

AN EXPLORATION OF THE FACTORS THAT CONTRIBUTE TO RECIDIVISM IN INCARCERATED SEXUAL OFFENDERS

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ABSTRACT

Sexual crimes against women and children remain rampant in South Africa. The rape of children, particularly, continues to trigger a moral outrage by society, non-profit organizations and those tasked with the protection of children. The high rate of sexual re-offending is a serious problem that not only affects the offender and his/her immediate family but also other vulnerable groups in society.

The aim of this study was to explore and describe the factors that contribute to recidivism with incarcerated sexual offenders. A qualitative research approach was used and ten incarcerated recidivist sexual offenders in the prisons were selected through purposive sampling. The researcher used semi-structured interview guides and a voice recorder to conduct as data collection tools during the interviews with the participants. The information gathered was transcribed, translated and analyzed using interpretive analysis.

The findings of this study show that most of the participants grew up in dysfunctional families, experienced specific challenges including substance abuse, violence, low socio-economic status and unacceptable sexual activities. Their childhood and adolescent histories also highlighted the absence of positive role models. Most participants lacked a secondary level of education. All these factors impacted negatively on their social functioning and probably contributed to their recidivism.

KEYWORDS

Offenders

Sex offenders

Sex

Recidivism

Treatment

Dynamic factors

Static factors



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DECLARATION

I declare that 'An exploration of the factors that contribute to recidivism in incarcerated sexual offenders' is my own work, that it has not been submitted for any degree or examination at any other university and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full name: Hedren Juliana Gantana

Date: September 2014

Signed.....



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To my heavenly Father, for giving me the strength and wisdom to fulfill my dream.

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CHAPTER 1

BACKGROUND OF THE STUDY

1.1. Background/Rationale

According to a report by Rape Crisis, 2004, South Africa has the highest per capita rate of reported rape in the world. This excludes up to 70% of all rapes that go unreported. For example, there were 54 310 reported rapes, indecent assaults and incest cases in one year. If only 1 in 20 is reported, the actual figure should be 1 086 200, which is 2 976 rapes per day, or more than two a minute (South African Police Service, 1999). The Department of Correctional Services reported that of the 123 498 inmates in prison during 2002, 15 086 were sex offenders. In 2003, the total number of prisoners increased to 131 604 of which 16 608 were sex offenders. In 2004, 17 556 sex offenders formed part of the total prison population of 133 764. There has been a steady increase of 55097 to 56272 in the arrest of sex offenders reflected between 2009/2010 and 2010/2011 (South African Police Service Annual Report, 2010/2011).

Media reports (Mjekula, Cape Times, 30/3/2011) further highlighted the fact that sex offenders often recidivated after they were released from prison back into society. The high rate of sexual re-offending in the community is a serious problem influenced by multiple environmental factors including myths, cultural practices, stereotypes and socialization patterns. This behaviour not only affects the offender and his or her immediate family but also other vulnerable groups in society. It also places financial constraints on the economy.

As a social worker in the Department of Corrections, tasked with assessing and providing intervention for all inmates who enter custodial care through a conviction for sexual crime, the researcher has anecdotal hunches regarding the factors that may contribute to recidivism in sex offenders, but these hunches have not been tested through objective research. Hence the researcher chose to do a study on sex offenders who returned to incarceration as a result of recidivism.

Recidivism is considered one of the biggest threats in society at present. There are assumptions that sex offenders will continue to pose a risk to others after intervention or

incarceration and that released offenders inevitably return to police custody following recidivistic behaviour. The factors that influence recidivistic behaviour in general are documented, but it is unclear whether the same factors apply to those individuals who have committed offenses of a sexual nature, despite intervention, albeit treatment or incarceration. This study, therefore, focusses on exploring and describing the factors that contribute to recidivism in sex offenders.

1.2. Conceptual Framework

Recidivism has been defined as rates of reconviction, measured as return to prison (Gelb & Council, 2007:21). Similarly, a report on the Open Society Foundation for South Africa (OSF-SA) Conference on Recidivism and Re-offending in South Africa held on 29 and 30 November 2010 describes that 'Recidivism seems a straightforward idea – it is when a person who has committed a crime, does it again'. There are, however, certain factors, highlighted in Chapter Two, which might have contributed to recidivistic behaviour in offenders. The following theory is best suited to understand the issue of sex offenders, per sé, but more specifically, to locate the issue of sexual recidivism.

Rehabilitation Theory, according to Ward, Mann & Gannon (2007:89), refers to the overall aims, values, principles and etiological assumptions used to guide the treatment of sex offenders. The authors explained the following underlying assumptions:

- *Firstly*, they concluded that socially unacceptable and personal frustrating experiences are reflected in sexual offending.
- *Secondly*, rehabilitation is seen as a process based on different types of values that include prudential values (what is in the best interest of sexual offenders), ethical values (what is in the best interest of the community) and epistemic values (what are the best practice models and methods).
- *Thirdly*, the emphasis is on the construct of personal identities and its relationship to sexual offending.
- *Fourthly*, the concept of psychological well-being (i.e. obtaining a good life) must play a major role in determining the form and content of rehabilitation programmes accompanied by risk management. Any treatment should include various primary goods (e.g. relatedness, health, autonomy, creativity and knowledge) with the main

aim being to provide the internal and external conditions necessary to protect those goods.

- *Fifthly*, this theory assumes that we are contextually dependent organisms and that the rehabilitation plan should consider the link between the characteristics of the offender and the impact of environmental factors after release.
- *Finally*, this theory suggests an explicitly constructed treatment plan by taking into account the offenders' strengths, primary goods, relevant environments, as well as what competencies and resources are required to achieve these goods.

Rehabilitation theory requires respect for the offender's capacity to make certain decisions for himself and consequently accepting his status as an autonomous individual. However, in the literature section of this report, a description will be offered of the Good Lives Model (GLM) to sex offender management/intervention that is rooted in this theory.

1.3. Problem Statement

Research has confirmed that deviant sexual interests and antisocial orientation are seen as important predictors of sexual recidivism (Hanson & Morton-Bourgon, 2004). A further challenge of recidivism is the expectation that social workers will successfully treat incarcerated sex offenders. Hence, the lack of knowledge about the factors that contribute to sexual recidivism holds serious implications for treatment efficacy.

Social workers employed by the Department of Correctional Services are under pressure to involve sex offenders in treatment programmes. But social workers, the only trained therapists in the Department of Correctional Services who render treatment programmes to sex offenders, do not have any structured support system (Hesselink-Louw & Schoeman, 2003).

Mander, Atrops, Barnes & Munafo (1996), in their first recidivist study of sex offenders in Alaska, concluded that treatment can and does work – certainly for some offenders. A Canadian Sex Offender Treatment Programme showed that recidivists were, in general, considered to have: poor social supports, sexual pre-occupations, attitudes tolerant of sexual assault, antisocial lifestyles, poor self-management strategies and difficulties cooperating with community monitoring. The significance of these findings reiterates the importance of

treatment failure. When treatment does not work with certain offenders, it is important to investigate the underpinnings of treatment failure, especially in South Africa. Through continued research efforts, it is possible to identify a constellation of indicators that contribute to, or predispose sex offenders to, recidivism.

1.4. Research Question

The following is the main research question in this study:

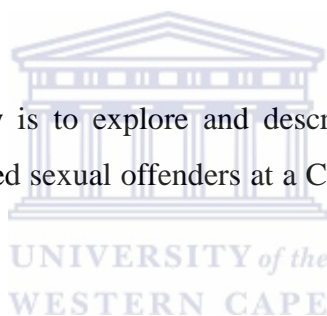
What factors contribute to recidivism in incarcerated sexual offenders?

1.5. Aim of the study

The aim of this study is to explore and describe the factors that contribute to recidivism in incarcerated sexual offenders.

1.6. Objective of the study

The main objective of the study is to explore and describe the factors that contribute to recidivist behaviour in incarcerated sexual offenders at a Correctional Facility in the Western Cape.



1.7. Methodology

Bryman (2008:31) describes a research method as one of the techniques for collecting and analyzing data to respond to the research question. This study used qualitative research with semi-structured interviews and the guidelines of a specific instrument, called Psychosexual Life History Assessment (Molinder & Nichols, 1999).

1.7.1. Research Design

Research design is referred to as a set of logical arrangements from which prospective researchers can select one that is suitable for specific research goals (Fouche & Delpont 2012:73). De Vos, Strydom, Fouche & Delpont (2012:325) also refer to research design as the available option that the researcher selects to study a certain phenomenon. In this qualitative study the researcher is concerned with understanding (*verstehen*) rather than explanation (De Vos *et al*, 2012:308).

1.7.2. Population and Sampling

According to Bryman (2008:168), a population is described as ‘basically the universe of units from which a sample is selected’. In this study, purposive sampling was used to strategically select participants from a data base of the Department of Correctional Services. Neuman (2000) refers to purposive sampling as specific cases being selected with a specific purpose in mind. The target group for this study included ten convicted male sexual offenders, from different cultural backgrounds, who presented with sexual recidivism (i.e. they re-offended after their initial convictions for sexual crimes). This was done to ensure that those sampled would be relevant to the research question posed (Bryman, 2008:183). The required permission was obtained in order to gain access to this data base and the required protocols/procedures were observed.

1.7.3. Data Collection Process

The overall scope of the study and the ethical considerations were explained to the participants who agreed to participate in the study. Informed consent was obtained and consent forms were signed.

Semi-structured interviews with the aid of interview guides were used to gather in depth data for this research (Greeff, 2011:352). The interviews were face-to-face with the participants who were given every opportunity to describe and explore their life experiences.

1.7.4. Data Analysis

Data analysis, according to Terre Blanche & Durrheim (2002:139), is the process of transforming the information into an answer for the original research question. In this study, interpretive analysis was used and all the interviews were transcribed and translated.

1.8. Significance of the study

The results of this study could benefit the Department of Correctional Services as it highlights some of the shortcomings in the treatment programmes already on offer. The results of this study could also influence specific training workshops for social workers who are currently treating sexual offenders. It is anticipated that the findings will fall within the

ambit of evidence based outcomes that could influence assessment and overall management of incarcerated sex offenders. The study is significant in that it provides an exploration of the factors that contribute to recidivism in sexual offenders who are re-admitted to correctional facilities in the Western Cape.

1.9. Structure of the thesis report

Chapter One – Presents the background and rationale for the study, the main aims, research question, purpose and the research process used to address the main focus of the study.

Chapter Two – Reviews the relevant literature and theoretical theories applied to understand the complex issue of sex offenders and recidivism. Some definition and characteristics are explained to identify who the sex offenders are. A discussion is provided about recidivism, risk factors and other related aspects in order to understand the implications for both intervention/prevention. The chapter is concluded with the socio-legal management of sex offenders and those who recidivate. It also identifies some of the challenges experienced in South Africa.

Chapter Three – Details the research methodology, research approach used and provides an explanation of how the sample selection, data collection and the main techniques are applied in the research process to respond to the identified research question and aim.

Chapter Four – Explains the main findings of the study and sketches a context for the discussion/synthesis of the findings.

Chapter Five – Presents the main conclusions, provides the limitations and offers recommendations for further research as well as improved management of incarcerated sex offenders.

1.10. Definitions of terms

Sex offender – is applied to an extremely diverse group that ranges from individuals who have committed less serious offenses, such as indecently exposing themselves or making obscene phone calls, to those who may have killed as part of sexual assault (Beech, Fischer & Thornton, 2003).

Sexual offence/s – has been classified according to a broad spectrum of behavior that includes rape, incest, child molesting and sexual assault (Gelb & Council, 2007).

Recidivism – is defined as rates of reconviction, measured as return to prison (Gelb & Council, 2007).

Treatment – ‘The aim of treatment is the promotion of primary goods or human needs that, once met enhance psychological wellbeing’ (Ward & Brown, 2004 as cited in Willis & Ward, 2011:290).

Dynamic factors – are described as the factors that are changeable like substance abuse and sexual preoccupation (Hanson & Morton-Bourgon, 2005).

Static factors – are normally fixed and unchanged across time such as a number of previous convictions and age (Hanson & Morton-Bourgon, 2005).



CHAPTER 2

THEORETICAL CONTEXT: SEX OFFENDER CHARACTERISTICS AND RECIDIVISM MANAGEMENT

2.1. Introduction

This chapter will describe the theoretical framework used for the study. The writer will briefly look at some general characteristics of sex offenders and how they are managed in South Africa. It is also essential to understand the socio-legal context of how sex offenders are managed in different countries therefore the current legislative framework will be used as a lens to describe specific challenges of managing sex offenders, recidivist dynamics as well as the implications for interventive/prevention remedies. The legislation, namely the Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment Act, 2012 is explained and pertinent aspects will be highlighted to show that the punishment of sexual crimes is a priority in the judicial governance of South Africa.

The BBC NEWS (12/02/2013) reported that South Africa has one of the highest rates of sexual violence in the world and that police figures of reported cases were 64,000 in the previous year. Amnesty International and CODESRIA, (2000:5) explain that all acts of sexual violence constitute crimes of violence, aggression and domination. This suggests that the sex act is used as a means of exercising power over the victim, thus indicating that the aim of the offender is control while degrading and humiliating the victim.

According to a report by Rape Crisis (2004), the South African Constitution is known worldwide as the most progressive constitution. The focus of South African citizens is on healing the divisions of the past by establishing a society based on democratic values, social justice and fundamental human rights. The foundation has been laid for a democratic and open society where government is based on the will of the people and every citizen is equally protected by law. The priority is to improve the quality of life for all citizens and to free the potential of each person by building a united and democratic South Africa (The Constitution, 1996). The constitution grants every child the right to be protected from maltreatment, neglect, abuse and degradation. It is therefore sad to see that the sexual abuse of children in this country has reached the highest levels ever (Chetty & Reddi, 2005:512). Provisions

require state parties to protect children from sexual exploitation, pornography and sexual abuse (Waterhouse, 2008:8). Jewkes & Abrahams (2002:1240) concluded that women's right to give or withhold consent to sexual intercourse is one of the most commonly violated of all human rights in South Africa.

The management of the dangerous offender, specifically the sex offender, raises concern and fears. This concern of the risk posed by sexual offenders who are released from prison has been highlighted at several different levels and also in official discourses where an abundance of legislation and policy reforms have been enacted within a relatively short time (Macalinden, 2006:197).

The findings of a spatial ecological study done with offenders across three crime categories in South Africa, namely-violent, economical and sexual, concluded that offenders in Tshwane appear to be associated with the spatial incidence of two broad factors, known as, high residential mobility and unemployment (Breetzke, 2008:131).

Rehabilitation theory was therefore used as a lens in this study to look at aspects of causality as well as the overall management or intervention with those individuals who have been convicted of a sexual crime

2.2. Theoretical Framework

Several theories claim to answer the question 'why' individuals commit sexual crimes against others, as well as the argument of whether 'sex offenders can ever be cured'. The writer was faced with a dilemma to look at a theoretical construct that could adequately address the complex issues of those individuals who commit sexual crimes, sometimes repeatedly.

Rehabilitation Theory is described as a 'hybrid of theories' by Beech, Leam & Brown, 2009). However, Rehabilitation Theory contains several elements that can illuminate the dilemmas that apply to understanding both sex offenders' management and recidivism. Therefore, for the purpose of this study, the factors of rehabilitation, prevention, identifying risk factors that are prioritized in Rehabilitation Theory is appropriate.

The causal relationships, importance of contextual management contributed to the application of this theoretical perspective. The theory does not fully offer definitive explanations for causality, but Beech et al (2009) argues that very few theories accurately achieve this, anyway.

2.2.1. Rehabilitation Theory

Rehabilitation Theory looks specifically at the aims of therapy and makes provision for justification of these aims in terms of its core assumptions, etiology as well as the values that underpin the approach. It also points out clinical targets and gives direction on the implementation with regards to these assumptions and goals (Ward & Marshall, 2004 as cited in Ward & Gannon, 2006:78). Theorists who adhere to Rehabilitation Theory advocated rehabilitation as an important humanitarian response to wrongdoing and a means of bringing about the improvement or humanization of criminal sanctions (Robinson & Crow, 2009:1). Duguid (2000:18 as cited in Ward & Maruna, 2007:24) states that ‘offenders are human beings with similar needs as anybody else’ and continues to promote ‘treating prisoners as subjects rather than objects’. Uggen (2000:530) explains that existing theory and research shows that there is a complex relationship between work and criminal behaviour, whether it is causal or not remains unanswered.

‘Sexual offending has become the focus of intensive research and treatment efforts over the last thirty years and, as a consequence of this investment, effective interventions are starting to emerge’ (Ward & Gannon, 2006:78). Ward & Maruna (2007:40) conclude that the evaluation of rehabilitation theories is not an easy task – ‘Is rehabilitation best understood as a *type* of punishment; as an *alternative* to punishment; or something which most appropriately *follows* punishment?’

To minimize recidivism rates, offenders need to learn how to manage aspects of their lives that increase risk rather than the justice system only focusing on punishment (Ward & Brown, 2004:243). The effects of correctional interventions on recidivism have important public safety implications when offenders are released (Lipsey & Cullen, 2007:1).

Some intervention strategies used with sex offenders are therefore rooted in the principles and ethos of Rehabilitation Theory. According to Lipsey & Cullen (2007:26) research supports the general conclusion that rehabilitation treatment can reduce the re-offense rates of convicted offenders and that it has more capability in doing so than correctional sanctions.

2.3. Characteristics of and defining the sex offender

The homogenous nature of sex offenders forms one of the many beliefs and assumptions that structure the basis of sexual offences policies in which legislators try to control the repetitive behaviours of sex offenders (Sample & Bray, 2006:2). The four most common assumptions about sex offenders include:

- it is certain that they will re-offend,
- they have a tendency to kill their victims,
- they most frequently choose children as victims, and
- they are often unknown to their victims (Sample, 2006 as cited in Sample & Bray, 2006).

However these assumptions are challenged by empirical evidence. A sex offender is a person who commits a crime involving sex, which includes rape, molestation, sexual harassment and pornography production or distribution. Sex offenders are also seen as a group of dangerous criminals, having unique strengths, concerns and treatment goals as pointed out by (Worling, 2004). Prentsky, Harris, Frizzel & Righthand (2000:71) describe sex offenders in the USA as ‘the group of dangerous (non-psychotic) criminals mostly subjected either to special commitment statutes or to *ad hoc* discretionary and dispositional decisions’.

Although the term ‘sex offender’ is commonly used to describe any person who commits sex crimes, it is important to recognize that individuals who have been convicted for sex offenses, do not constitute a single, homogenous population. Together they exhibit a wide range of criminal behaviours that may or may not include violence or contact. As a result the risk or likelihood of them committing new sex crimes is not consistent across all sex offender types, as argued in a Report of State of Connecticut, Office of Policy & Management Criminal Justice Policy & Planning Division (2012).

According to Gelb and Council (2007:3) there are three categories of sex offenders:

- Sex offenders who commit crimes of sexual violence against adults (commonly grouped as rapists)
- Sex offenders who committed crimes of sexual violence against children within their own families (known as intra-familial child molesters or incest offenders)
- Sex offenders who commit crimes of sexual violence against children who are not within their family group (usually known as extra-familial child molesters and sometimes divided according to the gender of the victim)

The general characteristics of sex offenders, according to (Gelb & Council, 2007:13-19), include:

- **Gender:** The majority of sex offenders are men.
- **Age:** Little is known about the relationship between ages and offending, however, research shows that sex offenders are substantially older than other offenders.
- **Prior victimization:** Sex offenders tend to report having experienced sexual and physical abuse during childhood.
- **Number of victims:** A common characteristic of sexual offenders is that of the serial offender having multiple victims.
- **Prevalence of sexual disorder:** Prevalence of sexual disorder varies between a criminal justice framework (where sex offenders are responsible for their actions and have been involved in programmes that attempt to change their behaviour) and a medical framework (where sex offenders are seen as mentally ill and diagnosable with sexual disorders).

‘Research on causal and contributory factors in rape internationally is somewhat fragmented’ (Jewkes & Abrahams, 2002:1238). Rape is influenced not only by individual traits, but include societal factors that refer to the impact of gender power, inequalities, status within male peer groups and a climate of male sexual entitlement. Rape as is the manifestation of a very violent society, poverty, alcohol and drug abuse, and, at societal level, a general climate of tolerance towards rape.

A Report by Rape Crisis, 2004 argued that the causes of rape in South Africa are linked to culture, violence, political transition and sexual violence. They reported a total of 9 193 sexual offences to the South African Police Service in 2011/2012, just below 27 cases per day. A total of 64 514 sexual offenders were reported countrywide for that period.

Ward (2002:513) argues that ‘every rehabilitation programme pre-supposes conceptions of possible good lives for offenders and, associated with this, an understanding of the necessary internal and external conditions for living such lives’. The author further states that an ideal situation for the reduction of offending is to implement ways of living that are more promised and consistent. Seemingly well designed intervention programmes can reduce the rate of re-offending however it is unclear why individuals cannot bring offending to an end (Gobbels, Ward & Willis, 2012:453).

2.4. Intervention

In a Report on Managing and Treating young sex offenders: What action for Government & Civil Society?, Meys (2003:17) points out that with the treatment of young sex offenders there is a lack of evidence about successful programmes, locally and internationally. He mentions that more than half the adult molesters started their offending behaviour before the age of 18 years. Similarly, Gelb & Council (2007:16) explain that the age of first offending is mixed. It is therefore apparent that intervention, prevention and the identifying of risk factors that could contribute to a relapse, may present gloomier for adult sex offenders than for adolescents convicted of the same sexual offenses.

Barbaree & Marshall (2008:315) highlighted special treatment as an important method to manage sex offenders. However, the focus remains on the importance of continued research to determine the exact degree of effectiveness. While it is also important to identify the therapeutic components that best reduce recidivism, appropriate assessment, individualization and therapeutic reports are necessary to develop a comprehensive approach to treatment. Practitioners and researchers should work hand in hand to address all aspects of sexual violence, to further advance the field, improve on treatment effectiveness and to support preventative measures. Worling & Curwen (2000:977) concluded in their study that valid and reliable measures of the risk to re-offend are critical for appropriate intervention with those who are at high risk. ‘Risk assessment is the process of determining an individual’s potential

for harmful behaviour. It entails consideration of a broad array of factors related to the person, the situation and their interaction' (Blackburn, 2000:179 as cited in Ward & Brown, 2004:248).

The use of structured instruments when assessing the risk of criminal re-offense is becoming more popular in practice (Dahle, 2006:431). Ward & Brown (2004) concurs that the Good Lives Model (GLM) of offender rehabilitation has the conceptual resources to resolve issues in a constructive and fruitful manner. 'Progenitors of the Good Lives Model (GLM) believe that adding a GLM focus to sex offender specific treatment will contribute to the reduction of risk and ultimately to the protection of society (Ward & Stewart, 2003 as cited in Wilson & Yates, 2009:159).

'The aim of treatment, according to the GLM, is the promotion of primary goods or human needs that, once met, enhance psychological wellbeing (Ward & Brown, 2004 as cited in Willis & Ward, 2011:290). The GLM is rooted in the ethical concept of human dignity and universal human rights, having a powerful emphasis on human agency (Ward & Syversen, 2009 as cited in Purvis, Ward & Willis, 2011:7). In essence, the 'GLM states that human beings are naturally inclined to seek a number of basic goods that are valued states of affairs, actions and characteristics' (Ward & Stewart, 2003 as cited in Wilson & Yates, 2009:159).

Uggen (2000:529) concludes that work is a 'turning point' in the life course of criminals. Turning points describe behavioural change over the life course, however, the author also emphasizes that prior research is inconclusive and appears to be the turning point for older, but not younger offenders.

Public perceptions of the increasing rate of sexual offenses and the image of sex offenders that accompanies it, is based on media stereotypes, instead of reality. Ward & Brown (2004:253) argue that it is important for therapists to refrain from being judgmental and that they demonstrate the necessary respect towards the offender. One important requirement of offender rehabilitation is the willingness of an offender to enter and effectively engage in treatment (Ward & Brown, 2004:250). Gelb (2007:40) explains that it is important to start therapy as early as possible, yet many offenders only participate in treatment programmes towards the end of the sentence when parole considerations and hearings are due.

2.4.1. Theoretical Approaches to sex offender Intervention

There are many approaches rooted in the above as well as other theories that guide the rehabilitation of sexual offenders. The starting point in the assessment process is the identification of the individual's psychological dispositions or vulnerability as factors causally related to their offending (Ward, 2002:527).

2.4.1.1. *The Good Lives Model of Offender Rehabilitation (GLM)*

The Good Lives Model of Offender Rehabilitation (GLM) is a more developed and improved version of the GLM-O and GLM-C. It is one of the strengths-based models that is gaining powerful momentum within the forensic treatment arena and is enjoying international application with promising results (Purvis, Ward & Willis, 2011:6). 'The GLM is a contemporary strengths-based approach to offender rehabilitation in which treatment aims to equip offenders with the internal and external resources necessary to desist successfully from further offending' (Willis & Ward, 2011:290). Offenders are therefore equipped with the skills and resources needed to fulfill primary goods, or basic human values, in personally worthwhile and socially typical manners.

The underlying assumptions of the GLM is that humans associate life experiences with their personal values and feel good in achieving their goals. However, when these needs are not met, criminal behaviour results (Ward & Stewart, 2000 as cited in Willis & Ward, 2011:290). The GLM of offender rehabilitation includes three hierarchical sets of conceptual underpinnings:

- general ideas involving the aims of rehabilitation;
- etiological underpinnings that consider the onset and maintenance of offending; and
- practical implications originating from the rehabilitation aims and etiological positioning (Purvis, Ward & Willis, 2011:7).

In a follow-up study done by Willis & Ward (2011:301), the final results concluded that the model only works if the following aspects are considered:

- Potential implications for policymakers and community members

- Assuming that accomplishing primary goods is linked with reduced recidivism, no evidence contrary to it was found
- absolute necessary for policymakers and community members not to block released sex offenders opportunities to implement good lives plans, meaning that the factors associated with desistance should be considered important when responding to released sex offenders
- The residency restrictions said out in policies marked community re-entry negatively

The above-mentioned aspects might hamper the potential of released sex offenders to live good lives and initiate desistance – ‘In a sense people are viewed as interdependent and therefore rely on the goodwill of others when attempting to implement their good GLMs’ (Ward & Brown, 2004:255).

The GLM has the potential to benefit clinicians, offenders and society as a whole when applied accordingly (Willis & Ward, 2011:301).

2.5. Recidivism in Sex Offenders

According to Langstrom & Grann, (2000:861) sexual recidivism refers to a reconviction for a sex offense. ‘Recidivism is a term with many definitions that affect reported rates of repeated offenses, meaning that certain studies look at additional arrests for any offense while others look at arrests for sexual crimes. Some only look at convictions, whereas others analyze self-reported re-offenses’ (Hall & Hall, 2007:457).

This term then refers to those individuals who present with new sexual offenses after their initial conviction for a sexual crime. South Africans become stressed about the management and control of sex offenders as well as the risk they pose to the community. Sexual recidivism is associated with deviant sexual interests and antisocial orientation (Hanson & Morton-Bourgon, 2004:1).

The broader term of recidivism debated at the Southern African Catholic Bishop’s Conference (July 2012) was defined as ‘a tendency to lapse into a previous pattern of conduct, particularly a pattern of criminal of behaviour’. Similarly, Samuels (SA Catholic Bishop’s Conference, July 2012) describes recidivism as ‘the tendency to revert back to

crime upon release from prison'. Further research studies indicate that people re-offend because of the individuals' social environment of peers, family and community – a lack of support systems and appropriate policies to assist in the re-integration of offenders into their families and communities.

It is unhelpful to explore the issue of recidivism without considering the issue of risk factor assessment. The diagnosis of recidivism is dependent on the identifying of risk factors that are most likely to contribute to another sexual re-offense.

There are different risk factor tools that measure sexual recidivism and which are divided into static and dynamic predictors. Hepburn & Griffin (2004:5-6) state that static risk factors refer to those relatively unchangeable factors e.g. age, education, employment, marital status and criminal history. Dynamic factors are subjective to change but are divided into stable dynamic factors (e.g. positive social supports, self-regulation and the use/abuse of alcohol or substances) and acute dynamic factors (e.g. willingness to accept responsibility, emotional states such as impulsivity, negative moods and motivation for treatment and cooperation).

Evidence-based practice (EBP), when systematically implemented, has the potential to prevent numerous avoidable deaths and injuries, while improving the quality of life for millions of individuals (Roberts & Yeager, 2004:1).

Community responses towards sex offenders involve imprisonment and/or treatment to reduce recidivism as it is a widely accepted belief that sex offenders have a likelihood of re-offending (Schweitzer & Dwyer 2003:1292). Sex offenders who recidivate are thus considered especially dangerous and in need of specialized treatment and rehabilitation other than general recidivists. Hence, Wilson & Yates (2009:160) state that there is trend to advocate longer sentences and extremely stringent control measures for sexual offenders, especially re-offenders. Sexual offender registries and community notifications are some of these stringent control measures and apply to sex offenders only.

2.5.1. Sexual recidivism and Risk factor assessment

Wilson & Yates (2009:160) explain that 'sex offenders released into the community are held to a much higher standard and indeed, most citizens hold that even one sexual recidivist is too many'. Wilson, Stewart, Barret & Cripps (2000:178) identified

collaboration of community-based relapse prevention treatment supervision as an effective method for the management of sexual recidivism in the community. To this end, the following four principles are important:

- Assessment and continuous assessment of offender risk;
- Targeting factors during intervention specifically related to criminal behaviour;
- Proper monitoring of activities in the community;
- Appropriate sharing of information among collaterals, treatment and parole supervisory staff.

Similarly, a study done on the success of specialized treatment and the implications for risk prediction reported the efficacy of specialized community-based treatment at the SAFE-T Program for reducing the risk of adolescent sexual recidivism (Worling & Curwen, 2000:976). There seems to be a positive link between treatment efficacies and recidivism behaviour.

The desired result of policies meant to improve community safety depends on the ability of evaluators to accurately assess offenders according to risk levels by considering the dynamic risk factors with the use of structured risk tools (Hanson & Morton-Bourgon, 2009:1). More evaluators now consider structured risk tools to be extremely important (Jackson & Hess, 2007 as cited in Hanson & Morton-Bourgon, 2009:1). Dynamic risk factors are identified as characteristics capable of change and the changes of these factors are linked with increased or decreased recidivism (Andrews, Bonta & Hoge, 1990 as cited in Hanson & Morton-Bourgon, 2009:2).

2.5.2. Risk factor management and Sex Offender Intervention

There is a difference in recidivism rates based on the type of offence and other risk factors like age, degree of sexual deviance, criminal history and victim preferences (Fortney, Levenson, Brannon & Baker, 2007). Risk factors leading to higher incidences of rape strongly indicate the importance of understanding culture, sub cultures, gender socialization and context in rape perpetration. Men who rape were much more susceptible to peer pressure – something that is particularly important in South Africa, given the peer context within which rape, especially highly prevalent gang rape, is perpetrated (Jewkes, Nduna, Shai & Dunkle, 2012:4).

It has also been established that the role of the sentencing judge in the prevention of rape in South-Africa is limited due to failing reporting and conviction rates, which influence the impact of sentencing and deterrence. As a result, it might happen that large numbers of possible offenders and victims are excluded from the judicial system (Bruins, 2009:67). Langstrom & Grann (2000:855) identify a tendency for non-contact sex offenses, peer-aged or adult victims, any male victims, and strange victims to be offense-associated risk factors for recidivism in sex offending.

The study of Miller (2013:507-512) on risk assessment cautioned that the following factors are closely associated with the likelihood of sexual recidivism:

- Pedophilia – having a persistent sexual interest in prepubescent children as expressed by a person’s sexual fantasies, urges, thoughts, arousal patterns or behaviour;
- The relationship of internet child pornography use to actual performance on a living victim;
- Imbalance in the administration of the justice system with society’s obligation to protect vulnerable potential victims;
- Employment settings (educational, daycare and religious institutions) that lack strict child protective measures.

For policy development more research need to be done on offender issues. Policy response to sex offenders, to date, has been about strict sentencing only, however, through further research the punitive philosophy of the justice system needs to integrate with therapeutic interventions (Lievore, 2004:113). Policies targeting juvenile sex offenders are similarly limited as the effects of labeling and stigmatizing can be substantial and long lasting (Trivits & Reppucci, 2002; Letourneau & Miner, 2005 as cited in Caldwell, 2007:112).

However, in order to translate research based outcomes that influence the policies and help to inform sex offender management, it is necessary to clearly describe those behaviours and tendencies that alert us to the possibility of a sexual relapse. It seems likely that mere behavioural indicators are not the only linkage to sexual recidivism, suggesting that there may be psychological states or experiences that are linked to the possible sexual recidivism (Londt & Roman, 2014).

Proulx, Perrault & Quimet, (1999 in Firestone, Nunes, Moulden, Broom & Bradford, 2005:277) cite hostile feelings as affective pre-offense states. Hostility can be described as involving angry feelings and connoting ‘a complex set of attitudes that motivate aggressive behaviour directed toward destroying objects or injuring other people’ (Spielberger, Jacobs, Russell, & Crane, 1983:163 as cited in Firestone et al, 2005:277).

Freeman, Palk & Davey (2010:41) posit that the risk of re-offence relating to denial or minimization has been hypothesized to be a strong prediction of recidivism. In contrast, Maruna & Mann (2006 as cited in Harkins, Beech & Goodwill, 2010:79) argue that it is common to deny when confronted with unacceptable behaviour and should not necessarily be viewed as an increased risk for sexual re-offense. Many studies have examined the effect that denial and motivation towards treatment have on reducing sexual recidivism, which is generally the intended outcome of sexual offender treatment (Harkins, Beech & Goodwill, 2010:79). According to Yates (2009:186) denial in sex offenders continues to be regarded as a risk factor for re-offending.

Sex offenders-in the United States of America, for instance, are restricted by numerous policies including registration, community notification, monitoring via a global positioning system, civil commitment, residency loitering and internet restrictions aimed to protect the community (Bonnar-Kidd, 2010:412). However, these management measures hamper successful re-integration of sex offenders into the community and cause more harm than good. As a result, multiple collateral consequences are created for communities, registered sex offenders (having potentially increased their risk of recidivism) and the impact on their families (Bonnar-Kidd, 2010:418).

‘Sexual violence is based on issues of power, control, victimization and denial. It happens in every class, culture, race, religion and gender. It causes fear, pain, injury, sexually transmitted infections, pregnancy and physical and psychological scars in the victims. Rape is not a crime of passion, but a crime of violence, domination, humiliation and violation by the stronger on the weaker’ (Mackay, 2001:80).

Wilson & Yates (2009:157) posit that ‘public perception of sexual offending is that of an epidemic and that exceptionally stringent measures must be taken to ensure public

safety'. There is a huge concern in communities about sex offenses and the huge potential impact they often have on the vulnerable, women and children (Schweitzer & Dwyer, 2003:1293). The authors add that the direct impact of sexual offences on victims and their families together with indirect social and criminal justice system costs combine to affect the community. Rape and violence against women also increase the vulnerability of women to HIV/AIDS (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009:6).

Literature reveals the public perception of sex offenders as a group of dangerous criminals most likely to repeat their offenses, which creates fear and panic. 'Rape offenders interfere with the health of one or more victims and the moral state of every person inhabiting a country or a region' (Bruins, 2009:37). The public also lack confidence in the ability of the criminal justice system to protect them against crime because of the existing problems with the implementation of the law and the deliverance of good justice. Jewkes, Nduna, Shai & Dunkle (2012) concur that rapists follow a pattern of behaviour that enhances heterosexual performance and emphasize control of women that includes physical violence.

Jewkes et al (2012) argue that a common phenomenon present in South Africa is that men who rape tend to engage with delinquent or criminal peers, are sometimes members of a gang and most likely also abuse drugs, or partake in a range of other criminal and violent behaviour including gang rape. Gear (2001:1) explains that sexual interactions in prisons are most explicitly linked to the specific work of the 28 gang. Madu & Peltzer (2001:318) explain that psychological and behavioural problems affect victims of child abuse as a result of traumatic sexualisation, stigmatization, betrayal and powerlessness. More adolescents with a background of childhood abuse reported short-term conditions such as sexual dissatisfaction, depression and suicidal ideation or behaviour.

In a study done on dynamic predictors of sexual recidivism by Hanson & Harris (2000:1), the recidivists were generally considered to have poor social supports, attitudes tolerant of sexual assault, anti-social lifestyles, poor self-management strategies and difficulties cooperating with supervision. Tewksbury & Connor (2012:26) describe strong family support as a critical issue for sex offenders. Repetti,

Taylor & Seeman (2002:330) concurs that risky families are characterized by overt family conflict manifested in repeated episodes of anger and aggression, deficient nurturing, particularly in family relationships that lack warmth and support and that is neglectful. Children raised in risky families are likely to demonstrate health-threatening behaviours that include smoking, alcohol abuse and drug abuse. These children also have a high risk for promiscuous sexual activity. Similarly, Tewksbury & Connor (2012:29) conclude in their study that sexual offenders experienced negative socialization patterns from family as 'common' and 'typical' behaviour, learned from earlier experiences in life.

In a study conducted by Baker, Tabacoff, Tornusciolo & Eisenstadt (2003:112), results showed that juvenile sex offenders are more likely to be raised in families where secrecy and sexuality are particularly noticeable components of the family relationships. Juvenile sex offenders, just like delinquent youth have low bonding to family and school, and high involvement with deviant peers (Ronis & Borduin, 2007:161). Jewkes & Abrahams (2002:1238) view rape and domestic violence as signs of male dominance over women and an assertion of that position. 'Women are socialized to be passive, accommodative and intuitive, while men are aggressive, active and dominating' (Rajan & Krishnan, 2006:197).

Rojas & Gretton (2007:257) in their study examine the background, offence characteristics and criminal outcomes of Aboriginal and non-Aboriginal youths who engaged in sexual offending. They stated that the Aboriginal youths were more likely than the non-Aboriginal to have background histories of fetal alcohol spectrum disorders, substance abuse, childhood victimization, academic difficulties and instability in the living environment. Aboriginal youth were more likely than the non-Aboriginal youth to use substances at the time of their sexual index offence. The outcome data revealed that Aboriginal youth were more likely than their non-Aboriginal counterparts to recidivate sexually, violently and non-violently during the 10-year follow-up period.

Parry (2000) in South Africa commented that alcohol together with its pleasure and benefit, creates numerous problems for developing societies, including trauma,

violence, organ system damage, various cancers, unsafe sexual practices and injuries to the brain of the growing fetus (Willis, 2006:28).

Rape Crisis 2004 reported the issues of high levels of abuse and sexual violence towards the women of South Africa is exacerbated by widespread substance abuse among men. Secondly, that alcohol abuse is a problem countrywide and has been linked to violence against women. Also, in the Western Cape, the abuse of methamphetamine, together with alcohol abuse show a direct link to the perpetration of sexual violence by users who are male.

Youth arrested for sexual offenses require special treatment by systems like juvenile justice and mental health. However, it has been found that juvenile sexual offending often forms part of the bigger picture, in terms of antisocial behaviour, as concluded in a study done by Ronis & Borduin (2007:161). In a study conducted by Kelly, Keogh & Seidler (2001:131), the path analysis indicated that poor social skills were directly causally related to recidivism, and in particular, sexual recidivism.

2.6. Implications for Managing Sex Offenders in South Africa: Criminal Law (Sexual Offences and Related Matters Act) Amendment Act, Act 32 of 2007.

Quinn, Forsyth & Mullin-Quinn (2004:216) commented that the United States of America rely on heavy sentencing, community notification laws and rigorous community supervision to manage sex offenders, while Canada is exploring a restorative justice approach that reintegrates these types of offenders into the community. Some argue that public surveys indicate that Americans have a poor understanding of who sex offenders are and how they do things.

Schonteich & Louw (2001:1) explained why South Africa consistently has high levels of crime and one of their explanations is the consequences of a poorly performing criminal justice system. Similarly, reports by the Mail & Guardian newspaper of 13 February, 2013 alerted society that the criminal justice system remains badly fragmented with regards to rape and the abuse of children when it reported on the strong expression of public disapproval over the homicidal rape of a teenager, and their urgent plea to the Justice Ministry to reopen the sexual courts.

Jamieson, Proudlock & Nhenga-Chakarisa (2012) explain that laws are not static – it can be changed or amended for relevance and implementation. They further state that legislative power is vested in Parliament and legislature has control over final decisions on the content of the law. The executive has the role of compiling draft laws that explain how laws should be implemented. The law must also be in line with the constitution.

In the last few years, South Africa responded with substantial reform of the sexual laws as a result of the increasing incidents of sexual violence. Recent policy development relating to sexual offences draws attention to the legislation underpinning the procedures of the sexual offences that exclude penalty provisions. Steps were implemented to address these difficulties given the high rate of sexual violence in South Africa, now confirmed as ‘one manifestation of a very violent society’ (Van der Bijl & Rumney, 2010:414). Thus, the primary focus of the Sexual Offences Acts is to address issues relating to the effective management of sexual violence against women and children (Artz & Roehrs, 2009:464).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 came into effect on 16 December, 2007 and affects the punishment of sexual crimes committed after this date. This Act aimed to replace some common law provisions on sexual offences and some sections of the old law, the Sexual Offences Act 23 of 1957. Now the current act creates new sexual crimes by definition and clarification. Section 72 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 makes provision for the implementation of chapters 1 to 4 and 7, which mostly deals with the creation of statutory sexual offences, special protection measures for children and persons who are mentally disabled, certain transitional arrangements and evidence related matters. This Act supports South Africa’s effort to fight sexual crimes against all persons and in particular, sexual offences against vulnerable groups, including women, children and people who are mentally disabled.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 also replaced the archaic term ‘unlawful carnal sexual intercourse’ with the term ‘acts of penetration’. Acts of penetration include conduct such as oral penetration, anal penetration, vaginal penetration by an object, penetration by the genital organs of the perpetrator and

penetration by an animal body part. This, therefore, indicates that a woman, a man or a child can be raped by another women or a man.

The common law offence of indecent assault under the earlier legislation is also repealed and replaced with the new offence of sexual assault which involves a wide definition of a broader range of acts of sexual violation without consent.

One of the newer changes is the enactment of the expanded amended sexual offences against children/persons who are mentally disabled, including offences relating to sexual exploitation or grooming; exposure to or display of child pornography shown to children and also when child pornography is created.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 makes provision with regards to the trafficking of persons for sexual purposes. Section 5 addresses services for victims of sexual offences and compulsory HIV tests. Further on, provision is made for a register to keep record of persons who have been convicted of sexual offences against children or persons who are mentally disabled. The register will also assist to prevent certain persons from gaining access to children or persons with mental disabilities when it comes to employment. A provision is also made for the establishment of the National Inter-Sectoral Committee on the Sexual Offences Amendment Act. The responsibility of the committee is to coordinate the successful implementation of The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

In a Legislative Developments Report, Jamieson, Proudlock & Nhenga-Chakarisa (2012:16) noted that twenty nine sexual offences were listed but the old Sexual Offences Act 23 of 1957 did not specify any penalties for them. In the absence of specific penalties, these offences do not constitute crimes and cannot be prosecuted. This means that the court does not have the authority to imprison offenders who are found guilty of such an offence. Only the offence of rape, described in section 3 of the sexual offences act, can be distinguished from the other offences, as penalties for it is dealt with in section 51(2) of the Criminal Law Amendment Act 105 of 1997. The courts do not have the authority to impose penalties for offences unless they are written into law. The offences that appear to be without a penalty include:

- Compelled rape

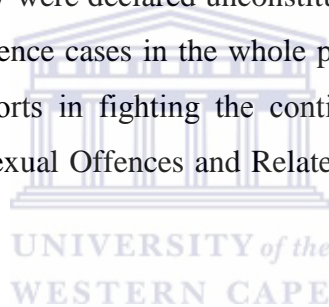
- Sexual assault
- Sexual grooming of children
- Exposing one's genitalia to children
- Sexual exploitation of children
- Sexual offences against mentally disabled people

(Source: Department of Justice and Constitutional Development Republic of South Africa)

The following section describes a few of the challenges that are experienced in managing sexual offenders and the high incidence of sexual violence in South Africa.

2.6.1. Challenges and Implications: Socio Legal Management of Sex Offenders in South Africa

Certain sections of The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 were declared unconstitutional because of the far-reaching implications on sexual violence cases in the whole province. These changes were also to assist government's efforts in fighting the continuous increasing rates of sexual violence, Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.



The President promptly signed the Criminal Law (Sexual Offences and Related Matters) Amendment Act, Amendment Sexual Offences Act into effect on 23 June 2012 for fear that sex offenders prosecuted in the Western Cape since the act came into force on December 2009, could successfully challenge their convictions or pending cases could be dismissed on the strength of the precedent setting ruling. The fact that the Act does not prescribe penalty provisions does not justify the reluctance to charge offenders. However, the existing loopholes have now been dealt with. The penalty provisions in section 276(1) of the Criminal Procedure Act empower courts to impose sentences upon people convicted of offences under the Sexual Offences Act. Meanwhile, the Justice Bill has begun drafting a new bill that will describe sentences for each of the 29 affected offences.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 failed to increase the conviction rate on sexual offences (Jamieson, Proudlock & Nhenga-Chakarisa, 2012:16). Subsequently, statistics showed a rapid increase in sexual

violence in South Africa. Sexual re-offending was also on the increase as courts had to consider the human rights of people charged with these offences who were protected by the principle of no punishment without a law. The principle of legality requires that crimes and punishments be created by law and in terms that explicitly describe particular crimes. The new Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment Act, 2012 deals more effectively with crime by giving specific penal provisions to all offences in the Act but this does not apply to offenders who were prosecuted under the original Act. However, unreliable witnesses frequently lead to perpetrators being found not-guilty and released or the courts do not deal effectively, in terms of sentencing, with the kinds of serious sexual crimes that are perpetrated in South Africa. The public, therefore, demand more stringent punishment for all sex offences.

The South African legislation also makes provision for the establishments of registers. Registries includes demographic information, place of residence, description of the offenses for each individual and are required to be listed for a period of 10 years or life time depending on the seriousness of the crime. Sex offender registry is used as a tool to promote public safety. However, findings yielded by (Tewksbury, Jennings & Zgoba, 2012:2) explain ‘significant economic costs associated with sex offender registration and notification, which produce little or no increase in public safety’. Perceptions relating to negative consequences of registered sex offenders that include employment and relationships, experiences of harassment, stigmatization and perceived feelings of vulnerability are seen as major obstacles to community re-entry.

The White Paper on Corrections (2005) reflects on the ideal correctional official that should embody the values that the Department of Correctional Services hopes to instill in the offender. It is important to serve with excellence and to demonstrate a caring attitude towards offenders. The ideal correctional official willingly accounts for his/her behaviour. Every member is a rehabilitator and should motivate offenders to develop a positive attitude.

Rothman (1990:6 as cited in Raynor & Robinson, 2009:12) posits that ‘rehabilitation becomes a right of offenders to certain minimum services from the correctional

services'. This means that each offender should be offered an opportunity to reintegrate into society as a worthwhile human being.

The Department of Correctional Services is, by legislation, authorized to implement a sentence of a court in the best interest of the judiciary, the offender and the community at large. The core function of Social Work Services is to assess the offenders and provide needs-based programmes and services in order to enhance the adjustment, social functioning and reintegration of offenders back into the community. Literature reveals that negative attitudes towards sex offenders vary amongst members of the public, and to some extent, professionals, correctional and mental health practitioners. They risk adopting a punitive, confrontational manner in working with sex offenders (Willis, Levenson & Ward, 2010:546-552).

According to the Training Manual: Members of the Correctional Supervision and Parole Board: South Africa (2011), offenders are categorized for supervision by using the Admission Risk Classification Tool to determine their level of risk as: a) High risk, b) Medium risk and c) Low risk. When offenders obtain the highest score in the total of risk factors, they must be placed in the High risk category. However, with regards to sex offenders, they will be placed in the High risk category, irrespective of the total score obtained.

During 1995, South African prisons held 111 090 prisoners. Within nine years that number increased to 186 468, giving South Africa a doubtful distinction of having the highest number of inmates of any African nation and the ninth largest prison population in the world (Sloth-Nielsen, 2007 as cited in Ghanotakis, Bruins, Peacock, Redpath & Swart, 2007:70). When looking at the above mentioned prison population, it reflects that the consideration for placements are under enormous pressure due to overcrowding. As a result the assessment process becomes demanding on social workers who have to perform these assessments.

Table 1: Staffing Profile at the Department of Correctional Services

STAFFING OF DCS AS ON 01 AUGUST 2009 – 12:00:00 AM			
Breakdown of Staff members	Positions filled	Positions vacant	Vacancy %
Senior Management	172 (54 women)	20	12%
Middle & Junior Management	3 197	987	31%
COs	36 179	3 368	9%
Professional staff	2 043	839 (at various levels)	41%
Total	41 591	5 214	12.54%

Source: www.dcs.gov.za

The data in the above table shows the current staffing profile which has significant consequences for the delivery of an effective service to inmates.

2.7. Conclusion

In this chapter the theoretical framework and approaches used by researchers provide reasons and understanding as to why sexual offenders re-offend. An understanding of the term recidivism is also given with a particular focus on sexual recidivism. Attention was drawn to the management of sexual recidivism, suggesting the use of more effective methods. Rehabilitation is seen as the general objective or goal but is also described as a process or set of practices that aims to minimize recidivism rates.

The increasing level of sexual offences is a huge concern for South Africans. It is also evident that sex offender theory and treatment call for more research to respond effectively to the needs of sex offenders, specifically when it comes to recidivist behaviour.

Offenders should be seen as human beings, have the same needs as anybody else and should be treated as subjects rather than objects. However, offenders need to learn how to manage aspects of their lives that increase risk and the justice system should not only focus on punishment.

The Good Lives Model (GLM) approach to offender rehabilitation was introduced as a guide to treatment that aims to equip offenders with the necessary resources to successfully desist from further offending and has the potential to benefit clinicians, offenders and society as a whole when applied accordingly.

This chapter also dealt with the main legislation the Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment Act, 2012 that pertains to the punishment of sexual crimes committed in South Africa. Further information informs the reader on why this new legislation is important in curbing the current incidence of sexual crimes in South Africa.

Rape will always be viewed as a more serious crime than other crimes such as murder or robbery, mainly because society views rape as the brutal physical violation of one's person. This however creates the misconception of it being regarded as more severe than murder.

The following chapter deals with the research methodology and research process that was used to respond to the main question of this study.



CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

The main aim of this study was to explore the factors that contribute to recidivism in sexual offenders. This chapter will report on the methodological steps and techniques used to gather and analyze the findings.

3.2. Methodological Approach

For the purpose of this study, the researcher followed a qualitative research approach. Qualitative research was most appropriate for this study because the goal was to explore and describe (Bryman, 2008:393).

Exploratory studies allow participants to respond in their own words and give detailed information that is rich and explanatory in nature (Mack, Woodsong, MacQueen, Guest & Namey, 2005:04). Thus a qualitative approach to explore and describe recidivism in incarcerated sex offenders was used in this research study.

Mouton & Babbie (2001:270) describes qualitative research attempts to study human action from the perspective of the social beings themselves. The strength of this approach is in its ability to provide in-depth information and descriptions about how people experience the given research issue. According to Wellman, Kruger & Mitchell (2005:188), qualitative research is concerned with understanding social and psychoanalytical phenomena from the perspectives of the people involved and are concerned with the participants' experiences, beliefs and attitudes.

3.2.1. Research setting

The research study took place at the Department of Correctional Services, in a rural area in the Western Cape. The core business of this organization is rehabilitation, instilling social responsibility and human development of all offenders in its custody (The White Paper on Corrections, 2005). Services are rendered to all people residing in the West coast, Boland and Cape Metropolitan areas. Batho Pele principles, based on

‘putting people first, then to ensure that all service recipients are treated with the necessary respect and dignity’, underpins the work of the Department of Corrections (The White Paper on Corrections, 2005).

3.2.2. Population

The research project was conducted with incarcerated sexual offenders who are currently serving a sentence for a sexual offence. The target group included ten convicted sexual offenders who presented with sexual recidivism, i.e. they had re-offended after their initial conviction for a sexual crime.

3.2.3. Sampling

In this study the researcher used purposive sampling as specific cases were selected with a specific purpose in mind (Neuman, 2000). Purposive sampling focuses on selecting cases/participants strategically so that those sampled are relevant to the research question being posed (Bryman, 2008:183). Similarly, Fossey, Harvey, McDermont & Davidson, (2002:726) state that it is important to choose participants who qualify to best inform the study.

The target group, therefore, consisted of only male offenders from different cultural backgrounds who were in the custodial care of the Department of Correctional Services in a rural Western Cape Correctional Centre. The overall scope of the study and ethical considerations were explained to participants. The sexual offenders agreed to participate in the study and informed consent letters were issued to be signed.

3.2.4. Data Collection Tools

In order to gather in-depth data, semi structured, face-to-face interviews were used with the aid of an interview guide (Greeff, 2011:352). The participants were given the opportunity to describe and explore their life experiences.

The researcher also used Nichols & Molinder Psychosexual life history inventory (1999) as a guideline to formulate some of the research questions. Only questions that were relevant to the study were included in the semi-structured interview guide from this instrument. Finally, the researcher formulated an interview guide with 8 broad

discussion sections that were in line with the goals of this study. With the consent of the participants a tape recorder was used to record all the interviews.

3.2.5. Data Collection Process

De Vos, Strydom, Fouche, Delpont (2005:295) explain that the logistics of the interview should be planned in advance. Arrangements regarding the venue and time was done ahead, followed up with e-mails and confirmed closer to the date with phone calls. A venue with the necessary requirements that included security and safety, enough space and privacy was agreed upon between the researcher and the social work manager. All ten interviews were conducted over a time frame of two weeks. The participants were cooperative and escorted to the venue.

When the interviews were conducted the necessary safety and security measures were adhered to. A senior correctional official was on guard while the interviews took place but was not privy to the content of the interviews. With every interview the researcher explained the nature and purpose of the research and reminded the participants of their rights to refuse to answer a question and/or to terminate the interview at any time. The researcher confirmed that all information would be confidential. According to Plummer (1983 as cited in Babbie & Mouton, 2001:283), life history research can be defined as a 'full length book account of one person's life in his/her own words'. The interviews were scheduled for one hour, but were terminated when data saturation was reached and participants started to repeat themselves.

The researcher posed the eight discussion topics to the participants. The questions were phrased as open-ended and non-directive while they still attempted to guide the interviews towards satisfying the goal of the study. The participants shared their feelings and experiences and felt free to voice their opinions and ideas. In general, the participants were comfortable during the interviews and with a few probing questions the researcher was able to get more thick and rich information. The researcher also allowed pauses when participants became too overwhelmed or emotional while sharing sensitive information.

The following interview techniques were used as suggested by De Vos *et al* (2005:288):

- The participants must do most of the talking.
- Ask single questions, one question at a time.
- Clarify when you do not understand.
- Encourage a free rein but exercise a strict control over.
- Allow pauses during conversations, it provides opportunities for participants to think through their answers.
- Never interrupt a good story, note down questions to be asked later.
- Make a follow up on the answers.
- Conclude the interview with a question like “Is there anything further that you feel is important?”
- Monitor the impact of the interview on the participant.

The researcher, with the permission of the participants, tape recorded all the interviews. Non-verbal behaviours such as posture, eye contact gestures and fidgeting were jotted down by the researcher as recommended by De Vos *et al* (2005:311). At the end of the interview the researcher asked if there was anything of importance to add in closing. The data gathered from the questions asked, proved to be thick, rich and useful to the researcher. The researcher assessed the participants after the interview to ascertain the need for debriefing or referral. A number of participants expressed relief after talking about their experiences. At the end of the interviews the researcher thanked the participants for their willingness to participate in the study and once again confirmed the anonymity and confidentiality of the information gathered.

3.2.6. Data Analysis

Collection and analysis of data according to Terre Blanche & Durrheim (2002:139) is the process of transforming the information into an answer for the original research question. An interpretive analysis was used and all the interviews were transcribed and translated. Terre Blanche & Durrheim (2001:140), state that ‘Data analysis involves reading through your data repeatedly and engaging in activities of breaking the data down (thematizing and categorizing) and building it up again in novel ways (elaborating and interpreting)’. As explained the following guide, provided by Terre Blanche & Durrheim (2002:140-144), was used to do the interpretive analysis:

1. Familiarization and immersion (getting to know the data and engaging in it).

2. Inducing themes (working with dominant themes arising from the data collected).
3. Coding (breaking up the data in ways that is easy to understand).
4. Elaboration (investigate themes more closely).
5. Interpretation and checking (to provide understanding and inspection of the data).

The interpretations were checked by discussing it with the supervisor who was knowledgeable on this topic and who could offer a fresh perspective, as stated by Terre Blanche & Durrheim (2002:144).

3.2.7. Trustworthiness

Babbie & Mouton (2001:276) state that trustworthiness is reflected in the neutrality of the research study. In the process of trustworthiness, the researcher promoted good qualitative practice by ensuring that the study was credible, transferable, dependable and conformable.

- **Credibility** refers to how true the results of the research are. The researcher took notes while interviewing and only used information given by the participants. Clarifications were done when necessary.
- **Transferability** helps to establish the extent to which the results can be generalized to other circumstances, meaning that the results of this study could most possibly be the same if another research was conducted in a similar environment.
- **Dependability** emphasizes the consistency of the research by only sticking to the question guide. For this reason the researcher used a semi-structured interview guide to conduct all the interviews.
- **Confirmability** refers to whether the results could be proved. The researcher kept records of all the gathered information and a voice recorder was used as well in all interviews.

The following are some of the steps that the researcher took to ensure trustworthiness and its application to this study:

- The researcher clarified uncertainties with participants and asked for explanations. The researcher also referred to previous statements made in order to get clarification.
- The researcher listened more than once to the tape recordings of all the participants in order to get a clear understanding of the data.
- While listening to the tapes the researcher made notes of the findings.
- The researcher categorized the findings in order to be better able to make themes and sub-themes.
- The data was discussed with another researcher and with the supervisor to get clarity on uncertainties.

3.2.8. Self-reflexivity

Working with recidivist sexual offenders remains a challenge. I experienced ambivalent feelings and thoughts about sexual offenders. I witnessed the intensity of the sharing of the information although the participants did not indicate any need for debriefing. As a female researcher, I experienced anxiety and discomfort when delving into the participant's life history, especially when it involved sexual offenses. As a social worker, I am bound by a code of ethics and the responsibility of treating every participant with the necessary respect and dignity, as prescribed by the research methodology. As much as recidivist sexual offenders need punishment they also need effective treatment. I did not need any professional help to maintain her objectivity in the role of researcher.

3.2.9. Ethical considerations

'Scientific research is a form of human conduct, it follows that such conduct has to conform to generally accepted norms and values' (Mouton, 2001). The following components were highlighted:

- **Voluntary participation:** Participants were provided with sufficient information about the study. Consent was voluntarily obtained and participants were informed about their rights to withdraw from the study at any time without penalty (see Appendix A). Participants received the necessary respect from the researcher without judgment.

- **Confidentiality:** The researcher assured the participants that the information gathered would be handled in a confidential and anonymous manner. Codes were used for the individual participants to protect anonymity. Names were changed to participant 1, 2, 3 or 4 etc.
- **Information sharing:** Participants were requested not to share this information with any other participants in order to preserve privacy. They were assured that all audio-taped material would be kept in a locked cabinet by the supervisor. Dr. Londt, in her capacity as the research supervisor, was the only person to have access to this information. Tape recordings and transcripts would be destroyed five years after completion of the research. Interviews were recorded on separate tapes. The data of every participant who had been taped were transcribed verbatim.
- **Protection from harm:** In cases where participants were emotionally affected as a result of the in-depth interviews, they received assistance with referrals for further intervention by the social worker responsible in the Department of Correctional Services.
- **Personal bias:** ‘The ultimate goal of all science is the search for truth’ (Mouton, 2001:239). As the researcher is an employee of Department Correctional Services and is familiar with the setting, professionalism was maintained in order to avoid influencing/introducing personal bias into the study.
- **Reporting:** A copy of the recommendations will be shared with Head Office of the Department of Corrections to inform current programmes in order to provide the most effective services as stated in their vision..

3.2.10. Significance of the study

The results of this study could be useful to the Department of Correctional Services as they could highlight some of the shortcomings in current treatment programmes. Improved sexual offenders’ treatment programmes could lead to better service delivery. The results of this study could also lead to new specific training workshops for social workers who are rendering treatment programmes to sexual offenders.

3.3. Conclusion

This chapter showed the methodological steps and techniques employed to gather and analyze the findings that were presented in this section. The qualitative research approach was followed that covered the research process, data collection, data analysis and ethical considerations of this study.



CHAPTER 4

RESULTS AND DISCUSSIONS

4.1. Introduction

In this chapter the important findings of the study will be reviewed, followed by an in-depth discussion of the implications. A qualitative approach was used to explore the factors that contribute to recidivism in sexual offenders. Data for the present study originated from a semi-structured interview guide, compiled to conduct in-depth interviews with purposively selected participants – incarcerated sexual offenders. These interviews created opportunity for face-to-face interaction. Open-ended questions were used, followed by prompts to extract rich and descriptive information. Themes and sub-themes were identified and the data was analyzed thematically as per the themed questions.

4.2. Findings

In order to explore the factors that contribute to recidivism in sexual offenders, the present study followed prepared themed questions asked from respondents:

- Family of origin
- Childhood and Adolescent History
- Education History
- Work History
- Risk factors associated with family relationships
- Social and Personal Relationship(s)
- Alcohol/Substance Abuse Histories
- Treatment Histories

The following discussion is based on the themed questions, main themes and sub-themes provided from the analyzed data.

Table 2: Themed questions, Main themes and Sub-themes

Themed Question	Main Theme	Sub Themes
Family of origin	Dysfunctional families	<ul style="list-style-type: none"> • Substance use • Poverty • Aggressive behaviour of family members • Unacceptable sexual behaviour of family members
Childhood and Adolescent History	Anti-social behaviour during childhood and early experiences of substance use	<ul style="list-style-type: none"> • Early onset of criminal behaviour • Association with delinquent peers • Gangsterism
Education History	Early school drop out	<ul style="list-style-type: none"> • Skills Development
Work History	Responsibility/accountability	<ul style="list-style-type: none"> • Previous working record
Risk factors associated with family relationships	Consequences of poor parental guidance	<ul style="list-style-type: none"> • Aggressive behaviour • Lack of norms and values • Unacceptable sexual behaviour • Substance abuse • Low socio-economic status • Unstable relationships
Social and Personal Relationship(s)	Power and control	<ul style="list-style-type: none"> • Victims are known to offenders • Entertainment of victims
Alcohol/Substance Abuse Histories		<ul style="list-style-type: none"> • Evident in several categories
Treatment Histories	Rehabilitation	<ul style="list-style-type: none"> • Programme involvement after the first sexual offence • Current involvement in programmes • Risk factors for sexual recidivism • Support structures during incarceration • Sexual violence

4.2.1. Themed Question 1: Family of origin

4.2.1.1. Main Theme: Dysfunctional families

Seven of the ten participants informed the researcher that they grew up in family circumstances characterized by lack of control, substance abuse, low socio-economic status, aggressive behaviour of family members and exposure to sexual activities and in some cases abuse.

a) Sub-theme 1: Substance use

Five participants reported their negative experiences of the excessive use of alcohol in their families. They also indicated the use of other substances like dagga and mandrax. When family members were under the influence, conflict normally resulted and led to violent behaviour. The following quotations refer:

- **Participant 1:** *“And this family was a messed up bunch, they drank so much one could say that they are brewers my great grandmother received a grant organized by the social worker for me and my two”*
- **Participant 2:** *“Yes they drink a lot”*
- **Participant 3:** *“Miss it played a huge role in their lives. My reason for saying that is that my eldest brother and uncle used drugs”*
- **Participant 4:** *“Then he would always come to beat up my mother because he was under the influence of alcohol”*
- **Participant 5:** *“My mom was not converted yet the time when my father was a smuggler, I had no problem with him drinking”*

b) Sub-theme 2: Poverty

Due to parental unemployment, low- and mismanagement of income, the participants' parents were not able to provide for all their basic needs. As a result, they left school early to assume adult responsibility in order to be able to provide for themselves. The following quotations refer:

- **Participant 1:** *“And so they struggled to provide us with food and they had to see to it that we went to school. I was one of the boys who saw that if it continued like this I won't be able to finish school”*
- **Participant 3:** *“Let me be honest with you Miss it was not easy for me because of circumstances. Firstly the finances and there was no breadwinner”*

- **Participant 2:** *“Standard four and I started to work at the dairy, my father also got paid. My job allowed me to provide my own shoes, clothing and backpack”*

c) Sub-theme 3: Aggressive behaviour of family members

Five participants pointed out that the relationships between family members were violent and, in certain instances, abusive. Parents, aunts, uncles, brothers and sisters, in some cases, fought with one another in very murderous ways. The following quotations refer:

- **Participant 1:** *“Yes there was often fights in the house”*
- **Participant 2:** *“They only drank over weekend it is then that things happened a murder took place because my brother killed someone”*
- **Participant 3:** *“My uncle and brother used mandrax. It was very difficult for me miss they used to argue and fight. They slept outside in a room. Later on I would hear them stabbing and assaulting each other. We would hide under the bed there was a lot of violence and fight”*
- **Participant 4:** *“Just like my father abused my mother he abused me. He hit and kicked me and told us we were not his kids. My mother was promiscuous and it made me aggressive. I tried to stab him and I had friends who encouraged me”*

d) Sub-theme 4: Unacceptable sexual behaviour of family members

At a very young age participants witnessed sexual activities performed by family members. No respect was showed to the participants and they had to deal with it in their own way. Emotional expressions were forbidden. Four of the participants experienced physical or/and verbal and emotional abuse. The following quotations refer:

- **Participant 3:** *“My aunt and others had sex in front of us and we could see it. They often did it and it irritated us. My uncles did it without any shame, they swore and hit us especially me”*

- **Participant 1:** *“Swore and scold was the language known at our house, at that time we did not have televisions, way back in the eighties and I mean early eighties. I call it pornography the way they sexed in front of us. Totally naked. Uncles and aunts they go ahead without any shame”*
- **Participant 2:** *“I saw it a lot. Sometimes they did it in the yard. Anywhere. You could see where they lie; they did not have any shame. I would think by myself why than do it.”*
- **Participant 9:** *“We did not watch pornography but my friends cousin showed us behind closed doors her private parts, what to do how to do she actually taught us how to have sex”*

4.2.2. Themed Question 2: Childhood and adolescent history

4.2.2.1. Main Theme: Anti-social behaviour during childhood and early experiences of substance abuse

More than half of the total participants demonstrated anti-social behaviour during childhood. Theft, rule breaking at school, smoking of substances, aggression, police contact/arrest and corporal punishment were identified in their behaviour. The following quotations refer:

- **Participant 6:** *“Yes Mam I had friends at school we were all involved in crime, dagga we break in at the school twice, the school had a shop we received corporal punishment by the police, they caught me with dagga at school and then I was expelled”*
- **Participant 1:** *“Everybody in the house drank and smoked and that is where we as children learn to do the same, dagga consisted out of anything example dung, tea and all sort of things. In 2000 I got converted*
- **Participant 2:** *“I was about eleven years old not yet in school when I began to smoke and drink”*
- **Participant 3:** *“Miss I saw it as a solution for my problems and difficulties. To be honest I was drinking all the time. I drank anything that could get me drunk, even petrol and glue then I feel that I am not part of this people, relaxed nobody bother with me and so did I ”*

- **Participant 4:** *“When I started to use drugs, I began drinking. When I got home I would smash the windows. I also carried a knife with me because I was exposed to gangsterism. I moved to Cape Town to become a gangster.”*
- **Participant 7:** *“I think it was called Lexington at that time. I experienced peer pressure. She gave me a good hiding and since that time I’ve never smoked again”*
- **Participant 8:** *“I started to drink age 13 years and from 1977/1979 I smoked dagga”*

a) Sub-theme 1: Early onset of criminal behaviour

Participants who engaged in anti-social behaviour soon become involved in criminal behaviour. With some participants delinquency occurred from pre-adolescence. They were involved in theft, aggression, early onset of police contact/arrest, corporal punishment and referrals to the juvenile courts that included arrests for sexual offences and incarceration in juvenile Correctional Centres called Hawequa. Nine out of ten participants were very young when they got charged for their first offence. The following quotations refer:

- **Participant 6:** *“We were seven persons involved in a sexual crime I think that was in 1975/1976. I was sentenced 18 months that time I was a youth we were all youth at that time”*
- **Participant 1:** *“I think at nine years old it was my first criminal offence of theft, not everyone but in a later stage I was the only one that was involved in a sexual misconduct, where I raped an eight year old white girl. I think I was fourteen that time and received corporal punishment”*
- **Participant 2:** *“I was sixteen in 1998; I got charged for rape and went to Hawequa. I was released in 1999 and came home.*
- **Participant 8:** *“I was 15”*
- **Participant 3:** *“for me it was bad I was only 12 years old”*
- **Participant 4:** *“I was 14 I was charged with my first offence”*

- **Participant 5:** *“I was in standard seven when I was charged for a rape, the victim was a nine year old daughter”*
- **Participant 9:** *“I was still at school age 17 years in std 9 when I was charged as perpetrator in a fraud case. My cousin who worked at hotel frauds a check and asked me to exchanged it at the bank. That was my first crime in 1979”*

b) Sub-theme 2: Association with delinquent peers

Most of the participants (8) spent lots of time with their delinquent peers. They normally kept themselves busy with housebreaking and theft, and tended to steal things to eat. Others smoked dagga and, in some cases, they smoked mandrax as well. The following quotations refer:

- **Participant 5:** *“After school I didn’t go home. We went to the bush to play and enjoy stolen goods. Our naughty group used to play after school in the community doing wrong things.”*
- **Participant 1:** *“Yes I got influenced negatively by my peers. We decided together where and when to break in. No one made a positive choice by deciding against it.”*
- **Participant 6:** *“All of my friends were involved in crime. We broke in at school twice and smoked dagga there. Our school had a tuck shop and we broke in there twice. We got a hiding from the police and I was caught with dagga in my possession. I then had to leave school.”*
- **Participant 2:** *“I liked being away from home. Visiting other places, where I could meet and connect with my friends having nice conversations.”*
- **Participant 3:** *“That’s where we started smoking, we did it daily. After school we bought dagga from the Rasta and hung out at the river side. We only went home half passed 5.”*
- **Participant 4:** *“As friends, we were all involved in dagga and mandrax.”*

- **Participant 8:** *“I was a quiet little boy but when I grew up I met friends that I was not supposed to meet because it was at his time that I became involved in crime”*
- **Participant 10:** *“The type of friends I grew up with were friends who bunk school we smoked cigarettes”*

c) Sub-theme 3: Gangsterism

Half of the respondents reported not being involved in gangsterism, one indicated being a member of the 26 gang and four participants shared their involvement/membership with 28 gangsters during imprisonment.

- **Participant 1:** *“The 28 gangsters”*
- **Participant 5:** *“Ok I am a member of the 28’s”*
- **Participant 8:** *“I am a 28 gangster in prison. That time I was very young”*
- **Participant 9:** *“Yes and no previously I was involved in the 28 gangsters”*

4.2.3. Research Question 3: Education history:

4.2.3.1. Main Theme: Early school drop out

The participants presented with education levels – lowest as standard 2 and highest matric. Behavioural problems were reported as a significant factor for leaving school. Their focus was more on the delinquent peer group than on schooling. The following quotations refer:

- **Participant 6:** *“Mam I left school standard six but I did not fully complete”*
- **Participant 9:** *“High school until matric”*
- **Participant 1:** *“Yes was 5”*
- **Participant 2:** *“Standard four”*
- **Participant 3:** *“I was encouraged by friends and finished standard 7.”*
- **Participant 4:** *“Standard 6”*
- **Participant 7:** *“Standard eight”*

- **Participant 8:** *“I do not get to high school I left school at standard 2”*
- **Participant 10:** *“I decided to drop out of school in Standard five”*
- **Participant 5:** *“Standard 7”*

a) Sub-theme 1: Skills Development

Offenders were proud to talk about their informal skills that varied from panel beating, bricklaying, fishing, gardening and building. The following quotations refer:

- **Participant 9:** *“I started to work at Vredenburg Panel beating”*
- **Participant 6:** *“These days before fishermen can go to sea they first get training”*
- **Participant 3:** *“Miss in 98 with my first rape case I was trained in welding but for me it was just that I had to attend and did not do anything with the skills I gained”*
- **Participant 1:** *“I learned on skills about building” but moved on to Namaqua Sands in Lutzville”*
- **Participant 5:** *“During adulthood I worked on the farms. I did not get many permanent jobs like my wife, because of my criminal record.”*
- **Participant 10:** *“Since then I never looked for employment again I was wandering around. I was involved in casual jobs like gardening and removal of rubbish in that way I kept myself busy”*
- **Participant 8:** *“I am a bricklayer”*

4.2.4. Themed Question 4: Work history

4.2.4.1. Main Theme: Responsibility/accountability

Many of the participants lacked responsibility and accountability. Before their current sentence most of the participants were unemployed and involved in crime or drug dealing to fulfill their needs, while others were in non-permanent jobs. One participant enjoyed the benefits of his pension and only one reported having a permanent job at that time. The following quotations refer:

- **Participant 4:** *“I didn’t work, I was a drug dealer.”*

- **Participant 3:** *“As I’ve told you Miss, the assets I own today is the result of robbery.”*
- **Participant 8:** *“I smuggled with dagga and alcohol, but I did not do it for the fun I did it for an income”*
- **Participant 6:** *“Miss I made business with the hobby I developed in prison. I made a lot of money”*
- **Participant 9:** *“I worked at Dealer Sentrum in Delft but went home on vacation when the crime took place”*
- **Participant 7:** *“No I did not work anymore I got a lump sum, and my pension monthly which I used to pay the rent”*
- **Participant 2:** *“I worked on the farm where he stayed, taking care of the animals, however there is much to do like the building holiday resorts”*
- **Participant 8:** *“The longest employment was building outside, I worked with person called Jaque”*

a) Sub-Theme 1: Previous working record

Offenders working records were more permanent and stable before their initial sexual offence, however, the offenders, who did crime for a living, as outlined in the main theme, seemed to have the shortest working experiences in their life. The following quotations refer:

- **Participant 9:** *“More or less seven months”*
- **Participant 6:** *“Miss I worked for Niklaas Burger thirteen/ fourteen years”*
- **Participant 3:** *“The longest employment record was six months when I worked for a farmer in the vineyards where I only got R120 per week”*
- **Participant 4:** *“That was about three months”*
- **Participant 7:** *“Twenty-seven years, I worked for Telkom”*
- **Participant 1:** *“The longest contract I had was when I worked at the mine for two years and three months”*

- **Participant 10:** *“Miss I am the eldest child and decided to leave school standard five and got myself a job as security guard at Table Bay and worked there for six years”*
- **Participant 2:** *“I worked with the sheep feed them and take care of them”*

4.2.5. Themed Question 5: Risk factors associated with family relationships

4.2.5.1. Main Theme: Consequences of poor parental guidance

Parents and family were significantly affected by the use of substances, lacked the necessary parental skills, neglected the needs of the participants and were unable to discipline or take control. As a result, all participants experienced a lack of the necessary love, support and affection, and modeled the behaviour they observed from their family. The following quotations relate:

- **Participant 7:** *“Miss I was unhappy with the things that happened at home that’s why I decided to sleep at my friend’s house”*
- **Participant 4:** *“I had a close relationship with my grandmother but not with my mother”*
- **Participant 1:** *“I thought school was not for me because of our circumstances at home”*

a) **Sub-Theme 1: Aggressive behaviour.**

All the participants developed aggressive behaviour at an early stage, by their own admission.

b) **Sub-Theme 2: Lack of norms and values**

Most of the participants did not grow up with any norms and values and as a result did not live accordingly. They grew up being disempowered without the necessary knowledge and skills to deal with the challenges they experienced in life. Participants, therefore, acted out their emotions accordingly after being exposed to a family environment that lacked a norms and values system.

c) Sub-Theme 3: Unacceptable sexual behaviour

In the home participants were exposed to sexual activities performed by family members without having any self-respect or showing respect for anybody else. The participants reported they would have sex anytime, at any place.

d) Sub-Theme 4: Substance abuse

Substances were easily accessible and available. Most participants indicated that they started to experiment with substances in their immediate environment. The onset of substance abuse was reported as young as nine years old. The immediate environment also influenced the ongoing alcohol abuse.

e) Sub-Theme 5: Low socio-economic status

Patterns were observed from previous generations and carried on to the next generation. As a result of the above-mentioned factors, participants left school early in order to deal with their impoverished circumstances and found ways of providing for their basic needs. This resulted in them experiencing the same cycle of poverty and becoming involved in criminal activities. Participants have additional/previous crimes that are categorized economically, in other words they committed additional offenses of a economic nature, for example, fraud.

f) Sub-Theme 6: Unstable relationships

A number of eight participants presented with unstable relationships. They grew up in single parent households, lived with extended family members and became victims of domestic violence. The relationships are characterized by lack of commitment and minimum respect to women. In their immediate environment they learned that men could do as they wished. The following quotations refer:

- **Participant 6:** *“Mam I am a man so I don’t want to be committed you see”*
- **Participant 10:** *“No not at all I have never been in a steady relationship with a girl”*

- **Participant 2:** *“Yes previously I had a lot, but not steady relationships. Just flings.”*
- **Participant 3:** *“I don’t commit easily, you have to convince me to start a relationship with you.”*
- **Participant 4:** *“I’ve never been in a relationship Miss because I think relationships are not for me. I was under the impression I could get any woman.”*
- **Participant 7:** *“Oh the relationships were short lived, some lasted months, some lasted weeks.”*
- **Participant 5:** *“My first relationship was with the girl who I sexually assaulted, while I was in a relationship with her I was also involved with another girl with whom I have a child with”*

4.2.6. Themed Question 6: Social and Personal Relationships

4.2.6.1. Main Theme: Power and control

Participants used power and control over their victims. They targeted known victims who lived in the same community, but did not necessarily have a relationship with. First they would treat the victim, then assume that the victim owes them and that sexual intercourse was a given. Three participants’ sexual offences were linked to violent behaviour. Their relationships are characterized by lack of commitment. The following quotations refer:

- **Participant 1:** *“My cousin. I had no right to hit her but I did, and then I told her, now I’m going to have sex with you. I took her leg and tried to pull her.”*
- **Participant 4:** *“That specific night she didn’t want to, so I threatened her with a knife.”*
- **Participant 9:** *“I stabbed her with a knife until she was out then I pull off her clothes and raped her”*

a) Sub-theme 1: Victims are known to offenders

With all the sexual crimes committed currently seven participants indicated that the victims were known to them and in some cases well known. Most

of the victims were from the same communities as the participants. Participants were comfortable with their victims as the relationship between the participants and their victims ranged from being acquaintances to being related. The following quotations refer:

- **Participant 1:** *“I also knew the victim”*
- **Participant 2:** *“ Yes I knew her”*
- **Participant 4:** *“Yes I knew her very well; she was just as young as me.”*
- **Participant 7:** *“Strange the victims’ grandfather and I are members of the Reiwatt Club. That same day it was an exhibition for the public and he brought his two granddaughters along.”*
- **Participant 10:** *“We knew the person”*
- **Participant 5:** *“I know the girl, because I was involved with her eldest sister”*
- **Participant 9:** *“My sister got raped and killed the previous year and I took that on myself, I took revenge. During the December I met one of the perpetrators sister confronted her with what her brother did to my sister. I assaulted her and raped her”*

b) Sub-theme 2: Entertainment of victims

Participants’ targeted women that they knew and used entertainment as a strategy to lure them to the crime. Because women associated with them, they expected sexual favours in return and assumed that they could do as they wished. Knowing their victims from the same neighbourhood or through family members made it easy for victims to trust them. Four of the participants admitted to entertaining their victims before the rape. The following quotations refer:

- **Participant 6:** *“It is about nice time, maybe sex, somebody that also drink beer you understand mam or maybe a tablet smoker who also smoke her tablet”*
- **Participant 5:** *“I would first entertain you and when we both get drunk; I would do as I wish.”*

- **Participant 4:** *“Having had money and drugs, my perception was that I could have any woman I want.*
- **Participant 3:** *“Miss we went to school together and I know that she was drinking and use it as a value. That specific night I also let her smoked dagga”*

4.2.7. Themed Question 7: Alcohol/Substance Abuse Histories

Issues related to this theme were present in several of the findings. Therefore, the implications of this theme are not discussed in depth/separately in order to avoid duplicity and repetitiveness. Substance abuse and the misuse of alcohol were identified as a theme that is evident in several of the other categories.

4.2.8. Themed Question 8: Treatment Histories

4.2.8.1. Main Theme: Rehabilitation

Most participants were sentenced for their initial sexual crime before 1995 and had not been involved in treatment programmes. They explained their non-involvement in effective interventions as a reason for relapsing. They, however, reported that as part of their current sentence, they were obliged to complete the standardized Sexual Offenders Rehabilitation Programme.

a) Sub-theme 1: Programme involvement after the first sexual offence

Participants reported that with their previous sexual offences there were no sexual treatment programmes available in the Correctional Centre. Many participants welcomed the post-apartheid era with the access to intervention programmes. In one specific case a participant mentioned that he only completed the programme because he had to and wanted to get out of prison. The following quotations refer:

- **Participant 6:** *“Mam the time of my previous sentences there were no programmes and such things in the correctional centers. I only become aware of the programmes now”*
- **Participant 1:** *“No that times there were no programmes presented in prison.”*

- **Participant 7:** *“In my previous conviction, there were no programmes presented. I’m sure if it had been presented I wouldn’t have commit this offence.”*
- **Participant 5:** *“In the apartheid era there were no programmes available in the prisons, programmes became available with the new government”*
- **Participant 8:** *“Nothing like that was presented to me that time; we were not involved in such programmes. It was in 1998”*
- **Participant 5:** *“No Miss”*
- **Participant 9:** *“There was no such things that was during the years of apartheid”*
- **Participant 3:** *“ I did received services in my previous sentence but did not take it seriously it was just a programme which I had to undergo to get out of prison”*

b) Sub-Theme 2: Current involvement in programmes

All study participants already completed the Sexual Offence Rehabilitation Programme in the current sentence. It was conspicuous that they shared the same thoughts, spoke the same language regarding the lessons learned (programme speak). The following statements referred to the feedback of the lessons learned during participants’ involvement in programmes. It is remarkable that almost every participant quoted the values and rights of women.

- **Participant 6:** *“A women’s no remains no, a women’s yes is yes, you understand mam you are not doing this things to my wife or with my children why should I do it with others this is really wrong”*
- **Participant 1:** *“I could motivate others when they came to me with a problem from what I learned in class. And I learned how to consider the needs of men and women”*

- **Participant 2:** *“How you communicate with women, how they are, not to commit the same offence again because women are very different where I come from.”*
- **Participant 3:** *“We don’t bother about it, we read about it but we don’t take it to mind. I came to learn in prison what women say, are what they mean. You understand Miss, no is no.”*
- **Participant 4:** *“I think it’s something positive. I realized the values of women. If a woman says no, its no. you must respect her, irrespective of the clothes she wears.”*
- **Participant 10:** *“Never to have sex without consent, the first thing I can say is to respect woman when u see her”*
- **Participant 9:** *Miss my view is that you should respect women; you came from a woman if you hurt women it is almost like doing it with your mother. My time being involved in the Sexual Offenders programme things became clear to me. In Mangaung, I repeated the programme to develop more insight. All my children are women”*

c) Sub-theme 3: Risk factors for sexual recidivism

According to the responses from participants it was evident that substance abuse was a causing factor for relapse. Eight of the ten participants admitted that they were under the influence of alcohol, dagga and/or mandrax when they committed the current crime. The following quotations refer:

- **Participant 6:** *“Mam alcohol and drugs, alcohol and drugs I do not want to lie to you”*
- **Participant 2:** *“I relapsed the first day of release. Even though I was converted I began to drink and smoke dagga with my sister’s son. The combination of dagga and alcohol has a bad effect. You are not always aware of what you are doing.”*
- **Participant 3:** *“As I’ve told you I used dagga. I’m back because that specific night I under the influence of dagga and alcohol.”*

- **Participant 4:** *“I began to drink and use drugs again. That was my weak point because I couldn’t focus and became aggressive. I approached my victim like that.”*
- **Participant 8:** *“I was under the influence of drugs”*
- **Participant 10:** *“The thing that brought me back to prison is alcohol, I have never been involved in drugs”*
- **Participant 5:** *“It is alcohol Miss”*

d) Sub-theme 4: Support structures during incarceration

Half of the participants indicated having strong support structures with their current sentence. They were in regular contact with their family members through correspondence, telephone calls and physical visits. This demonstrated acceptance and a non-judgmental attitude from families and gave the offenders hope. The following illustrates:

- **Participant 8:** *“With my girlfriend, my sister in Clanwilliam, two sisters and stepmother”*
- **Participant 6:** *“I am the father of 4 daughters whom I love very much and have respected for. I would not like that someone must hurt them. When they visit the officials told me that I must stay outside the prison”*
- **Participant 10:** *“Currently we have a problem with my baby brother at home he is using tik. My father visited on Sunday and informed me about it. My brother who is a teacher for six years told me that his house will be finished soon and tan he is going to get married next year, but because I am the eldest he found it necessary to inform me and will wait until my release so that I can attend the wedding”*
- **Participant 2:** *“I do have telephonic contact with them, they visited at times, I also make phone calls to people sending messages to them asking my father to come and visit which he sometimes did”*

- **Participant 9:** “Mam they do not visit but we have telephonic contact and through correspondence”

e) Sub-theme 5: Sexual violence

Participants would reluctantly agree to the sexual crime but would have no trouble admitting the violent part of the sexual crime. Violence against the victims varied. They fought with the victims, threaten victims with knives, stabbed them with the intention to kill them and used their power to get what they wanted.

- **Participant 1:** “My cousin. I had no right to hit her but I did, and then I told her, now I’m going to have sex with you. I took her leg and tried to pull her.”
- **Participant 4:** “That specific night she didn’t want to, so I threatened her with a knife.”
- **Participant 9:** “I stabbed her with a knife until she was out then I pull off her clothes and raped her”

4.3. Discussion of the findings

The following Table 3 considered an integrated structure in relation to the themes discussed and gives a coherent picture of the life experiences of the study participants.

Table 3: Themed Questions and Themes summary

Themed Question, Main theme & Sub-themes	Literature reading	Findings of the Study
4.3.1. Themed Question 1: Family of Origin Main theme: Dysfunctional families Sub-themes: <ul style="list-style-type: none"> • Substance abuse • Poverty • Aggressive behaviour of family members • Unacceptable sexual activities 	Tewksbury & Connor (2012:29) state that sexual offenders experienced negative socialization patterns from family as “common” and “typical” behaviour and learned from earlier experiences in life. Icli and Coban (2012:66) explain that the behaviour of juveniles to commit crime is impacted by families who cannot provide them with organized social networks, role models and social controls.	Participants grew up in dysfunctional families that were characterized by substance abuse, exposure to unacceptable sexual activities, low socio-economic status, aggression/violence of parents and family members. Most of participants experienced their parents and families socialization patterns as norm.
4.3.2. Themed Question 2: Childhood and Adolescent History	Hanson & Morton-Bourgon (2004) identify deviant sexual interests and antisocial orientation (e.g. unstable lifestyle, history of rule violation) as	A number of participants demonstrated anti-social behaviour during childhood.

<p>Main theme: Anti-social behaviour</p> <p>Sub-themes:</p> <ul style="list-style-type: none"> • Early onset of criminal behaviour • Association with delinquent peers • Gangsterism 	<p>important predictors of sexual recidivism.</p> <p>Gelb & Council (2007:16) explain that the age of first offending is mixed. The onset of offending behaviour is diverse.</p>	<p>This study found that several domains impact on participants' early onset of criminal behaviour.</p>
<p>4.3.3.</p> <p>Themed Question 3: Education History</p> <p>Main theme: Early school drop out</p> <p>Sub-themes:</p> <ul style="list-style-type: none"> • Skills Development 	<p>(Ronis & Borduin, 2007:161) state that juvenile sex offenders, just as delinquent youth have low bonding to family and school, and high involvement with deviant peers</p> <p>Skills deficits are not clearly identified as significant in literature. Sex offenders are a homogenous group (Bruins, 2009: 37; Ronis & Borduin, 2007:161).</p>	<p>9 participants failed to complete secondary level education</p> <p>Participants reported on their informal skills that varied from panel beating, bricklaying, fishing and building.</p>
<p>4.3.4.</p> <p>Themed Question 4: Work History</p> <p>Main theme: Responsibility/accountability</p> <p>Sub-themes:</p> <ul style="list-style-type: none"> • Previous working record 	<p>Hanson & Harris (2000:1) anti-social lifestyles, poor self-management strategies.</p> <p>Tewksbury & Lees (2006:330-331) explain that perceptions relating to negative consequences of registered sex offenders.</p> <p>Londt & Roman (2014: 1-10) Not all offenders are unemployed.</p>	<p>Participants were involved in crime and drug dealing, others in non-permanent jobs, entrepreneurship and one offender enjoyed the benefits of his pension.</p> <p>The data of previous working records illustrates more permanency and stability before their initial sexual offence.</p>
<p>4.3.5.</p> <p>Themed Question 5: Risk factors associated with family relationships</p> <p>Main theme: Consequences of poor parental guidance</p> <p>Sub-themes:</p> <ul style="list-style-type: none"> • Aggressive behaviour • Lack of norm and values • Unstable relationships • Substance abuse • Low socio economic status • Unacceptable sexual behaviour 	<p>Hanson & Harris (2000:1) states that recidivists are generally considered to have poor social supports, attitudes, tolerant of sexual assault, anti-social lifestyles, poor self-management strategies and difficulties cooperating with supervision.</p>	<p>From the experience of participants it showed that in general the family lacked a norm and value system, lacked the necessary parental skills and were unable to take control.</p>
<p>4.3.6.</p> <p>Themed Question 6: Social and Personal Relationship(s)</p> <p>Main theme: Power and control</p> <p>Sub-themes:</p> <ul style="list-style-type: none"> • Victims are known to offenders • Entertainment of victims 	<p>(Jewkes & Abrahams, 2002: 1238) Sexual violence is based on issues of power, control, victimization and denial.</p> <p>Jewkes & Abrahams (2002: 1238) view rape and domestic violence as signs of male dominance over women and an assertion of that position.</p> <p>“Women are socialized to be passive, accommodative and intuitive, while men are aggressive, active and dominating” (Rajan & Krishnan, 2006:197)</p>	<p>A number of participants reported that they use violence as a means to force their way.</p> <p>The data showed that all the participants reported sexual contact with victims that were known to them.</p> <p>It was also clear that the modis operandi of participants was to treat the victim first, thinking that the victim will feel obligated or guilty and that sexual intercourse was obvious.</p>

<p>4.3.7.</p> <p>Themed Question 7: Alcohol/Substance Abuse Histories</p> <p>Main theme: Early experiences of substance abuse</p>	<p>Ward, Mann & Gannon (2007:89) concluded that socially unacceptable and personal frustrating experiences are reflected in sexual offending.</p>	<p>The participants were exposed to family environments with serious alcohol use and in some cases dagga and mandrax.</p>
<p>4.3.8.</p> <p>Themed Question 8: Treatment Histories</p> <p>Main theme: Rehabilitation</p> <p>Sub-themes:</p> <ul style="list-style-type: none"> • Programme involvement • Current involvement in programmes • Risk factors for sexual recidivism • Support structures during incarceration 	<p>Ward (2002:513) argued that every rehabilitation programme presupposes conceptions of possible good lives for offenders.</p> <p>Castano (2011) states that the lack of intervention means a client is not able to respond appropriately to ongoing therapy or does not have access to the service that could prevent another relapse.</p> <p>Seemingly well designed intervention programmes can reduce re-offending rates (Gobbels, Ward & Willis, 2012:453).</p> <p>Rojas & Gretton (2007:257)</p> <p>Tewksbury & Connor (2012:26) The importance of family support; support structures have been confirmed a critical issue for sex offenders</p>	<p>Currently all participants reported empowerment and rehabilitation.</p> <p>Seven participants, recidivists reported no intervention with regards to programmes in their initial sexual offence.</p> <p>All participants reported involvement in sexual offenders programme.</p> <p>Substance abuse was a significant risk factor linked to re-offending.</p> <p>Most of the participants reported that they have support structures.</p>

The following section reports on the main discussion of the findings

4.3.1. Themed Question 1: Family of origin

Main theme: Dysfunctional families

Seven of the ten participants described their negative life experiences and the effects it had on their development phases in life. Parents and family lacked parenting skills and reflected no existence of a norm and value system. Participants grew up in dysfunctional families characterized by conditions of substance abuse, low socio-economic status, aggression/violence of parents and family members. Many times they witnessed sexual activities that were openly performed by family members especially in cases where they were under the influence of some substance.

Only one participant reported being sexually abused by a stranger. Castano (2011) states that the internal risk factors of offenders, such as the history of the offender, being a victim of sexual abuse, growing up in dysfunctional families and not being able to learn the necessary life skills can result in both a negative mental state of mind and cognitive distortions.

Londt (2008) explains that common characteristics in South African offenders are that they come from communities that lack adequate resources, have general profiles of a highly compromised quality of life which includes unsatisfactory parental supervision. Children raised in risky families are likely to demonstrate health-threatening behaviours that include smoking, alcohol abuse and drug abuse. These children also have a high risk for promiscuous sexual activity.

Sub-themes:

- **Substance abuse**

Most of the participants experienced their parents' and families' socialization patterns as the norm. Drinking problems were chronic. Some participants reported the use of dagga and mandrax of certain family members.

- **Poverty**

The money was used for substances and participant's needs were not met consistently. Some participants reported that there was no income due to unemployment that resulted in the participants not being able to depend on their parents to provide for their needs.

- **Aggressive behaviour of family members**

When under the influence of substances, family members and parents were abusive and sometimes violent. Repetti, Taylor & Seeman (2002:330) concurs that risky families are characterized by overt family conflict manifested in repeated episodes of anger and aggression, as well as deficient nurturing, particularly in family relationships that lack warmth and support, and are neglectful. Similarly, Icli & Coban (2012:66) explain that the behaviour of juveniles to commit crime is impacted by families who cannot provide them with organized social networks, role models and social controls.

- **Unacceptable sexual activities**

Participants describe their alcoholic parents as chaotic with low moral values and a total lack of mutual respect. Participants witnessed the sexual activities performed openly by parents or family members and were left to deal with their own emotions. Negative patterns of parental behaviour were

dominant in the lives of participants and negatively influenced their perceptions of relationships.

4.3.2. Themed Question 2: Childhood and Adolescent History

Main theme: Anti-social behaviour

Hanson & Morton-Bourgon (2004) confirmed that deviant sexual interests and antisocial orientation (e.g. unstable lifestyle, history of rule violation) are important predictors of sexual recidivism. A number of participants in this study demonstrated antisocial behaviour during childhood. Theft, rule breaking at school, smoking of substances, aggression and police contact followed by corporal punishment were already indicators of risk factors that lead to more serious crimes.

The data collected showed that many of the participants were in their adolescence when they were charged for their first sexual offences and were, at the time referred to juvenile Correctional Centres to serve their sentences.

Sub-themes:

- **Early onset of criminal behaviour**

First time offences differ in terms of type of offences. Five participants reported that their initial sexual crime was committed at age 18, with one admitting onset at age 12, which concurs with other studies that the age of first offending varied. In an Open Society Foundation Report on Managing and Treating Young Sex Offenders: What action for government & civil society? (17 and 18 November, 2003:17), Meys points out that more than half the adult offenders started their offending behaviour before the age of 18.

- **Association with delinquent peers**

Internalizing and externalizing problems relating to exposure to violence can disrupt typical developmental trajectories through psychobiological effects, post-traumatic stress disorder, cognitive consequences and peer problems (Margolin & Gordis, 2000:445). Most of the participants (8) spent lots of time with delinquent peers, engaged in housebreaking and theft. Others also smoked dagga and/or mandrax with delinquent peers.

- **Gangsterism**

Half the total of respondents reported anti-gangsterism, one indicated being a member of the 26 gang and four shared their involvement/membership with the 28 gang during imprisonment. In a prison environment, the 28 gang is linked to men having sex with other men (sodomy) (Gear, 2001:1). Men who rape tend to engage with delinquent or criminal peers, who sometimes are gang connected. They have also more than likely used drugs or been involved in other criminal and violent activities, including gang rape, which is common gang practice in the South African gang culture (Jewkes et al, 2012).

4.3.3. Themed Question 3: Education History

Main theme: Early school drop out

Nine participants failed to complete secondary level and most of them presented with low intellectual functioning. Concentration was more directed at inappropriate activities with the delinquent peer group that they associated with. All the participants completed the same Sexual Offenders Rehabilitation Programme (Department of Corrections) as reflected in question number eight. The selected target group presented with education rates from as low as standard 2 and to as high as matric.

Sub-theme:

- **Skills development**

Offenders spoke proudly about their informal skills that varied from panel beating, bricklaying, fishing to building. Being semi-skilled would hopefully prove to be an advantage for the participants as it could be very difficult to find jobs once they were registered as sexual offenders. When looking at the status of the participants' current working records/responsibility it was clear that those who were semi-skilled had no permanent employment that involved these skills.

4.3.4. Themed Question 4: Work History

Main theme: Responsibility/accountability

Before their current sentence the offenders were involved in various activities to fulfill their economic needs. Some offenders were involved in crime and drug dealing, others in non-permanent (casual) jobs or entrepreneurship and one offender enjoyed the benefits of his pension. Responsibilities are generally linked with rules, but this did not seem to matter for a number of offenders. Offenders, therefore, have to account for

their actions and choices made. The harmful effects of leaving school early showed a vicious cycle of poverty as stable working records turned out to be very low before their current incarceration.

Sub-theme

- **Previous working record**

What was significant was that participants, who were involved in crime for an income, as outlined in the main theme, seemed to have the shortest working experiences and records.

4.3.5. Themed Question 5: Risk factors associated with family relationships

Main theme: Consequences of poor parental guidance:

Sub-themes

- **Aggressive behaviour**
- **lack of norm and values**
- **Unstable relationships**
- **Substance abuse**
- **Low socio economic status**
- **Unacceptable sexual behaviour**



The study conducted by Kelly, Keogh & Seidler (2001:131) concluded that the path analysis indicated that poor social skills were directly causally related to recidivism of sexual offending. Hanson & Morton-Bourgon (2005:1154) concur that ‘family environments provide the breeding grounds for sexual offending – the potential sexual offender develops problems in social functioning (e.g. mistrust, hostility and insecure attachments) that, in turn, are associated with social rejection, loneliness, negative peer associations and delinquent behaviour. The authors assert that by trying to understand their own experiences individuals adopt the attitudes of their significant others (friends, family and abusers). In a study done on dynamic predictors of sexual recidivism by Hanson & Harris (2000:1), the recidivists were generally considered to have poor social supports, attitudes tolerant of sexual assault, antisocial lifestyles, poor self-management strategies and difficulties cooperating with supervision.

Participants grew up in households where they were exposed to a series of events where one or both parents, brothers, sisters, aunts and uncles used various substances and

performed unacceptable sexual behaviour. Respondents reported that, particularly when parents or family members were under the influence, there was conflict and violent followed. A number of participants indicated that they started to experiment with substances within their immediate environment. The onset of substance abuse was reported to be as young as pre-adolescence, however, adolescence was found to be the peak period.

Early school dropout was influenced by the dysfunctional family situation. Participants left school due to early involvement in crime, including economical and sexual convictions. Some indicated that they assumed adult responsibilities in order to provide for their basic needs. The majority of participants admitted that they were under the influence of alcohol, dagga and/or mandrax when they committed their crimes.

A number of participants presented with unstable relationships and did not believe in commitment. From their experiences at home they learned that men could do as they wished. In this study the findings concluded that participants grew up in environments where they were exposed to substance abuse, violence of family members, unacceptable sexual behaviours, unstable relationships and low socio economic experiences. By observing the behaviour of their families and parents, the participants modeled their own behaviour accordingly.

4.3.6. Themed Question 6: Social and Personal Relationship(s)

Main theme: Power and control

A number of participants reported that they used violence as a means to force their way. Sexual violence is based on issues of power, control, victimization and denial (Jewkes & Abrahams, 2002: 1238). It happens in every class, culture, race, religion and gender. It causes fear, pain, injury, sexually transmitted infections, pregnancy, as well as physical and psychological scars in the victims. 'Rape is not a crime of passion, but a crime of violence, domination, humiliation and violation, by the stronger of the weaker' (Mackay, 2001:80). A report by Rape Crisis 2004 reported that the high levels of abuse and sexual violence towards the women in South Africa are exacerbated by widespread substance abuse among men. Alcohol abuse is a problem countrywide and has been linked to violence against women. In the Western Cape, the abuse of methamphetamine, together with alcohol abuse, show direct links to the perpetration of sexual violence by male users.

Sub-themes:

- **Victims are known to offenders**

Jewkes and Abrahams, (2002: 1238) view rape and domestic violence as signs of male dominance over women and an assertion of that position. It was also evident that the participants viewed their victims as easy targets and the fact that they knew and ‘spoiled’ (entertained) them confused this interaction with characteristics of a relationship. The data showed that all the participants reported sexual contact with victims that were known to them (Londt & Roman, 2014:5).

- **Entertainment of victims**

‘Women are socialized to be passive, accommodative and intuitive, while men are aggressive, active and dominating’ (Rajan & Krishnan, 2006:197). It was also clear that the modis operandi of participants was to treat the victim first to gifts or goods, thinking that the victim would feel obligated or guilty and sexual intercourse was the obvious outcome.

4.3.7. Themed Question 7: Alcohol/Substance Abuse Histories

Main theme: Early experiences of substance abuse

The participants were exposed to family environments with serious alcohol abuse and, in some cases, dagga and mandrax. With substances being freely available and easily accessible, vulnerable participants started to experiment with substance abuse at a very early stage in their lives. The hypothesis of Social Learning Theory, according to Bandura (1977:220), is that ‘most human behaviour is learned observationally through modeling, from observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action’.

4.3.8. Themed Question 8: Treatment Histories

Main theme: Rehabilitation

Theorists advocated rehabilitation as an important humanitarian response to wrongdoing, and a means of bringing about the improvement or humanization of criminal sanctions (Robinson & Crow, 2009:1). Rehabilitation is the core business of the Department of Corrections and all participants who participated in the study reported that they felt empowered, rehabilitated and now knew how to live a better life.

Sub-themes:

- **Programme involvement**

Seven participants/recidivists reported no intervention with regards to rehabilitation programmes in their initial sexual offence and stressed the fact that it was during the apartheid era. According to them, if these programmes were available, they would have learned how to handle problems that they now believe contributed to their recidivistic behaviour. Castano (2011) emphasizes that lack of intervention is where a client is unable access the service that could prevent another relapse or respond appropriately to ongoing treatment.

- **Current involvement in programmes**

Education varied from as low as standard two and to as high as matric. During the data collection process, the participant's showed low intellectual functioning and increased programme speak.

- **Risk factors for sexual recidivism**

According to their response, almost all the sexual crimes were committed while participants were under the influence of substances such as alcohol, dagga and mandrax. Participants reported that the use of alcohol and drugs played a significant role in committing another sex offence after release from prison.

Rojas and Gretton (2007:257), in their study, examined the backgrounds, offence characteristics and criminal outcomes of Aboriginal and non-Aboriginal youth, who engaged in sexual offending. They argued that the Aboriginal youth were 'more likely' to have background histories of fetal alcohol syndrome disorders, substance abuse, childhood victimization, academic difficulties and instability in the living environment. Aboriginal youth were, therefore, 'more likely' to use substances at the time of their sexual index offence. The outcome data revealed that Aboriginal youth were also 'more likely' to recidivate sexually, violently and non-violently during the 10-year follow-up period.

- **Support structures during incarceration**

Most of the participants reported that they were in regular contact with their family. Support structures according to Tewksbury & Connor (2012:26) are important to the offender as it fosters healthy functioning.

4.4. Conclusion

The purpose of this study was to explore and describe the factors that contribute to recidivism in (incarcerated) sexual offenders through in-depth, semi-structured, face-to-face, open-ended interviews. A number of issues were dealt with, namely, the family of origin, childhood and adolescent history, education history, work history, risk factors associated with family relationships, alcohol/substance abuse history and finally treatment history. This chapter presented an explanation of those themes that are most linked to recidivism. Many of the factors that emerged as contributors to sexual recidivism in this study concurred overall with the main trends in literature. From the findings of this study, the family background and related aspects emerged as a rather strong theme, although it was only one of the eight factors examined. One can then draw the conclusion that the experiences of and factors relating to family of origin in this sample of incarcerated sexual recidivists is significant. Therefore it appears to be highly linked to those factors that are most likely to contribute to sexual recidivists in local prisons.

The following chapter highlights the main issues linked to sexual recidivism, followed by recommendations for further research, as well as recommendations for future management of sex offenders.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

This study set out to examine the research question: What factors contribute to recidivism in incarcerated sexual offenders? The main objective of the study was to explore the factors that contributed to recidivist behaviour in incarcerated sexual offenders.

The researcher conducted in-depth, semi structured, open-ended and face to face interviews with a target group of ten convicted, male sex offenders, from different cultural backgrounds, who presented with sexual recidivism after their initial conviction for sexual crimes. Sexual recidivism occurs when the various challenges that offenders experience are not addressed.

The study concluded that most of the participants grew up in dysfunctional families. They experienced low socio-economic circumstances, were exposed to domestic violence and substance abuse in the family. Many of the participants said that they witnessed sexual activities between family members, particularly when they were under the influence of substances. With substances being freely available and easily accessible, participants started to experiment at a very early stage. These circumstances impacted negatively on their social functioning.

Most of the participants had strong bonds with their delinquent peers and spent a lot of time with them. Participants showed an increased level of criminal behaviour and were charged with their first crimes, which included sexual and economical convictions, at a very young age. Most participants did not have a secondary level of education.

All the sexual offences reported by the participants took place between people who know each other directly or indirectly. Sex offenders hold distorted beliefs about their own sexual behaviour. Most of the participants saw women as easy targets and exercised power and control over them. Only one participant reported being sexually abused during childhood.

Many participants reported substance abuse as a significant factor for re-committing a sexual crime. The majority of the participants said that they were under the influence when the current offense took place. Instability could be traced back to their family backgrounds and many of the participants reported that they lacked a stable working record.

It was not easy to extract themes and sub-themes as the information gathered was very broad, but the lack of stability could be traced back to the family environment. This supposes that most themes virtually related to the issue of family and the experiences the participants disclosed in one way or another.

It was critical for the researcher to adhere to the ethical guidelines and to follow the regulations in the prison setting, especially with regards to the security and safety aspects. This also meant that specific arrangements had to be effected to ensure privacy, confidentiality and to prevent the participants from being scapegoated or shamed by other inmates or officials.

Common to almost all participants was the fact that they did not undergo any treatment for their initial sexual offences. The study therefore reflected a lesser successful rehabilitation phase. Robinson & Crow (2009:1) asked the following questions: 'Is rehabilitation best understood as a *type* of punishment; as an *alternative* to punishment; or something which most appropriately *follows* punishment?' Theorists have advocated rehabilitation as an important humanitarian response to wrongdoing and a means of bringing about the improvement or humanization of criminal sanctions (Robinson & Crow, 2009:1). According to the Rehabilitation Theory, participants needed to learn how to manage aspects of their lives that increased risk rather than the justice system just focusing on punishment (Ward & Brown, 2004: 243).

Currently in the Department of Correctional Services, inmates are not considered for parole conditions unless they 'successfully' completed the prescribed programmes. Those participants involved in sexual treatment programmes previously reported that they did not take it seriously, as they saw it as a 'ticket to freedom'. It is therefore necessary to continuously study the side of human behaviour that contributes to manipulation and beneficence. The essence of rehabilitation is lost if the process that is supposed to bring change in someone is viewed by the offender as a means to parole/freedom.

5.2. Recommendations

5.2.1. Limitations

One of the limitations of the study was the family background that the researcher did not cover adequately in this study.

5.2.2. Recommendations for social work practice

The way that assessments are conducted should be revisited. More emphasis should be placed on the offenders' family background/history to help the facilitator to understand the contributing factors in their developmental stages that could have influenced their current criminal behaviour. The assessment process would allow the offender to re-think his childhood history and commit himself towards recovery.

Risk needs assessment tools should also be updated regularly and training made available to facilitators for them to become skilled in the use of these tools.

5.2.3. Recommendations for further research

A follow up study that focusses more on the family background should be done in order to explore the link between family interventions and sexual recidivism. Maccoby (2000:1) states that there is clear evidence that children's parents can and do influence them. Similarly, Bandura (1977:22) explains that 'most human behaviour is learned observationally through modeling. By observing others, one forms an idea of how new behaviours are performed and later this coded information serve as a guide for actions'.

In order to avoid 'programme speak', future research should focus on subjects who were not involved in any treatment programmes for offenders. Participants who have been in treatment programmes seem to know exactly what to say, how to say it and when to say it, and subsequently their answers might not be genuine.

It is also important to focus on the level of education and not assume that every offender is able to develop an insight into and an understanding of the standardized Sexual Offender Programme as designed by the Department of Correctional Services. A suggestion is that The Department of Correctional Services invests more into training and research to further explore recidivist factors with sexual offenders that should be interrogated during intervention activities.

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APPENDICES



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SOCIAL WORK DEPARTMENT

APPENDIX A

CONSENT FORM

Title of Research Project: An exploration of the factors which contribute to recidivism in incarcerated sexual offenders

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name.....

Participant's signature.....

Witness.....

Date.....

Audio taping

I understand that by agreeing to participate in the study, I agree that I can be audiotaped and that this recorded information will be kept in a locked cabinet by the research supervisor, Dr Londt, upon completion of this study. This audio tape will be kept for a period of twelve months.

----- I agree to be audiotaped during my participation in this study

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

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APPENDIX B

INTERVIEW GUIDE

1. Family of origin

Tell me about your family

How would you describe your family experience?

2. Childhood and Adolescent History

What was your childhood like?

How did you experience your adolescence?

How would you describe any positive or negative peer influences on your development during adolescence?

3. Education History

What is your highest grade attained?

Were you trained for any specific vocation or career? If so what?

4. Work History

How old were you when you started working?

What is the longest time you worked for one employer?

What is the longest time you have been unemployed for?

Have you ever had your own business or worked for yourself?

When you were arrested the last time, did you have a job?

5. Risk factors associated with family relationships

Are you aware of any family members who struggled with specific problems that caused difficulties for you while you were growing up?

Were any of the following problems present in your family while you were growing up?

1. Abandonment and neglect issues
2. Domestic violence
3. Substance abuse

4. Divorce

6. **Social and Personal Relationship(s)**

How often have you been involved in age appropriate (adult), consensual relationships?

What is the longest time you were involved in a consensual, age appropriate relationship?

Did any of these relationships end because of partner violence? Or allegations of sexual violence

8. **Alcohol/Substance Abuse Histories**

What is your understanding of alcohol or other abuse?

Do you think that the use of alcohol or other drugs leads to sexual violence?

10. **Treatment history**

Do you have an opinion on treatment for individuals who commit sexual offenses?

Are you of the opinion that counseling/treatment can help an individual to stop committing further sexual offenses?

Have you been involved in treatment/counseling prior to your incarceration?

If you have received counseling or treatment for sexual offending, what do you think, should be done differently, if at all?

Why do you think you came back to prison?

