

## A national strategy for managing sex offenders

The number of sex offenders in Canadian federal prisons has grown steadily over the last 20 years, and is currently estimated at 3,875. This may be the result of increased reporting of sexual assaults, well-trained police forces backed by more sophisticated detection and identification techniques, and the development of legal procedures that encourage victims to testify. The courts are also delivering lengthier sentences for such assaults, and the return of offenders to the community has been slowed by the increasing use of detention legislation.

The rise in the number of identified sex offenders and several high-profile cases have fanned the flames of public outrage and fear. Sex offenders are frequently portrayed as cold-blooded, brutal and remorseless predators who return to society poised to commit further sexual crimes within days of release. This stereotypic image does not fit most sex offenders, and tends to increase fear and misunderstanding within an already apprehensive society. *Sex offenders not only often look like the "boy next door"<sup>(2)</sup> or a trusted uncle, they exist within virtually every occupational group. It is much easier to believe that sex offenders are not like us and could not belong to our families or circles of friends. Yet, to deal realistically with this issue, we must accept that most sex offenders belonged to our social network before they were incarcerated, and will return to our communities after release.*

*It is also important to appreciate that assessment and treatment within the criminal justice system represents just a small facet of the offender's total life experience. Our society must, therefore, somehow reduce the number of sex offenders we create. It is far more cost-effective to prevent sex offences than to incarcerate and treat sex offenders.*

*This article examines two complementary sides of this social problem. First, the article examines the Correctional Service of Canada's response to the recent increase in the number of sex offenders. The article then concludes by commenting on society's responsibility in preventing sex offences.* The research background In 1973, the Correctional Service of Canada Regional Psychiatric Centres in Kingston and Abbotsford concurrently established pilot treatment programs for a then relatively small population of sex offenders. At that time, the literature on assessing and treating sex offenders was relatively sparse.<sup>(3)</sup>

In 1979, research demonstrated that individualized behavioural therapy produced consistent improvement on a variety of sex offender treatment outcome measures.<sup>(4)</sup> This information greatly affected the evolution of Canadian sex offender treatment programs. Over the past 20 years, there has been an increased understanding of the importance of matching risk, need and treatability to treatment intensity, as well as the importance of empathy and victim awareness,<sup>(5)</sup> and a solid understanding of relapse prevention factors.<sup>(6)</sup>

Several Canadian studies have recently documented various forms of sex offender treatment that reduce recidivism,<sup>(7)</sup> but some researchers continue to argue for more empirically precise studies.<sup>(8)</sup> A national strategy The Service recently decided to implement a national sex offender strategy to better address the needs of this complex, heterogeneous and challenging group of offenders. To that end, sex offender assessment and treatment specialists from all Service regions were assembled in 1994.<sup>(9)</sup> This group met

with clinicians and administrators from sex offender programs across Canada over a 10-month period to determine the most effective treatment practices.

The committee then developed standards for sex offender treatment that have been reviewed by a variety of groups, including offenders, legal services, unions and Service officials. A Commissioner's Directive on this subject was drafted and approved by the Service's Executive Committee in March 1996.

These national standards set out governing principles for the provision of sex offender services, guidelines for assessment, treatment and research, and a framework for evaluation and accountability.

Sex offender assessment should gather information from a variety of sources, through various techniques and at various times during each offender's sentence. Assessment generates a wealth of information that can be used to determine the most appropriate treatment intensity and location for each sex offender.

The standards describe a range of appropriate treatment techniques. Treatment should typically motivate the offenders to take full responsibility for their offence(s), help them identify their crime cycle (the internal and external events that lead to offending), teach them to deal with deviant sexual fantasies and urges, and help them learn to cope with barriers to meaningful consensual and age-appropriate relationships. Other treatment goals include learning to appropriately channel anger, loneliness and sadness, understand how others feel, and avoid or cope with high-risk situations.

Some of these issues can be dealt with at a cognitive level, but others require treatment that includes a behavioural component. Group therapy is recommended, but individual therapy is useful for some offenders. Further, offender motivation often fades after release, so community supervision and maintenance programs are essential.

When evaluating program effectiveness, it is important to examine offender risk levels. Risk factors have been shown to correlate with release outcome.<sup>(10)</sup> Offenders who are young at the time of their offence, who have committed a previous sex offence, and whose victims are either male or adult women are more likely to recidivate sexually than older first-time offenders with familial victims.

It is also essential to consider the length of the follow-up period (the longer the follow-up, the greater recidivism) and the failure criterion (such as any new offence, conditional release revocation, violent offence, or sex offence) in evaluating sex offender programs. It seems more reasonable to define failure as a new violent offence, measured by severity and time to next offence. The more detailed the analysis, the more we will learn from both successes and failures.

Finally, the national strategy presupposes that appropriately trained and experienced program staff will be hired. Each program must also include some form of accountability so that program content can be described and appropriately monitored.

The money spent on treatment accounts for a remarkably small proportion of the cost of incarcerating a sex offender. Incarceration costs roughly \$50,000 a year and sex offenders average about four years in federal custody. Court costs, legal costs, victim compensation and hospitalization add a minimum of \$25,000. The emotional aftermath of sexual assault is difficult to estimate, but should also be considered.

In contrast, the direct cost of treating a sex offender is about \$7,400 per year. Decreasing recidivism by as little as 40 sex offenders annually would virtually pay for continuing programs and would also prevent considerable victim suffering. Societal responsibility The prevention of victimization should be our ultimate goal. This means that society as a whole must take some responsibility for reducing sex offences - parents, government agencies, neighbours, children and community members.<sup>(11)</sup>

The first level of intervention begins with parents. Parents must foster self-esteem in their children, set good examples, and teach safe behaviour and how to distinguish between "good" and "bad" touching. Parents must also discuss sexual issues, attitudes and behaviour with their children. Parents and teachers must discuss the positive, pleasurable aspects of sexuality and avoid portraying sex as demeaning, humiliating, or related to power and control. Parents must also monitor their children's caretakers, friends, activities and whereabouts.

Children must learn to follow safety procedures, and to identify and avoid high-risk situations. Community members must be aware of, and prepared to act on, unusual behaviour in their families and communities. Governments must continue to support sexual abuse prevention programs, public education and abuse-reporting phone lines, and conduct research into sex offender identification and intervention programs. Steps must also be taken to screen any adults who are to work directly with children.

A second level of intervention should be a rapid response to the disclosure of sexual abuse. Adults and children must know how to report sexual abuse. This involves knowing how to contact the appropriate community support services and what to say. Investigation should be more sensitive and accurate, as should counselling services for victims, indirect victims, and associated non-offending adults. Service workers must be able to recognize and respond effectively to victimization.

The third level of this prevention system involves sharing offender risk information. The families of offenders must have a safety plan for at-risk children, and must be aware of, and report, all offender conditional release breaches. Offenders must take part in treatment and relapse prevention, and follow the plans developed for them. Governments must supply support services for offenders, victims, and non-offending family members, and must quickly respond to all conditional release breaches. Finally, communities must provide housing, accept offenders socially, and support appropriate levels of formal surveillance of offenders. An integrated process The Correctional Service of Canada national sex offender strategy responds to the federally sentenced sex offender, who must be assessed and treated with the most appropriate practices. However, if we are to stem the flow of sex offenders into our federal prisons, parents and government agencies must work to develop a generation of self-confident children with a healthy attitude toward their sexuality and peers. We must also carry out the prevention program discussed earlier.

The reduction of recidivism motivates all treatment providers. Every member of society should be motivated to reduce the number of new sex offenders created. The sex offender behind bars is not one of "them," he is one of "us."

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- (2) Masculine nouns and pronouns have been used as federal sex offenders are predominantly male.
- (3) See M. P. Feldman and M. J. MacCullough, *Homosexual Behaviour, Therapy and Assessment* (New York: Pergamon Press, 1971). See also L. Salzman, "The psychodynamic approach to sexual deviations," *Sexual Behaviour*, H. L. P. Resnick and M. E. Wolfgang, Eds. (Boston: Little Brown, 1972): 21-40.
- (4) S. M. Williams, *A Comparison of the Effectiveness of Psychotherapy and Behaviour Therapy for Incarcerated Sex Offenders*, Ph.D. Dissertation, Queen's University, 1979.
- (5) S. M. Williams and A. Khanna, "Empathy training for incarcerated sex offenders," *Proceedings of the Third Symposium on Violence and Aggression* (Saskatchewan: University of Saskatchewan and Regional Psychiatric Centre [Prairies], 1990).
- (6) D. R. Laws, *Relapse Prevention with Sex Offenders* (New York: The Guilford Press, 1989).
- (7) P. R. Davidson, *Behavioural Treatment for Incarcerated Sex Offenders: Post-release Outcome*, Paper presented at the Conference on the Assessment and Treatment of the Sex Offender, Kingston, 1984. See also W. L. Marshall and H. E. Barbaree, "The long-term evaluation of a behavioural treatment program for child molesters," *Behaviour Research and Therapy*, 26 (1988): 499-511. And see A. Khanna et al., *Outcome Data on Sex Offenders Assessed and Treated at the Regional Treatment Centre (Ontario)*, Paper presented at the First Annual Research Conference, Kingston, 1989.
- (8) V. L. Quinsey et al., "Assessing treatment efficacy in outcome studies of sex offenders," *Journal of Interpersonal Violence*, 8, 4 (1993): 512-523.
- (9) National Sex Offender Strategy Committee: Sharon Williams (Chair); R. Marcoux-Galarneau (Atlantic Region); Line Bernier (Quebec Region); Bruce Malcolm (Ontario Region); Roger Holden and Gavin Sealy (Prairie Region); Carson Smiley (Pacific Region); Larry Motiuk and Bram Deurloo (National Headquarters).
- (10) K. Hanson and M. Bussière, "Sex offender risk predictors: A research summary," *Forum on Corrections Research*, 8, 2 (1996).
- (11) Joy Waters, *Keeping Kids Safe: A Victim-centred Approach for Managing Child Sexual Offenders* (Yukon: Yukon Working Committee on Comprehensive Services for Child Sexual Offenders, 1994).