

HOW DOES GROUP COGNITIVE BEHAVIOURAL THERAPY PREVENT SEXUAL OFFENDER RECIDIVISM?

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I. INTRODUCTION

The phrase, “support for offenders” makes us uncomfortable. Is it necessary to support offenders, rather than victims? This is a natural question. It is hard to say that currently there is enough support for victims. In some people’s opinions, support for offenders should not be prioritized over that for victims. When it comes to sexual offenders, such an opinion seems more justifiable.

When we examine the goal for supporting offenders, on the other hand, the primary aim is to prevent recidivism of the offenders. Those who receive the greatest benefit are ordinary citizens who have the potential to be assaulted by the offender who might commit any crime again in the future, rather than the offenders themselves. In other words, “support for offenders” is indeed activities for offenders but is also regarded as one of the initiatives for protecting the society. We cannot conclude that we do not have to treat offenders just because victims are not supported sufficiently. If there is an efficient method to prevent any possible damages in the future and we are prepared to implement it, what we need to do is just do what we can.

I have worked for correctional institutions for adults as well as minors (both are under the Correction Bureau, the Ministry of Justice), and have assessed and treated offenders as a clinical psychologist. I often had experiences to make me doubt the goals or significance of offender treatment, and every time I have such a doubt, I ask myself the question stated in the beginning and repeat an internal argument. It is such an important point for me that I cannot start to prepare this paper without confirming the question stated above. Based on the question, I would, focusing on sexual offenders, like to express my opinion about why psychological therapy for sexual offenders is effective in terms of recidivism prevention and what is necessary to make it effective, and as well I would like to explain the significance of promotion of feasible damage prevention measures along with provision of psychological therapy.

II. SEXUAL OFFENDER TREATMENT IN JAPAN

It was in May 2006 that correctional institutions in Japan established a system to provide a comprehensive treatment programme over a period up to 11 months as special guidance for inmates convicted of sexual offences. The measure was a response to growing calls for better recidivism prevention guidance at prisons, as a released inmate had kidnapped and murdered a school age girl in Nara in November 2004, and against the background of enforcement of the Act on Penal Detention Facilities and Treatment of Inmates and Detainees in 2006 in place of the Prison Law enacted in 1908. Based on the findings of a sexual offender treatment programme study group established in April 2005, sexual offence recidivism prevention guidance was introduced into prisons, which followed a group cognitive behavioural therapy programme of Canada where offender treatment is advanced. Group cognitive behavioural therapy was adopted because it was regarded an optimum choice from viewpoints of recidivism prevention effects and cost performance (Correction Bureau and Rehabilitation Bureau, the Ministry of Justice, 2005).

At that time, there were questions from the media highly interested in sexual offender recidivism prevention, such as why group cognitive behavioural therapy can prevent participants from reoffending, and about what participants are talking in the programme and what would happen to the participants. My verbal explanation failed to make reporters fully understand what the programme was like. There were many

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requests from reporters to disclose how the programme was implemented, but this was not realized because it would be difficult to understand the whole programme by observing only a part of the programme that continues for up to 11 months, and also it would be difficult to gain participants' consent to be observed by outsiders who might hate them. As a result, there was a sceptical report that it was uncertain whether the programme would be effective or not, although it had been developed by introducing a good method from abroad. Another report said that it was doubtful that only talking in a group could prevent sexual offenders from reoffending or that the programme would not be meaningful, as the participants surely pretend to regret their offensive behaviour.

In December 2012, when six years had passed since the start of the sexual offender treatment programme at a correctional institution, the Correction Bureau, the Ministry of Justice published an evaluation study of the effects on those who were released during a period of three and a half years after the introduction of the programme (Correction Bureau, the Ministry of Justice, 2012). The number of subjects of the study (treated group and non-attendant group) was 2,147 people, including 423 recidivists who committed any type of offences (19.7%) and 224 recidivists who committed sexual offences (10.4%). Since the number of recidivists was relatively small, there were only a few items that showed significant differences between the treated group and the non-attendant group. However, when comparing estimated recidivism rates of all types of offences between two groups during a period of three years after release, the rate for the non-treated group was 29.6% and the rate for the treated group was 21.9% (significant at the 1% level). Accordingly, the treatment programme had a certain recidivism prevention effect. As data are being collected since the publication, the next report based on an increased number of subjects is eagerly awaited.

III. REALITY OF THE SEXUAL OFFENDER TREATMENT: REASONS WHY THEY COMMITTED SEXUAL OFFENCES

What do participants do in the sexual offender treatment programme? About what do they talk while gathering in a group, and why does such a talk prevent recidivism? Sexual offenders are a heterogeneous population compared to other types of offenders, and they vary in terms of the process required for recidivism prevention and their motive (Kidaka, et al., 2017). However, based on the variety, I would like to find something in common.

Participants in the sexual offender recidivism prevention programme (hereinafter called the "participants") first take time to realize why they committed the offences. Reasons for the offending behaviour should have been clarified during the investigation and the trial, as a phrase "all-out efforts are made to investigate a motive" is often heard in the reports after an offender is arrested. When we asked sexual offenders their motives at the beginning of the treatment, however, very few of them understood the true reasons for their offences. Some simplified their motives as increased stress or sexual desire, while others denied their intent to assault by saying that they thought they had gained the victim's consent. Such poor understanding has various reasons. In this report, I would like to discuss two points: (1) naturally, motivations for offending behaviour cannot be expressed briefly; and (2) there are various motivations that participants are not willing to admit.

First, it is difficult to express the reason for offending briefly, referred to above in point (1). In general, when exploring motivations for offending behaviours, we often focus on the movement of minds for a relatively short period just before the assault, such as "getting angry with some behaviour displayed to them" and "getting stressed out." However, in many cases, these are only triggers, not true motives for the offences. It is usually thought that an offender's decision-making mechanism to resort to a violent act triggered by some cause has been developed ceaselessly from a young age based on childhood experiences or human relationships when they were students or after they went into the society. People have, in the course of living, created their own perspectives, sense of values, expectations for others and the outside world, self-image, prospects, or other framework from experience, and become equipped with them. The totality of these factors has an important role in deciding whether they hurt somebody when faced with an incident that may act as a trigger. Since a sexual assault is so unreasonable for a victim, we are apt to expect offenders to express their motives as a kind of an excuse. However, in order to show an accurate motive, the offender must explain such mechanism in detail, and giving a brief explanation is far more difficult than we expect. Like reasons for acts to harm others, people who have committed drug abuse, wrist cutting, and excessive eating and self-induced vomiting from eating disorders cannot well explain the reasons for these

acts.

Next, let me move on to point (2), it is difficult for participants to face many of the motivations. I would like to explain this point by examining some examples.

Mr. A committed sexual offences as if venting anger or hostility which should have been directed to certain people but he could not. Mr. A seemed to be a good person to people who were close to him. However, he was so anxious about not being accepted by them if he betrayed their expectations. Therefore, out of fear, he kept pretending to be a good and kind person. He felt he became smaller and weaker while pretending to be a good man, which made him feel hurt, and his anger accumulated. For Mr. A, a sexual offence represents anger and functions as means to feel he had strength.

Mr. B committed a sexual offence in order to temporarily relieve his loneliness or solitude that he felt because he was not accepted by the people around him. In order to justify the sexual offence, he denied and ignored the rejection of a victim and tried to stay in a fabricated world in which the victim would not say no to him. It can be said that Mr. B has lived a life without a sense of reality because he interpreted other people's feelings, relationships with others, or other matters at his own discretion, and tried to make his story consistent.

Mr. C was too much hurt and depressed with something beyond the stress. In order to gain an intense emotional experience that could relieve the hurt and shake off such depression, he committed a sexual offence. Mr. C was overwhelmingly too obsessed to notice others' pains or feelings. We could say that he was addicted to sexual offences like drug abuse, and tried to survive by only thinking of sexual offences and actually committing them.

Each of the cases above indicates that reasons for sexual offences are closely related to the weakness, hurt, disappointment, and reality that offenders do not want to face. There are quite a few people who have committed sexual offences so that they can avert their eyes from reality. Furthermore, it is known that many of those who commit sexual offences or other felonious and violent offences fail to cultivate the ability to understand and calm their feelings properly or express them verbally. We can understand that, when participants try to explain the reasons for sexual offences in an easily understandable manner, they only present tentative answers as required. They do not know any truth in themselves. Giving stereotypical answers does not mean that they intend to protect themselves or evade their responsibilities.

The treatment programme should give participants opportunities to make them look at problems they have avoided thinking about or they have wanted to ignore if possible. For that purpose, it is necessary that participants trust therapists and group members, and also themselves to tackle and overcome the problems. At the beginning of the programme, we concentrate on creating trust in both other members and themselves. Conversely, participants cannot explore a true reason for their sexual offences without having a certain level of confidence in other members and themselves.

IV. REALITY OF THE SEXUAL OFFENDER TREATMENT: LIFE WITHOUT COMMITTING ANY SEXUAL OFFENDING

When participants have focused on motives for sexual offences and understood what they wanted from sexual offences to accept the reality of their own, they move into the next stage to examine how they can live without committing any sexual offences. A sexual offence is merely one of the problems rooted in their own lives, which has come to the surface. Offenders cannot pick up only a sexual offence-related problem to eliminate from their histories or cannot live a future life as if there were no sexual-offence related issues in them. Accordingly, in many cases participants are required to make such a drastic change in their way of living.

Kidaka, et al. (2017) showed words of a participant, a sexual offence recidivist. He said that he hated himself for having been imprisoned repeatedly, but he would have nothing left without sexual offences, and he felt that he had lost the meaning in his life. He cannot picture his life without sexual offences while wishing to stop being an inmate. He even lost the hope to live a life without committing a sexual offence. Although this is an extreme case, any participant has somehow hesitation or doubt whether his life would turn for the

better. Even though they move on toward improvements, some of them may return to the unstable state mentioned above.

Participants have a lot of things to do, change, and acquire so that they can live better lives without committing sexual offences. Although such an attempt makes participants feel burdened, it helps participants have a positive outlook for future improvement by tackling tasks one by one. Therapists are required to encourage the participants to choose a realistic or relatively achievable task among all and keep showing them that keeping on making efforts for a change would make them stay away from sexual crimes. After completing the programme, the participants themselves display their reality-testing ability to set their own agenda and try to keep making efforts.

Bill Marshall, a leading expert on sexual offender treatment, mentions four points as characteristic of an instructor who has an influence on participants to change: a therapist who is (1) empathetic; (2) warm; (3) rewarding desirable changes; and (4) somewhat directive. He pointed out that necessary factors for effective sexual offender treatment are the same as those required for a therapist in general psychotherapy (Marshall, 2005). Whatever task people may tackle, it is difficult for them to keep making efforts to change as they want. Therefore, it is natural that conditions for a therapist to function effectively are the same as those for a general therapist. When supporting offenders, a therapist is also required to deal with them based on the recognition that they have difficult problems and they need support in order to keep making efforts.

V. POWER OF A GROUP

Participants bring certain patterns of human relationships developed in their lives to a place of group activities. Some display wariness and resist communication, and some put on a brave front and devalue the others by always boasting about themselves. Some behave amiably with a smile but hide their true feelings. Some reveal too much emotion earlier than usually expected. Others express their emotions as little as possible to suppress their reaction and check the others. These behavioural patterns are familiar to the participants, but in many cases some of them are dysfunctional because they give people a push to commit sexual offences. Shimada (2017) noted an important point for cognitive behavioural therapy. He said it is necessary to focus not on whether the offender's behavioural pattern is factual, or socially desirable, but on whether it pushes sexual offence behaviours in certain circumstances, which is the target of change. A group activity is used for discussing and clarifying a participant's attitude, sense of values, way of interpreting an event, human relationships, and how to express emotions, all of which may function as a push to drive the participant to sexual offence behaviours. At the same time, it is necessary to offer an opportunity where participants can try another new pattern of behaviour.

Since participants, as inmates, live in prisons which have a unique culture, and they can distance themselves a little from their familiar thinking style or pattern of relationships which were adopted in society. If by taking advantage of the distance a participant tries a different pattern and acquires it to the level that he can use it in real society, a prison may be regarded as a good place for such group activities.

In order to maximize benefits of group activities, group members are, in many cases, obliged to observe rules. Although rules usually differ by group, many of the sexual offender treatment programmes in correctional institutions adopt three rules, such as (1) to be considerate toward each other; (2) to speak frankly; and (3) to maintain confidentiality (Furune, 2017). Mutual consideration in rule (1) and confidentiality in rule (3) are important to ensure that participants can have a sense of security within a group. Attacking others and themselves is not permitted, and what participants discuss within a group should not be disclosed to the outside. Frankness in rule (2) is necessary for participants to learn more and acquire skills.

However, like rules in a real society, the rules in these groups are sometimes violated. There are sometimes inconsiderate remarks and actions for a therapist or other participants, and some participants leak some secrets to the outside. When a rule has been violated, the therapist and participants must discuss what happened and learn a lesson from such violation. The therapist and participants examine a possibility that the participant who violated the rule again employed a psychological mechanism that had worked at the time of the assault, and discuss what they can do to prevent recurrence. At the same time, if any participant was harmed by leakage of a secret, he must be treated carefully considering the fact that his safety is endangered, and group members must help him build up trust with other participants again. Ultimately, such support

would help the participant build up realistic trust with the real world. They may notice that they had better keep secrets because it is the best way to secure the safety of all group members, and they had better talk frankly because frank talk would make participants learn more deeply. Then, participants would come to accept the rule. It would be desirable that participants obey the rule not because a rule must be observed but because they realize that the obedience is of great benefit to them.

In this way, a group is a society in miniature, and group activities give participants practical training. They can imitate and learn, from other participants' sense of values, perspective, ways of thinking, how to interpret them, ways of expression, how to behave, and other things. In this sense, we can conclude that group therapy is significant in that it is not only inexpensive but also highly effective.

VI. FULFILMENT OF SUPPORT MEASURES FOR DAMAGE PREVENTION

Both sexual offenders themselves and general citizens welcome the realization of a society that deters sexual offences. It is desirable that the society should adopt, one by one, systems which can be introduced, for purposes including the improvement of the effectiveness of the treatment based on psychiatry and clinical psychology. Here, let me briefly introduce two overseas activities with a view to fulfilling damage prevention support measures in a wider sense.

One is CoSA (Circle of Support and Accountability) which started in Canada in 1994. It is difficult to introduce and expand CoSA in Japan due to a shortage of supporters who are volunteers, and Canada also suffers from this shortage. However, a CoSA model is worthy of attention because it indicates one of the effective support measures based on social inclusion. There is the sexual offender information registration and disclosure system introduced to the United States in 1996. The system aims at promoting exclusion of the sexual offender concerned from the region as well as conveying a message to residents, "Protect themselves on their own." In this sense, the system is oriented against the direction of CoSA. Although it is difficult to introduce completely the same system as CoSA to Japan, we should examine the significance of support measures in terms of their positioning among all recidivism prevention measures. In addition, we should examine support measures by focusing on what message is conveyed to both offenders and residents by such measures.

The other activity is the sexual offender registration and police clearance certificate system established in the UK in 1997 (Takushima, 2006). Under the system, applicants who want to work with children (schoolteachers, prep schoolteachers, therapists of lessons for children, coaches for club activities, etc.) are obligated to submit police clearance certificates. Police clearance certificates are not issued to people with criminal records, as offence information is registered. Unless they want to work with children, however, their criminal records are not found by people around them and they are not socially isolated more than necessary.

It is known that child sexual offenders tend to choose a job that allows them to approach children easily. The certificate system is useful for preventing recidivism, although it cannot deter first-time offenders. In order to maximize the effect, school personnel who have lost jobs due to sexual contact with, or commercial sexual exploitation of, young people—even though not prosecuted—should be covered by the registration system to eliminate the chances of returning to children-related jobs. Since not a few tutoring schools or schools for lessons are opened by individuals, teachers for such schools should be obligated to display the police clearance certificates in the classrooms. Such a system may be one of the support measures for sexual offenders, because it would serve the interests of recidivists by lessening the possibility of recidivism.

VII. CONCLUSION

This report aims at describing, as specifically as possible, the content of the sexual offender treatment programme based on group cognitive behavioural therapy for the prevention of sexual-offence recidivism. The description is still abstract, and one of the reasons for the abstractness is that a change required for an offender to stop recidivism differs from offender to offender. Still, there might be something common in changes required for participants. Recidivism can be prevented with the following actions: (1) to assess precisely a motive for a participant to have committed a sexual offence and related factors; (2) to set a specific goal for a participant out of many tasks required for the prevention of reoffending; and (3) to help a participant make continuing efforts. It is concluded that evaluation of the treatment programme should be

left to a future study to be done from the viewpoint of whether the programme is effective and which factors of the programme have an impact on recidivism.

Prevention of sexual offender recidivism is a task worth realizing with all our efforts. We should not be satisfied with the existing system and treatment programme, because they are not completed. I believe it is the responsibility of the people engaged in offender support to keep improving the system and programme based on the evaluation of their effectiveness and learning hungrily from other fields and other countries for the best system and programme.

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