



Potential underpinnings for community maintenance programs for sexual offenders



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ABSTRACT

The majority of incarcerated sexual offenders will one-day return to the community. While a great proportion are likely to have participated in a custodial offence-specific treatment program, knowing what happens to this ‘acquired’ knowledge and skill once they are released and how this influences the desistance process remains unclear. Research on offender rehabilitation often focuses on the efficacy of custodial treatment interventions for offenders, while studies examining post-release programs for offenders has some untapped potential. Further to this, an understanding of the theoretical underpinnings for any community maintenance-type programs for offenders remains relatively untouched in the offender rehabilitation literature. Thus, this paper attempts to explore some of the potential theoretical underpinnings for community maintenance programs for sexual offenders. Consideration will be given to the definition of such programs, some of the theories that may inform these programs, and the incorporation of desistance theory into maintenance programs.

There is a pervasive focus in the sexual offender rehabilitation literature on treatment program content, duration, intensity, and efficacy (Mann & Fernandez, 2006). Attention is also frequently paid to the aetiological assumptions of sexual offending (Mann & Fernandez, 2006). These theories inform program development, underpinning the rationale for behaviour change and the hypothesised reduction in recidivism (Payne, 2008). However, a consistent oversight in the offender rehabilitation literature is what happens to offenders *after* their participation in a (custodial) treatment program or a comprehensive theory of change. There is a dearth of information available regarding post-release or aftercare programs, such as community maintenance programs. Given the number of offenders who enter such programs, there is a need to ask questions about the nature and purpose of these programs, for example, what follow-up or aftercare interventions are available to assist offenders with their re-integration process; what theories or paradigms inform post-treatment interventions for offenders; and how do offenders cease their offending behaviour.

Some researchers have argued that the degree of support and assistance offered during the period post-release is crucial to determining whether an offender will experience a successful reintegration process (e.g., McNeill, 2006; Porporino, 2013; Rex, 1999). While an offender may complete an intensive offence-specific program whilst in custody, the process of maintaining any programmatic gains or changes

remains unclear, and there may be an assumption that these gains or changes have indeed taken place which can present an interesting conundrum. Furthermore, the process whereby newly acquired skills are generalised is understudied for released offenders who have completed a custodial offence-specific treatment program. How then are newly acquired skills manifested once the offender returns to life in the community? And are these apparent manifestations sufficient to contribute to a desistance process that would ideally follow? These questions are highly relevant to sexual offenders given the social fear associated with such offenders and the legislative changes¹ that make it more difficult for sexual offenders who are released into the community to reintegrate and become part of the community.

Although the concept of maintenance programs makes therapeutic sense with evidence supporting reductions in recidivism with post-release support (Borzycki & Baldry, 2003; James, Stams, Asscher, De Roo, & van der Laan, 2013; Jonson & Cullen, 2015; Wilson, Cortoni, & McWhinnie, 2009; Wilson & Picheca, 2005; Wilson, Stewart, Stirpe, Barrett, & Cripps, 2002), such programs lack a strong theoretical foundation which serves to limit the clarity of their application in practice (Day & Casey, 2010; Youssef, 2013). The aims of this paper, therefore, are threefold. In view of the role of post-release programs, the first aim will be to conceptualise the notion of change and what that means for sexual offenders who enter a post-release

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¹ For example, Extended Supervision Orders (ESO) in Australia and New Zealand; Sexual Risk Orders (SRO) and Sexual Harm Prevention Orders (SHPO) in the UK; and Sexual Offender Civil Commitment (SOCC) procedures in some states in the US.

maintenance program. Second, the paper will attempt to define the term “community maintenance program” and explore some of the possible theoretical underpinnings for such programs (e.g., the Personal, Interpersonal and Community (PIC) perspective and the Risk-Need-Responsivity model (RNR), Relapse Prevention, and the Good Lives Model (GLM)). Finally, the relevance of desistance theories to maintenance programs will be considered and the implications this has for practice. For the purpose of this paper, the focus will be community maintenance programs for sexual offenders (adult and child victims) who have completed a custodial offence-specific treatment program. Consequently, monitoring, surveillance strategies and other reintegrative activities (e.g. employment) undertaken in the community will be excluded from the discussion.

1. Change

Prior to considering which factors might assist an offender to maintain change, it is important to first consider how change itself is conceptualised; how it is achieved and identified in people who undertake a treatment program. In so doing, one issue that becomes apparent is the lack of a unified conceptual understanding of what constitutes behavioural or cognitive change within the psychological literature (Evans, 2013). A unified account of change ensures that the descriptions, causes, concepts and process involved in an explanation of a change process cannot be inherently contradictory (Evans, 2013). For instance, when considering sexual offending behaviour there is no unified theory regarding the maintenance or cessation of the behaviour. Some approaches attribute change to the degree of social support (i.e., desistance-focused approaches) and others to the management of risk factors or changes in criminal cognitions (i.e., RNR focus).

Change can be defined as creating “difference within the human condition, typically in terms of functioning, and ranging from dysfunctional to functional” (Carich, Wilson, Carich, & Calder, 2013, p. 190). Two levels of change are usually defined, the first order refers to superficial change or change within the system, while second order change involves a systemic transformation. A higher level of change has also been proposed, at the meta-level referring to ongoing deeper levels of change (Carich et al., 2013). When applied to sexual offenders, at the first order, change occurs when the offender stops their offending behaviour. At the deeper level of change, changes in core schemas or implicit theories occur. Implicit theories are the basic templates guiding one's behaviours. Dysfunctional implicit theories are hypothesised to be involved in offending states and decisions, which therefore require the deepest levels of change in order to replace those implicit theories. While the first order would presumably require less effort, the second order is longer term and requires ongoing effortful intervention and application.

Change requires that new behaviours (including cognitions) become more likely to occur, therefore people need to practise their new skills. These new skills can be practised within a clinical environment, such as in the group room in gaol, but this is usually the wrong cue complex (Evans, 2013). It is much more productive to practise new skills in the setting in which they will need to be used, or when confronted with stimuli that will likely trigger the old, unwanted behaviour or response. As change becomes more active in nature, true maintenance cannot be assessed if the individual has few chances to engage in the behaviour (Martin, 2012). Offenders in custody may feel or think they have changed but in the absence of exposure to the triggers, negative influences and stressors they may normally encounter in their daily lives, it is difficult to determine this. This means that offenders may believe they have changed upon entry into community maintenance, when they have not actually had the opportunity to test whether they have or not, thus the significance of post-treatment programs.

A limitation of the current approaches to offending behaviour is that interventions tend to operate from a premise that change principles are related to specific ‘problems’. The focus remains on treatment-specific

strategies rather than exploring more universal principles such as those found in Maslow's (1943, 1954) hierarchy of needs (see Paul, 2014). In other words, some of the foundational aspects of human change tend to be ignored by forensic researchers and practitioners, who focus on pathology related to offending behaviour, at the expense of more universal human behaviour. This focus on pathology, or more specifically offending behaviour, presumably limits the generalisability of interventions and thus may limit the generalisability of any changes as a result of these interventions. This has significant implications for any post-treatment programs, such as maintenance programs.

2. What maintenance is not

While the concept of having a maintenance program appears to ‘make sense’, there does not appear to be a universal definition of what a maintenance program is or indeed, a standardised method to maintenance for offenders (Youssef, 2013). What does seem apparent is that the terms aftercare, through-care, booster sessions, relapse prevention and maintenance are used interchangeably despite the terms seemingly referring to different types of services. In an attempt to differentiate these programs from maintenance, this section will first provide a brief overview of each before turning to the issue of attempting to define maintenance programs and reviewing what appear to be its theoretical underpinnings.

Aftercare is a term often used within correctional settings. Services are less formal compared to offence-specific programs for example, aimed at assisting offenders with practical needs such as housing, employment, and community services once released. This approach is consistent with evidence from the psychology and health spheres which indicates that individuals with problems are more likely to succeed or recover when they have genuine care and assistance from others (Wilson & Picheca, 2005). Translated to an offender rehabilitation context, individuals are more likely to succeed when re-entry to society is facilitated by informed parole supervision and appropriate human service (Wilson et al., 2002). Circles of Support and Accountability (COSA) is an example of an aftercare program for sexual offenders operating primarily to support high risk offenders who have little to no social support in the community. The Circle meets weekly to discuss how the offender is coping and progressing and involves reviewing their activities as well as scheduling group and individual meetings (Hanmen & Petrunik, 2007). The meetings are usually quite casual and can include meeting at a café for coffee or lunch. Volunteers assist the offender with running errands and attending appointments. The aim of individual meetings is to facilitate and foster a trusting relationship and companionship, thought to be essential to the offender's successful reintegration. Contact between the offender and support worker occurs at least weekly and in cases of a crisis or emergency, the support person is available at any time (Hannem & Petrunik, 2007). Offenders commit to a minimum of one year with the program and after that period, the offender may choose to maintain the same level of contact, have less frequent contact, or cease contact with the Circle.

Research supports the effectiveness of the COSA program with studies indicating that offenders who participate demonstrate lower recidivism rates (e.g., Bates, Williams, Wilson, & Wilson, 2014; Wilson, McWhinnie, Picheca & Prinzo, 2007; Wilson & Picheca, 2005). However, while support is integral in the successful reintegration of offenders and the ‘accountability’ component of COSA can assist to address issues related to offending behaviour, other psychological factors may be deemed essential in order to maintain psychological/criminological change. These include factors more directly linked to offending behaviour (e.g., antisocial lifestyle; deviant sexual interests). In this sense, COSA would not be equivalent to a maintenance program as there is no capacity for the volunteer support providers to address high-risk situations, criminogenic needs, or offer assistance to offenders within a therapeutic or psychological capacity.

Another term used is *through-care*, which often refers to linking

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