

**COMMUNITY BASED
SEX OFFENDER TREATMENT PROGRAMS**

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EXECUTIVE SUMMARY

A significant and growing number of Canada's inmate population are sex offenders. Between 1990 and 1995, the federal sex offender population increased by approximately 50% (Motiuk & Brown, 1996). As a consequence, issues regarding sex offender recidivism, the need for community involvement and support and specialized treatment programs have received considerable attention.

Sex offender recidivism is a concern due to the seriousness of sexual offending. Studies show that sex offender recidivism rates for sexual re-offending range between 10 and 20 percent. Although sex offenders have lower overall recidivism rates than other offenders, they have received considerable attention from the media and public. This is likely due to the seriousness of sexual offending.

Due to growing concern over Canada's increasing sex offender population, numerous innovative treatment programs have been developed. This paper explores several community based treatment programs operating in British Columbia. These programs offer new perspectives on the treatment of sex offenders by applying victim empathy education and cognitive-behavioural techniques to the older therapeutic methods.

Many sex offender treatment programs today recognize the importance of supporting and maintaining ties with offenders long after their custodial sentences have expired. An innovative and unique community reintegration project developed by the Mennonite Central Committee in Ontario is an example of such a program. The Community Reintegration or Circles of Support project utilizes support groups to reduce sex offender recidivism and to ease the transfer of the offender into the community. This project recognizes the importance of community involvement during the rehabilitation process and stresses the need for long term programming for sex offenders. In the history of the program, there has not been a single case in which an offender has sexually re-offended (Personal communication, Circles of Support staff member, 1997).

INTRODUCTION

Canada's incarcerated sex offender population has increased dramatically over the past two decades. Between 1990 and 1995, the number of sex offenders in federal penitentiaries grew by 50% (Motiuk & Brown, 1996, p. 2). Sex offenders accounted for 20% of the total federal inmate population in 1995. The concern over increases in the number of sex offenders has sparked the development of numerous treatment programs. These programs are very complex and employ a variety of treatment methods such as cognitive-behavioural training, victim empathy education and community support and involvement in the rehabilitation process. Sex offender treatment programs of the 1990s recognize the importance of community based treatment and support. However, as will be discussed, few programs provide treatment and support to sex offenders once their sentence has been completed.

SEX OFFENDER RECIDIVISM

Sex offender recidivism is a concern due to the seriousness of sexual offending. Studies show that sex offender recidivism rates for sexual re-offending range between 10 and 20 percent. A study conducted by Motiuk and Brown (1996) found that less than 10% of sexual offenders committed a new sexual offence within about 3.5 years of release. Another study, conducted between 1991 and 1993, followed 57 male sex offenders and found that within 40 weeks of release, 19.3% were arrested for committing another sex offence (Belanger & Earls, 1996, p. 23).

The recidivism rates of sex offenders who target children differ considerably from that of nonsexual offenders. According to one study, the reconviction rate for any offence was 61% for child molesters versus 83.2% for nonsexual criminals over a 15-30 year follow-up period (Solicitor General of Canada, 1996). In contrast, however, the same study found that child molesters have considerably higher sexual recidivism rates (35%) than nonsexual criminals (1.5%). Although the reconviction rate for any offence is greater for nonsexual offenders than for sex offenders, the public and media have focussed on sex offenders because of the seriousness of the offence. As a result, reducing sex offender recidivism rates is a concern of all sex offender treatment programs.

COMMUNITY BASED SEX OFFENDER TREATMENT PROGRAMS - BRITISH COLUMBIA

The basis of modern day sex offender treatment programs are the behaviourally based treatment programs which began three decades ago (Wormith & Hanson, 1992). Behaviourally based programs focussed on the negative arousal state of the offender and utilized tension reduction strategies in the treatment of those offenders who experienced anger or anxiety prior to committing an offence. Since the 1960s, sex offender treatment programs have dramatically increased not only in number but in complexity and competency in rehabilitating sex offenders. The following highlights two community based treatment programs for sex offenders in British Columbia.

Kelowna Treatment Program

The Kelowna sex offender treatment program is a community based private practice that treats 6-11 sex offenders on a weekly basis. The Kelowna program is a novel program in that it has de-emphasized treating offenders through control and arousal techniques and focussed on using cognitive-behavioural techniques, victim empathy training and removing offender denial. This shift in treatment preferences has taken place within the last two years and proves to be very promising (Personal Communication, Kelowna Treatment Program staff member, 1997).

This program offers both individual and group treatment sessions. The individual sessions usually run once every two weeks for an indeterminate period of time. Individual sessions are offered for those offenders who are unable to attend group sessions because of employment responsibilities, fear of speaking about their offence in front of the group or because they function intellectually at a lower level than other members. Conversely, group sessions run once a week for three hours. Sessions for each member vary from six months to two years depending on a risk assessment or desire to remain with the group.

The Kelowna program utilizes a variety of treatment options but has no standardized schedule because new clients are continuously added to the group. The program remains flexible and capable of treating both veterans and new-comers to the group. The program offers education in anger management, appropriate social skills, perspective taking, role reversal, self esteem enhancement, sex education, stress management and relapse prevention. What makes this program particularly desirable, however, is the use of victim empathy education and the removal of offender denial. An offender who shows little or no empathy toward his victims is difficult to rehabilitate and, therefore, it is difficult to predict success with any degree of certainty. Furthermore, an offender who denies involvement in an offence or denies that the offence even occurred is difficult to rehabilitate. Recidivism rates are quite high for offenders that show no empathy and deny any involvement in the offence.

Another focus of the program deals with the offender's life cycle and the cycle of events during the offence itself. The program's therapists attempt to link how feelings can lead to thoughts which ultimately lead to actions. Therapy reveals that controlling or changing a sex offender's thought patterns can lead to changes in behaviour. The therapists also attempt to show how an offence is not a single event in the offender's life cycle but an accumulation of thoughts and feelings which produce many cycles that ultimately lead to an offence.

Another therapeutic practice employed by the Kelowna program involves sharing autobiographies. The sharing of life stories allows the therapist to understand the offender's background, it demonstrates to the group that everyone has similar backgrounds and, most importantly, it allows the offender to stand back and examine his life in a unique way.

The final therapeutic technique employed by the Kelowna program allows significant others to participate in group sessions so that they can share in the offender's rehabilitation process. In many

cases, significant others are unaware of the offender's problem and, therefore, may require counselling to understand the processes necessary to rehabilitate the offender. Group sessions provide an open atmosphere necessary for offenders and significant others to interact and learn together.

Adult Forensic Psychiatric Services Nanaimo

Psychiatric Services is a community-based outpatient program that provides both individual and group treatment sessions. This program's main focus is to expand on the skills the offender has learned while incarcerated. The therapeutic techniques employed include psycho-dynamic, cognitive-behavioural, educational and relapse prevention (National Clearinghouse on Family Violence, 1993.). Some of the problem areas addressed include anger management, substance abuse issues, stress management, coping skills, cognitive restructuring, communication skills and victim impact (Personal communication, Adult Forensic Psychiatric Services Nanaimo, 1997).

Psychiatric Services attempts to follow-up on it's clients by maintaining ties with probation services. There is little follow-up, however, after the client has completed his probationary period.

COMMUNITY SUPPORT AND FOLLOW-UP

After completing a custodial sentence, sex offenders are returned to the community from which they have been separated for considerable lengths of time. For the most part, these individuals have no structured supports and often face retaliation from the public. Furthermore, some jurisdictions require offenders to notify the community of their name, proposed address and type of offence committed. Community notification laws neither support nor reintegrate sex offenders back into society. Successful communities, however, walk through problems with offenders, mediate when problems arise, foster a supportive and non-judgemental environment and make available any treatment program or facility required for the offender to successfully make the transition from the prison to the community.

The treatment programs mentioned earlier provide little support or follow-up once an offender has completed the program. For rehabilitation to be successful, communities and treatment centres must be prepared to follow-up on the offender's progress long after a specific treatment program has ended. Communities must continue to provide support either through further programs or informally through group supports and peer counselling.

Community Reintegration Project/Circles of Support

A truly innovative pilot project, known as the Community Reintegration or Circles of Support Project, has been operating in Ontario since 1995. The project was developed by the Mennonite Central Committee in co-operation with the Toronto Community Chaplaincy (The Church Council on Justice and Corrections, 1996). Historically, the justice system has assumed responsibility for dealing with offenders and victims of crime. The Circles of Support group, however, recognizes that the community must bear some responsibility for the reintegration of offenders and compensation to victims. This project is beneficial because it emphasizes the need for community involvement and support in rehabilitating offenders after their sentences have been served.

This program has been developed to reduce the risk of re-offending and to ease the transfer of the offender into the community. The project involves primarily volunteers who form support groups with released sex offenders. The project identifies a group of men convicted of sexual offences who would benefit most from treatment and adhere to the principles of the group. Offenders who are eligible for the project are sex offenders serving their sentences in federal institutions, who will be released without community supervision, are considered high risk to re-offend, have high needs and have little community support. Furthermore, the offender must acknowledge and accept the rules of the circle and voluntarily enter into an agreement with the group to take responsibility and strive for rehabilitation (Mennonite Central Committee, 1996).

This program utilizes approximately 45 volunteers to aid in the rehabilitation process of 7 offenders (Personal communication, Circles of Support staff member, 1997). Currently there are 6 support groups each composed of 1 offender and 6 volunteers. Each offender meets with at least one volunteer on a weekly basis.

An offender participating in the project is expected to live by the consensus of the circle, respect the confidentiality of other circle members, commit to counselling sessions, adhere to a release plan and identify any substance abuse problems and plan to address such problems (Mennonite Central Committee, 1996, p. 6). Circle members also have certain responsibilities to the project and participating offenders. Circle members are expected to assist with daily living needs, maintain open and honest communication with each other and offenders, mediate between the community and the offender, contact self help groups such as Alcoholics Anonymous and promote a caring and supportive environment for offenders (Mennonite Central Committee, 1996).

To date, there has not been a single incident where an offender has sexually re-offended. Circle members attribute this to the intensive weekly group sessions (Personal communication, Circles of Support staff member, 1997).

The community reintegration project is an innovative support group that recognizes both the needs of the victims and offenders. Circles of support groups recognize and acknowledge the humanity of both the victim and the offender, the need for healing of victims of sexual abuse, the need for meaningful and accountable relationships between offenders and the community, the need to prevent

further victimization and the importance of welcoming the offender into the community (Mennonite Central Committee, 1996). "While not directly reducing the use or length of incarceration, the project hopes to make an impact on recidivism by facilitating the successful reintegration of the ex-offender into the community" (The Church Council on Justice and Corrections, 1996, p. 33).

DISCUSSION

Today, many sex offenders are being treated by the most innovative and comprehensive programs available. These programs are based on recent research which reveals that victim empathy, remorse and responsibility training are integral components of any sex offender treatment program. Recidivism is another important feature addressed by many treatment programs. Most programs divide treatment time evenly between relapse prevention and cognitive-behavioural education; doing so, each program hopes to teach life skills while trying to prevent the re-occurrence of an offence. Clearly, Canadian sex offender treatment programs are moving in the right direction by focussing on early detection and prevention, cognitive-behavioural education, victim empathy and relapse prevention. It is unrealistic to assume that we can discover a cure for sexual offending. However, with the aid of proper treatment programs, we are able to provide sex offenders with the tools to manage their inappropriate behaviours. Long term follow-up and support for sex offenders in the community, such as that provided by the Circles of Support project, are desperately needed to increase the chances of success.

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