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Psychological Intervention for Sex Offenders in the Correctional Services Department

CC LU CHAN

Correctional Services Department, Hong Kong

Introduction

While sex offenders represented about 1.5% of the penal population (as of 31.8.1999, there are 156 sex offenders amongst 10,172 inmates in the department), they received continuous attention from the psychological services in view of the nature of their offending behaviours and the positive outcome of psychological interventions in reducing re-offending (Marshall, Jones, Ward, Johnson & Barbaree, 1991). In this paper, I shall describe the profile of incarcerated sex offenders in particularly those who offended against children and the psychological treatment provided for them in the Correctional Services Department.

Profile of Incarcerated Sex Offenders

Incarcerated sex offenders are normally in their twenties to thirties and were mostly convicted of rape and indecent assault. About 48% of them had history of prior offences and amongst them, 18% of them are involved in sexual offences. For their current offences, about 1/3 of them had offended against children under 14. Amongst those who offended against children, 15% are involved in intra-familial sexual offences, i.e. the victims are their daughters. Amongst all cases involving children as victims, 66% involving one victim whereas about 33% involving two or more victims. The majority of the victims are aged 10 to 14.

In working with sex offenders who have offended against children, we have come across two distinct groups which are worth noting. One group being those having the diagnosis of pedophilia and the other group having committed sexual violence within their own families. Pedophiles are individuals who have recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with children. The profile of pedophiles under our custody are compatible to those described in other literature in that they are more psychosocially immature, socially alienated and had difficulties in maintaining satisfying intimate heterosexual relationship (Prendergast 1991). They are usually more comfortable in the company of younger age group peers and their offending behaviour is well planned to seduce the children and this may included involving themselves in occupations working with children. Similar to the pedophiles, offenders involved in intra-familial sexual

violence also led a rather withdrawn and socially isolated life style. Personalitywise, they are found to be more self-centered, has degrading attitude towards women and are insensitive to their children's emotional needs. Relationship with their spouse are usually unsatisfactory and frequently there are prolonged separation from their spouse (including desertion by their spouse). Relationship with their children including the victims of their offence are frequently problematic and characterized by extremes i.e. some could be over enmeshed and others are controlling and punitive.

Treatment for Sex Offenders

Sex offenders including those who offended against children shared similar psychological problems in that they have deviant sexual interest and deficiencies in their relationship skills as well as distorted cognition and attitude towards their victims.

In the past, treatment to sex offenders are provided largely on an individual basis. However, in the course of intervention, it is found that group treatment are more effective particularly in addressing the denial of sex offenders. In order to more systematically address the treatment needs of the sex offenders, a Sex Offender Evaluation and Treatment Unit (ETU) was set up in the Correctional Services Department in October 1998. The ETU provides comprehensive evaluation and treatment services for sex offenders. All newly admitted offenders will go through a two weeks orientation programme for assessing their re-offending risk and treatment needs as well as to enhance and consolidate their motivation for seeking treatment. Following the evaluation, they will be assigned to respective treatment programme according to their readiness for treatment and their re-offending risk. Those who are classified as having moderate risk for re-offending will be arranged to go through a two to sixteen week self-help programme where they will be assigned reading materials and exercises targetting their psychological deficiencies relating to their offending behaviours. They will also be assigned a psychologist as a tutor to follow-up on their progress. Motivated individuals from the self-help programme will be selected to attend relapse-prevention groups to reinforce their learning. Those who are classified as having high risk will be placed in the core treatment programme where they will participate in intensive group treatment for a period of eighteen weeks. Though the two programmes operated on a different format, they aimed at reducing their offending behaviour through addressing the following issues:

- i) Modifying the thinking errors and attitude of the offenders towards their victims and to increase their victim awareness and empathy.
- ii) Re-conditioned their deviant sexual interests through better understanding of their sexual needs and improved sex knowledge.
- iii) Developing their self-efficacies through improving their relationship skills and mood management skills.
- iv) Preventing relapse by understanding their offending cycle and consolidating their relapse prevention skills and means in soliciting social support.

Considerations in Working with Sex Offenders

One of the major challenges in working with sex offenders is to engage them in treatment. With denial of their offending behaviour and minimization of their responsibilities being the most commonly seen problems amongst sex offenders (Perkins 1991), they are generally reluctant to be in contact with mental health professionals and to seek treatment. For those who admitted their offences, some may tend to think that self-control and will power will suffice in ending re-offending and hence is also not forthcoming in seeking treatment. Amongst sex offenders, the above-mentioned problem are more profound amongst those involved in intra-familial sexual offences. At present, the orientation programme at ETU provided an opportunity for these offenders to better understand their offending behaviours and the role of treatment in reducing re-offending in an open and supportive environment. This group learning and sharing had effectively reduced their denial and resistance which is an important first step in engaging them into treatment.

In order to ensure treatment success, continuous follow-up after their discharge is most important. At present, case conferences are held together with staff from the social services agencies for cases involving intra-familial sexual offences to identify issues of concern amongst the family when the offender returns to the community and to plan necessary remedial action. Follow-ups are more easily arranged for those under statutory supervision and there are concerns for those discharged cases without statutory supervision as they may default treatment. For successful rehabilitation of sex offenders and prevention of sexual abuses, the communities' awareness and support in encouraging early identification of abusers and in providing needed intervention for the offenders are most essential.

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Intra-familial Child Sexual Abuse in Hong Kong: a Descriptive Study of 23 Cases Referred for Psychological Treatment

LKY LEE

Social Welfare Department, Hong Kong

Introduction

The present paper presents a retrospective, descriptive study of 23 clinically established intra-familial child sexual abuse cases referred for psychological treatment to the author in her position as clinical psychologist in the Clinical Psychology Unit of the Social Welfare Department of the Hong Kong SAR Government. The paper aims to identify some common characteristics and patterns in victim, abuser and family associated with these clinically established cases. The second part of the study tries to look at the treatment outcome of these cases and how they may be related to victim and family factors.

All 23 cases in this study were genuine intra-familial child sexual abuse cases established by majority of opinion in multidisciplinary case conferences attended by professionals from the law enforcement, medical, social work and psychology disciplines. The victims were all girls under 18 years of age at the time of disclosure. Detailed information on the victims, abusers and abuse was always included in the minutes of the case conferences which were routinely passed to the author in preparation for follow up psychological service. A retrospective survey of the 23 treatment case files provided the data for the description of these clinical cases.

Victim Characteristics

All victims were girls between the ages of 7 and 17 at the time of the disclosure. All were residing with the abusers who were close family members in the care giving position. After the disclosure, all victims were brought to the attention of the Juvenile Court. Care and Protection Orders under the Protection of Children and Juvenile Ordinance were initiated to put them under statutory protection of a social worker with conditions that the family would be followed up for welfare or treatment services. Their details were entered into the Child Protection Registry for record and case checking. Severity of the sexual abuse in these clinical cases ranged from fondling 26% (6/23), to attempted genital penetration 5% (8/23) and genital penetration 26% (6/23), taking the most serious form of abuse in each case. In one case the abuse involved both vaginal and anal penetration, and in another case the recurrent abuse resulted in a 20-week pregnancy in the child.