Chapter 1

Together We Walk Further : The Rehabilitation Journey of Persons with High Sex Reoffending Risk

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Rehabilitation of persons-in-custody (PICs) with sex offending behaviour is of paramount concern in maintaining a safe society. The purpose of establishing the Evaluation and Treatment Unit (ETU): Psychological Programmes for Persons with Sex Offending Behaviours by the Correctional Services Department is to provide evidence-based assessment and treatment for PICs with sex offending behaviours. ETU is the first residential treatment centre for people with sex offending behaviours in East Asia.

Keeping abreast of best practice in scientific research, the ETU treatment programme has greatly evolved over the past 20 years — from relapse prevention model and Cognitive Behavioural Therapy (CBT) to incorporating strength-based intervention of Good Lives Model (GLM), from institutional-based intervention to therapeutic community, and from individual intervention to group treatment, based on risk-need-responsivity (RNR) principles.

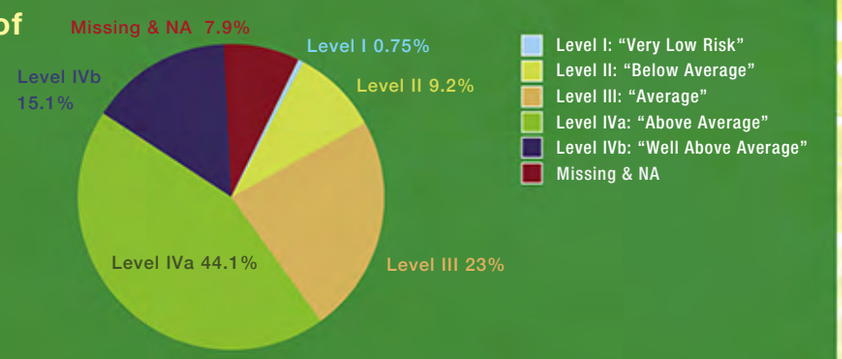
Profile of High Risk Group at ETU

In asking what works for PICs with sex offending behaviour, evidence-based practice is indispensable. Numerous synthesis researches showed that psychosocial interventions based on RNR principle were significantly effective in reducing sexual recidivism (Hanson, et.al, 2009; Mackenzie, 2006; Schmucker & Lösel, 2015), which were encouraging.

Yet, more concern is always given to the high risk group as they might pose serious threat to the community. According to Hanson and colleagues (2016), the risk level of sex offenders could be categorized into five standardized risk categories from the lowest Level I to the highest Level IVb. The risk of recidivism of the higher risk group of Level IVa and IVb was two and four times higher than the group of Level III respectively (Brankley, et. al., 2017).

Those with higher recidivism risk usually have more crimonogenic needs and hence most of the participants of intensive treatment in ETU were understandably of Level IVa and IVb, which comprised 60% of the participants between 2009 and 2019. The overall distribution of their risk levels in this period is as follows:

Distribution of Risk Levels



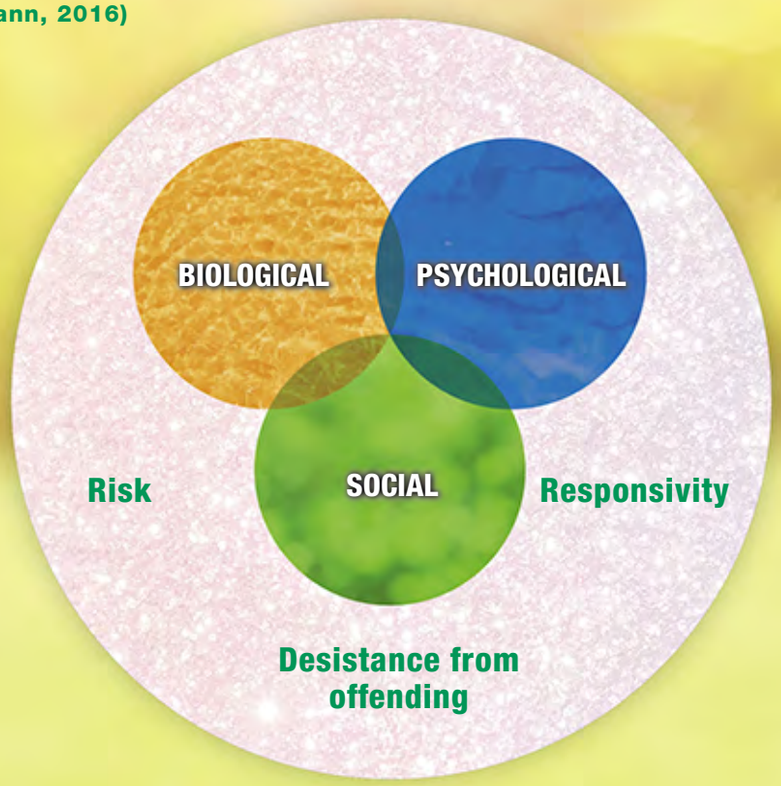
Risk Management from Prison to Community

While psychological intervention targeting at their dynamic criminogenic needs was necessary, Hanson and colleagues (2014) in a study with a large sample from different countries showed that the sexual recidivism rate of the high-risk group did not remain the same over time. In fact, the sexual recidivism rate of the high-risk group at the time of release was reduced by more than half for those who remained offence-free in the community for 5 years. Recidivism further decreased by almost half for those who remained offence-free in the community for 10 years. Offence history is a valid but time-dependent indicator of sexual reoffending risk. Also, the relative risk reductions across various subgroups as defined by age at release, treatment involvement, year of release and victim type were similar. This suggested that it was possible to reduce the risk level of high-risk sex offenders in the long run. Besides intervention during incarceration, offering rehabilitation in the first few years after release was **critical to effective risk management** in helping them to desist from sexual reoffending. These encouraging statistics definitely shed light on the intervention for and risk management of high-risk sex offenders with a focus on through-care rehabilitative interventions, from in-prison psychological assessment and treatment to continuity of care in the community after their release.

Organizing principles for psychological treatment of offenders with a history of sex offending behaviour

We have seen exciting developments in recent decades of the psychological treatment of offenders with a history of sex offending behaviour. For many years, the RNR principles have guided clinicians in designing the most effective treatment programmes, and consequently offer the strongest evidence base for treatment in reducing recidivism (Andrews & Bonta, 2013). The Good Lives Model (GLM) has also gained increasing popularity due to its rejection of a problem-focused approach (Ward & Mann, 2004). More recently, Carter and Mann (2016) further proposed the integrated model of change, which drew reference on the RNR and GLM, delineating six organizing principles to provide guidance on the implementation of treatment and focus in relevant domains. In the following sections, the organizing principles are illustrated by the rehabilitation journeys of Ben and Jerry, who both undertook ETU treatment programme and were of very high risk of sexual reoffending. Through their stories, the meaning and practical implications of the organizing principles will be discussed. To protect their identity, aliases have been given and no personal identifiable information has been disclosed.

Integrated Model of Change
(Carter & Mann, 2016)



Case studies

Background of Case 1: Ben

Ben (alias) has been diagnosed with multiple psychiatric problems since young. These included attention-deficit hyperactivity disorder, conduct disorder, and oppositional defiant disorder. He was also known to have borderline intelligence. Complicated by his mental condition and behavioural problems, he had a rough childhood and there was great tension between his family and himself. He was a victim of bullying, and his academic performance was always poor. He quit school after completing 9 years of mandatory education and worked in delivery services, but his work performance was poor. Since the age of 15, Ben has been repeatedly incarcerated due to sexual offences. Initially, these offences were relatively less serious, such as peeping up skirts, but then there was an observable escalation in offending behaviour, including the development of stalking-like behaviour. He never successfully completed community supervision; and, on one occasion he re-offended as little as 5 days after release. His apparent problems of impulse control difficulty, loneliness, a strong need for intimacy, and sexualized coping, underpinned his very high-risk of sexual reoffending and strong need for treatment.

Case studies

Background of Case 2: Jerry

Jerry (alias) was the firstborn in the family and his parents separated later. He had no interest in studying and got acquainted with some toxic friends. He completed secondary school and joined the workforce. Under peer influence during his teenage years, he had a taste of illicit drug of coughing medicine, and later also took “ice” (amphetamine) when he felt frustrated after being laid-off from work. With the support of his uncle and his then girlfriend, he worked as a salesman, reaching the pinnacle of his working life with handsome income. However, he relapsed in taking amphetamines, began stealing, and taking upskirt photographs. After numerous imprisonments, his life was shattered and eventually ended the 12-year relationship with his girlfriend. Jerry is sociable, but he could not maintain meaningful or trusting relationships because of his repeated incarcerations over the previous 10 to 20 years. He attributed his problems and offending behaviour to his drug addiction; and he became increasingly frustrated by his numerous attempts at rehabilitation.

RNR principles

R stands for Risk principle

N stands for Need principle

R stands for Responsivity principle

Organizing Principle 1:

The Risk Principle

The first organizing principle is the risk principle, which corresponds to the first “R” of the RNR principles. It holds that the amount of psychological treatment should be proportionate to the level of reoffending risk. Thus, the higher the risk of reoffending, the higher the level of treatment should be offered.

Ben and Jerry, as are all PICs who committed sex offending behaviours, attended the orientation programme at ETU for a comprehensive psychological assessment. Referencing well-established assessment tools such as the Static-99R and Stable-2007, assessment results indicated that their risk of committing sexual crimes in the future is very high. Normally, they would be allocated to participate in the High Intensity Programme (HIP), which entails a higher dosage of treatment. However, among their many counts of imprisonment, their sentence lengths were sometimes insufficient for a full course of HIP. Despite this, we upheld the spirit of the Organizing Principle 1 (i.e. the Risk Principle) to provide as much treatment as possible during their remaining sentence because of their very high risk of recidivism.

Organizing Principle 2:

The Responsivity Principle

The second organizing principle is responsivity, which is the second "R" of the RNR principles. It emphasizes that treatment should be delivered to be understandable, effective, and engaging to participants given their individual biological, psychological, and social characteristics. For example, treatment can be structured into shorter sessions for participants with attention-span issues.

The systematic treatment programmes at ETU are grounded on empirical evidence. Thus, major treatment components are cognitive-behavioural with a strong focus on skills training. Nevertheless, it is understandable that it would be challenging for Ben to learn and apply cognitive skills due to his relatively weaker intellectual abilities. Thus, greater emphasis was focussed on training his behavioural skills, requiring training that is more concrete, directive, and easy for him to follow. For example, therapists showed him videos which depicted women walking on the street – nothing special but sufficient to wake his impulses – and practiced coping strategies in the sessions with him.

Jerry was receptive to CBT model and had twice completed the Moderate Intensity Programme in recent years. After the first intensive treatment, he was able to stay crime-free in the community for a longer period than previously, before reoffending with a similar modus operandi. He was a quick problem-solver (e.g. he had no difficulty in finding a new job each time after release) but showed some resistance getting in touch with his emotions. While he went through the same modules of the programme in his second treatment, the order of the modules was modified. This flexibility enabled him to identify and recognise his emotional needs at an earlier stage of treatment, including his frustration in his rehabilitation path. To enhance his awareness of his immediate subjective experiences and improving his emotional regulation, mindfulness practice was introduced to him. This mode of treatment was appealing, and he was willing to spend extra time for the practice.

Organizing Principle 3:

Biological Factors

The third to fifth organizing principles were elaborations of the "need" of the RNR principles, which stipulates that treatment programmes should focus on addressing criminogenic needs. Carter and Mann (2016) further delineate that the need principle should be considered within three different facets – biological, psychological, and social.

The third organizing principle is concerned with strengthening biological resources, such as neurocognitive functioning, when addressing criminogenic needs. One apparent example is the use of pharmacological treatment for the management of hypersexuality or deviant sexual interests.

Ben has been receiving on-going psychiatric treatment due to attention-deficit hyperactivity disorder. After being admitted to the ETU psychological treatment programme, the team sought multi-disciplinary collaboration with psychiatrists to handle his psychosexual problems. After discussion of the advantages and disadvantages, Ben agreed to receive psychiatric treatment for his hypersexuality. Concern about escalation in sexual violence was discussed with him when he was readmitted in 2012. Consequently, psychiatric treatment has been increased and he has been receiving anti-androgen hormonal treatment until the present.

As mentioned above, mindfulness training which deactivates the stress-related neural pathway in the brain and benefits neurocognitive functioning was introduced to Jerry for his emotional regulation and drug addiction issues. This was the first time in the ETU programme to incorporate mindfulness training in addition to the regular treatment programme on prevention of sex reoffending. Not surprisingly, it was challenging to do daily mindfulness practice in correctional settings considering the necessary penal arrangement. In order to maximize the opportunities of mindfulness practice, informal practices that weave mindfulness into his daily routine, such as mindful eating (Brewer, 2017) were introduced apart from the scheduled formal mindfulness practice such as body scan at scheduled times under supervision. He paid some effort in doing the practices and started to experience living in the present moment in a non-judgmental way while serving his sentence.

Organizing Principle 4:

Psychological Factors

The fourth organizing principle emphasizes the importance of targeting criminogenic needs by strengthening psychological resources. This is usually the most common component of most offender treatment programmes. For instance, training that aims at improving emotional control or raise the ability to "keep things in perspective" should be included. It is believed that the programme could achieve better outcomes by improving the cognitive and emotional functioning of the participants.

In our assessment, it was apparent that Ben was weak in handling negative emotions. Specifically, he tended to seek sexual excitement – often in a socially inappropriate manner – to cope with boredom and stress. Thus, a major focus in his treatment was to facilitate the development of alternative coping strategies for negative emotions. As a residential treatment unit with a therapeutic community, he was able to practice the use of newly acquired skills while staying at ETU, a particularly important factor given his predisposed attention and learning weaknesses. While in treatment, Ben began playing sport, which he continues after discharge and is beneficial for the management of his stress and negative emotions.

Organizing Principle 5:

Social Factors

The fifth organizing principle is concerned with handling criminogenic needs through strengthening of social resources. It proposes that treatment programmes should facilitate participants to build skills and attitudes necessary for developing pro-social networks and intimate relationship; and encourage the development of real social networks which can extend beyond prison. Thus, partnerships with community organizations in the field of offender reintegration is indispensable.

Owing to his behavioural disinhibitions, Ben has always had a poor relationship with his family. He also had difficulty making friends and was a victim of bullying when young. Understandably, he was lonely and yearned for interpersonal relationships – especially romantic. Therefore, it has been important assisting his development of skills required to build and maintain intimate relationships. Specifically, we walked him through the fundamentals of how to establish an intimate relationship and taught him much-needed communication skills and social etiquette.

Jerry has good skills in interacting with others and always has an optimistic demeanour in front of others. While he appeared to be sociable and positive, he remained superficial in his interpersonal relationships because of his low self-acceptance. As he gained more self-understanding and self-awareness, he was able to open up to others. Also he still longed for intimate relationship and became more hopeful in finding a partner. Sometime after his discharge from his last offence, he did develop a satisfactory romantic relationsip.

Organizing Principle 6:

Desistance from Offending

The last, but not the least, organizing principle is concerned with strengthening the intention to desist from offending. This principle is based on the theory of reasoned action which postulates that the intention to behave in a certain way, such as desisting from sexual offending, is determined by three factors, namely: beliefs and evaluation of perceived consequences, perceived expectations of significant others, and self-efficacy. For example, a particular treatment component that might be particularly relevant is motivation enhancement by, for example, motivational interviewing (Miller & Rollnick, 2002).

As therapists working in prison, we are aware of the challenges for PICs to change old habits and apply what they have learnt in treatment when returning to the community. It is a particular challenge for Ben and Jerry given their complicated clinical issues and high risk of committing sex offending behaviours. It is therefore essential that we pave way for their participation in the available community support services after their release. A specialised team familiar with their rehabilitation needs provides close supervision after their discharge from prison. We have also established close working relationships with non-government organisations (NGOs) and religious bodies to support their reintegration. Ben and Jerry both participated in a mentorship programme provided by an NGO, tailored for people with a history of sex offending behaviours. They both received intensive support provided by social workers and the organization's volunteers. Gradually, Ben has undertaken regular jogging, cycling, and attending church gatherings as ways to cope when under stress. Jerry has also developed more meaningful and engaging interpersonal relationships in the community. Also, with an interest in cycling, he was able to coordinate his own cycling team and regularly met a larger group of cycling friends, which gave him a long lost sense of satisfaction. They have gone a long way in establishing a pro-social and meaningful life. Not only have they gained a sense of agency, but they can also share their stories and rehabilitation journeys to help those with similar problems. They have acquired a new identity as "a volunteer who helps" instead of "a prisoner who needs help" – a role they dared not imagine in the past.

Conclusion

After all the considerable psychological treatment in prison and interventions for their reintegration into the community, Ben and Jerry's transformation from being "sex offenders" to "volunteers" after repeatedly being imprisoned over the past decade was remarkable. At the time of writing, Ben has desisted from any sex offending behaviour for more than 4 years – a great achievement compared with his shortest re-offending record of 5 days. His relationships and stability with his family have now improved. He has been able to sustain gainful employment and is in a stable intimate relationship. Jerry, however, after being crime-free for 2 years was unfortunately imprisoned for a property offence, a consequence of his unstable mental state after drug abuse. He had abstained from using drugs for almost 2 years until he had a fight with his father. Beside showing remorse, he gained more insight of his mood issues. Without committing any sex offence this time, he remained hopeful for further positive changes. The rehabilitation journey is an on-going process, as Nelson Mandela said, "It always seems impossible until it's done."

It is never easy treating people who have a high risk of committing sex offending behaviours due to their heterogeneous profiles and complex needs. It is sometimes difficult to imagine how they can remain crime-free and lead a socially adaptive life. Nevertheless, there are people who were previously deemed high risk of reoffending and now remain crime-free in the community and lead satisfying lives. The key to success, based on the experience and research of those working with sex offenders, appears to be the effective adaptation and implementation of an evidence-based model of change. By following the above organizing principles, utilizing multi-disciplinary collaboration, and emphasizing the continuity of services from prison to community, it has been shown that it is possible for those with a high sex reoffending risk to make positive changes. It is encouraging for therapists that every individual with a history of sex offending behaviour can make meaningful changes and lead a positive life with the appropriate treatment and support. In the end, there is hope for society when all people can live in a safer and better place.

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