

**REPORT OF THE
DEPARTMENT OF CORRECTIONS
TO
THE GOVERNOR
AND
THE GENERAL ASSEMBLY OF VIRGINIA**

**Response to Senate Joint
Resolution No. 158
Requesting the Department of
Corrections to consider establishing
a treatment program for incarcerated
sexual assault offenders.**



Senate Document No. 10

**COMMONWEALTH OF VIRGINIA
Richmond, Virginia
1980**

VIRGINIA DEPARTMENT OF CORRECTIONS

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Report of the
Department of Corrections
to
The Governor and the General Assembly of Virginia

Richmond, Virginia
November 30, 1979

to: Honorable John N. Dalton, Governor of Virginia
and
The General Assembly of Virginia

INTRODUCTION

House Joint Resolution 158 of the 1979 session of the General Assembly requested that the Department of Corrections explore the feasibility of establishing a treatment program for incarcerated sexual assault offenders within Virginia's Correctional system with assistance from the Department of Mental Health and Mental Retardation and the Virginia State Crime Commission. The study was expanded to include community needs, as well as the need for differential treatment of incarcerated sexual assault offenders both juvenile and adult.

SENATE JOINT RESOLUTION NO. 158

Requesting the Department of Corrections to consider establishing a treatment program for incarcerated sexual assault offenders.

Agreed to by the Senate, February 19, 1979

Agreed to by the House Delegates, February 16, 1979

Whereas, the Virginia State Crime Commission had conducted a study of criminal sexual assault for two years and found that many sexual assault offenders have a history of repeating their crimes; and

Whereas, Corrections officials, Mental Health representatives, and psychiatrists working with sex offenders agree that this type of offender is not easily dealt with and agree that special programs and treatment are necessary; and

Whereas, the Department of Corrections is responsible for the rehabilitation of all incarcerated offenders; now, therefore, be it

Resolved by the Senate of Virginia, the House of Delegates concurring, that the Department of Corrections is requested to explore the feasibility of establishing a treatment program for incarcerated sexual assault offenders within Virginia's correctional system with assistance from the Department of Mental Health and Mental Retardation and the Virginia State Crime Commission. A report shall be made

to the Governor and the General Assembly no later than November one, nineteen hundred seventy-nine.

Various components of the Department of Corrections have been involved in surveying, researching and exploring the treatment needs of the sexual assault offender for several years. The Virginia State Crime Commission has likewise been doing extensive study of treatment programs for several years resulting in An Interim Report of the Advisory Task Force To Study Criminal Sexual Assault for the Virginia Crime Commission February 24, 1978. As the resolutions directs, the study focused on developing treatment for the sexual assault offender. Included in the study were (1) a literature and program study presently used in other states and nations to determine those programs which have proven reasonably effective, (2) a review of the incarcerated adult sexual assault population to determine the most feasible method(s) for offering treatment (3) a plan for the treatment of the sexual assault offenders incarcerated in the correctional system under the authority of the Department of Corrections and (4) a recommendation that the need for community services be addressed primarily by the Virginia Department of Mental Health and Mental Retardation as a treatment system for education, deterrence, community treatment and aftercare.

The study of the sexual assault offender was divided into distinct phases which were conducted between March and October of this year. These phases were:

1. A survey of programs in other states that address the modalities, nature, and screening of sexual offenders. Also examined were the success measures, security procedures, and applicability for use within the Virginia Department of Correction's system.
2. A survey of the Virginia Adult Sexual Assault Offender population to define the modality(s) needed and amenability for treatment.
3. A survey of institutional services capabilities to incorporate differential treatment program with its presently operated systems approach.
4. Interviews with selected staff members of the adult institutional services to determine their perception of problems of treatment for the sex offender, the training needed for staff in the institution and the areas of concern around program implementation.

The organization of this report is as follows:

Section I - Recommendations

Section II - Summary of Review of Literature of
operating programs of sexual assault
offenders and treatment modalities
- Summary of needs and current services
for Sex Offenders Treatment and Behavior
Change

Section III - Budget Request

Acknowledgement is made of those agencies and people who have contributed time, effort and guidance to this study. The State Crime Commission Advisory Task Force to study Sexual Assault, and the subcommittee on Treatment, Rehabilitation and Punishment, has been an inspiration by their desire to address the issues. Because the sexual assault issue must be addressed from many directions simultaneously, the other subcommittees on Court Process, Law Enforcement, Legislation, and Public Education have focused on areas which are equally as important and will be necessary for the systematic elimination of this problem. Also, the Department of Mental Health and Mental Retardation will need to become an intricate functional component in a network of treatment of sexual aggressive. Supportive community services and input in addressing the larger problem will continue to be valuable.

RECOMMENDATIONS

Recommendations are made in areas of sexual assault offender education, training, treatment, research, and evaluation:

A. EDUCATION, TRAINING AND PROGRAM CONSULTATION

1. Develop a capability for training Departmental staff in identification, referral and direct treatment of the sexual offender.

Conduct basic sexual assault offender identification, referral and treatment education classes for all correctional personnel, state and local, juvenile and adult, who have daily contact or decision making functions with clients.

- a. Identification of offense and need for intervention.
- b. Identification of symptoms of various types of sexual assault offenders.
- c. Appropriateness of referral for treatment.

2. Provide intensive training and consultation for staff directly involved with custody, supervision, and treatment of the programs incorporating the sexual offender as an identified portion of the program population.

B. TREATMENT

1. Group I

Establish a sexual assault offender treatment program within a therapeutic community program in an adult institution.

One third of the population of this program will be sexual assault offenders and receive specialized supplementary treatment. The therapeutic community will be an expansion of an existing drug abuse treatment program. The House of Thought.

2. Group 2

Establish an intensive behavioral program within an existing major maximum security adult correctional institution.

One third of the population of this program will have an offense background of a sexual nature.

3. Provide adjunct sexual assault offender treatment services at each institution, including identifications, diagnostic referral, and aftercare services.

4. Provide identification and referral services to Mental Health and Mental Retardation in the Community Correctional Program for appropriate individuals. This would include appropriate referral, active reentry, and follow-up services.

5. Establish a sexual assault offender study toward program establishment within the juvenile correctional system.

C. RESEARCH AND EVALUATION

1. Use the Evaluation and Monitoring Unit within the Department of Corrections to:

- a. Develop assessment tools to identify individual and group needs of the sexual assault offender.
- b. Develop instruments to measure the pro-social changes in client's attitudes and behavior.
- c. Develop evaluation guides to measure the effectiveness of resocialization programs for the sexual assault offender in the Correctional System.
- d. Develop pre-implementation evaluation methods to determine the effects of new programs on the overall Correctional System and the potential for effecting pro-social change in the client's attitudes and behavior.

2. Use the Research and Reporting Unit's capabilities to determine if research proposals will contribute new and needed information for the Department, meet proper safeguards for confidentiality and individual rights as outlined in Departmental procedures, and follow research methodology acceptable for scientific inquiry.

The objective of these recommendations is to identify sexual assault offenders as early as possible and to resocialize the client through programs of referral, evaluation, training and treatment. All four are necessary components for successful intervention. The recommendations are the systematic beginning of an improved plan for treatment and prevention for the sexual assault offender and protection of potential victims.

A more complete text of the study and the literature search is available at the Program Development Division, Department of Corrections.

SECTION II

SUMMARY OF THE STUDY OF THE SEX OFFENDER TREATMENT PROGRAM AND MODALITIES

A. Introduction

There are relatively few states which have large programs for the specific treatment of sex offenders. Through research, public education, and public input, the Virginia State Crime Commission completed an Interim Report of the Advisory Task Force to Study Criminal Sexual Assault of the Virginia State Crime Commission. [February 24, 1978]

The Department of Corrections has been simultaneously reviewing material and programs which are operational in this nation and in Canada to attempt to systematically develop a realistic and comprehensive program for treatment of sexual offenders both at the community and institutional level.

Through organizational systems analysis and modality search some basic objectives can be defined. The means for meeting these objectives can only be accomplished through a concerted effort using the resources of several public and private agencies and organizations. The Crime Commission and the Advisory Task Force have defined the following needs:

- "1 That the citizens of Virginia need to be educated as to the trauma, physical and psychological, experienced by the victims of sexual assault.
- "2 That there is a dire need for a program aimed at treatment and rehabilitation of the sexual offender.

"3 That Virginia needs a comprehensive criminal sexual assault statute that is aimed at more reporting and convictions and better treatment of victims during the courtroom process.

"4 That all the aspects covered and discovered in this study need much more attention than the one year study period allowed them,...

The task force also recommended that there be established "a sex offender treatment program within the Department of Corrections with assistance of the Department of Mental Health and Mental Retardation." It is recognized that this element of the report is essential in developing a link in the total massive task of addressing the criminal sexual assault issue. Also, it should be noted there is a need for public education and the development of community based treatment for the sex offender. It has been shown that some sex offenders could and would receive treatment in the community before a lengthy and often progressively aggressive history, if such services were available.

The Department of Corrections recognizes that with the presently identified 606 sexual aggressive offenders in the insitutional population, the agency must move with great speed to address the issue of treatment at the institutional level.

B. History of Treatment and Issues of Treatment

The history of treatment for the sexual assault offender is not extensive, as the field has not been seen as an area of research or treatment until the last two decades. Prior to that; the national value system seemed to center around a ninety year old attitude and definition of the sexual offender. That attitude stemmed directly from the most powerful and terrifying treatise on sex offenders ever published, Psychophia Sexualis (1886), by Doctor Richard von Krafft-Ebing (1842-1902). Krafft-Ebing was a former psychiatric consultant for the criminal courts of his generation. He was repeatedly called upon to testify in sex cases not only in Germany, but in Australia, and throughout Europe. Krafft-Ebing's views of the sex offender tended to polarize public opinion toward the extreme. There is no evidence that such extreme cases of the sex offender are either more rare or more common than in Krafft-Ebing's day, but they continue to exert a powerful hold on the public attention and to perpetuate a false notion of the "sex fiend" as the typical offender.

"A visit to a treatment program of the American sex offender in the Seventies...cannot by the widest stretch of the term be classified as the 'sex fiend' of the kind Krafft-Ebing described. The fraction of one percent of lust murders and rapist mutilators are not found in treatment programs but are immersed in the maximum security institutions.

Not one of the programs makes any claim that it can rehabilitate or safely restore to society the exceedingly small group of sex offenders, perhaps a dozen per year in the entire country, whose murders, tortures, and mutilations make newspaper headlines. Treatment programs do not want these 'sex fiends', and do not get them. Rather, treatment programs are concerned with the vast bulk of sexual offenders, the ninety-nine percent whose offenses fall far short of the Krafft-Ebing pattern. Treatment programs are specifically designed to minimize the likelihood that an offender following treatment will commit any sex offense following release, either a crime of the Krafft-Ebing type or a lesser offense these men have committed in the past."¹

¹ prescriptive package treatment programs for sex offenders,
National Institute of Law Enforcement and Criminal Justice,
January, 1978

C. Survey of Published Sources and National Conference Review

Two programs presently operating that address treatment of the incarcerated sexual aggressive are: the self-help-group model, and the therapeutic community. Depending on the specific program, the treatment addresses social factors, interpersonal relationships, or educational techniques including new sociosexual skills, new patterns of self control, attitudinal change. Some are behavioral based, some use chemical and aversion therapy. The Eclectic model, with purpose, is probably the primary common factor in all of these. There seems to be major agreement that the conventional psychoanalysis model is not seen as valid for this group of offenders. All programs focus on self selection of clients. The end result is extinguishing a harmful behavior and replacing it with an acceptable and nonharmful behavior. Most treatment programs presently are working with those amenable to group treatment. The most promising pattern seems to be the humanistic group setting using various modalities in an eclectic, individual behavioral plan and contract.

D. Survey of State Programs

Only major commitment by a state would cause the establishment of a comprehensive, change oriented, effective sexual assault offender treatment program. The vast majority of us as individuals do not wish to discuss the sexual aggressive treatment issue, let alone begin to deal with it. However, many thinking jurisdictions define the treatability of this offender as important and have that expectation of the Department of Corrections.

Of the twenty major programs operating in this country, all are innovative, experimental therapy which seem to be getting positive results. Those states which have made a financial and intellectual commitment are more confident about those offenders who reenter society. The Minnesota Intensive Treatment Program for sexual aggressives, one of the better programs, incorporates many of the components already operational in the Virginia Therapeutic Community Program.

We can learn much from incorporating ideas from the fourteen institutional programs operating in other states. Specifically, Virginia should examine the components of early identification, diversion, education, community treatment, institutional treatment, and post release programs. The post release program tracks offenders and offers support and observation for the offender upon reentering the community. Most use therapists, para professionals, other offender structured group processes, as well as individual and family counseling models.

There is an important issue which can be anticipated at the community level that already has been learned from others experiences. As the service becomes available to the sexual aggressive offender, families problems dealing with incest and juvenile offenders appear to become more prevalent. The reality is that treatment is needed and families previously have simply had no where to take these problems. A prominent treatment agent in the field of sexual assault offenders identified the importance of this prevention element "I have never met a juvenile sex offender but I have never met a sex offender who had not committed a sexual offense as a youth." Likewise, "the physical response of an incestual parent are the same as a child molester." Thus, the greatest prospect for success with the sexual offender treatment program is to address it early. Ignoring the issue will only perpetuate it. In conclusion then, the state and citizens, through all of its appropriate organizations, become a part of an integrated treatment network focusing on the damage to the victim, the behavior change of the offender, and the safety of the greater society.

E. State of the Art

Many modalities for the treatment of the sexual assault offender have been successful. However, all have certain necessary components which we have identified with this study:

- The program must be voluntary for the client
- The program must be self screening

- The program must start small, use concepts from other successful programs but do not try to emulate.
- The staff must be well trained.
- The program security and treatment staff must be supportive of each other.

A national program is presently underway to evaluate all current sexual assault programs. The present position seems to be that despite different treatment emphasis in different programs, they all display a measure of success. The educated eye would note that this is probably due to the developmental infancy of the field and, in deed, they are all successful with different client groups. This supports the need for differential treatment which is what the Virginia Department of Corrections is recommending as treatment of the sexual assault offender.

F. Virginia Department of Corrections
Offense Report - Summary
Felons and Misdemeanants
Confined 10/15/79

This listing offers a clear definition of the type of sexual assault and related offense population the Department of Corrections is presently responsible for within major institutions:

Offense	Number
Sex Assault	214
Rape-Gun	42
Rape with Misc Weapon	55
Rape-Strongarm	169
Sex Asslt-Sodomy-Man-Gun	2
Sex Asslt-Sodomy-Girl-Gun	1
Sex Asslt-Sodomy-Woman-Gun	3
Sex Asslt-Sodomy-Boy	1
Sex Asslt-Sodomy-Girl	1
Sex Asslt-Sodomy-Woman	4
Sex Asslt-Sodomy-Boy-Strongarm	9
Sex Asslt-Sodomy-Man-Strongarm	4
Sex Asslt-Sodomy-Girl-Strongarm	4
Sex Asslt-Sodomy-Woman-Strongarm	1
Stat Rape-No Force	22
Sex Asslt-Carnal Abuse	5
Sex Asslt-Attempted Rape	69
Sex Offense-Not Asslt or Comm	8
Sex Off-Against Child-Fondling	6
Homosexual Act With Boy	1
Incest With Minor	4
Indecent Exposure	7
Bestiality	1
Homosexual Act With Man	2
Peeping Tom	1
Bigamy	1
Contrib Delinq Minor	3
Nonpayment of Alimony	1
Total charged with sexual assault	606

/sjj

SUPPLEMENTAL BUDGET REQUESTS

I. ADULT

A. GROUP I (refer to page 7, Section I)

1. Supplies and Material (includes audio, video equip.)	\$12,700.00	
2. Program Consultation	\$8,430.00	
30 days @ 135.00 per day (\$4,050.00)		
30 days per diem @ 66.00 per day (\$1,980.00)		
travel @ 400.00 per week (\$2,400.00)		
3. Staff Development	\$14,460.00	
60 days @ 135.00 per day (\$8,100.00)		
60 days per diem @ 66.00 per day (3,960.00)		
travel @ 400.00 per week (2,400.00)		
4. Salaries for substitute guards during training	\$11,579.20	
5. Capital Outlay		
renovation	\$70,000.00	
SUBTOTAL		\$117,169.20

I. ADULT

B. GROUP II (refer page 8, Section I)

1. Supplies and Material (Includes audio, video equipment)	\$20,000.00
2. Program Consultation	\$8,430.00
30 days @ 135.00 per day (\$4,050.00)	
30 days per diem @ 66.00 per day (\$1,980.00)	
travel @ 400.00 per week (\$2,400.00)	
3. Staff Development	\$7,230.00
30 days @ 135.00 per day (\$4,050.00)	
30 days per diem @ 66.00 per day (\$1,980.00)	
travel @ 400.00 per week (\$1,200.00)	
(staff will also receive training with Group I where appropriate.)	

SUPPLEMENTAL BUDGET REQUESTS (con't)

4. Salaries for substitute guards of projected staff	\$23,158.40
5. Capital Outlay	\$100,000.00
	SUBTOTAL \$158,818.40
 II. JUVENILE (assessment one year project to study juvenile sex offenders and other offenders with histories of sex offenses who are in the youth Region. This study is the first step in identifying these youth. This is necessary to determine the resources which will be needed to provide programs.)	
A. Personal	\$42,036.00
B. Consultation	\$13,603.00
C. Travel	\$ 1,650.00
D. Equipment	\$ 3,669.00
E. Supplies	\$ 1,787.00
	SUBTOTAL \$62,744.00
	TOTAL REQUEST \$339,000.00

SUPPLEMENTAL BUDGET REQUESTS (con't)

4. Salaries for substitute guards of projected staff	\$23,158.40
5. Capital Outlay	\$100,000.00
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