

A TREATMENT PROGRAM FOR MEN
WHO HAVE SEXUALLY ABUSED A CHILD
WITHIN A RELATIONSHIP OF TRUST

By

Dan Chafe (BRS)

A Practicum Report
presented to the University of Manitoba
in partial fulfillment of the
requirements for the degree of
Master of Social Work
in
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BY

DAN CHAFE

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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DEDICATION

It is easier to stand in judgement and to criticize other people's efforts than it is to get the job done on your own. I have always wished that my Dad had raised me differently. I have always wished that he had made himself more available to me and that he had shared more of his thoughts with me.

Our daughter, Chloe, was born on December 8th, 1992. At the time of writing this paper our Angel is six months old. I now know that my Dad did the best he could. I now know that he actually did one heck of a good job with the five of us. This report is dedicated to him because I now see that he taught me a great deal.

My life has been blessed by friends, touched by love and enriched by teachers. Each one finds expression in this work.

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Dan Chafe

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CHAPTER ONE

INTRODUCTION:

The purpose of this practicum is to examine an increasingly common form of sexual abuse, incest. The intent of the report is to assist the reader in coming to understand the special issues and stressors that affect the offender, the victim and the non-offending parent. Furthermore, the North Probation group treatment program for sexual offenders is explored and outlined in detail as it served as my practicum site. As this particular field is new ground to me, I would like to explain the process which led to my interest in working in this area.

I came into the School of Social Work with a background in working with people with disabilities. My work with disabled people has involved assisting people with the move from living within institutional settings to life in more typical community settings.

The majority of papers I wrote for the School of Social Work were based in my previous work experience with disabled people. I was excited to integrate and apply the theoretical frameworks with my practical experience. As is the style at the school, I, like my fellow peers, was called upon to present the various papers that I had written. Although I found satisfaction in my academic progress, I was surprised by how little I knew about the information that other students were presenting.

Students who had worked in a wide array of settings had much to offer the class in terms of their own unique work experiences. It was common to have presentations on the powerful role that abuse had played within families. A large majority of students had experience working with families in which sexual, physical and emotional abuse was evident. I had no formal training in the area of abuse and, at the time, little interest.

In a certain sense I believe that I sheltered myself from what other students were presenting by believing that the issues they were dealing with were the dark side of Social

Work. Abuse issues were the side that I did not want to study or think about, never mind considering any personal clinical involvement.

I call it the dark side as I see issues of abuse creating such incredible feelings of pain stemming from lies and hurt and broken dreams and truth and tears. When I think of abuse, I envision crying children who have been beaten, bruised, and who have come to be confused. When I think of abuse, I envision women who have had their spirits hacked out and I think of men who are stuck in a cycle of perpetuating the bruises and the breaking of dreams. I felt that it was hopeless, thankless, draining work.

I have always been so impressed by the commitment that so many students and practitioners demonstrate in their work with families that have worked and lived through such devastating circumstances.

My interest in domestic violence and sexual abuse was heightened in a course I took with Joe Kuypers titled 'Men's Issues'. I learned a great deal from the course and was moved by the lack of understanding and appreciation that so many of us had for the information. My lack of understanding moved me to research and in turn write this report.

CHAPTER TWO:

A LITERATURE REVIEW:

"The more you learn intellectually, the more you think you need to learn, but when you learn with your heart, you're filled."

-Regina Demarasse

Definition of Terms:

For the purpose of clarification I will explicate the differences in definition between child sexual abuse and incest. The distinction is important, as the practicum focus is on running a group for men who have been sexually abusive with children within a relationship that was based on trust. As the relationship between the offender and victim, does not need to be intrafamilial, incest is defined in broad terms for this practicum. Men were accepted into the treatment program based on the nature of the development of a 'trust' relationship with their victim, e.g., teachers, coaches, Big Brother etc.

Child Sexual abuse defined:

The Child Protection Centre of the Children's Hospital in Winnipeg (1992) defines child sexual abuse as "the use of a child for any sexual activity by someone older and more powerful." Manitoba Family Services (1992) uses the following definition:

"Any exploitation of a child whether consensual or not for the gratification of a parent or person in charge of a child and includes, but is not necessarily restricted to: sexual molestation, sexual assault, and the exploitation of the child for purposes of pornography or prostitution. Sexual abuse includes incest..."

Incest Defined:

Runtz and Corne (1985) distinguish intrafamilial sexual abuse, i.e. incest, from abuse by strangers by emphasizing the importance of the fact that the perpetrator is a family

member. "It is this betrayal of family trust by the offender which is central to the trauma resulting from incest. This trust is betrayed to the same extent by any family member, blood relation or not." (p. 1).

Definitions of child sexual abuse and incest differ depending on the writer and the nature of the research and the context of the particular case. The sexual activity involved and the imbalance of power between the victim and the perpetrator are two common elements (Finkelhor, 1979 & Herman, 1981).

Female children are regularly subjected to sexual assaults by adult males who are part of their intimate social world. Although the definition as applied by Runtz & Corne suggests that incest is a form of abuse within the family, the aggressors may be neighbours, family friends, uncles, or cousins. To be sexually exploited by a known and trusted adult is a central and formative experience in the lives of countless women. The betrayal of the trust between offender and victim is the issue of concern for the purposes of this report.

PREVALENCE OF INCEST:

Studies show that seventy-five percent of all reported sexual abuse of children is committed by someone whom the victim knows and trusts. Frequently that someone is a member of the victim's immediate family (Butler, 1985). Erickson et. al., as stated in Health & Welfare Canada (1985), estimate that strangers are perpetrators in only a small proportion, about 10%, of cases.

Badgely (1984) suggests that the most pervasive form of child sexual abuse within families is between adult males and female children, usually father-daughter; 'father' may refer to a stepfather and or the mother's common-law husband or boyfriend. Grandfathers and Uncles are often cited as being sexual offenders. Badgely (1984) suggests that brother-sister incest probably out-numbers father-daughter cases, but is considered less damaging to victims, especially if the siblings involved are of similar age. The damage,

however, can be quite severe if there is a wide discrepancy between the ages of the perpetrator and the victim.

Badgely (1984) estimates that as many as 1 in 2 girls and 1 in 3 boys have been victims of unwanted sexual acts (ranging from unwanted touch or exposure to forced intercourse). Mayer (1984) suggests that sexual molestation may include a wide spectrum of activities including verbal harassment and physical exhibitionism, fondling, digital or penile penetration of the vagina, sodomy and rape.

Krugman (1986) suggests that the increase of reported incidents is due to victims having an increase of courage to disclose sexual molestation experiences,

"... this led pediatricians to wonder why, if these women were sexually abused as children when they saw them in their offices and clinics ten years ago, they did not know that. The answer is they did not know because they did not ask. In sexual abuse, unlike most other problems that come into a medical office, unless one asks, one will not get the answer; children are coerced into keeping a secret and they will never tell what has been going on because they are afraid. So, for decades we never asked and we never saw cases. Now that public awareness is greater, we are asking more. Also there are television programs and books and programs in schools, that are asking all the time, and the answer from children is that it is happening." (p. 17)

Between 1940 and 1980, four major surveys addressed the issue of sexual encounters between female children and adults. These studies recorded information from over 5,000 women. The women in the studies came from a wide and diverse range of demographic groups and geographic locations (within the United States).

The largest of the studies, which was implemented by Alfred Kinsey, included 4,000 personal interviews with young, white predominately middle-class urban, educated women. The second study was developed by John Gagnon in 1965, and was based on a more extensive data collection from 1,200 of the women from Kinsey's work. Two other studies, by Judson Landis (1956) and David Finkelhor (1978), cited in Herman (1981), recorded information from questionnaires given to approximately 2,000 college students.

The results of these surveys were consistent. Herman (1981) reports that one-fifth to one-third of all women reported that they had some sort of childhood sexual encounter with an adult male. Between four and twelve percent of all women reported a sexual encounter with a relative, and one women in one hundred reported a sexual experience with her father or step-father.

Finkelhor (1988) suggests that one million American women have been involved in incestuous relations with their fathers, and that some 1,600 new cases occur each year.

THE DYNAMICS OF SEXUALLY ABUSIVE RELATIONSHIPS:

The dynamics of sexually abusive relationships can be viewed from a number of different theoretical perspectives. For the purposes of this study I will focus on the following three: family systems, psychodynamic and the feminist perspective.

The Family Systems Perspective:

The family systems perspective examines the family as a whole in order to determine the interactional patterns and family roles. The systems perspective regards sexual abuse as a societal problem rather than strictly a problem of an individual's deviant behaviour.

Erickson et. al. (1984) suggest that this particular focus views incestuous families as often having rigid boundaries that force the family into a form of social, physical and psychological isolation. According to Finkelhor, (1981) family members are said to be 'enmeshed', which forces them to be mutually dependent on each other for need gratifica-

tion. The term enmeshed means that the family boundaries between individual family members are often inappropriate and/or lacking. Children may be involved in role reversals with the parents, the most extreme example being sexual involvement.

Due to a lack of care and minimal emotional support, sexual abuse can become a form of expected and accepted nurturance.

Often, one or both of the parents in sexually abusive families have come from childhood backgrounds in which there was minimal emotional support, and in a lot of cases, sexual abuse. The mother may have a history of unresolved incest with her own father and may be unable to prevent an incestuous relationship between her husband and daughter. Herman (1981) suggests that the father, whose dominating style is closing the family boundary, demonstrates his seductive sexuality with the child as the mother grows distant.

An abusive family puts the child in a difficult situation as the mother may become distant as the father becomes more sexually seductive. The child then becomes stuck in the middle between the mother and father. The child is often forced to meet the needs of the parents while his or her own needs go unmet. The child may be trying to decrease the tension in the family that exists due to problems within the marriage.

With the child in the middle, and a parent on each side, a form of an incestuous triangle is created. Each part of the triangle is dependent on the other; this dependency creates a form of loyalty. Denial becomes the primary family defence. The denial leads to a forced silence on the part of the child which may have the effect of causing selective restructuring of reality for the child's thoughts and feelings.

The secrecy creates a double-bind for the child; there is a no-win situation, as the person who is being abused receives conflictual messages from the family which do not allow them to speak with others. The abused child may feel that the physical attention means love but becomes confused by the threats believed necessary to keep the secret.

Noel Larson and James Maddock look at the structural and functional variables of incest within the family system. The premise of their work is that incestuous behaviour

serves different functions in different families. They believe that it becomes important to assess the meaning and function of the incest in a given family when planning for its treatment. Larson and Maddock (1986) suggest that the sexual involvement of children within incestuous families can be characterized into one of four basic functions within interpersonal exchange processes. The four processes are as follows:

1) The "affection-exchange process": "Many incest fathers engage in a quasi-courtship process with their daughters in a misguided attempt to show affection and to feel emotionally close." (p. 34).

In this instance the more natural needs for nurturing among family members such as physical closeness, affection and emotional support are replaced with sexual contact. The father and daughter relationship becomes one in which they are framed as lovers. Due to the theme of the 'love affair', physical force and other forms of coercion are unnecessary since the child appears to be cooperative and compliant.

2) The "erotic-exchange process": In this instance the incestuous behaviour is presented as having a 'game-like' quality. "The family appears to be bonded largely through its projections of eroticism into language, physical appearance, clothes, recreation and humour." (p. 35).

A general lack of privacy within the home is viewed as meaning that there is a sense of trust within the family. Family members may be shamed or made to feel guilty when they try to gain control over access to their bodies. In this instance, power and control exist as issues 'just under the surface', strong enough to influence participation in ways that are difficult to resist. "Often the intergeneration of eroticism into family interaction patterns is so complete - and denial so well established - that family members have stopped noticing the sexual meanings and have lost all traces of anxiety related to their socially atypical behaviour." (p. 37).

3) The "aggression-exchange process": In these families "The perpetrator may deal angrily - even violently - with the victim, who may be only a scapegoat for the perpetrator's masked hostility toward another family member." (p. 38).

The resulting lack of direct feedback from the real source of his hostility only serves to deepen his feelings of powerlessness and "helps to maintain the family rule that direct confrontation and negotiation between conflicting members cannot occur." (p. 38).

4) The "rage expression process": In this instance the perpetrator acts out his "existential rage upon a family member who is the least threatening and resistant, typically a younger child. Typically the perpetrator's rage is rooted in his own long history as a victim of neglect or abuse, creating an internal psychic-structure characterized by continuous threats to survival." (p. 39).

Life-threatening violence can accompany sexual abuse in the rage-based family. Fear may override family loyalties causing the victim to report the offense.

The Psychodynamic Perspective:

This perspective focuses on individual pathology. This view, as stated by Berlin & Krout (1986), suggests that the incestuous behaviour may be a reflection of: a) psychosis, b) poor judgement and psychological immaturity, c) lack of conscience, d) diminished intellect, e) intoxication, f) a pedophilic sexual orientation, or g) a combination of these plus other factors.

Definitions and labels such as pedophilia, exhibitionism and voyeurism are found within the psychological literature and serve as an example of the array of deviant sexual behaviours that currently exist. The following section will briefly describe some of the more common deviant behaviours that are often found within the psychological literature.

Pedophilia:

A pedophile may become involved in a wide array of sexual offenses all of which are focused on the molestation of a child. According to Mayer (1988) there are heterosexual, bisexual, and homosexual pedophiles, any of which may incestuously abuse their own child. Pedophiles derive psychological, emotional and sexual gratification from children. Their compulsive sexual orientation begins in the teen years or younger, and their offenses may include emotional seduction, pornography (photographing young children), using children for prostitution, and child rape. Molestation may be long- or short-term and may range from a few children to several hundred children. Pedophilic activities are often premeditated and are not necessarily precipitated by causal stresses. Offenders typically choose a preferred and definite age range.

Pedophiles are often socially isolated, lonely, immature, inept, shy and passive men who tend to relate more comfortably to children than to adults. A study done in 1979, cited by Mayer (1988) indicated that as many as eighty percent of pedophiles had been sexually abused as children.

The underlying dynamics of pedophilia appear related to early, unresolved trauma, such as identification with the aggressor, or displaced anger. Pedophiles can be characterized as either 'fixated' or 'regressed'. Fixated pedophiles are viewed as being emotionally and psychologically 'stuck' at an early age (often the age at which the trauma occurred). According to Groth & Hobson (1986), regressed pedophiles, under stress, may revert to early forms of fantasized gratification. Mayer (1988) believes that pedophiles, like other sexual offenders, may demonstrate antisocial behaviours including low impulse control, an absence of guilt and remorse, objectification of others, short-term relationships and irresponsible behaviour. Pedophiles often deny or minimize their behaviours and offenses and tend to project blame on to their victims.

Exhibitionism:

Mayer (1988) defines exhibitionism as "repeated exposure of the genitals or of the nude body to another person (adult or child stranger) as a means of dealing with the sensation of sexual arousal."

Mayer (1988) suggests that exhibitionism is primarily performed by men and, when the victims are children, the behaviour is often seen as a prelude to more serious pedophilic acts. The American Psychiatric Association (1980) states that the exposure itself is intended to create a sense of fear in women who are perceived by the exhibitionist to be that much more powerful. Exhibitionism then, is viewed as an act of contempt in which the end result is to humiliate.

Verra (1976) states that "the exhibitionist may have family of origin issues in which a traumatic early childhood experience involves sex in association with shame and guilt. The result may be a form of infantile fixation specifically focused around the event."

According to Verra (1976) exhibitionists are described as anxious, timid, passive men with poor self images. They are often insecure, socially shy, eager to please and often fairly responsible. Exhibitionists may be described as psychosexually immature, and have a need to have their masculinity confirmed and reinforced. Exhibitionists are viewed as being ambivalent toward women and/or dominated by their mother and partner.

Voyeurism:

Mayer (1988) states that "voyeurism is the act of looking at people who are naked, disrobing, or engaging in sexual activities to derive sexual excitement." (p. 36). According to Mayer (1988), "voyeurism is often accompanied by masturbation. Voyeurism is often accompanied by exhibitionism. Many rapists have histories involving both exhibitionism and voyeurism. Voyeurs can be potentially dangerous, especially if acting out behaviours are a prelude to more violent crimes such as rape." (p. 37).

Lester (1975) suggests that this deviation (voyeurism) has been likened to visual rape.

There are a number of theories as to what causes voyeurism, most of which suggest that the root of the problem lies within childhood trauma. Langevin (1983) suggests that its origin stems from viewing sexual intercourse " (p. 28) with a resultant castration anxiety, or in the acting out of parentally thwarted desires to witness nudity or intercourse". Langevin (1983) states that the voyeur unconsciously attempts to relieve anxiety by re-enacting the scene (sexual intercourse) and may feel reassured through further identification with the father-aggressor.

Lester (1975) suggests that in addition to castration anxiety and exhibitionist tendencies, "voyeurs may have homosexual tendencies related to early trauma and stunted heterosexuality." (p. 29).

The Responsibility of the Mother and the Victim:

The psychological literature tends to place responsibility of sexual abuse on the mother. This perspective ignores the direct responsibility that should be placed on the male who is committing the offending behaviour. This view places the blame on those who are victimized by the male's overpowering behaviour.

Erickson et. al. (1984) suggest that some of the principal themes of this view are that: "a) the child is spontaneously acting out 'oedipal-electra' fantasies; b) the child behaves in a 'seductive manner' and c) daughters welcome their father's seductive advances as an expression of paternal love." Erickson (1984) discredits the belief that the blame should be placed on the victims, as he believes that the adult offender is solely responsible for the abuse because children, by definition, cannot give informed consent to engage in sex with adults.

Maternal collusion, or the responsibility of the mother, also has its roots in the psychoanalytical theories. Within this view, the mother is held responsible for the father's

sexual abuse of the child. The psychological literature tends to place the mother as being responsible for the success of the child's upbringing. From this perspective, the mother is responsible for the abuse because of what she did or did not do. The main themes of the perspective of maternal collusion, as presented in Health & Welfare Canada (1989) are: "1) the mother colludes with the father's abusive behaviour toward the child for her own selfish ends (e.g. to avoid fulfilling her sexual role with her husband); 2) the mother abandons the daughter to her fate; and 3) the mother knows, or ought to know, that the abuse is taking place so she is therefore blamed for not preventing it." (p. 38).

Gelinas (1988) suggests that: "...Somehow, somewhere inside, the mother must have known about the incest. Events like being sent to the store should have triggered suspicion of incest. When the mother denies knowledge... she must be lying; she must have known about it on some level. Like her daughter's knowledge of incest, the mother's lack of knowledge is called false."

Our society tends to believe that anger exhibited by women is unacceptable. Women are often given the message that they must learn to contain their anger as society seems to tell women that they have no right to be angry at men. Women are given the message that if anyone is to be blamed for abusive relationships it is them. The psychological literature will cite studies that demonstrate more women than men have unmet psychological needs. These studies tend to focus on women that present themselves at various social service agencies stating that they are feeling depressed. The depression typically stems from physical, sexual, or emotional violence. For many women, depression is often treated as the problem rather than the symptom of some other issue. Psychotherapy and medication often become the treatment of choice as the victim is seen as the one who owns the problem.

Women have been given the message that they must suppress and internalize their feelings of anger, the result of suppressed anger is that some women divorce themselves from their feelings. Thorne-Finch (1992) suggests that, "Our society's tradition of blam-

ing female victims for male violence perpetuates the silence of women because it restricts their ease of connecting with, and their willingness to externalize, the anger that is a normal and healthy response to having been violated and victimized." (p. 32)

The Feminist Perspective:

"Almost all of my women patients told me that they had been seduced by their father. I was driven to recognize in the end that these reports were untrue and so came to understand that the hysterical symptoms are derived from fantasias and not from real occurrences... it was only later that I was able to recognize in this fantasy of being seduced by the father the expression of the typical Oedipus complex in women."

-Sigmund Freud, Introductory Lectures on Psychoanalysis, 1933

The feminist perspective of child sexual abuse recognizes the hierarchical structure of society and the implication that this structure has on the family.

Brickman (1984) suggests that incest is "more related to sex-role development than to pathological processes." (p. 12). Schechter, (1982) suggests that it is distorted sex role behaviour that gives the offender the 'right' to express his feelings in an abusive manner. According to Brickman (1984), the feminist perspective would conclude that to rid society of the incestuous relationship we must rid society of the traditional dominant-submissive sexual power struggle.

Judith Herman (1981) summarizes the argument around the maternal responsibilities from the feminist perspective in the following:

"But no degree of maternal absence or neglect constitutes an excuse for paternal incest, unless one accepts the idea that fathers are entitled to female services within their families, no matter what the circumstances.

Implicitly the incestuous father assumes that it is his prerogative to be waited upon at home, and that if his wife fails to provide satisfaction, he is entitled to use his daughter as a substitute. It is this attitude of entitlement - to love, to service, and to sex - that finally characterizes the incestuous father and his apologists. In a patriarchal society, the concept of the father's right to use female members of his family - especially his daughters - as he sees fit is implicit even in the structure of the incest taboo." (p. 48).

One of the most fundamental aspects of the feminist perspective is that it changes the focus from the victim (and often the victim's mother) to the perpetrator in allocating responsibility for the abuse.

The various perspectives previously outlined lead me to the following conclusions: 1) Men commit a variety of sexual offenses about which little is known; 2) one effect of the offense is that an entire family system is changed by the deviant behaviour; 3) anger, related to unresolved childhood trauma, appears to be one common denominator in many of these offenses; and, 4) offending behaviour can, and often does, become compulsive.

THE CHILDREN, VICTIMS OF INCEST:

Herman (1981) states that, "the question of the child's consent is irrelevant. Because the child does not have the power to withhold consent, she does not have the power to grant it." (p. 27)

Ghent et al (1985) suggest that most abuse begins when the child is 2 to 6 years old, "When they are most trusting and therefore most vulnerable to exploitation." Finkelhor (1984) believes that the most common ages for abuse are 6 to 12 years, however, he notes that older and younger age groups have been well represented in various studies.

The majority of studies suggest that more female children are abused than male. However, this may be because the assumption has always been that more young girls are

being molested than boys. Studies that do not rely on this assumption may produce a higher incidence of young males who have been sexually molested.

Finkelhor (1981) suggests that the following factors may make a child more vulnerable to sexual abuse: 1) Child is emotionally deprived, 2) Child is socially isolated, 3) Child knows the adult, 4) Child has special fondness for the adult, 5) Child is vulnerable to incentives offered by adult, 6) Child feels helpless and powerless, 7) Child is ignorant of what is happening 8) Child is sexually repressed and has sexual curiosity, 9) Coercion.

As with characteristics of the perpetrator, it is difficult to pinpoint the specific attributes of the child who has been sexually abused. The child may be bright, respectful, positive and outwardly happy. The child may come from what appears to be a very positive and supportive family. One can never make assumptions about the background or stereotype of a profile of an abused child. Children from all types of families are vulnerable to abusive relationships.

Runtz and Corne (1985) further suggest that sexual victimization within the family tends to be a long-term pattern. Their figures from the Seattle, Washington, Sexual Assault Centre indicate that in "40% of cases, the abuse lasted from one year up to more than five years." (p. 4). Halliday (1985) reports that in her study, the average duration was five to ten years.

Finkelhor (1984) lists a number of dynamics that are often present in the life of a sexually molested child. He states that the risk of sexual abuse increases with a number of factors presented in the individual's life at a rate of 15 to 20% per factor. The list includes the following: 1) The child is living with a stepfather, 2) The child has lived in a home without their mother, 3) The child is not emotionally close to their mother, 4) The mother never finished high school, 5) Sex-punitive mother, 6) No physical affection from father, 7) low income, 8) The child has two friends or less.

Although any number of studies may be quoted as identifying red flags that are indicators of situations and variables that lead to abuse, one can never be sure. Sandra

Butler (1985) writes, "Victims are white, black, Italian and Asian. They are male and female. They are five, seven and twelve years old. They are fat, skinny, ugly, beautiful, poor, wealthy and middle class. Incest is relentlessly democratic." (p. 28)

The reason or event which may cause the child victim to disclose the secret of the abuse is an important contribution to understanding the nature of the offence. Larson & Maddock (1986) suggest a number of reasons why the victim may disclose the secret:

- 1) The victim may be reluctant to give up her privileged status with her father.
- 2) Conflict between parent and child such as the daughter becoming interested in a dating relationship with a boyfriend or the father turning his attention to a younger sibling.
- 3) Inappropriate sexual behaviour by younger family members at school, noticeable sexual acting-out in the community.
- 4) In the event that violence is a part of the offence the victim or knowing family members may report the perpetrator out of a sense of fear.

THE OFFENDING ADULT:

There are a number of misconceptions around the profile of the abuser. Some people believe that the majority of sexual abusers are: a) unknown to the child, b) mentally ill, c) psychotic, d) deranged or e) sexually perverted. Men who are reported as incestuous offenders may not have prior criminal records. They may have little or no psychiatric history, are not necessarily excessive drinkers and appear to be of average intelligence and education. Their work histories may be steady. Like a great deal of the male population, the men who sexually abuse children feel they have few or no ways to identify, understand or ventilate their feelings in a coherent fashion.

A large number of offenders come from backgrounds in which they were abused in their childhood. Butler (1985) writes "In nearly all the studies of adult male sexual offenders that have been done to date, well over half, and in some cases nearly three-quarters of

the men studied who are serving time in prison were found to have been sexually abused as young boys without any intervention." (p. 67).

It appears that rigid definitions of male sex-roles are passed on from generation to generation and that emotional, physical and sexual abuse are behaviour patterns exhibited by men who most likely experienced similar abuse in their own childhood. Finkelhor (1984) perceives child sexual abuse to be a problem with its roots in the socialization of males. Finkelhor suggests that the majority of men who offend:

"1) Do not often distinguish between sexual and nonsexual forms of affection, 2) View heterosexual success as important to their identity, and may view sex, even with a child, as a means of reinforcing their adequacy; 3) Are socialized to focus sexual interest around sexual acts isolated from the context of a relationship and, 4) Are socialized to see as their appropriate partners, persons who are younger and smaller than they are." (p. 11, 12).

According to Groth et. al. (1986), the basis of child sexual abuse are the perpetrator's feelings of "inadequacy, immaturity, vulnerability, helplessness and isolation." (p. 147). Groth views the problem of sexual abuse as power and does not consider sexual desire or passion to be the main motivator; rather, "the abuse is a means of fulfilling non-sexual needs such as acceptance, recognition, affiliation, mastery and control." (p. 147).

Most theorists recognize differences between types of sexual offenders; different theories of causation are usually offered for each type of perpetrator. According to Groth (1986), there are two basic types of sexual offenders against children: the fixated and the regressed. Groth believes that fixated sexual offenders suffer from arrested sociosexual development. He lists the following eleven characteristics as distinguishing them from regressed offenders:

- 1) Their primary sexual orientation is to children,
- 2) Their sexual interest in children emerges at the onset of adolescence,
- 3) Their sexual attraction to children is not precipitated by stress,

- 4) Their sexual orientation to children is persistent and involves compulsive behaviour,
- 5) Their sexual offenses tend to be premeditated,
- 6) They identify closely with the victim and may behave on the same level as children, or they may play a paternal role toward the child,
- 7) Their primary sexual interest is in boys,
- 8) They rarely have sexual contacts with age-mates, and tend to be single or married of 'convenience',
- 9) They usually have no history of alcohol or drug abuse,
- 10) They are immature characterologically, and suffer from 'poor sociosexual peer relationships,'
- 11) Their sexual offenses constitute a 'maladaptive resolution of life issues.' (p. 217).

In contrast to fixated sexual offenders, Groth describes the profile of regressed sex offenders as follows:

- 1) Their primary sexual orientation is to their age-mates,
- 2) They become sexually interested in children only in adulthood, 3) Their sexual attraction to children is usually precipitated by stress,
- 4) Their involvement with children is frequently on an occasional basis,
- 5) Their first sexual offense is more likely to be impulsive than premeditated,
- 6) They regress to involvements with children as a result of conflicts in their adult relationships; they treat the child as a substitute for an adult, and in incest situations, they totally abandon their parental role,
- 7) Their primary sexual interest is in girls,
- 8) Their sexual contact with children co-occurs with their sexual relationships with adults, and they are usually married or in long term cohabiting relationships with women,
- 9) The consumption of alcohol is quite often associated with their sexual offenses,

10) They have more traditional life-styles than the fixated offenders, although their peer relationships are often undeveloped,

11) Their sexual offenses constitute a 'maladaptive attempt to cope with specific life stresses.' (p. 217).

Groth (1986) stresses the importance of determining whether a sex offender is fixated or regressed "since this will have important implications with regard to the meaning of the offense, what risk he represents to the community, the treatment of choice, and prognosis for recovery or rehabilitation" (p. 217). Russell (1984) suggests that regressed offenders have a much more optimistic prognosis than do fixated offenders.

Butler (1985) suggests that there are two personality traits which consistently characterize those who sexually abuse their children and which separate them from other men who may experience similar feelings of sexual stimulation with their children but do not act upon them: "one problem is a lack of impulse control, either sexual or emotional. This may be a result of transient stress or may be a characteristic of the individual. The second problem is a confusion of roles. The child is regarded at times as something other than a child, or as a surrogate for someone else." (p. 65).

Herman (1986) sees that male supremacy creates social conditions that favour the development of father-daughter incest. Herman suggests that it is the sexual division of labour "that creates the psychological conditions that leads to the same result " (p. 62).

Herman's theory is as follows:

"Male supremacy invests fathers with immense powers over their children, especially their daughters. The sexual division of labour, in which women nurture children and men do not, produces fathers who are predisposed to use their powers exploitatively. The rearing of children by subordinate women ensures the reproduction in each generation of the psychol-

ogy of male supremacy. It produces sexually aggressive men with little capacity to nurture, nurturant women with underdeveloped sexual capacities, and children of both sexes who stand in awe of the power of fathers. Wherever these conditions occur, father-daughter incest is likely to be a common occurrence. In any culture, the greater the degree of male supremacy and the more rigid the sexual division of labour, the more frequently we might expect the taboo on father-daughter incest to be violated. Conversely, the more egalitarian the culture, and the more the child-rearing is shared by men and women, the less we might expect to find overt incest between father and daughter. The same logic applies to particular families within any one culture. The greater the domination of the father, and the more caretaking is relegated to the mother, the greater the likelihood of father-daughter incest." (p. 62-63).

THE NON-OFFENDING PARENT:

The psychiatric literature often defines the mother as the one who is in 'collusion', who is permitting the incestuous assault to happen. The same literature often suggests that although her part is fulfilled in a conscious or unconscious way she is thought to be the invisible third party to the sexual act between the father and child.

Herman (1981) maintains that

"mothers who are strong, healthy and competent do not tolerate incest. But mothers who have been rendered unusually powerless with their families, for whatever reason, often tolerate many forms of abuse, including sexual abuse of their children" (p. 47).

Herman concludes that occasionally, mothers do collude in incest. However, she argues that when this does occur, "it is a measure of maternal powerlessness" (p. 49).

There may be any number of reasons why a woman is unable to intervene at any given time. If the mother is at an immature or dependent stage (i.e., sick, alcoholic) it may be important to look at the variables that help the clinician understand why she is so. Butler (1985) writes "Many mothers of incest victims were themselves victims of physical or sexual abuse as children." (p. 114).

Some mothers may not have the skill or experience necessary to provide love and protection for their own children as they never received the mothering they needed when they were children. Some mothers may reverse the parenting role and turn to their children for the mothering they need while others may be unwilling or unable to give their daughters a childhood they never had.

Butler states (1985) "Although it is consistently true of families in which incestuous assaults take place that the sexual relationship between husband and wife is either strained or non-existent, society seems ready to accept a wife's sexual problems as a valid 'reason' for the husband to turn to his daughter to get what is 'right'." (p. 115).

From a pamphlet entitled 'Child Victims of Incest', Yvonne Tormes notes that in addition to a lack of faith in helping agencies, women may be inhibited from seeking help by an inability to admit their husband's guilt; this defensive response may justify their choice of a partner and ward off the feeling of failure. Tormes further suggests that fear may also stop women from going for help.

Russell (1984) states, "It has been easier to blame mothers than to face the fact that daughters are vulnerable to sexual abuse when they do not have strong mothers to protect them from their own fathers and other male relatives. But mothers should not have to protect their children from their children's fathers! And a mother's 'failure' to protect her child should not be seen as a causative factor in child sexual abuse." (p. 264).

TREATMENT APPROACHES FOR OFFENDERS:

Treatment for offenders is typically less available and less advanced than treatment for victims. This is partially due to the fact that entry into existing programs requires an admission of guilt, and this may put the perpetrator into a position in which they become legally responsible for their act and may face a prison sentence. Incarceration is often considered to be part of the treatment for sexual offenders. The offender may or may not receive counselling or therapy during his prison term but will often have some form of counselling to be added to the terms of his probation. There does not appear to be a great deal of consistency with regard to what constitutes a case in which the offender should receive a prison term.

The following statistics were published in 'Forum' (1991), a journal developed by the Corrections Service of Canada. The statistics reflect the current inmate population and the relationship to treatment.

Categorizing offenders by their major admitting offence - the one for which they received the longest sentence - the Corrections statistics suggest that 11 of 100 federal offenders are sex offenders (11.3% of the total federal offender population, including incarcerated offenders and those on conditional release). On July 31, 1991, there were 2,469 offenders under the jurisdiction of the Correctional Service of Canada whose major admitting offence was sexual in nature. Roughly two thirds of these sex offenders were in institutions (incarcerated) and about one third were in the community on some form of conditional release. The number of sex offenders detained in federal prisons has increased by 150% over the last five years, from 32 in 1986 to 80 in 1990. According to the study by the Correctional Service of Canada, most sex offenders have committed either a sexual assault or 'mixed' sex offenses. Pedophilia was common; incest was viewed as the least common.

It should be noted that the federal system deals with the more senior (two years plus) offenders. This may account for the high incidence of pedophilia vs. incest.

The specific breakdown for the federal corrections system is as follows is as follows: 1) mixed offenses: 27.9%, 2) sexual assault: 25.2% of sex offenders, 3) pedophilia: 21.0% of sex offenders, 4) incest: 6.2% of sex offenders, 5) other offenses or offence not known: 4.6%

Rehabilitation implies that there is a likelihood that the offender will respond to the treatment in ways that will decrease the potential for re-offending. Mayer (1988) argues that sex offenders have histories that are not dissimilar to other criminals, that is, that they share some of the same characteristics: "low impulse control, expedient and ego-centric behaviour, low frustration tolerance, a propensity toward chemical abuse, action orientation, manipulation, lack of empathy or objectification of others, and absence of both guilt and remorse for antisocial actions." (p. 83).

Mayer (1988) suggests that rehabilitation efforts need "objective research performed by objective scientists, as solely investing power into the hands of therapists, physicians and/or the prison system can lead to the goal of self-perpetuation of that profession rather than the goal of stopping the continuation of the offense." (p. 83). Many treatment programs will cite their success based on their own evaluations of their programs. Henry Giarretto (1982), for example, states that the recidivism rate for his 'comprehensive child sexual abuse treatment program' is less than one percent.

The expansion of treatment programs and resources must be validated empirically. First, it is assumed that treatment will reduce an offender's risk of sexual recidivism, allowing for an earlier and safer return to the community. The following statement was written in Forum (1991): "Despite some encouraging reports, evidence that clearly demonstrates the impact of treatment on sex offenders is still ambiguous, particularly for in-patient programs." (p. 33).

The question arises: in the event that we learn that treatment reduces recidivism are we to treat all sex offenders with the same form of specialized and intensive programs? Could some offenders safely access less costly services in the community? For example,

the studies suggest in Forum (1991) that low recidivism rates demonstrate that not all sex offenders need the same type of treatment. Pedophiles, for example, present a greater risk to the community (even after treatment) than most other sex offenders. Extensive treatment while within a prison setting and closely supervised treatment upon release is appropriate and necessary. As stated in Forum (1991), "at the other end of the spectrum, incest offenders present the least risk to the community." (p. 34). It might, therefore, be more appropriate to offer incest offenders community-based treatment following release, which costs less than institutional treatment. Currently though, incest offenders are as likely as pedophiles to receive treatment during incarceration.

Although I find it difficult to draw firm conclusions as to what the responsibility of the legal system should be, I recognize the importance of the debate. The men felt that the prison experience was devastating in that it 'shocked' them into the realization of their offence. The men in our group found it difficult to put the pieces together as to why they had done what they had done. The participants felt that the group experience was important as it helped them to become aware of issues that they felt they would not have been able to recognize on their own. The men also felt that the support of the group was important as such support was not always available within the prison setting.

What I have learned to date from my experience is that the prison sentence serves as a statement by society that a sexual offence with a child is an offence that carries a serious repercussion. The message to those who abuse their partners is not as severe: short term (if any) sentence and short term treatment (typically ten weeks). The message given by funders is that treatment is important to sex offenders but on a limited short term basis (few programs with a maximum of nine month time frames). Although incarceration is effective for some (in that it is devastating) I believe that it does not recognize or treat the root of the problem.

Congregating men in an isolated and deviant setting in which there is minimal opportunity or probability for meeting appropriate role-models seems to create a perpetuation of

the pre-sentence situation. Rehabilitation needs to address the issues which brought the men to commit their crime. Isolating an isolated man does not make sense to me. Minimizing communication is illogical treatment for men who have had histories of poor communication with their own families and personal networks.

Community-based treatment for sex offenders who have been released from prison settings seems to be a logical form of rehabilitation in that community-based supervision and treatment can assist the overall plan to reduce recidivism. Community treatment allows the opportunity to reassess those behaviours which may relapse following the conclusion of a prison term.

TREATMENT GOALS:

As stated in by Kogan-White (1986), "the most common and agreed upon goal in sex offender treatment programs is to do whatever is possible and necessary to assure the community that the sex offender will not re-offend." (p. 12). However, treatment programs for sex offenders can not 'cure' their deviant tendencies. Treatment cannot eliminate the urges and desires that often lead to a sexual offence. Treatment can provide tools which may assist the offender in managing deviant thoughts and fantasies.

In the event that an offender finds himself in a high risk situation his ability to control or manage his urges may be threatened and the risk of offending may therefore increase. Once a sex offender is released from prison into an environment where temptations are prevalent, the possibility of encountering risky situations is increased. This sudden change in the number and type of temptations is compounded by the fact that offenders are given much, if not complete, responsibility for their movement in the community. It would be negligent not to consider this radical change in potential risk. By accepting the concept of relapse prevention as a program goal, program staff need to be in a position to assist the offender in recognizing a drift towards negative thinking or behaviour early enough to prevent an offence.

Relapse prevention techniques give the client skills in recognizing the return of old escalation patterns. The return of old patterns does not mean the offender has failed; rather, it indicates that work still remains, for the reality is that maintaining non-violence is a life-long task. Relapse prevention techniques can be developed for specific individual cases. The method is based on cognitive-behavioral techniques, which require the offender to be aware of his thought processes and how those thoughts effect his behaviour.

Some clinicians believe that relapse prevention techniques should include the use of bio-feedback devices that can be administered within institutional settings. This approach is meant to ensure that the client does not simply tell his evaluators what they want to hear. This approach is meant to offer objective feedback as to the client's responses while in treatment or during follow-up assessments.

Coupled with the goal of ending the behaviour which leads to a sexual offence, individuals within a treatment program may determine sets of personal goals which can be refined and revised throughout the treatment process. The monitoring of the offender's progress towards each goal may be used as a form of evaluation. Participants commitment to the attainment of personal goals may be demonstrated in their involvement in specific groups or individual therapy following mandated treatment.

Different treatment programs will have different goals for their programs based on program philosophy. Much of the literature will suggest, for example, that many men who commit a sexual offence live with unresolved developmental tasks as a result of their own dysfunctional families of origin. Many offenders may have had chaotic childhood experiences which were filled with victimization from their own parents. Kogan-White (1986) suggests that for this reason, treatment programs may need to focus on re-educating and re-parenting the offender with issues around sexuality, social skills, anger and aggression, dating, conflict resolution etc.

Given the importance placed on offenders resolving their own victimization as either adults or children, treatment goals are often focused on assisting the offender in dealing

with repressed incidents of abuse in ways which allow the offender to come to deal with them. Groth (1986) believes this process allows the sex offender to develop empathy for the victims at a deep and affective level.

These examples are clearly not exhaustive as to the range of goals that may be in place for any given treatment program, however they reflect the importance of clarifying the central issues that a program is going to emphasize. Goal setting becomes a critical part of program development as so many programs have limited time-lines - forcing them to either cover a small number of areas/issues in detail or a large number briefly.

TREATMENT PROGRAMS FOR SEXUAL OFFENDERS:

THE ABEL & BECKER MODEL:

A program by Gene Abel and Judith Becker et al. (1984) titled 'The Treatment of Child Molesters', addresses six specific treatment elements which are used in treating 'child molesters' on an outpatient basis.

The first two elements are those that assist the offender in decreasing his sexual arousal to young children; Covert sensitization and Satiation. Abel & Becker (1984) believe that satiation reduces arousal by satiating or boring the sex offender with his own deviant sexual fantasies. The methods of satiation may vary, one example is masturbating to a given fantasy until that fantasy is no longer stimulating.

Covert sensitization teaches the offender to disrupt fantasies about young children by replacing them with aversive images. Covert sensitization addresses the offender's abusive behaviour directly and reemphasizes the message, first imparted in a control plan, that the offender is solely responsible for his abusive behaviour and that he has the ability to control it. This intervention increases awareness of escalation, awareness of cognitive distortions, and options to being sexually abusive. The constant rehearsal utilized in covert sensitization employs a behaviour interruption technique that can generalize to high-risk

situations, increasing the likelihood that the man can and will use a time-out technique when his anger escalates.

The next two elements involve cognitive restructuring and sex education. Abel & Becker (1984) suggest that many child sexual offenders have dysfunctional attitudes or beliefs regarding their abusive behaviour, beliefs that support or maintain their dysfunctional involvement with children. Cognitive restructuring is used in this model to confront the participant's beliefs by having the offender receive feedback from others regarding their dysfunctional beliefs.

The term cognitive restructuring is defined by Meichenbaum (1977) as being "a therapeutic approach whose major mode of action is modifying the patient's thinking and the premises, assumptions, and attitudes underlying his cognitions. The focus of therapy is on the ideational content involved in the symptom, namely, the irrational inferences and premises." (cited in Stordeur & Stille, p. 277).

Once men have examined their cognitive cues to sexually offending behaviour, they begin to see that their thinking in a previous situation was irrational.

The final elements of treatment within this model are 'social skills training' and 'assertiveness skills training'. Social skills training teaches the offender how to interact more effectively with adult partners, carry out initial conversation, maintain flow of conversation and, in brief, learn to carry out the skills that are necessary to have appropriate relationships with adult peers.

The authors view assertiveness training as a more refined type of social skill in which participants learn to express their feelings towards others. Such feelings may be either positive or negative and constitute a beginning in learning to express emotions and feelings to others in more appropriate ways. Assertiveness training is a cognitive-behavioral technique designed to reduce fear. A second benefit is the more open communication of needs.

One of the assertiveness skills that may be introduced is the ability to compromise. This skill may be used to introduce conflict management skills. A discussion of boundary-setting for both oneself and for others may be useful. As counsellors work participants through compromise, empathy, and conflict management, clients are informed that this should be considered the beginning of learning intimacy without coercion and control.

Post Treatment:

Post treatment is often integrated into a number of the treatment phases within a given program. In some instances the final phase of treatment is done gradually in order to provide the opportunity for the offender to be brought back for treatment in the event that there is a relapse in his behaviour. Programs that are based within institutional settings may work towards this goal by requiring that the offender move from inpatient treatment to outpatient treatment and then to aftercare.

Abel & Becker et al. (1984) describe the final phase of their treatment as a 'lifetime treatment plan'. The authors suggest that the original group meet on a monthly basis in order to further discuss their progress and to update each other on issues concerning their lifetime treatment plan. The following is the guide to the plan:

LIFETIME PLAN TO AVOID CHILD MOLESTATION:

1. Avoid contact with kids (parks, swimming pools, subways, school, baby-sitting; if involved with a family member don't be alone with them.)
2. Change type of hours or work in order to avoid kids.
3. Decrease deviant arousal by Covert Sensitization and/or masturbatory satiation.
4. Never test yourself. E.g. don't be around a child to see if you get aroused; if you want a test come to the lab.
5. Increase social contact with adults.

6. Never initiate contacts, even innocent contacts, with children 7. Say 'no' to children. Practice assertiveness.

8. Try to keep yourself busy; avoid too much free time.

9. If your arousal to a consenting adult partner is minimal, use erotica, be sexually assertive, improve the communication and closeness with your partner; consider therapy.

10) Always keep in mind that kids cannot give informed consent because they are not fully aware of the act or its consequence to them. According to the law, the adult involved is the only one responsible.

11) Be aware of your attitudes and cognitions regarding having sex with children.

'Do not fool yourself.'

12) If your deviant arousal returns, it is not the end of the world; you have learned how to reduce it. Practice your treatment.

13) Do not use thoughts of children while ejaculating (during intercourse or masturbation).

14. Clean up adult relationship conflicts; be assertive by expressing your negative and positive feelings toward adults, do not keep them to yourself.

15. Remember the bad consequences of your past deviant behaviours, for you and the people who are close to you (keep arrest clippings as a reminder).

16. Think how you would feel if your own children or relatives were victims of child molestation.

17. Keep in mind that alcohol/drugs + children = arrest. 18. Do not wait to ask for help, if you need it call immediately 19. Always have these phone numbers with you:

(daytime + evening) 20. Keep your future appointments with us.

21. Please do yourself a favour and take care of yourself; ultimately you are the only one who can do it.

This exact list would not apply to all participants who complete the program. The lifetime plan would need to reflect individual situations and personalities. The lifetime plan would need to be modified in the same way as is a control plan so that it works for the person who intends to use it.

A COMPREHENSIVE CHILD SEXUAL ABUSE TREATMENT MODEL, (Henry Giaretto):

The model that has been developed by Giaretto (1982) is composed of three interdependent components; a professional staff group, a large number of volunteers and a number of self help groups. The program is provided to all forms of child sexual abuse situations, whether they stem from within the family or from without. The approach includes children who have been molested in the recent past as well as for adults who have been molested as children. The majority of the clients are fathers/daughter incest cases.

The following outlines some of the specifics of each component.

The Professional Component:

- 1) Includes all of the 'officially' responsible members of the community i.e. police, social & mental health workers, probation officers and judges.
- 2) The program is often led by one person who in effect organizes the various agencies in terms of ideology training and coordination of services. This person is often a representative of a child welfare or protection agency.
- 3) New costs for salaries and expenses are often not necessary, rather, the program coordinator organizes those resources which are already existing in the community.

The Volunteer Component:

- 1) The majority of staff are made up of graduate students working towards degrees in counselling; they in turn are supervised by licensed counsellors.

The Self Help Component:

- 1) The primary focus is group therapy, the groups are facilitated by either program staff, a probations officer and/or a public health nurse.
- 2) Groups vary in focus: i.e. a men's group, a women's group, a mixed gender group, a group for women who were molested as children, a social skills group, and a group for training group leaders. Groups have been formed for parents as well as for children (ages five to eighteen).

The Treatment Process:

- 1) The program is framed under the "Humanistic Attitude Approach" which is to say that the all too frequent 'hateful' reactions of counsellors to offenders victimizing stories must be redirected and replaced with productive interventions based on the understanding of the complex psychological dynamics that led to the abusive acts.
- 2) Training of staff and volunteers is a critical component to the program. The view is that since so many people took part in the negative socialization of the family, so too must many people take part in the healthy redirection of the family. Training is focused on building people with low self-esteem back to a higher esteem so that they can be helpful in the process of healing with the clients. Essentially the approach recognizes that people within the helping profession also carry their own wounds and that they/we must deal with them.

Case Management:

- 1) The initial referral of the sexually molested child often comes from the patrolman on duty within the community in which the child lives.
- 2) The police and probations officer work together during the investigative stages, coordinating their efforts to minimize the trauma to the child and family during this stage of the process and to try and maximize the potential services available to the family. The

probations department completes an exhaustive inquiry into the family situation to determine if the case requires the attention of the juvenile court.

3) The family is then referred to the program coordinator who in turn assigns the family to a counsellor. The counsellor and probation officer agree on a plan of family treatment.

4) 40% of the program's clients are self referred. Calls are taken by the Program Coordinator who shares information with the caller as to what the potential options are and who they can speak with in the event that they would like to file a report.

Order of Treatment:

1) A treatment plan is designed for the family.

2) The child, mother and father are treated separately before family therapy becomes productive.

3) The typical order of treatment is as follows:

(a) individual counselling for the child/mother/father;

(b) mother-daughter counselling;

(c) marital counselling (key in the event that the family wishes to remain united);

(d) father-daughter counselling;

(e) family counselling; and

(f) group counselling.

(g) guided self help group

4) The objective of the treatment plan is to rebuild the family around the essential mother-daughter core. The counsellor often meets with the mother first in order to help her to deal with the crisis, to ensure her that support is available, and to help her to understand that support is available to bring the family back together if desired.

5) Both of the parents are contacted by phone and invited to attend support groups. In effect the parent meets a 'sponsor' from a support group. The support group concept

was one of the corner stones that this model was built upon. The support group helps the individual to learn that they are not alone in what they are going through and that others, who have been through the same experience, are there to help. In this model, the self help group concept completes the circle of treatment in that people who work through their issues are then able to assist others.

6) The first meeting with the child and counsellor focuses on the fears that the child has and assures her that there is 'help' for her and her family. The child is also given a 'sponsor' through a support group.

7) Mother-daughter counselling is one of the initial steps in order to reaffirm the relationship. The daughter's guilt and fear of being responsible for separating the family is of primary concern.

8) While working with the mother/daughter the counsellor also sees the father (once he is free on bail). Although the father does not yet see the daughter, marriage counselling may begin. The goal is to provide therapy to the father as quickly as possible in the pre-trial period. The father continues with counselling during the prosecution period, within the rehabilitation centre/prison and is called by his 'sponsoring group' upon completion of the sentence. Participation in the program is often a condition of parole.

9) The main thrust at this point is to get the father back into the home. This assumes that the daughter does not still feel guilt from either parent with regard to the crisis and that father/daughter therapy (focusing on confrontation) has been offered. In time the family is brought together for counselling.

Termination of Treatment:

D) Consideration for termination includes the following criterion:

(1) Is a court order for counselling still in existence?

(2) Does the family, in particular the parents, feel they have made sufficient progress in their communication, parenting, and self-management skills to need no further

counselling?

(3) Does the counsellor feel that the family is ready to terminate counselling?

(4) Do cooperating agencies/professionals i.e. social workers feel that the family is prepared to terminate therapy?

The following points address the question of progress:

1) Is a molestation likely to occur?

2) Has the offender taken responsibility for his behaviour?

3) Has the offender been able to come to recognize those cues which have led to his offence?

4) Is the offender able to control those cues in the event that they are to re-occur?

5) Have the feelings and conflicts between family members been dealt with openly and completely so that the family environment is nurturing and safe for the child and other family members?

The Giaretto model operates on the premise that there is hope for the family to become reunited. This belief is not common amongst professionals within the abuse field. The Giaretto model also advocates the use of trained volunteers to run follow-up support groups for individuals who have been a part of an abusive relationship. This approach is novel as most professionals feel that there is a danger in allowing men who have been abusive in the past to run support groups as they will, at times, collude with the participants in ways that perpetuate negative male attitudes and values. It is this writer's opinion that more information should be shared on what is being learned by Giaretto's work as the current belief in Winnipeg is that the prognosis for the perpetrator to not re-offend is minimal. Services in Manitoba are minimal to families which tends to reinforce the belief system of the professionals which is that there is little hope for successful resolution within the abusive family network.

CHAPTER THREE

THE PRACTICUM

PURPOSE:

The general purpose of this practicum is to provide a nine month group treatment program for men who have been involved in an incestuous relationship with a child.

On a personal level, my objective was to gain some new skills in working with this particular population as well as some experience working in the area of sexual abuse. My intent was to not only get some theoretical understanding of the issues relating to treatment, but to gain some insight into the cause and effect issues for those who have been abused and those who have perpetrated the offence. As this work is new ground for me, I wanted to be able to work with people who have experience in the field. By co-counselling with David and Brian I was able to learn from their reflections, insights and experience as the practicum progressed. The combination of theory and practice led to a valuable practicum experience.

OBJECTIVES:

Group treatment is effective for sex offenders as it addresses some of the following issues: (the following were provided by David Rice-Lampert).

1) Group treatment breaks the silence as men learn to speak to each other about their offence in an open and safe manner. By admitting to their behaviour they begin to accept that they are in need of support in order to create change in their lives.

2) In the beginning phase, group cohesion is hampered by each man's desire to hide the true extent of his abuse from other men. Beneath this need to hide is fear. Fear that he may be the most abusive, fear that he will be judged harshly, and fear of exposing his shame and low self-esteem.

Exposing the full extent of a man's abuse can reduce his shame. Shame is an important reality in an abuser's group. In the event that the men begin to take risks and are

accepted for doing so, the group is able to provide support to its members.

3) The group may serve as a recapitulation of the offender's family of origin. In a sense, the group becomes a form of family in which different members play out different roles, roles that are often similar to those played in their family of origin. Counsellors can help group members recognize their roles and challenge them to explore what these roles do for them and in turn, how to break out of dysfunctional roles.

4) The group offers the participants a format through which they can explore the way they were socialized as men by sharing their collective experience of growing up male. Men are challenged to learn new ways of thinking about old attitudes, belief systems and behaviours.

5) Men are encouraged to let go of their selfish ways and to begin to respect the interests of others.

6) Participants are encouraged to become more aware of themselves by exploring their feelings. Participants are encouraged to learn to deal with themselves in ways that make them accountable for their own actions. Participants are encouraged to explore a more conscious sense of being.

7) Participants are given the opportunity to learn from the role modelling displayed by the group facilitator.

8) Participants are given access to new skills and information. As a group, participants can practice and feedback to each other what they are learning.

Given that men who have been convicted of a sexual offence with a child have the potential to reoffend, it is critical that they are taught how to recognize when they are at risk of re-offending and how they can learn to minimize and/or react to this risk. The ability to recognize risk factors that lead to a potentially abusive situation and the ability to get out of the situation is part of the participant's 'control plan'. Consequently, the participant's commitment to a control plan becomes a critical objective.

The control plan is a tool that assists the individual in identifying feelings, behaviours and attitudes that have been associated with offending behaviour in the past. The control plan allows the participant to recognize and control deviant behaviours and thoughts prior to them building to a point where he is at risk of re-offending.

METHOD OF INTERVENTION:

PARTICIPANTS:

The group leaders assess whether or not a potential participant is going to benefit from group work. The assessment process is composed of two main elements. The first is the documentation of the individual's history that comes from a given referral source. The 'referral source' is most often one of the regional probation offices. Documentation from the referral source may or may not include a pre-sentence report. The second part of the assessment process is an interview by the group counsellors.

Within the interview the counsellors are attempting to determine the following: a) the nature of the offence, b) the degree to which the perpetrator admits responsibility for the crime, and c) the motivation of the perpetrator to work towards changing the behaviours and attitudes that led to the offence.

A potential candidate who is resistant or who is in a period of denial may not be ready for group treatment. A resistant participant can often disrupt the group, and, in turn, experience further rejection and alienation rather than benefiting from treatment.

For this practicum, nineteen men were referred for treatment, twelve of whom were accepted. There were various reasons why seven men were not accepted, ranging from the fact that the dates of the program did not fit with their prison release time to the candidate did not fit the profile for the group. One of the men that we interviewed that did not fit the profile of the group told us that he was sexually abused by the two young boys who in turn reported him. We interviewed this particular gentlemen at The Headingly Correction

Centre. His story is that he was down by the river sun-tanning and drinking some beer when two young boys snuck up on him, stole his beer and hid in the woods. As the story goes, the next thing he knew, one of the boys had snuck up beside him and when he turned around the young boy put his penis in the sun-tanner's mouth. Apparently the inmate had a difficult time remembering the rest of the details but to the best of his knowledge he had been imprisoned for an unjust cause.

This particular person would not be acceptable to the group as the relationship between him and the child was not based on any level of trust. Furthermore, this particular person did not see himself as being responsible in any way for the incident.

Clearly, the number of members within a group will reflect on the quality of the participation. Mayer (1988) suggests that the ideal group size for the majority of therapy groups is between eight and twelve participants.

Although twelve men were accepted into the group, previous experience suggested that a number of participants would most likely drop-out. Although none of the men dropped out of the group, one member was unable to complete the group. There were two main reasons for his release. The first reason was that he missed more than three sessions. The treatment contract states that missing more than three sessions is reason for dismissal. The second reason was that the participant's input and motivation was minimal. The combination of missed sessions and low effort suggested that this particular individual was not benefiting from the program and, in turn, was effecting the quality of the group process for the other men.

The following table highlights some of the specifics regarding the men that were accepted into the practicum. Further information regarding the men's backgrounds and the specifics regarding the offence will be included within the evaluation section of this report.

Client	Relationship	Age	Offense	Sentence	Probation
A	Daughter	10	Sexual Assault	18 months	3 years
B	Daughter	14	Sexual Assault		1 year
	Friend	10	Sexual Interference		1 year
C	Stepdaughter	8	Sexual Assault		3 years
D	Stepdaughter	11	Sexual Interference	6 months	3 years
E	Stepdaughter	12	Sexual Assault	3 months	3 years
F	Stepdaughters	11, 12	Sexual Interference		3 years
G	Student	4	Sexual Interference		3 years
H	Student	15	Sexual Interference	6 months	3 years
I	Stepdaughter	12	Sexual Assault	6 months	3 years
J	Stepdaughter	9	Sexual Assault	1 year	3 years
K	Big Brother	10	Sexual Assault	6 months	3 years

THE COUNSELLORS:

Three counsellors facilitated the group: David Rice-Lampert, Brian Testar and myself. David and Brian are Probation Officers with the North District Office, and have been running groups together for the past three years. David has extensive experience in training counsellors on treatment/counselling techniques in the area of sexual abuse. Brian's caseload at North Probation is comprised mainly of clients who have committed a sexual offence. As with David, Brian has extensive experience in running groups for men who have committed a sexual offence.

The intent of my involvement was to serve as a co-counsellor and to receive direct supervision and feedback from both David and Brian.

SETTING/PROCEDURE:

Sessions were held in the meeting room of the North Probation Office on each Thursday night of the week. For the first month of the program the group would meet twice a week (Tuesday and Thursday). The intent of the twice a week meetings was to build a sense of cohesion and trust amongst group members and the counsellors. This foundation or group building was an important step in the group process as it developed a positive atmosphere for the sessions that followed.

The sessions were scheduled to begin at 6:30 p.m. and run to roughly 9:30 p.m. with a break for coffee at the half-way point. The participants were offered the opportunity to arrive at 6:00 p.m. in order to socialize prior to the beginning of the evening session; coffee was made available in the staff room. The majority of men took advantage of this opportunity to relax prior to the evening session. The counsellors made themselves available for group members who needed to discuss issues or concerns prior to the group meeting; however, for the most part, members were encouraged to 'check-in' with any issues with which they wanted to deal. Group participants sign a contract for treatment on the first day of the program, a copy of which is located in the Appendix (Appendix I). Part of this contract requires that in the event that group members socialize outside of group meetings, they are to share their activities with the group. This is to ensure that members do not collude in negative ways that might sabotage the group process.

As previously mentioned, the group meetings are roughly three hours in length with a thirty minute coffee break. It was not uncommon for the meetings to run to 10:00 p.m. depending on the content and the intensity of the group on a given night. For the most part, participants did not mind staying for the extra period of time as long as the activity remained focused. There were numerous nights in which the sessions ran as late as 10:30 p.m. Participants were advised in the initial interviews not to schedule other activities on the night of group as they could expect a number of late nights.

The counsellors used the period of time prior to group to organize last minute details while allowing the participants the opportunity to get to know each other. As the group progressed the counsellors took the time prior to group to socialize with the participants.

GROUP FORMAT:

The general format of each session consisted of a 'check-in', a 'lesson/presentation', and a 'check-out'.

'CHECK-IN':

Sessions would typically begin with the participants sitting in an open circle of chairs, sharing, each in turn, the feelings which they brought to the evening meeting. The intent of the 'check-in' component is to assist group members in identifying their feelings and, in turn, learning to speak about them in an open manner. The premise of this exercise is that so many men have a difficulty in recognizing various emotions and understanding the effect that these emotions have on behaviour. Once the men begin to identify the various emotions that they carry, they are helped to focus on the ways in which these emotions relate to relationships and to offending issues.

The ability to relate important interpersonal issues to appropriate supports is a critical issue for the men in this group as many of the men have previously existed within a closed or non-existent circle of support. In a sense, check-in becomes an opportunity to practice sharing, to practice expressing thoughts and feelings that have previously remained hidden.

The importance of the sharing of feelings can not be understated for the participants. Check-in is one of the central therapeutic components to this program, it is a chance to practice the 'lessons' that have been taught in previous sessions. It was not uncommon for 'check-in' to take the first half of program time (an hour and a half). On a number of occasions the entire session would be dedicated to check-in depending on what issues people needed to discuss. At other times, we would simply ask the group if anyone had

anything they wanted to share or discuss prior to beginning the lesson, if they did not, we would move straight to the lesson.

THE `LESSON':

The nine month program covers the following major topic areas or `lessons': 1) control planning, 2) the offence cycle, 3) relaxation techniques, 4) communication, 5) socialization, 6) cognitive restructuring, 7) family of origin, 8) pornography, 9) victim impact.

The lesson would often serve as an introduction to a topic area that the group would explore over a given period of time. The presentation of a lesson would rarely take more than twenty minutes as the majority of time was spent in group discussion and participation around the lesson content.

It was important for me to do some background reading in regarding the information that was addressed in the lessons. I have included some of the authors that I have read within the `theoretical background' section that is included in the program write-up.

`CHECK-OUT':

Check-out provides an opportunity for group members to express their feelings and thoughts prior to leaving for the night. The approach is much the same as check-in with the exception that the members are actually responding more to the content of the evening's session. Check-out was done in a formal, consistent manner during the first half of the program; in the second half we would close the session by asking people if there was anything anybody felt they needed to share or express prior to ending the session. On most occasions someone would have something to share with the group.

Participants were also encouraged to share the evening's content and their feelings with their partners or close friends as a method of debriefing. The exercise not only helps the participants to focus on feelings but it allows them to learn to express anxieties or

concerns rather than holding on to them. Given the intensity of many of the lessons, it was important to ensure that the participants were feeling able to continue on with their lives after the evening session without any pent-up frustrations. 'Check-out' is also a good opportunity for the facilitators to receive feedback as to how the participants felt about the session.

PREPARATION:

David, Brian and I met prior to each weekly session to plan the approach for the coming lesson. We also met for an hour and a half before each session to ensure that everything was prepared for the evening session and to be available to the group members prior to the evening meeting. In a sense, the time we spent prior to each session was much like our own 'check-in', in that we had time to discuss our own feelings and assumptions coming into the evening's session.

Following each session we met to debrief - to analyze the evening's events, to plan upcoming work, and to give and receive feedback on our own performance. Debriefing was done immediately after group which meant that we often didn't leave until 10:30 or 11:00 p.m. The content and quality of the debriefing sessions varied from night to night. The intent was to give ourselves the opportunity to share our own feelings as to how we felt the session went. In most instances it was an opportunity for us to evaluate how the evening went and to consider what changes or modifications might need to be put into place prior to our next session. Debriefing also gave us the opportunity to reflect on the progress of each of the participants.

SUPERVISION:

I met weekly with Walter Driedger at the Community Resource Clinic for supervision. Meetings were held in his office and lasted approximately sixty minutes. The content of the meetings generally centered around discussing how I could respond to issues and

specific occurrences in the group. The more specific counselling or theoretical issues were dealt with amongst my direct supports, Brian and David. My sessions with Walter tended to be more information-sharing and updating as to the progress of the group. The mixture of direct feedback from David and Brian combined with discussions with Walter led to a reasonably intensive supervision format.

In a sense, I was provided with practical supervision from the probation staff and theoretical supports from the University. At times this scenario was reversed. I tended to view the debriefing sessions and planning sessions to be as much a part of supervision as the time I spent with Walter.

AN OUTLINE OF THE NORTH PROBATION TREATMENT PROGRAM: (The practicum content)

SESSION 1

INTRODUCTIONS:

- a) Introduction of the leaders.
- b) Participants form dyads and introduce each other.
- c) The 'contract of treatment' is introduced, explained, and in turn, signed by participants.
- d) Group rules; done by brainstorming with the group members, i.e., respect, trust, allow each man the opportunity to finish his thought, etc.
- e) Signing of release forms: i) videotape release form, ii) spousal release form.
- f) Introduction to the philosophy of the program:
 - i) We believe that you all can make changes in your behaviours and attitudes if you choose to do so, ii) we learn a great deal from our environments, and what we learn shapes our behaviour and attitudes, iii) as men, we need to change our attitudes about women, children and our role within society. We need to move towards a more egalitarian

approach in which people live with equal opportunities, rights and choices and see to it that those choices are respected and honoured. We need to explore what it means to be a man and challenge our traditional 'macho/warrior' behaviours and beliefs. We need to become open with our feelings and emotions when dealing with our partners and associates because when we do not, we often end up hurting others and ourselves. The beginning of that change can start in this room as we learn to open up amongst one another in meaningful ways, to begin to let go of our secrets and to share. You have to become involved in this group in order to grow, you have to become part of it for it to work.

g) Sexual abuse defined: group brainstorm (done on flip-chart)

SESSION 2:

CONTROL PLANNING AND INTRODUCTION TO 'Check-in'

THEORETICAL BACKGROUND:

Mayer (1988) suggests that therapists working with incest offenders need to address the issue of anger directly by using a variety of treatment strategies. Mayer (1988) suggests the use of behavioral management techniques for fostering the identification of attitudes and beliefs that trigger anger, along with the presentation of the breakdown of the components leading to aggressive release and the substitution of alternate, tension-reducing behaviours.

Many men who describe their offending behaviour describe it in a way in which the preceding events are unclear to them. The offender may also be unclear as to what his responses were to the preceding events and the connection with the feelings of anger that follow the offence. Stordeur & Stille (1989) believe that when the offender is able to identify both their personal responses to arousal and behavioral chains and their antecedents, they can begin to alter them.

Given that there is always a danger of further offending behaviour, it is critical to address the control plan as soon as possible. The implementation of a basic, relatively

concrete skill at this early point coupled with assignments, reinforces the expectation that members fully participate. The program and the counsellors are able to gain credibility by demonstrating practical solutions.

1) Introduction to 'check-in': i) Participants are asked to describe the feelings they are bringing into the session, ii) these feelings may include thoughts from other sessions or they may include changes in the person's life, iii) group is described as a place to be open and honest, to share the 'good' and the 'bad' news, iv) group members are encouraged to try and start with 'I feel' statements related to emotions, not just a body or physical feeling, i.e., 'tired'.

2) Introduction to 'control planning': i) Control planning is introduced as a concrete method by which participants can learn to stop their offence from happening again.

The Control Plan Risk Cues: (The group split into two sub-groups for this exercise).

PHYSICAL CUES: i) The more specifically men can identify what was happening within themselves prior to the offending behaviour, the better the chances are that they will be able to stop themselves from having it happen again. The participants listed some of the following physical cues as being present prior to their offending behaviour; arousal (erection), increase in breathing rate, muscle tension. The counsellor asks the men to be specific, 'where was the muscle tension, shoulders, neck..!'

THOUGHTS & FANTASIES:

1) THOUGHTS: i) what were the statements you were telling yourself, e.g., 'I can do this without hurting anyone',

'I can do this without getting caught', 'I'll only do this once', 'this will not hurt her'.

Understanding one's self-statements is important because if one is able to pick up on the messages one is giving oneself, one may be able to change those messages. This particularly applies to self-statements connected to offensive or deviant behaviour.

2) FANTASIES: What were your fantasies (prior to the offence)? Be specific and honest; you need to be able to recognize that you are having these fantasies even though

they may just be a passing thought. The men expressed some of the following as being their fantasies: 'I wonder what it would be like to fuck her (four year old) up the ass', 'I wonder what her bald pussy would feel like', 'I wanted to make her my sex object so that she would do what ever I wanted her to do to me the way I wanted it done.'

EMOTIONS & FEELINGS: (prior to the offence) i) Men have a difficult time identifying feelings, and, in turn, sharing them with others, i.e., feelings of being inadequate, weak, lonely depressed, angry. Therefore it was important for the men to be specific about the feelings they had prior to the offence, most men felt they were sad, lonely, depressed or angry (and often drunk). Counsellors would not accept 'drunk' as a feeling as it is often used as an excuse to the offending behaviour. We would ask them for their feelings prior to consuming alcohol. Most men had a very difficult time being able to identify their feelings prior to the offence ie, feelings of inadequacy, helplessness, fear.

RED FLAG SITUATIONS: The men are asked to identify what situations they feel may be dangerous or risky for them to be in, i.e., 'what was the situation that contributed to your offence?' Examples from the participants included the following: being alone with a child, taking drugs or alcohol as a means of hiding from feelings, viewing pornography tapes or books, not communicating within a relationship, combinations of all of the above.

3) Brainstorm on 'why the offence took place' (group task, done on the flip chart). Participants believed that some of the following issues related to why they committed their offence: 'I was self-centered and only wanted my needs met, but I guess I never knew what my needs were,' 'I wanted to feel that I was still young and vibrant', 'I was sort of emotionally closed off', 'I couldn't express my feelings at the time', 'I wasn't getting anything from my wife and I wanted some power and control in my life.'

Counsellors debriefed this session by explaining that there are a number of contributing variables that may have had an effect on why the offence was committed and that it is important not to believe that only one variable should be focused or worked on; there are many pieces to this puzzle. Men are encouraged to work on a number of their own per-

sonal issues and reminded that this program should be viewed as a beginning to a longer personal journey that can take place, with supports, following the termination of the group.

4) Introduction to the offence cycle: The offence cycle is introduced in such a way that allows the participants to begin to see the linkages between deviant thoughts and fantasies and offending behaviour. The cycle is drawn out on a flip-chart with arrows connecting the following concepts in the following order:

i) Deviant sexual fantasies may lead to, ii) conscious intention to offend (purposely enhancing fantasies and impulses) which may lead to, iii) victim grooming which may lead to, iv) engaging in offending behaviour which may lead to, v) rationalizing, minimizing, avoiding detection which may lead to, vi) shame, self-pity, depression.

5) Critical points to remember about the offence cycle: following the presentation of the offence cycle the counsellors ask the participants to focus on the following points:

i) Attitudes are often developed by our experiences within society and our personal backgrounds, in our family of origin, for example. We believe that if our behaviours stem from our attitudes and beliefs, we must therefore study our attitudes, come to understand them, and work to change those attitudes that are causing conflict with those we care about. ii) There are many excuses that we tend to contrive, 'she enjoyed it', 'I didn't penetrate her', 'she has to learn from someone'. These excuses do not make the behaviour acceptable. As the offender you must take responsibility for your actions and work to change them. iii) You must confront yourself with the fact that you enjoyed what you did at the time you did it, or you are likely to offend again. iv) In order to make use of your understanding of the offence cycle you must recognize that to stop the cycle you must stop the process at the earliest point. The earliest point is most often the deviant thoughts and fantasies.

During this section we ensure that the men understand that there is a difference between acting on a deviant fantasy and letting the fantasy go. It is important for the men

to understand that we all have fantasy's and that if we can recognize and understand them we can learn to deal with them in appropriate ways.

6) Introduction to 'check-out': i) Check-out is described as an opportunity for the men to deal with the thoughts and feelings that they may have experienced throughout the evening's session. Check-out is the opportunity to let those feelings out so that participants are not carrying them when they leave. Check-out is an opportunity to 'clear the air'.

SESSION 3:

CONTROL PLAN PRESENTATIONS

1) Control plans are done on an individual basis: i) Each member of the group is asked to tell the others about their offence. Importance is placed on 'telling it the way it happened' rather than providing an interpretation of what happened. This session was facilitated by breaking the group into halves and, in turn, having individuals share their stories.

The group broke in half at this point so that the counsellors would be able to give specific feedback to the participants with regard to the work that they had done on their plan. The counsellors would ask the participants to be specific in describing their steps in the plan, i.e., very specifically "What were your fantasies and thoughts prior to your offence," and "What do you plan to do when you experience these kinds of images and fantasies?" By doing this intensive work in smaller groups, the individual plans become that much tighter and specific at the earliest possible point within the program. This insures that the men are given an immediate tool with specific individualized feedback. This step is also important as it is the first point within the group that the men really begin to open up to each other and tell their stories while receiving feedback.

2) Check-out.

SESSION 4 & 5:

CONTROL PLAN PRESENTATIONS

1) Control plans are presented (to the whole group) by participants. Throughout the presentations we ask questions about the individual situations and how the offender dealt with them and/or more details as to what was happening at the time. Frequently we would have to 'press' the presenter to be more specific about what was really happening. In the event that the person who was presenting left out critical pieces and/or was denying the actual realities of the situation, we would refer to the details as presented in the 'presentation' report. This step of the program is important as it serves as an example of the importance of ending the secret of abuse. The participants typically expressed a feeling of relief to be able to explain what happened to a group of people who they felt were prepared to listen.

2) Check-out.

SESSION 6

RELAXATION/FEELINGS/COMMUNICATION

THEORETICAL BACKGROUND:

1) RELAXATION: Mayer (1988), suggests that counsellors can facilitate an individual's insight into a stressful situation by assisting group members in understanding how passivity leads to unexpressed or stored anger. Offenders need to understand the difference between the short-term rewards of suppression (a temporarily conflict-free environment) and the potentially disastrous long-term effects. Mayer suggests that when dysfunctional patterns of dealing with stress are identified, therapists need to assist an individual in developing appropriate treatment strategies.

Mayer (1988) suggests that stress management should include "the cognitive understandings of dysfunctional patterns of coping, and the role of stress in emotional, mental

and psychogenic illness, as well as training in deep muscle and autogenic relaxation and work with visual imagery." (p. 27).

McKay, Rogers & McKay (1989) suggest that stress is a sort of 'key' or fuel for anger and that the first step in controlling the stress is to recognize how and where tension is affecting one's body. The author's suggest a number of strategies for dealing with relaxation in their book 'When Anger Hurts'. Examples of stress reducing strategies from their text include: deep breathing exercises, progressive muscle relaxation, meditation, and exercise.

THEORETICAL BACKGROUND:

FEELINGS/EMOTIONS:

Men who have been abusive in relationships are often unable to recognize or explain their feelings. Stordeur & Stille (1989) believe that most men are able to only identify their feelings of anger. Men will often suggest that feelings such as embarrassment, fear, sadness or inadequacy are unacceptable for them as men. By avoiding recognition of their emotions, feelings of stress and frustration often build to the point where men feel out of control.

Barbara Ehrenrich (1988), suggests that men are stuck in a role that portrays us as 'hard rather than soft', as 'metal rather than flesh' and that our inability to change our role leaves us in a state of 'emotional constipation' which is often characterized by 'clogged arteries' and an inability to cry. Ehrenrich (1988) believes that it is the competitive male world that creates this 'hardness' which, in turn, leads to self-denial and a defensive fear of emotional contact, traits which are perpetuated by a need to succeed as a 'breadwinner'.

Stordeur & Stille (1989) suggest that this learned inability to recognize or express a wide variety of emotions and the tendency to experience and express them as anger has been termed the 'male emotional funnel'. When men are in situations where they feel sadness, loss or embarrassment, or others do not meet their expectations and they feel

rejected, abandoned, inadequate, jealous or afraid, their fear of and lack of familiarity with these emotions causes them to label their feelings as anger. In an attempt to ignore feelings or detach themselves from them, men will often ignore feelings or funnel them all under one angry stream. Men cannot excuse this behaviour, rather they must learn to make the choice to address their feelings.

Stordeur & Stille (1989) believe that men who attempt to suppress and deny their feelings of anger may try and present themselves as passive in a given situation. In turn, they appear to be unpredictable when they 'finally' explode in some form of deviant behaviour. As a result of their success in avoiding, suppressing and repressing their feelings most men are unable to identify their original, primary emotional response to a given situation.

1) INTRODUCTION TO RELAXATION TECHNIQUES: Group members are told that this lesson is intended to deal with the tension that has been discussed in the control plans: i) Group members are first introduced to the concept, or technique, of 'progressive relaxation'. Members of the group are asked to close their eyes. One of the counsellors talks them through the technique by having them 'tighten' and relax different muscle groups in succession. Part of this exercise involves deep breathing in which the men learn to fill the whole chest cavity from top to bottom as you inhale and then empty the cavity completely as you exhale. During the inhalation the men are told to tighten their muscles and to loosen them go on the exhale. The lesson gives the participant a skill that they can use when they find themselves becoming uptight, anxious, frustrated or angry in any given situation. It is suggested to the men that they learn to 'check-in' with themselves at different times during the day so that they can learn

2) INTRODUCTION TO RECOGNIZING AND PUTTING NAMES TO FEELINGS AND EMOTIONS: i) The session begins with a discussion on 'what are feelings?' (group brainstorm). ii) Members are asked to consider how they think about the world, as their world view will effect their feelings, i.e. if you see the world as threatening or com-

petitive, it may become threatening and competitive. iii) The counsellors encourage the men to recognize the importance of talking about their feelings, since to hold feelings in is to suppress something that will simply come out in a different way at a different time, i.e., offending behaviour.

The men are given a presentation on the concept of the 'funnel of feelings', the major points of the presentation include the following: i) When feelings are not dealt with, they may become condensed and turn into stress and can often result in negative coping responses, ii) relaxation must come in at the top of the funneling experience, identify those feelings and deal with them immediately, iii) spend ten minutes each day practising relaxation techniques.

Introduction to communication:

- i) What is communication? (group brainstorm),
- ii) The group members are given an introduction to the concept of 'the communication loop' which is presented as follows;
 - 1) Person 'A' gives a message to person 'B',
 - 2) 'B' tells 'A' what he thought 'A' said (clarification).
 - 3) 'A' clarifies the message once again if necessary.

iii) The group is then given a brief presentation on some of the major points of: active listening (clarifying with the person what you believe they said to ensure that you received the message that the person wanted to send), listening skills (the importance of body language, eye contact, paraphrasing, attitudes that underlie communication, i.e., are you giving the person that you are with the impression that you want to listen to them?

Check-out

SESSION 7

COMMUNICATION:

THEORETICAL BACKGROUND:

Abusive men have been described by Stordeur & Stille (1989) as having difficulty expressing verbally what they think, feel and want, and as being non-assertive both in their families and in the outside world. Abusive men appear to be poor listeners, are unable to communicate directly and tend to confuse assertiveness and aggression.

Sonkin et. al. (1985) suggest that the difficulty in being assertive is linked to a fear of abandonment & individuation. This hypothesis suggests that when a person says no, he or she may feel they risk incurring the anger of the other person and potentially, rejection. By avoiding and suppressing their primary feelings, they are unable to express their emotions and hence, communication breaks down.

Stordeur & Stille (1989) suggest that men need to learn to: a) identify primary feelings, b) reframe & interpret cognitive and emotional distortions and, c) learn new, assertive, non-aggressive, and non-manipulative skills in interpersonal communication.

1) Feedback on control plans: i) The counsellors return the control plan outlines, giving individuals written feedback on their work. Participants are then given a new outline of their control plan to complete, based on the feedback they have received on their old plan. Group members are expected to begin to connect what we have been covering in the 'lessons' with their control plan, i.e., beginning to see the link between attitudes, feelings and behaviours.

2) Communication exercise: i) obtain scenarios from the men in which 'you and a significant other person in your life have not communicated effectively'. ii) The counsellor acts out the role of the group member, while the group member plays the role of the significant other, iii) The exercise begins with the facilitator and the client attempting to reproduce the situation as it really happened. Once this 'behavioral baseline' is established in the role play, the facilitator visibly shifts to an active listening style. iv) Group discus-

sion follows each role play as members discuss the differences in what they saw and heard. What tended to come out is that few of the men really spent much time in communication with their partners, friends, or family, and in the cases when they did try, they were frustrated by their inability to understand what the other person wanted. As sessions progressed, most men would check-in expressing the feeling that these exercises were creating significant differences in their ability to relate to people they cared about when they actually made the effort to communicate properly.

3) Check-out

SESSION 8

SOCIALIZATION

THEORETICAL BACKGROUND:

In the family of origin module, the men in the group focus on the emotional experiences and the learning that took place in their emotional development while growing up in their individual families. The socialization segment of the program is intended to expand their awareness to the experience of the learning process of growing up as a male in our culture. In this section we examine the pressures in our society that make remaining non-violent difficult.

In a paper that addresses alternatives to behavioral approaches, Gondolf & Russell (1986) suggest that programs for abusive men should consider a 'resocialization' component. Such a component would suggest that anger control is subordinate to changing the sex-role stereotypes that contribute to men's tendency to control women. In this approach, Gondolf & Russell (1986) suggest that

"...anger is identified as another means men use to get their way. The so-called provocations of anger are seen as the abuser's own distortions derived from his sex role expectations and objectification of women. The

inclination to act out anger in aggressive and violent behaviour is reinforced by a patriarchal social structure that rewards coercive power and brute force. It is just one more kind of control based on a false sense of manhood." (p. 4).

The thrust of this approach is to prompt men to modify their sex roles and take appropriate social action.

1) Check-in

2) Introduction to the concept of `socialization': i) The session begins by the counselor suggesting that men's behaviours and attitudes are often shaped by the way that we are socialized. This discussion leads to the following exercise:

i) `Think back to when you were young... who were your heroes?' (group brainstorm), ii) `Who were your female heroes', (group brainstorm), iii) The group was then asked to compare the two, which sets the stage for further discussion.

3) The group is then given an assignment, which is to cut out images from articles, journals and newspapers that depict society's view of men and women.

4) The next segment of the evening was given to a discussion on the idea of the male as a `warrior' (in the male-dominated society). This view suggests that as males, we are often taught to be tough and strong and to not let our feelings and emotions show. The view of a man as a warrior suggests that we have a role in society and that role suggests that we are superior and in control of what we want, and that if we are challenged over what is `ours' we must fight for it. As we have our role, so too, do women, and that is to serve men.

The discussion then moves toward the link between this view of stereotypical roles for men and women and patterns of abuse, violence, control and domination. The discussion focuses on the notion that by bringing up males in ways that suggest they are dominant teaches them that society has given them license to dominate the submissive female

side of the `race'. This lesson addresses the fact that these attitudes shape our behaviours and indicates that changing these attitudes will be the beginning of changing our behaviours.

5) Check-out

SESSION 9

SOCIALIZATION

1) Check-in

2) Film: Killing Us Softly. This film addresses the role advertising plays in shaping society's view of men and women. The film highlights stereotypical roles of men as `warriors' and women as objects of pleasure.

3) Discussion of the film.

4) Presentations/discussions of the newspaper clippings: i) Each group member presents the various clippings that he has brought with him, ii) The discussion focuses on the ways in which we are given messages from society about what we should be, what we should look like and how we should behave. The majority of presentations depict women as being `seductive' and `weak' and the men as being strong, rugged, and in control. The discussion suggests that society presents a hierarchy in which men are first, women second, and children last. The group was surprised to witness the large number of ads that focus on children as being seductive and presented as `young women'.

5) Check-out.

SESSIONS 10-14

DISCLOSURES:

- 1) Each member was given 'A Guide to Telling Your Story'.
- 2) Each person was then asked to present and discuss their offence.
- 3) Questions/comments/feedback from counsellors and participants.
- 4) Check-out

SESSION 15

Check-in

1) Check-in: i) The entire session is dedicated to giving each person the opportunity to share thoughts and feelings with the group, ii) Given that the last five sessions were dedicated to discussing people's offenses, it is important to see individual positions, what changes are happening for them, how they are feeling about the progress of the group and the issues that they are working on.

SESSION 16

VICTIM IMPACT

THEORETICAL BACKGROUND:

Susan Brownmiller (1975) writes, "with the usual arrogance, men could not imagine that a sexual assault on a child constitutes a gross and devastating shock and insult." (p. 376). Brownmiller goes on to say that the silence that the incestuous family lives in is "rooted in the same patriarchal philosophy of sexual private property that shaped and determined historic male attitudes towards rape... if women were man's corporal property than children were (too)." (p. 376).

Ron Thorne-Finch (1992) suggests that the myths about female sexuality, sexual assault and battering must be removed from the offender's belief system in order to sensitize him to the painful effects of his behaviours. In the event that the offender is able to gain some insight into the effect of his behaviour on the victim he may be less likely to reoffend.

Thorne-Finch states, "Clinicians use a variety of techniques (to achieve a sense of victim empathy): films such as 'A Scream From Silence', guest speakers such as women facilitators from groups for the female victims of male violence, or sexual assault counselors; role-playing; and guided imagery." (p. 167).

1) Check-in

2) Introduction to 'victim impact': i) Exercise: 'What were the positive aspects (i.e., fulfilling the fantasy, feeling of control, attention), and the negative aspects (i.e., loss of job, family, victim impact) of offending? What was the pay-off? (feedback listed on a flip-chart, group discussion) ii) The counsellor reflects that the feelings from both the positive and the negative exist in all of us, and they can be appropriate. The counsellor suggests that the danger in offending is that we deny the feelings and emotions that let us know what we are doing is wrong and hurtful.

3) Check-out: i) given the timing of the program it was important to discuss the following; a) 'Christmas can be a high stress time, stick to your control plans, b) you will be thinking of your victims through this period of time; be aware of your stress levels, use your relaxation techniques, c) use the communication skills that we have practised with those around you, try not to become isolated, d) have some fun, take care of yourself.

SESSION 17

VICTIM IMPACT

1) Check-in: i) This was an important check-in, given that this is the first time back that the group has been back together since Christmas.

2) Film: 'A Scream From Silence': The film conveys the horror of a sexual assault. The film opens with a brutal rape scene and, in turn, follow the steps the victim goes through in: a) reporting the offence and having to describe it to a (male) police officer, b) going through the medical/clinical investigation (swabs taken by a male physician), c) having to try and pull her life back together again given that she can not seem to rid herself of the horror of the attack.

3) Guided discussion: i) How many assaults were there during the film?, ii) Is sexual assault about sex?, iii) Was the boy friend supportive? iv) What is violence to an eight year old? v) How do you say 'no' to someone three times your weight? vi) What were the

similarities between your situation and those within the movie? i.e., your use of power, the feelings of the victim.

- 4) `Guided Check-out': We encouraged group members to respond to the following:
 i) What were your feelings about the film? (not an intellectual analysis), ii) If there is a feeling that you're stuck with, get it out before you go home tonight.

SESSION 18

VICTIM IMPACT:

1) Check-in: i) It is important to ensure that men are not holding back on their thoughts and/or feelings at this point, as, given the content of the lesson, many of the men have been thinking of their victim and have issues they need to deal with.

2) Film: `To A Safer Place'. This film is about a woman's personal journey in understanding the abuse that took place in her own family of origin. The woman goes back to meet with her siblings and mother in the various places they are now living in order to discuss their feelings about what had happened within their dysfunctional family of origin. The woman returns to the actual house that she was brought up in order to face the memories that she has regarding her abusive past relationship with their father.

3) Discussion of the film: i) Group members are asked to avoid an intellectual analysis; rather, they are asked to give us their feelings about the film. Each participant is encouraged to offer something on the film.

4) Check-out

SESSION 19

VICTIM IMPACT:

1) Presentation: Mark Berkowitz (Clinical Management Group). Mark works with children who have been physically or sexually assaulted. Mark offered his perspective from working with children who have been sexually abused. Mark discussed common feelings

and behaviours of children who have been sexually assaulted, i.e., eating disorders, aggression, self-abuse, relationship problems.

2) Discussion: i) Group members were given the opportunity to ask Mark any questions that they may have regarding the situation the victim is in following an offence.

3) Check-out

SESSION 20

VICTIM IMPACT:

1) Presentation: Lorraine from Klinik Health Centre. Lorraine works with survivors of sexual assault and sexual abuse. Lorraine took the group through a series of exercises; the first one went as follows: (i) Lorraine asked the group members to answer the following questions on a piece of paper that she made available to them; i) think of a time in your life when you felt sexually exploited, ii) think of a time when you sexually abused someone, iii) think of a childhood sexual experience that you're most ashamed of; iv) Fold your paper into a small square and pass it to the person beside you, v) the person receiving the paper writes the word 'secret' on it and passes it back to you, vii) Now tape the message to yourself and wear it throughout the rest of the evening.

2) Exercise, group brainstorm: define sexual abuse; be specific about actual behaviours (try not to intellectualize the discussion), i.e., touch you, masturbate you, kiss you.

3) Exercise , Group brainstorm: What are the effects of being sexually abused? i.e., shame, guilt, anger, fear. How do these feelings effect your life over time? What might 'mistrust' mean to someone later on in life? i.e., difficulty in developing relationships. Lorraine concluded her session with the statement that she 'believes that you all have the potential to make the choice to change.'

4) Questions and discussion with Lorraine: i) i.e., how did you feel wearing your 'secret' all night? (the piece of paper attached to you from the first exercise).

5) Check-out

SESSION 21

VICTIM IMPACT:

1) Presentation: Verna Maddess, a Child and Family Services Worker who works with the non-offending spouses, presented the woman's perspective regarding incest. This presentation covered much of the information that was covered within the literature review of this report.

2) Discussion/questions with the presenter.

3) Check-out.

SESSIONS 22, 23, 24

EVALUATIONS:

THEORETICAL BACKGROUND:

Stordeur & Stille (1989) suggest that a formal evaluation two-thirds of the way through group allows the men to be redirected to work on areas that they have resisted or denied prior to this point. It is also a time for him to hear things that are difficult to hear, or which are negative. This process relies on peer feedback and is meant to be a constructive process rather than the tearing down of one's self-esteem. The intent of the process is to focus on behaviours and attitudes, not the person. Stordeur & Stille (1989) suggest that "Evaluation should not be a concentration on the negative aspect of a person's performance. While negative elements enter into it, it is best to not look at evaluation as positive versus negative, but as an appraisal of how a person has performed in the past, areas in which his performance needs improvement, and a constructive, future oriented approach in which ways the person might improve his performance are explored". (p. 79).

The process of group feedback is an opportunity to practice assertiveness. The men need to be able to give feedback in a way that minimizes the recipient's defensiveness and maximizes his ability to hear the comments.

1) The session opens with one of the facilitators providing feedback to a specific group member regarding his involvement in the program. Each of the group members, in turn, provide feedback to the individual being evaluated. The two other counsellors share in the process, one offering his thoughts in the middle of the process while the other summarizes all of the comments including his own reflections. The person who is being evaluated is then given the opportunity to think through his own self-evaluation by answering the following questions: i) What was the most useful part of the program for you, ii) What was the least useful part of the program for you, iii) What do you see your 'role' in the group being, and has it changed since you started?, iv) What do you feel you need to work on now? v) Do you have any feedback for the facilitators?

The person who is being evaluated then has the opportunity to respond to any of the feedback that he has been given.

2) Check-out: i) This is an important time to clarify issues and express feelings. Some men misinterpret feedback and need the opportunity to get their thoughts clear before leaving. Group members are left with the thought (by the facilitators) that there is an expectation that they will act on what they heard today and make use of it throughout the rest of the program. It is suggested to the men that if they believe what they have heard then they will practice it.

SESSION 25

Check-in

A) Check-in: i) The entire session was dedicated to check-in as it provided an opportunity for all of the group members to share how they feel about the group process and how they are doing in general. Sessions like this are important, as they have a 'centering' effect on the group, particularly after such intensive work (i.e., the evaluations).

SESSION 26

COGNITIVE RESTRUCTURING:

THEORETICAL BACKGROUND:

Beck (1979) suggests that cognitive restructuring techniques are designed to delineate and test one's misconceptions and maladaptive assumptions. Burns (1985) suggests that cognitive restructuring, as a therapeutic technique, has two specific goals; "i) to help the client feel better in the here-and-now and, ii) to help the client to develop a more realistic personal value system so that he will not be so vulnerable to painful mood swings and conflicts with others in the future." (p. 78).

Nelson, Miner, Marques, Russell and Achterkirchen (1988) base their treatment program for sexual offenders on a technique which highlights the offense sequence or pattern. This is accomplished by starting at the offense and moving backwards in time, identifying each significant incident preceding the crime. This is first done for external events, and then the cognitive interpretations and affective responses to those events are added. The process helps the offender to separate his reactions to the events from the events themselves. In this way the cognitive distortions and irrational cognitions (e.g. 'the child was being seductive towards me) regarding the offense become apparent.

1) Check-in: Given that not everyone had the opportunity to be able to speak during the previous session, we provided time to complete the circle.

2) Discussion on the idea of 'fantasies': i) The lesson essentially suggests that we all have sexual fantasies and that we have them often. Over the course of any given day we will have a large number of fantasies, some of which may be deviant in nature and some of which are not. Some fantasies come and go quickly and some tend to linger and repeat themselves, ii) We then asked the men to keep a daily log of their fantasies and suggested that within this log we would like them to record: 1) the time and date of a given fantasy, the situation and/or place in which the fantasy occurred, what the actual fantasy was, what

the participant did with the fantasy, i.e., masturbated to it, made love to his partner, let it go.

3) Check-out

SESSION 27 & 28

COGNITIVE RESTRUCTURING:

1) Check-in

2) Presentations of 'fantasy logs': i) Each group member was asked to present to the group the notes that they had taken for their log. The point of the exercise is to get the men to begin to talk about the sexual thoughts that they are having and to begin to feel comfortable talking about them rather than holding all of their thoughts in. The exercise helps the men to recognize just how often sexual thoughts are passing through their minds and to help them learn to recognize when a thought is deviant and when it is appropriate. The exercise also helps the men to recognize that there is not a problem in having sexual fantasies, the point is to recognize when they are fantasies about children, and to develop ways of stopping the fantasies.

3) Check-out

SESSION 29

COGNITIVE RESTRUCTURING:

1) Check-in

2) Presentation on 'Self-talk': i) What is self-talk? (group brainstorm), ii) What are some examples of self-talk?, iii) The group was then given an example of a situation in which:

- i) You telephone your girlfriend at a designated time and she is not home.
- ii) What are your immediate thoughts at that moment?
- iii) What are your immediate feelings?,

3) What are your immediate actions?

After having some time to think a little bit more about the situation do the answers to any of these change?

This presentation is intended to tie into the session on fantasies, in that it suggests that as we have fantasies happening on a continuous basis, so to do we have continuous 'self statements' or 'self-talk'. Self statements are the thoughts that are going around and around in our heads, thoughts that we often do not do anything about. These are often automatic thoughts which come to us without specific invitation. Often we do not attend to these thoughts, we can choose to let them build or we can choose to dismiss them.

In the case of the exercise that we just went through, one of the potential self statements could be, "I bet she's out with some other guy right now." That statement can keep turning over in the person's mind right up until the person has the chance to ask his partner where she has been. By this time he has probably already convinced himself that she cheated on him and he is in a rage.

This lesson suggests that we need to pay attention to what those self statements are and how they are effecting our behaviours and attitudes.

3) Participants are given new copies of control plans to fill out and be prepared to present at the next session.

4) Check-out.

SESSION 30

CONTROL PLAN PRESENTATIONS:

1) Control plan presentations are done by each participant: i) These presentations are intended to help the participants make the link between what we have been doing in group and their specific offence/behaviours/attitudes. The exercise gives the counsellors some insight as to how group members are progressing as well as providing the participant with some direct feedback on their plan. Group members were given specific feedback on their

previous plans (both written and verbal). There is an expectation that this information is being integrated as they progress. Feedback to the presenter is given by group members and facilitators throughout this exercise. A copy of the plan is then left with the facilitators to allow the facilitator to provide the participant with written feedback.

2) Check-out.

SESSION 31

Check-in:

1) This session was dedicated to check-in simply because so many of the men had issues that needed attention. The intent of this session was to finish off the control plan presentations. This session exemplifies the need for the counsellors to be flexible enough, and to have enough flexibility in the schedule, to allow for such a change.

SESSION 32

CONTROL PLANS:

1) This session was dedicated to finishing off the control plans from session 30. For the sake of an example, four plans were discussed this evening and we finished at 9:45 p.m.

SESSIONS 33, 34, 35, 36, 37

FAMILY OF ORIGIN

THEORETICAL BACKGROUND:

"The more intensively the family has stamped its character upon the child, the more (the child) will tend to feel and see its earlier miniature world again in the bigger world of adult life."

Carl Gustav Jung

Freeman (1991) suggests that it is difficult for people to develop intimate, meaningful relationships if they have not dealt with their own family-of-origin issues. People often look for a partner who can meet their unmet needs, a responsibility which is impossible, as no one's needs can be met all the time by one person. When a person does not feel that their needs are being met they may feel a sense of loss or betrayal. People can protect against their sadness by shutting themselves down emotionally, an act that will ultimately cause problems in a given relationship. Getting angry, withdrawing, projecting, punishing, etc., are devices that we carry into adulthood to make it safe for ourselves when we feel threatened and alone in the world.

Freeman (1991) suggests that in order to be able to deal with our adult relationships we must be able to rethink the emotional stories that we carry around about ourselves and our family. "A main goal of the therapeutic process is to encourage adults to make peace with their family histories and rewrite their emotional stories." (p. 164).

Freeman (1991) focuses on a number of themes to consider in the therapeutic process that should work in concert with the main goal previously described. These themes include: "i) Assisting the person in understanding their problems/issues in an historical developmental context, ii) to reframe the problems from relationship to self concerns, iii) to assist people in identifying the family-of-origin themes that are being played out in their definitions of the problem and their attempts to deal with the problem." (p. 164).

Dr. Ronald W. Richardson (1987), suggests that in order to break from continually repeating or reacting against one's early family environment, one needs to gain some emotional separateness from it. Richardson states that this must be done without denying feelings and without pushing people we care about away. Richardson suggests that, "until one can be an independent adult with the family, it is unlikely one can be this way with anyone else in an intimate relationship" (p. 2).

Social learning theorists commonly acknowledge that the family is one of the most important contexts in which many males learn that violence and abuse is acceptable.

Thorne-Finch (1992) believes that there is a problem in accepting the consensus that the family can be crucial as a place where we learn to become violent. The problem is that there are ideological, economic, and political structures within our society that set us up to believe that women and children are inferior to men and are acceptable targets for abuse.

1) Check-in.

2) Guided imagery exercise: The exercise is facilitated by one of the counsellors talking the men through a series of events in the men's family of origin. The men all have their eyes closed and are asked to remember various places and people in their childhood.

3) Following the exercise each participant is asked to comment on what was happening for him during the exercise, i.e., were your memories positive or negative; what were your thoughts and feelings?

4) The group then went through a discussion which reflects on the notion that this section of the program can be a very emotional time and that going back to some of these memories may be difficult, so it is important to share what is happening for you with the group: i.e., don't let any feelings stay buried. This exercise sensitizes the group; it is a warm-up for the presentations that follow. Participants are reminded that this part of the program is difficult and that if someone feels a need to wait until they are ready to share their family history they are welcome to do so.

5) Group members were then asked to tell us about the following:

a) A background to what was happening when you were growing up, i.e., where were you raised, how many other children, where were you born.

b) What was your parents relationship like?

c) How were feelings expressed in your home? i.e., love, anger, hate.

d) What were some of the family rules and values? i.e., boys vs. girls, money, religion etc.

e) How were you and your siblings disciplined?

- f) What were your family secrets?
- g) How did you learn about sex; where?
- h) What would you change about your childhood if you could?
- i) How are you similar to your parents?
- j) What was the situation around you leaving home for the first time?
- k) What have you learned from your parents that you are carrying with you now?
- l) How does it feel to talk about all of this?

Group members are asked in general to tie this information back to what is happening for them now, i.e., in their personal relationships. Participants are asked to try and recognize the feelings that have not been dealt with from their past.

F) Participants are asked to think about and discuss how their upbringing affects their parenting.

G) Concluding thought: a person who has been victimized in his family of origin has the opportunity to go through a process of recovery from i) victim, to ii) survivor, to iii) thriver. Surviving from a negative situation is good but sometimes surviving is like sitting on a raft, bobbing aimlessly waiting for something to happen. There comes a time to actually move on, to 'thrive'.

SESSION 38

PORNOGRAPHY:

THEORETICAL BACKGROUND:

A central question is raised when examining this particular segment of the program: 'how does pornography affect the way in which men relate to women?' Stoltenberg (1990) offers the following: "The following words are from a man named Chuck, who, when he was twenty, after two painful years of marriage, separated from his wife and daughter and felt enormous rage towards women for a year:"

"Then one night after about a year after I split from my wife, I was out partyin', drinkin' and smokin' pot. I'd shot up some heroin and done some downers and I went to a porno book store, put a quarter in the slot, and saw this porn movie. It was just a guy comin' up from behind a girl and attacking her and raping her. That is when I started having rape fantasies.

"When I seen that movie, it was like someone lit a fuse from my childhood on up. When that fuse got to the porn movie, I exploded. I just went for it, went out and raped. It was like a little voice saying, "it's all right, it's all right, go ahead and rape and get your revenge; you'll never get caught. Go out and rip off some girls. It's all right; they even make movies of it. The movie was just like a big picture stand with words on it saying go out and do it, everyone's doin' it, even the movies.

"So I just went out that night and started lookin'. I went up to this women and grabbed her breast; then I got scared and ran. I went home and had the shakes real bad, and then I started liken' the feeling of getting even with all of the women.

"The second one was at a college. I tried to talk to this girl and she gave me some off-the-wall story. I chased her into the bathroom and grabbed her and told her that if she screamed, I'd kill her. I had sex with her that lasted about five minutes. When I first attacked her I wasn't even turned on; I wanted to dominate her. When I saw her get scared and hurt, then I got turned on. I wanted her to feel like she'd been drug through mud. I wanted her to feel a lot of pain and not enjoy none of it. The more pain she felt the higher I felt...

"I pulled out of her when I was about to come and I shot in her face and came all over her. It was like I pulled a gun and blew her brains out. That was my fantasy..."

Thorne-Finch (1992) suggests that feminists have three central fears regarding the effect of pornography. The first fear is that pornography provides a vehicle for desensitization to violence against women. This notion suggests that violent pornography, though not

directly causing men to be violent, may in fact reinforce previously held views that violence towards women is in fact, a societal norm.

The second fear as presented by Thorne-Finch (1992) is that pornography links sex and violence. Feminists have argued that the display of sex in combination with violence, and not sex itself, was the problem. Images in pornography which portray violence in association with sex encourage and reinforce male violence against women, particularly sexual assault. These images also tend to link children as playing out seductive 'adult' roles which tend to support men's perception that children are available sex objects. These images of children wanting sex reflect the third detrimental effect of pornography. Pornography creates and reinforces several sexual assault myths: i.e. 'men rape because of uncontrollable sexual urges', 'nice girls do not get sexually assaulted', 'women and children ask for it... and probably enjoy it'.

1) Check-in

2) Definition of Pornography. This exercise was done as a group brainstorm with the men suggesting words and feelings that they associate with the term 'pornography'. The words that the men offered were listed on the flip chart. Closing comments from the facilitator suggested that over the next number of sessions we would be taking a look at how pornography effects our views of women.

SESSION 39

PORNOGRAPHY:

1) Exercise:

i) Three people are selected from the group. The rest of the group leaves the room with one of the counsellors. The group that leaves the room discuss, in turn, the role pornography has played in their past. They are unaware of what the three remaining people are doing.

ii) The three men are each given a pornographic picture of a nude women. The men are asked to try and imitate the women in the picture in terms of the way she is posing. They are told to practice this position, as the men who left the room will be coming back to help these three men get into the appropriate position to match the picture.

iii) The men who left the room are asked to come back and stand in a circle around one of the men who has the picture. The man with the picture is told to 'get into position.' The other men are told to assist the person by giving him directions as if they were on location trying to get a picture for a magazine.

Examples of feedback from the men included the following:

'get your knees wider apart', 'is that the best you can do?', 'get up on you toes', 'get your heels up by your ass,'

iv) Following the poses, the 'poser' was asked what it felt like to be doing what he was doing. Responses included the following: 'I felt ridiculous', 'shy', 'stupid', 'felt like a freak show', 'dirty, painful, cheap'.

v) The others were asked what did you feel when you were making the models do it? Responses included the following: 'in charge', 'in control', 'powerful'.

vi) Other questions asked of the group included; 'as the poser did you feel you were being pushed?' 'Did you feel the others were getting off on making you do things?' 'What was going on for you when you looked at the pictures?'

v) The group was then asked what they thought the point of the exercise was.

2) Film: 'This is Not A Love Story'. This film focuses on the role pornography plays in our society. The film tracks the people who work in the pornography business both at the organizational level and at the delivery level, asking the question 'what does your work do for/to people?'

3) Discussion of the film/check-out.

SESSION 40

1) Check-in. This is the last formal session of the program. Each member of the group is asked to comment on what they feel they have learned from the program. A suitable list of questions include the following: 1) Examples of positive contributions a participant made in group. What gains do you think you have made? 2) In what areas do you feel you may have difficulties following work with the group? 3) In what areas or issues do you think you should still work on? 4) Participants are asked to name at least one thing about each person that they admire.

Group members are given phone numbers that they can call should they have any questions as to where they can go for further supports following the termination of the group. The initial phone numbers are for Brian and David at the Probation Office.

2) Exercise: A letter to the victim: Group members are given pen and paper to write the words that they feel they want to say to their victim. The letter will not be sent to the victim; however, the participant has the choice of sending the letter based on his relationship with his victim and based on the specifics of his probation order. The counsellors are able to determine what the client has learned during the program vis-a-vis the letter as it is one more indicator of the person's ability to take responsibility for the offence and to demonstrate a degree of victim empathy. The counsellors ask to keep a copy of the letter.

3) Check-out. Group members discuss the idea of going out for dinner for the final session. A social event such as a meal together serves as the ending or termination of the group.

CHAPTER FOUR

EVALUATION OF THE PRACTICUM

EVALUATION DESIGN:

There were two main components to the evaluation design of this practicum. The first was a number of paper and pen questionnaires and the second was a personal log that was kept by this writer. The emphasis of the evaluation design was on my personal log in which I attempted to categorize my notes under six main categories (the categories are listed in the section below titled 'a self reflective evaluation').

The paper and pen tests that were done both prior to the group and following the group was the Beck Depression Test and the Abel & Becker Sexual Interest Questionnaire.

I believe the evaluation design reflects the primary objective of the practicum which was for me to gain experience in working within this area. The design does not demonstrate objective evaluation of program outcomes; rather, the design allows the opportunity for me to discuss what I learned through the practical component of the experience.

EVALUATION INSTRUMENTS:

Participants in this practicum were given a number of paper and pen questionnaires/ tests on the first day of the program. The tests included: 'Sex Role Labels', 'Who does What', 'The Rape Quiz', 'The Abel & Becker Sexual Interest Test' and the 'Beck Depression Scale' (each scale is listed in the Appendix).

The Abel & Becker Card Sort is intended to provide the therapist with information regarding the sexual interests and/or orientation of the group members. This test was given to the group members on the first night of the program. Whether or not the information will be shared with the individual or the group is a matter of counsellor discretion, we chose not to. The advantage of the Abel & Becker test is that it provides the counsellor

with a tool by which he is able to further discuss the client's progress with the client. For example, a number of participants suggested in the post-test that they are still attracted to their daughters. The counsellor is then in a position to discuss, with the client, the client's plan to stop himself from reoffending. This information may also be passed on to the client's attending Probation Officer.

The Abel & Becker Card Sort does not distinguish groups; e.g. sex offenders from non-sex-offenders or pedophiles from rapists; however, it can be used clinically to measure the relative strength of different forms of deviant arousal. The strength of the tool relies on the honesty of the person filling out the form.

The card sort scores the user's interest in 15 different sexual categories. The level of interest ranges from +3 (sexually arousing) to -3 (sexually repulsive). The sexual categories include: 1) adult homosexual (HO), 2) adult heterosexual (HE), 3) voyeurism (V), 4) exhibitionism (E), 5) frottage (F), 6) homosexual incest (HoI), 7) heterosexual incest (HeI), 8) homosexual pedophilia (HoP), 9) heterosexual pedophilia (HeP), 10) transvestism (T), 11) sadism (S), 12) masochism (M), 13) rape (R), 14) male sexual identity (MSI), 15) female sexual identity (FSI).

The 'Sex Role Labels', 'Rape' and 'Who Does What' scales all address values and attitudes towards women. These scales may be useful for discussion within the context of the group treatment program, i.e., during the 'socialization' lesson.

The Beck Inventory is a questionnaire designed to measure levels of depression. A low score suggests a low level of depression while a high score suggests a high level of depression. We used the 21 question Beck Inventory scale, a score of 17 on this scale would suggest that the person is depressed to a clinically significant degree. The results of the tests are listed in Appendices G & H of this report.

EVALUATION DISCUSSION:

The scales and tests that we used for evaluating our work were good tools for measuring the clients progress rather than evaluating program outcome. The tools served as indicators that could be used as reinforcement to our own clinical hypothesis about the men's progress. I believe that it would have been useful to give the tests at the mid way point of the program as well as at the beginning and end of the program. As these tools are oriented towards process outcomes the information needs to be made available to us over the course of the session rather than when the men are terminating their contracts.

There was not a great deal of effort put into discussing which behaviours and attitudes should be measured for this practicum and which tools would be the best ones to measure them. I wanted to put more effort into my own personal evaluation of what I was learning about working with this particular population. My preference for meeting my objective was to keep my own personal log which reflected my learning.

Although I did not focus specifically on a valid and reliable evaluation system, I believe it is important for a program to be clear on what it is trying to accomplish and in turn, have some method of determining whether or not it has been successful in reaching that end. The individual assessment section of this report will address some of the outcome results.

From what I have learned during this practicum, pre- and post-tests are not the most effective measures by which one may determine program or participant success. The following reflects some of the thoughts I have based on my reading of evaluating sex offender treatment programs.

I believe that we enter this field with a caring and trusting attitude towards people. Our attitude motivates us to believe in and trust the people with whom we work. Our ethic suggests that we should encourage people to define their own problems and to be honest in determining their own success in dealing with those problems. What we hear from the men in our group is that: 1) He feels very badly about molesting his daughter; 2)

He did it only because of marriage problems/alcohol; 3) He had already stopped offending before he was caught; 4) He had been, himself, on the verge of seeking assistance.

Although we hear these words from those we support we must be careful in terms of evaluating the potential for further offending behaviour. Drieblatt (1982) offers the following,

"To make adequate statements about risk you must define the specific risks involved and the situation to which you are predicting. Dangerousness is very much situationally determined. A man may be a very high risk to molest a child if he is living with youngsters, and a very nominal risk if he is living in an 'adults only' environment." (p. 32).

Irwin Drieblatt (1982) suggests considering the following when dealing with the evaluation of men who have completed a program for sexual offenders:

- 1) Do not try and answer the unanswerable.
- 2) Be conservative on the side of respecting risk.
- 3) Let the past behaviour of the client speak loudly.

4) Attempt to address the addressable questions directly and thoroughly, but do not make assertions that cannot be reasonably justified and substantiated. Do not make statements such as:

"I know he will never do it again."

"I'm sure he has learned his lesson."

"This man does not resemble the usual profile of sex offenders."

"This is the only offense he has committed."

5) Do not be reluctant to admit when no answer is available and remember that a conservative approach in assessment and decision making with the sex offender protects the client and the community. (p. 32).

Given that it is so difficult to verify successful program completion, it is important to have continual follow-up contact with the offender and his supports after treatment. The focus of this follow-up is to assess for further offending behaviour. This follow-up is also a useful means of determining the general success of the treatment program.

Sonkin, Martin & Walker (1985) suggest that the relative success of a program may be determined in a number of different ways including an assessment of the following:

- 1) The cessation of the primary offending behaviour while the client is in the program;
- 2) The cessation of all types of abuse while the client is in the program i.e., physical, emotional;
- 3) The length of time a client stays in treatment;
- 4) The degree to which a client participates;
- 5) Whether or not the client returns to any abusive behaviours after group treatment (p. 177).

In measuring post-treatment success, it is important to have a means by which one is able to measure the offender's behaviour following treatment. Counsellors need to be able to determine the best method by which information may be collected during the follow-up phase. A counsellor is unable to rely solely on the client's feedback as this may not be enough to get the true picture of what is happening.

Speaking with the client's significant others may be an important part of the assessment while the client is in treatment and during the post-treatment assessment period. Supports to the client may be able to recognize when risk cues are developing and be able to ask for help prior to an offence. In the event that the offender admits he has reoffended he will face a prison term, therefore, it is unlikely that he will admit to it on his own.

Determining the success rate of a program and the client's own level of success is difficult because the term success has so many different connotations. To some people the term 'success' may mean that the person will no longer be sexually abusive towards

children. To other people the term may mean that the person will also no longer be abusive in other non-physical ways. Both positions suggest that a determination reflecting the degree of change can be predicted. Further, it is very difficult if not impossible for the therapist to predict the future.

Families who are hoping that the counselling intervention stops the abuse may believe that the offender is 'certifiably' non-abusive after the program is completed. This belief reflects a false sense of security and supports the notion that the family and supports should be a part of the follow-up after the program's completion. Stordeur & Stille (1989) believe that by contacting the family the counsellor will have a mechanism by which further abuse can be reported and he will also be able to provide an opportunity to educate the offender's partner about the program.

Given that counsellors are unable to accurately predict whether or not there may be any abusive behaviour in the future, they need to be clear with the client, the client's family and the courts that successful completion of the program means only that the client has completed the program.

Once the client has completed the group treatment program there are a number of follow-up treatment options that may be available depending on the community's resources. Access to options following group treatment may also depend on who takes ownership of ensuring that further treatment options are made available; most often this is a Child and Family Services Social Worker.

Stordeur and Stille (1989) suggest seven options that may be made available to people following the completion of group treatment:

- 1) The man has successfully completed the group and will terminate his contact with the agency.

- 2) The man is considered 'unsuccessful' in completing the group. The counsellor may believe that allowing him to repeat the group will be unproductive. Mandating agents are

informed of this. If applicable, the counsellor recommends other, more appropriate strategies. An example of this may be a referral to a chemical dependency program.

3) The man is deemed unsuccessful in completing the group. The counsellor believes that the man may benefit from attending the group again and recommends it.

4) The man successfully completes the program and moves on to another therapist-facilitated group treatment program which builds on the concepts that were introduced in the first program.

5) The man has been successful and is referred to an abusers' self-help group for continued support.

6) The man and his partner are referred to a parenting skills group.

7) The man and his partner have decided to preserve and improve their relationship. After a consultation with the man, the woman and the women's counsellor, the therapist facilitates a referral to couple or family counselling. (p. 277).

It is important for the men who finish the group to recognize that completion of the group should be viewed as one step in the healing process. Each man will have his own specific issues and needs that require further work. Many men will need to focus on the non-physical abuse issues, for example, non-abusive parenting skills. Men will have to face new ways of dealing with changing the power structure in their relationships. Some men, who have been victims of child abuse, may require individual therapy.

It would appear that most men would do well to participate in further counselling activities. In some situations, participants may need to have access to one-on-one therapy support in order to address specific, individual issues that have been brought to light during the group treatment program.

Some participants could benefit from a follow-up, therapist-led group which can focus on the learning that has taken place in the first group. The follow-up group can intensify the focus on behaviours and attitudes towards women as well as to further develop specific behavioral and cognitive skills introduced in the first group.

INDIVIDUAL ASSESSMENTS:

The following is a brief description and an account of the process for each subject in treatment as observed by myself. Also included, is an analysis of the test scores of each. All names are fictitious.

Person A

Dom is a 67 year old retired power engineer who committed a sexual assault with a young boy. Dom was introduced to the boy by the boy's mother as she felt that the child needed a male adult role model to befriend the boy and to engage him in recreational activities that could bring enjoyment into his life. The boy did not have contact with his own father.

Dom took the boy swimming on a number of occasions. The relationship developed over time and the boy began coming over to Dom's home when Dom's wife was not home.

Dom explained that the two would engage in 'wrestling' activity that eventually led to Dom having the boy perform fellatio on him. This went on for some time, and the boy was given money as a reward for secrecy. Dom suggested that when he stopped providing the money, the boy turned him in.

According to the results of the Abel & Becker tests Dom has a preference (slightly aroused) for adult men over male children. This result is interesting in that according to his scores, he has no interest in young boys, but does have an interest in men, which is contradictory to his offence.

His results suggest that he is not interested in female children; however, he finds adult women to be highly arousing. Dom scored low levels of depression on both the pre- and post-test. Dom's Beck tests presented the lowest test levels in the group. In a sense this seems to fit with the denial that he would often present around a number of personal issues. Dom would say that on the one hand life was 'copasetic', and on the other hand he

would describe the struggles he faces within so many of his relationships. It would seem to fit that Dom would deny that he is feeling sad or depressed around his current situation.

In terms of family of origin, Dom explains that as a boy he was 'initiated' by the older school boys by giving them 'handjobs' in the bushes. Dom explains that this was 'no big deal' as that was 'what happened in those days'. Dom explains that his parents were good providers but were not emotionally available to him. Dom felt that they did the best they could for 'those days'. Dom denied any events of physical or sexual activity with his parents.

Dom holds on to very traditional beliefs as to what the role of women is and what the role of men is. Dom feels that 'a good man' gets what he wants when he wants it, as the male is dominant. Dom is difficult to work with because his belief system is very deeply ingrained. Dom struggles with the issues that have been raised in the socialization work. Dom struggles with the idea of men having to share their feelings. It is difficult to create change when the attitudes and beliefs of a person are so deeply ingrained. Dom believes that his victim was bad and that his victim ruined his personal and family life. It is difficult for Dom to change vis-a-vis behavioral approaches when his offence appears to be motivated by such a deeply ingrained belief system, based on the idea that 'might is right'.

Dom has maintained that his victim 'trapped' him into the situation that brought him to court. Dom felt that if the child would have left him alone 'things would have never gotten this far'. Although Dom explains that he is remorseful for what has happened it would appear that he feels more pain for the embarrassment of his family than empathy for the victim.

Dom consistently presented barriers to his own growth within the group process. The most consistent presenting barrier was his feeling that because he was older than the rest of the group members, his situation was unique and that nobody would be able to understand.

The group process was useful for Dom as the men would often confront him on issues they felt he was denying or minimizing. The outstanding issue for Dom, in my opinion, is his lack of empathy for his victim which leads to his belief that the victim has a great deal of responsibility for what happened. Dom also presents difficulty in dealing with his anger not only towards his victim but in day-to-day interactions.

Dom had difficulties working with the group, as he often had a difficult time expressing himself, which resulted in feelings of frustration with both the group and himself. However, there were times when Dom expressed great appreciation for the skills of the counsellors and for what the group had to offer. Further work with Dom, as with all of the men, is important. I could see Dom getting much out of a men's group, and I believe that he has a lot to offer. I know that he has many issues that he needs to work out. He particularly needs to work towards some form of resolution with his son. He believes that his son will never forgive him and he sees this as a tremendous loss.

Person B

Gavin committed his offence while working within a daycare setting. During 'nap-time' Gavin would touch his victim on the vagina. This happened on numerous occasions. Gavin explained that he did not want to hurt the girl and believed he would not as long as she was asleep.

Gavin has a psychiatric history that (reportedly) began during his conviction period. Gavin was diagnosed as suffering from reactive psychosis and was given an anti-psychotic medication to combat this concern. His attending psychiatrist feels that Gavin has been under a great deal of stress following the death of his five week old daughter. The daughter died of muscular dystrophy in 1989. Gavin feels that the combination of the stress of his daughter's death and the stress of events within his family history led to his offence.

Gavin explains that there were a number of abusive events in his family of origin. Gavin's father, a school teacher, was sexually abusive to both his sister and to a number of

his female students. Gavin was told by his mother that his father most likely abused him as an infant. Gavin explains that he was personally abused on numerous occasions by his twenty year old baby-sitter who would sneak into his room and perform fellatio on him, Gavin was seven at the time. Gavin further explains that at the age of eighteen he was asked by his uncle's friend to masturbate with him to pornographic videos. The 'friend' attempted to perform fellatio on Gavin, which Gavin refused.

Gavin explains that prior to his offence he had fantasies of touching the pre-schooler on the vagina, and that he had shared these thoughts with his psychiatrist. Gavin explained that the psychiatrist noted his comments but did nothing to help him. Gavin asked the psychiatrist to refer him to someone who would help him. Gavin also shared his fantasies with his father-in-law. His father-in-law suggested that he masturbate to get rid of the feelings and tell his counsellor. The offence took place prior to Gavin being referred to the new counsellor.

There is the question as to why the psychiatrist did not deal with the issue when it was raised. Psychiatrists are often viewed as the credible body in the assessment process. One can assume that he did not deal with it because he did not know how or simply did not want to. Either answer is not legitimate. It is also interesting to note that Gavin was giving direct messages to two people in the helping profession and to his own supports that he needed help prior to his offence. This is consistent with the notion that if one can catch the fantasies and thoughts prior to the offending behaviour one can stop the offence. Gavin was saying that he knew if he could 'think it' he is apt to 'do it'.

Over the course of the group treatment, Gavin explained that he has fantasies around 'exposing' himself to girls and/or women. Brian and I worked with Gavin individually on this issue. Gavin felt that if he was able to avoid the use of pornography and apply basic cognitive techniques, he could control his temptations.

Gavin reports a high level of arousal in both his pre- and post-test scores regarding exhibitionism. His depression test scores do not demonstrate any significant signs. Gavin

admits to being under a continuous struggle to not expose himself to girls. He has alluded to the notion, that he has, on a number of occasions, exposed himself. We have confronted Gavin about the impact this offence will have on his victim. He acknowledges the impact. We have reminded him that should he be reported he will most likely be given a jail term. He acknowledges the potential for a jail term. Gavin explains that although he understands the negative effects and consequences of his act he cannot stop himself.

This point of knowing that what one is doing is wrong but still doing it was a consistent feature with all of the men who committed an offence. Most of the men admitted to their offence when arrested by the police and acknowledged to the police that they knew what they were doing was illegal. The notion of a prison term was not enough to stop the men.

Gavin and his partner have recently given birth to a baby boy. Gavin explained to the group that he was hoping for a boy as he was afraid of what he might do if it was a girl. Gavin has not indicated in either of his pre- or post-tests that he is aroused by sexually offending either his own daughter or another female child. Gavin has consistently presented that his issue of concern is his desire to expose himself.

Gavin has minimal communication with his wife and has few close associates in his own personal network. Gavin has consistently had a difficult time finding and keeping a job and explains that this issue is a constant stressor to both he and his partner.

I believe that Gavin is in need of ongoing clinical support when he terminates his involvement with the group. He has only begun to address some of the issues that we have presented to him. Although he explains that he is not currently at risk of offending, he has a history of not dealing well with stress and feels that his offence patterns are directly linked with his levels of stress.

His newborn, which will present the family with numerous stress issues, will be three weeks old at the time of the group terminating. There are numerous indicators that Gavin is presently at risk of exposing himself to young girls or adult women. Following group,

Gavin will be continuing with a psychiatrist that he was seeing prior to the start of group, he will also be seeing his probation officer.

Person C

Don's offence was with his 11 year old stepdaughter. On a number of occasions he asked his daughter if he could 'go down on her'. He would also ask her if she would 'go down on him.' His daughter informed her mother who in turn reported Don to the police. Don was given 3 years probation for invitation to sexual touching.

Don was told by his psychiatrist that if he was to quit drinking he would quit offending. This suggestion was directed towards the fact that Don was an alcoholic at the time of his first offence. Although Don did quit drinking and joined A.A., he committed a second offence with the same child. It was this second offence for which Don was given probation.

It is interesting that the psychiatrist focused on alcohol as the primary issue that attributes to the offending behaviour. This particular counsellor works for the Alcohol Foundation of Manitoba (A.F.M.). I understand that it is common for A.F.M. counsellors to tell people their problems will be solved if they stop drinking and that this advice has been consistently proven wrong. I am curious as to what sort of follow-up happens between other professionals and A.F.M. in terms of the reality that the alcohol problem is only one part of the problem. In the case of Don, their advice was wrong.

Child and Family Services have been involved with this case since the first offence. Although Don has committed a second offence in the same household he is still living with the family. Don has indicated in his pre- and post-tests that he is sexually aroused by his daughter. Don has told his probation officer and participants in the group that he still has fantasies about his daughter. There is no question that there are indicators that Don has potential to reoffend.

There appears to be no communication between the family support worker and the probation office. Although there was a call made at one time, the probation worker was on holiday so the family service worker decided to simply go ahead and work towards reuniting the family without a more comprehensive evaluation.

Don presents himself in group as being remorseful of what has happened to his daughter. He feels that both his children and partner need to have counselling to come to terms with what has happened. One would assume that if Don was truly empathetic towards his victim he would not be living under the same roof, particularly when he explains that he is at risk of re-offending. There is a real question in this case as to how the service system is addressing the problem. A man is telling people that he is having difficulty in controlling his fantasies around his daughter yet he still resides in the same home.

Brian and I will be following this case up by talking to Don's new probation officer so that he is aware of the current situation. Our recommendation will be that he share this information with Don's Child and Family Services worker so that the issue can be addressed with the family.

In terms of his family of origin, Don explains that he can remember very little. Don does not remember any significant cases of abuse within his family. He states that his parents were both alcoholics and that the family tended to move a great deal.

Don explains that when the family was living in a small rural town he was befriended by a male teenager. Don was 10 years old at the time. The friend would ask Don to come to a small shack where they would view pornographic material and masturbate each other. Don explains that this relationship lasted for quite some time.

Don's confusion and inability to remember details of his past seems to fit with his current confusion around day-to-day events. Don consistently presents himself in group as being 'blown away' by seemingly small daily incidents. Don expresses that he is often confused as to where 'people are coming from'.

Don often says that all of his confusion causes him to be depressed, which is interesting because his Beck scores do not demonstrate significant levels of depression.

It seems that Don has not been able to come to terms with his past nor is he clear on what he needs to do for his present situation.

There is no question that Don is wanting to work hard to reduce his offending behaviour and to stabilize his relationship with his family. Perhaps he is more likely to work things through because he is willing to talk openly about his thoughts and feelings. In order to assist Don in coming to terms with these issues and in order to maximize the family's safety I believe Don should not be living in the home.

Person D

Len has had two offenses, and has faced charges for each of them. The first offence, a charge of Gross Indecency, was with his former step-daughter who was five years old at the time of the disclosure. Len had put his penis in the four year old girls mouth and had, on numerous occasions, masturbated in front of her while looking at her genitals.

Len had also been physically and emotionally abusive with his first victim. He was eventually charged for Assault Causing Bodily Harm. Len was given a two year suspended sentence with supervised probation for his sexual assault charge. Len also attended a group for sexual offenders through the Child Protection Centre as well as one year of individual therapy.

Len's current charges are related to the sexual assault of his seven year old step-daughter. Len was reported to have fondled her vagina through her clothes on at least twelve occasions.

In terms of Len's family of origin, he explains that he was sexually assaulted by his older brother and beaten on numerous occasions by his father. His brother would engage Len in mutual masturbation and fellatio as well as attempted anal intercourse. Len explains that his older brother also abused his other two brothers.

Len's father is an alcoholic who will not admit to his drinking problem, nor will he talk to Len about either past or current events regarding the family's situation. Len explains that this is difficult for him as he is presently living with his mother and father for financial reasons. Len's father, a former school teacher, was arrested and convicted for a sexual offence with one of his students. The family only came to know of the father's arrest when it was documented in the news. Len explains that the family never did talk about family issues.

Len presents himself well in group if he is pushed by the counsellors to talk about his feelings as they relate to his current situation and his past offending behaviour. Len presents as being emotionally distant from events and behaviours that he describes in his current and past relationships. In many ways Len appears to be 'cruising' through this group. He has been asked by many different professionals to describe his feelings and behaviours that have led to the abuse of his daughters. Given he has already been through a number of forms of treatment, one would expect that he would be able to give the group more insight into the causes of his offence.

One would specifically expect that Len would be able to be clear on what he needs to do to stop his offending behaviour. At the time of terminating this group I do not believe that Len is completely clear on what he needs to do to stop his offending behaviour. He knows that he needs to follow his control plan but I am not sure that he understands that he needs to address his attitudes towards women and children as well.

Len exemplifies the difficulty in providing a clear prognosis as to whether or not a offender will reoffend. Len also demonstrates that a sexual offence may also be played out in concert with physical and emotional abuse. This was demonstrated not only in his own family of origin but in his offending behaviour with his daughters.

Len has been charged on two separate occasions for sexual offenses with two separate children. His post-test demonstrates that after two sessions of program treatment, individual counselling and a prison term, he still finds his daughter sexually arousing.

Person E

Jed was a school teacher who was charged with a sexual assault on one of his 15 year old students, Jed was married at the time. Jed employed the girl to do a number of chores around his home as he felt that she needed the income and he was willing to help out. The relationship began with Jed simply being at home to supervise the projects given to the girl. In time Jed would take to relaxing in his whirlpool while she did the house chores. The scenario moved to Jed inviting her into the whirl pool.

This relationship went on for a period of time. Jed eventually asked the girl to message his back and as time progressed the two would often end up taking off their suits in the whirlpool. Jed eventually asked the girl to perform various sexual acts with him while in the whirlpool.

Jed explains that he was able to carry off the assaults as he was able to manipulate the girl to do 'what ever he wanted her to.' Jed explains that he found the fun to lie in the power of the manipulation. Jed explains that although he found gratification in the sexual event itself, the success of the plan was the true eroticism for him.

Jed could explain the plan in detail to the group including the fact that he knew every time she came over to his house he was making a decision to put his career on the line. Jed believes that he made the decision to be arrested by continuing with the plan. Jed also believed that the plan was so perfect, he could not be caught.

In terms of family of origin, Jed describes his family as being quite close despite the fact his father was an alcoholic. Jed explains that when his father was intoxicated the family was subjected to beatings.

Jed explains that he was very close with his mother. Jed slept in the same bed as his mother up until the age of 10, Jed explains that it was not uncommon for him to dress and undress in front of her. Jed explains that he remembers cuddling in bed with her quite a bit and he remembers that she would be wearing only her underwear. Jed suggests that the

relationship was sexualized in that there was sexual behaviour but not any actual sexual activity.

Jed's story differed from the others in that he described his background more in terms of his ability to get whatever he wanted from whomever he wanted. Jed describes himself as being very successful at manipulating people from a young age. He believes from an early age he realized he had a special 'gift' that allowed him to talk his way in and out of situations.

Jed's sexual interest scores do not reflect any significant information. His Beck scores suggest that his level of depression has increased somewhat over the course of the group. One interpretation of this change in score is that he has come to take more responsibility for his offence since the group has begun. He originally began the group by feeling it was time for him to get over this incident and to start looking forward. What the group said to him was although it is important to look forward he must also address his past.

Jed is a difficult person to come to understand, as we were never sure whether he was merely telling us what we wanted to hear or was telling us how he really truly felt. When he was asked about this he admitted that he had a hard time trying to speak the truth because he had become so adept and twisting the truth for his own purposes.

It is difficult to pinpoint the characteristics of a person who is likely to commit a sexual offence. The people within this group come from a wide range of backgrounds in terms of family background, professional interests and personal attributes. Although members of the group tried to isolate Jed as being the 'educated one' he was quick to remind them that according to the law, he was no different than any of them.

Person F

Allan had been living with his common-law partner for seventeen years. The victim, aged thirteen, began living with them four years ago. Over the course of two months,

Allan would repeatedly enter his daughter's room and touch her on the breasts and on the vagina. Allan was eventually charged with sexual assault.

In terms of family of origin, Allan was born into a large family in a remote northern community whose traditional life-style included hunting and fishing. As he was the youngest in a large family, his parents felt that they were unable to care for him on the trapline and therefore gave permission for another couple to raise him. He grew up thinking that this new couple were his real parents and that his brothers and sisters were actually his friends.

Allan explains that there were no incidents of sexual abuse within his family, although he was beaten on a number of occasions both in the school and at home. Allan and his partner have five children, all of whom are permanent wards of Child and Family Services. Allan attributes their placement to alcohol abuse on the part of his partner and himself.

Allan's family background provides few clues as to the origin of his offending. While it is unusual to have been brought up by one set of parents only to discover that one has another set of parents, there is no clear evidence of sexual victimization in this man's past. There are indications that Allan may have been subject to physical abuse as a child. This situation suggests that one cannot look strictly to the family of origin for explanations of why an offence took place; conversely, one can never know if all of the evidence has been shared in the course of an assessment.

We did not get to know Allan very well over the course of the group as he remained quiet for the most part. When he did speak he made attempts to identify his feelings; he also explained that he was making attempts to communicate more with his friends as to how he was feeling about different issues so that he would not bottle them up.

Neither of Allan's tests demonstrated areas of risk in either his levels of depression or his specific sexual interests.

Person G

Ron was charged with two counts of sexual interference in British Columbia. Disposition was a suspended sentence and two year's supervised probation. Ron would go into his stepdaughter's room at night, get into bed with her and fondle various parts of her body including her vagina. When the victim would awake and confront Ron, he would tell her he was sleep-walking and that she should go back to sleep. The daughter eventually disclosed the situation to her sister who, in turn, admitted that she too had been assaulted by Ron.

Ron has made three attempts in treatment prior to this group. The first was with a sex offenders' treatment group in British Columbia. Ron terminated his involvement with this group when he moved to a different location. Ron worked on his alcoholism and sex offending issues with a counsellor for four months. This work was terminated once again due to a change in his living arrangement. The third attempt, still in B.C., was with a counsellor and his ex-wife. Treatment was terminated as Ron refused to take responsibility for his offence, explaining that it happened in his sleep.

In terms of family of origin, Ron was adopted by his father who married his natural mother. The parents separated after a number of years following their move from Winnipeg to the coast. Ron explains that although his father was an alcoholic there were no memories of physical or sexual abuse.

Ron does not show any signs of depression on his test scores nor does he indicate any deviant sexual interests on the Abel & Becker tests. Ron admits in group that he is angry at women and is hoping that he will be able to develop a casual sexual relationship with a women who is able to 'stand on her own two feet'. Ron does not want to have any sort of commitment with a women as he feels they cannot be trusted. Ron feels that he was trapped into his offending behaviour as he had nowhere else to go for sex. Ron feels that he was trapped in his relationship by a women who wanted him solely for his earning capacity.

Ron is able to share his feelings, and his feelings are anger-based. Ron has a number of issues that have not been dealt with. He has only recently begun to admit that he was not sleep-walking during his offence. In terms of victim empathy he states that he feels he was trapped into the situation by 'that bitch'. It is difficult to get Ron to focus his feelings on how the victims may feel. We have suggested to Ron, and he has agreed, that in a number of ways he has run away from his offence, including his move from B.C. where the event took place and where his networks are. We have suggested to Ron that he continue to deal with unresolved issues as they have the potential to recycle if he does not.

Person H

Harold was charged with sexual assault between the first of September, 1986 and the 10th of January, 1990. The offending behaviour took place between Harold and his step-daughter for over five years. The victim was twelve years old when the offending behaviour took place.

Harold would come into his step-daughter's bedroom when the rest of the family was asleep. On occasion he would enter her room when the family was still awake. He would crawl into bed with her and remove her clothing. He would be wearing a robe, which he would remove. He would then proceed to fondle all parts of her body. This would happen at least two or three times a month. At times, he would give her a few dollars as a bribe not to say anything. Eventually the money stopped, as he came to realize that she was keeping quiet out of fear and not due to being paid.

This continued over the years and progressed to Harold trying to have intercourse with her. If the victim was in bed it would take place in bed, if the victim was on the floor reading than the assault would take place on the floor. He would remove her nightgown. He would try to kiss her, but she would shake her head in resistance. He would touch her all over her breasts and vagina. Sometimes he performed oral sex on the victim. He would

take her head and place it on his penis, but as soon as he would release his grip on her head, she would remove it from his penis.

Sometimes he would masturbate on her, and other times he would run to the bathroom as he was reaching orgasm. The victim had noticed lately that Harold had taken to wearing a condom to bed so her fear of actually being raped was increased daily.

After disclosing the incidents, the step-daughter was removed from her home and sent to live with a friend and her family. As Harold did not admit to the offence until some time after the disclosure, the victim's mother chose her husband's side. The victim then, following her disclosure, was portrayed as a liar by her family.

The victim has recently become pregnant with her boy friend's child.

In terms of family of origin, Harold explains that he was beaten regularly by his father. Harold was viewed as being emotionally unstable by his family and was sent to Brandon for a psychiatric assessment at the age of sixteen. Although the tests did not result in any specific clinical label, Harold felt that he was being told, indirectly, that something was wrong with him. Harold denies any specific incidents of sexual abuse as a child.

Harold does not indicate any significant depressive issues nor any specific deviant sexual interests on his testing. He could be described as being aloof and incommunicative. He appears to detach himself emotionally from most of his behaviours and actions.

He tends to see his step-daughter as his wife's daughter and does not talk about any sense of closeness to her. His description of his involvement in parenting matters leaves one with the impression that his partner is left to deal with the day-to-day issues of raising a family.

Harold does not appear to present with any sympathy towards his victim. He is able to intellectualize what he has learned in our sessions on victim impact but he does not appear to have internalized the information.

This situation demonstrates the true darkness of the sexual offence. Harold abused his step-daughter for five years, coming close to the point of rape. He forced her to perform fellatio on him and he disgraced her by ejaculating on her body. When she finally got up the nerve to tell somebody (out of the fear of being raped) she was told by her father that she was a liar. Her mother believed the father and the victim was forced to leave her home.

This is not the story that Harold shared with us in group when he was told to tell of his offence. He minimized everything he told us. Harold does not believe that he has a problem and does not believe he has anything to work on. Harold feels very little empathy for his victim. Harold is still living with his two biological daughters and his wife. I am curious as to what we could offer this man for follow-up treatment. I do not know how we can break through his hard shell.

Person I

Laurie was convicted of sexually assaulting his daughter over a three-year period. The circumstances include his fondling her breasts and vagina, both on top of and under her clothing. During the three years Laurie would have the victim fondle his penis and on several occasions these acts progressed to mutual acts of oral sex. Laurie's daughter was thirteen years of age when the offending behaviour began.

Laurie originally denied the accusations, but eventually turned himself into the R.C.M.P., as he believed it would all come out eventually. Laurie's brother had sexually assaulted the same daughter and had received ninety days in jail for his offence.

The victim was also sexually abused by Laurie's step-son.

Laurie has been married to his current partner for the past eleven years. They have gone for counselling together in order to work out an understanding regarding Laurie's behaviour with his daughter. Laurie's current partner has a physical disability. The daughter had been approached by Laurie on two occasions to have sexual intercourse but had

told her mother on both occasions, the second time Laurie's partner insisted he stop or leave, he did not bother her again.

In terms of family of origin, Laurie comes from a large and economically deprived rural family. There were twelve children in the house, most of whom were being sexually abused by the eldest son. The family secret was kept until the children became adults and Laurie's brother was arrested for abusing Laurie's daughter. At this time the family members began speaking to one another more openly about their past. Laurie was sexually abused by his brother, his neighbour, and his sisters. Laurie explains that he also participated in group incest with his family members, episodes which included his neighbour. Laurie explains that although everyone was sleeping with everyone, no one was talking about it.

Laurie does not indicate any specific deviant sexual interests in his testing nor does he indicate any significant levels of depression. Laurie consistently presents himself as being upset with himself because of the pain that he has caused his daughter. Laurie feels that he needs to keep working on his issues, that he hopes his daughter is able to work on hers and that his whole family continues to work together in addressing their issues of abuse.

One of the interesting aspects of this case is that Laurie clearly comes from a highly sexualized family background. Once a person comes to believe that incest is typical and acceptable the propensity to continue the cycle is clearly that much more likely.

Person J

Caesar was convicted of sexually assaulting his eight year old step-daughter and given three years' probation. The circumstances of the assault suggest that Caesar came home after a night of drinking with some friends, entered his daughters bedroom and touched her on the vagina while she was sleeping. The `touch' caused a scratch on the hymenal membrane which led to bleeding. Caesar admitted to touching his daughter on at

least five other occasions. Caesar felt that he did what he did because it was a coping mechanism in response to stress he was facing in the home and at work.

In terms of family of origin issues, Caesar explains that his parents were both alcoholics. Caesar explains that his father was very violent to his mother and to him. Caesar was beaten on a regular basis by means of hands, fists, feet and hammers. His father threw him against the wall on numerous occasions and at one time chased Caesar with a tree, threatening to kill him. The authorities were notified on this occasion and picked his father up.

Caesar explains that his father was charged, and did time in jail, for incest with Caesar's sister.

When Caesar was approximately 11 years old, in order to escape the violence in his home, he went to see a priest. Soon after, the priest began to get Caesar to sit on his lap and from there the activity progressed to regular and frequent sexual abuse. Caesar states that he was forced to perform oral sex on the priest. He had conflicting feelings about this at the time because he felt that he was being treated better than he was at home. Caesar felt that the time with the priest was safer than the time at home. The priest eventually tried anal intercourse but because Caesar felt it was wrong he wouldn't let him. The sexual abuse ended when Caesar begged the priest to stop. The priest asked Caesar to swear to silence.

When Caesar was older he shared a hotel room with his brother one night. He woke up in the night to find his brother having oral sex with him. Caesar felt guilty because he enjoyed the feeling, he did however, ask his brother to stop. Years later, Caesar was told by his brother that he too had been abused by the same priest. Caesar had never shared his secret because he did not know whom to tell; the kids at school would not understand, his father would beat him if he knew, and if he told his mother, she would tell his father.

Caesar was also sexually abused by his sisters. His sisters would have him perform intercourse with them one at a time while the others watched. Caesar explains that they would be chanting 'faster' and 'harder' as things progressed.

At the present time Caesar has sporadic and limited contact with his siblings and his family members.

Caesar does not present any significant deviant sexual interests in his testing, nor does he present any significant levels of depression. Caesar presents as a serious, quiet-spoken individual who expresses responsibility for his actions regarding his offence with his eight year old stepdaughter. Caesar presents as being willing and wanting to continue with treatment for his offending behaviour. Caesar is a man with serious emotional problems who is going to need on-going intensive therapeutic support. Caesar is an alcoholic who has received appropriate treatment by maintaining his contacts with A.A.

Person K

Jekyll repeatedly assaulted his adopted daughter by touching her vagina. She was fourteen years old at the time. After the assaults, Jekyll would show his daughter pornographic materials and discuss her various body parts. Jekyll also sexually assaulted his daughter's friend who was ten years old at the time. He offered her three and a half beers, cigarettes and pornographic movies. Over the course of the evening he touched her vagina and invited her to a bedroom where he fondled her breasts.

In terms of family of origin issues, Jekyll maintains that he comes from a loving and caring family. He denies any events of physical or emotional abuse. When pushed, Jekyll spoke of a number of events that seem to demonstrate his father's anger/temper. Jekyll explained that if his father was angry he would have to be careful as his father was 'likely to explode'. Jekyll described a number of incidents in which his father would not talk to him for weeks on end as a form of punishment. Based on Jekyll's stories, we were left with the feeling that his father was either violent or very much threatened to be so. In this sense it would appear that Jekyll grew up in a very emotionally abusive household. When asked if this was so, Jekyll drew a tear and nodded but would talk about it no further. We could

only conclude that Jekyll feels a need to protect some sort of family secret. This is strictly a hypothesis that would need further investigation and follow-up.

Jekyll reports no specific sexually deviant preferences nor does he demonstrate any specific level of depression. Jekyll was to continue to attend A.A. as part of his treatment. The attending A.A. psychiatrist informed Jekyll that because he had come to control his drinking he could expect that his offending behaviour would be controlled also. Jekyll presented this information to us with the hope that he would be allowed to terminate his involvement with the group. Jekyll was informed that there was more to his offence than alcohol abuse. Jekyll explained that he agreed and decided to continue with the group.

Jekyll literally slept through the majority of the group treatment program. When confronted with this, on numerous occasions, he would list the responsibilities that he had that kept him up late at night and got him up early in the morning. Jekyll was reminded that this group needed to be a priority for him and that he needed to demonstrate responsibility by coming into the evening session well rested.

In terms of victim empathy, Jekyll appears to be more interested in his own needs than understanding his daughter's. Jekyll feels that he is being overly punished for his crime and that he should be given the right to see his victim again. Recently his request has been granted. When asked how his victim might feel about coming to see him in his own house he responds, "I don't know". After a lengthy discussion about his victim's potential feelings, he goes on to say that he wants to fight for custody rights over the next three years.

Jekyll seems to be investing the majority of his time in fighting the system and little time doing his own work. As described to him, he is spending more time thinking about outcomes and very little time addressing the process.

I have found Jekyll to be a frustrating person to work with primarily because he has literally slept through the majority of this group. He tends to minimize his offence and often parrots the words and feelings of other people in the group.

Jekyll will finish this group, his one year of probation and be done paying his debt to society. I question how much Jekyll has learned about his own attitudes and values and how they effect his behaviours. I question whether Jekyll understands that his behaviours have a powerful effect on his children. I question wether Jekyll has truly taken responsibility for his actions.

Jekyll, like so many others, passes the group simply by showing up. There is no evaluation criterion that suggests he should do the group over again and there is really no form of follow-up. Even if he was to do the group over again, who is to say that he would put in the effort. This is an expensive program to run; it is difficult to measure outcomes, and we are unable to offer any true clinical recommendations other than 'yes, he completed the group.'

A SELF-REFLECTIVE EVALUATION:

The following summarizes the personal notes that I have made throughout my work with this group. I have broken my notes into categories in order to organize the issues that I wanted to address.

1) BALANCING EMPATHY WITH EMOTIONAL DISTANCE:

During my pre-masters year I did some co-counselling with a fellow student. We were working with a women who had been coming to the Psychological Services Centre (PSC) for issues regarding her relationship with her husband and children. Our supervisor had provided supervision to another student who had worked with the same women the year previously.

There was some question as to what the women wanted to deal with in counselling. It was difficult to contract with her as she seemed to change the issues that she wanted to deal with on a constant basis. We all felt that we were going around in circles because, in a way, the client never seemed to understand or follow through on any of the support that

we were trying to provide her with. Our supervisor was particularly frustrated because for her, this had been going on for two years.

During one of our supervision sessions we were collectively upset about our lack of progress, I commented that it was funny that we were surprised that the client was having such a tough time in moving through the information and reflections that we were sharing with her. My comment was that if she was able to process this all so easily she probably wouldn't be coming in to see us in the first place. My further comment was that it was interesting that we were all getting so wound up about this 'client' who was so 'manipulative' and 'defensive' and 'controlling'.... I expressed that dealing with and trying to unwind this confusion is the nature of our business. I felt that labelling the client with all of these negative terms was sabotaging our ability to help her.

My supervisor commented that my thoughts were probably a good way of distancing myself from the client. I remember thinking that was such an odd idea, the idea of keeping distance from the person I'm trying to support.

My partner often asks me how I feel about working with these people, people who have sexually molested a child. I try to explain that I empathize with their own stories, their own backgrounds/families of origin. I empathize with their struggles of dealing with the abuse that most of them went through as children. I empathize with the loss that some of them have faced since their offence, the loss of their trust with their children and partners. Most of the men felt a great deal of sadness that they would not be able to see their children again without supervision, that things would never be the same, that their victims would be scarred badly.

I empathized with Tony describing his wife leaving for Ohio with his little girl, his feeling that he would not get the chance to apologize for what he did. I remember feeling a part of his hurt as he cried in front of the group.

It is difficult to empathize and not be angry. A participant will describe his caring feelings for his partner, and then, in the next breath, the same person says that he is not sure as to whether he loves her (his partner) or whether he would like to 'wring her neck'. I am immediately reminded that his tears are real but somewhere, outside of the group, is a very frightened and confused little girl. I know that some how I have to balance my feelings for him, in a way I need to try and stay neutral. He has told us the horror of his own abusive past and the horror of his abusing his own child. I know that as hard as he is working on his own issues he still has so far to go.

I remember Brian talking to David and I after he had done a presentation for a group of women who had been abused as children. They were really angry at the men in their past who had done what they had done. Brian explained to me that once you have worked with the children who have been abused and with adult 'survivors' you quickly learn the damage that has been caused. It is a reminder that although it is important to support the offenders in their journey of treatment, it is important to not lose sight of the damage that has been caused.

During the evaluation session at the midway point of the program, one of the men asked Brian what he thought of them. Brian's reply reflected that although he liked the person as an individual he doesn't like what he has done. Brian explained that he can't forget the faces of the children that he has met and the feeling of their hurt. I believe that this is a significant point that needs to be addressed by people working within this field; the split between the person and the behaviour.

In order to remain objective and effective one needs to be able to relate to the person they are supporting (empathize) while at the same time remain objective about the situation (some distance from the situation, enough to see the whole picture).

It is interesting to reflect on my feelings toward the participants at this point in the program. I'm not sure I have really let their stories enter my psyche. I find that I don't spend a lot of time thinking about them outside of group. I'm not saying this because I

think it is a sign of professional ability, rather, I think it is a recognition that I simply didn't let them in.

My partner and I had a child, a baby girl, arrive during the half-way point of the program. On top of Chloe's arrival I have been working full-time at a paid job. Perhaps I have just had too much going to let them in; perhaps my emotions are being processed at a level that I will only be able to address later. Maybe I'm not letting them in because they are only one more element in the process of reaching my masters, a tiring process which demands that you don't get caught up too much in anything or you feel you will not make it.

My conclusion is that I hold emotional distance from these men for two main reasons: 1) a combination of all of the above and, 2) because like most men, I'm having a hard time identifying and dealing with my true feelings towards these men; maybe it is because that I am afraid that I see parts of myself in them. At times I have a difficult time communicating properly in my relationships, I try to manage my stress but I do not always do as well as I would like to, I have been brought up as a male and I know that I carry stereotypical views of women that I need to change.

I know that I am not at risk of abusing children, but I also know that I struggle with some of the issues that these men struggle with in the group. A men's group is a powerful experience and you have to decide how much of it you're going to let in to your own experience.

2) THE PERSONAL IMPACT OF DEALING WITH ABUSE:

There were some very difficult moments during the course of the program. I found it difficult to deal with the stories the men told around their offending behaviour. I found it difficult to deal with statements such as:

"I wanted to fuck (my four year old) up the ass."

"I wondered what her bald pussy would feel like."

"I wanted to teach her about sex so I could have her do what ever I wanted."

"I'd rub my cock against her pussy but I never fucked her."

"I couldn't get anything from my wife so I turned to my daughter."

"I would be molesting her on the basement bathroom counter while everybody else was upstairs watching T.V."

"The little prick was asking for it, he came around looking for it, he was just that type, you would never find my son or my sons kids doing that, they come from a good family."

When I began this program I wanted to know why the men did what they did, I wanted to know if it was possible to pinpoint the variable, the event that triggered the whole thing. I wanted to know if it was booze or drugs or pornography or being abused themselves or mental illness that caused them to want to have sex with a child. I wanted an intellectual theoretical understanding of what this was about in order to allow myself to understand how I felt about working within the area of abuse. It has taken me quite some time to stop intellectualizing about this work and turn more to my feelings about it.

Hearing the men's stories is very depressing. There is not a great deal of joy in this work. It is very slow moving; change takes along time. As men, we hide the truth, we block our feelings and we try to walk away from things. The more I learn about men and about myself as a man, the more I am saddened by our inability to let go of our images of the way we think we are supposed to be. We say one thing but we do another.

I remember Jack telling the group how much he felt for his daughter during the sessions on 'victim impact'. I think we all got the sense that he was trying to tell us what he thought we wanted to hear. I remember him confiding in me how he felt that he was being persecuted by the system for what he had done and that he had made amends and it was time for him to 'have his girls back'. I remember him telling the group that finally he was being allowed to have visitation rights with his victim. I remember Brian asking him how he felt about being able to see his daughter... he fumbled through some 'emotional

labels', excited, anxious etc. I remember asking him how he thought his daughter might feel, to which he responded, 'I have no idea'. His face seemed to say, 'I never even thought about it'. The impact of his words were tough on me, we were so close to the end of the group, he is so close to getting access to the children and he appears to have learned so little.

This example is important because at times it felt like there was movement and individuals were learning, and at other times it felt like nothing was happening. At times I felt like this was meaningful work and at times I felt the same way as so many others do about this population of people -angry.

Why would anyone want to work in this field? Abuse is hitting, hurting, spitting, lying, breaking, fucking, wrecking, crying. What would be the reasons why a person would want to study and work in this area by choice? What could the pay-offs possibly be? What is in this for the counsellor?

The personal impact of working in the abuse field for me is that I hate it and want to run away from it.

To not understand the issues of abuse is to ignore one of the most common pains in most peoples lives. The men in this group are dealing with the issues because they got caught, there are millions of people who have been abused and who are abusing who have not been helped. My reading in this area has confirmed to me that abuse is rampant. Once you come to understand what abuse is about I don't think you can run away from it because you see it so clearly. Therefore you learn to deal with it in some way or you get pretty messed up.

David has been strong on the notion that once you start to see the ways men need to change, and once you start to believe in that change, you need to become part of making the change happen. In this sense, dealing with the personal impact of abuse would be doing something about it. Stoltenberg (1990) writes,

"This work is important because it challenges the normative identity itself - the destination, the goal: the belief that to be a real man means you get to believe that someone else is not as real. Through the work you do in counselling - and by the example of your own lives - you have an opportunity to create a revolutionary new sense of selfhood, one this world urgently needs: a sense of self that has the courage to will someone else's freedom."

3) LEARNING TO TALK ABOUT ABUSE:

Learning to talk about abuse is learning how to break the silence. It is difficult to do so because for so many of us talking about abuse is like talking about hidden secrets that have been buried for so long. I found it a challenge in the beginning of the group to raise the questions that need to be asked and to confront the behaviours that led to abusive situations.

I remember Brian saying to me that so many people are living with abusive backgrounds but will never talk about it because they are never asked. Brian was specifically talking about some of the young people that come into probation for various crimes. Brian had said that after running groups for a while he realized how common these situations were (clients with abusive backgrounds) and how he needed to begin asking more of his clients - i.e., the client who's in for shopping cart theft - about their backgrounds. I remember Brian explaining that probation staff don't want to ask the right questions because they are afraid of, and don't want to hear, what might come out. Staff do not want to deal with it.

Probation is under some organizational change at the time of writing this paper. They are having a difficult time finding staff who will run programs; staff don't want to run groups for offenders or abusers. The majority of probation staff are not trained to deal with the issues of abuse.

I remember two specific cases that emphasize the difficulty I have had in the past around talking about abuse. Both cases came during my practicum at the PSC. The first was a child who was coming to see me because her parents said that she was having a tough time 'making friends'. The little girl was a very bright and wonderful girl who explained that she was confused about the relationships within her family. She has lived with her grandparents all of her life because the grandparents felt that their daughter, the girl's mother, was an incompetent parent due to mental illness.

I had numerous sessions with the girl, her parents, the grandparents and the whole family system together. I was trying to do a comprehensive evaluation of the situation, an evaluation that would in turn, allow us to set counselling goals. Never did the issue of abuse get brought up. I didn't want to ask, I didn't want to know. When I look back at that case there were a lot of indicators that abuse may have taken place. I believe that given what I now know, I would immediately address the issue of abuse as part of my assessment, particularly when dealing with a child.

The second example is almost comical in the way in which I avoided talking about abuse. A couple came to see me at the PSC because they wanted to address relationship issues, specifically the fact that they found it difficult to continue with the sexual aspect of their relationship. The two people were around fifty years old.

I saw them together at first and then separately for a number of sessions. The male in the relationship described his own personal history of abuse, childhood prostitution, drugs, alcoholism and homosexuality. He explained that he felt disgraced by his background, he had been labelled by a psychiatrist as being clinically depressed and was heavily medicated as treatment. When asked what he would like to deal with at the PSC he replied 'developing a sexual relationship with my wife.'

His wife wanted to work on living with her husband's depression, as over time it had become quite a burden for her.

We spent weeks talking about Gerald's depression; sessions which included his wife telling him (at length) how hard it was for her to live with his depression, but that 'she could manage'. We spent weeks talking about recreational activities that they could be doing together in order to assist Gerald in dealing with his depression and to enhance the quality of the time that they spent together.

Did I assist them in addressing the abuse issues or the issue of their sexual relationship? No sir! I didn't want to talk to an older couple about such issues, nor did I have a clue of how to go about it even if I did. I had no experience to draw from, and I had no insight into understanding the depth of the issues. The easiest excuse was to ignore that which I did not know.

It is frightening to consider the disservice we can do to people when we are afraid to acknowledge our own weaknesses. It is further frightening to think how easy it is to hide from clinical issues that bother us when we do not want to address them. We can never assume competence; we must always be tuning in to our own value systems, and to our own fears. I could have dealt with the situation by acknowledging my lack of clinical expertise and in turn, look to literature or other professionals for support.

The group that we ran allowed the men to get to know each other and to become comfortable with each other before asking them to deal with and talk about their own abusive backgrounds. This planning is in recognition of the difficulty that people have in talking about sex and abuse in a more open manner. I believe I would have personally crumbled if I had to start talking about abuse early in the program, I really had no idea where to begin. To date, I am slowly getting there, but this information and these feelings take time to process.

I don't think that we naturally talk openly about abuse. People who come from backgrounds in which there was no abuse don't really understand what is being addressed, and people who come from backgrounds in which abuse was present are used to burying

it. In the family of origin section, we asked the men to talk about their family secrets. The difficulty in talking about abuse is that we are really talking about society's secret.

4) LEARNING ABOUT BEHAVIORAL INTERVENTIONS:

"The world's definitions are one thing and the life one actually lives is quite another. One cannot allow oneself, nor can one's family, friends, or lovers - to say nothing of one's children - to live according to the world's definitions: one must find a way, perpetually, to be stronger and better than that."

JAMES BALDWIN

The Probation program stresses the importance of the client taking responsibility for his own behaviours. We impress upon the men that we can not accept that a behaviour 'just happened'. We talk about the thought process that we go through prior to making decisions and taking action. We talk about the importance of recognizing the link between thoughts and behaviour.

The 'control plan' is one of the main tools that the men are given to prevent themselves from reoffending. The control plan is a practical way of emphasizing the link between thoughts and behaviours. The fundamental tenet of the control plan is to recognize the thoughts and behaviours that lead to an offense, and by recognizing them, we can deal with them before they become a problem.

One of the difficulties that I have with a behavioral approach is it does not specifically address some of the value and social issues that are directly connected to abusive behaviour. Men can learn the rhetoric of a control plan without too much difficulty. The challenge of addressing one's own belief system is much more challenging.

Stoltenberg (1990) suggests that "normal masculinity is characterologically unable to coexist with a functioning self-awareness of ethical accountability." (p. 102).

Stoltenberg (1990) writes,

"In fact, if you think about it, unconsciousness of ethical accountability is a core component of the masculinity that a lot of men grow up believing they should strive for. Especially in relation to anyone a man perceives as less worthy than himself, less a full person than himself, a real man does not have to pay attention to the consequences of his acts. His acts against 'inferiors' don't matter because inferiors don't matter - and vice versa." (p. 202).

The program's section on socialization addresses some of the value/social issues that are so critical for men to begin to understand and process. Unfortunately, the 'socialization' portion of the program is given very few sessions. As short as the session on socialization is, I got the sense that some of the men were beginning to make connections with issues brought out in the socialization section, issues such as: what does it mean to be a man, what is society telling us about being male? How do these messages effect our attitudes and behaviours? Who are our male role models? How do our models affect our parenting attitudes, our relationship attitudes?

My personal experience has been that by coming to understand a more feminist perspective I have begun to understand how my values shape much of what I do. A good deal of this thinking began to take place in the Men's Issues course at the University. In this course we began to look at some of the ethics of male sexual identity; the politics of male sexual identity, male supremacy and moral selfhood.

One of the benefits of addressing the value-based issues is that there is a growing group of support for those who want to talk about and address men's issues. These support networks, like the one offered through the Men's Network, are community based and open to all. Men meet to support each other in dealing with their own personal struggles and journeys towards a more accepting and equal society.

Behavioral approaches, although effective, require follow-up and feedback in order to ensure that negative behaviours are extinguished and positive behaviours are reinforced. This is difficult practice given that so few groups provide follow-up. Administrative bodies tend to buy into behavioral approaches more readily as behavioral approaches appear to offer more direct examples of specific tools that will protect the community from further offending behaviour.

The control plan, anger control techniques, and relaxation training are all good tools. The men would give feedback that would suggest they were beginning to use some of this information in their daily lives, however, we would be constantly reminded in 'check-ins' that certain individuals were not making much headway. It is difficult to imagine that without the support of the group the men will be able to hold onto and practice the skills to which they have been introduced. However, that is the nature of the group: we run for only nine months, we are really only introducing concepts. The behavioral-cognitive work gets the majority of time. Given that the program is so tight in terms of time-lines I would like to see more time spent on this notion of moral responsibility.

Stoltenberg (1990) writes,

"In your counselling work, as you challenge men who have been abusive to confront, understand, and own their responsibility for what they have done, you are cracking through - bit by bit - the wall that has been erected between how a man acts towards others and his sense of who he is. Breaking down the wall is crucial. If it stays intact socially, so does the whole superstructure of male supremacy. If it stays intact personally, he'll never know his own connection to the very humanity he so far fails to recognize in the people he thinks don't matter." (p. 204).

5) THE EXPERIENCE OF WORKING WITH COURT MANDATED CLIENTS:

In order to understand how our participants came to be court mandated clients I needed to understand how the law deals with child sexual offenders. The following information comes from discussions with Brian and David, members of the group treatment program, and notes from a resource book put out by the Department of Justice Canada entitled 'Canada's Law on Child Sexual Abuse.' (1990).

There are 16 sexual offenses in the criminal code that could apply to child sexual abuse. The offenses that relate to the people within our program include the following: invitation to sexual touching; parent or guardian procuring sexual activity of a child; incest.

The definitions of the crimes in Canadian Law reinforce the fact that children need to be protected. Individuals who sexually abuse children are not able to avoid criminal responsibility by claiming a child 'consented' to the abuse. Children under 12 are never considered able to consent to sexual activity. Children 12 or more, but under 14, are deemed unable to consent to sexual acts except under specific circumstances involving sexual activity with peers. Young persons 14 or more but under 18 are protected from sexual exploitation, and their consent is not valid if the person touching them for a sexual purpose is in a position of trust or authority over them or if they are in a relationship of dependency upon that person.

The Criminal Code divides offenses into two categories: summary convictions and indictable offenses. Summary conviction offenses include: exposing genitals to a child; vagrancy; indecent acts. Indictable offenses include: parents or guardians procuring sexual activity of a child; owner, manager, or occupier of premises permitting a child to engage in illegal sexual activity; living off the avails of child prostitution; attempting to obtain the sexual services of a child; incest; corrupting children; sexual assault with a weapon, threats to a third party or causing bodily harm; aggravated sexual assault.

Summary convictions carry a maximum penalty of a \$2,000 fine or six months in jail or both. Indictable offenses have a maximum penalty of life imprisonment.

The law gives a judge a great deal of choice in deciding the most appropriate punishment for each case. Before sentencing an offender, the judge may ask for a pre-sentence report, which is usually prepared by a probation officer.

The judge can combine a prison term with a period of probation and require that the offender report to a probation officer regularly. Other conditions of a probation order can include participating in treatment, performing community service work or not associating with certain people, i.e., the victim. In the event that the person breaks the terms or conditions of probation, he is considered to have 'breached' the order. Breach of a probation order is a criminal offence.

By the time we see the offender for a program assessment he has already had a great deal of involvement with the legal system. Some of our assessments would take place in the prison and some would take place at the probation office. In either situation the offender is well aware of the power of the system and the seriousness of his crime. Many of the men described their feelings the day that the police came to knock on their door. It was interesting to hear them tell their stories because most of them knew it was just a matter of time before they were 'caught'.

Some of the men were given prison sentences and some were not. The power of sentence determination is held by the judge. The men in the group who did time for their crime resented those who did not. Society wants them all to do time. The men who served a sentence felt that although prison 'shocked' the reality of the situation into their minds and lives, prison did very little for them in terms of rehabilitation. Most felt that prison was a place that one just needed to survive.

Prior to the group I went for a brief tour of the Headingly Correctional Institute. It's old, it's steel, it's concrete, bars, locks, old men for guards, clocks, cots for beds and no birds or trees. I couldn't help but think this is a clear method of telling a person that what

they had done was wrong and they were going to pay for it. I also couldn't help but think this is a lonely place and that a person needs some sort of support at an early stage of the rehabilitation process. The group treatment program at the prison provides this support to a certain degree.

I'm curious as to whether it makes sense to treat a person who has had trouble understanding power and control by overpowering them and controlling them.

The 'Integrated Treatment of Child Sexual Abuse Program' put together by Henry Giaretto suggests that, based on the quality of the interventions provided by their program, sentences to prison are rare. Giaretto states that the offender may be sentenced to a few months in the county jail and/or placed on probation for a few years, ordered to pay a fine, and ordered to attend and participate in the CSATP.

The following was cited in Giaretto (1982) and is the account of a man who was arrested for sexually abusing his child. "When I first entered jail, my rehabilitation officer wanted to rehabilitate me. After two weeks of talking to me several times, he decided I should not be in jail, that I had no business being there. His thinking changed really fast. That made me feel really good about myself; consequently, I got him involved in the group that would eventually be called 'Parents United'. There was no rehabilitation involved in my treatment by the law. It was strictly punitive. They wanted their pound of flesh and they took it." (p. 265).

Following this man's prison term his 'no-contact' order was lifted and he was allowed to reunite with his family. The family had not been given any supportive counselling, and in time the family split up. This particular person began to see Henry Giaretto for counselling and, over time, began to play a central part in the organizing of the CSATP. With regards to prison terms and family resolution he offers the following:

"Offenders do not need to go to jail, and I hope we can keep them out. Some changes can be made in the system, but I am not on a band-

wagon to try to try to keep people in jail or out of jail, to keep them married or unmarried. What I do want is to be present for people when they are hurting and to have a group available for them. Primarily, I just want to be in contact with people who need us, and to keep doing this work."

(Giaretto p. 267).

The orientation of the CSATP program is to bring the family back together. Both of the parents and the victim are offered individual supports through the 'Parents United' program. This program is run mainly by volunteers. Intervention begins the moment allegations are made. It is estimated that in the first week following exposure, the family receives twenty-two hours of contact with persons in the program beginning with the initial contact with the police.

I have found it difficult to get a clear sense as to how the Province of Manitoba views treatment for the whole family in the event that a sexual offence has taken place. Men in our program are left 'hanging' as to what the future will hold in terms of any form of family resolution. Incest is a crime and should be treated as such; however, the system's response to the situation is weak at best in this province. There appears to be very little coordination of services between probation staff and child protection workers. The Child and Family Services Worker is left to determine the outcome of the family's resolution based on subjective criteria. It has been said that only the good Child & Family Services workers will call probation officers to do follow-up regarding an offender's progress in treatment.

Given that it is difficult to determine program success, it is difficult to determine the next step for the family after the offender has completed group treatment. It is even more difficult once one comes to realize that there are few treatment options for the victim, the non-offending parent and/or the family as a whole. Due to the ambiguity of the whole situation, services are fragmented and so is the family.

Initially I wondered whether or not the men who would be coming to our program would merely be 'working the system' and not caring a lot about treatment. I assumed they would be resistive and complacent, and only wanting to make it through the nine months. My experience for the most part proved the opposite. I found the majority of the men to be glad to be able to talk about their situation and to try and work through the events that led to the abuse. I found the majority of men to be motivated in wanting to tell their stories and try and put the pieces back together. Most of the men appeared to appreciate the opportunity to talk and felt that the counsellors were there to listen.

6) LEARNING MORE ABOUT GROUP COUNSELLING:

There are two elements of the group experience that stand out for me: the first is what it is like to co-counsel and the second is the effectiveness of group practice as a treatment modality.

Co-counselling in a group format is difficult in the event that you do not know the other counsellor. I believe it becomes further complicated when one of the counsellors is not familiar with the issues of the group. My intent within this practicum was to fulfil the role of co-counsellor as much as possible. In reality, for the majority of time I was more of an 'observer', as so much of the material was new to me. Although I had read a good deal of literature in the area, the practice perspective was very new to me. I found great comfort in the support of having two other counsellors available at any given time during the group.

As a practicum experience I was delighted with the outcome, as not only was I able to be a part of running a group, but I was able to learn from two experienced counsellors throughout the process.

In terms of the group as a form of treatment, I have a number of thoughts based on my experience. The first is that in the beginning I felt that it was very scary: these guys were big and old and had been busted. I knew that the group was supposed to be a good

forum for confronting men about their attitudes and behaviours. but the notion did not seem to sit to well with me when I first joined the circle.

I was so thankful for David and Brian's presence. I felt so very nervous when David began by explaining his background as part of the introduction. Within the same breath he summarized his view on what he felt was possible for the men within the group. Brian was next and he was equally as impressive. My mind was racing; I realized that I really didn't have any views on what was possible in terms of outcomes as I had never done this type of group before. I was also trying to decide if I should tell the men that I have experience in this field so that they would give me some respect.

I often jump into situations feet first and then try and figure out what is happening. This was the first time in my life that I felt so completely vulnerable because I really had no idea, whatsoever, as to what I was doing.

This experience was valuable on many levels. I have always pushed people I work with to just 'go for it' even when they felt they were not ready. I now understand their fear and anxiety. I was surprised that Brian and David would so often suggest that I 'hang back' a little bit longer (in terms of presenting or contributing), I'd never done that before. Once things got going I realized that it was really necessary for me to do so.

I learned that although the information that we present to the men needs to be kept simple, it is actually quite complicated. I loved the fact that it is complicated because it forced me to have to try and understand it.

With all of this happening, I wondered where it would all go. I realized quite quickly that the men in the group were as nervous as I was in the beginning. It is great to be writing this now, at the end of the group, and realizing how far the group has come in terms of cohesion. By the end of the group we knew each other quite well and were able to open that heavily-barred male door just a little bit more.

Some of the struggles that we faced through the group process included the following:

1) It was a constant struggle to stop the men from intellectualizing what was happening in their lives. The most consistent address from the counsellor to the participant was a request for the person to describe their feelings about a given issue. Although the participants would often 'kid' each other about their inability to express what their hearts were saying, I believe the effect of witnessing so many peers struggling with the same issue was profound. The group was, at times, a positive support in that members would confront one another if they felt that a person was not letting out the truth.

As much as we pushed the men to talk about their feelings, I was constantly reminded how slow our progress was when so often the men appeared to be unable to recognize and explain their feelings. More specifically I was surprised how many of the men would continue to intellectualize issues regarding victim impact.

Very few men seemed to have a good grip on what their victims were feeling. I suppose if the men are unable to be clear on what they are experiencing (emotionally), it is difficult to be able to understand what another person may be experiencing. Perhaps the only way to stay encouraged on this issue is to hold some hope that the men will continue to look for support following the group.

2) Some of the men are better than others at speaking and participating within a group. Those men who are able to speak openly may appear to be 'doing their work' more than the others. I find it a challenge to encourage all of the men to be given equal opportunity and respect to try and get their thoughts out.

Identifying feelings is a difficult task; doing it in front of a group is even more difficult.

I remember one of the men saying that he wants to get back together with his family but he is not sure what he is supposed to say to his social worker in order to make it possible. This particular person tends to present himself as being 'quiet' in the group and says that he has a difficult time opening up to a large group. One of the more 'open' members gave the advice that he should just tell the social worker 'what they want to

hear'. 'That you have a control plan, that you feel sorry for your victim, and that you'll never do it again.'

This feedback struck me on so many levels. He seemed to see the whole thing as a 'game'. Some men dominate the others, and the facilitator needs to be able to redirect thoughts all the time because what comes out from those who dominate is often the thoughts that got them where they are now.

3) The men seemed to understand that there was value in the lessons that offered specific skills to deal with their behaviours i.e. communication skills, relaxation techniques. The men seemed to have difficulty relating to the message which suggests that in order to create significant change one has to address one's attitudes and values. Many of the men hold on to traditional stereotypical views of men, women and children. These views are often reinforced by the men as a collective in the group experience. As facilitators, we needed to be able to constantly challenge the belief systems by which the men were operating. We needed to be on top of the group when the group would 'kid' or 'joke' about a given value. We needed to be able to judge where the group was emotionally when confronting any given statement.

CONCLUSIONS AND RECOMMENDATIONS:

The men in the group made some significant gains over the course of the program. There were times at which we felt that our work was being validated, i.e., when the men were giving examples of how the skills were helping them in their day to day lives.

There were times when we felt the men in the program were regressing and that we had made little headway. These examples often were presented within the check-in time. The process of creating change in people's ingrained values, attitudes and belief systems is a long road. Although we introduced the men to some valuable cognitive and behavioral techniques to control offending behaviour it is, impossible to know whether the men will continue to monitor their thoughts and feelings as diligently as they need to in order to

prevent themselves from re-offending. The men must make the choice to continue to monitor themselves and to seek support when things are not working out.

Society wants to be assured that the punishment these men have been given will stop them from offending. The completion of a jail term and group treatment does not give these men a certificate that proves they will not re-offend.

Group treatment programs for this population are in a precarious position. On the one hand, we are able to present studies that demonstrate the value of group treatment for men who have been abusive. On the other hand, we are not able to clearly demonstrate, in objective clinical terms, that treatment outcomes are successful. There are few treatment programs in North America for sex offenders. There are even fewer programs that are doing research and follow-up on the outcome of treatment.

Community-based group treatment programs are expensive. It is a challenge to justify expensive programs at a time when governments are trying to minimize costs. Public demand does not suggest that we would like to see sex offenders treated in the community rather than in prisons; the attitude of a large majority of citizens is 'lock them up or shoot them.'

Outcomes are hard to predict and treatment is expensive; however, prison terms are not the answer in terms of a treatment program for this population. We know that prisons are expensive and we know that they offer limited treatment opportunities. In hearing the family of origin stories of most of the men in this group, we are reminded of the cycle of violence. We are also reminded that these offenders are human beings and that they are going to need support to change what has happened in the past from happening again.

The program offered through North Probation is not a comprehensive treatment program. The men are treated in isolation from their families and in isolation from the victim. At the moment, there is no clear system for the men to work within in order to work towards resolution with their family. The Province offers fragmented supports that

vary from community to community. The underlying message appears to be that as a society we do not want to assist the broken family to come back together.

The model proposed by Giarretto is the only comprehensive example I have seen so far that deals with the issue of sexual abuse in the family. I have, however, read the works of other social work students who have done comprehensive treatment plans as part of their practicum.

I find this work sad because on the one hand, from reading the work of other students and meeting practitioners such as David And Brian, I believe we have some understanding of what we need to do to help this particular population, on the other hand, we are not doing it.

RECOMMENDATIONS:

1) I have commented within this report that it is difficult to evaluate the degree to which we meet our objective of ending the abusive behaviour. There is a need for research in this field to assist clinicians in coming to terms with what works and what does not. I imagine the answer would be that several treatment techniques would work best in combination with one another.

What research has shown us is that physical, emotional and sexual abuse is rampant. My first recommendation is that agencies need to develop prevention based-approaches. It is difficult to treat an adult who has been socialized in certain ways for so many years. It is somewhat easier to help children to learn to think about their roles within their relationships and the importance of equality. Presentations in schools and to community groups would be a good beginning for a more preventative model.

There was not a consistent treatment approach for the children who had been abused by the men in our group, some children received support and some did not. Most children would only receive treatment if they live in an area that offers treatment through the Child and Family Services Branch . Each one of the men in our program was abused as a child .

In order to stop the continuation of the offending cycle, treatment should be offered to the victim as soon as possible.

2) Services to families in which there has been abuse is fragmented in Manitoba. I believe that a consortium of service providers could be organized in which each agency takes a piece of the treatment package. As a consortium, the group would meet as a team to discuss progress and to determine future steps. At this point, most agencies are working in isolation, consequently supports to families are minimal.

Given that most couples will probably try and work things out on their own, we might as well try and help them to do it in the best way possible. My guess is that a lot of service providers are not going to believe resolution is possible and therefore, do not put in the effort. I do not believe that we can be the judge of the family's potential outcome. I believe that if families want to work towards resolution they should be given the supports by which to try it.

3) The North Probation program runs for nine months and covers a large number of topic areas and lessons. Most of these lessons end up being brief in nature and strictly introductory; therefore, a lot of information is covered but nothing is covered in depth. I would recommend that the program is either extended to allow for more intensive work or that the staff prioritize certain material and cover it in more depth.

My personal feeling is that the lessons on socialization are the most valuable but receive the least time.

4) At this time there is no follow-up to the group. Once the men are finished they are more or less on their own to either find further treatment and supports or to practice what they have learned in isolation. It is difficult to practice cognitive-behavioral skills without reinforcement. It is difficult to continue to address your values, beliefs and attitudes without the support of someone to challenge your thoughts. Follow-up support groups could assist the men with further learning and support should their triggers or cues to re-offend return.

APPENDIX A

ADULT OFFENDER TREATMENT CONTRACT

Between: Probation Services

77A Redwood Avenue

Winnipeg, Manitoba R2W 5J5

and: Name: _____

Date of Birth: _____

I hereby enter into this treatment contract with Probation Services to allow their staff to provide me with a specialized treatment program for my sexually offending behaviour. I have read, understand, and acknowledge that I am required to follow all of the conditions outlined below regarding my treatment and behaviour.

General Program Conditions:

1) I have signed an acknowledgment of non-offending confidentiality and understand that group leaders are required by law to report any/all offenses to the appropriate authorities.

Child and Family Services Act:

18(1)

Any person who has information that a child may be in need of protection shall forthwith report the information to the Director or agency and any person who fails to do so commits an offence punishable on summary conviction.

Duty to Report

18 (2) Notwithstanding the provisions of any other Act, subsection (1) applies even where the person has acquired the information through the discharge of professional duties

or within a confidential relationship, but nothing in this subsection abrogates any privilege that may exist because of the relationship between a solicitor and the solicitor's client.

2) I agree to sign the attached releases; each release has been explained and I agree to said releases.

3) If I sexually assaulted a member of my immediate family and plan to reunite with my family in the future, I will not do so prior to obtaining approval from group leaders, and/or agencies involved with my family.

4) I understand that the group leaders can be reached for emergencies after working hours by calling 945-0183 and requesting a group leader to contact me. I agree I will use this service only for a situation where it is essential for me to speak with a group leader immediately.

5) If my problem is child sexual abuse, I will not volunteer or be employed where this will involve children. I will not attend areas where children are present.

Assignments:

I will complete all reading assignments or homework given during group sessions to the best of my ability.

Attendance Conditions:

1) Attend all group sessions as scheduled, unless cancelled by group leaders. Arrive on time and be prepared to work.

2) Prior to being absent, phone contact must be made with one of the group leaders.

Leaving phone messages will not be acceptable.

ALLOWABLE LIMITS:

i) one missed session in first 8 weeks, with approval.

ii) weeks 9-48, 2 missed sessions, with prior approval.

iii) vacation time should be discussed prior to scheduled time of vacation.

3) I will notify one of the group leaders as soon as possible about any situation that affects my attendance or promptness.

EMPLOYMENT:

Unemployed: If I am legitimately unemployed, I will make every effort in seeking regular full-time employment.

Employed: I will maintain employment while attending group, and will notify group leaders of any change of employment status or location.

GENERAL BEHAVIOUR CONDITIONS:

1) I will have absolutely no contact with any victims. I understand that this includes physical, visual, written or telephone contact. I will also not directly or indirectly encourage anyone else to have such contact with any of my victims on my behalf. I also agree that I will not be in the vicinity of any location where I know a victim is or frequents, unless approved by Court, Probation Officer, Child & Family Services and/or other involved professionals.

2) I will not have in my possession or view any pornographic material at any time. I will not attend establishments that have 'exotic dancers, strippers'. I will completely avoid 'massage parlors' and any form of involvement with prostitutes.

3) I will not use drugs or alcohol to excess so it impairs my judgement regarding my behaviour. If I have an alcohol or drug problem I will be required to attend treatment.

4) I will always make every effort to structure my time so that I do not have too much time without any planned activities, especially if alone.

GROUP SESSION BEHAVIOUR

1) I will actively participate in group sessions. I understand that participation includes talking about my self and my behaviour, confronting others, bringing up important individual and group issues, and taking part in general group discussion.

2) I will never use the last names of my victims or anyone related to my victims during any group discussions and I understand that victims are entitled to confidentiality. I also understand that this rule does not apply to victims who are my natural or current stepchildren.

3) I will not attend any sessions while under the influence of alcohol or drugs. I agree that group leaders require that I do not consume any alcohol or drugs whatsoever 8 hours prior to group sessions.

4) I will not become verbally threatening or physically assaultive towards any group member, or leader whether inside or outside the office.

5) I will not laugh at or make light of any group member's or my own sexually aggressive behaviour and I will not purposely humiliate another group member.

HONESTY:

1) Honesty in group means more than truthfulness. In group it extends to openness. Being honest with the group will contribute to the group as well as the individual. Each group member is expected to be honest in group to the best of his ability.

2) I will be honest with my partner or fiancée regarding my history of sexual aggression. I understand that my partner may be contacted and interviewed by the group leaders.

3) I understand the importance of these principles of honesty and will make every effort to apply them to my daily living.

OTHER CLIENTS IN THE PROGRAM:

1) I will not disclose the identity of or any information regarding another client to anyone outside the program. If information is requested I will refer them to the group leaders.

2) I understand that I may be allowed to use the phone number of another group member. This contact outside the group must be consistent with my treatment program.

3) I will share with the group leaders the nature of any incidental contact I might have with another group member while outside of a treatment session and will do so at the very next scheduled session. I understand that if the other member involved does not bring up the outside contact, I must do so.

RE-OFFENDING:

I will not commit any type of criminal offence whatsoever. If I violate this condition, I will notify both the group leaders and law enforcement immediately of my offence.

VIOLATION OF CONTRACT:

1) I understand that my Probation/Parole Officer/Social Worker, will be notified immediately of violations of this contract determined to be more serious. I also understand the police department may be contacted if necessary to maintain victim or community safety.

2) I understand that any violation of the conditions of the agreement may be grounds for suspension or termination from the program at the discretion of group leaders.

3) I agree that the staff may terminate my treatment for any other problem behaviour not outlined in the contract.

Signed: _____

Date: _____

APPENDIX B

The Beck Inventory

Name: _____ Date _____

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group that best describes the way you have been feeling the past week, including today. Circle the number beside the statement you picked. If several statements apply equally well, circle each one.

1. 0 I do not feel sad.
 1 I feel sad.
 2 I am sad all the time and I can not snap out of it.
 3 I am so sad or unhappy I can not stand it.
2. 0 I am not particularly discouraged about the future.
 1 I feel discouraged about the future.
 2 I feel I have nothing to look forward to.
 3 I feel that the future is hopeless and I have nothing to look forward to.
3. 0 I do not feel like a failure.
 1 I feel I have failed more than the average person,
 2 As I look back on my life, all I can see is a lot of failure.
 3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
 1 I do not enjoy things the way I used to.
 2 I do not get real satisfaction out of anything anymore.
 3 I am dissatisfied or bored with everything.
5. 0 I do not feel particularly guilty.
 1 I feel guilty a good part of the time.
 2 I feel guilty most of the time.
 3 I feel guilty all of the time.

6. 0 I do not feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.
7. 0 I do not feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.
8. 0 I do not feel I am any worse than anyone else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all of the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I do not have any thoughts about killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would like to kill myself if I had the chance.
10. 0 I do not cry anymore than usual.
1 I cry more than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can not even though I want to.
11. 0 I am no more irritated than I ever am.
1 I get annoyed or irritated more than I used to.
2 I feel irritated all of the time now.
3 I do not get irritated at all by the things I used to.
12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.

13. 0 I make decisions about as well as ever.
1 I put off making decisions more than I used to.
2 I have greater difficulties in making decisions than ever before.
3 I cannot make decisions at all anymore.
14. 0 I do not feel I look any worse than I used to.
1 I am worried that I am looking older and unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.
15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can not do any work at all.
16. 0 I can sleep as well as usual.
1 I do not sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I do not get more tired than usual
1 I get more tired than I used to
2 I get tired from doing almost anything.
3 I am too tired to do anything.
18. 0 My appetite is not worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.
19. 0 I have not lost much weight if any at all.
1 I have lost more than five pounds.

- 2 I have lost more than ten pounds.
- 3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
- 1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
- 2 I am worried about my physical problems and it is hard to think of much else.
- 3 I am so worried about my physical problems that I can not think of any thing else.
21. 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

APPENDIX C

ABEL AND BECKER SEXUAL INTEREST CARD SORT

Instructions: Please *circle the number beside each statement* which best describes how you feel about that statement at the present.

- | | | | | | | | | |
|----|---|--|----|----|---|----|----|----|
| -3 | = | extremely sexually repulsive | | | | | | |
| -2 | = | moderately sexually repulsive | | | | | | |
| -1 | = | slightly sexually repulsive | | | | | | |
| 0 | = | neutral (neither sexually arousing nor sexually repulsive) | | | | | | |
| +1 | = | slightly sexually arousing | | | | | | |
| +2 | = | moderately sexually arousing | | | | | | |
| +3 | = | extremely sexually arousing | | | | | | |
| 1. | A 25 year old man and I are lying side by side naked touching each other all over. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 2. | I'm peering through a girl's window. She's an attractive brunette with a great figure; she's taking a shower. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 3. | I have an erection. My penis is between a 8 year old girl's legs. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 4. | I'm looking through the partially drawn window shades. I'm watching a woman sleeping. The covers have fallen off her nude body. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 5. | A beautiful woman is stroking my dick and balls as she lays beside me. We are both getting excited. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 6. | I'm standing over a woman I've just beaten up. She's bruised and bleeding. She can't move any more. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 7. | I'm lying on top of my son. I feel his hot body beneath mine as I kiss his back and feel his skin. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |

- | | | | | | | | |
|---|----|----|----|---|----|----|----|
| 8. A 10 year old girl and I are lying on the couch. I'm rubbing her soft skin, all over her body. I'm feeling her breasts. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 9. The subway train is extremely packed. I've really got a stiff hard-on. I'm face to face with a young woman, pushing my dick right up against her. She's trying to move away, but she can't. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 10. I'm pleading with a tall woman to stop hitting me with her belt. The pain is tremendous. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 11. I'm lying back naked on the bed with my daughter sitting on top of me. I'm stroking her naked body with my hands and pushing my fingers into her cunt. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 12. I'm pinching a 25 year old woman's breasts with pliers. She's beginning to bleed. She's crying. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 13. I see two good looking 22 year old girls walking down the street. I drive slowly by with no clothes on, rubbing my penis. I get excited as they look at me with disbelief. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 14. I followed a 20 year old blonde girl into the parking lot at the public library. I take my dick out and begin to beat it as she sees me and looks tense. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 15. I'm holding a burning cigarette butt against the big tits of a 30 year old brunette. She's screaming for me to stop. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 16. It's packed in the train and I've pinned a woman up against the people in front of her. I'm rubbing her ass with my hands. She tells me to stop. She can't get away from me. I just keep rubbing her. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 17. It's very crowded in the subway train. I'm facing a beautiful girl. I'm rubbing her tits and her crotch. She has a blank expression on her face. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 18. I'm unbuttoning my daughter's blouse. I'm feeling her small tits. She likes it. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |

19. I've pulled an attractive woman to the ground. I've pulled her panties off. I'm forcing my penis in her. She is screaming.	-3	-2	-1	0	+1	+2	+3
20. I've forced my way into an apartment. I've forced a brunette to take off her clothes. I'm raping her.	-3	-2	-1	0	+1	+2	+3
21. I'm lying on a deserted beach with a real handsome guy. He has wrapped his arms and legs around me. He really enjoys making love with me.	-3	-2	-1	0	+1	+2	+3
22. I have a hard on. My dick is between the legs of a young boy.	-3	-2	-1	0	+1	+2	+3
23. I would like to be a wife.	-3	-2	-1	0	+1	+2	+3
24. We're in the 69 position with me on top. I'm sucking a young guy's dick as he sucks mine. I'm starting to come.	-3	-2	-1	0	+1	+2	+3
25. A 12 year old girl is sucking my cock. I'm about to come.	-3	-2	-1	0	+1	+2	+3
26. I'm thinking about putting on some sheer nylon tights with no crotch. I'm feeling them in my hands.	-3	-2	-1	0	+1	+2	+3
27. I would like to have a good physique.	-3	-2	-1	0	+1	+2	+3
28. I have a woman spread eagled on the floor. I'm torturing her, burning her fingertips.	-3	-2	-1	0	+1	+2	+3
29. An attractive woman looks surprised as I tell her I'm going to rape her. I make her undress and put my dick between her legs as I hold her down.	-3	-2	-1	0	+1	+2	+3
30. I would like to be a mother.	-3	-2	-1	0	+1	+2	+3
31. I can feel myself getting turned on as my daughter hugs me. I want to screw her.	-3	-2	-1	0	+1	+2	+3
32. I would like to be a husband.	-3	-2	-1	0	+1	+2	+3
33. I've broken into a house. No one is home. I've found some women's underclothes and I'm putting on some cotton panties.	-3	-2	-1	0	+1	+2	+3
34. I would like to wear beautiful, feminine clothes.	-3	-2	-1	0	+1	+2	+3
35. I go by the girl's gym at college and look through the dressing room window. I can see several girls there, all partly undressed.	-3	-2	-1	0	+1	+2	+3

36. I feel my partner on top of me, with her knees holding my hips. She is moving up and down on my dick.	-3	-2	-1	0	+1	+2	+3
37. My son is curled up beside me in bed. I'm gently rubbing his small penis; he is getting an erection.	-3	-2	-1	0	+1	+2	+3
38. I've fucked a 25 year old woman. She has come again and again. She is thinking that I'm really great in bed.	-3	-2	-1	0	+1	+2	+3
39. I've gotten my son to rub my cock. I'm getting hard.	-3	-2	-1	0	+1	+2	+3
40. A beautiful woman is pinching my skin with pliers. I'm afraid she's going to pinch my balls with it, too.	-3	-2	-1	0	+1	+2	+3
41. I'm in my sister's bedroom alone. I'm pulling on a pair of beige nylon panties.	-3	-2	-1	0	+1	+2	+3
42. I'm forcing a well-stacked girl to hold still as I push my dick into her. She cries out as I rape her.	-3	-2	-1	0	+1	+2	+3
43. My hands and legs are tied up. The ropes are biting into my skin. A woman in high heeled black boots is coming towards me, snapping a whip in her hand.	-3	-2	-1	0	+1	+2	+3
44. I would like to be a woman.	-3	-2	-1	0	+1	+2	+3
45. I would like to have male genitals.	-3	-2	-1	0	+1	+2	+3
46. A 12 year old boy is sucking my cock. I'm about to come.	-3	-2	-1	0	+1	+2	+3
47. I'm following a woman off the subway train. I move in right behind her as she waits for the next train. The crowd moves forward onto the next train. I start to rub her ass from behind.	-3	-2	-1	0	+1	+2	+3
48. I'm chained to a wall. A woman in tall, black boots is holding a burning cigarette butt close to my nipples. She smiles as she brings the cigarette closer.	-3	-2	-1	0	+1	+2	+3
49. I'm lying face down on the ground. An attractive woman is sitting on my ass, slashing my back with a razor blade. I'm pleading with her to stop. The blood is gushing out.	-3	-2	-1	0	+1	+2	+3
50. A good-looking man is pressing against me as we kiss very tenderly. We hold each other close.	-3	-2	-1	0	+1	+2	+3

- | | | | | | | | |
|--|----|----|----|---|----|----|----|
| 51. I am following a nicely built blond, 18 year old girl down the stairs at school. I take my dick out, holding my books in front of it, and begin to beat it. As I follow her, I feel it get hard. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 52. A handsome man is lying on top of me in bed. He has his tongue in my ear and his hand on my dick. I'm really excited. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 53. I'm wearing a matching bra, panties and slip, all lacy. I'm touching and feeling the underclothes against my body. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 54. I'm standing naked beside the car. A 20 year old girl in a bikini is coming from the swimming pool. I feel my hard penis in my hand as she sees me and looks shocked. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 55. I've gotten a young boy to rub my cock. I feel it getting hard. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 56. I'm sucking my son's small dick. He seems to like it. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 57. A lovely little boy is curled up beside me in bed. I'm gently rubbing his small penis. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 58. I've lured a 9 year old girl into the house. She's really good looking. I'm pulling her shorts and underwear down. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 59. I'm lying on top of my partner. She is digging her hands into my back, lifting her ass up. She is really excited. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 60. I would like to have female genitals. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 61. I would like to wear masculine clothes. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 62. A 10 year old girl with long blond hair is holding my dick. She seems to be fascinated by it. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 63. I've got a young woman tied down in the woods. I'm sticking needles into her... | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 64. A girl in the women's bathroom has taken her clothes off. I've pinned her down. I'm starting to rape her. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| 65. I'm lying on a couch, wearing only my feminine underclothes, bright red panties, large-cupped bra, sheer hose, and see-through slip. | -3 | -2 | -1 | 0 | +1 | +2 | +3 |

66. At an apartment complex a 25 year old girl is just dressed in her panties. I'm looking at her through the window.	-3	-2	-1	0	+1	+2	+3
67. I'm looking from my upstairs window down into the apartment across the way. I can see a woman with big tits reading with a see-through negligee on.	-3	-2	-1	0	+1	+2	+3
68. I've walked out of the field house shower so a young girl can see me. The 13 year old girl is surprised as she looks at my penis.	-3	-2	-1	0	+1	+2	+3
69. My partner and I are in the bath tub. She is sitting between my legs, leaning back against me. I'm playing with her tits.	-3	-2	-1	0	+1	+2	+3
70. I would like to be a man.	-3	-2	-1	0	+1	+2	+3
71. There are very few people on the suburban train. I sit down next to an attractive woman and let my hand fall into her crotch. I start to rub her.	-3	-2	-1	0	+1	+2	+3
72. A 10 year old boy with soft dark hair is holding my dick. He seems to be fascinated by it.	-3	-2	-1	0	+1	+2	+3

SOURCE: For Abel and Becker Sexual Interest Card sort, Abel and Becker (1985),

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APPENDIX D
"SEX ROLES - LABELS" INSTRUMENT

Instructions:

Read through this list of words quickly, putting an "F" next to those that describe females and an "M" next to those that describe males.

adventurous	gossip	sexy
aggressive	good cook	soft
big	graceful	strong
boss	hairy	sweet
brave	hard	talkative
breadwinner	helpless	tall
cute	hero	tender
dainty	independent	tough
domineering	innocent	unmechanical
dumb	loud	wholesome
emotional	motherly	wicked
foxy	nagging	quiet
gentle	giggly	sensitive

Adapted from The Guidebook for Teaching Family Living, Lynne DeSpelder and Nathalie Prettyman, Allyn and Bacon, Boston, forthcoming 1979.

APPENDIX E

"WHO DOES WHAT" INSTRUMENT

How should jobs be divided in a relationship? Who has what responsibility?

Directions: Take this questionnaire alone or with a friend. For each statement, circle M (male), F (female), or B (both), based on who you feel should be responsible.

- | | | | |
|--|---|---|---|
| 1. Signs checks. | M | F | B |
| 2. Decides whether or not husband should take a new job. | M | F | B |
| 3. Earns family income. | M | F | B |
| 4. Decides what letters to friends need to be written or answered. | M | F | B |
| 5. Decides about insurance, savings, and investments. | M | F | B |
| 6. Does minor car repairs. | M | F | B |
| 7. Selects household furniture. | M | F | B |
| 8. Takes children to doctor. | M | F | B |
| 9. Moves heavy furniture. | M | F | B |
| 10. Does canning and freezing. | M | F | B |
| 11. Goes to PTA meetings. | M | F | B |
| 12. Gives spending money to children. | M | F | B |
| 13. Decides on children's gifts. | M | F | B |
| 14. Plans garden. | M | F | B |
| 15. Does mending. | M | F | B |
| 16. Decides whether family can afford vacation. | M | F | B |
| 17. Keeps track of family's social engagements. | M | F | B |
| 18. Decides when to have something special for dinner. | M | F | B |
| 19. Locks up at night. | M | F | B |
| 20. Makes or builds things as a hobby. | M | F | B |

Was this exercise easy for you or did you have difficulty making your choices? How did you decide on the answer? How would you resolve a difference of opinion if it arose in your relationship?

APPENDIX F

"RAPE QUIZ" INSTRUMENT

TRUE or FALSE

- | | | |
|---|---|--|
| T | F | 1. Rape is an act of sexual passion. |
| T | F | 2. A woman who is raped must somehow have asked for it. |
| T | F | 3. Rape is usually a spontaneous act. |
| T | F | 4. No woman can be raped against her will. |
| T | F | 5. Rapists are sexually deprived. |
| T | F | 6. A rape victim is usually chosen for her sexual attractiveness. |
| T | F | 7. Submission of the victim in a rape situation is consent to the act. |
| T | F | 8. Rape has little to no effect on the victim's family. |

CIRCLE THE CORRECT ANSWER:

- | | |
|--|---|
| 1. Reasons men rape: | A. Sexually starved
B. Crazy
C. To overpower and humiliate someone else |
| 2. Guns or knives are usually involved in rapes. | A. True
B. False |
| 3. The place rape usually happens is: | A. At home
B. In the woods
C. In dark alleys |
| 4. Men can be raped. | A. True
B. False |
| 5. Most people are raped by: | A. Someone they know
B. A stranger |
| 6. Rape is only a big city problem. | A. True
B. False |
| 7. People are asking to be raped when they are: | A. Hitchhiking
B. Wearing sexy clothing
C. None of the above |
| 8. Women often accuse innocent men of rape. | A. True
B. False |
| 9. Only young, beautiful, sexy women are raped. | A. True
B. False |
| 10. You can tell if someone might be a rapist by looking at him. | A. True
B. False |

APPENDIX G
PRETEST AND POST-TEST RESULTS

The Abel & Becker Sexual Interest Card Sort produced the following results for the participants (range: -3 = extremely sexually repulsive; +3 = extremely sexually arousing):

PRETEST

CLIENT	CATEGORY*														
	Ho	He	V	E	F	HoI	HeI	HoP	HeP	T	S	M	R	MSI	FSI
A	+3	+2	+1	-3	0	-3	-3	-3	-3	+1	-3	-3	-3	0	0
B	-3	+2	+2	+2	+2	-3	+1	-3	+2	+1	-3	-3	-3	+1	0
C	-3	+3	+2	+2	+2	-3	+2	-3	+2	+2	-3	-3	+1	+2	+1
D	-3	+3	+2	-3	-2	-3	+2	-3	+2	+1	-3	-3	-3	0	+1
E	-3	+2	+2	-3	-2	-3	-3	-3	-3	-3	-3	-3	-3	0	0
F	-3	+3	+2	-2	-3	-3	-3	-3	-3	-3	-3	-3	-3	0	0
G	-3	+2	+2	-2	-2	-3	-3	-3	-3	-3	-3	-3	-3	0	0
H	-3	+3	+2	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	0	0
I	-3	+3	+3	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	0	0
J	-3	+2	+2	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	0	0
K	-3	+2	+2	-3	-3	-3	-3	-3	-3	-3	-3	-3	-3	0	0

* Symbol Identification

Ho	=	Adult Homosexual	HeI	=	Heterosexual Incest
He	=	Adult Heterosexual	HoP	=	Homosexual Pedophilia
V	=	Voyeurism	HeP	=	Heterosexual Pedophilia
E	=	Exhibitionism	T	=	Transvestism
F	=	Frottage	S	=	Sadism
HoI	=	Homosexual Incest	M	=	Masochism
			R	=	Rape
			MSI	=	Male Sexual Identity
			FSI	=	Female Sexual Identity

APPENDIX H
PRETEST AND POST-TEST RESULTS

The Beck Depression tests produced the following results (a total score of 17 points would be an indicator of clinically significant depression):

CLIENT	PRE-TEST	POST-TEST
A	5	6
B	10	8
C	10	9
D	4	5
E	15	18
F	5	5
G	8	9
H	6	6
I	7	6
J	7	6
K	6	6

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