

Managing sex offenders: Some thoughts and suggestions

The chance to work through old and new ideas on sex offender management is a great opportunity. Should I review new research that will inevitably narrow my focus? I have decided to take the opposite tack and write a conversational and sweeping article. Having seized the opportunity to step back and make sense of hard-won experience, I'm running with it.

This article lists 10 sex offender management problem areas, along with 10 solutions or goals. Many solutions will seem heretical, or at least to ignore recent progress and implementation difficulties. On the other hand, heresy sometimes leads to further progress. Information exchange Professionals do not develop ideas (or exchange the ideas they do have) about sex offender management quickly or efficiently. We simply don't communicate the best of our thinking well. After developing ideas, we write papers or make conference presentations, but the usual 12-month gap between completing a study and it being published or presented is too long.

The solution may be to switch from printed to electronic words. Changing the communication medium allows us to move from the pronouncement to the exchange of information. Making the printed word (such as journal articles) available on the Internet is already an old idea. It is now possible to distribute conference presentations electronically.

For example, the *Journal of Psychology Conference Presentations*(2) posts conference presentations on the Internet in an easy-to-find format that allows you to leave comments for the author and for real-time conversations among interested parties. This level of access to the author and/or other experts would be next to impossible using the printed word. This move toward information exchange will make theories increasingly fluid - knowing will literally mean having checked the Internet that day.

Internet dialogue should also encourage collaboration. A posting such as "looking for more subjects for this measure, will consider joint authorship" could yield a network of collaborators that would be impossible to bring together in any other way. The quality and quantity of information The information used in sex offender management is often unnecessarily inadequate in both quantity and quality. If all information that could be obtained was properly collected and organized, fewer errors would be made. There are literally hundreds of valuable questionnaires and well- documented interview techniques, and staff normally observe offenders for hundreds of hours. Why don't we have an abundance of high-quality information on which to base decisions?

Too many potentially good measures are competing with each other and this competition has slowed test development and undercut standardization. It might help to develop teams to collect test data, to critically review the tests and to make improvements. Group effort and replacing competition with collaboration should reduce test development to a fraction of the time it normally takes. Given the number of potential subjects in the correctional system, tests could be "tested" in a month, improved six times in their first year, and begin generating good norms in their second year.

Too little time is also spent on developing tests for use by "non-professionals" such as parole/probation officers.⁽³⁾ We have developed few measures for non-professionals, yet they spend considerably more

time with sex offenders than do professionals. Rather than developing another questionnaire that other psychologists could but probably won't use (because they are busy preparing their own questionnaires), we should develop scales for use by the many non-professionals who have much more opportunity to observe the offender. Late assessments The earlier you have information, the more likely you are to generate change. However, the professional who can help change problematic sexual behaviour does not get the opportunity until the behaviour is well entrenched. The offender and victim know about the behaviour first, a friend or relative usually knows second, a teacher or member of the clergy knows third, a law enforcement officer knows fourth, lawyers know fifth, and judges know sixth. The professional trained to help sex offenders is seventh on this list - and often does not have contact with the offender until the sexually problematic behaviour has been repeated.

It's easy to understand why sex offenders do not seek professional help as soon as they are aware of their problem. Offenders fear the social and legal consequences of detection, and are usually unwilling to give up this source of intense pleasure. Some form of amnesty (if you turn yourself in, you will be treated and not prosecuted) might address this problem. However, we won't adopt such an approach because society believes that it must punish sex offenders - even if this works against the early reporting of offences.

Family and friends also do not often seek help for offenders because they usually do not know how and fear publicity and "overreaction" by the system. However, the news media and the Internet can be used to disseminate clear information about what constitutes inappropriate sexual behaviour and what to do about it. If there are Internet chat rooms for child molesters and their prey, can't we also use this medium to offer friendly and professional advice about improper sexual behaviour and where it can be reported?

When judges want information from a professional to help decide a case, they are often stopped by a lack of access to professionals and an unclear referral process. Assuming that provincial governments would be willing to pay the bill for pre-sentence assessments (which is doubtful), to whom should the judge refer an offender? Provincial justice departments are unlikely to employ professionals to perform assessments, and relying on the judge to find an appropriate professional outside the department slows referrals. The simplest solution would be formal provincial policies that make it clear that judges can refer, set budgets for the assessments, and identify the professionals who can competently perform the assessments.

It must also be understood that, before sex offences are a justice problem, they are a health problem. Doctors must be trained to identify the signs of sexual behaviour problems and prepared to treat them as health problems. They must also be prepared to treat them after they become criminal problems. Misguided views of confidentiality Misguided or simplistic views of confidentiality restrict the flow of critical information from helping professionals to those who manage sex offenders and ensure public safety.

Helping professionals often withhold critical information because they believe that its disclosure would jeopardize the quality of their therapeutic relationship with the sex offender.

Neither confidentiality nor privacy are "luxuries," they are as important to therapy as any other technique. Still, therapists do not have to give up the right to report critical information to achieve an

effective therapeutic relationship. The solution is striking the right balance between the need to report to protect the public and the need to provide the offender with effective intervention. Not enough professionals are trained to work with sex offenders. There are few education and training programs in forensic psychology, psychiatry or social work, and existing programs offer little practical training for work with sex offenders. The universities, which have a mandate to educate and train, emphasize research methods almost to the exclusion of training.

Correctional agencies could offer financial incentives to induce universities to hire instructors to teach the skills needed to manage and treat sex offenders. In so doing, correctional agencies would be well advised to keep a watchful eye on their financial commitments, as universities will attempt to maintain the current emphasis on research rather than training. Standards of practice Without standards of practice, assessment and treatment services are likely to be of uneven quality. Unfortunately, standards are only now being developed and, where standards exist, enforcement is difficult. However, professional resistance and provincial (and state) variations can be overcome. Who will want to argue that they were following state or provincial regulations even though they fall short of best practices?

The real problem is pressure from government agencies to short-cut standards because of the lack of financial resources. Caught between the "rock" of financial constraints and the "hard place" of a fearful public, governments develop good services and then, inevitably, reduce them to save money. Individual professionals must resist any move away from high practice standards, and professional associations and unions must support their members who offer such resistance.

It is sometimes argued that we do not know enough about sex offender assessment and treatment to set standards, and that legislating professional procedures will stifle research and could enshrine poor practice. However, research is never stifled by current tradition and practice, as long as the research meets ethical standards. Research does not meet its goals fast enough Research requires tens of thousands of person hours, so it suffers in a system that rewards individual achievement rather than cooperation. The education of health professionals (especially at doctorate levels) requires intense, individual effort within a system of student competition. The solution may be to reward teamwork and team contributions as generously as individual effort. The move away from incarceration Time away from society can be a useful sex offender management tool, but it is often viewed as distasteful by professionals who see themselves as helpers rather than managers. Is incarceration incompatible with treatment? Even if the threat of incarceration does not seem to reduce criminal behaviour, it is possible that short periods of incarceration after a conditional release violation and the chance of reducing the period of incarceration by changing sexual behaviours might make a difference in conditional release violations and/or recidivism.

What about the value of enforced treatment? Most professionals question the value of treatment that has been coerced. Still, long-term parole or probation with a condition for treatment and long-term professional monitoring may change offensive behaviour even though the treatment would not be voluntary. Should we continue to focus almost exclusively on improving treatment that is enforced for only a short time rather than examine the use of enforced long-term therapy including close monitoring? Perhaps treatment would be more effective if parole and probation lasted longer. Funding Successful sex offender management requires more government funding. Unfortunately, public aversion to spending

money on sex offenders undercuts their management. The public clearly has punitive attitudes toward sex offenders. While they might be convinced that more prisons are needed for sex offenders, can they be persuaded that funding is needed for their rehabilitation?

It is rational to assume that the public would be willing to pay for rehabilitation if offenders would not offend again. However, the public may still be unwilling to pay for rehabilitation because such spending seems to benefit the offender. The public may be willing to risk new sex offences as long as sex offenders do not have access to services that the public thinks they do not deserve. The solution is to persuade the public that it is in their interest to spend the money necessary to manage sex offenders effectively, even if it may also be in the interest of sex offenders. Pornography The availability of pornography on the Internet may increase sexual offending. This proliferation of pornographic pictures, language and real-time sexual exchanges will only increase, as it is next to impossible to control Internet content. If people can talk to and see each other through the Internet, opportunities for new and uncontrolled sexual contact will reach unimaginable levels.

Current arguments about the minimal impact of pornography will be challenged as the production and distribution of pornography changes. Children will have easy and constant access to words, pictures, movies and online visits with people who will try to persuade them of the normalcy of each and any sexual act. As it will be difficult to control the flow of this information, the antidote must lie in presenting counter-information and advice through the same medium.

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(2)<http://www.onlineacres.com>

(3)"Non-professional" is not meant to be demeaning. Many parole and probation officers have more experience than consulting professionals, and some make better decisions.