
PARTICIPANTS' PAPERS

TACKLING VIOLENCE AGAINST WOMEN AND CHILDREN THROUGH OFFENDER TREATMENT: PREVENTION OF REOFFENDING

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I. INTRODUCTION

As an integral part of the Hong Kong criminal justice system, the Correctional Services Department (CSD) strives to contribute towards a safer and more inclusive society. We commit to providing a safe and humane environment for persons in custody (PICs), facilitating reintegration of offenders by appropriate rehabilitation programmes, and launching public education activities to enhance the community's support.

It is inevitable that different groups of offenders in correctional institutions have their specific needs, which may vary significantly, depending on the characteristics of each group and the availability of resources.

In pursuing service excellence, all penal institutions are equipped and maintained with facilities and the prison regime designed for the best care of PICs. Moreover, to cater to the changing needs of PICs over the years, CSD has adopted a series of tailor-made rehabilitation programmes and specialized treatment as to motivate them for psychological change and to develop a positive and constructive lifestyle.

Alongside other classes of PICs, crime related to violence against women and children (VAWC) such as sexual offences, domestic violence and child abuse, is one of the typical groups in the correctional environment. This paper outlines the situation in Hong Kong, how CSD assesses and addresses the needs of this specific group, as well as the way forward.

II. SITUATION OF VAWC IN HONG KONG

A. Reported Crimes Related to VAWC

According to latest information released by the Hong Kong Police Force (HKPF), the overall crime figure in 2018 dropped to 54,225 cases, a decrease of 1,792 cases (3.2%) when compared with 2017. The crime rate measuring by number of crimes per 100,000 population stood at 728 cases, representing a new low since 1970.

The majority of the crime categories decreased, including robbery, burglary, theft, *rape*, serious drugs offences and triad-related crimes, etc. Meanwhile, other crimes on the rise included homicide, deception, blackmail, *indecent assault*, *domestic violence* and *child abuse* crimes. The increase of indecent assault crimes was mainly driven by cases that took place on public transport or a transport stations, while most of the domestic violence cases involved wounding and serious assault, criminal intimidation and criminal damage. In gist, sexual offences, domestic violence and child abuse constitute around 2%, 2.5% and 1.5%, respectively, of the total reported crime in Hong Kong.¹

Unlike other crime categories, it is anticipated that quite a number of child abuse cases were not reported to police, due to its comparatively lower severity as well as the relationship between the victim and the

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¹ Overall law and order situation announced by the Hong Kong Police Force. Between year 2014 and 2018, the total number and percentage of reported crimes in relation to sexual offences, domestic violence and child abuse is as tabulated:-

Year	2014	2015	2016	2017	2018
Total	67,740	66,439	60,646	56,017	54,225
Sexual Offences	1,171 (1.7%)	1,138 (1.7%)	1,090 (1.8%)	1,142 (2.0%)	1,162 (2.1%)
Domestic Violence	1,669 (2.5%)	1,464 (2.2%)	1,509 (2.5%)	1,394 (2.5%)	1,413 (2.6%)
Child Abuse	931 (1.4%)	898 (1.4%)	870 (1.4%)	847 (1.5%)	893 (1.6%)

abuser. As such, the Social Welfare Department (SWD) endeavours to provide support and assistance to local families for overcoming the trauma brought about by child abuse.²

With reference to a recent research compiled by SWD to the Legislative Council in early 2019, the prevalence of different types of abuse had gradually changed over past years with an increased number of neglect cases. In contrast, physical abuse was less frequent and reduced its lead over sexual abuse and neglect as the most common form of child abuse.³

B. Admission of VAWC Offenders to Correctional Facilities

The admission of sentenced persons in Hong Kong comprises around 1.5% of the persons in custody (PICs) who committed sexual offences.⁴ On the other hand, having considered the severity of offence and for the benefit of the victims, judges and magistrates usually impose non-custodial sentence, including Probation Order and Bound Over, on the offenders committing domestic violence or child abuse. Therefore, the number of admissions of such offenders to correctional facilities was deemed insignificant.

III. ASSESSING THE NEEDS OF PERSONS IN CUSTODY (PICs)

A. Risks and Needs Assessment and Management Protocol for Offenders

CSD recognizes the value of individuality and that, the differences of their individual needs could pose challenges to the security and safety not only at penal institutions but also in society upon their discharge. Due regard is therefore paid to address the different needs of individual PICs has to help facilitate their rehabilitation progress, and one of our initiatives which has been running over a decade is the evidence-based “Risks and Needs Assessment and Management Protocol for Offenders” (the Protocol).

The Protocol was implemented in consultation and development with our Canadian counterpart and local tertiary institution in October 2006.⁵ It involves a systematic assessment of offenders’ reoffending risks and their criminogenic / rehabilitative needs, i.e. breaking down the specific needs of and the according challenges to be posed by every individual PIC.

On one hand, “reoffending risk” is evaluated upon admission by rehabilitation staff and clinical psychologists by static attributes enlisted in an actuarial prediction table such as age at admission, nature of offence, number of convictions, history of drug abuse, level of education and employment status, etc. Assessment

² The Family and Child Protective Services Units (FCPSUs) of SWD are responsible for, among other things, assisting families with the problem of child abuse (including early intervention and statutory protection), formulating welfare plan with other professionals for the victims, etc.

³ The distribution of child abuse cases handled by SWD from 2014 to 2018:-

Year	2014	2015	2016	2017	2018
Total Cases	856	874	892	947	1064
Physical	413 (48.2%)	424 (48.5%)	378 (42.4%)	374 (39.5%)	493 (46.3%)
Neglect	122 (14.3%)	139 (15.9%)	182 (20.4%)	229 (24.2%)	237 (22.3%)
Sexual	285 (33.3%)	273 (31.2%)	294 (33.0%)	315 (33.3%)	297 (27.9%)
Psychological	6 (0.7%)	7 (0.8%)	10 (1.1%)	5 (0.5%)	11 (1.0%)
Multiple Abuse	30 (3.5%)	31 (3.5%)	28 (3.1%)	24 (2.5%)	26 (2.4%)

⁴ The admission of sentenced persons and percentage of PIC committed sexual offence in the year of 2014 to 2018 are as tabulated:

Year	2014	2015	2016	2017	2018
Total Admission	11,301	11,482	11,980	11,243	10,412
PIC (Sexual Offence)	202	149	195	114	126
%	1.8%	1.3%	1.6%	1.0%	1.2%

⁵ The Protocol was firstly implemented among young PICs and those who are detained at training centres, detention centres, rehabilitation centres and drug addiction treatment centres among which most are young offenders. It was fully implemented in 2010, covering all PICs of the drug addiction treatment centres, rehabilitation centres, training centres, and detention centre, and young PICs with sentence of three months or above and adult PICs with sentence of 12 months or above in prisons and psychiatric centre.

results help classify PICs into one of the three risk categories – “Low”, “Moderate” and “High” – which facilitates the institutional management to make according custodial and rehabilitative management on PICs in need for their being specially prone to threats of self-harm, escape and violence.

On the other hand, “rehabilitative needs” are assessed and regularly reviewed with the assistance of professionally designed sets of questions on the dynamic needs of PICs. With reference to academic studies and CSD’s statistics, a total of seven rehabilitative need-domains to be rated in terms of severity at four levels – “Considerable need”, “Some need”, “No need”, and “Asset” – have been identified to be particularly decisive to help PICs overcome challenges of reintegration into the community upon release:

- Family / Marital
- Employment
- Community Integration
- Social Network
- Drug Abuse
- Personal / Emotional
- Attitude on Delinquency

Subsequently, matching rehabilitative programmes including group counselling of six sessions specially designed to tackle the above needs, etc. will be provided by clinical psychologists and rehabilitation staff designated for the delivery of matching programmes, in connection with the specific needs identified from individual PICs. It aims to help those in need to re-establish family relationships, improve social skills, enhance job search skills, correct their delinquent thinking, manage their emotions, enhance the understanding of community support and/or handle their drug abuse habit, etc.

The participation in the programmes is on a voluntary basis and thus the effectiveness highly depends on the extent of motivation and commitment of PICs. To this end, the protocol-based individual counselling and “Motivation Enhancement Group” are tailor made for PICs apart from constant encouragement by rehabilitation staff. Counselling booklets related to the need domains will be provided to PICs in need but who refuse to participate in matching programmes before discharge.

By enhancing our understanding of the genuine needs of PICs, CSD has developed to address the needs of specific groups of PICs and also the practices adopted to help them reintegrate into the community. In later sections, the particulars of the specific groups as well as the rehabilitation programmes and psychological services rendered to enhance the psychological well-being of offenders will be further illustrated.

IV. REHABILITATION PROGRAMMES FOR VAWC OFFENDERS

A. Sex Offender Evaluation and Treatment Unit (ETU)

Studies suggest sex offenders, through media portrayals and cultural representations, are more prone to internalize themselves as the excluded group subject to verbal or physical bullying during incarceration (McAlinden, 2007; Ricciardelli, 2014). In the context of Hong Kong, while safe custody is provided to every PIC, PICs in need, including sex offenders who might have misconstrued worries about their own safety, could make applications for removal from association and separate confinement for safety concerns.⁶ Due efforts of counselling are to be provided to them to facilitate their adjustment to normal penal environment and return to association with other PICs as soon as appropriate.

Such worries distinctly found in sex offenders hint, indeed, at the biggest challenge to sex offenders in the aspect of rehabilitation. As shown in an internal review conducted by our Psychological Services Section in 2011, over half of the assessed sex offenders displayed problems specifically associated with their offences such as mood management, sexual attitude, intimate relationship, victim empathy and sexual deviance (Lee, 2011). To cater for the special and very likely, pathological needs of sex offenders, the “Sex Offender Evaluation and Treatment Unit” (ETU) has been initiated and set up at Siu Lam Psychiatric Centre (SLPC), a CSD managed psychiatric hospital. It is within a discrete unit that provides a special therapeutic environment to promote mutual care and support among the participants for psychological change. It also serves as a resource centre for developing psychological programmes for sex offenders.

⁶ PICs with genuine concerns about safety could make applications for removal from association. Examples include a serving law enforcement member before conviction, Government witness against other accomplices in a court case, convicted of very heinous offence that arouse public resentment, cases explicitly directed by sentencing judge, etc.

Adhered to the international standard for accreditation of sex offender programme which provides fundamental research and theory backup of the risk management approach to managing incarcerated sex offenders, ETU delivers comprehensive psychological assessment and treatment to sex offenders in need of the programme who will, upon completion of psychological service of various kinds, return to the usual penal environment to serve the remaining sentence.

Step one is assessment in which all eligible sex offenders upon being sentenced to an imprisonment term are transferred to ETU for attending the “*Sex Offender Orientation Programme*” (SOOP). The routine referral procedure lasts two to four weeks, and renders the participants non-confrontational psychological assistance for treatment readiness, and sexual reoffending risk assessment via group discussion, homework assignment, interaction with sex offenders undergoing treatment programmes in the therapeutic environment, videotaped sharing of ex-ETU inmates and formal clinical interviews, etc. It aims at reducing their resistance to psychological service through normalization. Sex offenders assessed to have high risk will be assigned to the “*High Intensity Programme*” (HIP) which ranges from 12 to 14 months for treatment purpose on a voluntary basis. Those with moderate risk will be in the six-to-eight-month “*Moderate Intensity Programme*” (MIP). Low-risk sex offenders will return to normal prison after receiving general advice from psychological staff.

Both MIP and HIP target criminogenic needs empirically correlated with sex offending behaviour in the treatment process, so as to help the participants manage their negative emotions and sexual urges, rectify thinking errors, respect and understand others, orientate themselves towards a more satisfying and pro-social lifestyle, and to develop practical skills for relapse prevention, etc. There are seven modules for MIP, namely, (i) understanding personal offending behaviour, (ii) enhancing self-esteem, (iii) identifying and modifying thinking errors, (iv) mood management, (v) relationship skills training, (vi) handling deviant sex interest, and (vii) developing self-management plan. Two modules, namely group preparation & introduction and victim empathy training, are added in HIP.

For sex offenders assessed to be of moderate or high risk of sexual reoffending, but with remaining sentences insufficient to complete MIP or HIP, “*Short-Term Programme*” is provided to introduce concepts and skills for prevention of reoffending through psycho-education within the brief treatment period of about three to five months. The delivery mode relies on regular assignment of therapeutic exercises and individual or group follow-up sessions. On the other hand, the “*Booster Programme*” (BP) is designed for sex offenders having completed MIP or HIP with remaining sentences of four to six months and referred by our clinical psychologists. A four-month pre-release treatment programme, BP includes a series of group therapy sessions with regular assignment of therapeutic exercises with the aim to revising and detailing the self-management plan upon discharge as well as reinforcing previous treatment gains.

The ETU treatment programme not only aims at rectifying the participants' emotional and psychological problems, but also enhancing their strengths. For example, the development of healthy sexuality is emphasized in addition to the treatment of sexual deviance. To facilitate the development of a positive life, group activities with themes based on the notion of Positive Psychology, such as gratitude and appreciation, are organized regularly to cultivate positive thinking and emotions.

Sex offenders are supported by community involvement too. To help facilitate effective rehabilitation, referrals to schemes for sex offenders in the community such as the Community Support Scheme by Caritas Hong Kong would be made upon discharge on a voluntary basis.

B. Violence Prevention Programme (VPP)

Violent offences, such as murder, manslaughter, wounding, domestic violence and child abuse, may cause grave and irreversible harm to the victims and the society. As such, CSD has specifically designed the “*Violence Prevention Programme*” (VPP) for adult male PICs who have committed violent offences with a view to managing their violent reoffending risk after discharge. The programme includes systematic psychological assessment and treatment provided by clinical psychologists, which aims at enhancing prosocial thinking, assertive communication and effective problem solving. They are guided to practice the newly learned skills during their incarceration so as to live a non-violent life upon reintegration into society.

With reference to the best practices of renowned international correctional institutions and taking into

account the characteristics of violent offenders in Hong Kong, the VPP is developed as a comprehensive treatment programme based on psychological theories and scientific evidence. The VPP consists of ten modules, of which “*Cognitive Restructuring*” and “*Relapse Prevention*” are the two core modules arranged for every participant.⁷ The other modules are assigned to participants according to the assessed violent reoffending risk and treatment needs. Participants assessed to have higher risk and needs will be assigned more treatment modules and for a longer treatment period.

The VPP is grounded in Cognitive-Behavioural Therapy. Through a series of activities, including group therapy, treatment manuals and role-play, participants will be able to learn and consolidate various psychological skills to reduce the use of violence in future. Participation in the VPP is also on a voluntary basis.

However, some PICs who have committed violent offences are given a longer sentence, even to life imprisonment. It is not uncommon that some programme participants have to continue to serve their sentence after completion of the VPP. To meet such specific needs, clinical psychologists render the *Maintenance Programme* on a regular basis. Based on the Good Lives Model (GLM),⁸ the programme promotes their strengths and resources on the road to rehabilitation through various group activities in order to consolidate their treatment gains and sustain their motivation for positive change.

Moreover, with reference to the latest scientific research, new elements have been incorporated in the VPP to enhance the treatment effectiveness. In recent years, clinical psychologists have employed *mindfulness meditation* to improve participants’ moment-to-moment awareness and self-control when experiencing intense emotions like anger arousal. Through mindfulness training, it is hoped that participants will be able to rebuild autonomy towards their thinking, emotions and behaviours, and refrain from habitual violence.

C. Life Gym ~ Male-specific Psychological Services

The “*Life Gym*”, a Positive Living Centre for Men, the first psychological treatment programme specialized for male PICs, was launched in November 2018. Life Gym aims at providing male-specific psychological services with a view to developing a pro-social and healthy lifestyle as well as promoting positive masculinity in male PICs.

The programmes consist of thorough psychological assessment and a range of specialized treatment programmes, such as activity-oriented skills-training, digital treatment and family-centred intervention, that target male-specific treatment needs through a strength-based and holistic approach. It provides a special therapeutic environment within a discrete unit, which fosters mutual care and support among the participants so as to motivate them for psychological change. It also serves as a resource centre of CSD to study the psychological needs of male PICs for enhancing male-specific psychological services.

The psychological treatment modules include rectifying criminal thinking, anger management, problem-solving training, assertiveness training, promoting positive family and social relationships, cultivating healthy lifestyles, reoffending reduction and violence prevention. In view of males’ low help-seeking tendency and an inclination to keep things to themselves, innovative elements have been integrated into the male-responsive treatment strategy of Life Gym.

There are four programmes that will be delivered to participating PICs at different stages including the “*Orientation Programme*”, “*Intensive Program*”, “*Maintenance Programme*” and “*Psycho-Education Programme*”. Highlights of Life Gym’s innovative elements are:

⁷ The VPP consists of ten modules: (i) Cognitive Restructuring; (ii) Relapse Prevention; (iii) Understanding Violence; (iv) Anger Management; (v) Assertiveness Training; (vi) Conflict Resolution; (vii) Problem Solving; (viii) Empathy Training; (ix) Healthy Intimate Relationship; and (x) Child Protection.

⁸ The GLM is a strength-based rehabilitation framework that enhances an individual’s personal functioning for using appropriate ways to achieve goals in life. Criminal behaviour results when individuals lack the internal and external resources necessary to satisfy their values using pro-social means. In other words, criminal behaviour represents a maladaptive attempt to meet life values (Ward and Stewart, 2003). Rehabilitation endeavours should therefore equip offenders with the knowledge, skills, opportunities, and resources necessary to satisfy their life values in ways that do not harm others.

- Virtual Reality (VR) Training – CSD launched its first use of VR in psychological treatment of offenders. The VR scenarios that depict provocative situations commonly encountered in the community will provide an opportunity for the participants to practice anger management skills for resolving conflicts or preventing violent behaviour.
- Activity-Based Intervention – To develop problem-solving skills, communication skills and alternative thinking in game situations, a host of fun activities and competitive games such as video games, board games and group activities will be arranged.
- Therapeutic Sports Activities – In view of a close linkage between physical and psychological health, therapeutic sports activities will be jointly arranged by the clinical psychologist and professional physical education instructor for PICs to foster healthy lifestyles, relieve stress and boost self-esteem.
- Towards Positive Living – Life Gym adopts the internationally recognized Good Lives Model. A variety of psychological activities such as “Good Life Drawing” will be arranged to help the PICs set different life goals and use pro-social means to achieve these personal goals in order to stay away from crime and develop positive living.

D. Statutory Supervision – Post-Release Supervision of Prisoners Scheme (PRSS)

PICs eligible for PRSS include adult prisoners serving sentences of six years' imprisonment or more and those sentenced to two years' imprisonment or more for specific types of offences, e.g. triad-related offences, *sexual offences* and *crimes of violence*. Given the nature of their offences and the length of imprisonment, these PICs may need more attention and advice in re-adjusting to normal life in society after discharge. PRSS aims at providing these discharged offenders with guidance and assistance to help them reintegrate into society and lead a normal and productive lives, thus reducing recidivism.

The Post-Release Supervision Board (the Board) is an independent statutory body established on 30 November 1996 under the Post-Release Supervision of Prisoners Ordinance, Cap. 475, to administer PRSS. The Chairman and members of the Board, including a psychiatrist, clinical psychologist and barrister / solicitor as well as representatives from CSD, HKPF and social welfare services sectors, are appointed by the Chief Executive of Hong Kong. The Board considers granting post-release supervision to eligible PICs by making supervision orders and applications for variation, suspension or discharge of these orders.

The Board considers each case on its own merits in determining the length of supervision. However, the supervision period shall be no longer than the remitted part of the PIC's sentence. In general, a minimum supervision period of six months is needed to provide adequate time for the supervising officers to guide and assist supervisees to reintegrate effectively into society as law-abiding citizens. The Board takes account of a PIC's age and background, previous convictions, nature of the index offence, sense of remorse, behaviour in prison, family support, physical and mental condition and any other relevant factors before coming to a decision as to what is the best for the prisoner and the public interest.

A supervisee has to comply with the conditions set out in his supervision order, including the conditions that he shall be of good behaviour, reside at an address approved by his supervising officers, undertake only such employment as approved and meet with his supervising officers at least once a month and so on. Depending on individual circumstances, the Board may impose additional conditions, such as the requirement for receiving psychiatric and/or psychological follow-up treatment.

Each supervisee is assigned to a team comprising two officers from CSD and one officer from SWD. Prior to discharge, the supervising officers will assist them in making better preparation for return to the community, such as temporary hostel accommodation (at halfway houses) if requested. The supervising officers will visit the supervisees regularly at their home, workplace or any other places to provide counselling and assistance to help the supervisees deal with any adjustment problems encountered. In addition to job referrals, the supervising officers also refer the supervisees to attend training courses run by NGOs to enhance their employability. Arrangement of psychiatric and/or psychological follow-up treatment is provided where required.

If a supervisee has without lawful authority or reasonable excuse failed to comply with any term or

condition of his supervision order or is likely to commit an arrestable offence, the Board may issue a temporary recall order to recall the supervisee to prison temporarily. Once the supervisee is apprehended, the Board must convene, within 14 days from the detention of the supervisee, to decide whether the supervision order of the supervisee should be suspended, and if so, for how long.

Success rate means the percentage of supervisees who complete the statutory supervision without reconviction. The Success Rate of PRSS has gradually reached 95% in the past five years.⁹

V. CONCLUSION

Although VAWC PICs are comparatively a minority in number of the penal population in Hong Kong, CSD has spent every effort and resources to ensure that all of them under our custody are treated equally in terms of custodial programmes as well as tailor-made rehabilitation and psychological services to meet their specific needs.

A. The Way Forward

In order to better accommodate the psychological attributes of the VAWC offenders in Hong Kong and further enhance the validity and reliability of psychological evaluation, CSD will continue the research work to perfect the localized assessment tools for accurate reoffending risk and treatment needs assessment, and strive for the development of psychological assessment and treatment suitable for VAWC PICs in Hong Kong.

Moreover, PICs who have been sentenced to life imprisonment for serious sexual or violent offences commonly experience immense psychological stress during their early stage of incarceration. In particular, they usually have major adjustment difficulties with a strong sense of hopelessness and loneliness. In the near future, the “*Violent Offenders Orientation Programme*” will be, therefore, specifically developed for the newly admitted life-sentenced violent offenders with a view to facilitating their adjustment in correctional institutions, acceptance of life sentence and adaptive coping with emotional distress. Another objective is to enhance their motivation for psychological treatment at the early stage of incarceration.

To conclude, safe custodial management and rehabilitation programmes are to be appropriate which means, among others, addressing both the common grounds and special needs of VAWC PICs. Coupled with the determination of PICs to turn over a new leaf and community support, CSD believes that efforts of addressing PICs’ needs and their successful reintegration could bring every one of us a safer and more inclusive society, and lead us towards a true state of social harmony.

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⁹ The success rate of PRSS from 2014 to 2018 are as tabulated:

Year	2014	2015	2016	2017	2018
No. of Expired Case	262	279	285	280	337
Success Rate	90.5%	86.7%	92.6%	90.0%	95.3%