

A Description of the Westmorland Sex Offender Program with a Focus on Treatment Concerns and Research

The program for sex offenders offered at minimum-security Westmorland Institution was developed from material associated with Dr. Patrick Carnes' sexual addiction model.⁽¹⁾ Although based on this model, the program is not restricted to it. Rather, the program is eclectic, borrowing from the cognitive-behavioural, psychodynamic and spiritual domains. In addition, the program is open to revision and change as new needs arise; since its inception, various components have been developed and added.

Begun as a pilot project in February 1988 for male sex offenders, the program was initiated at the institutional level with the support of the regional chaplain, prison psychologists and the institution's administration. As of January 1991, approximately 100 sex offenders had received treatment in the program.

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The core program consists of 15 modules delivered over 15 weeks. The offender participates in three hours of group therapy and one hour of individual therapy per week. The groups are closed and accommodate four to eight inmates. Often the groups are made up of mixed offenders; that is, rapists and child molesters may be in the same group. The groups are led by a female-male co-therapist team.

Upon completion of the core program, selected inmates are given two weeks of relapse-prevention training. This part of the program is more intensive - the individual is in group therapy for eight hours each day.

At the end of the program, the offender has access to a follow-up program offered at the institution at six-week intervals. These groups are open to family members as well.

The Offender and Treatment Approach

Many clinicians who work with sex offenders are beginning to report much higher levels of physical and sexual abuse among this population than was previously thought to be accurate.⁽²⁾

Offenders' reporting of abuse is seen by some as an attempt to avoid taking responsibility for the offence.⁽³⁾ Other studies report low rates of abuse among this population and tend to dismiss it as an insignificant factor in the development of the offence.

The Westmorland program takes an opposing view. Dealing with the victimization of the offender is considered crucial to the therapeutic process. Demographic information gleaned through the program reveals high levels of abuse: 51% of the offenders report having been physically abused, and 60% report sexual abuse. In almost three quarters of cases (74%), the abuser was male -most of the time a father or father substitute. The remaining quarter (26%) were abused by females - either the mother, older female relatives or babysitters.

The manner in which offenders deal with their abuse is related to their subsequent offending. Sex offenders use dissociation (or repression) as a defence and as a means to cope with the trauma of their own abuse.⁽⁴⁾ They also tend to be more withdrawn and alienated in their relationships with others and with themselves.⁽⁵⁾ These factors tend to remove the sex offender from the experience of both others and self.

Focusing on the offender's own victimization experience can help him begin to recover the repressed emotions associated with the trauma. Once able to relate to their own experience, offenders are better able to relate to the experience of others, especially their own victims. One offender, when confronted with the harm done to the victim, expressed the following sentiment: "If I don't know how I feel, how do you expect me to know how she feels?" Focusing on the offender's victimization experience is also a productive means of establishing victim empathy.

To ease this process, the tendency of the offender to become alienated or isolated must be addressed. One of the main foci of the therapeutic process is to create an environment of trust, enabling the offender to bond or take part in a meaningful relationship with both the therapist and the group. It is within this trusting relationship that offenders can begin to discover and integrate aspects of themselves that had previously been disjoined. Offenders need to experience being cared for as well as being confronted with the reality of their offending. If the offender does bond in these relationships, it is the beginning of a process of self-development that can generalize to relationships back in the community.

Inappropriate sexual behaviour is viewed in the program as an expression of various needs that have become displaced. These include the need for intimacy, for power and for the expression of anger and hostility. Once the line has been crossed and offenders begin to fulfill these needs through inappropriate sexual gratification, they can become strongly attached, addicted or compulsive about this sexual expression -so much so that they lose control, and the desires begin to control them.

One of the goals of the program is to facilitate more creative expression and fulfillment of these basic needs. The relapse-prevention program focuses on enabling offenders to have more control of their sexual behaviour.

A final comment with regard to the program description: the psychological demands placed on the therapists who are delivering such programs are heavy. Therapist supervision has been, and continues to be, a cornerstone of this program with each therapist receiving between one and two hours of supervision per week.

Research

The research component of this program focuses on three areas. The first is program evaluation. Pre-post test measures (taken before and after the treatment to determine whether there were changes in any areas) have been used since the beginning of the program. A measure was also developed to evaluate offenders' progress while in the program. The second area of research identifies some of the personality characteristics of this group. Three such studies have been done. The third research focus is on

demographic information. Some of the findings from each of the areas are presented below.

The original purpose of the pre-post testing was to evaluate whether the program was having the desired effects on the offender. The following measures were used: the Millon Clinical Multiaxial Inventory (MCMI); the IPAT 8 State Questionnaire (8SQ); Minnesota Multiphasic Personality Inventory (MMPI) subscales for alienation, denial and social desirability; a measure of emotional empathy; a measure of locus of control; and a measure of dissociation.

The results of the testing demonstrated significant changes in the desired direction on seven of the eight scales of the 8SQ, a significant reduction in alienation and a significant movement to an internal (as opposed to external) locus of control. These results indicate that the program is helping the offender to better express emotion, to become less alienated and to have more of a sense of control with respect to impulses, feelings, social relationships and their fate.

The second aspect of program evaluation has been the development and implementation of the Participation Assessment Measure. This measure consists of 45 questions related to the following 11 subscales: defensiveness, acceptance of powerlessness, coping with shame, insight, capacity for empathy, degree of bonding and alienation, forgiveness, acceptance of responsibility, assertiveness, expression of emotion and impaired thinking. The measure is administered by the therapists at the middle and end of the program. Progress feedback is given to the offender. The scale shows consistent reliability.

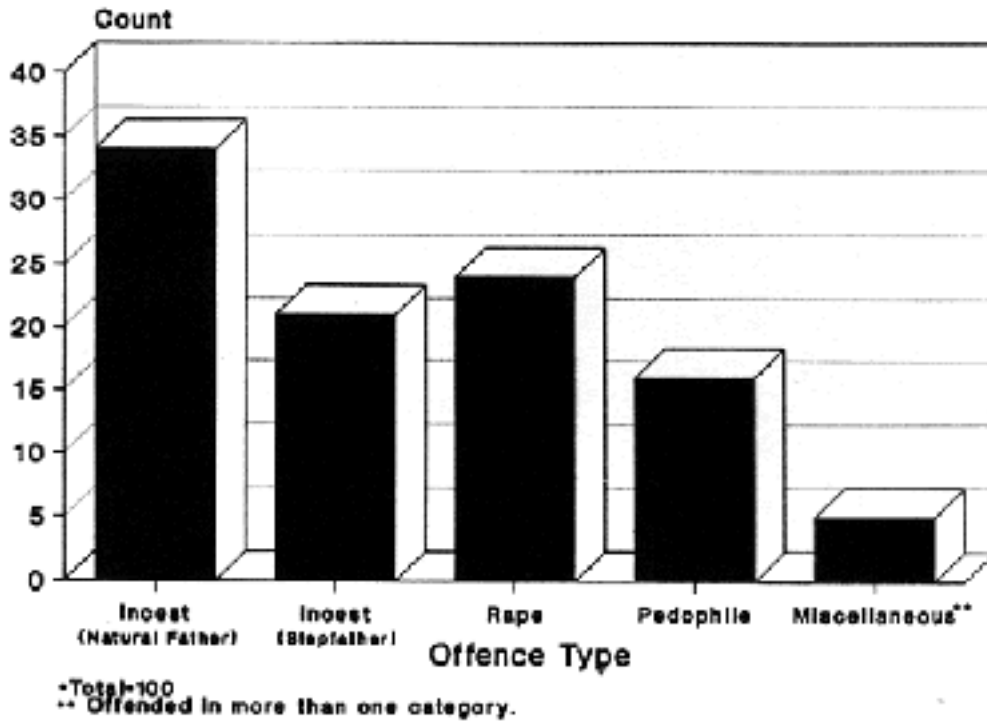
The evaluative research is beginning to demonstrate some predictive results. At present, these findings are tentative, and more time is needed to establish their validity firmly. Recently, two offenders quickly returned to prison. One had reoffended very soon after release, and the other was deemed to be near relapse. Upon examination of their pre-post test results, both had scores that were significantly different from other offenders. Both had also scored significantly lower on the Participation Assessment Measure. Although the sample size is small, the results may help to identify those who are high risks for quickly reoffending upon release.

As mentioned above, three studies have been done to understand the sex offender better. The findings indicate that this population is more alienated and dissociative, and more likely to have an external locus of control than other offenders and men in the general population.⁽⁶⁾ The trends in one study indicated that these sex offenders may be more capable of empathy than other offenders.⁽⁷⁾ The final study demonstrated a high level of addictive personality among this group of offenders.⁽⁸⁾

The final area of research has looked at program demographics. Data on various topics are being accumulated and analysed. The following issues are of concern: recidivism, length of stay in the prison after program completion, offender history issues, percentage of sentence served compared to non-treated sex offenders and type of offender treated. The figure presents data by offence category on sex offenders treated during the first three years of the program.

Figure 1

Sex Offenders* in Treatment
February 1988 - February 1991



Conclusion

Information has been presented on the nature of the treatment and research approach of the program for sex offenders at Westmorland Institution. There are other components not discussed in this paper. One aspect is the development of a community-based follow-up program, for which there is a strong need.

A central philosophy of this program is that a process of recovery can be started in treatment within the prison, but this process also extends beyond the institution. We do not advocate a cure, but rather recovery over time. The offender will wrestle with the temptation to act out over and over again and is most vulnerable once back in the community. There is a need for long-term support after the end of the sentence for those offenders who really want to continue the recovery process.

(1)P. Carnes, *Out of the Shadows: Understanding Sexual Addiction*. (Minneapolis, Minnesota: Compcare, 1983).

(2)N. Groth, "Sexual Trauma in the Life of Rapists and Child Molesters," *Victimology*, 4 (1979): 10-16. See also D. Tingle, G. Barnard, L. Robbins, G. Newman and D. Hutchinson, "Childhood and Adolescent Characteristics of Pedophiles and Rapists," *International Journal of Law and Psychiatry*, 9 (1986): 103-116. And see T. Seghorn, R. Prentky and R. Boucher, "Childhood Sexual Abuse in the Lives of Sexually Aggressive Offenders," *Journal of the American Academy of Child and Adolescent Psychiatry*, 26(1987): 262-267.

(3)R. Langevin and R. Lang, *Incest Offenders: A Practical Guide to Assessment and Treatment*

(Etobicoke: Juniper, 1988).

(4)E. Bliss and E. Larson, "Sexual Criminality and Hypnotizability," *The Journal of Nervous and Mental Disease*, 173 (1985): 522-526. See also K. Graham, "Towards a Better Understanding and Treatment of Sex Offenders." *Manuscript submitted for publication, 1991.*

(5)J. Gilgun and T. Connor, "Isolation and the Adult Male Perpetrator of Child Sexual Abuse: Clinical Concerns," in A.L. Horton, B.L. Johnson, L.M. Roundy and D. Williams (Eds.), *The Incest Perpetrator: A Family Member No One Wants to Treat* (Newbury Park: Sage, 1990) 74-88. See also K. Graham, "An Investigation of Personality Characteristics of Sex Offenders." *Unpublished manuscript, Acadia University, Department of Psychology, 1989.* And see Graham, "Towards a Better Understanding and Treatment of Sex Offenders."

(6)Graham, "Towards a Better Understanding and Treatment of Sex Offenders."

(7)Graham, "An Investigation of Personality Characteristics of Sex Offenders."

(8)K. Graham, "Addiction: A Possible Component of Sexual Offending," *American Journal of Preventive Psychiatry & Neurology*, 3 (1991): 54-56.