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THE ECFPH SEXUAL OFFENDER TREATMENT PROGRAM

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NOTE:

THIS POLICY DOCUMENT IS TO BE READ IN THE CONTEXT PROVIDED BY THE **PREFACE** TO THIS PART OF THE MANUAL.

CERTAIN WORDS AND PHRASES HAVE THE MEANINGS ESTABLISHED IN THE "**WORDS & PHRASES**" SECTION OF THIS PART OF THE MANUAL.

The Sexual Offender Treatment Program at the East Coast Forensic Psychiatric Hospital (ECFPH)

The following outline is based on material prepared by Dr. Angela Connors, Manager, Community Sexual Offender Program of the ECFPH. It is intended to provide practical assistance to prosecutors in dealing with sexual offenders.

A. Likelihood of Success of Treatment

There is a great deal of controversy in the literature regarding how well sexual offender treatment works. One thing that is certain is that there is very little chance of success if the offender is not matched to the appropriate mode of treatment offered at the appropriate level of intensity.

a. Treatment Intensity Level

All community-based sexual offender programs are offered at a low-moderate level of intensity. Programs of moderate-high intensity are only possible in residential settings such as correctional institutions and private treatment hospitals available in the USA. In Canada, adult male sexual offenders are able to access moderate-high intensity treatment primarily within CSC operated penitentiaries.

b. Matching the Offender

Essentially, treatment is most likely to work if the level of deviancy of the offender is matched to the level of intensity. Given the level of intensity of community-based sex offender programs, offenders who attend must be low-moderate risk. Although a formal risk assessment is necessary to fully elucidate recidivism risk levels, there are “red flags” that can clearly identify an individual as inappropriate for community-based sexual offender treatment. For example:

1. Deniers

Individuals who completely deny that they perpetrated a sexual crime should not be sent to community-based sexual offender treatment. Low-moderate intensity programs are not equipped to effectively address entrenched denial in a sexual offender. Programs demonstrating effective treatment of deniers are institutionally based high intensity programs that require an average of two years to produce results (e.g., O’Donahue & Letourneau, 1993). Other researchers have shown that it takes a minimum of four months of intensive treatment specifically directed toward breaking denial for an individual who denies his sexual offenses to be ready for treatment aimed at reducing recidivism (also intensive and residential in nature) (e.g.,

Schlenk & Shaw, 1996). This is not practical to address in a low-moderate intensity program that only runs for approximately six months in total. Moreover, deniers have been documented as disrupting a treatment group, potentially leading to decreased gains for the rest of the offenders attending (e.g., see Barker & Beech, 1993). Low-moderate intensity community-based programs are only equipped to effectively address the minimizer or rationalizer (e.g., "I raped her but I never beat her up; I touched her vagina, but not as many times as she said; I touched her, but I never had intercourse", etc.)

2. Psychopaths

If there is any indication that an individual is a psychopath, for example, from past evaluations, under no circumstances should he be sent to community-based treatment. Psychopathy is a personality constellation that is both treatment resistant and positively correlated with risk for continued violent offenses. It requires intensive treatment specifically developed to address psychopathy in addition to sexual deviancy. Research indicates that inappropriate treatment with psychopaths actually increases risk of recidivism by up to 33% [e.g., Hemphill & Wang (1991); Rice, Harris & Cormier (1992).] Certainly, none of us want to be in the business of promoting increased risk to the public.

3. Entrenched Deviancy

Evidence of entrenched sexual deviancy is a contraindication to inclusion in community-based sexual offender treatment. Entrenched sexual deviancy is demonstrated by factors such as evidence of more than two victims during his lifetime and/or prior failure of sexual offender treatment. These individuals require moderate-high intensity treatment. If these individuals were to be placed in a program whose intensity was not sufficient to address their treatment needs, their deviancy could be stimulated as opposed to treated. Again, increased risk to the community is not the goal we hope to achieve.

If a sexual offender is sentenced to community-based sexual offender treatment, and he has one or more of these characteristics, he will be denied treatment by our service. Thus, we would then be in the unfortunate circumstance of sharing the community with offenders who are TOO HIGH RISK to be included in community-based treatment. They will receive neither treatment nor the increased monitoring inherent in the treatment process, yet be allowed access to the community. If we could treat them in the community, we would. Not only do we lack the resources to attempt such an endeavour, but there is a good argument for not placing sexual offenders under the pressure and time commitment of intensive treatment without the support and structure of a residential setting.

Often, there are over 250 sexual offenders serving community-based sentences under the supervision of Probation Services in the Province of Nova Scotia. A substantial proportion of those offenders are currently awaiting assessment and treatment services; therefore, our wait list is considerable. In order for there to be enough time to process a referral, assess him, and then await the start of the next closed six-month sex offender program in his area, two years can easily pass. Moreover, it is after the treatment process that the offender attends Maintenance Group and is able to solidify the gains that he made in treatment into daily habits that reduce his overall likelihood of reoffense. This process is crucial to the success of the treatment process. Therefore, we recommend a three year order for all sexual offenders serving community-based sentences for whom treatment will be ordered.

B. Risk Assessment

Risk assessment should only be undertaken by a registered psychologist specifically trained in the field of forensic psychology and risk assessments. This is not a generalist skill for psychologists. The ECFPH has recently entered into an agreement with the PPS to provide risk assessments on a fee for service basis.

C. Treatment Delivery

The research conducted on sexual offenders thus far shows that cognitive behavioral group treatment programs utilizing a relapse prevention perspective have had the most consistent positive outcome results. Only programs following this model should be considered an appropriate fulfillment of the treatment order. Individual therapy is typically contraindicated because group-based treatment has shown more success addressing issues of minimization, rationalization and secrecy (e.g., "pretend normal"), than has individual therapies. Treatment aimed at issues other than sexual deviancy, although beneficial to the offender, should also not be expected to decrease recidivism.

Currently, the Department of Justice in Nova Scotia has circumvented the problems inherent in non-standardized services and untrained professionals by contracting ECFPH to oversee assessment services provided to sexual offenders under their supervision. Similarly, the Department of Health has contracted ECFPH to oversee the treatment services provided to sexual offenders in the community. Currently services overseen by ECFPH are provided by trained personnel from a research-based best practice model.

D. Recommended Wording for a Treatment Order

"Attend, as agreed, at the East Coast Forensic Psychiatric Hospital for Sexual Offender Assessment.

Note: This wording captures all aspects of the process:

Assessment = define the problem;

Treatment = develop skills to address the problem;

Maintenance = practice and solidify skills in a supportive environment;

Related programs = other problems that are increasing risk for sexual reoffense as identified by the risk assessment process (e.g., relationship issues, sexual orientation confusion, etc.).

E. Recommended Wording Where the Offender is Ordered to Pay for his Assessment/Treatment

“That you shall pay \$ _____ .00 to the Clerk of the court at _____ for the benefit of the East Coast Forensic Psychiatric Hospital to cover all or part of the cost of your sexual assessment, treatment and maintenance. The said payment will be made as follows...”

Wording representing our current practice is as follows:

“Incur the full cost of all assessment services for sexual deviancy (including penile plethysmography), unless determined to be in a position of hardship by probation services.”

Note: There is a longstanding theoretical basis for expecting greater progress and commitment to the process of change when the individual has invested monetarily in the change process himself (e.g., see Mayer & Norton, 1981; Tudor, 1998).

F. Suggested Additional Conditions for Pedophiles (i.e., target 0-11 year olds):

- (a) “Prohibited from attending a public park or public swimming area where persons under the age of fourteen years are present or can reasonably be expected to be present, or a daycare centre, schoolground, playground or community centre;” [see s.161(1)(a)CCC] and,
- (b) “Prohibited from seeking, obtaining or continuing any employment, whether or not the employment is remunerated, or becoming or being a volunteer in any capacity, that involves being in a position of trust or authority towards persons under the age of fourteen years;” [see s.161(1)(b)CCC] and,
- (c) “Not to have any contact, whether direct or indirect, with children under the age of fourteen years unless accompanied by a supervising adult who is aware of both the offender’s sexual offenses and crime cycle and has been approved by his probation officer. This prohibition includes, but is not limited to, attendance at family functions, shopping centres and the like.”

G. Suggested Additional Conditions for Hebaphiles (i.e., target 11-18 year old adolescents):

- (a) “Prohibited from attending a public park or public swimming area where persons

under the age of eighteen years are present or can reasonably be expected to be present, or a daycare centre, schoolground, playground or community centre;” and,

- (b) “Prohibited from seeking, obtaining or continuing any employment, whether or not the employment is remunerated, or becoming or being a volunteer in any capacity, that involves being in a position of trust or authority towards persons under the age of eighteen years;” and,
- (c) Not to have any contact, whether direct or indirect, with children under the age of eighteen years unless accompanied by a supervising adult who is aware of both the offender’s sexual offenses and crime cycle and has been approved by his probation officer. This prohibition includes, but is not limited to, attendance at shopping centres and the like.”

H. Suggested Additional Conditions for Incest Offenders (target 0-11 year old family members):

- (a) “Absolutely no children under the age of fourteen years allowed to reside in the same abode as the offender, even when a supervising adult approved by his probation officer is present;” and,
- (b) “Prohibited from seeking, obtaining or continuing any employment, whether or not the employment is remunerated, or becoming or being a volunteer in any capacity, that involves being in a position of trust or authority towards persons under the age of fourteen years;” [see s.161(1)(b)CCC] and,
- (c) “Not to have any contact, whether direct or indirect, with children under the age of fourteen years unless accompanied by a supervising adult who is aware of both the offender’s sexual offenses and crime cycle and has been approved by his probation officer. This prohibition includes, but is not limited to, any children under the age of fourteen years in the family either by blood relative or by marriage.”

I. Suggested Additional Conditions for Incest Offenders (target 11-18 year old family members):

- (a) “Absolutely no children under the age of eighteen years allowed to reside in the same abode as the offender, even when a supervising adult approved by his probation officer is present;” and,
- (b) “Be prohibited from seeking, obtaining or continuing any employment, whether or not the employment is remunerated, or becoming or being a volunteer in any capacity, that involves being in a position of trust or authority towards persons under the age of eighteen years;” and,
- (c) “Not to have any contact, whether direct or indirect, with children under the age of eighteen years unless accompanied by a supervising adult who is aware of both the offender’s sexual offenses and crime cycle and has been approved by

his probation officer. This prohibition includes, but is not limited to, any children under the age of eighteen years in the family either by blood relative or by marriage.”