix J

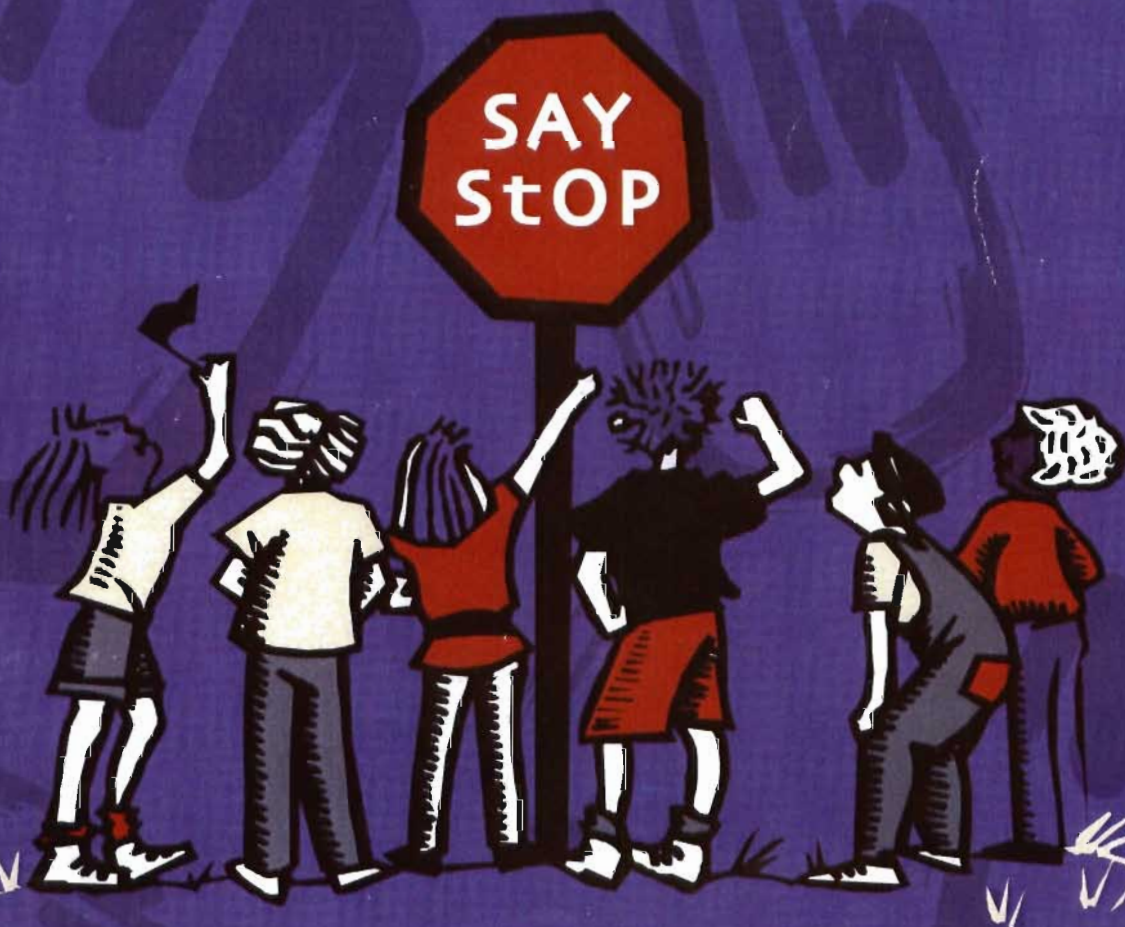
Cover and excerpt from manual:

**Session Five of: SAYSTOP, South African Young
Sex Offenders programme: A diversion
programme for young sex offenders, compiled by
Louise Ehlers and Tammy van der Sandt**

SAYStOP

South African Young Sex Offenders Programme

A diversion programme for young sex offenders



Compiled by
Louise Ehlers & Tammy van der Sandt

Session Five

Sexuality, Socialisation and Myths

No	Activity	Partici- pants	Time	Materials needed	Appendix
5.1	Registration	Individually	15	• Attendance Register • Pens • Name-tags	1a
5.2	Ice-breaker: Wordwheel	Big Group	25		5a
5.3	Revision of previous week Presentation of goals and objectives	Big Group	10	• Newsprint • Markers • Prestik	
5.4	Date Rape Scenario	Small Groups	30	• Newsprint • Markers • Prestik	5b(i) 5b(ii) 5b(iii)
5.5	Challenging the Myths about Rape	Small 30 Group		• Worksheet: "Myths about Rape"	5c
	Questionnaire	Big Group		• Information sheet: "Myths and Facts About Rape" • Pens/pencils	5d
	Feedback				
5.6	Evaluation	Individually	5	• Evaluation Form	1e
5.7	Preparation for next session	Big group	5		

Aims of the session:

- To follow through on the themes established in Session 4.
- To debunk myths about gender stereotypes.

Process

5.1 Registration

- Each person is given a name-tag in order to facilitate communication.
- All participants are registered in the attendance register. *(appendix: 1a)*

5.2 Ice-breaker: WordWheel

Aims

- To revise the contents of the previous session.
- To stimulate communication between the group members.

Materials needed

- Prepared questions reflecting on the previous weeks session. *(appendix: 5a)*

Method

- The facilitator divides the group members into two equal groups.
- One group forms an inner circle and the other group forms an outer circle.
- The two groups are to face each other so that each individual has a partner.
- The facilitator calls out stereotypical statements about gender, one at a time. Participants in the outer circle, are first given one minute to discuss the statement with their partners in the inner circle, who are instructed to just listen.
- After one minute, the inner circle moves one place to the right so that each participant has a new partner.
- The facilitator then calls out another statement, giving participants in the inner circle a chance to discuss the statement with their partner in the outer circle.
- This process continues until 5 statements have been discussed.
- To avoid confusion, explain the method to be used in this ice-breaker to participants step by step, and only proceed to the next step once the previous step has been completed.

5.3 Revision and presentation of goals and objectives of this session

Aims

- To refresh the memories of participants regarding the content of the previous session.
- To ensure continuity and maintenance of a common theme throughout the programme.
- To inform participants of the contents of this session.

Materials needed

- Newsprint
- Markers
- Prestik or similar product

Method

- In a go-around, the facilitator allows each participant to share what he or she learned in the previous session.
- The facilitator prepares the goals and objectives of the week's session on newsprint and presents it to the group.

5.4 Date rape scenario

Aims

- To explore the groups own stereotypes and perceptions of gender roles.
- To debunk myths about rape, date rape and women as victims of rape.
- To explore the male role as perpetrator in a date rape situation.

Materials needed

- Date rape scenario (appendix: 5b(ii))
- List of questions (appendix: 5b(iii))
- Newsprint
- Markers
- Prestik

Method

- The facilitator reads the story to the group. (appendix: 5b(ii)).
- The facilitator may show the picture of Roxanne to the group. (appendix: 5b(i)).



- The group is divided in half, and questions about what happened to Roxanne are given to each group to discuss.
- Each group chooses a spokesperson to give feedback to the big group.
- The facilitator uses the responses of the participants to provide a basis for input on date rape and the need for perpetrators to take responsibility for controlling their sexuality in such a way that they do not infringe on the rights of others.

5.5 Debunking myths about rape

Aims

- To dispel the myths and wrong ideas around why people are raped and what kind of people are raped.
- To encourage participants to identify and confront their own misperceptions of rape.

Materials needed

- Worksheet: "Myths about Rape" *(appendix: 5c)*
- Information sheet: "Myths and Facts about rape". *(appendix: 5d)*
- Pens/pencils

Method

- The facilitator divides the participants into small groups.
- Each group is given a copy of the worksheet "Myths about Rape". *(see appendix: 5c)*
- The participants are asked to discuss the questions on the worksheet in their small groups, noting answers in the space provided.
- Once the participants have completed the worksheet, the facilitator calls them back to the big group where they are asked to share their answers.
- The facilitator then gives a formal input on the common myths and facts about rape. The facilitator should draw from the information sheet: "Myths and Facts about Rape" *(see appendix: 5d)* for the purposes of this discussion.

5.6 Evaluation

Aims

- To allow participants to evaluate the session focussing on content, relevance and the facilitator's role.

- For the facilitator to evaluate the extent to which the aims of the session have been achieved and to adjust and improve the session if necessary.
- To assess whether the needs and expectations of the group are being met.

Materials needed

- Standard evaluation form (appendix: 1e)
- Pencils

Method

- The facilitator instructs participants to complete the standard evaluation form.

5.7 Preparation for next session

- The facilitator asks participants to reflect on the date rape story and to think about the effect that their own crime has had on the victim of the offence they committed.

Questions that they should think about:

- Can you think about how the victim felt/the victims feeling's during the attack?
- Can you think how the victim felt after the attack?