

## Community-based Treatment for Sex Offender Programs: Recent Initiatives in the Ontario Region

*Since the mid-1970s, the Correctional Service of Canada has provided a comprehensive specialized treatment program for sex offenders in the Ontario region through the Regional Treatment Centre in Kingston and through a satellite program in Kingston Penitentiary. Over the years, the demand for the service has outstripped available resources, creating a need for a second program which, for the last three years, has been run out of Warkworth Institution.*

*Together, these two programs currently treat about one third of all sex offenders in the Ontario region. The remaining untreated population consists of sex offenders who refuse treatment, those who reach their release dates before they can be offered treatment and those who are assessed as not requiring treatment.*

*The progress of graduates of the institutional programs has been informally followed by their therapists after they returned to their parent institutions. Once released, however, it was rarely possible to arrange suitable aftercare in the community. Existing community-based programs were usually offered through hospitals where the requirement for a provincial hospital insurance number rendered the programs inaccessible to offenders on day parole. For offenders on some other form of conditional release, program acceptance criteria were often so narrow that most federal offenders would be excluded.*

*With funds provided to support recommendations made by the Task Force on Community and Institutional Programs, community-based sex offender programs have been established in four centres in the Ontario region: Ottawa, Kingston, Hamilton and Toronto.*

\* District Psychologist, Central District Parole, Ontario Region

A recent review of federal correctional programs for sex offenders recommended a co-ordinated treatment strategy that would complement institutional programs with community-based programming.<sup>(1)</sup> There are many arguments to be made in support of community programs. Several recent studies underscore the importance of maintenance programs following the intensive phase of treatment. These maintenance programs act as booster sessions, reinforcing skills and insights gained in treatment.<sup>(2)</sup>

Community-based programs provide a treatment option that reduces unnecessary and expensive incarceration for certain types of offenders. These might include such federal offenders as incest perpetrators who are assessed as low risk to reoffend and federal offenders who have received relatively short sentences and might not be granted early release because treatment could not be offered before their parole eligibility dates.

Establishing programs in locations close to communities where the offenders originate makes it possible to supplement treatment with family support and, where appropriate, even to include family members in the therapeutic process.

Finally, treating offenders in the community allows the offender better access to extended community resources (e.g., vocational counselling, substance abuse treatment). These resources address other

contributing factors to the offending behaviour.

This brief review will look at the community-based sex offender programs established in Toronto and Hamilton.

### Program Description - Toronto

The Toronto project was designed to be a comprehensive program providing a full range of assessment (phallometric, physiological, neurological and psychometric) and treatment options (group and individual).

Individualized treatment modules include: substance abuse management, anger management, assertiveness and life-skills training, defensiveness reduction, medication to reduce sex drive, relapse prevention, treatment for mental illness and treatment for specific medical problems affecting the offending behaviour.

For those who have completed treatment in an institution, the program focuses on continued maintenance using a relapse-prevention model. For those who receive their first intervention on release, a full program of suitable components from the modules listed above can be tailored to the needs of the client.

It was projected in the proposal that the program could assess and treat 75 sex offenders in one year.

There are no criteria for acceptance into the program. Every sex offender referred to the program, who agrees to attend, will be accepted. For those who refuse treatment, the program provider has agreed to act as a consultant to the parole officers to help them manage these cases.

Parole officers and agency staff involved in parole supervision refer all newly released sex offenders for an initial assessment of treatment suitability. In most cases, the referral is made directly to the program provider. Recently, the program has received referrals from some local federal institutions. These referrals are generally co-ordinated by the parole district psychologist.

### Program Description - Hamilton

The Hamilton program is also designed to provide a full range of treatment services for sex offenders who have already been treated and for those who will be treated for the first time in the community. Each offender undergoes a full assessment which includes phallometrics. Treatment is largely based on a group format, focusing on anger management, sex education, communication, role playing and cognitive restructuring. Participants are expected to continue in the maintenance sessions until the end of their sentence.

Individual interventions are offered to clients who need marital counselling, behavioural reconditioning or medical intervention, in particular, anti-androgen medication to control sexual arousal.

To be accepted into the program, participants must be of average intelligence and are expected to

acknowledge that they have a problem with their sexual behaviour.

It was projected in the program proposal that service would be provided for between 15 and 30 offenders over an 18-month period.

Unlike the Toronto program which serves five area parole offices, one office supervises all sex offenders in the Hamilton program. A parole liaison officer, trained in relapse-prevention techniques, co-ordinates all referrals to, and maintains weekly contact with, the program provider. This officer is also responsible for contacting the institutions and, in particular, institutional programs that are graduating offenders to be released in the Hamilton area.

#### Preliminary Data - Toronto

Both the Hamilton and Toronto programs are undergoing the first phase of an evaluation to be completed in 1992. Preliminary data on client characteristics and program participation rates are provided here.

Forty-five referrals have been made to the Toronto program from its inception on 1 November 1990 until September 1991 (see figure). All 45 have had some form of assessment. Of these, four are still in the institutions awaiting release, one is in the community awaiting treatment and 30 are currently in treatment. Two have had their conditional release suspended -one for incurring new charges of a non-sexual nature and the other for new charges of a sexual nature. While both of these clients had been through the initial assessment, neither had actually commenced the program. The two who have completed the program have successfully reached the end of their sentence without new charges. Five have refused treatment or were considered unsuitable for treatment. Only one has dropped out of the program and was transferred to another District.

The average age of the Toronto sample is 36.3 years. Most (65%) are serving sentences of four years or less with an average sentence of 48.4 months (omitting one life sentence from the calculation). More than half of those referred have been treated in the institutions before release. Most (73%) have a history of substance abuse, 59% are learning disabled, and 11% of those referred are psychotic.

Of those referred to the Toronto program, 73% were charged with sexual assault, most for sexual assault with a weapon. Another 24% have charges of incest, although some of the other sex offences are offences against family members.

**Table 1**

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<b>Participation and Suspension Rates</b>							
	<b>Assessed</b>	<b>In treatment</b>	<b>Completed treatment</b>	<b>Dropped out</b>	<b>Suspended</b>	<b>Waiting List</b>	<b>Unsuitable for Treatment</b>

Toronto Referrals (N=45)	45	30	2	1	2	5	5
Hamilton Referrals (N=12)	12	4	0	1	3	30	4

## Preliminary Data - Hamilton

The Hamilton program assessed 12 sex offenders between January and September 1991. As of September 1991, four offenders were in treatment, none had completed treatment, none had dropped out once in treatment but three refused treatment and one was assessed as not requiring the service. One offender was transferred to another District, and three had their conditional release suspended. According to community assessment requests, there are approximately 30 offenders on the waiting list, almost all of whom are still in the institutions.

The average age of the assessed offenders is 39.7 years (skewed by the inclusion of two who were in their mid-50s). Half of the 12 in the program are serving sentences of four years or less.

## Problems

Establishing a treatment program in the community poses problems that are not shared by institutional programs. Both the Hamilton and Toronto programs have experienced start-up difficulties: some could not have been anticipated, and others are the expected challenges of any new program.

Treatment delivered in a group format assumes a certain level of compliance and homogeneity of client characteristics. In the institutions, where programs tap a large pool of offenders eager to participate in a program that might strengthen their chances for early release, it is possible to conduct group therapy geared to specific needs of participants.

However, since the client base for the community programs depends on new releases, it has taken longer than anticipated to accumulate enough referrals to establish the groups. The offenders who participate have various offence histories. Their levels of treatment sophistication and cognitive skills also vary. Most are mandated to treatment, and can be unwilling and even disruptive participants. These problems require a flexible treatment plan on the part of the service providers, the application of several case management options and the close collaboration of parole officers and clinicians.

Co-ordination of referrals to the community from the institutions has been slow in developing. For sex offenders released on mandatory supervision, often among the highest-risk cases, the community service providers may receive little advance notice of their arrival in the community. For those who have already been treated in the institution, the referral process from the institutional program to the community has been smoother. Ultimately, it is hoped that the referral process will begin when the community

assessment is completed before the offender's parole hearing. Recommendations for community treatment by the case management preparation team at the time of the hearing will give offenders an opportunity to understand the terms of their release and the nature of the community treatment program they will be required to attend.

The response of parole officers, agency staff and management to the development of these specialized community-based programs has been generally favourable. In the Ontario region, there is a commitment to training as many line staff and managers as possible on the relapse-prevention model. The purpose of this is to make staff and managers aware of the clues indicating offenders deterioration into the offence cycle and to allow them to feel confident that they are sharing a common vocabulary with therapists which facilitates discussion of the case.

The newly-implemented Regional Community and Institutional Sex Offender Management Committee has a mandate to improve the regional co-ordination of the programs. Committee members are discussing the standardization of the assessment battery for the institutional programs and will eventually look at the community programs. Their work should ensure that institutional and community programs share a common approach to treatment and that there will be effective transition from one program to the next.

The completed evaluation of the programs, scheduled to be released in 1992, will provide outcome data testing the effectiveness of the programs to help us to better manage sex offenders in the community. The results of the evaluations will influence whether the Correctional Service of Canada continues to support the programs as standard elements of aftercare.

The Correctional Service of Canada's corporate objectives include the promotion of public safety by "safely reintegrating a significantly larger number of offenders as lawabiding citizens while reducing the relative use of incarceration as a major correctional intervention," and the reduction of recidivism of specific groups of offenders with unique needs or problems. Given these, it would seem that the provision of community treatment in some form for sex offenders is a direction that the Correctional Service of Canada has chosen and will not reverse.

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(1) *Solicitor General of Canada, "The Management and Treatment of Sex Offenders."* Report of the Working Group: Sex Offender Treatment Review. (Ottawa: Minister of Supply and Services, 1990).

(2) *G. Glancy, "Rehabilitation of Sex Offenders: A Long Term Model"* Paper presented at the meeting of the Ontario Psychiatric Association, January 1991. See also *W Pithers, "Relapse Prevention with Sexual Aggressors: A Method for Maintaining Therapeutic Gain and Enhancing External Supervision,"* in *W.L. Marshall, D.R. Laws and H.E. Barbaree (Eds.), Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender.* (New York: Plenum Press, 1990) 343-361. And see *B.M. Maletzky, Treating the Sex Offender.* (New York: Sage Publications, 1990).