PROTOCOL

Men Taking Responsibility

SEX OFFENDER TREATMENT PROGRAM

Pastoral Counselling Institute
16 Masons Drive
North Parramatta  2151

Telephone: (02) 9683 3664
Facsimile: (02) 9683 7512
Email: pciuca@nswact.uca.org.au
www.pastoralcounselling.org
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AIMS OF THE PROGRAM

The four primary goals of treatment are:

- To help reduce the risk of reoffending
- To protect the community from sexually abusive behaviour
- To help repair damage perpetrated on victims by sexually abusive and other abusive behaviour
- To help families affected by incest address the impact on their lives and to make appropriate decisions that are in the best interest of the victim
CRITERIA FOR ACCEPTANCE INTO THE PROGRAM

The program is open to all men 18 years and over, regardless of race, creed, sexual orientation, who have committed a sexual offence against a child or adolescent.

The man must sign an agreement to undertake an assessment to determine his readiness for treatment.

If the assessment indicates the man is appropriate for the program he must sign a treatment contract, prior to commencement.

4. Referrals can be received from individuals or government and private agencies.

   In the case of probation and parole the referral will only be accepted where it is agreed that:

   i. The Sex Offender Treatment Program is a condition of probation/parole.
   ii. No variation of probation/parole is undertaken without consultation with the Sex Offender Treatment Program staff.
I understand that the treatment program I am agreeing to participate in is run by a Christian organization and that the basic philosophy of the program is sustained by the following four principles:

JUSTICE
The first priority of treatment is justice for the victim and the victim’s family. Justice requires that the community takes seriously all forms of abuse, protects and supports those who are vulnerable and applies appropriate consequences to offenders.

ACCOUNTABILITY
Sex offenders who enter this program must be willing to be accountable for their actions. Justice requires that sex offenders face the legal and social consequences of their actions.

SUPPORT
Support is provided to the offender to enable him to follow through on the requirements of Accountability. A tough love approach is taken to encourage men in growth towards wholeness.

CHANGE
The sex offender must be committed to changing all abusive behaviors. Developing new behaviour patterns demonstrates evidence of change.

I understand that I am under no obligation to accept any particular religious belief by participating in the treatment program.

Name: ..........................................................................................................................................................
Signed: ..........................................................................................................................................................
Witness: ....................................................................................................................................................... 
Date: ............................................................................................................................................................
Protocol for Churches Referring Men to the Program

Support the Victims

In the early stages of disclosure the victim is often receiving a great deal of attention, as is the offender. However other family members are also affected and often neglected. Churches are asked to pay particular attention to the pastoral needs of family members affected by the issue.

Full Accountability

You are asked to support the offender in becoming fully accountable before the law. This means that no attempt should be made to avoid the full implications of the offence. Neither the treatment program nor any other counselling that may go on is meant to diminish the accountability process.

No “Cheap Grace”

For effective treatment the grace of God has to be held in relationship to God’s abhorrence of sin. While Scripture teaches that Christ died for us “while we were still sinners” (Romans 5:8), the process of fully realising the implications of his actions may take the man quite some time. Therefore, the giving of quick forgiveness or “cheap grace” is a hindrance to the man’s treatment.

All Leadership Roles Relinquished by the Offender

The man must stand down from all positions of leadership and authority immediately. In addition he must not participate in any “up-front” activity such as greeting visitors at the door, taking up the collection, singing in the choir etc. He must, for the duration of the three-year program, only be an attender at church activities.

Informed Leadership

The leadership of the church must be informed of the details of the man’s offence/s. Churches may use their discretion as to how many people are informed of the man’s offence. The minimum number of leaders should be no less than four including the team leader or minister/priest. This is to minimise the possibility of one person becoming isolated by the offender or colluding with him. We recommend that caution be applied to the number of people informed as chaos can ensue if people who are not appropriately qualified and accountable become part of the process. Normally no more than the inner circle of elders/leaders should be informed.

Mentoring

While he attends the church a male mentor must be provided who will keep contact with the man on a regular basis for both support and accountability. The mentor
should keep regular contact with the Pastor or other designated leader regarding the offender’s progress.

**Spiritual Development**

Treatment involves not just changing abusive behaviour patterns and preventing re-offending, but also includes spiritual formation and development; consequently, Churches should take a wholistic approach to the man’s development.

**Family Separation**

Normally there will be a **minimum six-month** separation from the home where incest has occurred. This is to pay attention to the addictive nature of offenders who need, as in the treatment of alcoholics, a time away to “dry out”. It is at this time that wives, who are remaining with their husbands, are in particular need of pastoral care and support.

**Contact**

Churches are encouraged to stay in regular contact with the treatment staff so that any deviation from the treatment plan may be checked out and clarified.

**The relationship between forgiveness and the victims**

Churches are asked to pay particular attention to the issue of forgiveness. Because treatment is such a difficult process and an offender has so many complicated issues to work on, it is never helpful to put pressure on the victim to give forgiveness to the offender, particularly in the early days of treatment. It is easy to re-abuse a victim by asking them to do something further for the offender.

The treatment program works from the position that forgiveness and grace has its source in God’s gracious act in Jesus Christ. Forgiveness is therefore not something that we primarily do, but something we participate in as an act already done while we were still sinners. In due course, victims who remain bitter will be harmed by their own bitterness and pain and need to come to some growth in that area. The treatment program’s approach at this point is to encourage the victim, when ready, to give assent to God’s forgiveness for the offender, i.e. “not that I the victim directly forgive the offender, but I agree with and participate in the faith that proclaims forgiveness through Jesus to that offender.” It is important to remember that forgiveness requires genuine repentance on the part of the offender evidenced by changed behaviour.
ASSESSMENT

I hereby enter into this Assessment with the Pastoral Counselling Institute and Uniting Care (Northmead). The purpose of the assessment is to determine my suitability for inclusion in the Sex Offenders Treatment Group and/or individual counselling conducted at Uniting Care by the Pastoral Counselling Institute.

I understand that the assessment, while being as thorough as possible, will always be respectful of the persons involved, particularly the victim.

I understand that I will be charged my normal fee for counselling if I cancel my scheduled appointment within one working day of the date reserved. I understand that the guarantor(s) of the assessment will be so charged, unless the guarantor is a governmental or social agency, in which case, I will be so charged.

I understand that my first assessment appointment is scheduled for

……………………….and will be conducted at ……………………………………….

I understand that I may refuse to participate in any or all aspects of my assessment. I further understand that failure to fully participate in and complete my assessment will jeopardize the assessment process and staff may terminate the assessment and/or may not be able to render an opinion or report.

I understand the results of my assessment may be written in a report and that this report may be sent to legal and social agencies with a legitimate interest in my case. I further understand that assessment staff may testify about the results of my assessment in court.

I understand that there are other limits to confidentiality in the assessment process and that the assessment staff is obligated under New South Wales law to report acts of abuse towards children. There is also a general obligation placed on the Pastoral Counselling Institute to inform the authorities or others, if in the professional opinion of the staff, my behaviour presents a clear and imminent danger to either myself or others.

I understand that this is an agreement for assessment only and does not constitute any type of decision regarding counselling or acceptance into treatment.

I understand that my assessment may include any or all of the following components:

Background information – The referring individual or agency should arrange to have relevant records (such as psychological assessments, major hospitalisation records, victim statements, police affidavits, etc.) forwarded to the Pastoral Counselling Institute so that they may be reviewed prior to my assessment. I understand that I may be asked to sign releases to obtain other information about my history and that assessment staff may want to interview other individuals relevant to my case.
Psychological Testing.

Clinical Interview – During this portion of the assessment, I will be asked to discuss important events that have occurred during my life. I may be asked questions about my parents, educational background, hobbies, sexual development, substance abuse and other topics. This portion of the assessment typically takes two to four hours.

Consultation with my partner and other family members.

Consultation with the victims.

I understand that discussion and assessment of possibly embarrassing personal issues during the assessment may cause me to feel anxious, angry or depressed. If any such symptoms should persist, I understand that assessment staff can arrange to provide me treatment for these symptoms.

I understand and accept this assessment agreement:

Client’s Name .................................................................................................................................

Signature of Client ............................................................................................................................

Date: ................................................................................................................................................

Witness to Signature ............................................................................................................................

Date ....................................................................................................................................................

..........................................................................................................................................................
SEX-OFFENDER TREATMENT AGREEMENT

I hereby enter into this Treatment Agreement with the Pastoral Counselling Institute and Uniting Care (Northmead) to provide me with treatment services for my sexually abusive behaviour. I understand that the four primary goals of treatment are:

1. To help me reduce my risk to reoffend
2. To protect the community from my sexually abusive behaviour
3. To help repair damage perpetrated on my victims by my sexually abusive and other abusive behaviour
4. To help incest families reunify when it is in the best interest of the victim.

I agree to be honest and assume full responsibility for my offense(s) and my behaviour. I understand that successful treatment depends upon full acknowledgement of my offense(s), regardless of my plea in court.

I agree to leave the home where a victim of my abuse resides for a minimum of six (6) months and to only return when the situation has been fully assessed by treatment staff.

I agree, if and when it is deemed appropriate by treatment staff, to make a clarification to my victim(s) of my responsibility for the sexual abuse.

I agree to sign an acknowledgement of a limited confidentiality and waiver and to sign any releases of information required to obtain information about my behaviour.

I will attend all treatment sessions and attend on time. I understand that the only acceptable excuse for absence or lateness is a verifiable medical or other personal emergency. I will notify the appropriate staff member as soon as possible about any situation that affects my attendance or promptness.

I will pay my assigned fee at the time of each session unless I have made other arrangements with the staff. I understand all sessions are to be paid for even if I am unable to attend.

I will not engage in the illegal use of alcohol or other drugs or use alcohol or drugs to the extent that it interferes with my employment or the welfare of my family, others, or myself. I will not purchase, possess, or use sexually stimulating materials of any kind as defined by my treatment staff. I will not become verbally threatening or abusive toward any staff member or client either inside or outside the office. I will advise treatment staff of any change in my residence or employment status.

I will not disclose any information regarding another client to anyone outside this program. I agree to have no contact with other sex offenders outside my treatment group without prior approval of treatment staff. I will keep treatment staff informed of the nature of any contact I have with another client outside the treatment sessions.

I will actively participate in treatment. I understand that treatment typically consists of group therapy and may include individual, couples and family therapy sessions. The treatment program generally consists of seventy-eight (78) sessions conducted
over three (3) years. Sessions are usually 2 hours long and are conducted during school terms. I understand that my treatment will focus on eight areas:

1. Accepting responsibility for my offense behaviours

2. Developing an accountability network of carefully selected people who can help me with my recovery

3. Changing thinking patterns that contributed to my offenses

4. Developing empathy for my victims and others

5. Controlling my sexual arousal patterns

6. Improving social skills related to my offending behaviour such as anger management, conflict resolution, self-esteem, alcohol and drug abuse and stress management

7. Developing relapse-prevention skills by identifying and learning how to avoid high-risk situations and intervening in my offense cycle, and

8. Developing an awareness of the inter-relatedness and sacredness of all persons, learning that life is meant to be lived fully for the benefit of all and that change and growth are possible.

I understand the treatment techniques that will be used in the program include psychology, writing, reading, watching films, hearing lectures, role-playing and participating in discussions. I understand that I may be asked to discuss my treatment progress and treatment assignments, with my probation/parole officer and other significant adults in my life.

I understand that my offense behaviour has had an impact on my family. To help my partner (should I be in a relationship) and myself in the recovery process, I will actively encourage my current partner, or any future partner, to participate in treatment on an as-needed basis as determined by treatment staff.

I understand that treatment involves certain risks, and I have discussed these with treatment staff. For example, discussing possibly embarrassing personal issues in treatment may cause me to feel anxious, nervous, upset, angry, guilty, ashamed or depressed. Discussion of treatment assignments with my family and significant others may place stress on my relationships with these individuals. I will inform staff if I experience undue stress as a result of any treatment intervention and understand treatment will be available if any such symptoms should persist.

I understand that I have the right and will have the opportunity to have each treatment method explained to me before being requested to carry out each new treatment method. I understand that I have the right to refuse to participate in one or more assessment or treatment methods. I also understand that if I refuse to participate in one or more assessment or treatment methods, I may become ineligible for continued treatment.
I understand that treatment staff may provide periodic verbal and written reports to Probation and Parole and other individuals and agencies involved in my treatment. I understand that the information in reports provided by treatment staff may influence the court’s decisions regarding modifications or revocation of existing court orders.

I am aware that the practice of mental health treatment is not an exact science and I acknowledge that no guarantees have been made to me about the results of assessments and treatment. I understand that some recent research suggests that prospects of controlling my sexually deviant behaviour may be increased by my enrollment in and successful completion of a specialised sex offender treatment program.

I agree to avoid situations and behaviours that will place me at high risk of reoffending. I also agree to provide staff with a weekly Contact Log that details any accidental, incidental or intentional contact that I have had with potential victims.

I agree to abide by the following special conditions:

I understand that my probation/parole officer may be notified of any violation of this agreement. I also understand that police departments may be contacted, if necessary, to maintain victim or community safety. I also understand and agree that any violation of the conditions of this agreement may be grounds for termination from the program at the discretion of the staff. I agree that the staff may terminate my treatment for any other problem behaviour not outlined above.

I have read, understand and acknowledge that I am required to follow all the conditions listed above regarding my treatment and behaviour. If I have any questions about this treatment agreement, I have discussed them to my satisfaction with the person in charge of my treatment. By signing this treatment agreement, I give voluntary consent to participate in all the above.

Client’s Name

Signature of Client

Date:

Witness to Signature

Date.

______________________________  ________________________________  ________________________________  ________________________________
ACKNOWLEDGEMENT OF LIMITED CONFIDENTIALITY

I have been informed and acknowledge that I have limited rights of confidentiality regarding my assessment and treatment.

I consent to unrestricted communication between treatment staff and other individuals or agencies with whom treatment staff judge communication is necessary to achieve the purposes stated above. I understand that these individuals or agencies may include, but are not limited to, the court, the victim and his or her family, the Department of Corrective Services, The Department of Community Services and the church or social group assisting in support and accountability.

In addition, Psychologists are ethically required to protect confidentiality of your personal details and other information about you. From the Australian Psychological Society Code of Ethics:

A.5.1. Psychologists safeguard the confidentiality of information obtained during their provision of psychological services. Considering their legal and organisational requirements, psychologists:
   a. make provisions for maintaining confidentiality in the collection, recording, accessing, storage, dissemination, and disposal of information; and
   b. take reasonable steps to protect the confidentiality of information after they leave a specific work setting, or cease to provide psychological services.

A.5.2. Psychologists disclose confidential information obtained in the course of their provision of psychological services only under any one or more of the following circumstances:
   a. with the consent of the relevant client or a person with legal authority to act on behalf of the client;
   b. where there is a legal obligation to do so;
   c. if there is an immediate and specified risk of harm to an identifiable person or persons that can be averted only by disclosing information; or
   d. when consulting colleagues, or in the course of supervision or professional training, provided the psychologist:
   e. conceals the identity of clients and associated parties involved; or
   f. obtains the client’s consent, and gives prior notice to the recipients of the information that they are required to preserve the client’s privacy, and obtains an undertaking from the recipients of the information that they will preserve the client’s privacy.

I acknowledge that this waiver is signed without threat, promise or coercion and is a voluntary act on my part.

I understand that I am under no obligation to accept any particular religious belief by participating in the treatment group or individual counselling.

I acknowledge that the limits to confidentiality have been explained to me by my Psychologist.

Client’s Name: ___________________________________________ Min No.: __________________________

Signature of Client: ________________________________________________________________

Date: ____________________________________________________________________________

Witness to Signature: ______________________________________________________________

Date: ____________________________________________________________________________
PLEDGE

As a man who has sexually offended, I commit myself to:

1. Becoming accountable for my actions, now and in the future
2. Continuing the journey of changing abusive behaviours
3. Seeking justice for all affected by my behaviour
4. Believing that I can succeed in being a valued member of society.

GROUP FORMAT

Seventy eight (78) two (2) hour sessions and are conducted during school terms with homework assignments. A pledge is said by all men at the commencement of each session (see protocol). The program utilises large and small group exercises incorporating training in communication/empathy skills, anger management, self-awareness, awareness of the workings of social groups, humour and spirituality. While the program uses a cognitive-behaviour approach to treatment, it is also strongly influenced by systems and dynamic theories, particularly developmental issues such as trust, autonomy, shame and attachment.

GROUP LEADERSHIP

The group is led by Rev. Dr. Peter Powell (Registered psychologist PSY0001140057), and occasionally Patrick Smith (Member of Australian Association of Social Workers - Member No.: 435464)

The Pastoral Counselling Institute also has psychology interns who may be present at group and individual sessions.

Dr. Powell pioneered the program in 1993 with Christian men referred from churches. He has presented papers at conferences on the issue of religious belief among sex offenders and the nature of shame as a critical variable in sex offender treatment. He is accredited with the NSW Commission for Children and Young People Accreditation No.: CPF 03848.
PROGRAM CONTENT

This program is currently built around four publications of the Safer Society Press, Brandon Vermont co-authored by Robert Freeman-Longo, Lavern Bays, Dianne Montgomery-Logan and Evan Bear.

WHO AM I AND WHY AM I IN TREATMENT?
A guide for clients in evaluation and beginning treatment


WHAT THE BIBLE SAYS ABOUT CHANGING MY BEHAVIOUR
“A Guided Workbook for Men in Treatment” by Rev. Dr. Peter Powell

Two extremes of behaviour: immobilisation and cheap grace. You will be accepted, your behaviour will not. I’m a Christian, how could I do it? How was I able to deny? What does the Bible say? The nature of sin. Helplessness and Shame. Good verses Evil: The Ultimate Battle. Relationship between restitution, forgiveness and accountability.

WHY DID I DO IT AGAIN?
Understanding my Cycle of Problem Behaviours
Understanding Cycles
What is a cycle? Why study a cycle? Links in a Chain, Perceptions, attitudes and behaviour, Thinking leads to behaviour, Thinking links and feelings are related, The great gamble, Links in the chain, Making choices, Hide and Seek. Perceptions
Your deviant cycle: putting it all together. Setting yourself up: the justification phase. The secrets of the Cycle. Interrupting your Cycle: Basic interventions
HOW CAN I STOP?
*Breaking my deviant cycle*

**Part 1  Stopping my Offenses**
Building my new foundations for change.
Desperate measures: planning emergency escapes from my offending behaviours.
Controlling my environment.
Avoidance strategies.
Escape strategies.
Stopping my deviant thoughts.

**Part 2  Learning New Responses**
Positive self-talk.
Relaxation.
Imagery as a coping strategy and intervention.
Enhancing empathy
Relapse rehearsal.
Voice dialogue.
Behavioural contracts.

**Part 3  Journalling to Change My Life**
Monitoring myself through journalling.
Journalling my thoughts, body sensations and feelings, journalling my fantasies and plans.
Recognising my behaviour patterns through journalling.
Journalling my offence cycle.
You can stay relapse-free.

**EMPATHY AND COMPASSIONATE ACTION**
Issues and Exercises

What is Empathy?
How my sexual behaviour affects others.
How to build empathy.
The four poisons.
Compassionate Action.
Becoming a Better Person.
MEN TAKING RESPONSIBILITY
SEX OFFENDER TREATMENT PROGRAM

WHAT IS THE REFERRAL PROCEDURE?

1. The referral agency to interview offender and ascertain whether he is willing to accept and sign the Assessment Protocol as stated on Page 8, 9 & 13. If he is willing, then the process can begin. If he is not willing then no further action can be taken by the Institute.

2. If the interview is to proceed, then the Treatment Staff at the Institute require a copy of all court reports, psychological tests and any other information relevant to the case to be forwarded to the assessment team prior to the date of interview. This material is to be posted or faxed to 9683 7512 so that confidentiality can be maintained.

3. A One-hour appointment is made with the offender for the Assessment. A copy of the Assessment is to be signed by the offender and forwarded with a deposit of $150 two weeks prior to the appointment. On completion of this interview, the referral agency will be advised if the offender is suitable for the group.

4. If assessed as suitable, the offender is required to agree to all other aspects of the protocol, including an agreement to participate in the program for THREE YEARS. If he agrees then he can commence the group at the beginning of the next session.

5. If the offender is on probation or parole, then it must be a condition of his probation or parole that he attend the group. There is to be a written agreement between the referring agency and the Institute that the offender will attend group. Should the client not attend group, then the referral agency will be notified immediately.

6. The Probation and Parole Board agree to inform the Institute of any changes in the offender’s position and work with the Institute staff in keeping track of the client.

7. All groups, interviews with family members, interviews with JITS or DOCS staff, written reports etc., are to be paid for by the client. The Institute receives no funding for this program and so must charge fees to cover costs.