

## **CHAPTER 1**

### **BACKGROUND TO THE STUDY**

#### **1.1 INTRODUCTION**

This study focused on sexual offending and particularly rape in a South African prison context. Rape is a widespread, serious and enormously complex phenomenon all over the world. There are no easy or magical solutions to this problem and many people's lives are damaged by it (Marshall, Anderson & Fernandez, 1999; Morrison, Erooga & Beckett, 1994; Report of the Working Group Sex Offender Treatment Review, 1990).

#### **1.2 RAPE IN SOUTH AFRICA**

In June 1993 already Mr. F. Kahn, the then Attorney General of the Cape stated (Levitz, 1993, p. 4) that "rape involves 54 percent of the female population". He went on to say that rape and general lawlessness in a rapidly changing social order tend to lose the priority they deserve, and furthermore "that irrespective of any constitutional utopia, the country will still have to live with the problem of rape" (Levitz, 1993, p. 4). Kahn's view was confirmed by Hazan and Grobbelaar (1994, p. 63), who found that South Africa had "the highest rape figures in the Western world" as almost 300 000 women were raped every year, averaging about 400 rapes daily. The increasing number of rapists convicted since 1997 confirms that the incidence of rape has, indeed, increased. Given the high incidence of rape in South Africa, many people believe that we live in a rape culture (Vogelman, 1990).

#### **1.3 NEED FOR RESEARCH ON SEXUAL OFFENCE**

The need for research on sexual offenders and particularly rapists has since escalated. It is now assumed that approximately 50 women are raped every month in the Mamelodi area in Pretoria alone, which is considered a hotbed of crime by the police (Louw, 2001,

University of Pretoria etd – Bergh, L B (2006)

para. 3). According to Commissioner Mmutle of the South African Police in Pretoria, rape is a priority crime due to the social impact it has on women in the community, as men think they have a right to do just what they want with women.

The growing number of incarcerated rapists and simultaneous public outcry for protection from and treatment for rapists emphasised an urgent need to develop a treatment programme for incarcerated rapists, as no suitable treatment programme was available in the Department of Correctional Services.

Extensive research on sexual offenders in other countries indicates many unanswered questions regarding etiology, assessment and treatment effectiveness despite increased knowledge and understanding in this field. Considerable speculation also remains about what can bring about change in sexual offenders as no approach seems to guarantee complete success (Cull, 1992; Guy, 1991; Report of the Working Group Sex Offender Treatment Review, 1990). In this study the researcher focused on and explored two different processes running concurrently, namely the development of a treatment programme for incarcerated rapists and a managed interactional process to determine whether change took place after implementation of the treatment programme. The researcher did not intend to determine whether these rapists would reoffend in future as that fell outside the scope of this study.

In addition, the rendering of treatment programmes in a prison environment is a controversial and complex problem as it is done in a closed system, that is often ambiguous and highly paradoxical. Marshall, Anderson, and Fernandez (1999) maintain that a prison is not the best or ideal place to render treatment programmes or bring about positive change. However, the researcher is of the opinion that negative and/or restrictive environments do not necessarily hamper positive outcomes as most treatment programmes in a prison context aim to instil a sense of self-worth so that sex offenders can rebuild their lives in a constructive and socially acceptable manner for the benefit of the rapist/sexual offender, the victim and the community. The researcher sees treatment in a prison context as necessary, relevant and important despite many difficulties and

limitations. Clear and Cole (1994), Guy (1991), Marshall et al. (1999) and Scutt (1990) support this view.

#### **1.4 CONCLUSION**

This study was an attempt to create awareness and understanding of the difficulties involved in developing and evaluating a treatment programme for incarcerated rapists in a unique South African context. The ultimate aim was to facilitate and contribute to the rehabilitation of incarcerated rapists in order to protect the community and assist rapists to lead law-abiding and productive lives in the community after release from prison.

## CHAPTER 2

### PROBLEM STATEMENT, AIMS AND LAYOUT OF THE STUDY

#### 2.1 INTRODUCTION

It has become increasingly evident that the incidence of rape is rising in civil society and that the community wants sexual offenders (including rapists) to be punished and rehabilitated. This chapter discusses and states the problems identified as well as asks some questions in order to meet the needs of the community.

##### 2.1.1 Treatment in a prison context

Research reports specifically on prison-based therapies are scarce even in Western and European countries (Sapp & Vaughn, 1991). Based on her personal experience in and knowledge as the Director of Psychological Services in the Department of Correctional Services, the researcher was aware of the fact that no research on prison-based therapies with sexual offenders and/or rapists had yet been done in the Department of Correctional Services. Nor had any treatment programmes for sexual offenders been evaluated.

As a work environment, a prison is very complex, ambiguous and paradoxical. Treating rapists in such an organized environment therefore becomes even more of a challenge because even though change in the rapist's behaviour is sought, there are many other processes in the rapist's inner and outer world which could negatively affect any positive change.

##### 2.1.2 The need for a treatment programme for incarcerated rapists

In 1994 the researcher as the Director of Psychological Services in the Department of Correctional Services noted that there was no treatment programme for sexual offenders available in South Africa. Although the Department of Correctional Services had

guidelines for child sex offenders, the guidelines did not constitute a treatment programme and psychologists within the Department of Correctional Services hardly ever utilized them. Consequently, psychologists and/or social workers treated rapists and other sex offenders in an unco-ordinated manner and then only when these professionals were prepared and/or willing to work with such sex offenders.

With the assistance of the Department of Correctional Services the researcher officially visited and had discussions with various officials, including psychiatrists, psychologists, forensic experts, social workers, correctional officials, heads of prisons and/or personnel of other facilities dealing specifically with sex offenders. In 1995 the researcher visited the HMP Wandsworth Prison, the Surrey Probation Services and the Faithfull Foundation in England, officials at the Dr. Henri van der Hoeven Kliniek, the Pieter Baan Centre, the Pompe Kliniek and the Rijksinrichting Veldzicht in the Netherlands. These visits reinforced the Department of Correctional Services' intentions to tackle the need for such a treatment programme.

### **2.1.3 Availability and suitability of available treatment programmes elsewhere**

From the information obtained, the researcher determined that only a few programmes for sexual offenders were available even in Western countries. Canada, the United States, Britain, and other countries had done extensive research on sexual offenders in particular and developed programmes and were implementing them effectively. However, availability and accessibility of these treatment programmes were limited (Marshall et al., 1999; Morrison et al., 1994; Prendergast, 1991). To view or purchase the available programmes while on an official visit was almost impossible as professionals in facilities or institutions often developed the programmes for their use only. Articles in international journals about sexual offender treatment efforts are also scarce (Frenken, 1999).

The investigations indicated that most of the published studies on rapists/sexual offenders are described in Western European or Northern American publications, which are

structurally, socially and psychologically different from Southern African contexts. Therefore, a treatment programme relevant for this region (Mjoli, 1987) needed to be developed, more specifically for a South African context.

#### **2.1.4 Adapting the best practices to develop a treatment programme suitable for a uniquely South African population**

From the literature review, attendance of international conferences (e.g., in Hamburg, Utrecht, Stockholm, Toronto and Amsterdam), formal and informal discussions with experts in the field (e.g., William Marshall, Cloë Madanes, Charleen Steen, Hillary Eldridge and Ray Wyre) and visits to various correctional facilities and treatment centres in England and the Netherlands, the researcher realized that none of the programmes in use elsewhere could be utilized as they are in a South African context. South Africa has a unique population which differs in many respects from its Western counterparts.

#### **2.1.5 Determining the components for a treatment programme for a South African prison context**

The literature indicates that, in comparison to other forms of criminality, sexual offenders, especially rapists and paedophiles, are the most likely to re-offend, but at the same time would also be the most likely to gain from treatment (Evans & Gallichio, 1991). Before a treatment programme could be developed, it was necessary to identify which components in existing treatment programmes for sexual offenders were the most effective. For a treatment programme for incarcerated rapists in a South African context to be effective, it had to follow an integrated, holistic and flexible approach, be measurable and be realistic. It was also visualized that if a treatment programme for rapists were developed, it should be available on a wide scale in the Department of Correctional Services in order to enable more offenders to participate in the future.

### **2.1.6 Meeting the needs of incarcerated rapists**

The researcher determined that a treatment programme for rapists needed to cover several aspects of these offenders as a combination of psychodynamic factors played a role in their offending behaviour. The treatment programme therefore needed to examine and meet the various needs of offenders by means of different components or modules, dealing with various issues such as self-esteem, cognitive skills, social skills, goal setting, HIV/AIDS, sexuality, anger management, victim empathy and remorse, how to take responsibility for themselves and relapse prevention.

### **2.1.7 Availability of incarcerated rapists**

From her own experience, as the Director Psychological Services in the Department of Correctional Services, the researcher knew that there were sufficient offenders who could and/or were willing to participate in a research study to develop and evaluate a treatment programme for rapists, if they were given the opportunity to contribute.

### **2.1.8 Compliance with mandates to safeguard and rehabilitate sentenced prisoners (including rapists)**

The Department of Correctional Services is mandated to treat sentenced offenders – including rapists. The researcher was aware of the need to develop a treatment programme for incarcerated rapists as no such programme as yet existed. As a psychologist, the researcher also knew that it was unethical to expect incarceration alone to bring about change because the Department of Correctional Services had a mandate to safeguard the community and to rehabilitate prisoners (Correctional Services Act 111 of 1998). This indicated a need to also treat rapists, as incarceration combined with treatment has a better chance of succeeding in rehabilitation.

### **2.1.9. The increase in sexual offenders, particularly rapists, in the prison system**

The number of rapists and other sexual offenders in the prison system increased from 8.02% in 1993 to 10.7% in 1997. In the Department of Corrections no co-ordinated treatment programme was available for sexual offenders and/or rapists. The majority of rapists and other sexual offenders would therefore probably never participate in any treatment, support or development programmes in the Department of Correctional Services as human resources are scarce and the availability of professionals is severely restricted. According to the Annual Report of Correctional Services (2000), only 10 758 prisoners (all target groups) were involved in therapeutic activities conducted by 44 psychologists while a total of 111 585 sentenced male prisoners were in prison. Based on these figures, then, many rapists will leave prison with no treatment and return to their respective communities with no positive lessons learned unless something is done about it.

### **2.1.10 The role of the community**

The researcher became aware of the fact that in the UK as well as in Canada, people working in correctional institutions/facilities or who worked with sexual offenders in the community itself often played a significant role in the development of these programmes. In South Africa there was and is an almost complete lack of community involvement with all prisoners.

### **2.1.11 Motivating prisoners to attend a treatment programme**

Based on her personal experience, the researcher envisaged that rapists would be motivated participants. Madanes (1990) states that most people come to therapy because they want to change their own behaviour and/or are concerned because they cannot help behaving in ways that are harmful to themselves or to others. According to her, when people come to therapy they usually come because they want to change the ways in



which they think and feel and to try to bring out the best in themselves. Madanes (1990) is also of the opinion that no one comes to therapy to be hurtful and mean. Coming to therapy would therefore provide them with the possibility of solving a problem as she believes no one is incurable and no situation is hopeless. By participating, the rapists who wanted to change their behaviour and/or participate in a treatment programme, would be allowed an opportunity to learn something new and/or deal with their own problem issues. In addition, it would create a rare opportunity to participate in a six-week treatment programme on a daily basis, which had never been done before in the Department of Correctional Services, where human resources are a problem and groups are usually presented only once per week.

#### **2.1.12 Measurement and evaluation of the treatment programme once it has been implemented**

Although many researchers reported that their methods brought about change, the effectiveness of their programmes had rarely been measured and/or documented in detail. Most rehabilitative programmes have shortcomings and limited effectiveness (Clear & Cole, 1999). Therefore it was considered essential that the researcher determine and document the results of the developed treatment programme, since it was generally agreed that there was a need for more and diverse programmes (Report of the Working Group Sex Offender Treatment Review, 1990).

Measuring the effectiveness of treatment in a prison is a daunting task as some researchers feel that no approach can offer total success, while Frenken (1999) and others call for more studies of treatment efficacy. Scutt (1990) found that few studies had been conducted on convicted sexual offenders and few gave useful indications of what could be done effectively. Despite the lack of research, however, Scutt is still of the opinion that convicted sexual offenders provide a valid group to study.

## **2.2 STUDY OBJECTIVES**

Sexual offenders (including rapists) in particular cause great and severe emotional damage to their victims. The researcher therefore decided to focus on the following research objectives:

Firstly, to gain knowledge of and insight into the issues involved in treating incarcerated rapists in a prison context. Offenders are sent to prison with the expectation that they will participate in treatment programmes that will rehabilitate them and prepare them for reinstatement into society as law-abiding citizens for the benefit of the rapist, the victim, the community and the Department of Correctional Services.

Secondly, to gain knowledge of and insight into existing and available treatment programmes for sexual offenders and rapists, in particular, and to identify which treatment components worked the best for rapists in order to develop a treatment programme for incarcerated rapists in a South African context.

Thirdly, to evaluate the treatment programme after implementation on a sample of incarcerated rapists to determine whether change took place after implementation of the treatment programme.

## **2.3 LAYOUT OF THE STUDY**

Chapter 1 describes the background to the problem, the situation in South Africa, and the aims of the study.

Chapter 2 outlines the problem, study objectives and layout.

Chapter 3 deals with the issues involved in treatment in a prison context.

Chapter 4 explains why Mink, Esterhuysen, Mink and Owen's (1993) Total Transformation Management Process (TTMP) model was chosen as a basis to develop a local treatment programme and why Brock and Salerno's (1994) Change Cycle was chosen to evaluate the treatment programme for incarcerated rapists.

Chapter 5 describes processes as a research methodology to guide the research.

Chapter 6 presents the main results of the sample of rapists.

Chapter 7 discusses the impact of the prison setting on the process.

Chapter 8 presents an evaluation of the different models utilized in this study.

Chapter 9 presents the data collected from the rapists from questionnaires, self-reports, projective techniques and group discussions.

Chapter 10 presents the main results and concludes the study.

Chapter 11 presents recommendations for future research.