

Can you cure a child sex offender?

There's no magic pill, but therapeutic programs can help prevent these crimes before they occur, writes **Jane Lee**.

In a row of suburban cafes, one shop's windows are covered in grey stickers. You might mistake it for an abandoned takeaway restaurant.

The work that happens behind the windows is very private. And very important. This is Dr Karen Owen's practice. It is here that she treats some of the most damaged and potentially damaging men in the state. Men who have, or who might one day, sexually abuse a child.

Here Owen and her team of six psychologists and sexual health counsellors see a steady stream of clients who struggle daily to battle either a sexual attraction to children or an impulse to abuse them. That they do this largely hidden from public view tells us something about the crime and about ourselves.

Many crimes can be understood, and many can be forgiven. But when it comes to child sex offenders, society tends to turn away in disgust. Some react with anger to those who try to look dispassion-

ately at what is happening. But what if, in refusing to look, we are failing to do everything we can to prevent these crimes?

Conventional wisdom has it that child sex offenders lurk among us until caught, and that they can never be cured.

Conventional wisdom has it that child sex offenders lurk among us until caught, and that they can never be cured. But psychologists around the world who have dedicated their careers to studying and treating sexually abusive behaviours have discovered over decades of research that we are only partly right.

While there is no pill that can cure child sex offenders, there are therapeutic methods that can help prevent them from reoffending. Corrections Victoria staff and psychologists who treat sex offenders in the community say that therapeutic treatment can halve the rate of recidivism.

German researchers from the University of Erlangen conducted a meta-analysis of outcomes from psychological programs for sex offenders around the world. The study, published in the *Journal of Experimental Criminology* in 2005, found that those who received

treatment were about 37 per cent less likely to reoffend than those who received none. It also found that the results of the programs had not improved significantly since the 1970s.

One problem with such treatment is that it's difficult to find. If you are an adult who wrestles every day with a sexual attraction to children or some other desire to abuse them, there are few places to get help outside of jail. Another problem is that when we think about child sexual abuse the word that comes to mind is often "paedophile".

In fact, paedophiles make up only a very small minority of the adults who sexually abuse children. A paedophile is defined as someone who is primarily and deviantly sexually attracted to children. They are extremely difficult - some say impossible - to treat.

Yet most child sex offenders can be drawn to abuse children for a variety of reasons, many of which are not even sexual. They are generally considered more amenable to treatment. And most adults who abuse children will never reoffend. Even without treatment only a minority - experts estimate between 10 per cent and 25 per cent - go on to do it again. But given the enormous damage this small number are known to cause, reducing this group even further is down to people like Karen Owen.

Owen did not set out to work with child sex offenders. As a nurse who specialised in treating intellectually disabled patients, she wondered: why did so many act out sexually?

It was partly to answer this question that she started studying psychology in the 1980s. In 1993, she was one of two people tasked with turning a pilot program at Pentridge Prison into Victoria's - and Australia's - first sex offender treatment program. (Previously, the only programs available were those available to non-sexual offenders, like anger management and stress reduction.)

She travelled to Canada to learn from Bill Marshall, who helped establish some of the earliest sex offender treatment programs in prisons, and is a prominent advocate for the view that cognitive behavioural therapy can help prevent abuse. Though she expected to bear witness to some kind of dramatic transformation, the reality of trying to change human behaviour proved much less glamorous. Marshall told her: "All you need to know is that this bloke knows that you're not going to muck around with him and that he needs to be in the room on Monday. You start unpacking the rest of it from that day on."

The sex offender treatment program Owen went on to establish for Victoria's prisons prioritises treatment for those who pose a higher risk. It is centred on group sessions involving a range of sexual offenders (not just those who abuse children), and focuses on diminishing their ability to manipulate others, improving their relationship skills and reducing feelings of isolation.

Since 2013, the program has fo-

cus on helping prisoners build on their strengths and identify the triggers that might lead them to reoffend.

While judges can order lower level offenders to attend treatment programs in the community, prison remains the main avenue by which adult offenders can receive therapeutic treatment.

This means we rely on prisons to treat such people, but only after they have abused children.

Psychologists argue we could do more to prevent them committing crimes in the first place. That brings us to another popular misconception: that these men don't want to seek help.

In 2008, Owen left Corrections, partly because the workload of as-

sessing child sex offenders before the courts grew too great. She started her own private practice, expecting most of the work to come from consulting on criminal and family law cases.

Within a week, however, she started getting calls. Some had seen her in prison and tracked her down after release. Others told her they had never abused children but feared they would, and had heard that she could help them.

"One of the misconceptions I had was that men only want to come to treatment once they get caught because they have to," she says. "It's just not true. There are men who struggle with these issues, some who have offended, and some who haven't but know they're heading in that direction who genuinely know they don't

want to do it and want to seek help." She and her colleagues usually treat their patients fortnightly for about a year. Some patients visit a GP for a referral for anxiety or depression, which allows them to claim a Medicare subsidy for up to 10 psychologist sessions a year. But most - from a range of backgrounds - pay hundreds of dollars a session up front.

While she supports the prison system's continuing focus on group therapy to minimise harm, Owen also sees an important role for individual treatment to tackle the way offenders view themselves and what they have done and create lasting behavioural change.

Most of the clients she sees are not so much deviant as damaged. Many have experienced some form of abuse or neglect in their own



Most adults who abuse children will never reoffend. Photos: Dimitri Maruta, Jason South, John Donagan

childhoods that affects their ability to develop social skills. They often suffer sexual performance problems and lack basic sexual education. As a result, says Owen, they form distorted ways of viewing relationships, women and sex, which, once deeply embedded in their minds, are easily used to justify their abuse of children.

Only a minority meet the clinical diagnosis for paedophilia; Owen estimates about 40 per cent of her practice's clients have an intellectual disability. Often, she says, "They're trying to achieve intimacy or a void feelings of loneliness."

These distortions can develop at an early age following exposure to abuse in their own families, or over a long period of time, to be cemented when they become isolated in later life.

One of her former patients initially believed he was helping the children he met online, in teaching them about sex and protecting them from further harm.

Owen helps her patients unpack the reasons for these distortions, undo them and, most importantly, to take responsibility for them. Together they develop strategies for healthy sexual relationships, to avoid situations where they risk abusing children and develop empathy for their victims.

She helped the patient who saw himself as a "saviour" realise that he was actually trying to groom under-age children for his own sexual pleasure.

It turned out he was not exclusively attracted to children. But his intense fears of intimacy drove him to them, as there was less chance

they would reject him than other adults.

This does not mean that therapeutic treatment works every time.

Owen calls herself the "ultimate sceptic": she does not pretend her job is easy. One of the first times she assessed an offender's risk of reoffending, she says her inexperience led a man to become so aroused describing his own crimes that he ejaculated on the other side of the table from her.

Patients also try to intimidate her to avoid confronting their personal issues.

"I want to work collaboratively with them but my job is community protection," Owen says. "So if I think they're a risk to themselves or others, everyone's going to know it."

Since 2011, a state inquiry and a royal commission have exposed how major institutions have responded to historic child sexual abuse, and the County Court - which deals with most of the state's child sexual abuse cases - is bracing itself for greater numbers of cases in coming years. However, in recent years the number that have been resolved by the court have fluctuated across different crimes - though cases of sexual penetration of a 16 or 17 year-old jumped from 20 in 2014-15 to 36 in 2015-16.

Generally, only those who are sentenced to more than 18 months' jail can hope to secure a place in prison treatment programs in Victoria. Corrections Victoria says they assess on a case by case basis but they believe that treatment for less than 18 months is ineffective.

About 101 adults who offend against children will participate in prison sex offenders programs each year. Given there are only a handful of private therapists in Victoria who, like Owen, specialise in treating child sex offenders, most offenders rely on Corrections to support them after they are released, either by supervising them or referring them for treatment to public mental health service Forensicare.

Some offenders are able to nominate support people, who Corrections trains to look out for signs they may reoffend. But Owen says that this assumes child sex offenders have friends and relatives in the community willing to do this: "It's only good so long as people give a s--t about you and not many of them do."

It takes a certain type of person to take on this demanding task. Andrew*, who has been involved in prison fellowships for most of his life, is that type of person. Not much fazes the soft-spoken, white-haired man. He started screening movies for prisoners as a teenager, and went on to organise visitors for those who had none of their own.

He runs a weekly support group for child sex offenders in the community, but will not publicly reveal the place they meet weekly to talk and pray.

Andrew does not think there is a permanent cure for child sex offenders. "Some can resist it, but when a damaged person still longs for intimacy and can only find it where they have total power, that's the direction they will go in.

"The longing for intimacy is such a powerful thing in all humanity and it can be such a blessing or [a curse]."

The answer, he says, is to create a community for them to live in. "Often it's not just a fact of whether we accept people. It's whether they can really comprehend they are accepted, they can see it, feel it and know they have friends."

Owen says dangers lie in the absence of such a community. Offenders may serve lengthy sentences, but most are ultimately released. While some may be supervised closely, most have no personal support.

So offenders are largely left alone with their thoughts and in the full knowledge of the community's hatred for them.

"You can do offence-specific treatment all your life ... but if they don't believe that they're worth being on the planet, then they're not

going to implement the strategies," she says.

Owen also says a move in recent years towards greater monitoring of sex offenders in the community also provides a "false sense of security" and often has little impact on the likelihood they will abuse again.

"One of the risks we run is that we rely on the monitoring to do what treatment could have much more effectively done if we had even more resources."

Could we do more to keep the community safe from the risk of child sexual abuse?

Professor Doug Boer, the past president of the International Association for the Treatment of Sex Offenders, offers no easy answers.

Boer, who treats adolescents and works with prison programs in Canberra, believes that our ability to significantly improve the way we support offenders is limited, in many ways, by stigma around child abuse.

It is difficult, he says, to assess whether prison treatment programs are truly effective because



Dr Karen Owen (pictured) treats some of the most damaged and potentially damaging men in the state.

they are always voluntary and affected by "selection bias". While Corrections argues most offenders participate because they are motivated by the prospect of being released early on parole, Boer says there is no way of knowing how many have declined treatment who could have benefited from it.

One alternative, he offers, would be to make the sex offender treatment program compulsory in prisons, though this approach "requires a bit of backbone" because it would require us to provide treatment to all offenders, while accepting that some may still go on to reoffend.

And limited political appetite exists to devote more resources to helping offenders and those at risk of becoming offenders particularly when the outcomes remain unclear.

"My argument would be that our society is hung up on statistical significance ... But I suspect if one less child was victimised, society would think it was worth it."

* Name has been changed.