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# **The Swedish Sex Offender Treatment: To be replicate in Philippines?**

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## ABSTRACT

**Title:** The Swedish Sex Offender Treatment: To be replicate in Philippines?

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Sweden is known for its good welfare system and the society highly values equality. In this country, the government responded to the individual needs of its citizen. When a person commits mistakes, the person is regarded as one having with problems and in need of help. Instead of purely imprisonment, therapeutic intervention and reintegration to society were given emphasis in helping these offenders no matter what kind of offence they committed.

The aim for conducting this research is to describe and discuss the work methods in Sweden in dealing with male sex offender. Upon grasping the theories and concepts behind these work methods, this will allow the analysis if the Swedish sex offender treatment is possible to be implemented in other country such as Philippines.

A face to face interview was done to five therapists working with male offenders. Three of the respondents are employed in Kriminalvården and implementing the ROS Programme-the Swedish Sex Offender Treatment, while the other two respondents are connected to different agency. Except for my one respondent, the rest of their clientele has have court order to undergo treatment.

From the materials gathered, it shows that the treatment methods in Sweden are based on the cognitive-behavioural, psychodynamic and attachment concept. Aside from the framework being used by the therapist in doing their work, the effectiveness of the treatment relies on the relationships established between the offenders and implementors. The work methods such as individual and group approach cannot be generically use to all offenders since each of them has individual risk and needs.

Sweden and Philippines has both clear laws and policies regarding rape and other sex offences. However, in Philippines, the penalty is more punitive than rehabilitative because of prisons lack of resources, poor implementations of services, over crowdedness; degree of penalty imposed and no specific probation for treatment. On the other hand, because of Philippines conservative/corporatist welfare state, the family and churches does an important role in complimenting to what is lacking in our government services and it is in this view that spirituality component is the well established intervention we have in which not included in the Swedish context.

The Swedish Sex Offender Treatment-ROS is possible to be implemented in Philippines however; there are many issues to be considered such as availability and capability of professionals who would implement the programme, resources and the nature of the existing laws on sex offences.

The structured societal perception due to patriarchal belief still exist in Sweden and other country such as Philippines despite of many liberating move of feminism and this affects the development and implementation of sex offender treatment.

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*“Ask and you will receive, and your joy will be complete”*. John 16:24

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Cathy Giga-Gorme

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# CHAPTER I INTRODUCTION

## 1.1 MOTIVATION FOR THE STUDY:

Historically, Philippines has patriarchal society. The family is ruled by the father and or the husband (Therborn 2004). A woman is secondary citizen and subject to the authority and power of man. The social norms clearly delineate each specific roles and distinctions. Women are regarded as weak, needs protection from men, mainly responsible in household and child-rearing activities; while men are perceived as head and bread-winner, physically and emotionally strong and polygamous (Therborn 2004) in nature. Some religious belief as quoted in the Bible, such as “Wives submit to your husband (Ephesians 5:22-24) and “God created man in his own image” (Genesis 1:27), to mention a few placed women into a disadvantaged situation since many people interpreted these literally and put this into practice. However, because of legal and social changes, de-patriarchalizing direction (Therborn 2004) is in progress and women’s empowerment takes effect due to liberating feminism movements (Dominelli 2002).

The Philippines is one of the countries that has the sharpest contradictions in gender equality today. From the worldwide survey conducted by Gender Gap Index (Good News Pilipinas, 2006), it shows that the Philippines ranked sixth and in which Sweden top the world in its bid to achieve gender equality. In politics, significant inroads were achieved including having two women as presidents and 16.6 percent of women occupied elective positions (National Statistical Coordination Board, 2007). Numerous Filipinas were given equal opportunity to lead in national and international positions and the distribution of government personnel in the career service position are almost dominated by women although in the labor force, men are still higher 79.1 percent compared to 48.8 percent employment of women (National Statistical Coordination Board, 2007). UNICEF Millennium Development Goals (2007) clearly states the promotion of gender equality and empowerment of women and calls for the special focus on girls and women as their unique approach to attain this goal.

My experiences as a social worker in direct practice for more than nine years gave me the opportunity to see how Philippine society put men and women into standard and disadvantaged situations. The existing social services available are focused on the needs and protection of women and children (UNICEF Millennium Development Goal, 2007). The need of men such as involvement and access to reproductive health, parenting, empowerment to know their other role and responsibilities to family, to be listened to about their difficulties and fears are not usually given so much attention by the society and family, so to speak, so that they seemed to be left out and neglected. Because of society’s stereotype perception about men such as they are strong, the head, responsible for the family and children, have put them in disadvantaged situations because when they are in difficult situations there are no available services for them even though it is a common knowledge that men are affected also of negative family-related consequences (Socialstyrelsen, 2006). In Philippines, when men have committed mistakes, the normal interventions they receive are punishments, imprisonments and no attempt of therapy is offered. This experience gave me the

desire to study possible interventions that may address the unheard cry of man for help and attention to their complex needs.

Men's needs, problems and intervention is a big phenomenon but starting something small might lead to a chain of big changes. Nevertheless, social workers today perform multiple task such as therapist, as advocates on behalf of their clients, as resource mobilisers, channeling resources of various kinds, as resource generators, as enabler, educators, and coordinators (Yelloly 1980).

My stay in Sweden and exposure in different institutions opened my eyes on how the State adheres to the UN Universal Declaration of Human Rights that all human beings have equal value, have the same rights and obligations and that each human being is unique (National Association of Swedish Crisis Centers for Men, 2007). I have learned and observed that not only women and children were given attention in this country but also men by means of creating policy and services that would address the unique needs of men such as reproductive health and counseling.

To mention few of this existing programs are: the Swedish Centers for Men that offers counseling- to help men clarify their problems, advice on how to find the right contacts who have the necessary resources and staff to help when in a difficult situation and crisis therapy; IDAP, a treatment programme targeting adult men who have used threats, violence or other controlling behaviour against female partner/former partner; and to the reproductive health services such as Sesammottagningen clinic and Föreningen för Sveriges Ungdomsmottagningen (Swedish Society for Youth Centers) where they set specific schedule day in a week just for the male clients. More importantly, Sweden is known for its good welfare system and the society highly values equality. In this country, when a person commits mistakes, their human and legal rights are still maintained and they are regarded as the person with problems and in need of help. The Criminal Justice System has a goal of maintaining its activities in a human view of people, good care and active treatment while maintaining a high level of security and respect for individual rights and the rule of law (Kriminalvården 2006). This prompted me to make a study on a specific programme that represents this belief.

## **1.2 AIM OF THE STUDY**

My aim for investigating this subject is to describe and discuss the work methods in Sweden in dealing with male sex offender. Grasping the theories and concepts behind these work methods, this will enable me to replicate and or create a framework of intervention that is applicable to my own country.

## **1.3 RESEARCH QUESTIONS**

1. What are the work methods in Sweden in dealing with male sex offender? In which way they are successful, and what are the limitations and problems?
2. How are sex offenders viewed or perceived in the Philippines?
3. Are the work methods in Sweden possible to be implemented in Philippines?



## CHAPTER II

### BACKGROUND IN TWO COUNTRIES ON THE SUBJECT MATTER

In this section, I will present the legislations and perspectives of each country on sexual offence. It is difficult to compare two different countries that view sex offence in totally different perspectives but this will guide us along the process if my second aim is attainable which is “Are the work methods in Sweden possible to be implemented in Philippines?”

#### 2.1 Philippines

In Philippines, numerous bills have been passed and implemented concerning sexual offence. Each category of sexual misconduct has specific provisions such as Republic Act No. 8353 – An Act expanding the definition of the crime of rape, reclassifying the same as crime against person... and Republic Act 7877 – An Act declaring sexual harassment unlawful in the employment, education... to mention few. With different legislations, the commonality of such is rape is considered as one of the heinous crimes and punishable of Death Penalty under its Republic Act No. 7659 of the Philippines Penal Code. Rape is defined as *crime against person* under Republic Act 3815. Chapter three of RA 3815 Article 266-A discussed when and how rape is committed on the following circumstances

1. *By a man who shall have carnal knowledge of a woman under any of the following:*
  - a. *Through force, threat, or intimidation;*
  - b. *When the offended party is deprived of reason or otherwise unconscious;*
  - c. *By means of fraudulent machination or grave abuse of authority; and*
  - d. *When the offended party is under twelve years of age or is demented, even though none of the circumstances mentioned above be present.*
2. *By any person who, under any of the circumstances mentioned in paragraph 1 hereof, shall commit an act of sexual assault by inserting his penis into another person’s mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person.*

It is also cited on that provisions that the lowest penalty of the crime in which an offender can get is *reclusion perpetua or life imprisonment to death*. Connected to the penalty is the payment of fine and the imprisonment is considered as rehabilitations but along the process, there is no treatment since the facilities are not conducive to rehabilitations and treatment is not part of the program. However, in all criminal prosecutions, the accused shall be presumed as innocent until s/he is proven guilty beyond reasonable doubt. Rape, like other criminal act has three stages of execution, namely: attempted, frustrated and consummated and the degree of penalty varies on these. But when an offence has been committed, it has been a common knowledge in Philippines that the person’s life comes to an end because there is no hope for them when being jailed due to the long process of trial, the stigmatization, and being labelled ‘not only the offender but could be the whole clan’ and they are being outcaste in the society and became center of ridicules. This inhibited some victims, particularly relatives of the perpetrator from pressing charges (Bureau of Democracy, Human Rights and Labor, 2004) because they know what will happen to their love ones and

even to their family itself and as much as possible they want to preserve the ‘family honor’. On the other hand, rape case continued to be a serious problem. Based from the report of the Bureau of Jail Management and Penology National statistics (2006), three thousand six hundred ninety-eight adult inmates and ninety-one youth offenders committed rape and sexual offences are currently serving their sentences from the male population of 44.6 million (National Statistical Coordination Board 2004). In general, the Philippine prison environment is not conducive to any treatment or rehabilitation because it is mainly conceived as punishment due to its poor conditions and policies. The prison is well known for its rudimentary and sometimes harsh conditions, overcrowded, lacked basic infrastructure, poor sanitation and inadequate diet, corruption and abuse among guards (Bureau of Democracy, Human Rights and Labor, 2005). Male and female inmates are segregated in prison but not in crime categories. In total, Philippines have 1,132 jails and have five major prison facilities for men and one for women (National Statistical Coordination Board 2004). The prisoners are segregated not according to their crimes committed but according to the length of their sentences and security classification such as minimum, medium and maximum.

Philippines has conservative/corporatist welfare state model where religion/church plays a vital roles in the provision of service. In this aspect, the spirituality component is the well-established way of treatment inside the prison given freely by volunteer missionaries coming from different congregations. The spiritual element can be considered as one of the good practices in Philippines where it both helps the victims and perpetrators in the healing process as illustrated by a true story in Kanlungan sa Er-Ma Ministry called “*Best friend*”<sup>1</sup>

*“ But Jenny told the father that she has already forgiven him .... And the father came to know God .... And since then his heart has changed and realized all his wrong doings... and admitted his sins before his family and asked forgiveness”.*

## **2.2 Sweden**

According to Swedish Penal Code, Chapter Six--On Sex offenses, which deals with sex crimes perpetrated against both children and adults, defines rape as *sexual intercourse or other comparable sexual act forced by violence or serious threat*. The penalty prescribed under section one is a person can be sentenced to imprisonment for at least two and at most six years. If the rape is considered as aggravated rape the offender can be sentenced to imprisonment for at least four and at most ten years. Rape perpetrated against child is normally considered as aggravated rape.

Part of the Swedish Criminal Justice System is the Prison and Probation Service in which the penalty of the offense has been served through prison, intensive supervision, conditional release with community service, probation, probation with community service, probation with contract treatment (Kriminalvården 2007). During imprisonment, the component of care is still necessary and the promotion of client’s preparation and reintegration to the society is always being dealt with. While at the

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<sup>1</sup> For the whole story, read ‘Good Practices in the Healing and Restoration of Child Victims of Sexual Abuse’ by Balbero C.

prison and being deprived of their liberty, inmates received productive activities such as work, internal service, education, crime and abuse programs and other structured activities. Inmates are also being segregated to different prisons according to their crime category.

In Sweden, the country has four major sexual offender division (Härnösand, Norrtälje, Kristianstad and Skogome which has the biggest prison at the moment). For sexual offenses crime, a structured program was mandated by the government and the policy states that therapeutic competence and treatment to four major divisions in the country should be provided and the treatment shall be continuous from prison to community and built on the principles of ROS-National Sex offender Treatment Program. The sex offender division has high security unit, low security unit 'open prison' and the risk and need assessment which is mandatory for every offender. According to Kriminalvården (2004) data, 10,400 cases of sexual offence has been reported in police and out of that, 2,650 had been sentences of rape and 2,000 for sexual assaults.

The Swedish Sex Offender Treatment Programme in Prison and Probation Service in which they called ROS (Rose flower) has been patterned from the Canadian Sex Offender Treatment Programme developed by Dr. Pamela Yates and co-workers then translated and modified by Elisabeth Kwarnmark and Bengt Hasselrot to fit into the Swedish context. The ROS programme was tried in the sex offender divisions in 2003 followed by capability building to the therapist and providers of the said institutions. Afterwards, in 2004 the programme has been tried and implemented in the community/probation service. The ROS Sex Offender Treatment Program was presented for and preliminary accepted by the Swedish accreditation panel in December 2003 (Kriminalvården 2007) and now after the evaluation of the Canadian Board, the Swedish treatment methods can be claimed as independent Swedish model.

The ROS – Swedish National Sex Offender Treatment Programme has a vision of therapeutic competence and treatment on the four major sexual divisions, treatment shall be continuous from prison to community and the risk and need assessment is mandatory for every sex offender. It has general principles on awareness on matching to risk and need of individual offenders; based upon pre- and post-treatment assessment and evaluation; attention to responsivity issues; cognitive dynamic intervention; therapeutic orientation; continuity of treatment

The staff component is also meticulously prescribed since part of the strategies of the programme is to create a safe and open climate; all staff in different positions must motivate the clients towards adequate sex offender treatment; and staff must work towards the same relapse prevention goals. In response to this, it was a mandate that in every local probation service at least two probation officers have special competence about management and treatment of sex offenders; able to talk about sexuality, perversion and sexual abuse aside from specific educational background and requires mandatory supervision from the regional network. Also, basic education on general sexology, offender psychology, awareness risk factors, victim empathy, motivational interviewing, adult learning, group dynamics, knowledge on cognitive factors were provided.

The main component of Ros Programme are cognitive distortions and management strategies; intimacy, relationships and social functioning; emotion management;

empathy and victim awareness; sexual arousal and fantasy; maintenance. The structure of moderate intensity is four to five months duration; minimum of six hours and maximum of nine hours group work per week; and minimum one individual session per week.

Essential elements of effective intervention has also been identified and they are therapeutic alliance; non confrontational style; create group cohesion; guided learning; express and believe in client change; homework assign; deals effectively with resistance; flexibility; psychodynamical understanding; cognitive structure, genuine approach and non-judgmental style.

### **2.3 Similarities and Differences of Two Countries**

Sweden and Philippines both have clear laws and legislations concerning rape and other sexual offences but have wide differences on the provision of penalties and sanctions.

The statistics described above cannot be an indicator that Sweden has more cases of sexual offences rather than Philippines by taking consideration the number of total population simply because statistics varies and in Philippines, there are many incidents of unreported cases and cases that did not reach legal prosecutions.

The societal perception about rape and sexual offences could be a paradox to both countries in terms of cultural belief, policies, services offered and people's attitudes in general.

## **CHAPTER III LITERATURE REVIEW**

### **3.1 History**

According to Laws and Marshall (2003) researched on early developments of sex offender treatments, the programme started in the mid-1800s to 1969. It was Sigmund Freud's concept on psychoanalysis<sup>2</sup> (Yelloly 1980) that fueled scientific interest in sexual behavior. Chronologically, they enumerated the following milestone of the current treatment. In 1957, Penile Plethysmography (PPG)<sup>3</sup> was developed by Kurt Freund. In the late 1960s, the combination of behavioral and cognitive treatment began. In the early to mid-20<sup>th</sup> century the names of John B. Watson and Alfred Kinsey became prominent because of the development of behavioral approaches. In 1965, Gibhard and associates (cited Laws & Marshall 2003) able to classify sexual offenders using categories and specification. It was during their time when electrical aversion therapy<sup>4</sup> was used. In the early 1970s cognitive psychology were developed in which it focuses in social skills training, assertiveness, sexual dysfunctions and gender role behavior. In 1980, the relapse prevention model was the significant innovation and the social learning theories of sexual offending formulated. The 1990s were considered as the explosion of treatment programs, researchers and construction of theories describing the cognitions, emotions, and intimacy in sexual offender; and introduction of "self-regulation" model as revision of relapse prevention model.

### **3.2 Sex Offender Perspective**

In this area, I will attempted to highlight the different components of sex offender treatment in other countries

#### 3.2.1 Treatment Models

In US, probation with mandated treatment along with some jail time is a common disposition for those convicted of sex crimes wherein they contain an average of ten percent of prison population (Wakefiled & Underwager 2006). Each county, Peterhead Prison Program in New York (Spencer 1998 cited Laws & Marshall 2003); Jackson County Program in Oregon (Aytes et al 2001 cited Laws & Marshall 2003) to mention a few, has sex offender prison and non-prison based treatment programs and the common model of treatment they use is cognitive behavioral treatment (Laws & Marshall 2003; Craig et al 2003).

Specifically, I would like to mention the model used in Minnesota because it is a well known country for its Duluth Model of treatment and it has special connection to Sweden's current treatment program for male batterers. Sweden's IDAP- Integrated

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<sup>2</sup> Refer to a theory of mind and its working, to as special form of psychotherapy, and to specific methodology

<sup>3</sup> Is a controversial type of plethysmograph that measures changes in blood flow in the penis in response to audio and or visual stimuli. It is typically used to determine the level of sexual arousal as the subject is exposed to sexually suggestive content, such as photos, movies or audio.

<sup>4</sup> Therapy intended to suppress an undesirable habit or behaviour (as smoking or overeating) by associating the habit or behaviour with a noxious or punishing stimulus (as an electrical shock).

Domestic Abuse Programme of the Prison and Probation Office was patterned from them since 2004. Recently, two psychologists from Institute for Psychological Therapies, Hallida Wakefield and Ralph Underwager (2006) conducted research on Minnesota's sex offender treatment. They found out that the type of treatment that is most likely to succeed is an individually tailored approach (Andrews 1996 cited Keeling et al 2006) that includes careful assessment and uses a broad mix of cognitive-behavioral techniques to support individual behavior change. They mentioned different modalities used such as psychotherapy, behavior therapy with many classical and operant conditioning techniques, hypnotism, psychoanalysis, traditional talking psychotherapy, chemical interventions, electroconvulsive therapy (ECT), psychosurgery and group therapy that were seen as the most appropriate form of treatment in the USA.

### 3.2.2 Therapist Characteristics

In England, the first formal treatment program for abusive men was opened in 1976 (Jennings 1987 cited Scott 2004). In the later part of 1980s, the professional community faced a great challenge to get support from government for funding for program implementations. Services to sex offenders that time were almost non-existent that many of the practitioners who run this program did these additional workloads outside their normal working hours. The program operates on the good will of motivated staff, without agency ownership, support, supervision, guidance and policy (Morison nd).

Marshall and associates (2003), respective psychologists from US, Canada and London examined the relationship between reliably identified therapist characteristics and treatment-induced changes in sexual offender treatment programmes in 7 different English prisons provided by HM Prison Service. Their team was able to identify 21 of the therapist characteristics (enumerated in Table 1) and examined the relationship between the presence of these therapist features and changes in various indices of treatment targets within sexual offender therapy.

Table 1

Therapist feature	Institutions						
	1	2	3	4	5	6	7
Empathy	3.5	4.0	3.0	2.0	2.5	5.0	3.5
Sincere/genuine	5.0	5.0	3.5	3.0	5.0	5.0	4.5
Warmth	3.5	3.0	3.0	2.0	2.5	5.0	4.0
Respectful	4.0	5.0	2.5	3.0	3.0	5.0	5.0
Rewarding	3.5	4.0	3.0	2.0	2.5	4.0	3.0
Confident	5.0	5.0	4.0	4.0	4.5	5.0	4.5
Directive	4.0	4.0	3.0	2.0	4.0	4.0	4.0
Appropriate self-disclosure	0.0	0.0	0.0	0.0	4.0	3.0	0.0
Appropriate time on issues	5.0	5.0	5.0	0.0	4.0	5.0	5.0
Appropriate humour	4.0	0.0	3.0	0.0	0.0	0.0	2.0
Appropriate body language	4.0	4.0	2.5	3.0	3.5	5.0	5.0
Appropriate amount of talking	4.0	4.0	3.5	2.0	3.0	5.0	4.0
Appropriate voice tone	3.5	4.0	2.5	2.0	2.5	5.0	4.0
Encourage participation	3.5	2.0	3.5	4.0	3.5	5.0	3.0

Encourage pro-social attitudes	2.5	3.0	1.5	2.0	3.5	4.0	2.0
Non-collusive	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Clear communication	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Ask open-ended questions	3.5	2.0	3.5	1.0	3.0	4.0	3.0
Deals effectively with problems	0.0	0.0	3.0	3.0	3.0	5.0	0.0
Non-confrontational	2.0	3.0	1.0	1.0	4.0	3.0	1.5
Confrontational	1.0	1.0	1.0	2.0	2.0	1.0	1.0
Mean scores	3.4	3.2	3.0	2.3	3.3	4.2	3.3

**Source: Marshall et al 2003**

In this study, the therapists' styles were rated for each feature on a 5-point Likert-type scale, where 1 indicated the features was not displayed by the therapist, 3 indicated it was somewhat or sometimes evident and 5 indicated that the feature was always or strongly evident. The results of their findings recommended for the therapist to pay attention to the influence of their behavior in treatment and attempt to adopt a more emphatic, warm and rewarding style. They observed the beneficial features of being directive, use of appropriate body language, appropriate use of speech, asking open-ended questions and encouraging participation.

### 3.2.3 Effectiveness of Treatment

A study conducted by John Howard Society of Alberta (2002) on sex offender treatment programs revealed that sex offenders are treatable and treatment programs do work. A meta-analysis (Hall 1995 cited John Howard Society of Alberta 2002) exemplified in this paper showed 19% of treated sex offenders and 27% of untreated sex offenders sexually recidivate.

Canadian Centre for Justice Statistics 1999 (John Howard Society of Alberta 2002) reported sexual offenses in Canada have lowered 117 per 100,000 from 135 per 100,000 incidents while in Sweden the prevalence is 31 per 100,000 people (Swedish Crime Barometer 2007).

John Howard Society of Alberta (2002) categorized the sex offenders into three categories and according to them, each needs different treatments. They are incest child molesters who victimized related children; rapist who victimized adult women; and non-incest child molesters who victimize unrelated children.

The Riksförbundet för Sexuell Upplysning (RFSU), a Swedish non-profit organization that works with and for the rights of lesbian, gay, bisexual and transgender people (LGBT) made classifications of male offenders. They defined rape as a crime in which sexuality and aggression interact, and they constructed a typology of rapist such as the "Anger rapist"; the "Power rapist"; and the "Sadistic rapist" (RFSU nd).

In Sweden, numerous studies have already conducted on that different categories of male sex offenders but because of the language barriers, and since I do not speak Swedish, the literature presented here are limited.

Långström (2001) expert's report on young sex offenders states that young sex offenders are not a uniform group but are individuals with different backgrounds and

personal characteristics. These young offenders who were examined in residential assessment and treatment centers have problems in the form of behaviour disorder, learning difficulties and alcohol or drug abuse and have limited capacity for social interaction.

Tidefors (2002) used Attachment theory, Erikson's Phase Theory and the Theory of Mind Concept in analyzing and interpreting the in-depth interview she conducted from the 20 men convicted of sexual abuse of 38 children. She found out that this group of twenty convicted child molesters, as a boy was exposed to emotional neglect and sometimes to sexual abuse. Also, these men often have a general lack of limits, non-order about what was permitted or prohibited and actions were not given a reasonable meaning; had difficulties seeing whom they were themselves, looked ordinary but were "torn" inside and their mental ability to profoundly understand others being injured or never developed.

Ingevaldson (2006) studied the characteristics and dynamics surrounding sibling incest cases in a group of Swedish adolescent sexual offenders to a group of non-sibling offenders. She studied the aspect of family dysfunction, the offenders' prior physical, psychological and sexual victimization, offending behavior and duration of the sexual abuse. The study showed that there is a lack of "normalcy" or family dysfunction in terms of parent's physical and/or emotional absence, punitive behaviours, parental rejection, lack of boundaries and supervision and marital conflict or other psychological family stressors such as parental substance abuse; punitive behaviours or physical victimization is frequent to sibling incest offender; and sexual act has been found that includes oral sex, genital exposure and vaginal penetration; the duration of the sibling incest abuse in general seemed to be shorter than father-daughter incest.

### **3.3 Comparative Reflection of the studies**

Reviewing of other author's previous work is important as this guided me to have a wider perspective of my chosen topic. Picking out interesting tidbits (Gilbert 1993:330) from previous researches enabled me to have an outline and see how the treatment emerges, what are the different treatment models in different countries and to see what are the scientific findings that could be considered as evidence-based practice.

Most of the previous studies mentioned showed the different facet of sexual offence issue. There's a variety of classifying and understanding the dynamic of the offence but the commonality of such like aggression, sexuality, dysfunctions in behaviour and thinking, traumatic experience prior to the offence are always present. Different treatment models has been developed and implemented but still the need for an appropriate intervention that will suit best to the need of the client were given emphasis.

The study conducted by Marshall and associates (2003) regarding certain therapist characteristics in relation to treatment models and affectivity to the offenders had significance in my own belief that treatment model or framework is not the main vital factor in having a successful working relationship.



This study substantiated my personal experience as a direct social worker and ‘protector’ of children being abused. In many circumstances, I have come across ‘men offender who is part of the family that I have dealt with’ have approached me and expressed their cooperation and willingness to join the process since according to them, they did not see me as a ‘threat’ or an ‘opponent’ because of the atmosphere that I was able to establish with them. Likewise, they saw the attitude I had in dealing with them that I was non-judgmental, accepting them as a person and recognizing that they are human beings, too, who need help and in a difficult situation. This claim has been reinforced, too, from the data I gathered from my respondents in the process of my research. It will be thoroughly discussed in the result and analysis chapter.

## **CHAPTER IV METHODOLOGICAL CHAPTER**

### **4.1 Why Qualitative Research**

I chose qualitative method in conducting my study because of its innate characteristics such as regarded as progressive and deals primarily on the essential character of something (Kvale 1996) in which correlates to the aim of my study, that is, to know the work methods in Sweden in dealing with male sex offenders and how these methods can be implemented in my own country. A qualitative interview has been used as well because it has a powerful method for capturing the experiences and live meanings of the subject's everyday world (Kvale 1996:70).

By using this method, I considered that I might not produce empirical findings because it was often claimed that qualitative research lacks objectivity because of its inherent interaction with the subject. However, according to Kvale (1996) qualitative interview cannot be objectively characterized as either an objective or a subjective method. The representation of numbers of the subjects is not an indicator of accuracy of the results rather researching a sample can yield more accurate results than using the complete population (Gilbert 1993:69), the quality of the interview should be emphasized rather than the quantity of the subject (Kvale 1996:103) and this convinced me to use this method.

### **4.2 Sampling**

How many interview subjects do I need according to Kvale (1996), is a common question in which he answered—interview as many subjects as necessary to find out what you need to know.

During my qualitative research class lecture, my teacher (Alberg 2007) mentioned that, five to ten interviews are common for a qualitative study on this level. Having this in mind and considering the time frame prescribed by the university in conducting the research as well as the availability and accessibility of possible respondents, I limited the number to the minimum required. A specific criterion has been set in choosing the possible respondents such as s/he must be a social worker or a psychologist who is involved in a treatment program for sex offenders. These five respondents complied with qualifications set and represented (Fraenkel & Wallen 1998:108) their colleagues who are employed in the program and are doing the same work in different offices.

Snowball sampling has been used to gain access to my respondents through personal recommendation of my initial contact. She is a member of the network on national program of sex offender treatment. Through her nomination (May 2001) I got to know other members of the networks and they became involved in my studies as respondents. My contact person who is employed at the Sex Offender Treatment Program recommended her colleagues to me. After I did an interview with my first respondent who happened to be the head of the program, she recommended other colleagues whom she thought fitted to the criterion I set.

According to Gilbert (1993) snowball sampling technique can only be used when the target sample is involved in some kind of network with others who share the characteristics and involves personal recommendation of a contact that vouches the legitimacy of the research (Gilbert 1993:74).

### **4.3 Questionnaire Construction**

In formulating the questions, I took considerable efforts to formulate and outline questions that are relevant, understandable and clearly formulated so that respondents would be willing to answer them. Considering the possible language barrier, I followed the important principle in developing questions that is, to use simple words and uncomplicated sentences (Gilbert 1993:105).

Before the final conduct of the interview, I made certain preparations like reading related materials and had initial exploratory work (May 2001) such as doing a pre-test of my questionnaire during my fieldwork. The pre-testing were done by following the same outline of the questions but were modified in some areas like the category of clients being work with and other few re-wording of questions. As a result, I have gained confidence that I formulated the relevant questions and used accurate words and clarified my own ambiguities about the topic.

### **4.4. Interviewing methods and process**

The process I underwent in conducting face to face interview was patterned from the three roles which Fowler (1988 cited May 2001:100) categorized, such as: first, to locate and secure the cooperation of the respondents by calling them and setting appointments for an interview according to their availability and convenient time. However, this method put me into a difficult situation because of my time pressure to meet the deadline; second, to motivate and guide the respondents through the questionnaire and interview guide by providing questionnaires in advance through e-mails so they will be well- prepared for the interview; and lastly, to ask questions in a clear, standard and concise way, to record the answers carefully taking notes and use of tape recorder has been done through the permission of my respondents. All of my interviews took place in the work office of my respondents and the average interview time was forty-five minutes to one hour. The choice of venue for the interviews gave more insights to me as I was able to observe the ambiance in their work place that I was able to relate it to the information provided.

However, because of my limited knowledge of the topic, I used semi-structured interview where questions are normally specified, but I was free to probe for more information that would give in-depth information about the topic. The respondents have much information to share with me but I kept my focus and consistently followed my interview guide even though sometimes during the process of interview some of the questions have been touched already.

My interviewing skills as a social worker has been used and I was able to enter into a dialogue (May 2001) with the respondent and that gave me opportunity to probe beyond and the respondent to expand their answers to the questions. To gain better

understanding, certain clarifications and suggestions of precise words to be used had been made along the process of interviews since me and the respondents are both not English native speakers.

#### **4.5 Participants**

A total of six people agreed to be interviewed after being formally invited and informed about the purpose of the study. Questionnaires were sent out through electronic mail one week to three weeks before interview schedules so that my respondents have enough time to prepare together with the informed consent form. The informed consent was discussed with them before the interview though signatures were not a compulsory.

Along the process of analysis of the results, one respondent was eliminated because she failed to comply with the criterion set since her work background and her affiliation was not with sex offender nor even with their family. This could not be regarded as bias selection of my respondents because I solely relied on the referral of possible respondents from my respondents, therefore I did not have the opportunity to scrutinize the most appropriate possible respondents even though orientation of criteria was given to them.

Following is the brief background of my six respondents:

First respondent: Legitimate psychologist, specialized in clinical psychology both in treatment and diagnostic work mainly on risk assessment with sexual offenders and has been in the forensic psychology; started to work at the correction service both in the prison and in the probation service since 1978.

Second respondent: Social Worker since 1978, Legitimate Psychologist, Psychodynamic & Individual Therapist for about nine years in the current work; used to work in a mental hospital before involvement in his current job.

Third respondent: A graduate of 'socioonom'(academic psychosocial work – 3 and half academic years in a university) and sexology; has nine years experience as direct practitioner in Kriminalvården, 6 years in prison and 3 years in Frivården and been in the ROS program for 2 years now.

Fourth respondent: Licensed Psychologist, has other academic studies like sexology, forensic psychology, neuropsychology; involved in the sex offender treatment program for five years, first in the adult correction service for four years and now deployed in the youth offender prison.

Fifth respondent: Social worker, psychotherapist and family therapist, has been in the psychiatric work for eight years but did not have much direct experience working with male or sex offenders but instead with the family involved in different cases; thus, she was eliminated as respondent due to the criterion set.

Sixth respondent: Legitimate psychologist and therapist, seven years involved in the ROS program since she was a university candidate; works both in the correction and probation service; does individual and group therapy

Out of six respondents whom I interviewed, only three matched with the criteria of having direct involvement with adult sex offenders; one is working with young sex offenders; one works with men who are doing violence against women with no criminal record yet and the other one is working with families and children with different kinds of problems. There are more psychologists who were recommended by my respondents who were possible to be interviewed but because of the time limitations, I set a limit and maximized the materials I already in my hand.

#### **4.6 Ethical Consideration**

An interview is a moral enterprise (Kvale 196:109): “An interview was designed to acquire knowledge of the human situation”. To have ‘human interaction’ it requires having approval from the respondents based on their own willingness and no imposition of pressure to them just to participate in this study.

Considering the sensitivity of my topic, I underwent the process of considering the moral and legal (Morris 2006:250) implications of my study. Personally, having my own assumptions about the topic, I underwent dilemma on my moral obligation to protect the integrity of my country especially if I am going to discuss the reality we have and to compare it with Sweden or other countries. It is a researcher’s responsibility not to create any harm to the subject in pursuit of attaining its aim of the study.

To my respondents since a face -to -face interview has been conducted, assurance of anonymity and confidentiality has been observed. Morris (2006) defined the two concepts as anonymity the protection of a person’s identity and confidentiality is the protection of that person’s information. Also, after the interviews, transcribed materials were handed back to them before I made my data analysis so as to ensure that the meaning I caught were similar to what they meant.

#### **4.7 Analysis**

How did I come up with my analysis? In my study, I started gathering information by reading related researches guided by the theories I had in mind. This process according to Gilbert (1993) is a deduction technique where I started with a theory and use it to explain particular observations. After conducting interviews, the answers I received has been categorized following the outline of my questionnaires and in order to thoroughly understand the information I gathered I came up to a point of using the induction technique using theories to cover my findings. Hence, I use both techniques.

#### **4.8. Validity, Reliability & Generalizability**

Validity according to ordinary language dictionaries refers to the truth and correctness of a statement (Kvale 1996: 235). In my study, the first hand information I presented

were based on my respondents' and my personal experiences as a social worker and citizen of Philippines. The first hand information that I gathered has been strengthened by my secondary data through review of related researches and the former empirical results coincided with my own findings. Thus, I will say that my study results are valid and credible.

Reliability pertains to the consistency of the research finding (Gilbert 1993, Kvale 1996). Since my study is qualitative and the tool I used was semi-structured interviews, the interaction with different respondents have not been consistent. However, to attain consistency on the findings, categorization of the respondents' answers has been made with full awareness on the subjectivity and objectivity issue.

Concerning generalizability, I am aware that my sample is so limited. Kvale (1996:102) states that if the number is too small, it is not possible to make statistical generalization. However, since the method of my research is qualitative, it is irrelevant to have too large of subject just to prove generalization. On the other hand, what I have established in my study is the typical and the common framework of the work methods in Sweden aside from the mandate provided by the government on the sex offence. It is my opinion that my findings can be generalized in Sweden and in Philippines too.

## **CHAPTER V**

### **THEORETICAL FRAMEWORK**

When theories are mentioned in the world of social work, many professionals are caught in the act of not being consciously guided or aware of theoretical framework in doing their responsibilities. Most social workers base their practice on personally constructed theory rather than scientifically constructed theory because they viewed social work as essentially a pragmatic profession that carries out practical task (Mullaly 1997:100). However, unaware or not, we use theory in our day to day life.

In this chapter, I will discuss the essential theories that will help us understand the topic I chose to explore because any study cannot produce empirical findings if it is not connected to any theory (Clegg 1990; Fox Keller 1990; Harvey 1990 cited Gilbert 1996). According to Gilbert, ([1996]; Turner 1996) theory provides predictions, can be used as an explanation and give some meanings to the sorts of observations, to make things that were hidden visible, and to define some patterns.

There are other theories in which this research can be dependent on but I will limit the discussion to the following perspectives as these are the common theories being mentioned in previous researches.

First, I will discuss the individualist-reformist theories were ‘welfare services have little focus on social change and the main aim is to meet individual needs’ (Payne 2005:9) and this are the theories that the framework of sex offenders were built in according to the previous researches and from my interviews conducted. I will discuss the concept of the succeeding theories in a manner of definition so that we can gain better understand on the concept of the work methods studied.

#### **5.1 Concept of Cognitive-behavioral theory**

Cognitive and behavioural theory is two related set of theories but now usually treated as one (Payne 2005). This theory states that the concept that behaviour comes from a process which goes on in our minds that affects our behaviour.

According to Encyclopedia of Social Work (1987), cognitive theory holds that “thinking shapes behaviour”. Most human emotions and behaviours, whether rational or irrational, functional or dysfunctional, are largely the results of what people think, imagine, or believe (p.288). It is the mind that determines the emotions and behaviours of one person.

The cognitive approach in social work practice is based upon the idea that a person’s thinking is the principal determinant of emotions and behavior. Lantz (1996) states that good treatment will include considerable effort directed towards helping the client identify, challenge and change thinking patterns that result in dysfunctional forms of emotion, behavior and problem-solving. What matters most are the self-talk, misconceptions and cognitive distortions that the client is using in the present to create dysfunctional emotions and behaviour, and the healthier ideas, beliefs and self-talk that could be used in the here and now to improve affect and behaviour (Ellis et al cited Lantz 1996:101)

## 5.2 Concept of Psychodynamic Theory

Psychodynamic theory as described by Payne (2005) is particularly individualistic because it little focuses on social change. Psychodynamic perspective assumes that behavior comes from the movements and interactions in people's mind and mind stimulates behavior. Both mind and behavior is influenced by the social environment (Payne 2005:73).

The main focus of the psychodynamic theory that I will discuss in the succeeding paragraph is the Psychoanalytic theory for which its complex idea became the source of different forms of practice in Psychology and Social Work from the history up to present (Payne 2005). Psychoanalytic Theory according to Yelloly (1980:4) is a theory of a mind and its working, to a special form of psychotherapy, and to specific methodology, all developed by and associated with the name of Freud. She postulates basic ideas in this theory as major components and these are the Unconscious; Psychic Determinism; Role of Sexuality and Mental Conflict. The most important ideas that are being used in Psychodynamic theory are the - Psychic Determinism "*the principle that actions or behavior arise from people's thought processes rather than just happening* (Payne 2005:74) *and in mental functioning, nothing happens by chance-everything a person feels, thinks, fantasizes, dreams and does has psychological motive* (Strean 1996:523) ; and Unconscious - "*the idea that some thinking and mental activity are hidden from our knowledge* (Yelloly 1980 & Payne 2005:74). Unconscious wishes, unconscious defenses, and unconscious superego mandates play a major role in sexual choices, sexual inhibitions or sexual abstinence (Strean 1996:530).

The implication of this theory to social work is that it helps the social worker recognize that the behavior of the individuals, groups and organizations are not only reactions to situational variables such as family, friends, and neighborhood, but are also shaped by unconscious wishes, unconscious fantasies, unconscious defenses and unconscious ethical imperatives and this well help the social workers have better understanding on their client's problem. It is also important to understand these concepts in case that the professionals who would perform this work is not a psychologist and they are generalist practitioner such as social worker then, they will have an easy way of grasping the concept. As person, we know that we are in-charge of our own thoughts and this lead to a certain feelings therefore proper guidance is needed. Structural point of view points out that there are many aspect of human mind that interact and are interdependent.

## 5.3 Concept of Attachment Theory

This theory is based on evidence on the ways in which early experiences of attachment to secure and responsive adults are an important foundation for later social competence (Payne 2005:81). Attachment with others is one of our basic needs and if this has been impaired along the process of growth, a person experienced adverse upbringing (Långström & Grann 2000), the tendency to develop a wrong way of seeking attachment to other people can be predicted based on many researches already conducted like (Långström & Grann 2000; Tidefors 2002; Ingevaldson 2006;) to mention few. The parents or significant adults in a family is normally expected to



provide such attachment and securing stable development in every stages of a person life for example the 'Erikson's Developmental Stage (Tidefors 2002)' and if the need of that certain stage is not fully meet, it will cause certain dysfunctions.

Giving emphasis to early childhood development, emotions and adult's capacity to form attachment and relationship will explore the five therapeutic task identified by Bowlby (Payne 2005:84-85).

- Providing a secure base to explore unhappy events
- Assisting clients in their exploration
- Recognizing how attachment behavior is being imported into the present relationship
- Helping clients to understand how past attachment experiences relate to present difficulties
- Helping clients to use their understanding of how present relationship patterns reflect past attachment experiences to reconstruct their ways of thinking about and behaving within relationship.

#### **5.4 Concept of Feminist Theory**

Feminist framework has been considered as ideological perspective that emphasizes that there are women oppression, women have disadvantages due to her sex, economic inferior, helpless and that the patriarchal foundation are the cause of these oppressions.

Feminist social work was described alternatively as a movement to rise consciousness and give women control their lives (Howe 1987 cited Orme 2002) and approach of empowering women. However, because of too much liberalism in advocating and trying to reach equality between sexes, the majority perceptions became too narrow that they define women as mainly providers and users of social services (Orme 2002:219), the focus of many existing social services are focused on them and this lead to oppression not only to women but also to men. If the society wanted to create a safe and abuse free environment for women and children, men should be considered as part of the person-in-environment and they should be help also in understanding themselves, have given opportunity to express their fears and struggles, help them understand their own psychological and emotional battle so that they will not resort to violence and aggression when facing difficult situation and had other way of communicating their dilemma.

In feminism, there are different perspectives on how to discuss gender issues. Some had liberal perspective, Marxist and socialist point of view and others are radical (Dominelli 2001). In this part, I will discuss more on the radical feminist as this described more on women suppression by men due to patriarchal belief. Radical feminism analyses women's oppression as caused by men's control over women over physical and sexual form and that societal power favor men in general (Dominelli 2002). In the issue of sexual, marital and domestic violence, most of the blame is put into men. Having this framework in mind, men's masculinity has been problematised. The feminist approach maintains that the patriarchal society, men's power over women, is causative of both rape and incest, they focused on power rather than sexuality (Ingevaldson 2006).

In this topic, sexual offences, there are many ways to understand the dynamics of the abuse, contributing factors to the crimes or a variety of explanations to why these things happened. My theories discuss first on the individual level that the person has have in one way or another cognitive and emotional dysfunction and this resulted to a specific behavior. The cognitive and emotional dysfunction could have resulted to prior experiences and socialization to person's environment. The person's environment could be stimulated by what other's belief or socially constructed milieu.

## CHAPTER VI RESULTS & ANALYSIS

In this chapter, I will summarize and analyze the results of the interviews I conducted using my interview guide.

### 6.1 The offenders they work with

The categories of the male abusers that my respondents are working with are from wide range of crimes such as rapist; child molesters; paedophiles; group rapist; pimp 'use the victim for their own purpose'; exhibitionist, sexual advances, molestations, and fondling. The clients cannot be categorized as the same since they are individually different. But in some aspects they can be generalized as having the common characteristics and background:

According to Respondent A and E not every child molesters is a paedophile. *Though Paedophiles are used much often for child molesters. Paedophiles can be diagnosed as Fixated Paedophile and Regress Paedophile.*

#### Fixated Paedophiles

Fixated Paedophile has never felt attraction towards a person of his age, the feelings of being powerless has been compensated into violence, cannot feel excitement with other person than children in a special age and they also say that they should be 4 to 6 years old or 10 to 12 years old and his thoughts are very occupied by these. Fixated paedophiles have severe problem to realize the damage done to a child, has a very good skills in connecting with children, immature person, lack of social skills, extremely lonely, identify more directly to the victim, have more deviant behaviour.

#### Regress Paedophiles

According to Respondents A and E, *Regress paedophile is harder to treat but not impossible to treat.*

Regress Paedophiles are described as males that have a normal life on the surface. They were characterized as having hard background and had repressive family, undergoing different emotional crises such as loneliness, depression, feelings of being incompetent and inability to build relationship with others.

Many of the underlying histories that were described by my respondents are follows: (1) The offender has a history of a problematic family where the mother was dominant and the father was weak who failed to offer a good example on how to become a man or a father. (2) On their present life, this person is undergoing crisis and that triggered their past experiences and since their emotional foundation was not properly established, they powerless state and there way of coping is the sexualized behaviour. This man has difficulties understanding their own behaviour, psychopathology and emotions. Course of relapse often happens regardless if they received treatment or not.

## Rapist

The Rapist has been described as having intimacy deficit, not being take care in a proper way, boundaries or boarders had been sexually explore when they are young (Van Bruggen et al 2006)<sup>5</sup>, been a victims of sexual abuse but not always. The possible child sexual abuse caused the person to experience conflicted and distressing emotions as we can connect this in the Attachment theory, and further this affected the person's thinking that on the later part of his life, he convicted sexual offense, this could be due to traumatic sexualization<sup>6</sup> (Finkelhor and Browne 1985 cited Van Bruggen et al 2006, Connolly 2004).

The rapist often feels that he does not manage his own life, cannot take position for himself, could not recognized hard feelings, denies difficulties and has enormous problems with aggressions, scared of conflicts.

Three of my respondents stated that:

*Sexual act has not so much to do with sexuality; it's a lack of power that shows in an attempt of power and control within the sexual crimes, sexual offence is always an aggressive act and viewed as tool... (Respondents A, B & F)*

*Group rapists are sometimes naïve and have a problem with reading the social codes and other people's behaviour, they often misjudged girls feelings and behaviour. (Respondents C, D, F)*

Defining and categorizing the male offenders is difficult to do since all of them are extremely different and unique individuals but the commonality of the descriptions such as the abuse has been an act of aggressions, intimacy has been mix with sexuality or "confuse sex with intimacy" (Connolly 2004), a way of seeking emotional assurance, had the feelings of unsecured and ambivalence, early stage of their development has been damaged due to premature sexualized childhood (Connolly 2004) parents with poor parenting skills, unsecured relationship with significant adults and this establish the connections of the attachment theory that early experiences with responsive adults are important foundations for later social competence and adjustment and the early childhood experiences greatly affects the ways of thinking and behaviour of the persons present life.

## **6.2 The Framework**

The theoretical framework that my respondents are commonly using are based on the cognitive, psychodynamic and attachment theory. My two respondents don't use the psychodynamic theory because of their agency affiliation but the rest are using the three theories. My five respondents commonly defined the concept of cognitive distortions as "*thoughts you cheat yourself with, you give yourself permission to do*

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<sup>5</sup> uncertainty about sexual norms, sexualizing interpersonal relationship and misconceptions about the role of sex in interpersonal relationship

<sup>6</sup> Refers to a process in which a child's sexuality, including both sexual feelings and sexual attitudes, is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse.

*things you want to do, but knows it as wrong or harmful*". Having this understanding, my respondents who are part of the Ros program followed structured models in dealing with individual and mixed group. Three of my respondents recognized the need for progressive use of new methods rather than sticking to the traditional psychotherapy that have been used. To reinforce this, Respondent C states

*You did not reach the core of the problems because the traditional psychotherapy is based more on the materials you get from the patients and that is why we imported this Ros program where it is more confrontational, you get more to the stuff or to the core of the problem considering the time limitation prescribed in the criminal system.*

Four of my respondents gave the National Sex Offender Treatment as their structured model of intervention. Although each or most of them have their own style in doing their work due to their different backgrounds and education:

*We can seat and do something completely different.. we are interacting with people and we are not like machine... but the concept we followed are the same.*  
(Respondent F)

### **6.3 Treatment Intervention**

The intervention in which three of my respondents (A, C &F) used in the group sessions are

- a. *Cognitive distortion* and the area they dealt with are justifying thoughts to disturbed behaviour, the more shameful the behaviour, the more cognitive distortion, putting the blame on the victim, craziness on the ways of reasoning
- b. *Relationship and Intimacy*, because the offenders experienced inadequate attachment style, they have the inability to relate with others, ineffective style of relating that they "*come close to people by using sexuality*".
- c. *Emotions related to sexual crimes* such as difficulties to deal with loneliness, depression, sadness, shame and guilt
- d. *Empathy and victim awareness* by letting the offenders know how the victims were affected, confronted with facts how victims were affected and the consequences
- e. *Self-management* (both discussed in group and individual sessions) inmates get their own risk assessment, analyze risk situation and finding strategies to avoid it

Parallel to the group sessions, according to my three respondents, individual session works hands in hands with the group therapy but the '*Sexual Deviancy and fantasy*' are dealt with only on the individual sessions because the topics were deviant sexual arousal and fantasy and its relation to sexual violence, and how to handle deviant sexual fantasy and arousal.

On the other hand, two of my respondents (B & D) could not perform group work to their clients because of the work condition inside their offices. One has to deal with the confidentiality issue since the focus of his work is on the prevention aspect. His clients are those who do not have verdict or case filed yet but were already on the

road of committing an abuse or already in a difficult situation and have decided to seek help because they wanted to “*stop the violence now*”. The other respondent said that her agency is not specialized to cater to sex offenders but because of her earlier work at prison with grown up sentenced sexually abusers, boys ages 16-21 years of age has been sometimes sent to her office. This set-up according to her is difficult as she stated,

*“The biggest problem for us here is that we can’t keep these boys separate. To be successful in treatment we must have separate treatment... need to feel safe and secure. Sexual offenders are seen as outcast of the other delinquents and need to be separate for their own safety”.* (Respondent D)

On this aspect, environment is an important element to consider. Having a good treatment model is not enough to work on with this sex offenders but requiring a conducive and supportive atmosphere is also necessary.

Considering this, I found Philippines prison setting as not conducive to the treatment since it don’t meet the international standards on prison condition in which Sweden does were criminal are segregated properly and the basic human needs were provided properly. In Philippines, the inmates are not segregated according to their offences but according to the degree of the penalty. Because of this set up, many inmates suffered different kind of abuse from other inmates much more the sex offenders who suffered sexual abused too inside the prison from other inmates were they became prey for sexual fun aside from the physical violence, being ridiculed, and other inmates took vengeance (Fisher & Beech 1999) against them.

#### **6.4 The Work Methods**

The two main methods that have been discussed along the process of my interviews are Individual and Group Work.

*The treatment always start with what we see is the biggest problem for this individuals.* (Respondent B & D)

In forming a group, my respondent says

*“We have difficulties in forming a group”* (Respondent A)

This is because of the difficulties in matching the risk factors of each individual. The matching is a critical stage for the therapist because they need to identify certain characteristics of the person that would work within the group. Looman and associates (2005) study justify this claim by the reason of when low-risk offenders are placed in groups with high-risk offenders, treatment effects can be diluted in that the high-risk offenders may actually make the low-risk offenders worse aside from what Respondent C said:

*When we put them into group together..... otherwise it’s a risk for them to be put down ....*

According to Långström and Grann (2000), ability of the therapist to correctly match the respondents is necessary to improve the treatment outcome. Although they don't have many numbers to choose to in choosing the offenders, still they need to match the personality of each to avoid domination inside the group. Nevertheless, my respondents commented that group therapy is really helpful to the client in terms of the offender can identify themselves to others; offenders can see the group as a 'free space' and they can be who they are; the group gave the offenders acceptance as a person, but not their action; and the offender realized that they are not alone in this problems, can recognized there self to others.

*when they heard other prison.... The group is very dynamic (Respondent A)*

Barker & Beech (1993 cited Fisher & Beech 1999) affirms that group work is seen as an effective means of delivering treatment for several reasons: By joining a group, the offender publicly acknowledge his need to change; it provides acceptable values and normal social interactions has been reinforced; provides a supportive environment and allow offenders to challenge others distorted patterns and behaviour.

My respondents cannot say which methods really help or more effective in dealing with the offenders. Both the individual and group activities help and at this point, there is no empirical support (Wakefield & Underwager, 2006) that would say that groups are more effective in confronting attempted deception or manipulation.

To start the treatment process according to all of my respondents is always difficult since some of the offenders would not be cooperative because they are blaming the therapist for there being in jail, or simply putting the blame to others especially to their victims. According to numerous research conducted (Abel, Becker & Cunningham-Rathner, 1984; Garland & Dougher, 1991; KearColwell & Pollack, 1997; Langevin & Lang, 1985; Salter, 1988 cited Looman et al 2005), sex offenders are viewed as typically being unmotivated for treatment and uninterested to change their deviant behaviour.

## **6.5 Time Element**

The time element that I am going to discuss here are both for the treatment program and provision of penalties to offenders because both time frame affects the treatment interventions.

In the ROS treatment program, the offenders are required to have three hours two times a week group work sessions parallel with one hour individual therapy within four to five months.

Other than the therapy, the offenders had other productive activity inside and outside prison depending on their status or sentence.

*Here the clients have other activities like they attend class, go to gym and other stuff. (Respondent D)*

Part of Kriminalvården's treatment plan is to provide regular work, structured activities like education, vocational training and in some cases needs to maintain a form of employment (minimum half time). While in Philippines, if the inmates are still in jail, they don't have productive activity but when they are transferred to the National Penitentiary, then that is the time that they got involvement to productive activities like non-formal education and income-generating program and other life skills training.

*It's very important to give hope... (Respondents B, D & F)*

Also the time component can be used by the therapist to motivate the clients to be cooperative and responsive to the treatment programme as been illustrated by one of my respondent.

*I have a lot of offenders that keeps calling me after and telling me about their life and majority of them get their life back together ... so when I say this, they kind of look up a little bit and say, Really? It is possible to have life after this? It's possible to survive a sexual crimes and conviction? (Respondent F)*

However, the time component could also stand as disadvantage and weakness to the treatment programme in Sweden. For example

*If sometimes somebody refused to undergo treatment during his prison sentence or he maybe going out into treatment and I think he still have some issues to work with, I cant, I don't have the power to stop his sentence or release, the release date is stable. (Respondent F)*

This is one part of the scary area of the Swedish provision on penalty because according to Långström and Grann (2000), the strongest predictors of sexual re-offending could be the failure to complete the treatment. However, at present the assessment and recommendation of the therapist has no bearing to the sentence and release of the offenders. This aspect may contribute to the higher risk of failure of the treatment program because there is no assurance that the clients being released are ready for the reintegration after serving the sentence.

However, in the probation office, the structure is different. If the offender is sentenced to undergo contract treatment in the probation office, for example an exhibitionist and the later did not cooperate and report in the treatment program, then the therapist can make a report to the contact person and the Head Office can make suggestion for a change of punishment and the later will go to the prison and serve the sentence there instead.

For my other two respondents (B & D), their time structures are different. Respondent (B) client's can have individual sessions with him for one hour in one setting and since they came to his office voluntarily, follow-up meeting is not mandatory though he encourages them and if the client is willing to complete the therapy he offered, then they can continue the sessions. For respondent D, her time frame is also flexible, from 20 minutes to one hour per session and assignment task is given to clients every after a therapy.



## 6.6 Threats to progress

### Denial

*75% of the sexual offenders in our prison are denying the crime, thinking and expressing that he is innocent and wrongly convicted (Respondents C, D & F)*

Denial from the client is a common difficulties experienced by all of my respondents. Looman (2005) quoting from many studies states that to deny, minimize, rationalize or justify actions is a natural behaviour for sex offenders. Furthermore, from the study conducted by Barbaree and associates (1993 cited Långström 2001) they suggested that sex offenders occasionally elaborate or distort their background history with the aim of playing down their own responsibility.

*The admission of the offence does matter in the treatment even though denial is not a risk for re-offending. (Respondent A)*

But the confessions improve the possibilities of treatment (Långström 2001) because they already overcome internal obstacle because if they did not overcome this and continue lying to themselves especially, the feelings of loneliness and self disrespect will continue to rise.

It was common information given by my respondents (A, C, & F) that majority of the offenders displayed refusal to be part of the treatment program in the beginning. However, after persistence, motivations and trust established between offender and therapist the paradox of *“this people don’t want to talk but really wanted to talk”* (Respondent C) was defeated. When the offenders overcome the barrier with in him self, he realized the importance of treatment and became much willing to talk and very appreciative about the treatment.

### Resources

The common problem that has been expressed by my respondents is lack of resources, money and the attitude of co-workers.

*Today we have the situation in my prison wherein we have more clients that are willing to enter treatment than we have resources to meet them...because the institutions cannot take care of every offender that are being sentenced .(Respondents D & F)*

The aim of the therapy is to provide consistent therapeutic environment where the offenders felt secured, climate that is supportive to the program and guard that is not suppressive and authoritative. Tirney and McCabe (2002 cited Looman et al 2005) states that personal, interpersonal and environmental are variables that are related to motivation for sexual offender treatment.

Coming from a developing country, it was surprising to know that this people are facing these problems despite of huge funding allocated in the Prison and Probation service annually in the amount of 5.6 billion Swedish SEK or 0.8 billion US dollar (Kriminalvården 2007). Compared to the Philippines, given consideration to the cost

of living in each country, the Bureau of Jail Management and Penology has a budget of 40.85 million dollar but still basic needs of inmates were not properly provided that they need to depends on to their families for food because of the insufficient subsistence allowance allocated (Bureau of Democracy, Human Rights and Labor, 2005), taking a look on that, it will not be a surprising facts when there will be more scarcity of resources if this treatment programme will be implemented. Also, the current trend inside the Philippine prison is not conducive to any treatment because of the bribery and corruption among the inmates and guards (Bureau of Democracy, Human Rights and Labor, 2005).

### Recidivism

No empirical research has been conducted to date on the numbers of recidivism rates in Sweden and there is yet no evidence that clinical treatment reduces rates of sex re-offences (Furby et al 1989 cited Looman et al 2005). In the same way, my respondents shared that this is one of the difficulties they encountered..

*Because I had been working for so long, I had also had clients who had relapse, re-offending and that was the worse thing and that has made me very sad and depress (Respondent A).*

*But I have to deal with the emotions (sadness) that I was part of his treatment.... (Respondent F)*

Despite of the intervention and skills being taught to the sex offenders, still re-offending happens. The offenders were taught to predict circumstances or thoughts that may lead them to offending and the ability to recognized and interrupt them but despite of acquisition of this skills, still there are inmates that they failed and end up re-offending. Although it is beyond the control of the therapist to prevent their clients to re-offend however it brings variety of emotions to the therapist when that occurs. But the advantage of the existing system and when the therapist established good professional relationship with the offenders, they themselves can come back to them after re-offending and sought their assistance for a continued therapy again.

This reinforces the claim that the therapist certain characteristic and appropriate role modelling by treatment staff (Looman et al 2005) clearly contributes to the success of the program. Also, the importance of team work among the staff working with the sex offenders was given emphasis.

*The theoretical framework is not the strongest tool to make good results (but) the relationship is the most important thing, the ability to create relationship (Respondent F)*

The behaviour of the therapist in the treatment programme matters much in establishing relationship, acceptance, non-judgmental attitude, and the ability to create a safe and secured environment. Williams (2004) reinforce this claim on his study that the offenders trust towards various professionals may also partly relate to personality characteristics of staff members.

## 6.4 The pains on birth of treatment

*If I will think back, the heaviest for me was (when) I was struggling with the people around, the authorities, the doctors that don't trust the psychologist, the people in the head office that don't understand what the treatment is..(Respondent A)*

Men needs therapeutic interventions (Leonard and MacLeod 1980 cited Dominelli 2002) in order to change their oppressive behaviours towards women and children. This challenge is not only for Philippines but to Sweden too even though some policies and progressive law concerning men has been achieved and resulted a mandate for every sex offender to underwent treatment and the increase of psychologist population working in the prison, still, it is undeniable fact that the total Swedish population is not yet open to the liberating<sup>7</sup> perspective of feminism. On the structural level for instance the laws recognized the need for the treatment and offers opportunity to this men but the mentality of the individuals who are supposed to implement and support the provision is not yet ready and willing to change their mind set about sexual offence. The patriarchal concept is a hidden reality in many other countries despite of there claim on equality because many of the general populations cannot get over yet with the mentality of victim-blaming attitudes (Fisher and Beech 1999). This claim has been reinforced by the problems stated by my respondent:

*One thing that makes this work harder is when you meet incompetence with in other professionals. For instance, when an incompetent 'leader' (my own word) ruled an institution that affects us or when the justice system (judge and lawyer) makes the offenders denial stronger and 'uses that against the victims' (my own word) ... (Respondent F)*

Taking consideration on this, doing this job in Philippines will take a long road to change the structural perspective in terms of laws concerning sex offenders, patriarchal beliefs, and the concept on the dynamics of the abuser and in handling the said problem in the personal and professional level. The myth about rape or any form of sexual abuse is still evident as I prove that to my self along the process of conducting this study and by having discussion with my colleagues back in the Philippines that even we professionals have own biases in understanding men offenders.

The radical feminism beliefs on women's oppression as caused by men's control over physical and sexual form contributed to the occurrence of sexual abuse in this study. It has been reinforced by Connolly (2004) study that Paedophiles possess patriarchal attitudes towards children. This is because they felt they are superior to them and sometimes this is the common reason in Philippines in incest cases; they tend to idealize relationships and maintain dysfunctional ideas about children's sexuality and capacity for informed decision- making.

Also, my study found out that rape is not an issue of sex and lust but the need for power. Offenders desired power, not to control others but to control themselves and circumstances.

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<sup>7</sup> Liberal feminism value system is independence, equal opportunities and individualism (Dominelli 2002).

My respondents viewed that sex offenders cannot be different from the general population because they came from all educational, occupational and economic backgrounds though there is no statistical facts on this. This information I gathered has been compared to the common notion we have in Philippines that only poor, alcoholic and person with many vices, and has low socio-economic status commit such offense. This notion can be contributed to the reality that many of the convicted offenders in Philippines are from low economic status due to political and social inequalities and the justice system only works for those who can afford to pay lawyers.

In the intervention aspect, the therapist can construct a highly individualized and flexible treatment approach according to the framework in which they are more comfortable to use. They can interchange the topic in any given time depending on the 'mood' of the group but that whole subject will be tackle in the duration of the treatment. Thus, the treatment must be responsive to the risk and needs of the individuals (Andrews 1996 cited Keeling et al 2006).

It's a good point that Sweden segregated sex offenders to the rest of the criminals not only to prevent them to be abused by other criminals but to give them therapeutic environment that would support the aim of unlearning power relations of dominance (Dominelli 2002) . In Philippines, it is quite ambitious to say that we should have the same set up also because we are not yet in the stage of overcoming the traditional meaning of prison. However, if we want these men to change their behaviour and change the manner how they control women, then we need to consider of giving less violent treatment (Orme 2002:223) to them and stop the chain of power relations.

In social work, one of the principles is to start where the client is in which is also being observed by the therapist- their first contact with the client is on the individual basis.

Denial is a common reaction of many people who caught doing mistake. Therefore, having denial is a normal interaction between worker and client and in this aspect, the skills of the worker to handle this issue is being challenged. In the psychoanalytic theory, it says that the worker must note how the mind and body are transacting and become aware of what drives, what defences and what ethical imperatives are opposing and working together (Strean 1996:525). This is additional attitudes and skills that a worker should have to become effective therapist.

Considering the provision of the law prescribed on the penalty of sexual offense in Sweden, it is beneficial for the offender to have an assurance and hope that they have life after the sentence therefore therapy is beneficial and necessary to equip this person gain skills in order to be integrated properly in the normal society. In Philippines, the provision of the penalty is a disadvantage component for the treatment programme. The long awaiting and serving the sentence inside the prison deprived the offender to have a new life and take advantage to his/her prime time of productive years. For example the latest controversial rape case in Philippines, the case of a 21 years old US Marine who raped a Filipina and got the sentenced of 40 years in imprisonment last December 2006. It's hard to think what will be the life of the offender after the release if most of his life has been spent in a prison. With this penalty, it would be difficult to motivate the offender to participate in the treatment

program as they may think what is the use of cooperating with the treatment plan when after the therapy there is no life awaiting for them and sometimes worse that when they admitted the crime along the process it can be used as an evidence for them to have a death penalty.

To change societal perception about men requires a long way and many advocacy works such as media awareness (Fisher & Beech 1999) in order to have change and liberation about the long time structural perception about men. This is not an easy step to take for instance, as already narrated by my respondent A.

## **CHAPTER VII SUMMARY & CONCLUSIONS**

Going back to the aim of my study such as knowing the work methods in Sweden in dealing with male sex offender, and in which way they are successful, the limitations and problems in which it was thoroughly discussed in Chapter VI. The succeeding paragraphs would answer my other aims of knowing if the treatment program is to be implemented in Philippines.

In summary, the patriarchal concept is an existing belief that affects many people regardless of their culture and economic status. In the Philippines, the patriarchal concept influence the formulation of laws and policies and services offered to the public. The current prison condition is not conducive to any treatment and rehabilitation for any criminal and the need to improve the current system is very evident. No specific or structured treatment model is being used in doing the treatment. However, interventions on the spiritual dimension on the life of the offender compliments what we saw was lacking in the system. The family and churches compliments to what is lacking to our government services.

In Sweden, the laws and provisions on sex offences is clear and they have a well structured program to give rehabilitation to the offenders. The government allocated huge amount of money to this program and yet the professional still expressed problems on this matter. In this country, the term equality has been claimed but the true attitude of individuals that compose the society has not been liberated yet in dealing with sex offenders.

The Swedish sex offender treatment program called ROS applies to all categories of sex abusers. The framework that has been commonly used is based on the cognitive (e.g. Keeling et al 2006; Looman et al 2005; Fisher & Beech 1999), psycho-dynamic and attachment theory though each therapist has his/her own individual approach in doing their job because of their different backgrounds and education. Also, treatment cannot be generic as this must be responsive to the risk and needs of the individuals (Andres 1996 cited Keeling et al 2006).

Treatment effectiveness relies on the relationship built by the offenders and the therapists. The relationship established between the two is the best tool in making the treatment work. Recidivism is an unavoidable circumstance and the intensity of the penalty also affects the success of the treatment.

The time element of the Swedish treatment-ROS requires two times a week, 3 hours each group work sessions for four to five months parallel with individual therapy. Thus, it is my opinion that the time frame of treatment prescribed in the mandatory provision in Sweden is to short because it can be considered as a short term of intervention considering the potential harm of sexual re-offences. The current time frame and the intensity of the therapy could not be enough for the offenders to learn all the skills and become totally empowered considering that the length of treatment is important in therapeutic change (Keeling et al 2006). This could be the reason why the Californian Sex offender Program is designed for 2 years and requires 40 to 50 hours per week client's participation (Looman et al 2005).

The Swedish sex offender treatment comply on to the *Practice Standards and Guide* set by the international organization overseeing the provision of sexual offender treatment services - the Association for the Treatment of Sexual Abuse (ATSA), by using the cognitive-behavioural technique in which according to ATSA is the 'contemporary treatment programs' (Looman et al 2005). It is by this fact that can be concluded that Swedish treatment model was founded from empirically based knowledge and formulated from evidenced-based practices started from their traditional methods used and improved by using the new modalities imported from other country.

Problems like offender's denials, lack of resources, and patriarchal perception of society are the challenges that the therapist is facing.

In UK and other countries sexual offender is undertaken by 3 main government agencies: the probation service, the health and social service (Beech & Fisher 1999) so as in Sweden where this three main government agencies are coordinating each other.

In Philippines however, the main task is given to the correction and probation office or the Bureau of Jail of Management and Penology. The social service has no specific mandate to work with the offenders and this could be because they want to preserve the victim's interest and the resources itself are limited. Even the victims need to wait a long queue before they receive proper treatment and that, not all victims can avail proper treatment/intervention. The people's mentality should also be changed on the perception on the function of 'health office' in dealing with this problem because we still have the traditional thinking that 'psychological services' are only for insane and dysfunctional persons. The clinical intervention for a 'normal person' is not that yet popular and this could be also attributed to the scarcity of trained and legitimate psychologist and or therapist.

What often happens is that beliefs surrounding circumstances, situations, and characteristics of individuals connected to rape are applied to all cases and situations uncritically.

In Philippines, unless the society acknowledge the degree of these problems and have change of perception and attitudes towards men who rape or commit violence against women, the sex offender cannot get actual attention and they will continuously be on the marginal side.

The laws in Sweden concerning sex offences have positive and negative attributes. The positive side overruled the negative because the bottom line is it gives second chance and hope to offenders. In Philippines, amendments of the legislations are also necessary but before coming to that point, the needs for advocacy and changes on the societal perception not only to sex offence but to the patriarchal tradition that both put the men and women into a structured context.

Resources are also an important component to make plans and implementation of any activities. Sweden is well known as a rich country and yet the professionals do express this as a problem. Philippines is a developing country and there are other concerns that need to be prioritize such as the basic needs for survival for example.

But giving recognition to this problem and considering the threat of sex offence to women, children and society, it is good to have preventive measures by treating these men to stop violence than concentrating on the treatment and rehabilitation of their victims.

The work methods I learned from Sweden such as the ROS Treatment Programme using the cognitive-behavioural, psychodynamic and attachment concepts are possible to be implemented by Filipino individual professionals who have liberal perspective about men. The concept that has been imported from Canada by Sweden is possible to be implemented in Philippines since our academic structure has been patterned or borrowed from Western or other countries and the academic world in a way, equip its graduate for an international competence. Our country's biggest income are from the remittances of many Filipinos who are working abroad.

Changing structural perception takes a long way. However, with perseverance, advocacy works and networking with others who have the same belief about sex offenders and unique needs of men, this will result to changes in legislations, policies, agencies framework and the society's perceptions in general. A small effort that would hit this phenomenon would bring chain of changes.

The spiritual component of the interventions which can be considered as one of the strengths in Philippines experience can be seen as the lacking component in the Swedish treatment model. This component can be something worth to include in the existing Swedish framework since I do believe that every one in one way or another has some 'supernatural being' that they felt accountable to. It could be their conscience, loved ones, dreams, aspirations and maybe God – in which to many Filipinos have powered their resiliency.

Considering the reality in life, it is too ambitious for me to mention the succeeding paragraphs that I **believe** would help and improve the current services offered to sex offenders:

1. There should be a review and revision of the existing Philippine legislations on rape and other sexual offence concerning the degree of penalty and the provisions of serving the sentence. The treatment component should be included and given emphasises in the provisions.
2. The Philippine government should give priority to the situations of inmates inside prisons and they should allocate enough budgets for the improvements of facilities and implementations of the correction program.
3. The Philippine correction service should hire staff that has educational orientation in social work, psychology or any related professions in order to create a therapeutic environment rather than a punitive one.
4. Continuous education and capability training be provided to staff who are already in the system about dynamics of sex offenders, understanding the cycle of abuse, how to create a therapeutic environment and any other topics that would equip them to become a better worker, has have compassions and understandings to these offenders. It could also in this way that bribery and corruptions inside prison will be eliminated.



5. Corresponding to this research, it would be interesting to conduct situational analysis of sex offenders in Philippines and to have a pilot testing on how sex offender treatment would work with in Philippines.

6. Replicating this kind of program, community and probation service in Philippines wherein the offender has continuous integration in the community with certain description of cases to be consider of course; will benefit not only the offender by maintaining his job or having a normal life and not being stigmatized but to the government itself. This will lessen the population of the prison- that means less budget and the management can make prioritization and focus to those who are in need of close supervision. In this way, the environment inside the prison and the quality of service will improve and many lives of men have had been spared to end up nothing after serving their verdict.

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## Appendix B: Informative Letter to Respondents



GÖTEBORGS UNIVERSITET  
Institutionen för socialt arbete  
GÖTEBORG UNIVERSITY Department of Social Work

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Greetings!

I'm Cathy Giga-Gorme, registered social worker from Philippines and currently enrolled in the International Master Program of Gothenburg University Social Work Department. As part of the requirements of the course, we are expected to conduct a research on any topic of our interest. Because of my work background, working with children in need of special protection (please see [www.kanlungansaerma.org](http://www.kanlungansaerma.org) for more information about our work) I developed a deep interest to work with male offenders in which I can say part of the clientele group that are being neglected in Philippines.

To be equipped with knowledge on how to work with male offenders, I decided to make a research on the different work methods in dealing with male offenders by reading and reviewing related researches from other countries and by conducting semi-structured interviews to professionals doing the work specifically here in Sweden. An interview guide has been prepared and attached to this letter for your information. My plan is to conduct the interviews during week 14 & 15 according to the date and time that best suits your availability. I'm not equipped with the Swedish language therefore the interview will be in English. It will take one hour or less to answer the questions. The proceedings of the interview will be transcribed and in order for me not to miss any relevant information, I will use a tape recorder.

The purpose of this interview is not mainly for the completion of my degree report but for me to develop a model of interventions that can be useful and be implemented in the Philippines. All the information and knowledge that I will get from you will be used in my dissertation and future work in Philippines. I cannot pay your time and expertise and this is not an obligatory interview but your possible input is really valuable and priceless for me and to our neglected clients back home.

I would greatly appreciate if you will consider my request and allow me to interview you. Please contact me or my supervisor in the following addresses so we could set an appointment:

JARI KUOSMANEN  
[Jari.kousmanen@socwork.gu.se](mailto:Jari.kousmanen@socwork.gu.se)  
Tel. No.: 031-773 1619

Cathy Giga-Gorme  
[cathygiga@hotmail.com](mailto:cathygiga@hotmail.com)  
Tel. No.: 073-3815513

Thank you so much and more power!

Yours truly,

Noted by:

**Cathy Giga-Gorme**  
March 26, 2007

**Jari Kuosmanen**  
Supervisor

## Appendix C: Interview Guide

### Interview Guide:

Name: \_\_\_\_\_

Educational background: \_\_\_\_\_

No. of years in the profession: \_\_\_\_\_

1. What are the categories of male sex abusers you work with?
2. What treatment interventions do you use in working with sex abuser?
3. Describe the characteristics of these male abusers.
4. What are the difficulties you encounter in dealing with cases of sexual abuse?
5. What do you do or how do you deal with those referred sex abuser clients who refuse to undergo treatment?
6. Along the process of treatment, what are the underlying problems of these sex abusers?
7. What theoretical framework do you use in doing your work?
8. What is the ideal time frame for a treatment program?
9. Are there other professionals involved in working with these clients? What professions and to what extent?
10. Do you think the programs and services you offered to the clients were helpful? In what way?
11. How many male offenders undergo treatment in your program monthly or yearly?
12. Among the cases you work with, what do you think is the percentage that has been successful?
13. What do you think are the factors that caused these cases to become successful?
14. Does your agency provide aftercare program or follow up for these clients after they finished treatment?
15. How many treatment centers do you have in Sweden? What is your difference from them?

## Informed Consent

The following is a presentation of how we will use the data collected in the interview.

The research project is a part of our education in the International Masters program in Social Work at the University of Gothenburg, Sweden. In order to insure that our project meets the ethical requirements for good research we promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether he or she will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for us to document what is said during the interview and also helps us in the continuing work with the project. In our *analysis*, some data may be changed so that no interviewee will be recognized. After finishing the project the data will be destroyed. The data we collect will only be used in this project.

You have the right to decline answering any questions, or terminate the interview without giving an explanation.

You are welcome to contact me or my supervisor in case you have any questions (e-mail addresses below).

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Supervisor's Name:

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Respondent's signature:

\_\_\_\_\_  
Date:



