POST-SENTENCE INITIATIVES FOR SEX OFFENDERS IN THE COMMUNITY: A PSYCHOLOGIST'S PERSPECTIVE

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Missing sex offender spotted in Duhallow

CONVICTED set, officiality
Conversional Laboratory
Conversional Labo













SEXUAL ABUSE: THE PROBLEM

• Crime Victimisation Survey, Australia – 2010-2011

• 2005 Personal Safety Survey

 Small percentages are reported and even smaller numbers will proceed to conviction and custodial sentences.

KNOWN OFFENDERS

- 2016 NSW Department of Corrections Census almost 12% of the prison population, just under 1500 inmates, were in custody for sexual assault or related offences in that year.
- As it stands, all will be released to the community at some point.
- No legal Order = no more treatment or support.

SEX OFFENDER RECIDIVISM

- Relatively low 13.7% for sexual offences, total recidivism rate 36.9% (average follow up time around five years)
- Treatment can reduce recidivism by up to 50%











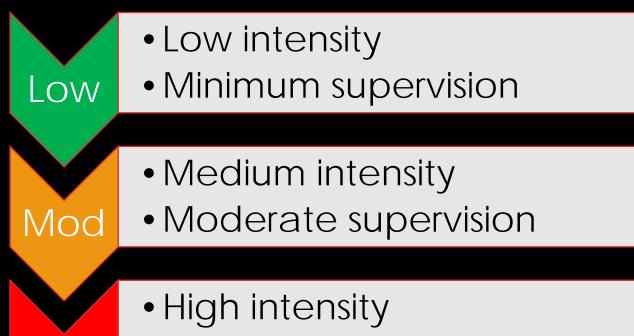


RISK ASSESSMENT



Static risks Dynamic risks Stable risks Acute risks

OUTCOMES OF RISK ASSESSMENT



Intense supervision

High

PROTECTIVE FACTORS

• For example:

- resilient mental health,
- the capacity for healthy intimacy and
- an active, productive and prosocial community routine.



NEW LAWS

Continuing Detention Orders (CDO) and Extended Supervision Orders (ESO).

- It is important to note that these Laws are not therapeutic in nature but are designed to be management tools that protect the community.
- Conditions are applied regardless of the way in which these factors relate to a person's offending behaviour or risk and in a manner that I believe infringes the human rights of many of these clients without any tangible benefit in terms of protecting potential victims or reducing dynamic risks for reoffence.

Whilst these Orders are designed to apply to high risk sex offenders who pose a serious threat to the community, the reality is they are often sought for and applied to those offenders who have high needs and who don't fit cleanly within the extant framework or treatment initiatives.

Sadly for these cases, these offenders are not given adequate planning or support to address their needs and this will often result in their being placed on subsequent Orders on the assumption that they continue to pose an unacceptably high risk of sexual reoffending.

DO THEY WORK?

- There is no evidence that these initiatives have any tangible impact on risk.
- Rather, they may serve to increase dynamic risk.
- Recent BOCSAR research (2017) demonstrates 11-31% reduction in odds of reoffending for offenders on Intensive Correctional Orders.
 BOCSAR concluded that supervision in the community, combined with rehabilitation programmes can result in meaningful impacts on reoffence rates.



NEED TO COMMUNICATE AND COLLABORATE IN WORKING TOGETHER



"RIGHT" CBT TREATMENT

- Increases the person's insight into the antecedents to their offending behaviour,
- Allows them to develop accountability in relation to the same,
- Facilitates an awareness of victim impact,
- Addresses deviant sexual interests and patterns of distorted thinking,
- Increases the person's skills to cope with emotional difficulties and life stressors better,
- Improves the offender's capacity for meaningful and mature intimacy, and
- Facilitates the development of a comprehensive plan for future risk management.

GROUP IS BEST

- Group work is better able to address issues of identity,
- Groups facilitate a sound understanding of offence-related concepts,
- Groups provide important access to social supports,
- Groups better allow for dynamic risk factors to be addressed therapeutically, including self-esteem, social skills development and mastery of self-disclosures with limited judgement and where openness is encouraged.

THE GAINS

Allam & Browne (1998) – treatment gains can be between 36 and 69%



TREATMENT PROGRAMME PATHWAY

Core modules:

- Sexual Abuse Education
- Treatment Readiness
- Relapse Prevention Principles
- Disclosure
- Victim Empathy

CONTINUED...

- Cognitive Distortions
- Autobiography
- Relationships/Intimacy
- Offence Cycle
- Relapse Prevention Planning/Good Lives Planning

Optional Modules

- Sex Education
- Sexual Self-Regulation/Deviant Arousal Management
- Anger Management
- Drugs and Alcohol
- Emotional Awareness
- Self-Esteem
- Coping Skills
- Internet Offending
- Antisocial Attitudes

HIGH RISK OFFENDERS...

Are unlikely to get treatment in the community.



IN SUM...

- Who we are applying these Orders to?
- What responsibility do we have to offer people the kinds of treatment and support that they need to reduce their risk?
- What responsibility do we have to coordinate services and provide postrelease planning for people as they move out of prison and how is this funded?
- These Orders should not be used simply to contain people we are uncomfortable with in the community or who we could not offer treatment to in prison,
- These Orders should not be used as a way of managing our most vulnerable, complex and high needs offenders, who need high levels of support and treatment.

CONTINUED...

- How do we assist offenders to get off such Orders?
- How do we improve through care models of service so that offenders are supported as they transition out of custody and work with community-based agencies?
- If we know that merely restricting and punishing someone does not work to reduce reoffending, at what point do we ask whether we should be doing something differently?
- How do we educate the public that these Orders are not in and of themselves a "fix" to the problem of sexual abuse?
- How do we bring to the forefront a discourse that is accepting of sex offenders and the need to offer these people rehabilitation IN ADDITION to punishing them for their actions, holding them accountable and supporting and protecting victims?

THANK YOU

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