

Preliminary study for launching the competence centre for clinical sexology (KSKK)

Summary of the study

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From July 2013 till February 2014 MTÜ Eesti Abikeskused conducted on behalf of the Estonian Ministry of Justice and Ministry of Social Affairs a study analysing the organisation of continuous, effective and efficient treatment of different sexual offenders and people with deviant sexual behaviour. The study was launched by and carried out in co-operation with the mentioned ministries. The objective of the study was to put forward the operating principles of competence centre for clinical sexology. The study consisted of analysing Estonian court decisions, treatment practices, and conducting interviews with experts in the field and with politicians as well as comparing the situation in other countries. Also financial analysis was conducted to estimate the costs of launching and operating the competence centre. The study was carried out with support from the Estonian Government Office *tarkade otsuste fond*, financed by European Social Fund.

The study was targeted at analysing the organisation of efficient, continuous and effective treatment of sexual offenders and people with deviant sexual behaviour (the legal framework and the description of treatment has been described in relevant legal acts and treatment guideline) through establishing the operational model of the competence centre. On an impact level, establishing the competence centre helps to decrease the occurrence of sexual offences in Estonia, recidivism of sexual offenders as well as to prevent sexual offences.

In Estonia the treatment and rehabilitation of sexual offenders and complex handling of people with deviant sexual behaviour is in an early stage. The treatment and rehabilitation possibilities of sexual offenders and people with deviant sexual behaviour are not sufficient; respective human resource is scanty and fragmented between different organisations. Access to different services is for the sexual offenders and people with deviant sexual behaviour limited. In order to solve the situation, it is reasonable to establish the relevant competence centre.

The study gives a historic overview of handling sexual offenders in Estonia. Today the approach has evolved to a solution where, under certain circumstances, it is possible to provide complex treatment to the sexual offenders as means of punishment. The

description of treatment has been prescribed in relevant treatment guideline. Thus the overall framework for establishing the competence centre has been created.

Establishing the competence centre is in accordance with the overall developments in Estonian criminal policy and corresponds to the principles of Estonian legal system and practice. Different studies (including the current) have reached a conclusion that access to psychiatric aid (including psychiatric aid targeted at people with deviant sexual behaviour) in Estonia is inadequate and uneven, with lack of qualified experts. International studies have shown that the most efficient ways of handling sexual offenders are primarily cognitive behavioural therapy programmes and medical treatment combined with psychiatric interventions.

The study came to the conclusion that establishing the competence centre would considerably improve the possibilities for treatment and rehabilitation of sexual offenders and people with deviant sexual behaviour, by enabling access to the service for also such persons who currently cannot receive complex treatment as prescribed by law. The most important additional target group are the self-applicants, for whom an early intervention hinders the escalation of sexually deviant behaviour and prevents related offences. The study also recommends widening the possibilities of complex treatment also to those sexual offenders who currently do not receive it. It means that such persons should receive complex treatment in prison, in parallel to serving their sentence.

Having analysed the organisation of treatment and rehabilitation of sexual offenders and people with deviant sexual behaviour in selected countries (United Kingdom, Sweden, Netherlands, Finland), the study came to the conclusion that the most reasonable solution for Estonia is to develop a system similar to those in Sweden. This means establishing a competence centre that covers all related fields, starting from compulsory sexual addiction and other non-criminalised sexual deviances to the treatment of persons who are at the risk of committing sexual offences (including self-applicants) or who have already committed sexual offences. Specialists from different fields (specialist doctors, psychologists, psychotherapists, social workers, nurses etc) will work at the competence centre, which guarantees interdisciplinary co-operation and synergy. The

competence centre also carries out different development activities – analysis of treatment, testing and introducing new treatment methods, constant monitoring of international best practices and treatment methods. The study also came to a conclusion that establishing the competence centre may increase interest in the field and decrease the scarcity of psychiatrists.

The best possible solution would be to establish the competence centre at some already existing health care service provider, where relevant capability (treatment, rehabilitation, counselling, other services etc.) and interest in handling people with deviant sexual behaviour is present.

The main policy advice derived from the study is as follows:

1. To start launching and developing of the competence centre to ensure that the centre is financed from state budget.
2. To launch a helpline aimed at people with deviant sexual behaviour by integrating it with some already successfully operating helpline.
3. To create the legal framework for providing complex treatment also for sexual offenders who have been sentenced for more than two years and who are currently in prison.
4. To develop a common information field for all parties involved and to launch regular round-table discussions between politicians, public servants and experts.
5. To carry out regular studies and analysis in the field (for example, recidivism of sexual offenders and its relation to the use of treatment possibilities, access to treatment for people with deviant sexual behaviour etc).
6. To analyse the expansion of the activities of the competence centre – for example issues related to the sexual counselling of people with special needs and their relatives, development of integrated re-socialising programmes for people with deviant sexual behaviour etc.