MANAGEMENT OF SEXUAL OFFENDERS

Working with Persons who have Sexually Offended: Assessment, Treatment, and Risk Management

Robin J. Wilson, Ph.D., ABPP

In spite of continued fear in the community over the risk posed by persons who have sexually offended, there is mounting evidence that rates of sexual offending and reoffending have been steadily declining for decades. But, how have those declining rates been accomplished? Regional, national, and international legislators have generally adopted policies that might be described as "tough on crime"; however, it would appear that advances in evidence-based practices are more likely to account for gains made in public safety. This workshop will trace the progress of sexual violence prevention over the past 35 years, highlighting innovations in the assessment, treatment, and risk management of persons who have sexually offended. Specific focus will be on technological advances in risk assessment, trends towards holistic and strength-based interventions, and the growing use of collaborations in community-based risk management.

Goals of the Paper:
1. Participants will review the 35-year modern history of intervention strategies for persons who have sexually offended.
2. Participants will compare and contrast law-and-order approaches with evidence-based practices relying on scientific inquiry.
3. Participants will explore the evolution of collaborative models of sexual offense risk management, focusing on models such as Containment, MAPPA, and Circles of Support & Accountability.
Management of Sex Offenders in the Criminal Justice System in French-Speaking Switzerland

Prof. Bruno Gravier

The Swiss criminal code was significantly amended in 2007. As a result, mandated therapy for offenders whose mental state played a role in the offense has increased exponentially. The changes also permit offenders who pose a significant threat to public safety to be placed in indeterminate detention. Sex offenders are particularly targeted by the amended provisions, which provide for institutional therapy in correctional, special or specialized facilities. The amended provisions also allow for outpatient treatment during or following detention or as an alternative to detention. Consequently, sex offenders can be in therapy from the time of their arrest until they leave the criminal justice system.

At the same time, a series of high-profile cases sparked popular movements leading to referendums that toughened the handling of sex offenses and sex offenders: life imprisonment without parole was introduced for criminals who commit particularly serious crimes; the statute of limitations was removed for sex crimes; and sex offenders were banned from working with children.

In addition, following two more recent high-profile cases, politicians have taken steps to limit physician-patient privilege so that therapists can be fully involved in assessments of dangerousness.

The management of sex offenders is therefore a particularly sensitive issue. It also raises a number of ethical questions with regard to the therapist’s role. On the one hand, management of sex offenders must be interdisciplinary, but at the same time it must allow for confidentiality during therapy. A balance must therefore be struck between public safety and therapy that allows offenders to be treated in ethically acceptable conditions.

In the Canton of Vaud in Switzerland, a single medical and psychiatric service (attached to the university hospital and thus the health authorities) manages all sex offenders, regardless of their sentence, from the time of their arrest until they leave the criminal justice system. That provides for more consistency in the treatments. Accordingly, the therapists in the Correctional Medicine and Psychiatry Service work in prisons and also in outpatient and post-release settings.

We will examine some of the epidemiological characteristics of the patients, who are sex offenders receiving therapy, as well some of the group and individual therapeutic approaches being used. Our presentation also aims to describe the specific features of these therapeutic approaches, which incorporate recent research developments and philosophies put forth by French authors such as C. Balier and A. Ciavaldini. That is the basis of our notion of active therapy.

Finally, we will present our interdisciplinary collaboration with the judicial and correctional authorities which has been set up at each stage of the criminal justice process. This collaboration takes place through regular meetings, contact, and reports on how treatment is progressing and is based on a clear separation between therapy and risk-assessment. In such a delicate context, due consideration is given in the operating
principles to each person's mission while remaining true to the ethical principles of medicine and respecting patient autonomy, regardless of the crime committed. We will address this topic in detail.

Goals of the Paper:

1. Give an introduction to how therapy for sex offenders is managed in the criminal justice system in Switzerland, and specifically French-speaking Switzerland.
2. Describe recent changes to Swiss law and the ethical issues they raise.
3. Explain how to set up the collaboration between the judiciary and therapists so that a therapeutic space can be created.