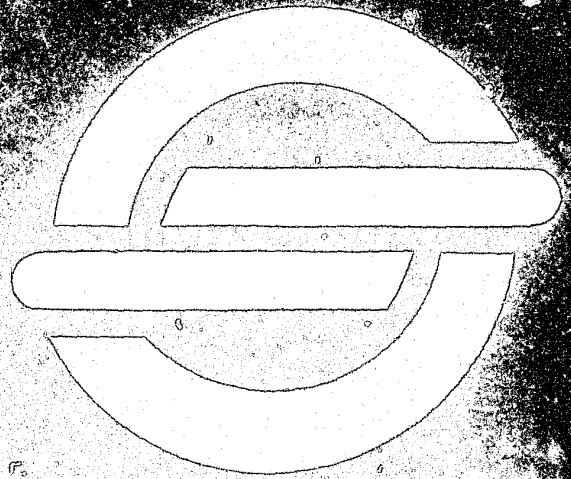


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No More Victims: Alternative Treatment Methods for the Incarcerated Sex Offender

*Scott W. Darnell**

Rich is a child molester who has been convicted on four separate occasions. His last conviction consisted of raping the ten-year-old son of a woman he had married a few months after his last release. He readily admits that his primary motivation in marrying was to gain access to the boy, but does not believe he actually did anything wrong to him.

Rich is also a model prisoner. He goes to worship services on Sunday, holds a job in the records department throughout the week, and is well liked by most of the correctional officers. In the five years he has been in the prison system, he has only had one minor disciplinary report written on his behavior. Because of this, he will be eligible for release before his sentence is completed.

Since he has consistently refused treatment and denies his sexual attraction toward little boys, chances are extremely high that he will continue to victimize once he is released next year.

A case like Rich's is not at all unusual. Each year, 88,000 children will be sexually abused and 90,000 women forcibly raped. The majority of perpetrators who commit sexual crimes are repeat offenders, released from prison fifteen to 25 months before their next offense. Once apprehended, the perpetrator will spend less than half of his sentence behind bars before being released again to further perpetrate.

In the past, many states have attempted to reduce the rate of recidivism among sex offenders by passing laws which provide psychiatric treatment for them. Maryland led the way by passing a "Sexual Psychopath" statute in 1937. This law and others which followed attempted to serve the dual purpose of providing treatment to the sexual offender, while insuring the safety of the public through his removal from the community. In order for this to be accomplished, the offender was committed to a mental hospital or correctional institution until such a time that he could prove that he no longer posed a danger to the public.

By the mid 1960's, over half of the United States had passed similar laws. Mentally Disordered Sex Offenders (M.D.S.O.) statutes were viewed as an alternative to criminal proceedings for persons who demonstrated abnormal sexual propensities through their criminal behavior. Unfortunately, no uniform procedures were enforced from one court to the next. This led to violations of the constitutional rights of committed persons and questions as to whether proper commitment procedures were being followed.

By 1976, thirteen states had repealed their M.D.S.O. statutes, and another twelve had greatly modified theirs. Those states who kept the statutes on their books rarely used them unless chances of prosecution seemed slim in a criminal proceeding. In place of these laws, many states now provide treatment only to inmate volunteers wishing to enter prison therapy programs.

While inmate volunteers could realistically outnumber M.D.S.O.'s, very few take advantage of the opportunity to receive treatment. One reason for this is the prison

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environment itself. In a maximum security penitentiary, a rapist or child molester is more apt to experience violence and be ostracized by other inmates than would someone with a different type of conviction. Correctional officers are more likely to view the sex offender as a "tree jumper" and turn their back if some type of harassment did take place. The same holds true in varying degrees in medium and minimum security as well.

To avoid any confrontation or problems that may arise with other prisoners or an officer, the sex offender often hides the reasons behind his imprisonment. Some will go so far as to persecute known sex offenders in order to look good and gain status in the eyes of other inmates. If the offender were to join a treatment program, the entire prison population would know at once that he had been convicted of a sex-related crime. Many find that price too high to pay for treatment and refuse to join. Another reason for the minimal use of treatment programs is the sex offender's view of himself and what he has done. As with any criminal, those who offend often refuse to accept responsibility for their actions. When confronted with their crimes, they may minimize or deny everything they have done.

Many describe themselves as "basically good people." They attempt to explain the brutal rape of a woman or the molestation of a child as a "sex problem." When asked why they would sexually assault someone, alcohol and drugs are blamed for "making them lose control." Many sex offenders fool themselves into believing they have their "problems" under control and adamantly deny any desire to offend. Unfortunately, they say the same thing every time they come back to prison. As with any type of therapy, treatment is not effective until a person admits there is a problem. In the case of many sex offenders, this is rare.

Those who do enter a treatment program find additional obstacles which must be dealt with. Among the most prevalent is the volunteer's inability to socialize with other members of his treatment group. Most penitentiaries—whether maximum, medium, or minimum security—separate their population into individual units called cell houses. Members of a therapy program often find themselves segregated from each other in different cell houses. Contact and support between members of the same treatment program become almost impossible for all but a couple of hours per week.

Although providing the therapy member with adequate social interaction with his fellow members may not seem a priority at first glance, the relationships an offender builds will ultimately determine the outcome of his therapy. Sexual assault, be it rape, molestation, or voyeurism, is the sexual expression of nonsexual needs and unresolved life conflicts. Through offending, the perpetrator seeks to fulfill his need for acceptance, self-worth, recognition, and control. Until he learns to have healthy relationships where he can get those needs met appropriately, he will continue to resolve his relationship problems through offending.

With contact severely limited between members, friendships are given little chance to grow or become strong. Crucial relationship experiences are missed. Sessions suffer for all concerned because participants remain little more than strangers to each other. New volunteers are much more likely to continue exploitative relationships with inmates in their assigned cell house, simply because they have a greater opportunity to develop them.

At Menard Psychiatric Center, a maximum security penitentiary in Southern Illinois, a more effective form of treatment is being undertaken with sex offenders. The Center houses approximately 300 inmates who are sent from other institutions for psychiatric evaluation and care. Over 40 of the inmates are currently participating in the program which the Center provides. Ranging in age from seventeen to 60, volunteers

and M.D.S.O.'s undergo up to nine hours of intensive therapy per week. The group is supervised by a team of psychiatrists, psychologists, and counselors who monitor and evaluate the progress each group member makes.

Due to the smaller size of the institution and the more relaxed environment a psychiatric center normally enjoys, gang activity and violence are not as prevalent as in other maximum security penitentiaries throughout the state. For this reason, inmates are given up to eight hours per day to socialize outside the cell house. This gives group members a greater opportunity to see each other and develop healthy relationships. Developing healthy relationships is very important to the group members at the Center. They view each other as a family and believe that without each other's support, they could not make it through therapy.

Joe, a four-year veteran of the program explains:

We never had a real family before coming here. I know it must sound strange considering we're in a penitentiary, but it's true. Our mothers and fathers beat us, used us sexually, made us feel like we were worthless human beings. When we get in group, there's all these people who have done the same type of things as us, only they've changed. They don't take advantage of us or try to hurt us. They tell us we can be special and then help us become that way. They invest in us because they want us to get well and not victimize anyone else when we get out. We learn to love each other and be each others friend here. When things get hard for someone dealing with a group issue, he knows he can turn to one of his friends to help him out. Later, he will help someone else out who needs him. That's the type of thing family does for each other, and that is exactly what we feel we've become.

Most group members spend an average of five years in therapy. During that time, they confront many different issues which must be faced before their behaviors change. One of the first issues to be dealt with in group is the need to accept responsibility for thoughts, feelings, and actions. By doing so, they eventually come face to face with who they are and what they have done to other people.

The process is by no means an easy one. A group member regularly undergoes constant and intense confrontation over his antisocial behavior by the group leader and his fellow group members. For the first six months at least, he will argue, rationalize, even storm out of group sessions in self-righteous indignation. But as time goes on, every excuse is stripped away until he understands that responsibility for his actions rests solely upon his shoulders.

"When that happens, we automatically have to start changing things," says Joe. "It creates an intolerable situation when we have to look at what we've done and what that makes us. We come in here justifying everything we ever did wrong. But when we have to look at ourselves as perverts, rapists, and crooks, it becomes clear how ugly we really are. We get fed up with the things we have done, the way we think, the way we act. We begin to change because we can't stand to stay so messed up."

One way group members start changing is by exploring the abuses and exploitation they suffered as children. Thoughts and feelings that lay buried for many years are discussed and relived in order to understand what led to their decision to offend. As they continue to discover the reasons behind their deviant behavior, many of the negative thoughts and feelings instilled during childhood are replaced with positive life experiences learned through group.

After facing their own exploitation, it becomes much easier to understand what their victims went through. They learn how to empathize with victims and feel sorrow for what they have done. This ability, absent before now, makes it almost impossible for them to continue their victimizing behaviors. The memories of their own abuse,

combined with the knowledge of what their victims went through, serve to deter them from committing further acts of violence. It literally becomes too painful for them.

The changes which take place during the years group members are involved in therapy are startling. They become capable of having warm, loving relationships. They understand the thoughts and feelings which led to their decision to offend. They no longer believe the lies their parents told them about how worthless and incapable of being loved they were. Instead of wanting to victimize when they are released, they look forward to being husbands, fathers, and friends. For all intents and purposes, they have been rehabilitated.

Employees at the Center witness the changes which take place and give the program their support. Most group members hold jobs within the institution and are considered valuable employees by the staff members who supervise them. Some are given authorization to work on institutional projects outside the confines of the prison itself. Others take advantage of the institution's educational opportunities. Some do so well, they are later hired as inmate assistants by their instructors.

One counselor, who has had numerous group members on her caseload, has nothing but praise for these men.

The inmates in therapy are instilled with one primary belief upon arrival in group. They are taught that they owe a heavy price for what they have done. They learn that the only way they can ever truly pay their debt is by getting well, helping others get well and using what they have learned in therapy to help them lead the best life possible. Time and time again I see the people in group doing just that. I really have to respect them for it. They are making their lives into something good instead of what it was before.

A program such as the one demonstrated at Menard Psychiatric Center can be effective in treating sex offenders in other institutions. However, changes must first be implemented before any positive results may be achieved. That means a willingness on the part of the administration in institutions throughout each state to cooperate in organizing and maintaining an environment conducive to treatment.

Inmates involved in group therapy would function best in a cell house specifically mandated for those receiving treatment. This would insure appropriate peer support between members working on therapeutic issues, facilitate the development of healthy relationships, and provide protection from regular population inmates.

Once a volunteer has completed a therapy program, special consideration should also be given in deciding where he will be transferred. In most states, inmates are classified for maximum, medium, or minimum security institutions by the amount of time they have left to serve. Inmates convicted of sexual offenses are more often sentenced to a higher number of years and automatically transferred to maximum security.

While this procedure may be effective in the majority of cases, group members who successfully complete a treatment program must be the exception to the rule. Transferring them to maximum security can often be a mistake. They can no longer survive in a violent, criminal atmosphere, because they are no longer violent criminal individuals.

Periodic follow up on the group members' progress once released from prison is also a necessity. For instance, Illinois has a procedure of developing a conditional release plan for the few M.D.S.O.'s left in the department. Some of these conditions include counseling, continued employment or schooling, drug testing, and curfew. This practice would not be so different from conditions already imposed upon inmates paroled from prison. Just as significant, it would insure the continued success of the group members in leading a victim free life.

Several states, including Illinois, have considered many of these changes. Yet state legislatures continue to find it a higher priority to allocate budgets to the upkeep of antiquated penitentiaries rather than allow development of programs which could reduce the need of such places.

Until the fact is recognized that incarcerated sex offenders are treatable under proper conditions, and must be treated in order to deter sexual victimization, correctional systems will be forced to release offenders to society for years to come. Society can continue to ignore the problem by locking the offending individual away for a few years here and there, or it can take steps to insure the problem is taken care of once and for all. Ultimately, it becomes our choice. Either way it is decided, Rich and others like him will be released. It remains to be seen what we have to look forward to when that happens.