Penitentiary Aspects of the Problem of Sex Offenders in Israel

Z. Hermon
not be revealed to anyone without your specific consent. Furthermore, the psychologist’s report is NEVER shown to any member of your family.

We hope that the above information will be of help to you.

The wording of the above form was prompted by the following considerations:
1. Be honest with the child, yet not increase his anxiety.
2. Emphasize the fact that the examination is meant to be a helpful and not a disciplinary measure.
3. Use a language simple enough to be understood by the average adolescent.
4. Inform the child that his confidence will not be betrayed by the examiner. This last point, however, should be cleared with the judge, since communications to psychologists are considered privileged only in some states.

**SUMMARY**

It is generally agreed that situational factors often interfere with a subject’s performance. Such interference becomes quite noticeable in authoritarian settings such as juvenile courts. A survey among court psychologists indicated that they attempted to allay their clients’ fears with reassuring statements, friendly attitudes, etc. It is this author’s contention that the juvenile should, to an extent, be prepared for the examination by the referring authority. A statement to be read to or by the child, or to be used as a guidepost was suggested. The wording of the statement was dictated by such considerations as honesty towards the child, emphasis upon the fact that the examination is meant to help, assurance that his confidence will not be betrayed and a language easy enough to be understood.

**THE PENITENTIARY ASPECTS OF THE PROBLEM OF SEX OFFENDERS IN ISRAEL**

Z. HERMON*

At the initiative of the United Nations Social Defence Section, a study was undertaken by the author with respect to the penitentiary aspects of the problem of sex offenders in Israel.

**STATISTICS**

An investigation of statistics showed that the figures for “Offences against Morality” in Israel are comparatively small. The crime rate for 1,000 of the population aged 15 and over (excluding minor traffic offences) grew from 53.6 in 1950 to 65.5 in 1959. Convictions for sex offences, which were in 1951 only 0.21% of the total convictions, grew to 0.5% in 1955 but had not reached the 1% mark in 1959. In these figures convictions for rape, indecent acts, the various forms of unlawful and unnatural sexual acts, and the attempt to commit such offences, as well as indecent exposure are included, but prostitution and offences connected therewith are excluded.

**THE LAW**

According to the Criminal Code Ordinance of 1936 and its amendments, the punishments for sexual offences range from a maximum sentence of six months imprisonment for “making any indecent act or gesture in a public place” to maximum sentences of 14 years imprisonment for such offences as “unlawful sexual intercourse with a female against her will” or an “act of sodomy committed with any person against his will” or “unlawful sexual intercourse or committing an act of sodomy with a child under the age of 16 years.”

**THE MATERIAL**

Generally police, court, prison, and probation records and surveys were used, specifically the social case studies, as well as psychological and psychiatric investigations of 233 male adult sex offenders who during the period of three years from 1955 to 1957 were convicted and sentenced to imprisonment (196), or were placed on probation and not sent to prison subsequently (37).

**THE OFFENCES**

Of the offences committed by the 233 offenders under consideration, about 43% were with the use of force, and about 43% of the offences were without the use of force. 14% were cases of indecent exposure.

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COMMENTS AND RESEARCH REPORTS

THE VICTIMS

About two-thirds of the offences were committed against children, of these again two-thirds were committed against very young children, ten years old at most.

THE SENTENCES

Sentences imposed on sex offenders also included release on a bond of good behaviour and suspended prison sentences and fines. Here we are concerned only with a sample of offenders of whom, in addition to the 37 placed on probation, 196 were sent to prison.

On 48% of those imprisoned sentences up to 3 months were imposed, and on 23%, sentences from 4 to 6 months. 16% received sentences from 7 to 12 months. Only twelve offenders (6%) were sent to prison for periods from 1–2 years, and seven (4%) for periods over 2 years. The rest (3%) were hospitalised in the Ward for Psychopaths of the Prison Service, and, whenever possible, sent to one of the government mental hospitals.

Considering on the one side the suffering caused to victims, and in particular the serious damage which is caused to young children and their future development, and on the other side the fact that the penal treatment received by sex offenders is in the great majority of cases just a very short term of imprisonment, doubt may arise if the policy that finds expression in such treatment of the problem meets the legitimate rights of the public for protection. This doubt will become even more urgent when we look more deeply into the factors which drive the offenders to their deeds.

THE DIAGNOSIS OF THE CASES

A careful analysis of the 233 personality files showed that the overwhelmingly great number were passive, socially inadequate people of low intelligence, with lack of elementary education and occupational skill, people who due to all this and their lack of maturity were unable to build normal, stable relations with other members of their group and with suitable female partners in particular. We did not find in our group even one of those often described, violent individuals tolerating no obstacles to the satisfaction of their insatiable and perverted sexual needs. We found relatively more immigrants from Near Eastern countries than from the European area among this group. As the analysis of our cases showed that sex offences were primarily caused by a deficiency or breakdown of the inhibitions required by society, it may be suggested that there are cultural differences in the strength of the ego-control mechanisms, and that as a consequence of their upbringing and education Europeans have generally stronger ego-control. It seems also that the cultural conflict is a cause for a further lowering of the ego-control.

RECIDIVISM

Only 20% of the group were recidivists. The average sex recidivist was older than the general offender, and he had serious sexual problems. The number of divorces among sex-crime recidivists was much greater. Their intelligence was particularly low and they showed serious twists in their general mental make up. Many of the known recidivists were in prison while this study was undertaken, so they could be thoroughly investigated by a team of experts. We found a background of serious mental debility, mental disease, brain damage, or other disease crippling the whole personality in a majority of the cases.

THE PENAL TREATMENT

Considering the results of the socio-medical examinations it may be concluded that the very short prison terms imposed are unnecessary and often harmful in the cases of minor first time sex offenders, and surely absolutely useless in the serious cases, especially the recidivists. We may presume that the difficulties leading to the offences were not solved within a few weeks in prison. In the greater number of relatively minor sex offences the probation system with its many possibilities for individual and other treatment should carry the main burden of the penal treatment of sex offenders, although now and then a fine, a bond of good behaviour, or even a short prison sentence as a warning may be in place.

In the much smaller number of serious sex offenders, and recidivists in particular, the prison terms imposed should be long enough to give real protection to the public against offenders who again and again interfere in a most damaging way with the lives of others. Release should be affected when there is reasonable hope that the offender will not again commit an offence of this kind. A minimum-maximum sentence should give experts in the fields of medicine and psychotherapy the possibility of treating such offenders with the aid