

The Treatment Needs of Sexual Offenders in Prisons*

Boro Merdović¹  and Jelena Marinković² 

Sexual crimes have a disturbing effect on society, because in addition to their seriousness, they often leave lasting physical, psychological and emotional consequences on the victims. They also cause strong social condemnation because they directly attack basic human values, such as human freedom, dignity and security. In addition to the numerous consequences felt by the victim itself, sexual offenses also cause anxiety, fear and insecurity among the public, under whose pressure strict punishment of sex offenders is demanded. In addition to the punishment itself, little attention is paid to the treatment and needs of criminals in the institutions where they serve the sanction. The goal of this paper is to point out certain solutions and treatment programs that have given positive results in penitentiary institutions around the world, as well as the need for specialization of treatment that is lacking in our penal institutions. Through a review of the existing domestic and foreign scientific literature, using quantitative and qualitative content analysis, comparative analysis and comparative and historical methods, we would like to point out the research results that in this area have influenced the reduction of recidivism in sexual offenses. The results of the research point to the need for specialization in the treatment of sex offenders in penal institutions, which would primarily reduce the rate of recidivism, but also improve resocialization after leaving the institution.

KEYWORDS: sex offenders / treatment / prison / pedophilia / resocialization

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¹ Ministry of Internal Affairs of the Republic of Serbia, Belgrade Police Directorate, Republic of Serbia; <https://orcid.org/0000-0002-6619-5934>

² University Business Academy, Faculty of Law for Commerce and Judiciary, Republic of Serbia; <https://orcid.org/0009-0003-6822-6196>

Correspondence: Boro Merdović. Email: boro.merdovic@gmail.com

Introductory Considerations

Research on sexual offenses is mainly focused on the population of convicted individuals who have already exhibited this behavior, which significantly complicates the identification of risk factors in potential or unidentified offenders. The limited data available make predicting sexual offenses and generalizing research results a challenging task. Sexual offenses are all behaviors that violate an individual's sexual freedom. The consequences of sexual abuse are not only immediate but long-term and leave deep traumas on the victim that last throughout their life and are manifested through health, emotional, social, psychological and other problems related to the victim's daily communication (Merdović, 2020, p.70). The consequences are not only felt by the victim, but they are also evident in the offender (personality, development, socialization) as well as in the wider social environment (public disturbance, economic consequences of the treatment).

Among sex offenders, special attention is paid to the study of pedophilia as a special crime whose victims are children. The consequences of pedophilia on children are devastating for their personality, growth, development and social inclusion. Among the most frequently identified predictors of pedophile disorder, sexual deviance, which is reflected in inappropriate sexual tendencies, and antisocial personality orientation, characterized by a lack of empathy, impulsivity and a tendency to violate social norms, stand out. In certain cases, sexual offenses are seen as a maladaptive way of coping with stress, often fueled by poor self-control. These factors not only contribute to the development of criminal behavior, but are often associated with cognitive disorders, which are comorbid with pedophilia and further complicate its clinical profile (Hanson & Morton-Bourgon, 2005). Pedophiles experience sexual desires and fantasies involving minors. This sexual interest in minors (attention, arousal, sexual behavior, and romantic desire) is stable over time, persistent, and difficult to modify (Campo-Arias & Herazo, 2018; Seto, 2017). These preferences can occur exclusively (towards only minors) or non-exclusively (towards both minors and adults), with exclusivity being more associated with recidivism (McPhail et al., 2018). In addition to pedophilia and classic crimes (rape, illicit sexual acts), one of the paraphilias that should also be taken into consideration is zoophilia. Zoophilia is a serious disorder characterized by a kind of psychopathic behavior that leads to criminalized treatment of animals and has legal implications in many jurisdictions, due to animal abuse and crimes against nature (Bjelajac et al., 2023, p.161). It is often associated with other sexual crimes and requires the attention of theorists and practitioners.

Sexual delinquency is the subject of research in many different scientific disciplines, mostly psychology, psychiatry and criminology (Moen, 2015) and requires a multidisciplinary approach in diagnosis, treatment and prevention. The central implication, when we talk about sexual delinquency and the prevention of sexual offenses, should not be based solely on the mere satisfaction of justice, the

reduction of public anger and disgust, but on the minimization of harm, both to the victim and to the perpetrator. We deal with the latter very little in domestic criminal legislation, and even less in terms of serving the long-term prison sentences to which sex offenders are sentenced.

A particularly sensitive category in prison conditions are pedophiles. With the exception of group therapy treatments, there is almost no individualization in treatment. As in most other European countries, special group treatment programs are one of the main means of achieving social reintegration of prisoners in Serbian prisons. In some countries, there are specialized programs for sex offenders, whether the victims are adults or children and minors. Most programs are aimed at assessing the risk of recidivism and preventing reoffending. Researchers and theorists strive to create different risk assessment instruments.

Recidivism Risk Assessment

Although risk assessment tools have undergone significant development over recent years to capture the needs (Andrews & Bonta, 2010) and factors influencing risk management (Costanzo & Krauss, 2010), researchers are still striving to find additional measures that would make it possible to more precisely predict recidivism in general, and in particular the re-commission of sexual offenses (Duwe & Freske, 2012). Most scales and instruments are aimed at assessing the risk of recidivism for all types of criminal behavior. In institutions for the enforcement of criminal sanctions in Serbia, the Regulation on the Treatment, Program of Action, Classification, and Reclassification of Convicted Persons (Official Gazette of the Republic of Serbia, 2015) is applied, regulating the treatment and programs of action for convicts. The treatment program is determined depending on the risk assessment, capacity and needs of the convicted person. The risk assessment is carried out on the basis of the questionnaire for those sentenced to imprisonment for up to three years and the questionnaire for those sentenced to prison for more than three years (Art. 8). As we can see, there are no specialized programs or special programs aimed at certain groups of criminals or individually adapted to the personality of prisoners. Recently, instruments have appeared in foreign literature that are aimed specifically at sex offenders. One such is the Violence Risk Scale: Sexual Offenders – VRS:SO (Baldwin, 2015). Also, one of the instruments is the Level of Service Inventory – Revised (LSI-R) which is used to assess the characteristics of offenders relevant for making decisions about the levels of supervision and treatment. LSI-R has been acknowledged as a feasible assessment for sex offenders and it may significantly improve the ability to predict general and violent (including sexual) recidivism (Ragusa-Salerno et al., 2013). A few more risk assessment instruments that can be found in the literature are the Rapid Risk Assessment for Sexual Offenders [RRASOR] (Hanson & Thornton, 2003), the Sex Offender Need

Assessment Rating [SONAR] (Hanson & Harris, 2000), the Level of Service Inventory – Revised [LSI-R] (Andrews & Bonta, 2003), the Violence Risk Appraisal Guide [VRAG] (Quinsey et al., 1998), and the Minnesota Sex Offender Screening Tool – 3 [MnSOST-3] (Duwe & Freske, 2012). Each of them has its shortcomings as well, and there is no general agreement on the application of a specific instrument that would help assess sex offenders in prison and predict their further behavior. There is widespread agreement that most risk assessment instruments mentioned above, as well as the treatments developed based on them, effectively reduce recidivism.

Characteristics of Sex Offenders

Understanding the characteristics of sex offenders is crucial both for comprehending this deeply concerning behavioral disorder and for effectively implementing policies targeting high-risk individuals. According to some studies, the prevalence of sex offenders ranges from 1–2%, while the recidivism rate after five years is in the range of 10–15% (Harris et al., 2003). The two most significant factors influencing the re-offending of sexual offenses are deviant sexual interests and antisocial orientation. Both factors subsume individual and social factors (Roberts et al., 2002). Deviant sexual interests refer to persistent attraction to sexual acts that are illegal (pedophilia, rape) or highly unusual (paraphilia). Although all sexual offenses are socially unacceptable, perpetrators of these offenses do not necessarily have permanent preferences for such behavior (Hudson & Ward, 1997). Antisocial orientation refers to antisocial personality, antisocial traits (impulsivity, substance abuse, unemployment), and a history of criminal behavior (Gottfredson & Hirschi, 1990).

In order to be able to implement adequate treatments for sex offenders, we must determine, recognize and state some of their basic characteristics that will help in creating adequate therapeutic techniques and creating the most effective treatments. The majority of research on sexual offenders has focused on pedophilia, regarded as the most common form of sexual offense with the most severe consequences, given that the victims are children. Research in this area is complicated by the causes of the disorder itself, because although there is evidence that pedophilia has its roots in families, it is still not clear whether it stems from genetics or a model of learned behavior. According to the results of research on pedophile sex offenders, one of the dominant and obvious risk factors are sexual fantasies about minors (Rossegger et al., 2021), which is why treatment should focus on eliminating these urges. One of the characteristics of pedophiles is low self-esteem, which is most often cited as a risk factor for committing sexual offenses again (Echeburúa & Guerricaechevarría, 2021). The cause of low self-esteem is most often a feeling of shame due to preference towards children and minors or as a direct consequence of a crime committed (Woodyatt & Wenzel,

2013). As a consequence of low self-esteem, pedophiles often have suicidal ideas (Silva et al., 2017), but also feelings of misunderstanding, hopelessness and alienation. Another noticeable characteristic of sex offenders is to deny or minimize their own responsibility by shifting the blame onto the victim. Due to problems with social skills and the inability to establish adequate social interaction with adults, pedophiles feel more comfortable in the company of minors and children and seek intensive contact with them (Herrero & Negredo, 2016). The genesis of sexual abuse is often cited as one of the dominant factors influencing the manifestation of sexual offenses (Seto & Lalumiere, 2010). Sexual trauma in childhood, although it does not inevitably lead to sexual offenses (Herrero et al., 2021), can be a significant risk factor for sexual abuse of minors in adulthood. Often cited bio-psychological factors that influence the manifestation of sexual offenses are psychiatric comorbid conditions such as mood disorders (60–80%), anxiety disorders (50–60%), addiction disorders (50–60%), personality disorders (70–80%), but also other disorders of sexual orientation (50–70%) (Fagan et al., 2002; Raymond et al., 1999).

Through the example we will cite (Riberas-Gutiérrez et al., 2024) one can see a very complex case of a sex offender who prefers children, which contains most of the characteristics we have listed above. It is about a 51-year-old man who is serving a prison sentence for pedophilia. During the conversation with the therapist and the conducted risk assessment, he demonstrated a low score on the self-esteem scale, expressed suicidal thoughts, described the abuse of minors as an "act of love", and downplayed the harm caused to the victim as "little". He describes himself as lonely and grumpy, he does not want to have friends, in prison he has poor communication with other prisoners, while before prison he socialized with people who have similar preferences towards children. His pedophilic interest was high, as well as the possible risk of relapse, he preferred boys, he showed concern and ignorance about his sexual preferences, but he still expressed a desire to live in a country where his behavior is normal and acceptable. He stated that at the age of seven he experienced sexual abuse and that at the age of 21 he had the only sexual experience with a woman. He provides details of his zoophilic experiences, explaining them in a manner similar to his experiences with children. He had four crimes that he explains as an act of love, and he shifts the responsibility for what happened to the victim.

Types of Treatment and Need for Individualization

The treatment of offenders in prison settings varies, with different approaches depending on the country in which they are implemented. In international practice, the dominant treatment approach is psychotherapy and cognitive-behavioral treatment. However, by combining different methods of therapy, pharmacological medications are also included (Bjelajac et al., 2020). Today, there is a large

number of treatment programs for sex offenders that are aimed at behavior modification, harm reduction, risk assessment, medical intervention, reducing the risk of recidivism and for the implementation of which the consent of the convicted person is necessary (Jovanić & Žunić-Pavlović, 2017). It should also be noted that due to the degrading impact on victims, causing social anxiety and indignation due to crimes that violate the most private and intimate aspects of human relationships, sex offenders have long been exposed to measures that primarily relied on physical punishment. One of such measures are extreme pharmacological interventions, such as chemical castration, which was often used as a means of suppressing the sexual drive, with the aim of preventing further transgressions. In the United States, surgical and chemical castration is permitted for certain sexual offenses in only certain states, and those states differ significantly in financial obligations, the method of castration, and whether castration is discreet, mandatory, or voluntary (Scott & Holmberg, 2003).

However, in most countries, the treatments that are implemented in prison conditions are group treatments with special sensitivity to the needs of prisoners and their intellectual, psychological and physical capacities. Such treatments are certainly beneficial, given that they are based on risk assessments and examination of the genesis of criminal behavior. Their goal is behavior correction, prevention of recidivism, rehabilitation and resocialization. Which treatments produce the best results is an ongoing debate in scientific circles. The discussion is complicated by many factors that can influence the empirical findings of evaluations, for example, different types of crimes, groups of offenders, comorbidities, treatment content, quality of implementation, evaluation design, outcome criteria, legislation and institutional context (Lösel et al., 2020). Some programs targeting pedophilia are designed to encourage individuals with sexual preferences for children to seek help by reporting to counseling centers for the necessary support. Other programs are aimed at the post-penal period after serving the sentence and leaving the penal institution in order to prevent recidivism (Bjelajac et al., 2020).

The wider prison environment plays a key role in the success or failure of therapeutic interventions, particularly for sex offenders. This population often suffers multiple stigmas, which place them in lower positions in the prison hierarchy. Therefore, they are often exposed to daily hostility, anxiety and social isolation, which further complicates their inclusion in treatments and reduces the effectiveness of interventions (Schwabe, 2005). Environmental support, tailored strategies and a safe therapeutic environment are essential to achieve lasting change and rehabilitation.

Therapeutic work in correctional institutions should focus on addressing the specific factors directly related to the nature of sex offenders' criminal behavior. The key is to identify and treat the risks that contribute to their behavior, in order to reduce the possibility of repeat crimes. In prisoners with pedophilic tendencies,

sexual fantasies often become a central focus and require intensive attention during therapy. This challenge highlights the need to rethink the practice of group treatment, which combines sex offenders with other prisoners. Social stigma and possible judgments from other group members can make it difficult to honestly express and work on key issues (Jahnke & Hoyer, 2013). Specialized therapeutic groups or individual treatments intended for people with these tendencies could provide a safer environment for the therapeutic process. However, one should carefully consider the possibility that group dynamics within such specialized groups do not contribute to the mutual confirmation of inappropriate preferences, which could increase the risk of sexual aggression (Riberas-Gutiérrez et al., 2024).

An example of one of the treatments applied in Spanish prisons that is specialized for sex offenders is the *Sexual Assault Control Program* (PCAS). This program aims to control behavior related to the committed crime, develop empathy for victims, prevent reoffending, correct cognitive distortions, and regulate sexual drive (Rivera et al., 2005). Analyzes conducted to assess the effects of the program indicated a significant reduction in the rate of recidivism among its participants (Martínez Catena, 2016). The program is notable for its holistic approach, integrating cognitive-behavioral techniques with targeted interventions designed to alter risky behavior patterns.

The low self-esteem of sex offenders, which we talked about, requires targeted treatment measures (searching for the origin of low self-esteem, reexamining biased thoughts in relation to negative self-evaluations) (Knack et al., 2019) which will also contribute to reducing feelings of loneliness and empathy. Therefore, it seems necessary to include a part of psychoeducation about sexual offenses in the therapeutic intervention, which is a fundamental point of international therapies such as *The Berlin Dissexuality Therapy Program* (BEDIT) (Beier, 2021).

In our literature, the treatment of pedophiles as sex offenders is most often discussed. To more effectively combat pedophilia, a special legal act, part of the Law on Special Measures for the Prevention of Criminal Offenses Against Sexual Freedom of Minors, known as "Marija's Law", was adopted (Official Gazette of RS, 2013). This Law foresees special measures against perpetrators of sexual crimes whose victims are children and child pornography. The law provides for the mandatory maintenance of a register of pedophiles, and also provides for special measures to be taken against convicted criminals. Without going into the core of the law in this paper, it should be noted that the law itself does not prescribe therapeutic measures, but only obligations that must be fulfilled. According to the data of the Ministry of Justice, the Administration for the Execution of Criminal Sanctions from 2020, there is no precise record of treatment measures, gender, age and number of relapses. The lack of such data and their unavailability make it difficult to carry out valid and useful research, and therefore the creation of quality treatment for offenders (Bjelajac et al., 2020). In prisons in Serbia, various programs are implemented for individuals addicted to psychoactive substances or

those convicted of violent crimes, yet none of these institutions have a standardized, specialized program for the treatment of sex offenders. (Radojković & Petković, 2017).

Conclusion

The paper emphasizes the importance and results of the application of individualized treatments for sex offenders at the global level. The analysis of risk assessment tools indicates that by examining personal characteristics, the causes of criminal behavior, experiences of early sexual victimization, and social conditions of life and upbringing, future criminal behavior can be predicted. These assessments facilitate the development of targeted programs for the prevention, resocialization, and rehabilitation of sex offenders, particularly within the prison population. Moreover, such programs can make a significant contribution to the broader prevention of sexual offenses, especially pedophilia.

The presentation of the case of a convicted sex offender indicates all aspects that need to be taken into account when designing individual treatments. The results of research conducted around the world confirm that the individualization of treatment within the prison system contributes to reducing the rate of recidivism. Although group therapy programs, especially cognitive-behavioral ones, have a positive effect on resocialization, it is considered that they are not effective enough for this specific population. Precise application of risk assessment instruments would allow therapists to develop customized programs that fit the individual needs of each offender. Although the challenges are great, such as the large prison population and the lack of professional staff in educational and correctional services, additional efforts are needed to make individualization a central part of therapeutic programs.

Solving this complex problem requires a multidisciplinary approach, which involves engaging experts of various profiles and relying on the results of scientific research that have proven their effectiveness in the treatment of sex offenders. The key responsibility of the state and society is to provide the necessary resources and continuous support for the creation and implementation of treatment, with the primary goals of reducing recidivism and successful resocialization of this population.

References

- Andrews, D. A., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16(1), 39. <https://doi.org/10.1037/a0018362>
- Baldwin, E. (2015). Sex offender risk assessment. In E. Holder, V. Karol, & L. DeBaca (Eds.), *Offender Management Assessment and Planning Initiative* (pp. 111–123). U.S. Department of Justice, Office of Justice Programs.
- Beier, K. M. (2021). *Pedophilia, hebephilia and sexual offending against children: The Berlin dissexuality therapy (BEDIT)*. Springer. https://doi.org/10.1007/978-3-030-61262-7_5
- Bjelajac, Ž., Merdović, B., & Filipović, A. M. (2023). Internet in the function of promotion of bestiality: Profiling zoophiles. *International Journal of Cognitive Research in Science, Engineering and Education (IJCRSEE)*, 11(1), 153–164. <https://doi.org/10.23947/2334-8496-2023-11-1-153-164>
- Bjelajac, Ž., Merdović, B., & Banović, B. (2020). Paedophilia: Prevalence, situation, and perspectives of treatment. *NBP. Nauka, bezbednosti, policija*, 25(3), 17–29. <https://doi.org/10.5937/nabepo25-28362>
- Campo-Arias, A., & Herazo, E. (2018). Innovations, reviews, and proposals on the DSM-5: The case of sexual dysfunctions, gender dysphoria, and paraphilic disorders. *Revista Colombiana de Psiquiatría (English ed.)*, 47(1), 56–64. <https://doi.org/10.1016/j.rcp.2016.08.008>
- Costanzo, M., & Krauss, D. (2010). *Forensic and legal psychology*. Macmillan.
- Duwe, G., & Freske, P. J. (2012). Using logistic regression modeling to predict sexual recidivism: The Minnesota Sex Offender Screening Tool-3 (MnSOST-3). *Sexual Abuse: Journal of Research and Treatment*, 24(4), 350–377. <https://doi.org/10.1177/1079063211429470>
- Echeburúa, E., & Guerricaechevarría, C. (2021). *Abuso sexual en la infancia. Nuevas perspectivas clínicas y forenses* [Sexual abuse in childhood. New clinical and forensic perspectives]. Ariel.
- Fagan, P. J., Wise, T. N., Schmidt Jr, C. W., & Berlin, F. S. (2002). Pedophilia. *JAMA*, 288(19), 2458–2465. <https://doi.org/10.1001/jama.288.19.2458>
- Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford University Press.
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73(6), 1154–1163. <https://doi.org/10.1037/0022-006X.73.6.1154>
- Hanson, R. K., & Harris, A. J. R. (2000). *The Sex Offender Need Assessment Rating (SONAR): A method for measuring change in risk levels*. Solicitor General Canada.
- Hanson, R. K., & Thornton, D. (2003). *Notes on the development of Static-2002: 2003-01*. Public Works and Government Services Canada.
- Harris, G. T., Rice, M. E., Quinsey, V. L., Lalumière, M. L., Boer, D., & Lang, C. (2003). A multisite comparison of actuarial risk instruments for sex offenders. *Psychological Assessment*, 15(3), 413–425. <https://doi.org/10.1037/1040-3590.15.3.413>
- Herrero, Ó., & Negredo, L. (2016). Evaluación del interés sexual hacia menores [Assessment of sexual interest towards minors]. *Anuario de Psicología Jurídica*, 26(1), 30–40. <https://doi.org/10.1016/j.apj.2016.04.007>

- Herrero, Ó., Pérez, M., & Negredo, L. (2021). Experiencias abusivas en la infancia de delinquentes sexuales con víctimas menores de edad: Implicaciones para la intervención [Childhood abusive experiences of sex offenders with underage victims: Implications for intervention]. Retrieved from <https://repositorio.comillas.edu/xmlui/handle/11531/54057>
- Hudson, S. M., & Ward, T. (1997). Rape: Psychopathology and theory. In D. R. Laws & W. T. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 332–355). The Guilford Press. <https://psycnet.apa.org/record/1997-36414-017>
- Jahnke, S., & Hoyer, J. (2013). Stigmatization of people with pedophilia: A blind spot in stigma research. *International Journal of Sexual Health*, 25(3), 169–184. <https://doi.org/10.1080/19317611.2013.795921>
- Jovanić, G., & Žunić-Pavlović, V. (2017). Tretman seksualnih delinkvenata u zatvoru [Treatment of sex offenders in prison]. In *Zbornik rezimea – Međunarodna stručno-naučna konferencija „Dani defektologa Srbije”*, Novi Sad, 09–12. februar 2017 (p. 74). Društvo defektologa Srbije. https://hdl.handle.net/21.15107/rcub_rfasper_2782
- Knack, N., Winder, B., Murphy, L., & Fedoroff, J. P. (2019). Primary and secondary prevention of child sexual abuse. *International Review of Psychiatry*, 31(2), 181–194. <https://doi.org/10.1080/09540261.2018.1541872>
- Lösel, F., Link, E., Schmucker, M., Bender, D., Breuer, M., Carl, L., ... & Lauchs, L. (2020). On the effectiveness of sexual offender treatment in prisons: A comparison of two different evaluation designs in routine practice. *Sexual Abuse*, 32(4), 452–475. <https://doi.org/10.1177/1079063219871576>
- Martínez Catena, A. (2016). *Cambio terapéutico y eficacia del tratamiento psicológico de los agresores sexuales [Therapeutic change and efficacy of psychological treatment of sex offenders]* [Doctoral thesis, Universitat de Barcelona]. <http://hdl.handle.net/10803/399174>
- McPhail, I. V., Olver, M. E., Brouillette-Alarie, S., & Looman, J. (2018). Taxometric analysis of the latent structure of pedophilic interest. *Archives of Sexual Behavior*, 47(8), 2223–2240. <https://doi.org/10.1007/s10508-018-1225-4>
- Merdović, B. (2020). Prevention of child sexual abuse: Parental and social involvement. *Kultura polisa*, 17(1), 69–90. Retrieved from <https://kpolisa.com/index.php/kp/article/view/257>
- Moen, O. M. (2015). The ethics of pedophilia. *Etikk i Praksis - Nordic Journal of Applied Ethics*, 9(1), 111–124. <https://doi.org/10.5324/eip.v9i1.1718>
- Pravilnik o tretmanu, programu postupanja, razvrstavanju i naknadnom razvrstavanju osuđenih lica [Regulations on the treatment, treatment program, classification, and subsequent classification of convicted persons]. (2010). *Službeni glasnik Republike Srbije*, 72/2010. http://demo.paragraf.rs/demo/combined/Old/t/2010_10/t10_0125.htm
- Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent offenders: Appraising and managing risk*. American Psychological Association.
- Radojković, Z., & Petković, N. (2017). Potrebe i mogućnosti tretmana učinilaca krivičnih dela protiv polnih sloboda [Needs and possibilities of sexual offenders treatment]. *Beogradska defektološka škola*, 23(2), 71–90.
- Ragusa-Salerno, L. M., Ostermann, M., & Thomas, S. S. (2013). Does the LSI-R have utility for sex offenders? *Criminal Justice and Behavior*, 40(9), 952–969. <https://doi.org/10.1177/0093854813481667>

- Raymond, N. C., Coleman, E., Ohlerking, F., Christenson, G. A., & Miner, M. (1999). Psychiatric comorbidity in pedophilic sex offenders. *American Journal of Psychiatry*, 156(5), 786–788. <https://doi.org/10.1176/ajp.156.5.786>
- Riberas-Gutiérrez, M., Ursúa, M. P., & Bueno-Guerra, N. (2024). Intervention needs in prison with pedophile inmates. *Papeles del Psicólogo*, 45(1), 11–18. <https://doi.org/10.23923/pap.psicol.3027>
- Rivera, G., Romero, M. C., Labrador, M. A., & Serrano, J. (2005). *El control de la agresión sexual: Programa de intervención en el medio penitenciario: un programa de tratamiento para delincuentes sexuales en prisión: Manual del terapeuta* [The control of sexual aggression: Intervention program in the penitentiary environment: A treatment program for sex offenders in prison: Therapist's manual]. Secretaría General de Instituciones Penitenciarias, Ministerio del Interior [General Secretariat of Penitentiary Institutions, Ministry of the Interior].
- Roberts, C. F., Doren, D. M., & Thornton, D. (2002). Dimensions associated with assessments of sex offender recidivism risk. *Criminal Justice and Behavior*, 29(5), 569–589. <https://doi.org/10.1177/009385402236733>
- Rossegger, A., Bartels, R. M., Endrass, J., Borchard, B., & Singh, J. P. (2021). High risk sexual fantasies and sexual offending: An overview of fundamentals and interventions. *Sexual Offending: Theory, Research, and Prevention*, 16, 1–16. <https://doi.org/10.5964/sotrap.5291>
- Schwaebe, C. (2005). Learning to pass: Sex offenders' strategies for establishing a viable identity in the prison general population. *International Journal of Offender Therapy and Comparative Criminology*, 49(6), 614–625. <https://doi.org/10.1177/0306624X05275829>
- Scott, C. L., & Holmberg, T. (2003). Castration of sex offenders: Prisoners' rights versus public safety. *Journal of the American Academy of Psychiatry and the Law Online*, 31(4), 502–509.
- Seto, M. C. (2017). The puzzle of male chronophilias. *Archives of Sexual Behavior*, 46(1), 3–22. <https://doi.org/10.1007/s10508-016-0799-y>
- Seto, M. C., & Lalumière, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin*, 136(4), 526–575. <https://doi.org/10.1037/a0019700>
- Silva, D., Vicente, B., Arévalo, E., Dapelo, R., & Soto, C. (2017). Intento de suicidio y factores de riesgo en una muestra de adolescentes escolarizados de Chile [Suicide attempt and risk factors in a sample of adolescents in school in Chile]. *Revista de Psicopatología y Psicología Clínica*, 22(1), 33–42. <https://revistas.uned.es/index.php/RPPC/article/view/16170>
- Woodyatt, L., & Wenzel, M. (2013). Self-forgiveness and restoration of an offender following an interpersonal transgression. *Journal of Social and Clinical Psychology*, 32(2), 225–259. <http://pascal-francis.inist.fr/vibad/index.php?action=getRecordDetail&idt=27058575>
- Zakon o posebnim merama za sprečavanje vršenja krivičnih dela protiv polne slobode prema maloletnim licima [Law on special measures for the prevention of criminal offenses against sexual freedom against minors]. (2013). *Službeni glasnik Republike Srbije*, 32/2013. http://demo.paragraf.rs/demo/combined/Old/t/t2013_04/t04_0165.htm

