



What about child sex offenders?

What proportion of sexual offences are committed by children in South Africa?

No official statistics on this issue are reported, however, there is some data from localised studies that may provide us with some indications in relation to this question. Statistics from the Child Protection Unit in the East Metropole area in Cape Town from April 2000 to January 2002 show that 23% of persons arrested for sexual offences were under 18.¹ While these findings relate only to arrest, they are consistent with trends in the United States, United Kingdom and Canada which indicate that between 20% and 30% of sexual offences are committed by adolescents.²

The numbers of children in prison for sexual offences have remained low over the past 10 years. The highest number of sentenced children in prison for these offences over this period was just over 250 in 2002. Since then, these numbers have steadily declined to figures of less than 150 sentenced children in 2007.³

Overall, the above figures indicate that sexual offence trends in South Africa are not different from other countries, and specifically that young offenders are not disproportionately responsible for sexual offences.

Do young sexual offenders become adult sexual offenders?

Research clearly indicates that the majority of young sexual offenders do not become adult sexual offenders.⁴ Research indicates that generally, young people who commit crimes are less likely to continue to do so as they get older.⁵ Research across 33 international studies of recidivism amongst young offenders found that young sexual offenders are half as likely to re-offend compared with non-sexual offences of both a violent and non-violent nature. This is important as it implies that there is likely to be a significant group of young sexual offenders who do not continue to commit sexual offences as adults.⁶

¹ Redpath J. 2003. *Ibid.*

² Centre for Sex Offender Management: Myths and Facts About Sex Offenders August 2000 p5; and The National Organisation for the Treatment of Abusers *Frequently Asked Questions: What is the Prevalence of Sexual Offending?* www.nota.co.uk/fagrisk_a.htm accessed on 7 January 2008

³ Muntingh L. 2008. *Children in Prison: Sex Offences, Sentenced and Unsented. CSPRI Summary of statistics supplied by the Judicial Inspectorate of Prisons. January 2008.*

⁴ Carter M & Morris L. 2007 *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners* Centre for Sex Offender Management, U.S. Department of Justice p6. This research cites three significant studies between 2004 and 2006.

⁵ Tolan & Gorman-Smith. 1998. Cited in Righthand S & Welch C, 2001, *Juveniles who have sexually offended: A Review of the Professional Literature*, Office of Juvenile Justice and Delinquency Prevention p15

⁶ Weinrott. 1996 and Knight & Prentky. 1993 in Righthand S & Welch C. 2001 Op Cit. p13

How should young sexual offenders be treated?

Assessment is noted to be a critical first phase of the treatment of young sexual offenders, as intervention programmes are most successful when based on empirically validated assessment tools.

The purpose of treatment programmes is to ensure that the young offender is held accountable and to ensure that they develop techniques to prevent them from engaging in further harmful behaviours in future. Treatment is not a 'soft option' but one focused on protecting the interests of victims and the community. A range of treatment programme options need to be available to address the different needs of young offenders. These programmes must relate to the principles of risk, need and responsivity i.e programmes must take into account the level of risk for re-offending; the specific needs of a particular offender in terms of criminogenic factors present; and the ability of the offender to respond to a specific type of programme.

Programmes reported to be the most successful are those that utilise cognitive-behavioural treatment which aim to assist the offender to understand the relationship between thoughts, feelings and actions and to develop healthier thinking patterns and ways of managing emotions. These programmes aim to reduce denial and increase accountability, increase victim empathy, develop insight into events leading up to the offence, address history of victimisation in the offender, provide sex education, modify cognitive distortions, develop social skills and anger management and use conditioning processes to change negative arousal patterns.⁷ Most offender treatment programmes, in conjunction with the cognitive-behavioural models include relapse prevention models which focus on high-risk situations that the offender may face and develop the skills of the offender to recognise and manage these situations.

It should be noted that, internationally, experts in this field (including representatives from South Africa) have collaborated to develop a set of standards for programme design and delivery. These standards express 'good practice' and are intended to ensure the quality and effectiveness of intervention programmes.⁸

Does treatment work?

Research on 33 international studies on youth offender recidivism shows those young sexual offenders who had access to treatment programmes were significantly less likely to re-offend than those who did not.⁹ The recidivism rate for those who had received treatment was 8.6% and those who did not receive treatment was 19.4%. These findings indicate that youth who do not receive treatment are twice as likely to re-offend as those who undergo treatment programmes, and demonstrates the effectiveness of treatment programmes as a prevention strategy.

⁷Borduin CM, Henggeler SW, Blaske DM & Stein RJ. 1990. Multisystemic treatment of adolescent sex offenders. *International Journal of Offender Therapy and Comparative Criminology* 34, 105-113

⁸ Miner M, Borduin C, Prescott D, Bovensmann H, Schepker R, Du Bois R, Schladales J, Eher R, Schmeck K, Langfeldt T, Smit A, Pfafflin F. 2006. Standards of Care for Juvenile Sexual Offenders of the International Association for the Treatment of Sexual Offenders *Sexual Offender Treatment*, Volume 1 Issue 3.

⁹ Reitzel L & Carbonell J. 2006. The effectiveness of sex offender treatment for juveniles as measured by recidivism: A meta-analysis. *Sexual Abuse: A Journal of Research and treatment*, Volume 18, Number 4 pp401-421