THE TREATMENT OF RAPISTS: A MEASURE OF PREVENTION

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Many have strong feelings with regard to how society should deal with people who commit sexual offences. The effect of rape upon the victim can be most traumatic and the physical, mental and emotional ramifications long-lasting. The implications of the assault can affect the partner and family of the victim. The family of the perpetrator of the offence is often also affected and the cost to the community—emotionally and financially—is great. So it is no wonder the issue evokes a strong and emotive reaction. Feminist theory says that rape is used as a tool in order to subjugate women and to reinforce patriarchy. It is not this paper's intention to challenge this theory. Nor is it the intention to attempt to disregard or minimise the subsequent feelings and devastating effects of rape upon the victim and family members—they are valid and appropriate. Rape is an horrendous and emotive experience and, because the author works with the perpetrators of these hideous and emotive behaviours in no way suggests acceptance, tolerance or justification of their actions.

Suggestions are frequently heard of appropriate measures to deal with the perpetrators of rape as a punishment and as an endeavour to prevent future rapists from acting on their impulses. These suggestions typically include locking rapists up for life, hanging them, 'cutting off their balls', adjusting their anatomy—swiftly, sharply and with a blade — and raping their loved ones and see how they like it.

Rarely do we hear loud expressions of 'treat them', 'help them to understand their behaviour', 'punish by all means, but provide constructive rehabilitation'. Emotion takes over and rationality is lost. Rational argument will show that the truth is that rapists will one day be released from prison. They will return to the community and they will continue to present a risk of re-offence, unless they somehow come to understand their behaviour and, on release, return to society as a positively-changed and healthier individual.
Furthermore, the rapist has used this form of behaviour as a weapon of power, of threat and of control for centuries. He will, unfortunately, continue to rape, and fear of the consequences will rarely act as a deterrent. These are facts of life; however the intention of this paper is to talk about what can be done to reduce the risk of re-offence, what is in fact being done in Perth, Western Australia, and what has been regarded as a viable treatment option internationally for a considerable period of time.

The nature of rape, what causes some individuals to behave in this way, the effects upon the victim, the personality of a rapist, and other similar factors will not be discussed in this paper. The program for this conference has clearly provided opportunities for these aspects to be more than adequately addressed elsewhere.

Treatment programs, both for prisoners within correctional institutions and for non-incarcerated or released offenders, have been in existence overseas for many years. Studies have shown varying dimensions of success for such interventions and considerable difficulty exists in even attempting to undertake an evaluation of treatment effectiveness.

Western Australia took the initiative in Australia a number of years ago and accepted the challenge to provide a treatment program for the perpetrators of sexual offences. In its preliminary form, the program was initially established within Perth's major maximum security institution. This pilot program ran for a two-year period prior to a temporary suspension of treatment pending an evaluation and assessment of treatment efficacy and methodology. In June 1990, the Sex Offender Treatment Program was re-established and continues today in a similar but extended format.

It needs to be clearly stated that, in providing a treatment program of this type for the perpetrators of such violent and abusive acts, the focus is on the protection of the community. We have a strong interest in and commitment to preventing re-offence, with our concern being for future potential victims.

**Treatment Venues**

The Department of Corrective Services in Western Australia has assumed responsibility for providing three different treatment packages. The most intensive of these treatment packages is at Casuarina Prison, a maximum security prison which was opened in 1991 following the closure of Fremantle Prison. This intensive treatment option is conducted in the form of a Residential Therapeutic Community established within the prison—separated but not isolated from the mainstream prison population. This program caters for twelve participants at any one period of time and the treatment process can last for up to twelve months. Participants are in treatment full time and are constantly addressing issues relevant to their offending cycle.

A less intensive pre-release treatment option is provided at Karnet Prison Farm, a minimum security institution where prisoners prepare for release following a long sentence or where prisoners who receive a short sentence may be accommodated. This treatment package runs for a period of seven months, one afternoon per week, and is available for ten offenders at any one period of time.

The third treatment option is presented in the community and is available for offenders who are on a probation or parole order. Three separate treatment groups run in the course of a week, providing treatment for a total of thirty offenders (ten per group) at any one time.
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Treatment, similar to that available at Karnet Prison Farm, runs over a period of seven months on a weekly basis.

The Sex Offender Team

The various treatment options, as described, are quite extensive and are provided by a team of eight professional staff. The commitment of the resources necessary to provide such an intensive and diverse range of treatment options is not something the Department of Corrective Services undertakes lightly. Nor would such an option be tolerated if the provision of treatment was not seen to be addressing the relevant issues or providing a valuable and viable service. In other words, as professionals specialising in this field, we believe in what we are doing and, while it is too early yet to make predictive judgements relating to efficacy, we are optimistic that our programs are effective in bringing about change. There are, of course, numerous provisos that need to be taken into account when making a statement such as this, and these provisos are borne in mind during the process of assessment when an applicant is taken through an extensive assessment procedure to determine his attitude towards his offence, in addition to his suitability and amenability for treatment. This assessment procedure will be addressed later in this paper.

The Treatment Population

While rape is still the familiar terminology used to describe the forcible act of sexual penetration, legally rapists are now sentenced on charges of Aggravated Sexual Assault. The major distinction is that, while rape formerly described penile penetration, aggravated sexual assault is applied to a sexual assault involving penetration of any part of the body by any means.

Each treatment group consists of offenders who have committed a variety of sexual offences, not necessarily aggravated sexual assault and not necessarily a sexual offence against an adult. The range of offences may include paedophilia, incest, indecent dealings (against a minor), sexual assault, wilful exposure and others. The commonality is that all offences are of a sexual nature. It is a deliberate decision to include in any one treatment group, participants who have been convicted of a range of different sexual offences. This lessens the likelihood of participants who have similar offences supporting the justifications and minimisations of other participants' attitudes towards their offence. It provides an opportunity for offenders to challenge each other on the distortions of thought which have contributed to their deviant behaviour. It also equalises the attitude of the offenders in relation to how they view the nature of their own offence. Rapists lose their self-proclaimed status and paedophiles become people. What becomes very important, however, as treatment progresses is that the participants learn to accept each other as people at the same time as rejecting out of hand the deviant behaviour that has brought them together. Support, safety, trust and encouragement within the group for each other is essential and is never automatic. It becomes earned and is highly valued. The absolutely essential balance to that support is that it not be used to camouflage or protect the individual from his own pathology which got him where he is today.
Assessment

Members of the Sex Offender Team undertake assessments of all sex offenders generally within the early stage of their sentence. Sometimes this occurs prior to sentencing (if ordered by the court); however, most assessments occur once the prisoner has settled into the prison environment. The assessment process is designed to determine the following:

- the offender's attitude towards his offence;
- his amenability and suitability for treatment;
- his treatment needs; and
- the appropriate treatment program which will best meet those needs.

The assessment procedure includes a lengthy clinical interview followed by the administration of the Multiphasic Sex Inventory (MSI), a measure of the individual's normal and deviant sexual interests and behaviours, and the Clinical Analysis Questionnaire (CAQ), a measure of normal and clinical personality factors. In addition, the offender's previous criminal record is perused as well as information on Departmental files from previous contacts. The Judge's comments, court depositions, including the victim's statements, are thoroughly read and the offender is confronted with any discrepancies or minimisations in his version of the events. Factors relating to his offending are taken into account, such as the abuse of alcohol and/or drugs, the offender's ability to control his behaviour, including anger, and any early developmental experiences which may have contributed to the offence cycle.

Criteria for suitability

The major criterion which determines suitability for inclusion on any of the available treatment programs is the degree of motivation for treatment. The offender needs to want to change—not in order to get parole or any other form of inducement. He needs to be able to acknowledge he has a problem and to want to do something about it. In addition to this interest in behavioural change, the offender needs to be emotionally and psychologically stable. He should not present with any form of uncontrolled psychotic tendencies and he needs to have the intellectual capacity to cope with the rigorous treatment requirements.

Assessment of dangerousness

The assessment outcome revolves around the assessment of risk. An appropriate treatment venue which, in fact, denotes a particular degree of intensity of treatment, is determined according to the assessed risk of re-offence and is the result of consideration of the following factors:

- degree of cooperation with the assessment process;
- degree of responsibility taken by the offender for his behaviour;
- degree of honesty and self-initiated disclosure;
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- nature of factors/events precipitating the offending;
- pattern of events and the amount of violence demonstrated;
- length, nature and progression of history of sexual aggression;
- frequency and duration of offences;
- number of apprehensions for the offence;
- the use of disinhibitors (alcohol, drugs and similar substances);
- previous criminal history;
- non-offending sexual history and past victimisation;
- personality traits and mental and intellectual abilities;
- ability of the offender to manage and control his behaviour;
- stability of social relationships present for the offender;
- strength of family and community ties;
- amount of access by the offender to victims;
- specificity of victim selection;
- age of the victim;
- vulnerability of the victim;
- previous treatment history.

It can be seen from this that the assessment process is not taken lightly and a reasonably responsible outcome can be achieved from this procedure.

**Timing of Treatment**

Prisoners who are determined as suitable for inclusion in either of the prison-based treatment programs are wait-listed for entry in the latter stage of their sentence. The rationale for this is that it is believed that to treat an offender early in his sentence and then to return him to mainstream prison will be counterproductive and treatment gains will be lost.

To survive in prison, emotionally and possibly physically, sex offenders tend to become very guarded and self-protective. Once on the treatment program, where the environment is safe and highly supportive, the offenders no longer have to defend themselves. While previously they may have minimised the nature of their offence or denied their guilt, this is not permitted once treatment begins. They become emotionally and physically vulnerable in a setting which allows it. To then return to mainstream prison, and to survive, often requires a
return to being guarded and self-protective. Hence, gains are lost as this is a return to their previous style of interaction.

Ideally, once treated, the prisoner then moves to either release because his sentence time is completed, or to a minimum security prison to prepare for release.

**Treatment Programs**

*Casuarina Prison intensive residential treatment program*

The treatment program at Casuarina Prison is in the form of a Therapeutic Community where offenders who are assessed as requiring intensive long-term treatment are accommodated in a segregated wing, having minimal contact with other mainstream prisoners. This segregation is intended as a twofold function. Firstly, it provides some degree of protection for these prisoners who may otherwise be targeted for attack because they have voluntarily chosen to undergo treatment (not an admired fact amongst many of the 'heavies' in the prison system). Secondly, maintaining a boundary between the therapeutic environment and mainstream prison helps to integrate treatment gains more effectively. Treatment becomes most effective when the participant feels safe, emotionally and physically, when he feels he is able to trust his peers and to gradually shed his defences and habitual emotional guards. Contact with prisoners who are not undergoing this process would require the participant to constantly re-defend himself and to become self-protective. To do so would become counterproductive to the treatment process.

Treatment on this intensive program consists mainly of group therapy on a daily basis, morning and afternoon, as well as regular individual therapy. Written tasks and 'homework' assignments are expected and the demands are considerable. The Therapeutic Community fosters a strong sense of trust and support amongst the participants as well as providing a safe environment where they can practise newly acquired skills. The community is relatively self-regulating by the participants, within the rules of the prison and of the community, and autonomy and decision making are encouraged. All participants are expected to take responsibility for their treatment gains and, should anyone not be prepared to push himself fully to maximise the opportunity, he is removed. The focus is not upon a 'cure' but instead upon 'control'. Participants who see themselves as 'cured' run the risk of complacency and with complacency comes the risk of re-offence. They come to accept that for the rest of their lives, the possibility of re-offence exists. Our role is to help them recognise if and when that risk is there and to be able to instigate alternative behaviour to take them away from the potential offence. Treatment is regarded as a process of preventing relapse.

Participants on the intensive residential program can expect to be in treatment for a period of nine- to twelve-months duration. Daily therapy over such a lengthy period of time, combined with the intangible treatment factors which occur through being part of such a supportive environment, provide these participants with a very real opportunity to turn around their previous lifestyles. Sex offending is the commonality which brings these community members together; however, the treatment content is, in essence, a broad focus on life issues as well as on specific issues relating to sexual deviancy.
Karnet Prison Farm

A pre-release treatment program at Karnet Prison Farm is less intense with participants undergoing normal prison routine and meeting once a week for the treatment group. The assessment process determines suitability for inclusion in the treatment program at Karnet Prison Farm if the likelihood of re-offence is considered to be less than for those determined as appropriate for inclusion on the intensive program; however, treatment prior to release having been determined as necessary. Treatment is in the form of group therapy running on a weekly basis for a period of seven months.

Community-based sex offender treatment program

A treatment program similar to that at Karnet Prison Farm is available in the community for offenders who receive a probation order or who have been released on parole. In both instances, assessment by a member of the Sex Offender Team has determined the offender to be suitable for inclusion on this program.

Like Karnet Prison Farm, the three treatment groups run on a weekly basis for a seven-month time period. Strict conditions apply which, if disregarded or abused, will result in the participant having his probation or parole order revoked and his freedom will be reviewed by the court or parole board.

Treatment Goals

The following goals are identified as a focus for participants in treatment to work towards:

- to take responsibility fully for his deviant behaviour and to acknowledge the presence of a problem within himself which needs to be addressed;

- to develop an understanding of the antecedents of the assaultive behaviour and the high risk situations into which he may place himself and consequently be at risk of re-offence;

- to recognise when that risk is imminent and to be able to deviate himself away from the potential offence by implementing a planned strategy of appropriate and socially-acceptable behaviour;

- to develop an understanding of the consequences of his behaviour upon his victim, upon significant others in his own and his victim's family and upon society in general;

- to challenge his attitudes and beliefs towards women, towards issues relevant to gender roles and bias and to understand the implications of cultural change upon males and females and their respective interactions and social roles;

- to be able to recognise how he distorts his cognitions to attempt to justify his behaviour and to minimise the full implications of his behaviour upon others;
• to understand the roles played by alcohol and/or drug use as well as the mismanagement of anger and the irrationality of his thoughts in the committing of the offence;

• the acceptance of the existence of the potential to re-offend and that control over his deviant behaviour will be a lifetime process.

**Treatment Content**

Treatment methodology incorporates a combination of a cognitive-behavioural approach, psychotherapy and social skills training. While the treatment intervention is primarily a group therapy approach, individual therapy and, to a much lesser degree, family therapy, are also incorporated into the treatment program.

**Group therapy**

Group therapy, is seen as providing an opportunity for an offender to be confronted and challenged by his peers at the same time as being supported and encouraged to persist with the often difficult process of treatment. It also enables other group members to process issues relevant to them and which have been identified by another offender working openly within the group setting.

Group therapy is presented in a modular form with the following modules being rotated over the treatment time-frame. Those listed below are as presented on the intensive treatment program at Casuarina Prison. Modules marked with an asterisk (*) indicate those which form the less-intensive programs at Karnet Prison Farm and on the community-based sex offender treatment programs.

**Relapse prevention***

This module is designed to help participants become familiar with the cyclical nature of their offending and to understand the pattern of events, thoughts, feelings and behaviours which were antecedent to the offence. They will come to understand high risk situations and alternative strategic behaviours to deviate them away from the assault. Once an offender is aware of what he is doing in the moment of doing it, then he has a choice. Relapse prevention brings about awareness of the subtle cues that contributed to the eventual offence. Consequently, when an internal trigger is pressed, the person can then immediately anticipate what might follow and, hopefully, do something different.

**Anger management***

Many offences are the result of an inappropriate expression of anger. To suppress one's anger is as potentially damaging as is the expression, verbally and/or physically, of aggression. Angry people often vent their feelings inappropriately and irrationally. This module is designed to help the offender understand the basis to his anger and to employ appropriate means of self-expression prior to the anger becoming overwhelming and out of control. Conflict resolution skills are rehearsed and opportunities to implement these new skills are presented through the process of living within the Therapeutic Community environment.
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Social skills*

The social skills module is intended to help the participants learn appropriate and viable means of interaction with others. It illustrates the difference between aggressive, passive and assertive behaviours as well as learning valuable interpersonal communication skills. Many of these individuals are extremely damaged psychologically and their life experiences have often not provided opportunities to interact with others in a healthy and safe environment. The social skills module is designed to teach what many non-offenders take for granted; that is, the capacity to recognise what he wants and to know how to go about getting it appropriately and without risk to others.

Covert sensitisation

This module teaches a means of instantly stopping deviant thoughts and fantasies by mentally pairing the deviant thought with a strong and powerful memory of the negative consequences of such behaviour. The procedure is intricate and the result is highly effective for those who genuinely choose to change. It is a process of thought stopping at a moment when the offender is still in control of his behaviour.

Victim empathy*

While some rapists have concern and empathy for their victim, many do not, and some choose to distort their thoughts in such a way as to help them justify their deviant behaviour. The victim empathy module brings home to the participants, powerfully and effectively, the full implications of their behaviour upon their victims. The long- and short-term consequences are spelled out and, for most people undergoing treatment, this module changes the focus of their attention away from themselves and onto the victim. This module is a very powerful process and usually signifies an important turning point in treatment.

Autobiography*

While taking part in treatment, each participant undertakes to write his autobiography. For many of these individuals, this is a considerable undertaking as not all have good literacy skills and, in most instances, a very commendable outcome eventuates. Writing the life story provides an important step in helping them review their life stages and developmental experiences. Eventually, each participant in treatment reads their life story to the rest of the group who question, challenge and confront any possible ‘blocks’ or avoidances at the same time as being supportive and understanding. For the other group members listening to the autobiography, many are affected by the process and get in touch with experiences of their own which may be similar.

Other modules

While the above modules are perhaps regarded as ‘core modules’, other less intense but still important areas are covered. These are:

Alcohol and drug awareness. An educative module with regard to the part played by alcohol and/or drugs in the committing of the offence and in affecting the individual's lifestyle.
**Human sexuality.** This module is both educative and confrontational with regard to attitudes and beliefs. An offender may typically attempt to justify his deviant behaviour by distorting his beliefs about the events leading to the offence, about his perception of women and of his victim's part in the offence. These cognitive distortions are challenged with the offender's assumption of responsibility for his behaviour being the goal. Issues relating to gender roles and attitudes towards women are constantly being addressed.

**Coping with future change.** This module helps the offender prepare himself for changes in his lifestyle and future relationships. Irrational beliefs are challenged and the participant is encouraged to become aware of how to convert irrationality into rational thought.

**Self-awareness.** A module designed to help the person become aware of his behaviour and his own personal style of interacting with his environment. With the awareness of how one behaves, thinks and feels, then there is choice—to continue as before or (hopefully) do things differently.

**Relaxation skills and stress management.** Instruction is given in how the body is affected by stress and what to do to lessen the degree of stress and its negative effect. A variety of relaxation and meditation skills are taught, with the program participants being encouraged to practice and focus on those which suit them best.

**Individual/Family therapy**

In addition to the group therapy format of treatment, individual therapy is provided on a regular basis within the Therapeutic Community at Casuarina Prison and is provided if deemed appropriate or necessary to maximise treatment gains at Karnet Prison and on the community-based programs. Similarly, if believed to be appropriate, contact is made with family members of the offender in order to determine another view of the man, his background and his pattern of offending, other than his view of himself. If necessary and/or appropriate, joint counselling will occur with the offender's partner if this is believed to be relevant to reducing the risk of re-offence.

**Treatment Efficacy**

How successful is the program? Is it, in fact, achieving what it sets out to achieve and are we in fact impacting to a significant degree on the recidivism rate? The honest response to these questions is that it is too early to determine accurately how effective the treatment programs are. While we can confidently say that change does happen and that we are optimistic that the participants are maximising the opportunity that has been made available to them and leaving treatment greatly different from when they arrived, it will take a good five to ten years for any scientific evaluation to verify or reject this belief.

While treatment change is constantly being measured by pre- and post-module and pre- and post-treatment psychometric measures, such measures are unable to determine how effective the changes will be once the offender is released and is subjected to the normal rigours, stresses and demands of day-to-day life in a less structured environment. People do not commit a sex offence in isolation of any other factor. Situations need to
present themselves which act as a trigger for the deviant behaviour. The individual's sensitivity to that trigger is not always primed and ready to react; a culmination of situations, thoughts, feelings and actions need to come together before the rape is committed. Those factors need time to become significant and the rapist who has been through the treatment program, while learning a lot about himself and his behaviour, needs that time to test his new way of dealing with situations and other people with whom he interacts.

Therefore, time is necessary before we can reliably and validly assess our therapeutic intervention. Given the nature of the behaviour we will eventually be assessing, it is evident that the statistics that we will base our evaluation upon will only relate to those treated sex offenders who are charged with further sexual offences. There is no way of undertaking any form of follow-up study that will canvas the long-term success of treatment; that is, those who do not re-offend. Once a released prisoner completes his period of parole, our mandate is finished and we have no right of access to his behaviour. Similarly, we will have no way of knowing how many re-offend and are smart enough to not get caught. So, the success of the treatment intervention will always remain, to some degree, an unknown quantity.

The evaluation of effectiveness of a treatment program within a correctional institution is also hampered by the difficulty in obtaining a control group against whom to measure the success for treated prisoners. This is because the degree of motivation for treatment is obviously a strong factor in achieving a successful outcome and consequently to deny a highly motivated prisoner the chance to participate, in order that he take part in a control group, will deny that individual the opportunity to change.

Throughout the course of assessments and treatment, the Sex Offender Team is collating an extensive database of information gained. It is expected that this will provide a valuable means of detecting flaws or aspects of treatment not being adequately met. The database will also enable us to pursue further research into the aetiology of sexual offending and the treatment of perpetrators of the abuse.

**Overseas Treatment Programs**

Despite the difficulties outlined above, the experiences of programs overseas are most encouraging. Perhaps the most notable and well-regarded treatment programs are those conducted under the direction of: W.L. (Bill) Marshall in Toronto, Canada; Barry Maletzki in Washington State, USA; Gene Abel in Georgia, USA; and Judith Becker in Arizona, USA. Becker's experience has been more prominent in working with adolescent sex offenders. The research statistics which have been produced in recent years by these (and other) professionals are varied and draw attention to the huge range of variables which influence the outcome of such studies. Overall, however, the programs upon which we have based the sex offender treatment programs in Western Australia show the viability of providing such treatment to sex offenders.

While research figures reflect a positive effect of treatment upon the likelihood of re-offence for child molesters, paedophiles and exhibitionists, most studies indicate a less optimistic prognosis for rapists following treatment. It is believed that most rapists live a generalist criminal lifestyle so the sexual offence results from a standard of behaviour that flaunts social rules and norms, that a moral code of appropriate behaviour may exist for these individuals but it is one that suits their needs and not those of society. To be most
effective, treatment of rapists needs to also address the issues specific to the generalist offender, to focus on lifestyle and peer standards.

In addition, it is believed the difficulty in treating rapists also stems from the fact that rape often results from a deeply-seated belief system which serves to justify the behaviour, to minimise the effect of the rape upon the victim(s) and, in fact, to support denial that what occurred was not consensual. These cognitive distortions have come about over the rapists' developmental years. His experiences in life will probably have served to confirm to him the validity of his beliefs.

The difficulty lies, therefore, in attempting to turn around and to positively shape a belief system which has developed along with the individual over many, many years as opposed to shaping behaviour which is deviant and which is more malleable and responsive to reinforcement.

We do not believe we are wasting our time or our resources. We firmly believe the treatment program we offer does impact upon the lives of those who willingly commit themselves to treatment out of a desire to seek personal change. The degree to which those treatment gains remain with the offenders after release will vary and will be conditional upon many factors.

Our program provides an opportunity for these men to come to terms with their deviant pattern of offending, to understand why they committed the offence and to recognise situations in their lives when they may be at high risk of re-offending. We help them to become aware of the triggers which precede the offences and to be alerted in the future when that trigger may be about to be pressed. We provide them with an opportunity to understand what makes them angry and how they can express that anger appropriately, rather than to suppress it until it becomes rage or to be continually angry with the world. We help the participants in treatment to understand the link which may exist between their alcohol and/or drug use and the offence. We confront the cognitive distortions which have contributed to the offending and/or helped justify their behaviour. We challenge the denial and the minimisation of the offending and we provide an opportunity for these men to understand the full effects of their behaviour upon the victim. If, by doing this, we prevent a future rape, then our purpose has been served.