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Survey on Therapeutic Interventions on Sexual Violence in Japan

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In Japan, a treatment program for children with sexual problematic behavior was launched in 2006 at a Child and Family Support Center, and in 2008 adult treatment programs were started in prisons and probation offices. Both are based on programs that are being held in the United States, Canada and the UK. More than 10 years have elapsed since the program began in Japan, and certain adverse effects of reducing recidivism were reported for adults. However, several problems have also become clear. First, regarding adults, the Ministry of Justice program is not disclosed, and you can not attend a program unless you are guilty. Early intervention by private agencies remains insufficient. Secondly, although children's programs have been implemented at Child and Family Support Centers in various places, only a small number of places are being appropriately implemented. In most programs, effect evaluation is not performed and there is a possibility that program drift is occurring. In the future, in order to reduce sexual violence in Japan, it is essential to increase treatment programs to attend and build a network all over Japan. This survey investigates the agencies that are carrying out therapeutic interventions on "sexual problematic behavior / sexual violence" in Japan as of January 1, 2017 and their actual circumstances. And it will be the basis for future network construction.

Method

We mailed questionnaires to public agencies nationwide who may be carrying out therapeutic interventions on sexual problematic behaviors and got responses.

Survey period: From January 28 to March 21, 2017

Surveyed subjects: 52 Juvenile Classification Homes, 169 Child and Family Support Centers, 58 Self-Reliance Support Facility, 45 Child Psychotherapy Facilities, 181 Juvenile Support Centers at Police Station, 47 Regional Settlement Support centers, 49 Mental Health and Welfare Centers(601 in total).

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Result

*The agencies "in trouble" with regard to sexual problematic behavior exceeded majority (56.3%).

*However, more than half of the agencies did not undertake therapeutic intervention (53.6%).

*Programs targeting children's sexual problematic behavior were conducted at 87 Child and Family Support Centers, 19 Self-Reliance Support Facility, and 12 Child Psychotherapy Facilities. In the field of child welfare, It has become quite popular in the last ten years.

*Most of them are individual, CBT-based programs, and "Pathways" or "Roadmap" are used as workbooks.

*However, frequency is once a month or every other week, mostly less than 20 times until termination, which is considerably less than original programs.

* The absence of training opportunities and supervisors were raised as problems, and also few programs have been evaluated by recidivism rate.

*For adults it is actually limited to practice at prisons and probation offices. You can not receive treatment programs before you make more victims.

Dr. Fujioka received a doctorate degree from Osaka University in 2006. She is currently a professor at Osaka University. She is also a licensed clinical psychologist. She is a person who has pioneered and disseminated treatment programs for children's sexual problem behaviors in Japan, and has served as a supervisor and training instructor for many programs. In addition, as a representative director of general corporate entity "Mofumofu Net", we are conducting group programs of perpetrators of sex crime and their families. She is one of the leading experts in this field in Japan.