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MEDICAL THERAPIES AS A PREVENTIVE MEASURE UNDERTAKEN TOWARDS VICTIMS AND OFFENDERS OF SEXUAL CRIMES. EXPERIENCES OF THE SLOVAK AND CZECH REPUBLICS

Summary
The paper highlights the issue of sexual crime in the Slovak and Czech Republic. Also selected activities related to prophylactic and therapeutic initiatives undertaken in the above–mentioned countries towards victims and offenders of sexual crimes are discussed. The text was created on the basis of the Slovak and Czech subject literature. The following material can be of interest for those who professionally and scientifically deal with crime, for students of faculties of criminology, law, psychology, internal security as well as to any other readers to whom the issue of public security in European Union countries is particularly close.

Key words: *the Slovak Republic, the Czech Republic, sexual crime, criminal prevention, sexual deviations*

Introduction

Every day mass media inform public opinion about disclosure of different sexual acts which are prohibited by law. A decisive majority of citizens is strongly appalled by the information concerning serious crimes such as child sexual abuse, rape or incest. Details about such incidents force a normally thinking human being to have a reflection upon the tragic character of the situation in which the victim is always physically

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and mentally harmed for life and the offender who once again strives to meet his uncontrolled sexual strive (because this type of crime is predominantly committed by men) frequently hurts women, minors or children (very frequently his own).

The issue of sexual crime is perceived by the authors of the paper as a widespread and complex matter. With reference to this, the aim of the paper is to discuss only selected aspects correlated with the above–mentioned area, prophylactic and therapeutic initiatives undertaken on the territory of Slovakia and the Czech Republic towards victims and child sex offenders. The following text which was created on the basis of Czech and Slovak literature, is directed to those who scientifically and professionally deal with the issue of crime, students of faculties of criminology, law, psychology, internal security, Bohemian studies as well as to other readers for whom the issues of public security in the countries of the European Union are important.

1. The concept of criminal prevention in the context of sexual crime. Outline of the issue

In order to introduce the discussed matter in the further part of the contestation, the concept of criminal prevention and sexual abuse must be defined. The term of criminal prevention is perceived through the prism of current regulations in Slovakia and the Czech Republic, from the perspective of the Slovak and Czech experts who tackle the matter as well as from the perspective of those who are directly impacted by the problem i.e. the society. The considerations refer to scientifically justified, aware, purposeful, planned and coordinated institutional impact that aims at effective prevention, limitation or elimination of reasons and factors that accompany sex–related crime. Prophylactic activities provide for initiatives that lead to supporting factors and conditions (e.g. environmental) about anti–crime–inducing provenance.[1]

There are two aspects of criminal prevention. The first refers to the focus on three fundamental objects of impact, i.e. on the offenders of crimes, on conditions and situations in which the crime occurred and on victims of the crime. Classification of criminal prevention in terms of

[1] J. Bubelíny, *Prevencia kriminality (základy kriminálnej prevencie a preventológie s aplikáciami na činnosť verejnej správy a polície)*, Bratislava 2001, Ministry of Interior Affairs, pp. 8-9.

preventive measures concerns social prophylaxis, situation prevention and preventing victimization.

Social prophylaxis refers most of all to the prevention against all social pathologies including crime. It is an immanent component of social prophylaxis and its key role is changing unfavorable environmental conditions into conditions that will allow citizens to develop in economic, social, educational and cultural areas, conditions in which they will be able to use their free time creatively, develop spiritually, raise their quality of life and the feeling of well–being. Prophylaxis is also about socialization, rehabilitation and integration processes of an individual in the human collective.

Situation prevention is concentrated on crime, protection of public order, health, life and property of natural and legal persons including doctrinal solutions in the area of security and with the implementation of available, technical and physical measures of protection.

Preventing victimization is based on prophylactic initiatives that aim to eliminate or significantly diminish factors of risk determining the occurrence of the situation in which the person becomes the victim of a crime.

The latter aspect of criminal prevention is the fact that with respect to the addressees of the activities relating to social prophylaxis, situation prevention and preventing victimization, primary, secondary and tertiary prevention can be initiated.

Primary prevention has an impact on society collectively and the units of prophylactic effect (citizens) do not have to have any contact with crime. The essence of this form of impact consists of raising the social awareness in terms of current regulations and rules of law.

The significant part of primary prevention is also a permanent impact of the nearest surrounding (parents, legal guardians, teachers, members of family) on the personality of a child in such a way so as to create a high level of self–awareness, make him/her aware of his/her rights and develop skills and defensive mechanisms that would help the child to defend (within a defined scope) his or her own security.

In the reality of the Slovak and Czech Republic, the primary prevention refers to the protection against sexual abuse with respect to children under 15 years of age. Initiatives undertaken within the above–mentioned prophylaxis are realized in several areas:

- child rearing and education which provide foundation for prevention measures aiming at protecting against sexual crime. Prophylaxis

against sexual crime is a component of upbringing and educating children and youth from a pedagogical point of view. At the same time, it is an inseparable part of sexual education realized within didactic process of such subjects as: biology, social studies or natural science;

- knowledge of parents, future pedagogues and teachers about indicators and threats correlated with sexual crime;
- education of public and local administration officers, volunteers and members of associations (among others officials, workers of welfare and health services) with respect to threats and forms of sexual crimes (including knowledge of victims and offenders of this category of crime);
- dissemination of awareness of the essence and seriousness of threats related to sexual crimes by media. The role of modern media in shaping public opinion and educating about risks deriving from sexual crimes and duty of respecting children's rights is invaluable. This form of activity perceived as media education plays a primary role in a modern society.[2]

Secondary prevention is oriented towards the so–called risk groups or persons who potentially could become offenders or victims of sexual crime and also to crime–inducing determinants, conditions (personal or environmental) and situations (surrounding), which consequently might generate threat of the occurrence of these prohibited acts. With reference to the terminology used in psychology and correlated with the discussed issue, both of endogenous (e.g. personality traits of a child) and of exogenous nature (e.g. family environment in which the child takes part and interacts with an offender, relatively personal features of the offender) can be distinguished when analyzing crime–inducing determinants.

The issue of secondary prevention referring to sexual crime can be also seen from the perspective of the presence of a risk factor which determines the existence of the prohibited act. According to the Slovak and Czech specialists, these risks include:

[2] V. Täubner, *Prevence sexuálního zneužívání dětí,* [in:] *Sexuální zneužívaní dětí,* P. Weiss (ed.), Prague 2005, Grada Publishing, p. 59.

- child factor, age and behavior. From the standpoint of threats influencing the occurrence of crimes of child sexual abuse, age (especially preschool) is a significant element. Furthermore, a vital factor that attracts threat is appearance and behavior. Under threat are especially girls of clearly female shapes and representing so–called seductive, flirting behaviors. The most susceptible to threats of sexual crimes are children with lower than the average intellectual development as it is more difficult for them to identify danger and also owing to their accessibility. Sick children are also the object of sexual crimes due to their reduced ability of self–defense;
- adults including persons from high–risk group who fit the social stereotype of social maladjustment as well as those who are not distinguished, so–called average representatives of society. The source of theoretical threat in the category of the crime of child sexual abuse are both adults from the margin of social life but also those who are in the nearest surrounding (family, neighbours, friends) who have an easy access to the child. This group can also represent persons who owing to their profession come into close contact with children. Within secondary prevention, the activities focus on rational and directed identification of people (groups) of high risk and later on implementation of solutions and strategy of pedagogical, social, medical or legal character which will allow for minimization or elimination of risky behaviors of concrete persons. Whereas, the group of high risk is represented mainly by men and people who suffer from sexual disorders (sexual deviants), men in older age with a limited control of instinctual psychosomatic reactions (e.g. determined sex drive), men sexually hyperactive, alcoholics, persons addicted to drugs or psychoactive substances[3]. Secondary prevention against sexual abuse lies within psychological, pedagogical, sociological and psychiatric centers. Their responsibility is identification, diagnosis of potential offenders and reduction of deviant behaviors;
- families of social risk (dysfunctional). In the Czech and Slovak literature of the subject this group is identified as exogenous, multifactorial unknown which is shaped by: individual variable e.g.

[3] J. Dunovský, Z. Dytrych, Z. Matějček, *Týrané, zneužívané a zanedbávané dítě*, Prague 1995, Grada Publishing, p. 109.

social isolation of an offender/a victim, reduced cognitive abilities of an offender/a victim, abuse in offender's childhood, etc., family variables e.g. family values accepting sexual abuse and social variables e.g. society accepting sexual abuse and sexualization of behaviors as well as anti–social behaviors in the peer group. Within secondary prevention, it is significant to build the system of social control (social and pedagogical institutions, health care) of which representatives (workers, decision–makers) could be able to fast and reliably recognize dysfunctional families (in the context of the occurrence of sexual crimes) thanks to which the risk of this category of prohibited act would be eliminated.

- situations (surrounding) of high risk in which a victim could be directly in danger of a sexual crime. The surrounding includes generally available public places e.g. elevators, stairs (where rapes, acts of exhibitionism take place), public toilets (pedophilia, masochism, sadism), public transport (inside means of transport, at stations, bus stops, in toilets), open sports facilities (stadiums, pitches, skate parks etc.) or public parks.[4]

Within secondary prevention, raising awareness is of great significance. It develops skills that lead to a faster identification of situations that create risk, enables to gain knowledge that allows for more effective self–protection and controlling hazardous situations. Undertaken initiatives thanks to which individuals and mainly children and women improve their knowledge and abilities of a faster reaction for specific, pejorative circumstances, unfortunately, do not provide a satisfactory guarantee of avoidance or elimination of threats referred to the issue of sexual crime.

Tertiary prevention concerns people (groups) who have already committed a crime or have become victims. Activities initiated within this area of prophylaxis also pertain to offenders returning to crime (recidivists). The study results concerning sexual crime indicate a high number of victims assigned to one offender of this type of crime. G.G. Abel from the New York State Psychiatric Institute in his writing entitled: Stop Child Molestation Book stated that sexual offenders before

[4] M. Elliott, *Jak ochránit své dítě*, Prague 1995, Portál, pp. 121-124.

disclosure, on average, leave their seventy three victims.[5] The above–mentioned thesis is strongly alarming and as a proof for its wide range is the fact that sexual offenders can perfectly hide their proceedings.

The matter that constitutes the leading subject of tertiary prevention is limiting the occurrence of secondary victimization of the victims of sexual crime. According to the researchers dealing with the issue, in case of child sexual abuse, it is necessary to take preventive measures by competent institutions in one of two possible directions:

- the child will stay with the family, because it guarantees his or her safety and an offender does not have the possibility to influence the victim one more time;
- the abused child will not stay with the family as it does not provide him or her with safety and the risk of harm is high.[6]

With reference to the above–mentioned categorization of prophylactic activities, it should be stated that from the actions realized within primary prevention to those implemented in the area of tertiary prevention, both the object of influences in addition to forms and methods of institutions, units or organizations change.

2. Medical therapies concentrated on offenders and victims of sexual crimes introduced in the Republic of Slovakia

As it was presented before, tertiary prevention focuses on individuals or groups who committed a crime or who became the victim of a crime. When searching for the definition that might be synonymous and could cover the issue discussed, one may be tempted to recall the concept of prevention of recidivism. The topic of prevention points to the need for stopping the perpetrator from committing a sexual crime again.

Initiatives of therapeutic character realized within comprehensive treatment of deviants are to help a patient to solve his or her problems coming from improper and dysfunctional sexual behaviors and also to initiate the process of rehabilitation. The treatment of sexual disorders (paraphilias) is carried out in specialist psychiatric centers and sexual

[5] G. G. Abel, *Stop Child Molestation Book*, New York 1986, Xlibris Corporation, pp. 117-131.
[6] V. Täubner, *Prevence sexuálního zneužívání dětí*, [in:] *Sexuální zneužívaní dětí*, P. Weiss (ed.), Prague 2005, Grada Publishing, p. 85.

health clinics, both in the form of hospital or ambulatory treatment. Hospitalization and therapy takes place also in case of persons sentenced to absolute imprisonment. In the course of therapy there are conditions that allow for raising awareness of otherness within sexual orientation of a person being treated and threats relating to it for the ill person and his/her surrounding. Furthermore, the essence of treatment is developing an empathy which helps to understand the suffering of the victims. The participants of the therapy gain knowledge of ways in which they can legally service their sexual needs. The therapy with the participation of sexual deviants is not only significant from the perspective of society but also it is of great importance for the individuals under therapy who perceive it as even the most essential element of social re–adaptation.

P. Weiss takes the view that objectives under the treatment of sexual deviants are to involve[7]:

- change in the behavior of a patient which is a necessary condition for his proper social re–adaptation in the broadest sense;
- providing information on normal and pathological behaviors in the sexual sphere which enables the patient to get acquainted with his psychosexual dysfunctions;
- making the patients aware of the fact that accepted defensive mechanisms that aim to justify their deviant behaviors are inappropriate and developing critical attitude towards their conduct;
- strengthening self–control in the patient's behavior – especially within the identification of circumstances which directly led to the manifestation of deviant sexual needs and enhancing the ability to avoid this kind of situation;
- change of the negative attitude to the therapy at the beginning perceived as interference with a current way of getting sexual satisfaction;
- developing the skill to get sexual satisfaction in another way (according to the rules of law and social standards) by means of creating the need for heterosexual intercourse with an adult woman, encouraging to attempt to defuse intrasomatic sexual tension by masturbation, pharmacological or surgical reduction of sexual needs;

[7] P. Weiss, *Sexuální deviace. Klasifikace, diagnostika a léčba,* Prague 2002, Portál, pp. 219-224.

- getting support in the process of treatment and further social re–adaptation from family, surrounding or professional environment.

The final goal should be secured by a combination of diagnostic and psychotherapeutic activities and also social solutions but their connection with some of the forms of biological therapies (e.g. psychopharmacological, hormone treatment or, in rare cases, castration) should be in each case precisely and individually analyzed.[8]

The fundamental starting point for the therapy is a proper diagnosis of the patient (including sexual self diagnosis)[9] and identification of the specificity of disorders as far as sexual motivation is concerned, because the most frequent reason for committing crimes by sexual deviants is the occurrence of anomalies in motivational sphere. According to P. Weiss, the optimal model of treating sexual deviants is represented by synthesis of biological and psychotherapeutic methods. Their implementation is related to pragmatic compromise between cognitive–behavioral and psychodynamic concepts.[10]

Psychotherapy in treating sexual deviants can be realized both in an individual and group form, whereas objectives in both cases are identical (among others, a proper diagnosis of a patient, increasing the level of responsibility of a person being treated, change of sexual behaviors), however, there are different measures used to achieve the purposes. In case of individual therapy, a basic measure is therapeutic relation between the patient and the therapist. On the other hand, in a group therapy, the most frequently used measure that will allow for achieving the aim is so–called group dynamics, including relations and interactions among the members of the group. Another very important issue is leading the groups by both female and male therapists so as the patients could have the possibility to identify the role of a man in society – including the area of sexual life and thanks to which they could possess the possibility of auto correction and change their attitude and behaviors towards the opposite sex. Psychotherapeutic techniques of a subsidiary

[8] *Sexuologie*, P. Weiss (ed.), Prague 2010, Grada Publishing, p. 497.
[9] Sexual self diagnostics enables a patient to identify the occurrence of mental and situational mechanisms which lead to committing a certain sexual crime and also indicates potential situations in which a person under treatment might once again perpetrate the act of this category. P. Weiss, *Sexuální deviace. Klasifikace, diagnostika a léčba*, Prague 2002, Portál, p. 226.
[10] *Sexuologie*, P. Weiss (ed.), Prague 2010, Grada Publishing, p. 498.

character incorporate treatment in isolation, patients' participation in dedicated lectures, individual courses, musical therapy, bibliotherapy, ergotherapy as well as assertiveness courses.[11]

2.1. Therapeutic methods of sexual deviants implemented in the past and present time in Slovakia

In the realities of the Slovak therapeutic centers in which sexual deviants are treated, fundamental procedures are based on behavioral, cognitive–behavioral and dynamic methods in addition to individual psychotherapy that uses biological and pharmacological solutions. In the past, in Slovakia, which for several decades was the part of Czechoslovakia, there were other methods of treating sexual offenders, including surgical intervention.

Behavioral methods depend on the presumption that sexual deviation is a learned behavior that is why they aim at changing the acquired, pejorative behaviors of patients. Within the implementation of the method, it is respected that it is not possible to lead to the change of sexual preferences. The most often used behavioral methods, incorporated for the needs of treating sexual criminals are:

- systematic desensitization directed towards the treatment of anxiety disorders and strengthening of self–confidence. Sexual deviants experience states of anxiety when having contacts with an adult women therefore this method provides for implementation of an

[11] Music therapy (from Greek, moisika – music, threapeia – treatment) is a special psychotherapeutic method, during which music is used in both active and passive (receptive) form. Literally – it is the treatment with music. Bibliotherapy (from Greek biblión – book, threapeia – treatment), the method of psychotherapy correlated with the implementation of selected reading materials, books, it is initiation of relations and interpersonal communication by means of a written word, transmission of information necessary for the patient with the help of available subject literature and enabling the treated person to 'fine-tune' his emotions and attitudes. Ergotherapy (from Greek ergon – work, threapeia – treatment) is a psychotherapeutic form of influence on the patient within which specific, diagnostic and medical methods are incorporated as well as procedures used in the treatment of patients of different age with various disorders who are permanently or temporarily disabled. The aim of this form of therapy is achieving the maximum of independence and consequently, enhancing the quality of life. In the realities of the Slovak therapeutic centres, it is an immanent element of everyday routine. Source: own elaboration on the basis of: *Výchova a vzdelávanie dospelých. Andragogika. Terminologický a výkladový slovník*, V. Hotár (ed.), Bratislava 2000, SPN Publishing, p. 276-353.

exercise in which the individuals undergoing therapy have to come close to a normal sexual object;

- aversive therapy which consists of connecting an unwanted activity (e.g. sexual arousal for a deviant stimuli) with an unpleasant stimuli (e.g. electric shock);
- hidden sensitization which leads to raising the patient's self–regulation. Under this method, the person is in the state of relaxation, visualizes the situation of paraphilias content with consequences of humiliation thanks to which he can avoid this kind of unwanted activity in the future;
- shame therapy starts from the assumption that a patient after confronting the reality of his own behavior will create strong defensive mechanisms preventing sexual deviations (e.g. a patient is encouraged to record his own exhibitionism and next play the shocking film to himself);
- substitute desensitization which includes presentation of TV recordings referring to consequences of the committed sexual crime – for an offender (e.g. the scene of capturing the offender of the sexual crime by an angry crowd and mistreating him, details of physical castration etc.),
- correcting different fantasies during masturbation. A patient is directed towards masturbating without strengthening his fantasies by deviant stimuli;
- method of saturation. Undesirable reaction is consciously provoked until fatigue on brain centers occur (e.g. fetishist is provided with a lot of female underwear).

The above–indicated behavioral methods applied in the therapy of criminals are criticized by some of the experts who complain about neglecting the symptoms of deviation as well as trivialization of the significance of relations between the therapist and the patient.

Cognitive–behavioral and dynamic methods are used in therapy based on cognitive psychology. Here, the significance of conscious action and using rational and logical argumentation are pointed out. Within psychotherapy implemented in the Republic of Slovakia with the participation of sexual deviants, from the wide range of methods the following should be mentioned:

- method of correction of cognitive distortion. Majority of sexual deviants create rational justification for their behavior (e.g. aggressive sexual deviants are convicted that a woman herself contributed to rape and had pleasure from it). The aim of the therapy is the correction of defective reasoning of a patient that occurs in risky situations;
- method of preventing recidivism. A patient is asked to make an analysis of his deviations and indicate situations which generate the occurrence of disorders. At the same time, he is requested to present subjective possible instruments and practices that could be some kind of a mechanism of safety against the presence of deviant behaviors. Basing on this information, attempts at creating defensive mechanisms and introducing substitutive solutions are being made (e.g. exhibitionist who committed sexual activity – masturbation during regular walking with a dog, asks the other member of the family or neighbor to walk the animal for him etc.);
- method of training empathy. It assumes that majority of sexual deviants are not able to understand feelings and negative emotions. Within training empathy there might be: confrontation with a victim's feelings, making a deviant aware of the victim's injuries, at group therapy sessions initiating the change of roles among participants acting as an offender and a victim;
- method of training intimacy. Some of sexual deviants have the problem with the ability to experience intimate relationships with people which results in limited social relations e.g. because of fear from rejection. In this case treatment is also focused on training social skills;
- psychoanalytical and psychodynamic methods. On the basis of scientific results and the analysis of subject literature, one can come to the view that there is no possibility to change patient's factors determining deviation in his sexual motivation. Simultaneously, one may agree with observers and researchers of psychodynamic attitude that represents the notion of the existence of many explainable psychological factors which influence criminogenesis of a sexual crime which can be modified and consequently have an impact on the change in the sexual behavior of a person who suffers social inadequacy.

According to P. Weiss especially dynamic psychotherapy helps a patient to acquire new optics of perceiving his deviant, sexual

motivation which is considered as the most important problem to be solved. A properly carried out psychotherapy will allow the patient to learn how to recognize situations creating threats and how to come out of the situation using socially accepted ways.[12]

The aim of biological treatment is suppressing sexual drive and reducing dysfunctions in sexual motivation which enables to rationally control sexual behaviors and minimizes the probability of undesirable behaviors. It should be indicated that it is not causal treatment because the basic sexual orientation of a certain person cannot be changed. In biological therapy, pharmacotherapy with the use of antiandrogens, estrogens, progestogens and psychotropic medication are used. Pharmacological treatment of sexual deviants is based on hormone manipulation of selected pharmaceutical products which influence neurotransmitters determining sexual behaviors at intracerebral level. When implementing the above–mentioned methods of treatment, one can interpret sex as a biological need, in connection therewith, their main goal is reduction of this need

Hormone therapy is directed towards reducing the production of testosterone which might be achieved in many ways. At the pituitary level, this goal is gained through the implementation of antagonists LHRH, that might block the effect of a hormone releasing LH. Estrogens and progestogens have, basing on a feedback, a negative influence on the release of hormones by pituitary and hypothalamic. Diminished production of hormone LH and luteinizing hormone leads to the minimization of testosterone. Antiandrogens fight with testosterone when filling androgenic receptor and at the same time they stop its biological action. In the treatment of sexual deviants estrogens were implemented since the 1940s. Their use was discontinued owing to the existence of major side effects. Nowadays, depending on available resources, in therapy, cyproterone acetat (a drug called Androcur and Androcur–depot of Schering Corporation) is used. The mechanism of antiandrogens consists of blocking androgens, especially testosterone from plasma and their impact on receptors in organs. It has a diminishing effect on sexual drive and excitability, hinders erection, ejaculation, orgasm and sexual satisfaction.

[12] *Sexuologie*, P. Weiss (ed.), Prague 2010, Grada Publishing, p. 503.

Psychopharmacological treatment that uses psychotropic drugs consists of pharmacological impact on central nervous system. This type of treatment is preferred in circumstances of no contraindications for application of hormone therapy which include: age over 50, liver damage or poor health. Psychotropic drugs are also applied in case of patients who suffer from depression and are aggressive or unstable in addition to those who have obsessive–compulsive disorders. In practice, psychopharmacological treatment is implemented especially in case of exhibitionists, fetishists, transvestites and violent or aggressive persons. This form of treatment is combined with psychotherapy and the role of pharmaceuticals is reduction of sexual drive and creating a kind of space for a patient to let him focus on psychotherapeutic activities.

In the opinion of the Slovak and Czech experts of sexology, pharmacotherapy (hormone, psychopharmacological) should be used: only after patient has been informed about and formally agreed to the treatment. This treatment must always be accompanied by psychotherapy. The therapy may also be used in case of patients who are in conflict with law as a result of their uncontrollable sexual behavior and who agreed for treatment in addition to those who owing to their uncontrolled sexual conduct, experience psychological stress.

When characterizing initiatives undertaken towards the offenders of sexual crimes, the importance of solutions applied on the territory of Slovakia within two–federation–state organization, i.e. in Czechoslovakia, should be stressed. It is worth considering stereotactic surgery and castration which is allowed by the legislation of the Czech Republic.

Procedures in the fields of stereotactic surgery (surgical treatment of brain) were carried out mainly in the 1960s and 1970s. Sexologists expected impact on between–brain (considered as the center of sexual behaviors) from the results of neurosurgical operations e.g. prefrontal lobotomy.[13] With reference to this method of treatment, P. Weiss highlights negative experiences resulting from the operations of brain that were carried out on sexual deviants in the years of 1980–1986 at

[13] The term of *prefrontal lobotomy* relates to neurosurgical procedure which consists of the cut of nerves fibres that link frontal cerebral lobes with the structures of between-brain. Source: Own elaboration on the basis of Bello. L., Fava. E., Carrabba. G, *Present days standards in microsurgery of low grade gliomas*, Advances and Technical Standards in Neurosurgery 2010, Springer Publishing, no 35, pp. 113-148.

a specialized center in Prague. It ought to be also indicated that at that time, patients more often selected stereotactic surgery rather than castration. The effect of operations was very often the limitation or damage of brain functions and, in many cases, also the death of the patient. None of the surgeries brought satisfactory results.[14]

Castration (from Latin castracio – removal of the gonads), is a surgical technique which consists of the removal of testicles. S. Brichcin in his publication uses the term of 'therapeutic castration'. For castration in this sense, one may use the concept of bilateral orchidectomy.

A similar effect to castration gives so–called testicular pulpectomy, the surgery in which an active tissue of testicles is removed. Orchidectomy and pulpectomy of testicles reduce the level of testosterone what results in lowering sexual performance and aggression of men.[15] Inevitable consequence of castration is also infertility. It should be pointed out that the procedure does not deprive of sexual drive which is proved by research studies with the use of phalopletysmograph.[16]

One of the crucial presumptions which according to Slovak sexologists eliminates castration on the territory of the Slovak Republic – except for lack of new regulations referring to deviants and sexual criminals, is the fact that after the procedure, it leads to an unpleasant somatic and mental changes in the patient's organism. At the same time, there are no significant changes in psychosexual personality e.g. as far as tendencies to sadistic behaviors are concerned. The transformation of the preferred sexual object from a child into a woman does not occur.

A complex treatment of sexual deviants aims to gather as much information about sexual motivation as possible. The therapy plays its role if hospital treatment is correlated with the continuation of ambulatory therapy and it creates the platform for tertiary prevention.

[14] Source: The interview with prof. Petr Weiss, clinical psychologist, sexologist and psychotherapist from the Faculty of Philosophy of the Charles University in Prague. The interview was conducted by J. Dworzecki on 27th April 2011.
[15] S. Brichcín, *Terapie pedofilných osôb*, Prague 2000, Psychiatrické centrum, p. 178.
[16] Phalopletysmograph is a device which by means of electric impulses examines and controls sexual drive.

3. Castration as a form of prophylactic activities towards sexual criminals in the Czech Republic

In the Czech Republic castration was introduced to the program of treating sexual offenders under Regulation no 276 of the Minister of Health Care of the Czechoslovak Socialist Republic of 16th September 1970 on medical intervention of intersexuals, transsexuals and sexual deviants. The condition for carrying out the procedure of castration was a deliberate, written request of a person with sexual disorders for implementation of such a form of treatment. The director of the hospital dealing with the procedure, after receiving a written consent from the patient formed a special commission constituted by urologist, lawyer, sexologist and, rarely, also plastic surgeon.

Currently, the issue of castration was inserted in the Act no 373 of 6th November 2011 on special medical services. This legal act is comprised of 100 paragraphs, apart from therapeutic castration it also describes other specialist services such as supporting men's infertility, pulpectomy of testicles, change of sex, psychosurgical interventions, genetic research, collecting and testing blood and its ingredients.

The issue of castration and pulpectomy was contained in § 17–20 of the above–mentioned act. In § 17, the legislator, when explaining the concept of castration, indicated medical treatment consisting of the removal of active part of a man's gonad in order to stop his sexuality. The procedure might be carried out in case of a patient over the age of 25, who was sentenced for committing a sexual crime or a person diagnosed with a significant sexual disorder which in the future might be the reason for committing the same crime and specialist treatment with the use of other methods did not bring expected results.

Castration is arranged on the basis of a written consent of a patient as well as of a positive opinion of the commission. In case of a person who is under residential treatment or is deprived of liberty, the procedure is carried out only in particularly justified cases basing on his written consent and the positive opinion of the commission as well as the agreement of the court of the domicile. The Ministry of Health Care establishes the commission expert group made of the representative of the ministry, sexologist, psychiatrist, clinical psychologist, urologist and lawyer dealing with medical law and patient's rights.

The member of the commission in any way should be connected (by professional or other relations) with the treatment provider (castration),

cannot play the function of the member of supervisory board or other statutory body in the institution, he or she cannot be a member of executive body or the representative of any association or social organization cooperating with a hospital where the procedure will be organized.

A patient's application submitted to the institution offering the procedure of castration is supplemented by two written positions represented by: a sexologist employed in the institution (the opinion supporting or refusing the procedure) and a sexologist–practitioner (but not employed in the institution), who after diagnosis will take a decision and confirm or rule out the presence of significant sexual disorder indicating (or not) the high probability of committing a sexual crime by a patient in the future.

The set of documents is directed by the director of the institution to the Ministry of Health Care. The vital part of the documentation are conclusions of diagnosis made by both doctors and description of currently implemented treatment. The ministry of Health Care may turn to the ministry of Justice to request for the extract (criminal card in electronic form) from the criminal database (substantive equivalent of the National Crime Index) where the information about committed sexual crimes is stored.

A patient obligatorily participates in a meeting that has place no later than within three months from submitting the application to the institution offering the procedure. During the meeting, members of the commission will inform the patient about consequences, implications (of somatic and mental nature). Furthermore, the meeting of experts with the patient aims to check whether he wants to undergo the procedure deliberately, on a voluntary basis and whether he understands the seriousness of the situation including irreversible effects of medical intervention. The commission informs the patient who is compulsorily treated in a closed facility or who is temporarily deprived of liberty (pre–trial detention) that conducting the procedure does not have connection with finishing the process of treatment or with rejection from isolation. Upon the end of the meeting, the members of the commission and the patient sign a protocol which is attached to the documentation of the application.

After analyzing all the aspects of the case, the commission will make a written statement in which there will be information concerning the conditions fulfilled for any further action taken in order to carry out the

procedure of castration. The validity of the issued opinion is also indicated. The opinion must demonstrate the position of the committee as to the necessity of performing a medical intervention. In order to interpret the committee's position as unambiguously supporting the procedure, all the members of the commission must agree on the decision. If there is no consensus, in a written statement there will be reasons that influenced the divergence of views of certain members. The position of the experts is provided to the Ministry of Health Care in triplicate. The copy of the protocol written with the participation of the patient is attached to the statement. The meeting of the commission can be attended by a sexologist who issued the opinion of the necessity to carry out the procedure, however, the conversation between the members and the patient is taking place behind 'closed door' without the attendance of a doctor who gave the opinion and third persons. The set of documentation referring to the patient applying for castration includes:

- his written application for conducting the procedure;
- copy of the sexologist's opinion from the institution offering medical service;
- copy of the sexologist's opinion (so–called independent expert) the practitioner who diagnosed the patient;
- protocol from the meeting of the commission with participation of the patient;
- position of the commission of experts referring to the application under consideration.

The Ministry of Health Care provides the patient with a copy of the commission's statement as well as the copy of a protocol from the meeting. Furthermore, two copies of the protocol from the meeting are sent by the Ministry to the hospital offering the procedure (in order to supplement the documentation concerning the process of the patient's treatment and to the court territorially competent for the institution). The application for the consent of the procedure of castration is submitted to the court by the hospital where it is carried out. The application for consideration should be attached to the patient's written request and position of the members of experts. After receiving consent by the court, the patient must give a written approval of the procedure of castration. The operation of castration cannot be conducted in medical centers of the Prison Service and cannot concern the person sentenced to absolute

imprisonment. An absolute prohibition of procedure refers to individuals without full legal competence.

In the period from 2000 to 2010, about 300 patients underwent chemical castration and the procedure of surgical castration was carried out in case of 80 persons. Over the last five years (2011–2015), the number of applications for conducting surgical intervention in this area does not exceed 5 yearly. In 2015, only two requests for castration were brought to the Czech psychiatric hospitals. One of them was rejected and in the other case, the experts of the Ministry of Health Care commissioned the surgical intervention.

Conclusions

Preventive actions tackled multidimensionally in the Czech Republic and Slovakia within national assumptions of criminal prevention and correlated with the issue of sexual crime, constitute the system of connected vessels. The specificity of therapeutic initiatives undertaken towards the offenders of sexual crimes in the Czech Republic and Slovakia relies mainly on psychotherapeutic influence within which the leading therapies (individual or in a group) are the ones with the participation of patients and specialists (clinical psychologists, sexologists) in parallel with pharmacological treatment. The method of invasive treatment (castration) which is applied only in the Czech Republic, has strict limits and must be required by the patient. Its purpose is to eliminate procedures carried out with the participation of those unaware of this kind of surgical intervention. The above–presented Czech and Slovak solutions produce visible effects in the form of significant reduction of repeated offences with reference to the discussed form of crime.

Legal acts

[1.] Act of the Slovak National Council no 300 of 20th May 2005 – Penal Code.

[2.] Law of the Government of the Czech Republic no 373 of 6th November 2011 on special medical service.

[3.] Regulation no 276 of the Minister of Health Care of the Czechoslovak Socialist Republic of 16th September 1970 on medical intervention towards intersexuals, transsexuals and sexual deviants.

[4.] Regulation no 108/2005 of the Minister of the Interior of the Republic of Slovakia on the use of IT systems of Police Corps (including statistical record of crimes disclosed and applications referring to the wanted and persecuted).

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[1.] Interview with professor Petr Weiss [conducted on 27th April 2011].

[2.] Interview with associate professor Samuel Uhrin [conducted on 10th March 2016].

[3.] Interview with associate professor Stanislav Križovski [conducted on 18th September 2016].