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Counseling and Psychotherapy Center Inc.

The Counseling and Psychotherapy Centers

The R.U.L.E. Program

Key Issues in Sex Offender Management and Treatment

Presenters: **Dennis McNamara, Barry Anechiarico, Tim App**

Principles of Sound Correctional Administration

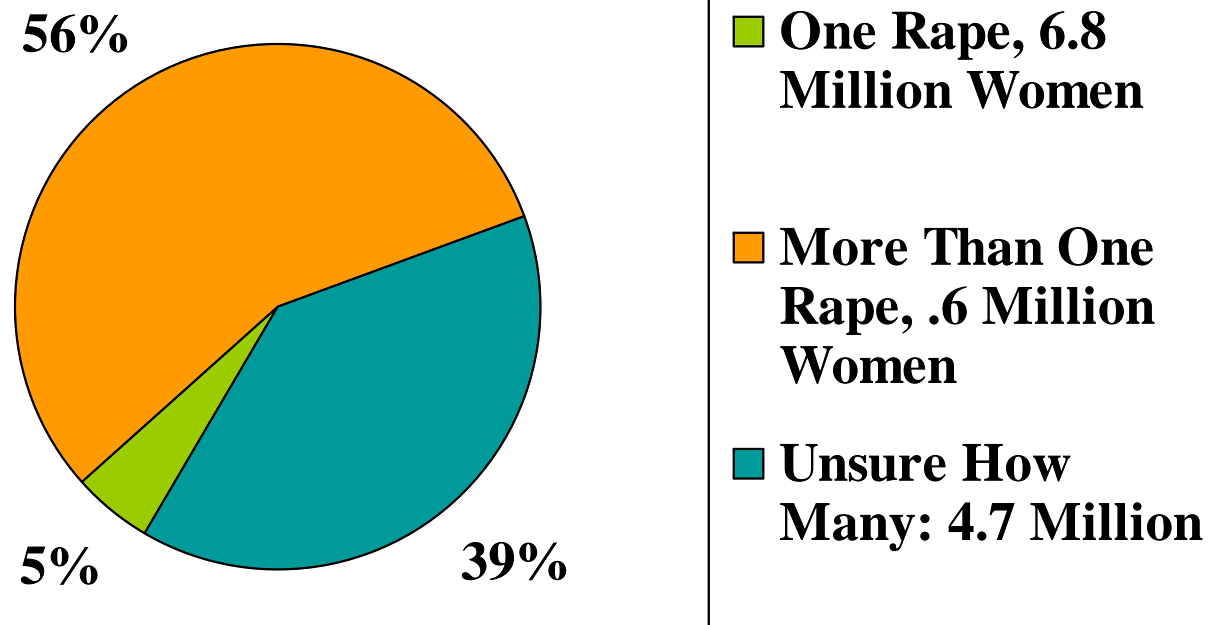
1. ***Prisons are where offenders are sent as punishment, not for punishment.***
2. ***There must be an unconditional respect for inmates as people.***
3. ***Staff must believe in an offender's ability to change their behavior.***
4. ***Programs, based on the cognitive behavior model, must be available to all inmates at all institutions.***
5. ***Staff must demonstrate the behavior they wish inmates to emulate***

WHAT DO WE KNOW ABOUT SEXUAL ASSAULT?

Sexual Assault is Widespread

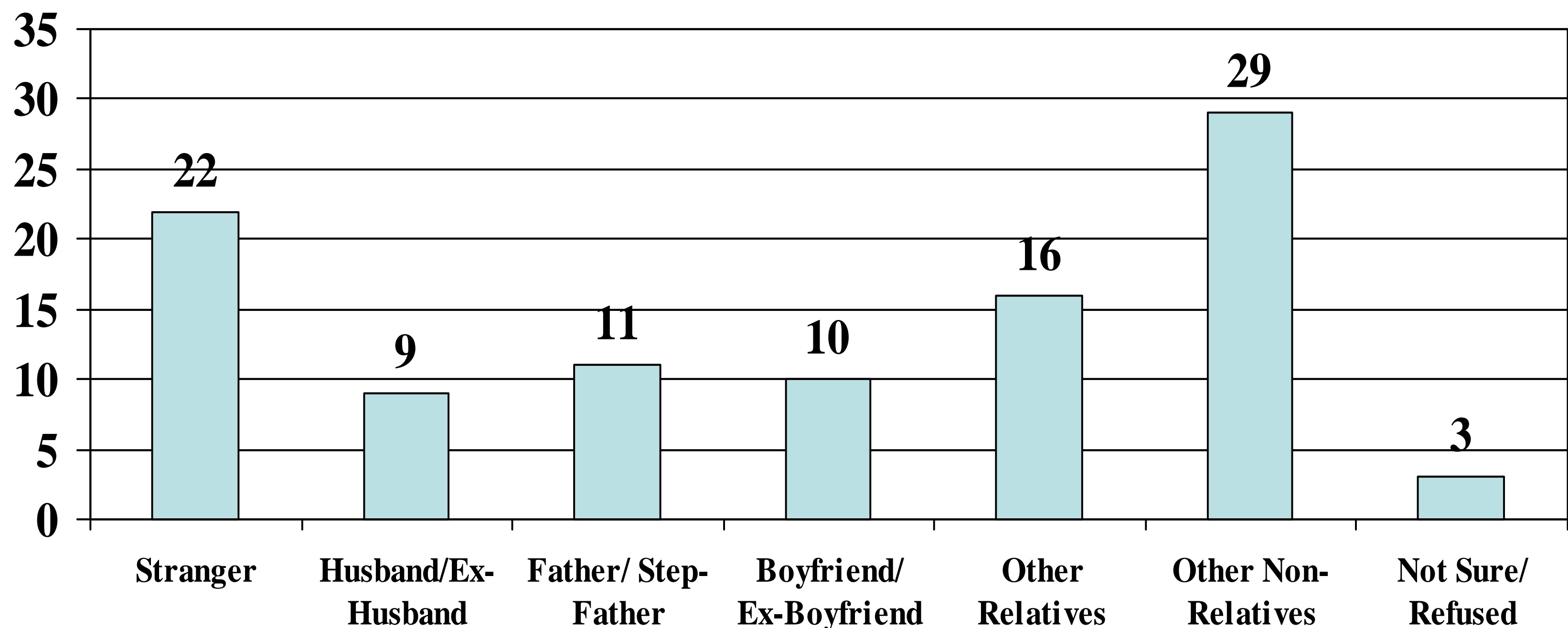
National Women's Study:
Number of Times Raped in Lifetime

An Estimated 12.1 Million Women Have Been Raped



Most Victims Know There Perpetrators

Relationship Between Adult Victim and Perpetrator

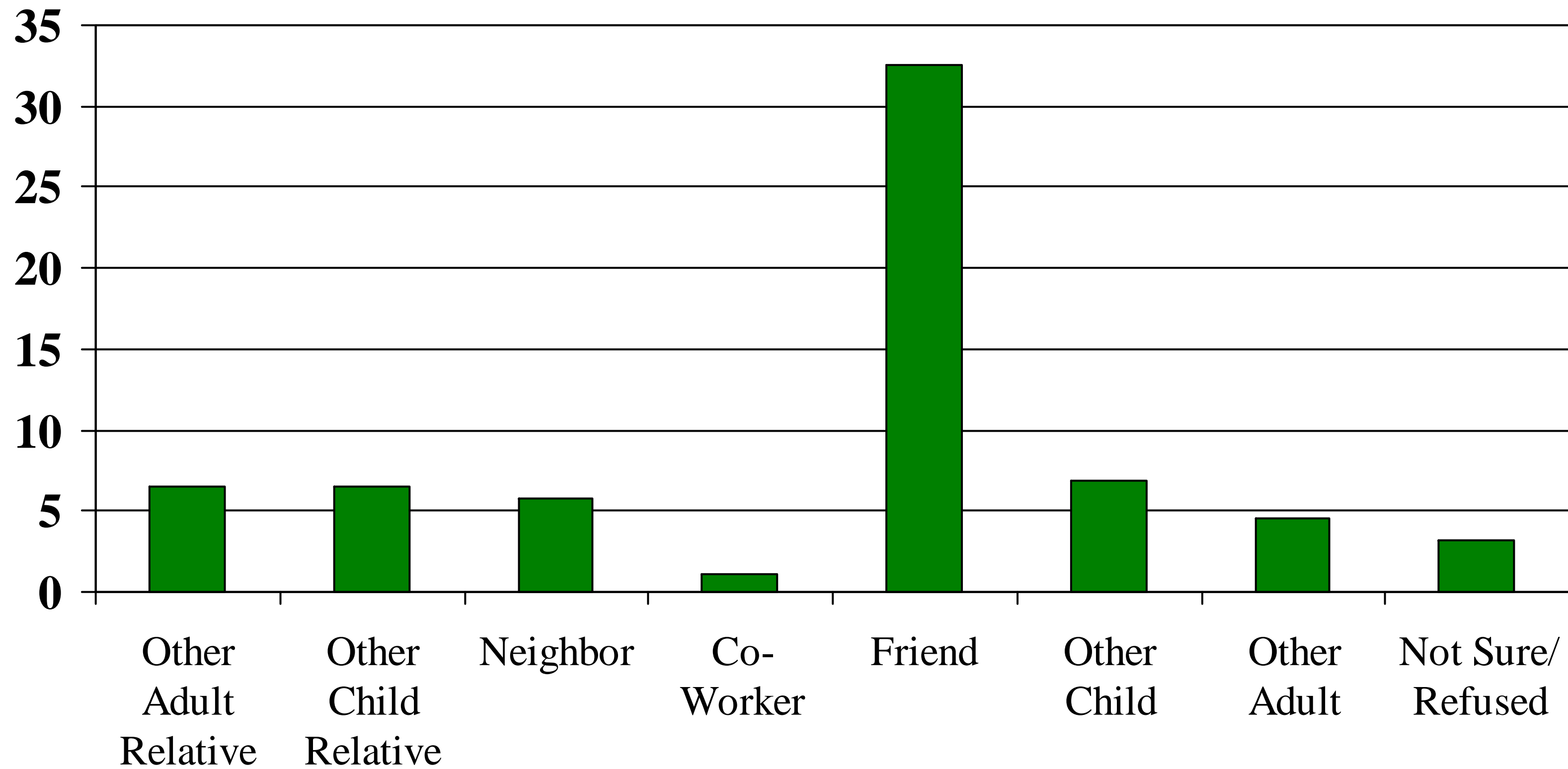


N = 714 Cases

Crime Victims Research and Treatment Center

National Survey of Adolescents

Relationship Between Adolescent Victims and Perpetrators



N = 462 cases

Victim/Offender Relationships

Age	Family	Acquaintance	Stranger
0-5	49%	48%	3%
6-11	42%	53%	5%
12-17	24%	66%	10%
18-24	10%	67%	24%
24-over	13%	57%	30%

Location of Offenses

70% of sexual assaults reported to law enforcement occur in the residence of the victim, offender, or another individual.

Percent of sexual assaults occurring in a residence

Age	Percent
0-5	87%
6-11	83%
12-17	69%
18-24	55%
25-34	53%
Over 34	60%

Sexual Assaults Outside A Residence

- Juveniles
  - Roadways
  - Fields/Woods
  - Schools
  - Hotels/Motels

* Adults

  Roadways

  Fields/Woods

  Parking lots

  Office Buildings

Age of Victims (All Sexual Assaults)

Age	Percent
0-5	14%
6-11	20%
12-17	33%
18-24	14%
25-34	12%
Over 34	7%

Reasons Why Victims Do Not Report Sexual Assault

- 71% Fear of family knowing
- 69% Fear of being blamed for the assault
- 68% Fear of everyone knowing
- 50% Fear of name made public by news media
- 40% Contracting STD/HIV/AIDS
- 34% Becoming Pregnant

(Rape in America: A Report to the Nation. D.G. Kilpatrick, C.N Edmunds, A. Seymour)

Few Sexual Assaults are Reported

Probability of Arrest/Clearance

- Arrests are made in 27% of sexual assault victimizations.
- Clearances by exceptional means:
  - Victim refused to testify – 7%
  - Prosecution was declined – 6%
  - Death of Offender
- 42% of all sexual assaults were cleared by law enforcement through arrest or exceptional means.

In 92% of sexual assaults, the assault was the only reported crime.

16% of adult sexual assaults involve multiple crimes

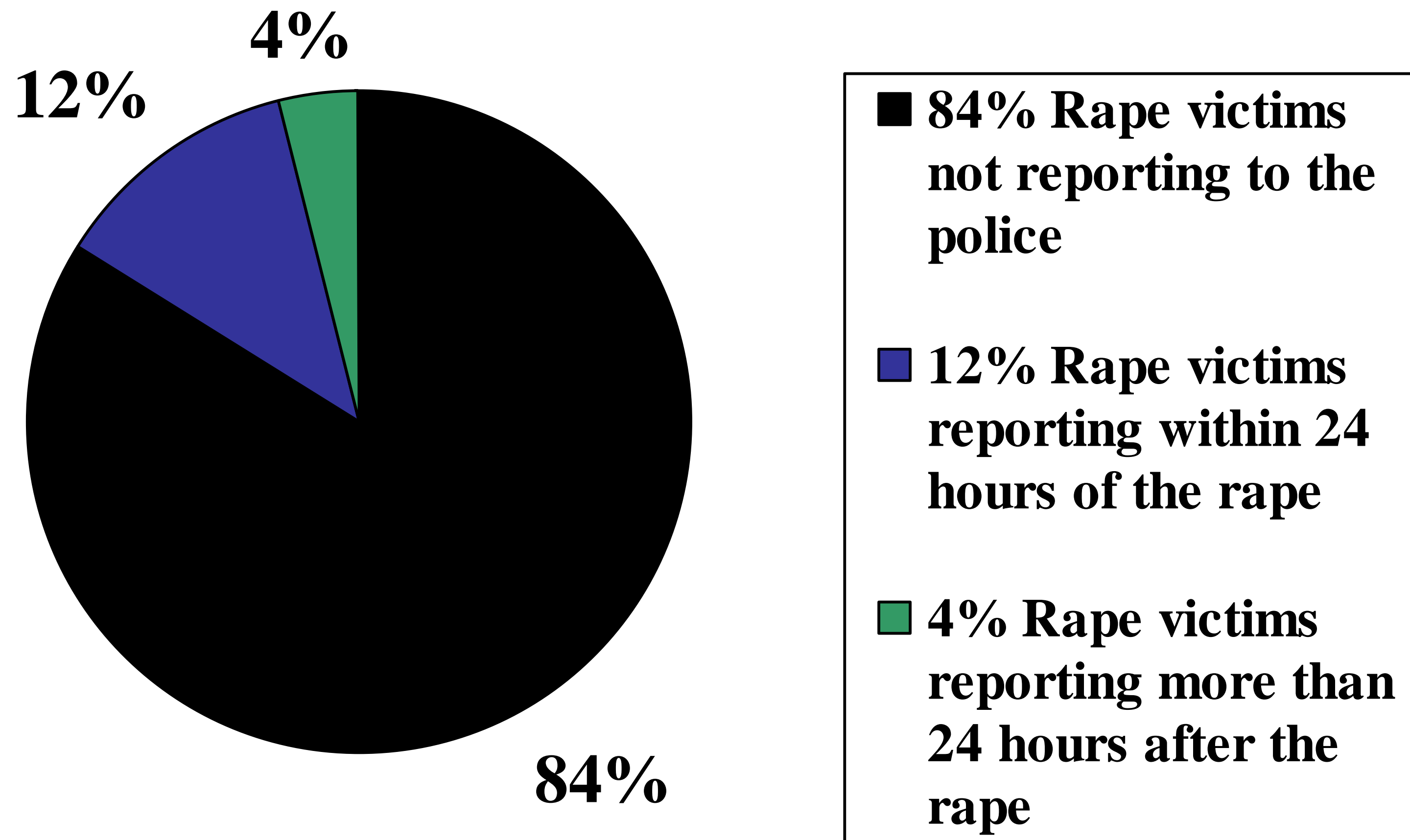
5% of juvenile sexual assaults involve multiple crimes.

Weapons Used in Sexual Assault

(where weapon information was available)

- In 70% of sexual assaults the weapon was "personal", (i.e.hands, feet, fist, etc.)
- In 6% of sexual assaults the weapon was a knife or club.
- In 2% of sexual assaults the weapon was a firearm.

Percentage of All Rape Victims Reporting to the Police



National Women's Study

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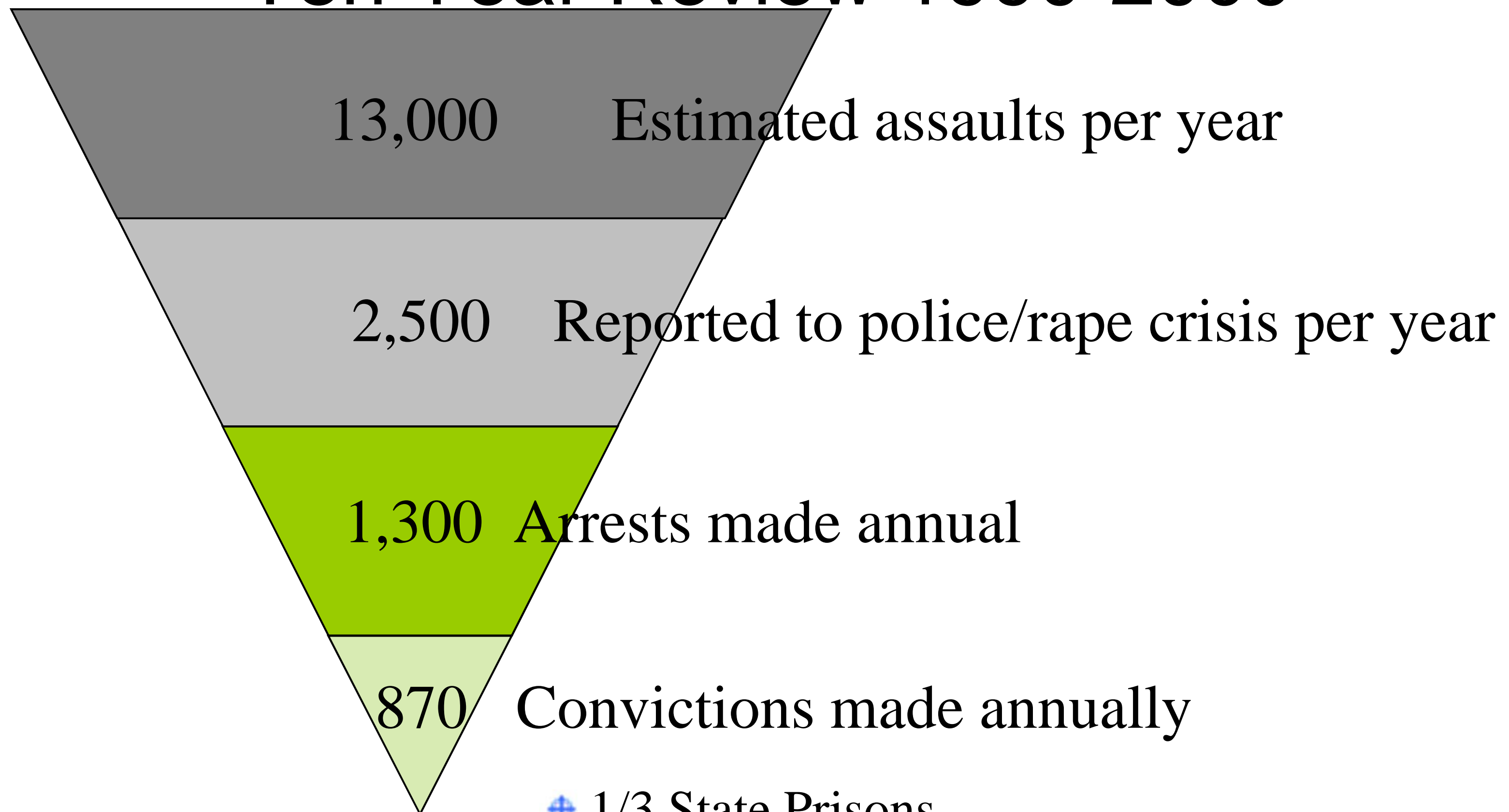
(Rape in America: A Report to the Nation. D.G. Kilpatrick, C.N Edmunds, A. Seymour. 1992)

The Majority of Reported Sexual Assaults Do Not End in Arrests or Convictions

Reporting of Sexual Assault in Massachusetts
Ten Year Review 1990-2000

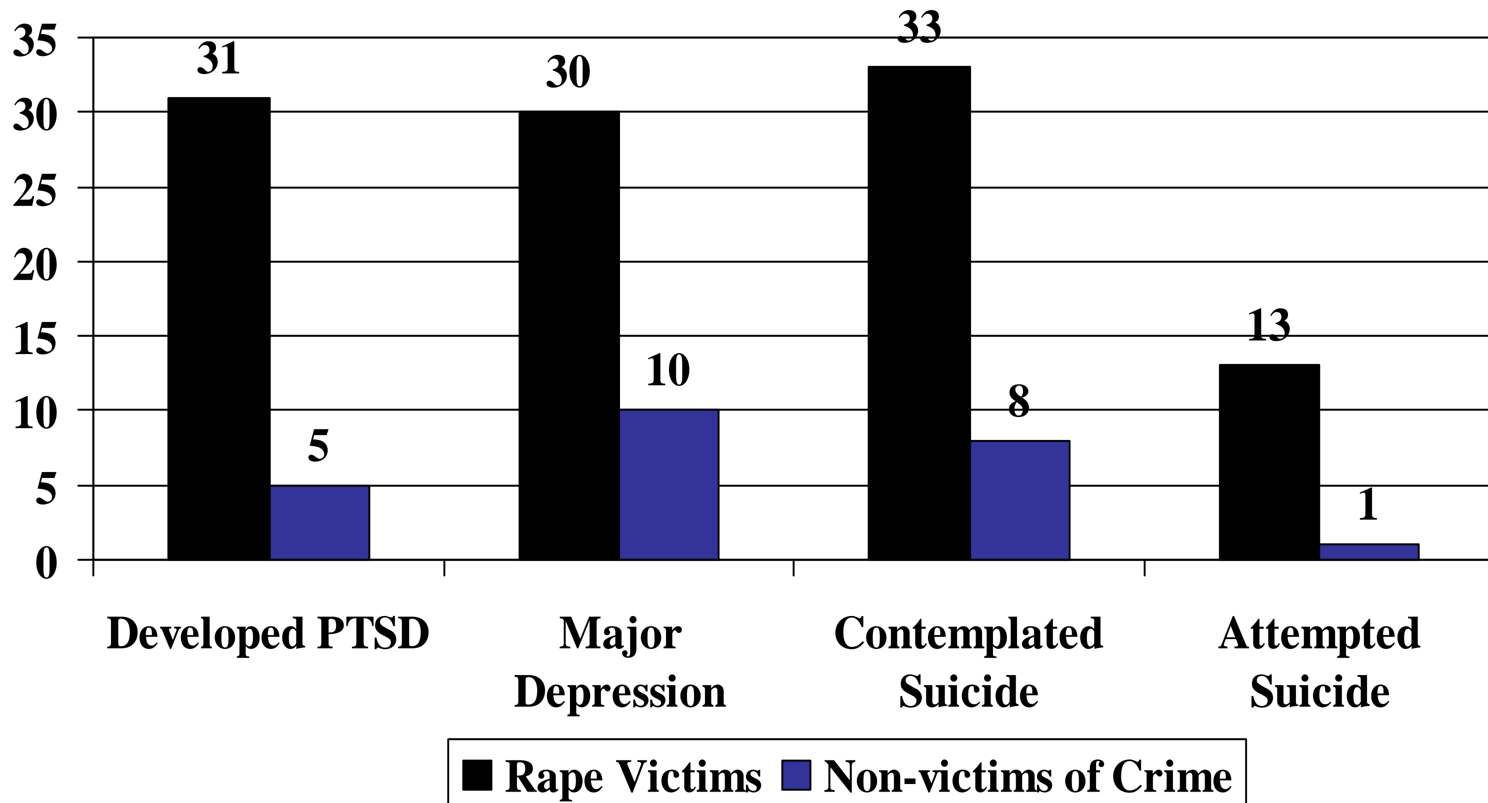


- 1/3 State Prisons
- 1/3 County Prisons
- 1/3 Community Supervision

The trauma caused by sexual assault is profound and can cause a wide range of emotional and physical effects.

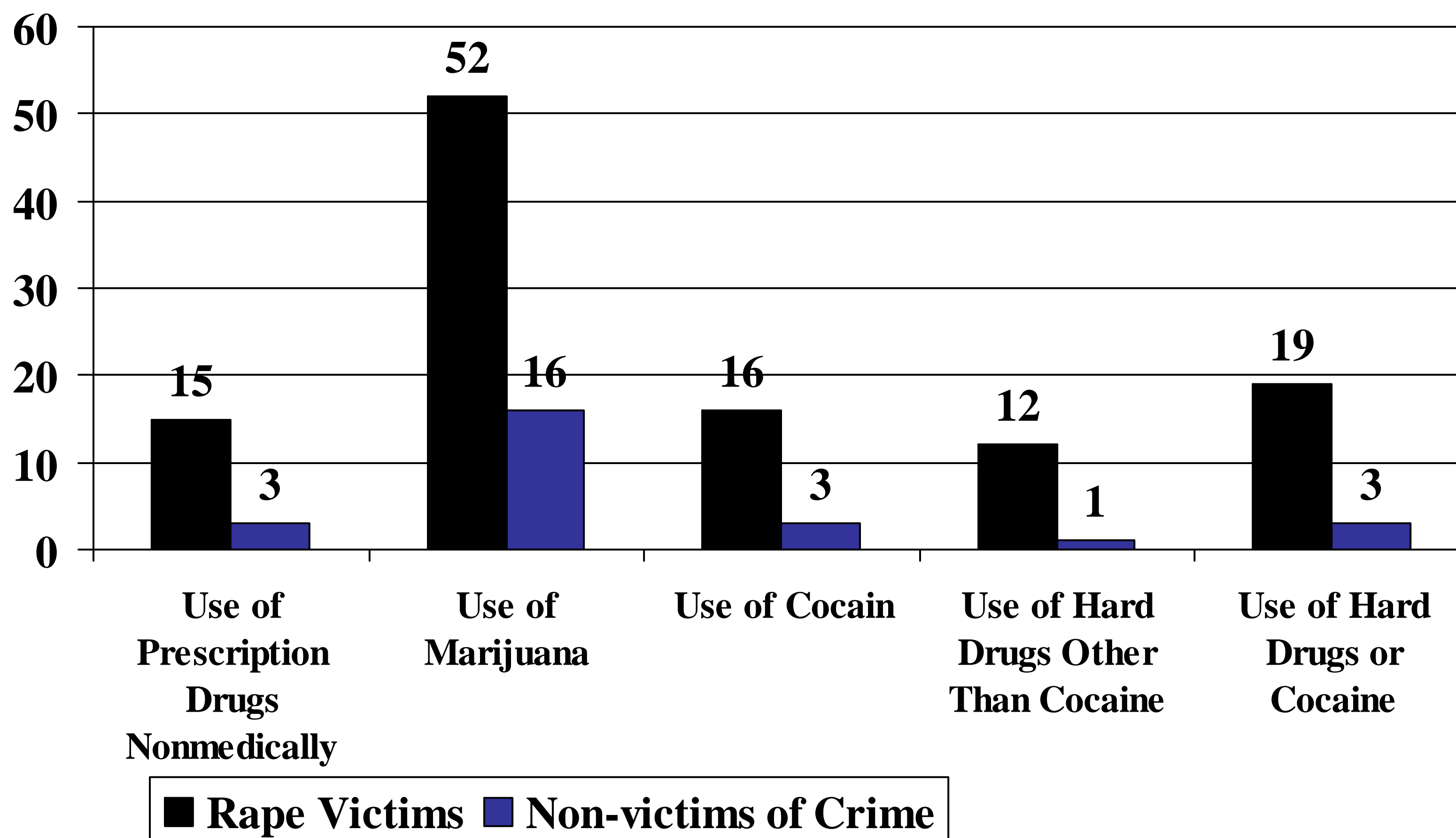
National Women's Study

Rates of Mental Health Problems Among Rape Victims and Non-victims of Crime



National Women's Study

Drug Use: A Comparison of Rape Victims and Non-victims



The Cost of Sexual Assault

- The cost of a victim of *Sexual Assault* =

  127 Billion Dollars
- The cost of *Assault and Battery* =

  94 Billion Dollars

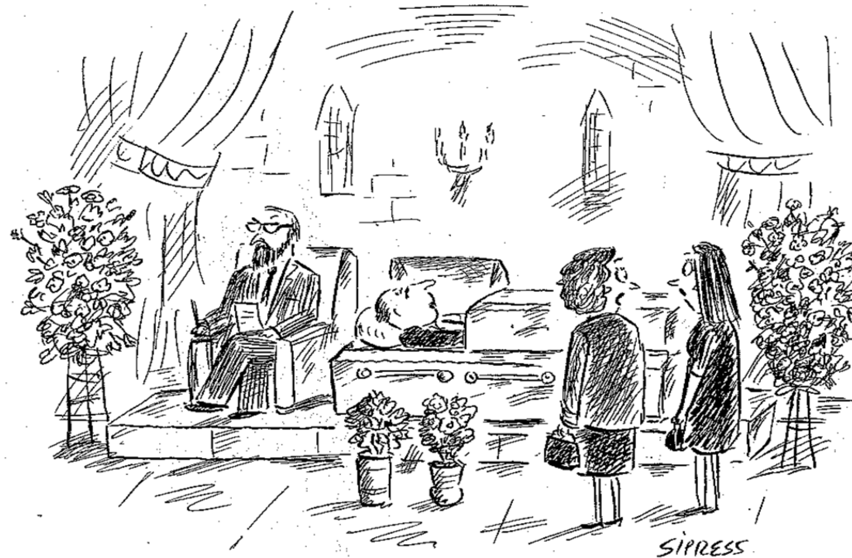
Most Common Types of Sexual Offenses

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, there are 15 different Paraphilias or Sexual Disorders. The Following are the most common disorders:

- Exhibitionism
- Frotteurism
- Voyeurism
- Pedophilia
- Incest
- Rape

WHAT DO WE KNOW ABOUT SEX OFFENDERS?

- Sex offenders area a manageable population
- Sex offenders can not be cured
- Comprehensive treatment programs built on the cognitive/behavioral model supported by intensive supervision can greatly reduce the chance of a re-offense (victimization)
- Recidivism rates for this population are difficult to evaluate based on the low reporting rate of sex offenses
  - Low reporting rates
  - Average # of victims
  - Lack of effective supervision &treatment
  - Interpreting the literature
- Sex offenders are more likely to be re-incarcerated for a non-sex offense then a sex offenses



"He's still in therapy."

Current Sex Offender Management Initiatives

- Sex Offender Registries
- Civil Commitment
- Housing limitations
- Travel limitations
- GPS tracking
- Capital punishment
- Lifetime supervision

What Should Our Focus Be?

- Sentencing reform
- Lifetime sex offender management
  - Treatment
  - supervision

End of part I

End of part II

MAINE DEPARTMENT OF CORRECTION SEX OFFENDER MANAGEMENT PROGRAM

From Commitment to Post Release

"The Containment Approach Model"

Principles of Sound Correctional Administration

- Prisons are where offenders are sent as punishment, not for punishment.
- There must be an unconditional respect for inmates as people.
- Staff must believe in an offender's ability to change their behavior.
- Programs based on the cognitive behavior model, must be available to all inmates at all institutions.
- Staff must demonstrate the behavior they wish inmates to emulate.

Part One
Getting Started

- *Requires collaboration and trust between treatment and correctional staff;*
- *Begins at commitment;*

Stages of implementation

- Identification
- Orientation
- Assessment screening
- Participant Tracking
- Re-Entry Planning

Identification

- Governing/concurrent offense
- Prior convictions
- Sexual overtones
- Maine DOC has approximately 400 identified sex offenders.

- Sex offenders make up 16% of the incarcerated population nationally

Orientation

- Within 30 days of admission
- Outlines all components of program
- Jointly conducted by treatment/correctional team
- Identifies those interested in treatment
  - *Deniers are not excluded!*

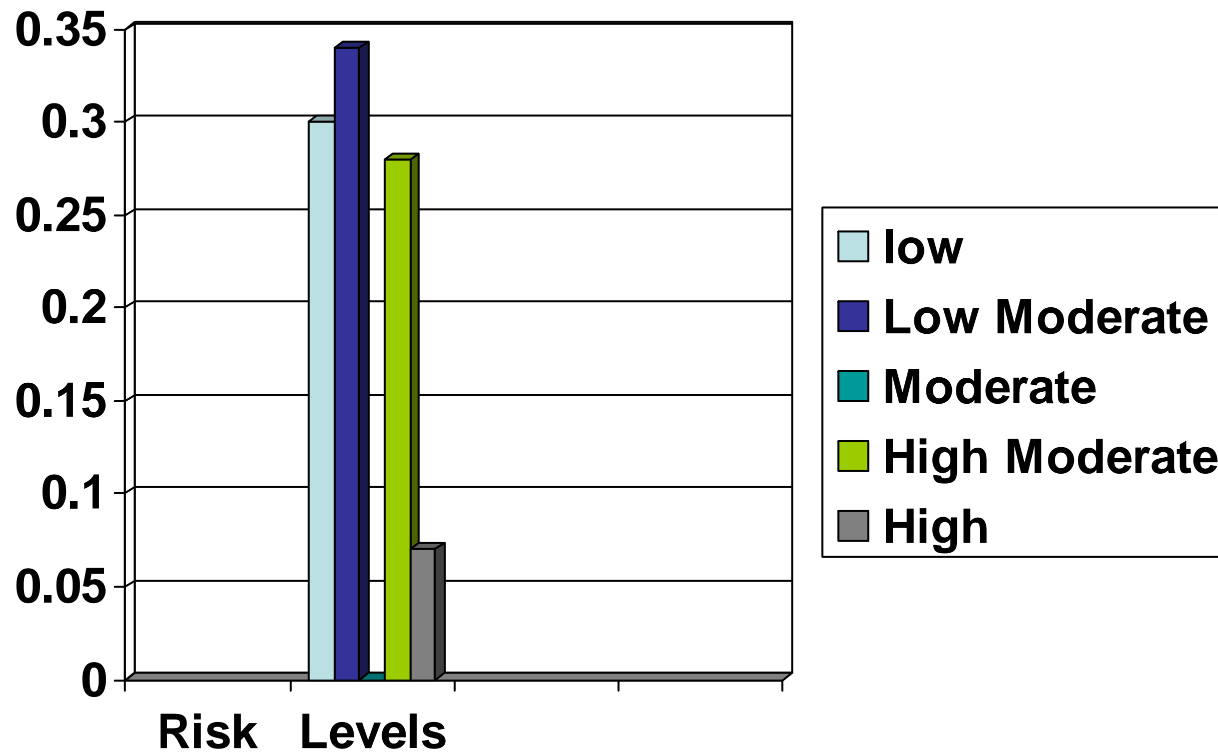
Initial Screening

- Identify risk levels via Static 99 and VASOR instruments
- Program targets moderate to high risk offenders

Breakdown of Maine’s Sex Offender Population by Risk Level

- Low……………………..30%
- Low Moderate……..34%
- Moderate………………0%
- High Moderate……..28%
- High…………………...8%

Maine DOC Sex Offender Risk Levels



Tracking

- Database of all sex offenders
  - Identification status
  - Risk levels
  - Projected release date
  - Date of completion for each phase of programming

Re-entry Screening

- Transition survey
  - Identifies potential barriers upon release
    - Home
    - Employment
    - Medical/mental health
    - Support network
    - Risk reduction programming

Role of Institutional S/O Site Coordinator

- Identification process
- Schedule initial screens
- Schedule orientation
- Tracking of sex offenders
- Source for program information

Part Two
Treatment Phases

- Orientation treatment
- Therapeutic community
- Transition programming
- Community “Containment Approach” Model

Orientation Treatment
Year One

- Participants are:
  - Moderate to High Risk
  - Are four years away from earliest projected release date
- Housed together in a 30 man unit;
- Receive one group session per week with a focus on:
  - breaking denial, rationalization, justifications, minimizations;
  - Understanding deviant sexual behavior
- Weekly community meetings are held to establish unit relationships, responsibilities.
- Participants hold institution jobs and may participate in other institution programming;
- Not separated from the general population

Therapeutic Community Eligibility

- Participants must complete requirements of Orientation Treatment Phase;
  - Home work assignments complete;
  - Demonstrate understanding of deviant sexual behavior
- Moderate to High Risk Offenders
- Three years away from earliest projected release date.

Therapeutic Community Structure

- Men are Housed together in one unit, five men to a housing pod;
- Personal property is limited, no TV's, video games, etc.
- Unit is separated from general population;
- No employment or programming outside the unit permitted;
- Men earn a stipend for positive participation.

Therapeutic Community Treatment Plans/Progress

- Each participant receives a comprehensive Psycho-Sexual Assessment upon admission to the Unit to identify individual treatment needs;
- ABEL screens, and Polygraphs are utilized as needed to supplement the assessment process;
- Each participant is evaluated on a quarterly basis utilizing the R.U.L.E Progress Report.
- Participants appear before a treatment panel review board at the halfway point and prior to graduation. (members include unit treatment staff, correctional team members, CPC's Director of Operations and Clinical Director.

Therapeutic Community Treatment Structure

- Participants participate in Unit community meetings every morning following breakfast;
- Participants are assigned to a ten man process group which meets daily and remain with this group throughout this phase of treatment;
- Participants are assigned a number of psycho-ed/specialty groups based on their individual needs. These groups meet several times per week.

Psycho-Educational/Specialty Groups

- Psycho-ed groups include the following:
  - Anger Management
  - Stress Management
  - Cycles;
  - Relapse Prevention I and II
  - Drama Therapy
  - Trauma Therapy
  - Behavior Therapy (to include Bio-feedback therapy)
  - Re-Entry Planning

Treatment Group Sessions

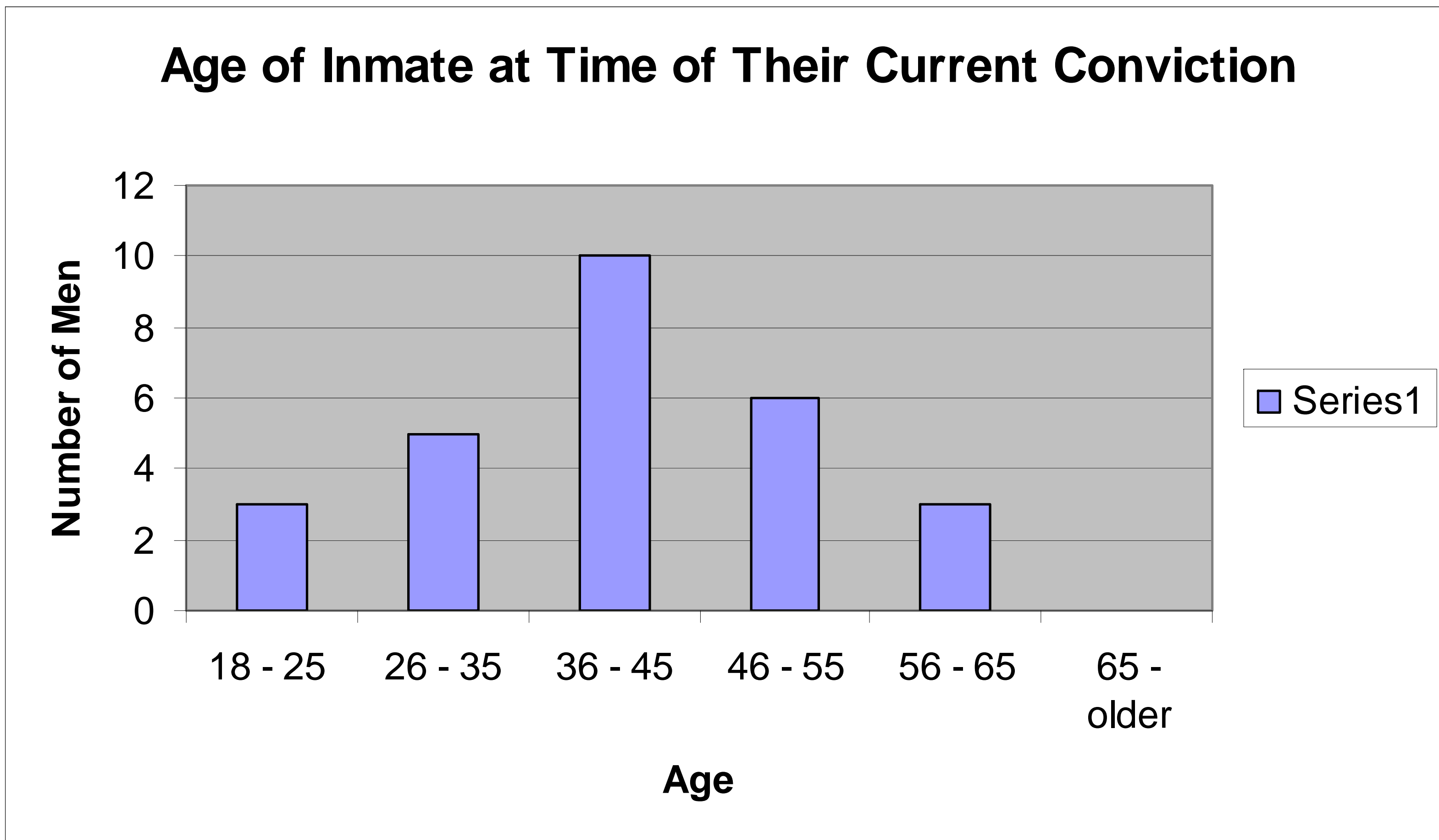
- There are approximately 245 group sessions held quarterly which break down as follows:
  - Process groups:………….31%
  - Psycho-ed Groups:………35%
  - Community meetings:……27%
  - Behavioral Groups………7%

  - A typical day in the therapeutic community

Individual Treatment Sessions

- Participants may sign-up for individual sessions with a unit therapist on a daily basis;
- There are approximately 205 individual sessions held quarterly;
- Each participant is seen individually 6-7 times per quarter.

Therapeutic Community Demographics



Therapeutic Community Demographics

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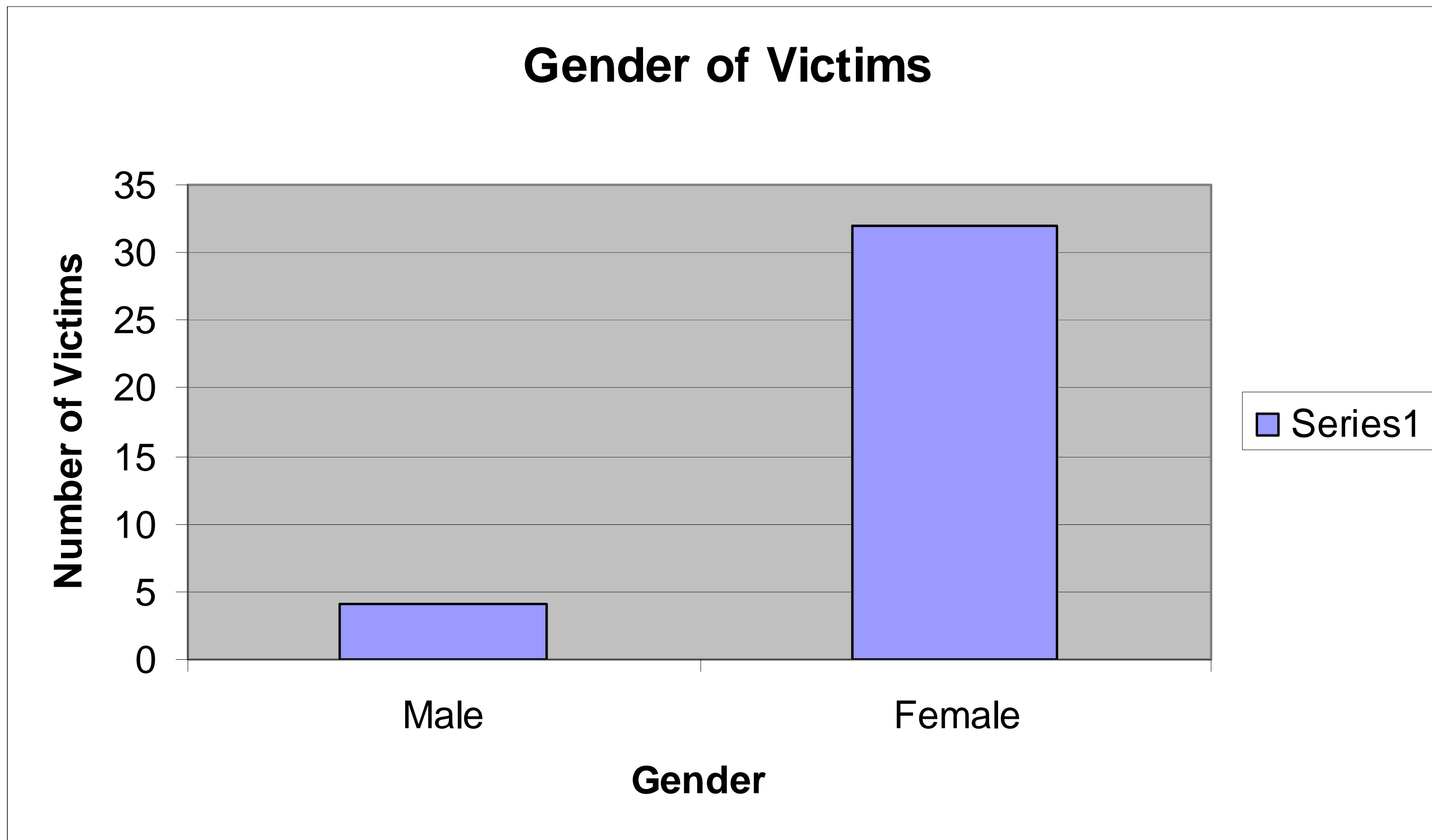

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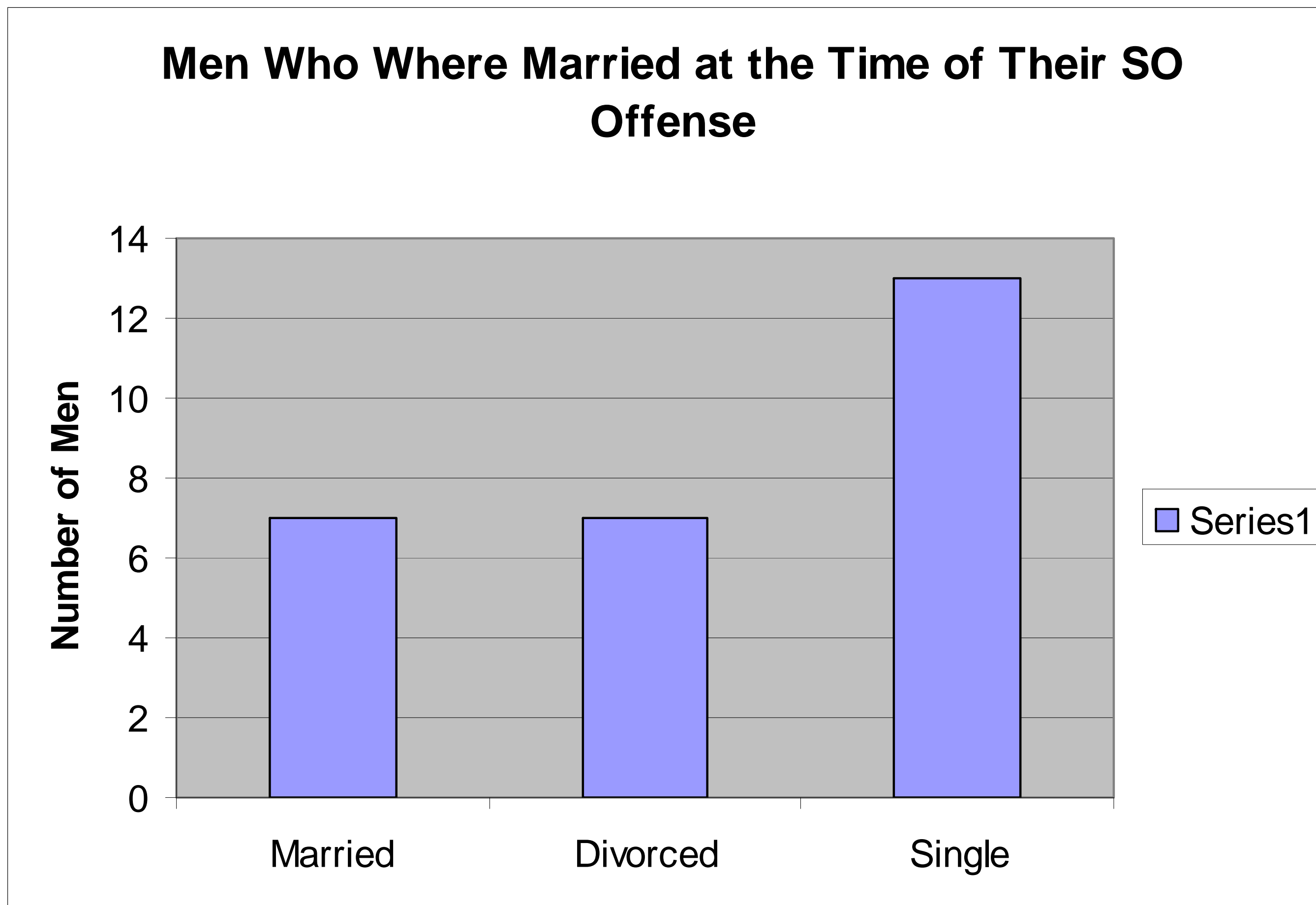

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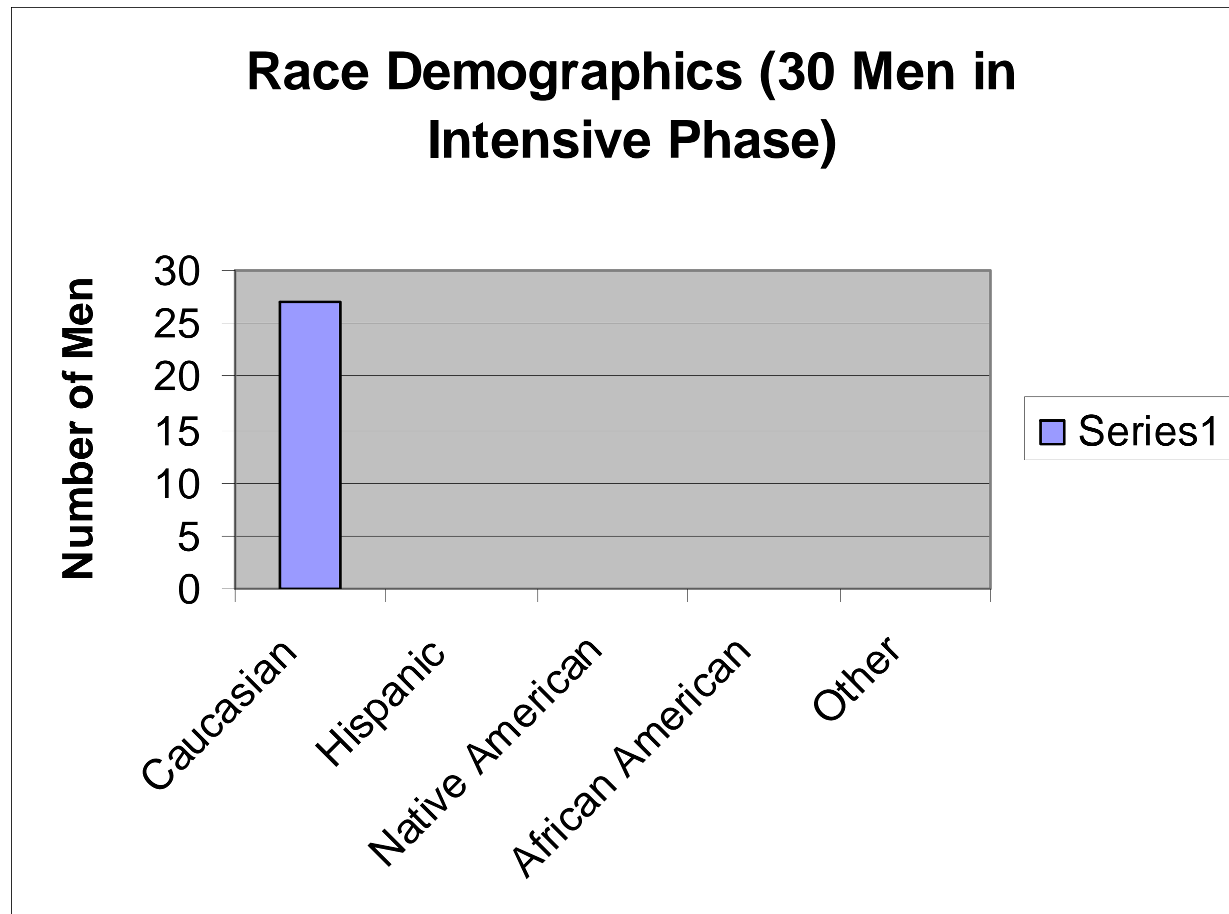


Transition Phase of Treatment Eligibility

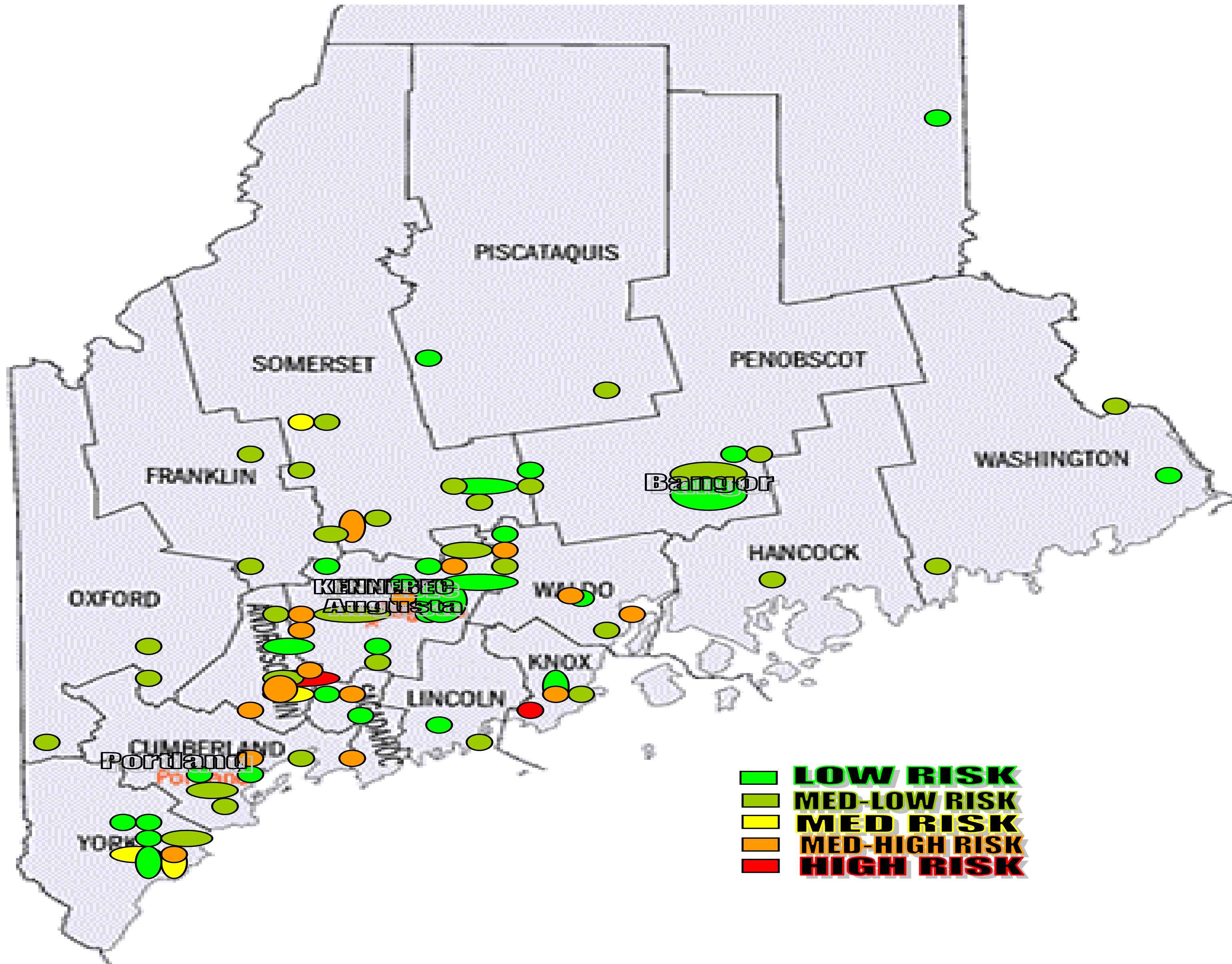
- Participants must score an 80 or above on the R.U.L.E. Progress Report;
- Participants must appear before a graduation panel made up of representatives from the DOC, Treatment team, and CPC executive personnel where they are asked a series of questions regarding their treatment plans, cycles, risk factors, interventions, etc.
- Participants are generally within one year to release.

Transition Phase Structure

- Participants are housed in the orientation unit where we may utilize their skills to mentor new program participants;
- Participants must attend weekly treatment programming to include:
  - Aftercare treatment programming
  - Transition planning; and
  - Community meetings
- Participants may begin participation in general institutional programming to include employment, community work crews, etc.
- Last six months of this phase may include community placement in city town where they will reside upon release!

Post Release Supervision

- 80% of participants have a post release supervision condition, as such, are placed in the community under the "Containment Approach Model".
- 50% of the non post release supervision offenders have continued treatment in the community.



PISCATAQUIS
SOMERSET
PENOBSCOT
FRANKLIN
WASHINGTON
Bangor
HANCOCK
KENNEBEC
Augusta
WALDO
OXFORD
KNOX
LINCOLN
CUMBERLAND
Portland
YORK
LOW RISK
MED-LOW RISK
MED RISK
MED-HIGH RISK
HIGH RISK

The “Containment Approach” is one of the most effective models in managing sex offenders in the community

The Containment Approach Model Includes Five Parts

1. A philosophy that values public safety, victim protection, and reparation for victims as the paramount objectives of sex offender management.

    a. Concerns for recovery of victim and safety of the community guide program development;
    b. Information about perpetrator's status, to whatever extent the victim chooses;
    c. Reparation to victim;
    d. Control of sex offenders in the community.

2. **Implementation strategy : interagency coordination, multidisciplinary partnerships, and job specialization**

a. Improves communications among involved agencies;
b. Promotes exchange of expertise and ideas;
c. Facilitates sharing of information;
d. Increases understanding;
e. Fosters a unified & comprehensive approach
f. Use of specialized functions I.e. sex offender specific probation/parole officers, polygraph examiners, etc. complete the mission

3. **The containment approach model of case management.**

a. Internal controls (treatment);
b. External controls (cj);
c. Polygraph examinations (to expedite flow of information)

4. **Development strategy: informed and consistent public policy**

a. Acceptance or rejection of plea agreements;
b. Sentencing strategies;
c. Use of polygraph information;
d. Offenders in denial;
e. Confidentiality limitations;
f. Failure to progress in treatment;
g. Revocation procedures.

5. **Quality control: ongoing monitoring and evaluation**

a. How will you measure efficiency, effectiveness, and fairness (a team decision)

b. Performance based measures;

c. Regular reporting

d. Outcomes

The Counseling & Psychotherapy Center's

Sex Offender Management Containment Approach

PROBATION/ PAROLE OFFICER

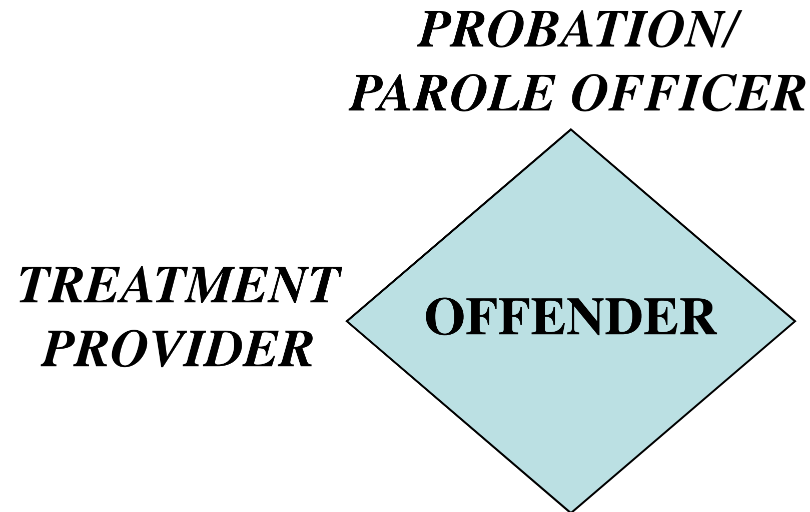
Parole/Probation Officer- Represents the external control components. The supervising officer, adhering to court and/or Parole Board orders/conditions, limits what the offender does or is allowed to do, and tries to limit the offender's exposure to potential victims and high risk situations.

Key Elements for External Controls Include:

- Ensuring offender participates in appropriate treatment programming;
- Electronic monitoring;
- Substance abuse testing as is appropriate
- Maintenance of a daily journal
- Scheduling regular polygraph examinations
- Appropriate employment

- Under parole/probation's intensive supervision for sex offenders, program officers maintain a caseload of 30-35, and are specially trained to supervise sex offenders.

Treatment Provider



Treatment Provider: Assists the offender in developing internal controls. Sex Offender specific treatment works on helping offenders identify their individual pattern of abuse, what the thoughts, actions, and events that precede their offense behavior are and how they can respond differently to avoid re-offending.

Components of a Comprehensive Sex Offender Treatment Program

- Modifying Interpersonal Relations - *Therapeutic Community*
- Exploration of Roots of Problem - *Group*
- Enhance Coping Skills - *Psycho Educational Classes*
- Building Empathy - *Group, Experimental*
- Identifying Cognitive Distortions - *Group, Classes*
- Modifying Deviant Arousal - *Behavioral*
- Developing Relapse Prevention Plan
- Transitioning to Community - *Prerelease, Work Release*
- Maintaining Recovery - *Aftercare Groups*

Differences in Treating Sex Offenders

Traditional Mental Health Treatment	Sex Offender Treatment
• See Patient as suffering from an illness- not responsible for behavior	•See participant as responsible for behavior
• Supportive	•Confrontational
•Trusts Patients	•Does not trust participant
• Allows patient to see agenda	•Therapist gets agenda
• Follows patient's values	•Therapist imposes values
• Patient welfare is first concern	•Public safety is first concern
• Complete confidentiality	•Limited confidentiality
• Patient is accountable to	•Patient is accountable to

So What is a Lapse?

- Lapses are stumbles or steps in the wrong direction
- Lapses are not necessarily re-offenses in and of themselves and do not necessarily lead to re-offense
- A series of lapses may lead to a re-offence
- A goal in treatment is for the offender to identify their lapse behavior, talk about it, and take appropriate steps to avoid past patterns of thinking, feeling, and behaving that have lead them to commit sexual offenses.
- Offenders can not always be trusted to be able to talk about their lapses; therefore, close monitoring is essential in combination with treatment.

Sex offender treatment and supervision programs must be designed to hold the offender accountable for their behavior and to address the problems and issues in their lives that put them at risk to re-offend.

Stages of a Relapse

During the treatment process therapist evaluate offenders closely for signs that an offender has initiated their sexual abuse cycle. Many therapists believe that there is a four step process to a relapse as follows:

- Offenders exhibit emotional/behavioral changes;
- There is an increase in the offenders deviant sexual fantasies;
- There is a presence of cognitive distortions;
- The offender begins to plan the offenses.

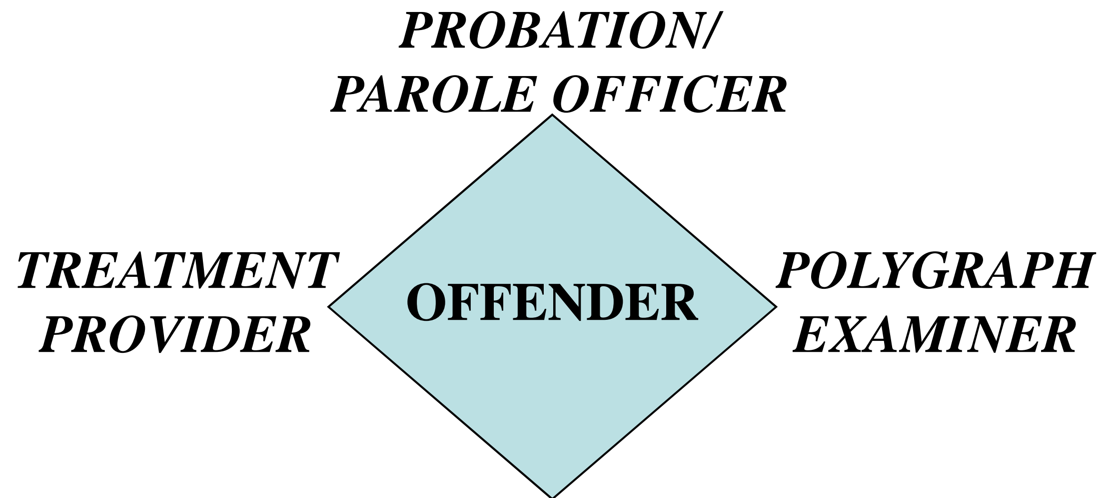
Close monitoring and the sharing of information regarding the offender's behaviors among supervision team members can greatly reduce a relapse.

Treatment Model

Our treatment model adheres to the cognitive/behavioral and relapse prevention model with a strong emphasis on attachment deficits and other dynamic risk factors.

- *Network Providers*
- *Group*
- *Progress Reports*
- *Weekly Meetings*
- *Confidential*
- *Collaboration*

Polygraph Examiner



Polygraph Examiner: polygraph examiner's are responsible for conducting polygraphs an all sex offenders under the supervision of the court. Polygraph examiners will work closely with the treatment providers and supervision agents in developing questions to monitor the offender's compliance with treatment and supervision conditions.

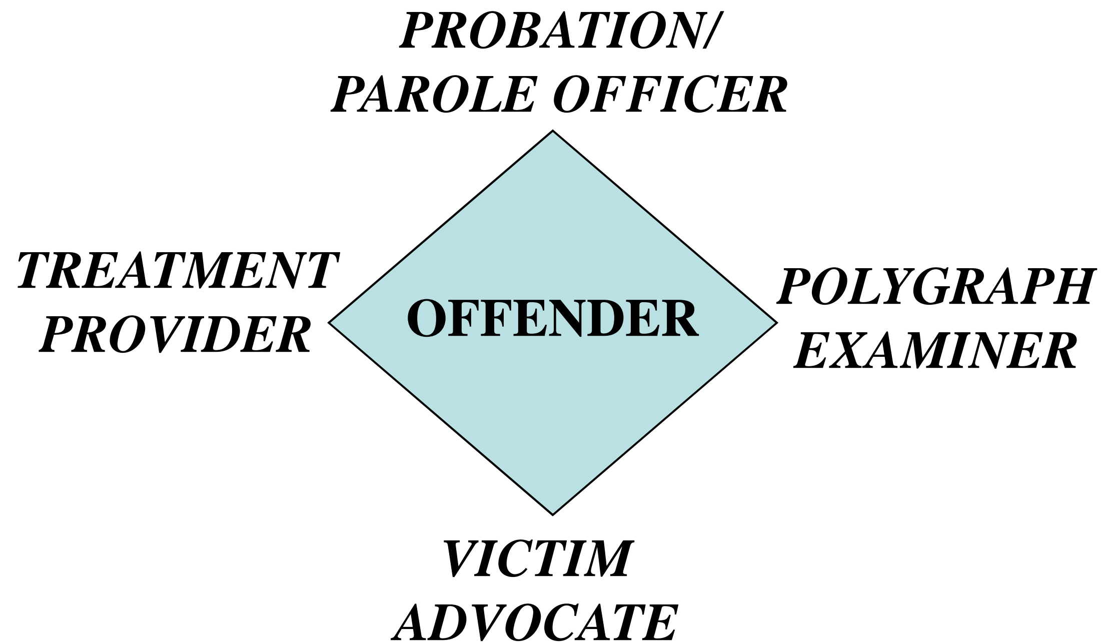
Types of Polygraphs

There are generally three types of polygraphs employed in monitoring sex offenders as follows:

- ***<u>Full Disclosure</u>***: The purpose of this exam is to obtain the offenders full sexual offense history. We do not utilize this test in Massachusetts.
- ***<u>Maintenance Exam</u>***: The purpose is to monitor the offenders compliance with supervision and treatment conditions. These exams are generally given every three to six months initially and scaled back as the offender demonstrates consistency in program compliance.
- ***<u>Single Issue Exam</u>***: This type of exam focuses on a specific alleged incident that becomes the subject of concerns once offender is in treatment

* It should be noted that deceptive responses in and of themselves do not constitute a return to custody, but rather are used to identify appropriate follow-up actions.

Victim Advocate



Victim Advocate: This team member represents the interest of the victims. At a minimum, this component means that concern for the safety and privacy of known victim's and victim families influences the supervision plan designed for an individual offender.

The Role of the Victim and Victim Advocate in Managing Sex Offenders

- The impact of sexual assault on victims
- What will the role of the victim be
- What will the role of the victim advocate be
- What is meant by a victim-centered approach to sex offender management
- Why it’s important to have a victim-centered approach

The Impact of Sexual Assault on the Victim

- Sexual assault impacts the victim in many, many ways that can be both visible and invisible to others. Here are just a few examples:
  - Fears about safety
  - Self blame and shame
  - Difficulty with relationships
  - Ability to engage in daily activities
  - Behavior
  - Flashbacks
  - Shock and disbelief

The Role of the Victim

- They can provide vital information regarding the offender
  - Familiar with how the offender operates
  - Knowledge of the offender’s stressors
  - Aware of potential danger signs

The Role of the Victim Advocate

- Provide assistance to the victim
  - Provide information regarding the offender's supervision
  - Assist in developing a safety plan
  - Referrals to community programs
- Provide assistance to the supervising Probation/Parole Officer
  - Provide feedback relative to appropriate conditions of supervision
  - Bring the victim's perspective to the table when case conferencing with team players
  - Accompany officer on home visits
  - Available to respond to concerns raised by victims and the community

Key Elements

- Keeping the Victims Informed
- Safety Plans for Victims
- Home Visits/ Supervision with PO
- Information About the Crime

What is Meant by a Victim-centered Approach to Sex Offender Management

- A multi-disciplinary, collaborative approach to sex offender management
- This collaborative approach will result in sex offender management effectively
- Minimize the risk of future sexual victimization
- The needs of the victim and community safety are critical elements

Maine Department of Correction’s Therapeutic Community

• Number of participants:	59
• Terminations:	07
• Drop-outs	01
• Released to community	20
• Technical violations	00
• New Offenses	00
• Returns to custody	00

The Massachusetts Experiment

- During the 1990's the Massachusetts DOC structured a similar program which included an orientation treatment phase, Intensive treatment phase, and a transition phase of treatment. Of the 110 intensive participants who moved to supervision in the community under the containment approach model only 3% returned to custody over 7 years compared to 25% for non treatment participants.

Outcome Studies
Colorado's Prison Therapeutic Community

- Parole outcomes
  - 47.7% of non-treated s/o population were revoked during the first parole period
  - 30% of sex offenders who only completed phase one of treatment were revoked during the first parole period
  - 15.7% of sex offenders who completed both phase one and two were revoked during the first parole period.

Colorado Outcome Studies Continued

Discharged population

New Arrest

Population	1st yr	2nd yr	3rd yr
Non-treated	33.8%	48.4%	55.3%
Phase I only	24.2%	35.5%	42.8%
Phase I & II	14%	30.7%	34.5%

Factors W/Largest Influence on Probability of Arrest

*Number of victims – more than one victim increases arrest probability.
*Number of offenders – just one offender increases arrest probability.
*Age of victim – Juvenile victims increase arrest probability.
*Sex of victim – male victim decreases arrest probability.
*Relationship of victim/offender – offenders who were strangers deceases arrest probability.
*Location of offense – locations outside of a residence decrease arrest probability.
*Injury to victim – injured victims decrease arrest probability.

END

Thank you