

Sexual Offenders

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Introduction

The word *rape* originates from the Latin verb *rapere*, which means *to seize or take by force*, while the Latin term for the act of rape itself is *raptus*. The word originally had no sexual connotation and is still used generically in English. The former legal view on rape was the *violent and against a woman's will carnal experience*, where carnal experience meant the penetration of the penis into the vagina. Recent points of view, describe rape as the *coercion of a person to illegitimate sexual intercourse or attempt of lecherous act* (Koss, 1992). Morse (1995), suggested the redefinition of the social problem of abuse, as both men and women have possibilities of becoming victims or persecutors. Rape and sexual assault are both phenomena irrespective of age or sex.

It is estimated that at least 10-20% of adult women become victims of sexual assault, while similar are the percentages for sexual assault during childhood. In almost half of physical abuse incidents also appears sexual abuse, while only 1 in 10 victims of rape report the incident (Finkelhor, 1994). Sexually abused persons manifest several acute or lifelong psychosomatic symptoms, like depression, anxiety, somnolence, social withdrawal, and suicidal behavior. Also, they would suffer from *Post Traumatic Stress Disorder (PTSD)*, which is characterized from specific anxiety symptoms, like flashbacks, nightmares, drug abuse, and hyper-vigilance. Regarding sexual offenders' personality, studies have shown that they share some common characteristics, like impulsivity, multiple offensiveness, and difficulty in understanding other's emotions. In addition, the presence of antisocial / psychopathic personality features seems to be a prognostic factor not only for the most violent sexual crimes, but also for the relapse to a general type of crimes (Hanson et al, 2005).

Epidemiology

Russell's (1984) wide research in random samples of San Francisco women is regarded by now the most thorough research in relation to the measuring of undesired sexual experiences. The percentage of 24% which is extracted by this survey keeps up with the 27.5% of Koss et al (1985, 1987) which resulted after a sample survey on American female students who reported rape or attempt of rape from the age of 14. Gavey's (1991) research in New Zealand resulted to a similar percentage (25.3%) of women who reported rape or attempt of rape. As Koss (1992) marks, women have four times more chances to be raped by a familiar person rather than a stranger. This remark agrees with Gavey's (1991) results, which indicate that two thirds of reported undesired sexual experiences were committed within a type of heterosexual relationship, while the percentage rises up to 80% if familiar persons, ex-husbands, ex-friends and lovers are included. According to the International Statistics on rape from the UN, similar are the facts which indicate that one in six women has been raped. Of Black women, nearly one in eight has suffered racist sexual assault. Two women a week are murdered by their partner or ex-partner. 98% of domestic violence is not reported to the police. Only 2,7 % of applications for paternal child contact are refused (of a total of 46.000 in 2003). An estimated 50% of women seeking asylum in Britain have fled rape. Less than 6% of reported rapes result in conviction.

Women offenders are far fewer than men. According to Rowan et al 1,5 % out of 600 sexual offenders were women, but this was a percentage that referred to sexual aggressiveness towards children. Also, the case of male victims should not be overlooked. It is estimated that 1 in 33 men in the United States have experienced rape or attempt of rape (Tjaden & Thoennes, 2000). One in 6 men had reported undesired sexual intercourse with an older person up to the age of 16. If cases such as exposal of under aged boys in unsuitable scenes for children are included, then more than 1 in 4 men have been sexually assaulted during their childhood (Lisak et al, 1996, Finkelhor et al, 1990). According to surveys, 1 in 4 homosexual men have been raped and sexually molested by their partner (Cruz, 2003). Also, 1 in 5 men prisoners have experienced rape during their imprisonment (Struckman et al, 2000).

Theories on sexual aggressiveness and rape

Psychodynamic Theory

Psychodynamic researchers always included in their theories the notions of castration stress and oedipodean opposition. These theories basically support that various emotions of fear and sexual or personal inadequacy, sexual and personal, along with the possible existence of unrecognized homosexual tendencies, interact with aggressiveness and are directed towards the victim as a substitute for mother, resulting in sexual abuse (Freud, 1905/1953, Fenichel, 1945, Rada, 1978, Groth et al, 1977).

Behaviorist Theory

The behaviorist model of “*emotional state augmentation*” supports that non sexual emotional situations act complicatedly with sexual stimulation, in order to induce sexual response. This is a possible mechanism which is implicated in the positive (love) and the negative (hate) interactions of a relationship. The model of “*state disinhibition of arousal*” suggests that the non consensus pain and suffocation on behalf of the victim, as well as the emotions of fear, cause the inhibition of rape stimulation in most men. The mechanism in question is regulated by the ability of a person to empathize (Malamuth & Check, 1983). Indications of such a case come from phallometry, which shows that the proportion of stimulation during scenes of rape, in opposition to scenes of sexual intercourse by consent, is higher to rapists and is related to the number of the victims and the extend of violence (Abel et al, 1977). The inhibition of stimulation during scenes of rape is for some reason absent in rapists. The cause or the circumstances, under which this is due to happen, relate to the general behavior of the environment. Such examples include situations where the victim is attributed with provocative outfit or the rapist grants the victim responsible due to a certain provocative behavior (Sundberg et al, 1991). Furthermore, situations that evoke anger to the rapist, for example, depreciating comments on the sexual score of the man, are also included (Yates et al, 1984).

Socio-cognitive Theory

The bibliography on sexual offenders describes the prejudiced way of processing the information in almost every step of the chain of perpetration (Marshall & Barberee, 1989). The expectations or the beliefs of the sexual offenders affect the process of the information related to sexuality (Stermac & Segal, 1989, Ward et al, 1995). For example, rapists regard the way their victims dress as a “challenge” and they have difficulty in realizing the situation on behalf of their victims. Similarly, during perpetration the rapist conceives the passivity or the terrified consent of women as desire and pleasure of the rape. The more confused the behavior of the victim is, the easier is for the rapist to misinterpret it (Sally 1988). Malamuth & Brown (1994) defined the following dysfunctional mechanisms concerning the insights or the beliefs of

the sexually aggressive men: 1) *Hyper-perception of hostility/seductiveness*, meaning that aggressive men have difficulty in discriminating between friendliness and provocativeness and between claim and animosity. 2) *Negative blindness*, meaning that sexually aggressive men are incompetent to realize the negative female signs. 3) *Suspicious attitude*, meaning that the sexual aggressive men regard the female sexual behavior and its relations as unreliable. The results showed the significance of the distrustfulness model, and of the fact that rapists tend to process the female sexual communication in a distorted way. Such a prejudiced information process creates even higher levels of distrustfulness and animosity towards women, and eventually sexual violence.

Feminist Theory

One of the main feminist theories was that of S. Brownmiller, who – in 1975- with her book “Against Our Will”, basically laid the foundations for the feminist view and tried to theoretically unite the physical (biological) formation of the two sexes with the social influences and alterations they are susceptible to. Burts’ feminist theory (1980) for rape described the way social beliefs reinforce sexual aggressiveness. It suggested that the standard views for the role of the sex, the contradictory sexual beliefs, as well as the acceptance of interpersonal violence, are important factors which stand between the culture of society and sexual aggressiveness. Feminist theory regard rape as a pseudo-sexual act induced by the sociopolitical domination of men. During the ‘70s rape was a major issue for the feminist movement, a fact which at least partially was attributed to the belief that this form of violence was due to the change of roles which women gradually experienced (Donat & D’ Emilio, 1992). It was cited that not only rape but also the fear of a potential rape serves a mechanism of social control (Brownmiller 1975, Riger & Gordon 1981).

Socio-biological views

In the socio-biological theory of Ellis (1989, 1991), the biological variables have evolutionary meaning. According to this theory, men in contradiction with women, tend to maximize their capacity to mate by the sexual intercourse with many different partners. Ellis’ theory clearly suggests an almost sexual incitement in rape, a fact which contradicts the feminist views and those on social learning.. It also suggests that the non sexual dimensions of the rapists’ behavior, such as the aggressive and dominative behavior, should be regarded as a strategy rather than a target. In addition, Ellis attributed testosterone with the leading role that, according to his estimations, affects not only the tension of the sexual urge, but also the sensitivity towards the thread of punishment and the ability to understand the pain of others (empathy).

Evolution Theory

In most species, men included, the male is typically and practically more willing to mate than the female which has more possibilities of choosing a partner, while the male should compete other available males. According to the evolution theory, in case of rape the female does not offer this chance of choosing, so the male acquires it by force. Furthermore, a large “sexual asymmetry” exists in men, meaning the mating attempts that are necessary for the creation of descendants. In order a male to find a sexual partner and ejaculate, a lower energy cost is required. For the female a higher cost is needed, as she has to bare the embryo for nine months, have a painful delivery of the child and nurse the new born child. This asymmetry, evolutionarily, gave the male the ability of sexual intercourse with more partners (Thornhill & Thornhill, 1992). The female, on the other side, desires to find a sexual partner with whom she could bond in order to raise their children together. So, the female has adjusted her sexual behavior so as to have the ability to resist to any man who cannot reassure this potentiality. According to this theory, if women were created by nature to mate whenever and with any possible man, no rape would exist. The evolution theory of rape does not reject learning and socializing as factors that could play a part in sexual behavior. In contradiction, if learning and socializing are important factors for the ontogeny of a certain rape behavior, then these factors should be directed by such conditions that would create a rape behavior. Not all men rape or are stimulated by violent sexual behavior. That means either that the environment intervenes or that during their evolution they found themselves in conditions that allow rape behaviors (Thornhill & Palmer, 2000).

The theory of Narcissistic Personality

The basic characteristics of narcissistic personalities explain their violent sexual behavior. The desire of narcissus to use others, can lead him to several practices of exploitation. In addition, the lack of empathy help narcissus to overcome any compunction that the pain of the victim normally causes. The sense of superiority which narcissus has over others makes him regard the denial of someone to have sexual intercourse with him as depreciative and, particularly, the thought that the person who rejects him could choose some other to have sexual intercourse with. Ward et al (1995) suggested that the rapist enters a situation of intellectual deciphering when an incident brings him face to face with a negative estimation of himself, and thus tends to be attracted by challenge. Therefore, the narcissus rapist persuades himself that his victim was satisfied by the sexual intercourse with him.

Biological Theories

Many parameters of a normal adult man’s sexual behavior seem to depend on androgens. The low levels of testosterone are related to an important decrease of sexual fantasies, sexual stimulation and desire, automatic night

erection, ejaculations and sexual activity. It is not yet quite clear whether the successful effect of testosterone on the sexual behavior of males and females is due to the effect of the hormone to the cognitive function or the increase of pleasure through peripheral target organs. In addition, certain sexual activities such as masturbation and orgasm, temporarily increases testosterone levels, while in contrast, the stressful incidents of life decrease testosterone levels (Christiansen, 1998). Indications show that in both men and women, aggressive behavior is related to the circulated androgens, and this fact seems to apply mostly in adolescents and children than adult men. Certain research in prisoners showed that prisoners with a record of violent crimes had higher testosterone levels, in relation to those with no such record, while research on the relation between androgens and sexual aggressiveness showed controversial results (Dabbs et al, 1987, Olweus et al, 1988, Giotakos et al 2003, 2004). Several researches have described the more or less successful confrontation of sexual aggressiveness using the anti-androgens acetic methoxyprogesterone and acetic cyproterone. The first, effecting directly to the testosterone, inhibits the excretion of gonadotropines, and the second competes directly with the effect of testosterone into the receptor of the target organ, resulting to the reduction of the levels of testosterone. In addition, suppression of the hypothalamic-pituitary-gonadal axis by a GnRH (Gonadotropine Releasing Hormone) agonist seemed to reduce at a great extend both the testosterone levels and sexually aggressive behaviors (Rosler & Witztum 1998).

Typology of the phenomenon

Male offenders

The male to female rape or/and sexual assault is the most common type of the sexual abuse phenomenon. Historically, violence has been attributed to the specific characteristics which depict the psychological profile of the offender and the victim. It is preserved by a series of myths, which bring forth an ideological invention, creation of patriarch societies and sexist requisitions. Thus, the female image is presented as vulnerable, open to provocations, sexually available, provocative and obedient to the male desire. It should be noted that as many as 84% of women are usually raped by a familiar person, such as friends, family or an acquaintance. The term "date rape" refers to rape or non-consensual sexual activity between people who are acquainted, either platonically or sexually. These particular instances of sexual assault take place during a social interaction between the rapist and the victim hence the name date rape. It may be either planned or spontaneous. Substances that can help rape are internationally known as "date rape drugs", "drug related rape" and "club drugs", such as rohypnol and ketamine, may be used to neutralize resistance or even render the victim unconscious. These drugs are colorless and tasteless substances and usually affect memory regarding the event. However, alcohol remains the drug most frequently implicated in substance-assisted sexual assault, since about 80% of *date rapes* included the use of alcohol by at least one partner and over 50% by both partners (Gavey, 1991).

Spousal / marital rape is a non consensus sexual intercourse which is performed by force or by threat of violence or when the wife is for any reason unable to give her consent for it. Such cases can occur in every marriage, regardless of the age, social status, race or nationality. No sufficient facts exist about the exact number of women who have been raped by their husbands, given that it is quite unlikely that they will report the incident (Grandin & Lupri, 1997).

Male-male rape or/and sexual abuse is a phenomenon which happens more often than is generally believed. About 1 in 4 homosexual men have been raped and sexually molested by their partner (Cruz, 2003), while 1 in 5 men prisoners have experienced rape during their imprisonment (Struckman et al, 2000). Furthermore, until the age of 12 the percentages concerning sexual assault are almost the same for both boys and girls. Research in men that have experienced sexual assault during childhood indicated long term problems including low self esteem and negative impression of themselves (Myers, 1989), sexual dysfunction (Hunter 1990), depression (Krug, 1989) and confusion regarding the identity of their sex (Gilgun & Reiser, 1990).

Women offenders

Men as victims are far fewer than women and have greater difficulty in reporting such an incident. Men who have been sexually assaulted by women, experience emotions of shame and despise towards themselves, tend to question their muscularity and their sex and therefore remain silent. The general social perception is not that they have been assaulted but acquired pleasure out of that situation, otherwise they are regarded problematic. The stereotypically formed image of a man who constantly pursues to have sexual intercourse with any possible woman, so that when a woman pursues first the sexual intercourse it is a chance the man not only cannot miss, but is obliged to consent to it. Therefore, the whole act is perceived as consensus on behalf of the man (Grandin & Lupri, 1997).

Sexual crimes committed by women are even more difficult to detect, especially when incest is involved, as children are usually afraid to talk about their mother, by who are depended (Groth, 1979). Finkelhor et al (1990) suggested that the expansion of female sexual crimes is difficult to record and it is even more difficult to depict the real facts. They found also that the 25% of men who committed sexual crimes, had formerly been sexually assaulted by a woman. It is remarkable that even though the arrests of adult women who have committed sexual crimes have been reduced, the number of adolescent girls who are brought to under-aged courts has risen. Studies also suggested that an association between psychosis and female sexual crimes exists. Most female offenders seem to range between 17-24 years old and come from low economical and educational background (Snyder & Sickmund, 2006, O Connor, 1987).

Psycho-social history of sexual offenders

Family history

A number of family factors which intervene significantly in the development of the sexual aggressiveness have been identified. Interrelating factors, such as bad and distant relationships with the parents, unstable or neglectful care, loss of a parent due to death, separation or divorce and high frequency of physical and sexual abuse, are the factors that characterize the early childhood experiences of many sexual offenders (Prentky et al., 1989, Ryan & Lane, 1991, Seghorn et al., 1987). It is thus significant that information related to the nature of the relationship of these persons with their parents, brothers and sisters should be acquired.

Education record

Even though their educational development varies, rapists tend to leave school. Obviously, cognitive capacities affect the course of the treatment. For that reason, the estimation should include the educational record, the general cognitive level and the existence of learning difficulties. The achievement of educational goals and good behavior in school give useful information concerning the cognitive and psychological abilities. For example, difficulties in attending the lessons, impulsiveness, lack of goals, low self esteem and persistence can be detected. These factors have obvious effect on the development of the therapeutic procedure of the offender's sexual behavior and can suggest the need for additional educational intervention (Bard et al, 1987).

Work record

The existence of a stable work record tends to protect from the development of criminal behavior. Indeed, rapists tend to have unstable work record in unskilled professions. It is thus useful that the work record is evaluated focusing in stability, type of work, level of capacity and responsibility and the overall attitude towards the work. These factors might relate to psychological characteristics such as persistence, capacity of tolerating defeat and the ability to plan and achieve goals. The information provided by the work record could also indicate the need for special interventions aiming in raising the future ability for work (Bartol, 1991, Bard et al., 1987).

Social record

People who have a record of deranged attachment with those who have raised them are more likely to present dysfunctional relationships in other sectors as well (Hazan & Shaver, 1994). Baring in mind the aforementioned deranged family relationships the fact that rapists have a problematic social record is not surprising. For example, low levels of emotional interference with their colleagues has been reported (Blaske et al., 1989), while a 86% had few,

if no friends at all during adolescence (Tingle et al. 1986). Thus, recognizing the significance of the early childhood experiences in the future development of social stress, the thorough investigation of the social record is regarded necessary. The evaluation should include quality, stability and duration of friendly relationships, nature and extend of social isolation, the form of interpersonal relationships, the difficulties that might existed during early relationships and the way a person deals with sexual relationships. The detection of potential deficiencies in a rapists' social life is crucial for the planning of the treatment. Knight & Prentky (1987) emphasizing on the study of social relationship development factors and type of offence, concluded that rapists who present sadistic tends, compared with other types of rapists, have more often been assaulted themselves and had poorer social life, low levels of heterosexual dependability and more unstable interpersonal relationships.

Sexual record

A series of common features in the sexual record of rapists has been identified. Men who present high levels of sexual aggressiveness seem to have had early and often sexual experiences (Koss, 1989) more loose beliefs on sexuality in general (Marshall, 1989), and also presented indications of increased morbidity related to paraphilia (Freund, 1990, Marshall et al, 1991), as well as increased occupation with pornography (Carter et al, 1987). It is commonly accepted that a significant number of rapists have been sexually assaulted during their childhood or have witnessed deviating sexual activity (Dhawan & Marshall, 1996). But not all the assaulted during childhood present sexual aggressiveness. This fact indicates the existence of other factors which intervene in the course of development of sexual activity, such as the desire to humiliate the victim and the lack of empathy (Finkelhor, 1984).

Sexual relationships

Several researchers observed that sexual offenders are socially isolated and had only a few intimate sexual relationships (Fagan & Wexler, 1988, Marshall 1989, Tingle et al., 1986). In addition, the sexual offenders who had many relationships describe them as superficial (Marshall, 1989). The common element among sexual offenders is the failure to contract an intimate sexual relationship, which leads them to isolation (Scidman et al., 1994, Tingle et al., 1986). After comparing separately non sexual offenders and the general population, sexual offenders presented greater difficulties in developing a sexual relationship, as well as significantly higher levels of feeling isolated (Seidman et al., 1994). Similar were the results among prisoners convicted for sexual offenses, while especially the prisoners charged with incest, compared separately with rapists and non sexual offenders, present higher levels of fear for developing an intimate sexual relationship, while rapists compared with pedophiles present low desire for an intimate relationship with other men and members of their family (Bumby & Marshall, 1994).

Psychiatric record

The existence of mental disorders is often in rapists. Particularly, it was found that one third of a sample of rapists was diagnosed with depression, while two thirds were diagnosed with overuse or dependability from alcohol (Hilbrand et al., 1990). Another research found high frequency of stress disorders (Dewhurst et al., 1992), while another one (Seghorn et al., 1987) found 7% schizophrenia, 2% schizo-emotional disorder, 3% major depression and 6% organic psycho syndrome. It is regarded that these percentages are higher than the average total population of prisons (Hudson & Murrow, 1997). The 58% of those who were convicted for rape in New Zealand met the diagnosis criteria of Axis I, according to DSM-III-R (American Psychiatric Association, 1994), without bearing in mind the alcohol or other substances overuse (Hudson & Murrow, 1997). Examining the disorders of Axis II (Personality Disorders), Seghorn et al (1987) observed that almost one third of the sample presented personality disorder, while other researchers found higher levels, even up to 90% (Berner et al., 1992, Serin et al, 1994, Stermac & Quinsey, 1986). The recent models of sexual aggressiveness focus mostly on the antisocial personality characteristics and less on other characteristics (Marshall & Barbaree, 1990). Additionally, drug abuse is often in rapists. Particularly, alcohol use seems to very often precede a rape. Alcohol use or abuse increases significantly violence levels (Johnson et al., 1978), as well as the possibility of rape, occasional rather than planned (Jones & Meuhlenhard, 1990) .At least half of the prisoners for rape were found to have consumed excessive quantity of alcohol just before the rape (Seto & Barbaree, 1995), while it resulted that the use of alcohol was related to sexual aggressiveness (Abbey, 1991, Richardson & Hammock 1991).

Comorbidity with paraphilias

Exhibitionism was always related to rape (Paitich et al., 1977). Gebhard et al (1965) suggested that 1 in 10 exhibitionists has seriously thought or attempted rape. Abel' s et al (1986) research found that out of 126 rapists who were examined, 44% had sexually assaulted girls outside the family circle, while 14% had additionally assaulted boys outside the family circle. However, several significant differences between rapists and pedophiles, related to the characteristics of the adult and the former development phase have been found. Rapists, compared with pedophiles, tend to be younger, have graduated from high school, impose themselves (aggressive) rather than being imposed to (passive), have been married or connected with a woman for a satisfactory period (Christie et al., 1979), and tend to rarely present mental deficiency or some organic brain syndrome (Swanson, 1968). During the development stages, rapists compared to pedophiles, tend to come from non divorced parents, do not have relatives with psychiatric record, have half possibilities to have experienced sexual assault, have not presented significant health problems, but have abused animals and have demonstrated problematic behavior in school (Bard et al., 1987).

Comorbidity with non-sexual aggressivity

It was observed that people who had been convicted for rape were often convicted for non sexual crimes as well, and this fact seems to apply also for adolescent rapists (Epps, 1991). It was also found that half of the rapists had been convicted at the same time for other non sexual crimes, while almost all of them had committed at least one non sexual attack. However, it has not been defined whether these facts characterize all rapists, including the occasional ones (Stermac & Quinsey, 1986, Weinrott & Saylor, 1991).

Phallometry

The discrimination between rapists and non rapists by the method of phallometry has changed a lot during the last years. At the end of the 70's and the beginning of the 80's, bibliography clearly stated that the models of the rapists' sexual stimulation were different than those of the non rapists (Abel et al., 1977, Barbaree et al, 1979, Quinsey et al., 1984). It was also observed that rapists react similarly in case of non sexual violence towards women and it was assumed that the criteria of violence are the connective link. However, more recent research showed several similarities between rapists and non rapists since both groups demonstrate low levels of sexual stimulation in scenes of rape, compared to the stimulants which include consensus sexual intercourse (Blader & Marshall, 1989, Murphy et al., 1986). The most possible cause of this disagreement is considered to be the choice of people during the first research out of extremely deviating cases.

Denial and lack of resumption of responsibility

As it is obvious that accepting the responsibility of actions that hurt other people is difficult, it is not surprising that many rapists deny resuming responsibility of their crime (Maletzky, 1996). Sexual offenders often deny all sides of the accusations without even presenting serious arguments. They tend to steadily underplay the extend and impact of their act. They often attribute their act to other factors, such as alcohol overuse, marriage problems or psychological tension, while often is also the denial of any likely future offence. Additionally to denial and underplay, rapists show distort in perceiving the victims' behavior, a fact which confirms their attitude to justify their own behavior. For instance, they see the outfit of their victims a "provocative" and have difficulty in seeing the situation from the side of the victim (Scully, 1988). Furthermore, they perceive passivity or fear of the victim as desire or satisfaction. All these reasoning and cognitive diversions or distortions mirror their denial to resume the personal responsibility of the act. These general characteristics of failure to resume responsibility are closely connected with sexual aggressiveness (Rapaport & Burkhart, 1984). Men who are sexually aggressive often do not perceive their behavior as rape and they attribute equal responsibility to the people they abused (Koss, 1988). Rapists often grant women responsible for the rape, while they think themselves innocent (Marolla & Scully, 1986). A key point of the examination is the demonstration of the resumption of responsibility as a positive element. When

the examined begins to take responsibility, he can feel relieved and at the same time be in a better position to receiving help.

Treatment

Treatment programs

Examples of integrated programs on sexual offenders come from USA, Canada, Australia and England (Marshall et al, 1998). In general, the interventions to confront the sexual offenders are distinguished in those which are performed in prisons and those which are performed within the community, in other words on persons who are under surveillance or probation or have just been released from prison. The therapeutic programs for confronting sexual crime prisoners are usually in the form of group therapy. The primary goals are: 1) Settlement of minimization issues and resumption of responsibility, 2) definition of the circle or the procedure which results to crime, 3) definition and supervision of individual therapeutic goals, 4) learning the prevention methods and 5) help to embody therapeutic material from other groups. The group also acquires training in basic social skills, such as communication skills, empathy towards the victim, anger management, stress management, sexual hygiene etc. Each member of the group also acquires interpersonal therapy, which is mainly occupied with the mood, fears or the individual procedure of depended sexual stimulation. In the end of the therapy it is expected that the person under cure will have recognized the factors which contribute to the procedure of the sexual crime, will be capable of detecting the situations which might increase the danger of relapse and will have acquired skills that would allow him to avoid high risk situations. It is recommended that his therapeutic intervention will be continued after the release from prison. It is believed that in order to achieve satisfactory results the programs should last at least 2 years. In the community programs participate sexual offenders who are under surveillance or probation, and these programs are run by the Probation Services. These programs, as the aforementioned ones, use as basic therapeutic hubs the reduction of denial and the enforcement of the ability to resume responsibility, the increase of self-criticism ability and the enforcement of empathy towards the victim. Equivalent cognitive and behavioral techniques are also used. The results showed that almost half of the participants, after 54 hours of therapy showed a decrease in the parameters of cognitive perversion, empathy towards the victim and the sexual compulsivity on levels equivalent to those of non sexual offences (Marshall, 1998). Alongside the psychotherapeutic forms of approach, other therapeutic methods have been tested and aim mainly to the reduction of sexual aggressiveness. Surgical confrontation, neuroleptics, and estrogens have been dispensed with, due to side effects. The antidepressants, especially the specific serotonin reuptake inhibitors (SSRIs), had satisfactory effects. Hormone therapies with anti-androgens and Gonadotropine Releasing Hormone (GnRH) agonists also had a satisfactory outcome in the reduction of sexual aggressiveness (Rosler & Witztum, 1998, Kafka, 1997).

Sex offenders' response to treatment

Certain evaluation instruments, such as SORAG (Sex Offenders Risk Appraisal Guide) and Static-99, which record various prognostic parameters, showed strong capacity to forecast the relapse of sexual or general forms of crime. A recent research in Belgium (Ducro & Pham, 2006) demonstrated the ability of these instruments and it was also found that within 4 years of surveillance the relapse in sexual offences was 25%, while the relapse in general offences was 33%. After a research in Sweden, in 5-year prisoners who were released from prison (Langstrom, 2004) it was found that these evaluation and prognosis of relapse instruments had similar capacity of forecasting in Swedish and the rest of European people, but could not distinguish the criminality evaluation between Africans and Asians. It is possible that several danger factors contribute to the development of sexual offensiveness in minorities and emigrants. By a research carried out in England (Langton et al., 2006) in 418 sexual offenders who attended a therapeutic program of behavioral-cognitive direction, it was found that after a surveillance period of 5 years the parameter of anti-sociality (psycho passivity) was the most significant factor of forecasting the relapse to the offence. Furthermore, it was found that the higher levels of anti-sociality were connected with a shorter relapse.

Finally, a recent meta-analysis of 82 researches which examined the relapse in sexual offences in 29.450 people (Hanson & Morton-Bourgon, 2005), showed that the deviating sexual behavior and the anti-social (psycho pathetic) personality structure, are the two major factors of relapse. In addition, the anti-sociality / psycho passivity is a prognosis factor not only for the most violent sexual crimes but for the relapse in general types of crime. The findings, that the usually reported parameters such as psychological suffocation, denial to resume responsibility, empathy towards the victim and reported motive for therapy, had almost no connection with the relapse in sexual crimes. The meta-analysis of the same writers in researches which examined the connection between age and relapse to the offence showed that the older is the offender when released from prison, the smaller the chance of relapse.

Case

Catja, age 18

Catja was 18 years old and a student when she, along with her room mates from campus, went to a party of some fellow-students. In the house where the party was held, were many people who danced, drunk a lot and did drugs. However, Catja preferred not to participate in any of these and her mood was spoiled from what she saw happening. Despite all these she had to stay, as the campus was far away, she did not drive and her friends were somewhere lost in the crowd and seemed to have a great time. She sat on a couch in the quietest place of the house and waited for the time to past in order to leave. Soon enough, a young man her age, who didn't seem to be nor drunk or out of control as the rest of the people approached her. He sat next to her, he said his name was Rodger and they begun to talk. He observed the cross Catja was wearing on her neck and suggested that sometime they should go together at church and attend Mass. Gradually, Catja begun to feel comfortably with him, as he seemed a very nice boy and a good Christian. After a while he asked her if she wanted a drink. She told him that she didn't like alcohol and would prefer a Coca-Cola instead. He returned with the refreshment and suggested they had better go upstairs where it was quieter and they could talk. Catja did not suspect anything of his proposal, as she thought she had nothing to be afraid of with so many people around her. They went up to one of the bedrooms of the house and Rodger left on purpose the door slightly open so that Catja would not feel uncomfortable. Soon, Catja begun to feel sleepy and felt her strength fade away. She asked Rodger to call her friends in order to leave, because she was not feeling very well. Rodger agreed and left the room closing the door behind him. He returned suddenly and locked the door behind him. Catja tried to stand up and shout but none of these was possible. He raped her in a crowded house and nobody understood a thing. It was the worst night of her life. Her friends found her sometime later and brought her to the hospital. At the hospital she was told she had been given "date rape drug" which was well mixed in the Coca-Cola she had drunk.

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