

Cornwall Public Inquiry
Phase 2 Party Research Workshop
Circles of Support and Accountability
“Male Victims of Sexual Abuse as Children Who Have
Offended Sexually as Adults”
May 15, 2008
Presentation Summary

Colleen Parrish, on behalf of Phase 2 of the Cornwall Public Inquiry, thanked the audience, as well as those from CoSA, for participating in this important workshop.

Advisory panel member Peter Jaffe then introduced the presentation. He stated that there is a group of people who are both victims and offenders and that what we do with this group is important. CoSA has addressed this particular group in their paper. While the majority of those who are abused as children do not offend as adults, the group does exist. He introduced Susan Love, the director of CoSA, to explain more about the project.

Susan Love thanked the Cornwall Public Inquiry for funding the CoSA study. She then described the impetus for the paper. CoSA is an organization that works out of a church basement that holds sex offenders (called “core members”) accountable for their actions after being released into the community. These core members often have no one else to turn to after their release from prison and are often considered to be at high risk to re-offend. Their success in preventing re-offending has been excellent. The primary focus of CoSA is to focus on the essential needs of core members. She also noted that CoSA is not a safe haven for offenders, and that offences or breaches of terms of release committed by core members will be reported. She stated that in doing this work, CoSA found that many of the offenders they worked with had victimization issues themselves, and had a difficult time moving forward. Susan contacted Rick Goodwin of The Men’s Project to see if the CoSA a core member could participate in the Men and Healing group, but because of their history of offending, they were not able to attend. They then looked around and could not find any programming available for someone who is both an offender and a victim, which is problematic. This problem led to the proposal to the Cornwall Public Inquiry.

Susan then introduced Adina Ilea, Research Assistant to the CoSA project, to present the findings of the study.

Adina thanked Susan for the introduction. Adina then presented CoSA’s research findings to the audience. (See [accompanying PowerPoint Presentation](#))

After Adina’s presentation, Susan asked the CoSA panel members to introduce themselves and make comments.

Rick Goodwin – The Men’s Project

Rick stated that CoSA’s initiative to work with victim/perpetrators has taken a central spot in The Men’s Project (TMP) agenda. It used to be a conceptual issue, but now has become visceral. He stated that TMP has a policy of not accepting clients who, while over the age of 18, have sexually offended. TMP recently had to ban a client from receiving its services as he had offended by hiding out in women’s washrooms. TMP had to notify other agencies of this decision. So their experience is very real.

In addition, TMP has as a victim/perpetrator who is interested in joining the TMP board. This is a difficult issue for TMP to deal with as many of the current board members are survivors.

However, Rick stated that the issue is about more than accepting this individual onto TMP board, but about developing policies and programs for the future. Rick stated that TMP has looked into funding for victim/perpetrators in the past, but that the funding options are polarized, either for victims only or for offenders only. We have to start to understand that there are not just “good victims” and “bad perpetrators”.

From a community safety angle, Rick stated that funding for programming for victim/perpetrators would be a positive thing and useful for every community because it could reduce the incidence of re-offending, and reduce the numbers who are victims of sexual violence. He stated that TMP is proud to be in partnership with CoSA on this initiative.

Geris Serran – Psychologist, Rockwood Psychological Services

Geris Serran is a psychologist with Rockwood Psychological Services and she works with sexual offenders in both the federal and provincial correctional systems. She stated that Rockwood’s programs are grounded in positive psychology and based on the good lives model. Rockwood’s “good lives” program differs from others within the correctional system. The overall approach is to improve the lives of offenders, their relationships with others, as well as their views of themselves. Generally, this is the first time that these men have had the opportunity to focus on their own lives; most have horrendous backgrounds. Rockwood’s view is that if these men are able to build a successful and positive life that they are less likely to re-offend.

Geris feels that allowing the offenders to address their own issues of trauma is critical. She works closely with CoSA. She also stated that CoSA’s study is a real interest for her personally and that she hopes to work in this area in the future.

Dr. Pamela Yates – Correctional Service of Canada

Pamela states that while she works for Corrections Canada that she also maintains a personal interest in this issue. The mandate of CSC is to administer the sentences imposed by the courts. In addition, treatment programs are provided to offenders. The

CSC also has some mandate to work with victims, in terms of providing information for victims whose perpetrators in the correctional system. CSC also focuses on contributing to public safety.

Pamela stated that although the CSC does not directly target victimization issues, that she was intrigued by one of the results of the research, that those victims who go on to abuse others are more likely to generally state that they enjoyed the abuse in comparison to victims who are not adult offenders. She stated that this highlights the intersection of values and perception that is targeted in treatment.

Peter thanked CoSA and the panelists for their presentations. He stated that we have focused on some key dilemmas. How do we now talk about these issues to gain a greater understanding?

Discussion

1. The first discussant stated that a few things come to mind after listening to this presentation. He stated that he has worked with both offenders and victims. In his current post with TMP he has had to turn down clients due to their history as offenders. He wonders what we can do to ensure that the victim/perpetrator group?

Peter stated that this is one of the reasons that we are meeting today, to see what we can do to help these people. The paper addresses this gap in the service.

2. The second question was for the psychologists. What percentage of victim/perpetrators are incorrigible, meaning that they would not be able to benefit from any kind of treatment?

Geris stated that for her clinic, recidivism rates are very low for moderate-high risk offenders. She feels that it most patients can be successfully treated. Her outlook is that it is always possible to provide effective treatment, even if it takes more time.

Peter stated that there are two separate issues here, 1) recidivism and 2) treatment being effective.

Michael stated that many CoSA clients are strongly motivated by not wanting to go back to prison and that they do not re-offend despite their strong desire to do so. While this is not an ideal motivation, it is motivation nonetheless. Some of these clients have anti-social behavioural disorders. But some of the clients at the highest risk to re-offend do well with the CoSA model. It is his view that they may do even better with a victim/perpetrator program like the “good lives” program.

Michael did note that some will not buy into this program, and that these are the kinds of offenders that the media will focus upon.

Pamela stated that the recidivism rates would depend on the type of treatment and services provided. The international figure for recidivism with no appropriate treatment is about 14-15% but with appropriate treatments it is a 9.8% rate of recidivism over 10 years. However, some service models have even lower rates (eg 3-4%) due to the additional treatment methods used, such as the good lives model. So, there is an ability to affect re-offending through treatment.

Pamela states that each offender is treated differently, starting with an assessment of risk, an assessment of their previous offences and then matching that with the intensity level of treatment. She noted that it is difficult to give a precise number of those who are “untreatable” as different people will re-offend at different levels depending on their level of risk.

Michael noted that the recidivism rate for intra-familial sexual offences is much lower and that the treatment will depend on the individual. The goal of treatment is to make their lives psychologically healthy.

The discussant asked whether there is a way that we can identify those in the victim/perpetrator group who would not benefit from treatment (i.e. those who are manipulative) so that the rest of the group can safely go through the process?

Pamela stated that clinicians have been trained to detect manipulation in offenders.

Geris stated that it is possible to determine these issues, from background assessments. In addition, we look at motivational factors to see what it will take to make this person change, if they are sincere in their efforts to change. She also noted that the other men in the group can often tell when someone is manipulating.

Peter noted that this highlights the importance of assessment at the front end before offenders go through the criminal justice system. He said that it is important for a Crown to be able to have this information when going through the justice process.

3. The third discussant stated that the community can only take so much demand on volunteers and social service funding and that if a program like CoSA comes to Cornwall, that it will be taking the place of some other kind of program. Therefore, citizens will have to be clear on the commitment to the program, that it needs to be long-term and intense and also have long-term funding. The discussant asked who would be responsible for the funding?

Peter agreed that the source of funding is important, especially given that treatment for male perpetrators is not a popular cause.

4. The next discussant stated that with all of the current funding cuts for services that these kinds of needs are being shifted to the volunteer base in individual communities.

Michael agreed that this is what is happening with CoSA, which is a volunteer effort. While there is a huge effort to raise awareness, it doesn't really generate any additional funds for the program. He stated that CoSA is trying to use this paper to get meetings with other organizations that may be able to provide some funding.

5. A discussant asked Colleen whether recommendations could be made through Phase 2 of the Inquiry to address the issue of funding for programming for victim/perpetrators?

Colleen stated that yes, submissions on this issue can be made to the Commissioner. However, she reminded the group that the Commissioner cannot just write a cheque. He can make recommendations to the government that are supported by the community and relevant professionals. Colleen stated that parties can make formal Phase 2 submissions, and that a process for public submissions in Phase 2 is also being planned. She emphasized that the Inquiry is looking for wisdom on the issue of programming for victim/perpetrators; the more community support that we have for this initiative, the more likely the government will listen.

Peter said that it is important to look at what is happening in other systems as a model. He emphasized the need to stop thinking about different silos for each service. He recognized the Family Justice Centre in London, where eleven different agencies have come together to offer services.

Susan noted that the issue of volunteers is important. In Ottawa, there are currently 50 volunteers who support 9 core members. For the most part, she feels that people have really embraced the opportunity to get engaged, to help make a difference. The volunteers have developed relationships with the core members and it is amazing at the effect it has on the volunteers, as well as the core members.

6. Peter asked how CoSA markets for volunteers, given the unpopular cause?

Susan said that they recruit from interested students, such as criminology students. Michael stated that some church groups and other social justice institutions are keen to help out. College/university programs in psychology and criminology are also a good source of volunteers. He did emphasize that although there is some church sponsorship that CoSA itself is non-religious in nature.

7. Peter asked how the resources could be made sustainable.

Susan stated that education is key. She emphasized a holistic approach, that these programs are not just about supporting the offender, but also about promoting community safety. CoSA's main source of funding is Correctional Services Chaplaincy Branch.

Michael noted that the Royal Ottawa Hospital was at one time interested in funding the program, but then pulled back, but is still exploring the idea. He stated that at this stage,

we need to get the message out to organizations that do have some funding that can help out.

Susan welcomed the idea of collaboration with other organizations and agencies.

8. Peter asked whether a program like CoSA could be linked to probation.

A probation officer in the audience stated that sometimes a community will help an offender like this, but that it is strictly on an individual basis.

Colleen observed that she suspected that a relatively small amount of money would be needed for a program like this. Michael agreed, stating that CoSA in Ottawa does an amazing job for \$10,000 per year (although this requires sacrifice by the dedicated staff).

Rick stated that in Ontario we need to build a foundation for engaging male victims of sexual violence, then the victim/perpetrator program can be built on top of that. He noted that there is currently a problem in Ontario with respect to the funding for male victims, so we need to get over that hurdle first.

9. Patrick asked how a victim/perpetrator counselor would work clinically?

Michael agreed that the training of counsellors would be important. Many counsellors would only have experience working with one group or the other, but not both. He noted that there has been a move to a more holistic model to deal with both sides of this coin.

Rick felt that we should not readily separate ourselves into groups who work with victims and those who work with offenders. He stated that there is no bright line between these two groups.

Patrick agreed, but stated that changing attitudes in the community will be difficult with respect to the victim/perpetrator divide.

Peter agreed that the community attitude surrounding these issues will be challenging to change.

10. Patrick wondered if the victim/perpetrator counseling would be group therapy only? He asked if group therapy would be more effective than individual therapy.

Geris felt that in this population that group therapy seems to work better, but that some offenders do benefit from individual counselling.

11. The discussant stated that the idea of providing support beyond clinicians is important. It was also emphasized that there would need to be ongoing support for volunteers. In addition, Cornwall specific issues, such as language and illiteracy would need to be accounted for in this type of program.

12. A discussant asked what the range of volunteers is. For example, does CoSA get a lot of students, or members of young families? The discussant stated that one of the challenges may be that many parents would not want to volunteer as it may put their own children at risk.

Susan stated that strong boundaries are established with the core members and that those boundaries are not crossed.

Michael said that most of the volunteers are older/retired or students who do not have children.

13. The next discussant asked what the next steps are with the CoSA program, in Ottawa and in Cornwall?

Michael stated that the next step would be to see whether or not this kind of program could be established in Cornwall through further consultation with agencies that can help to set up this kind of program, either with their own budgets, or by getting additional funding.

14. The next discussant asked whether there is any way for a program like CoSA to build in support for family members?

Michael noted that the Royal Ottawa Hospital has a program for spouses of offenders, but is not sure whether it is currently active.

Susan stated that the SAF-T program assists family members.

On behalf of the Advisory Panel, Peter thanked CoSA for their work and dedication to this issue.

Colleen echoed Peter's thanks, and in addition, thanked the audience for their excellent questions and discussion. She expressed hope that we can all work together to find a viable solution to this problem.