

Treatment of People Convicted for Sexual Offenses (PCSO): Old and New Challenges

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The unchanging ultimate challenge



Stop Sexual Abuse

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What works to stop re-offending?

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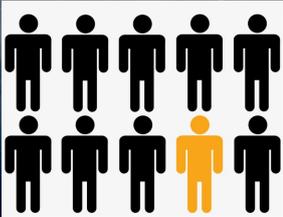
Punishment works well



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Over a period of 5 years, less than 10% of released PCSO have a new charge or conviction



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Over a period of 20 years or longer, about 25% of released PCSO have a new charge or conviction



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Punishment does not have to be judicial to have an effect. Addressing behaviour is important, e.g., #MeToo



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But for those for whom punishment does not work, more punishment does not work either

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They need help = TREATMENT

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What works in treatment of PCSO?

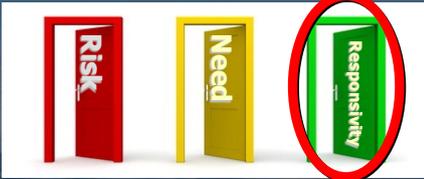


Who? Offenders who need it most	What? Things related to recidivism risk	How? In a way the offender 'gets'
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Responsivity



The treatment must be offered in a way that matches the learning style of the offender

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Responsivity requires customization

And, responsivity requires a little love...

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Responsivity

- Be **W**arm
- Be **E**mpathic
- Be **R**ewarding
- And then you can be **D**irective



With respect toward their own traumas:
Trauma Informed Care

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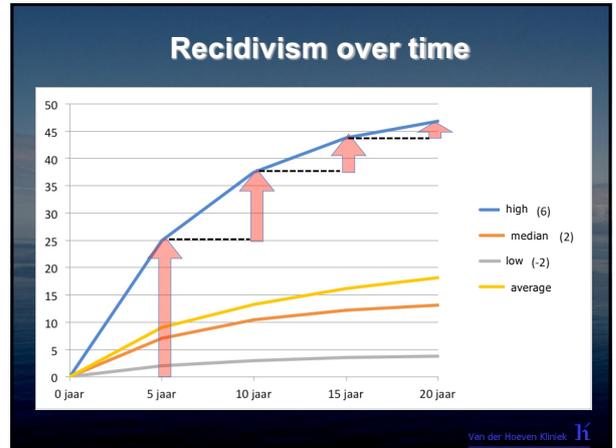
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Risk

Higher risk requires more intensive intervention: We need **risk assessment instruments to assess that**

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If a released offender remains free of recidivism in society, his risk of reoffending get progressively smaller:
Reduced with half every five years!

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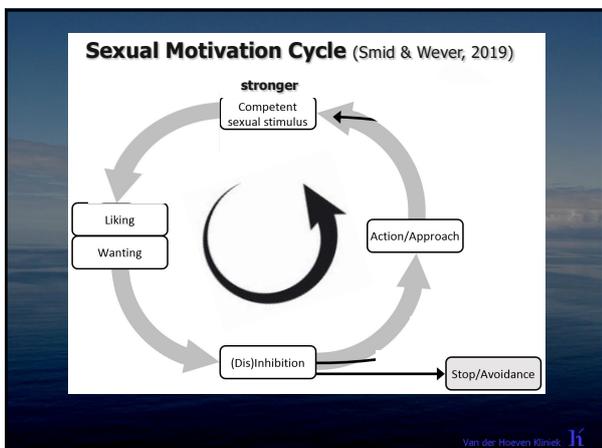
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Need

Focus treatment on the offender's (most important) dynamic risk factors

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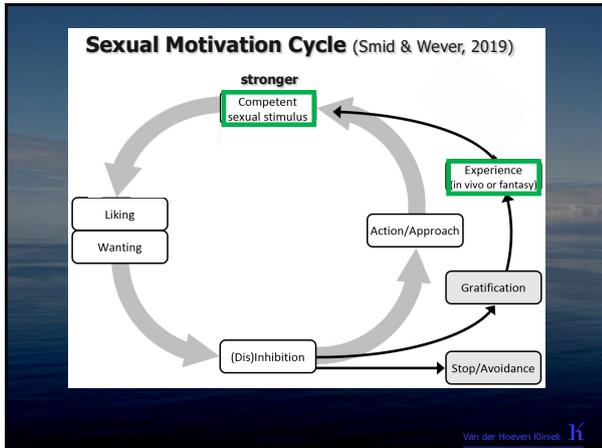


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Sexual motivation is a process

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Experience matters

Learning processes do play a part

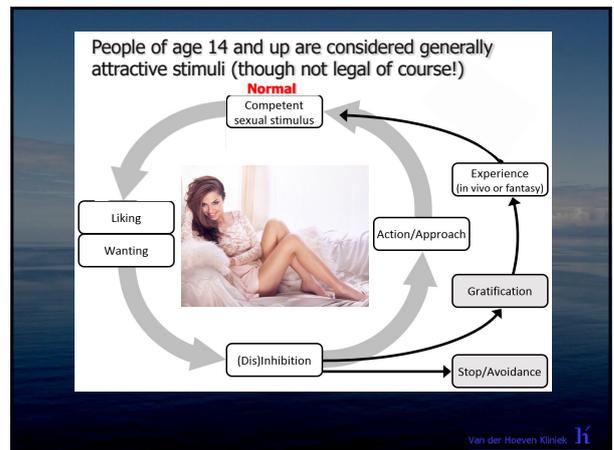
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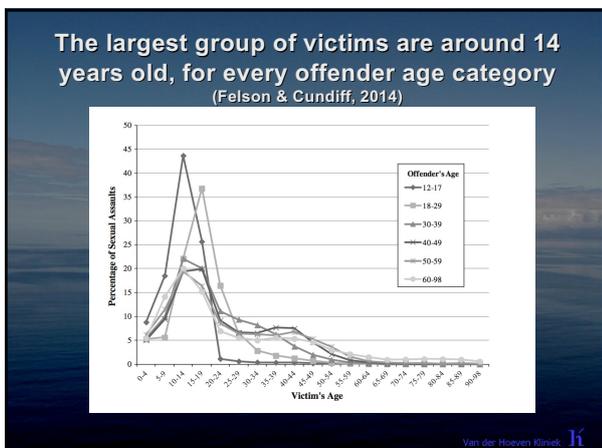
Sexual motivation and sexual offending behavior

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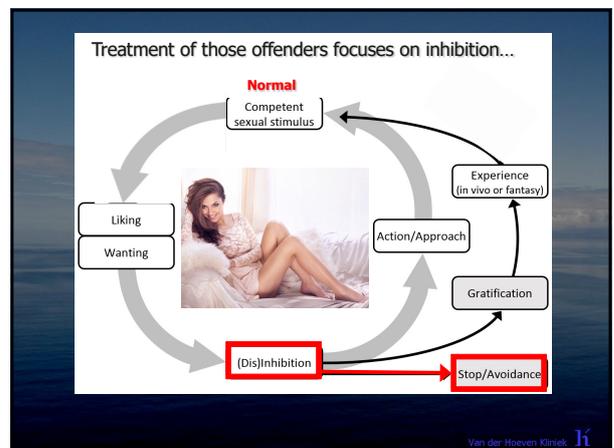
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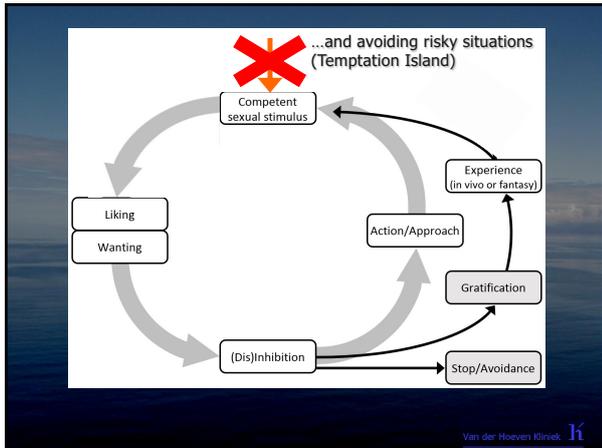
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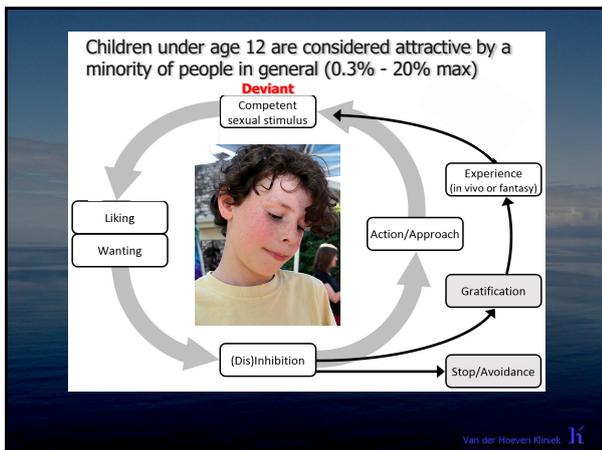
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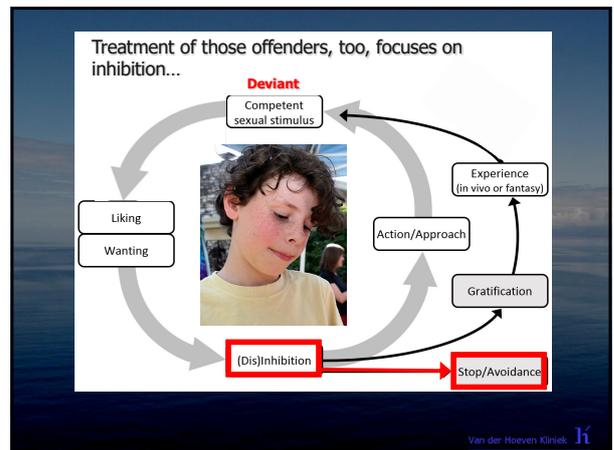
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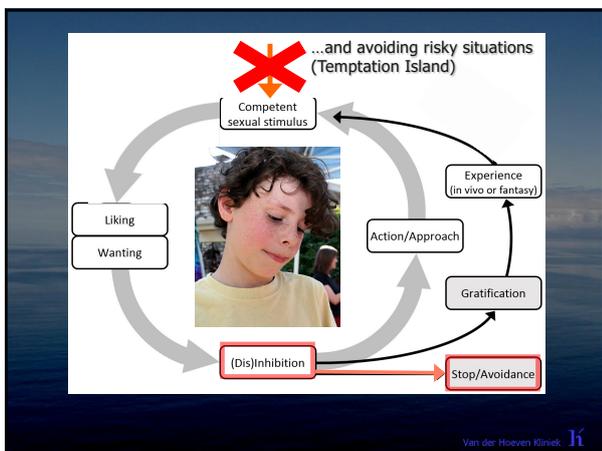
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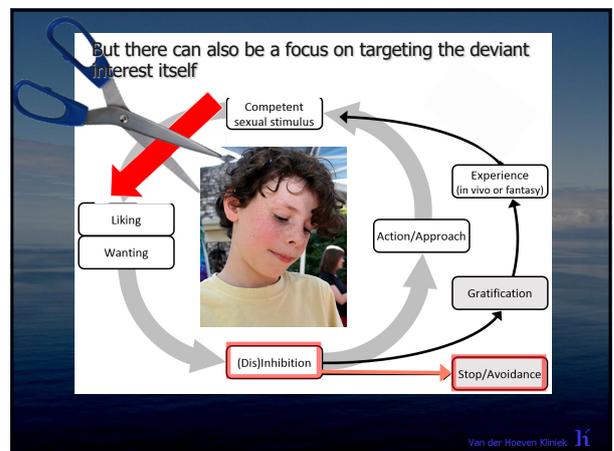
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Medication: Anti-androgens

- This medication will lower or nullify the sensitivity of the sexual system
- That effect is not specific. Meaning that all sexual arousal will be reduced, not only the deviant arousal

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Aversive conditioning and EMDR are examples of treatment that try to target the deviant arousal specifically




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But often the deviant interest is the only (strong) interest. Taking away deviance, means taking away sexuality



The patient/client needs to be in agreement with this, or it will not work in the long term

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Does treatment work? Latest meta-analysis (Gannon et al., 2019)

- Yes, overall, treatment reduces recidivism with roughly 1/3
- Treatment is more effective:
 - If provided by trained professionals
 - If it includes some form of 'arousal-conditioning'

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Treatment

- Learning to behave differently is certainly possible, 'even' for sex offenders
- Learning to feel differently is more complicated, but might not be entirely impossible
- There needs to be informed agreement with the patient

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