

Safe Ministry Resources

Individual support and accountability plan (ISAP)

Ministering to persons who have
committed past sexual offences

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1. Presenting Issues

Safe ministry to known sexual offenders

To consider how we as churches might appropriately minister to a known past sexual offender is not a simple matter. The issues of forgiveness and a person's right to privacy need to be considered, but so do the needs of past victims of sexual abuse, vulnerable persons such as children and the intellectually handicapped, as well as the needs of the whole congregation. Given that 1:4-5 people in society experience sexual abuse, the practice of disclosure to the congregation of the presence of an offender can actually re-victimise survivors.

Any attempt to offer appropriate ministry to a past sexual offender must acknowledge:

- that there is a high level of community feeling and fear about child sexual abuse.
- the presence of survivors of abuse in congregations, and seek to care for them effectively.
- that as many as 1:20 Australian men will have committed a sexual offence against a child, and that of the 1:20 only 1:50 is known about by the authorities, i.e. 98% of offenders are unknown to authorities.
- that there is no one type of offender: "Those who sexually abuse children come from all walks of life and socio-economic backgrounds. Some sexual offenders are predatory whilst others are opportunistic or reactive.
- the "known sexual offender exclusion clause in our insurance policy". The insurance implication is the voiding of the church insurance should the person ever reoffend.

2. The Insurance Exclusion Unpacked

What exclusion?

The insurer will not cover any compensation claims, damages or legal costs associated with any claims in respect of injury sustained by a third person (i.e. a victim) where:

Part 1 - the injury arises either directly or indirectly from sexual abuse;

and the perpetrator of the sexual abuse was a representative, member, employee or service provider of the insured

Part 2 - the insured knew or ought reasonably to have known that the perpetrator of the sexual abuse had previously: committed sexual abuse; and/or been convicted of sexual abuse; and/or whilst being a representative, member, employee or service provider of the insured, been the subject of a prior complaint in respect of sexual abuse, which has not been appropriately investigated.

Why an exclusion?

One of the main reasons of the exclusion being in place as it is has been due to the lack of actions by local clergy. For example in many previous cases the past offender has confessed and repented to his / her pastor and then was put back into a position of authority in the church, several years later, often under a new pastor the person reoffended.

What does this mean for the local church?

The practical outworking of this clause means that any person who confesses or discloses that they have committed past sexual offense and wishes to attend a church where children are also on site will not be covered for legal costs or damages. In real terms In the past Insurance companies have paid up to \$1million per victim when a person in a church has reoffended.

Who is liable for this cost depends on denominational and local church governance structure. For denominations that are centrally governed the payment may be made by the synod/denomination. In more autonomous church systems, such as unincorporated Baptist church, this liability lies personally with the senior leaders in the church (i.e. secretary, pastor/s /core leaders). Incorporation may offer protection from leaders being liable, however in these cases the whole local church would take on the liability.

What options does the local church have?

i) **We will not have them in our churches, therefore we will ask them to leave our church.**

Problems with this response:

a) *This only deals with 2% of the problem:* As stated above up to as many as 1:20 males have sexually assaulted a child sometime in their life. The ratio of unknown to known sex offenders is estimated as 50:1. (Dale Toliday (20/11/2007 Director of Cedar Cottage The New South Wales Pre-Trial Diversion of Offenders Program child sexual assault). This response does not deal with 98% of the real issue, i.e. risk management of unknown sexual offenders. To ask known offenders to leave appears to be a naive approach.

b) *This takes no account of the individual nature of offenders:* There is highly respected research that tells us that there different categories of offenders, but that their reasons for offending and risk factors for reoffending are many and varied. *“Many years ago there would be experts who used to talk about the ‘profile’ of a sex offender against children. It is now accepted that no such profiles are reliable” (P Parkinson, 2003 p.31).* Due to the mixture of static and dynamic risk factors in a past sexual offender’s life we need to see them as individuals.

c) *Sex offenders are less likely to re-offend when they are known and in accountable loving community:* Forcing offenders out only adds to their social isolation which is one of the factors that is proven to increase the risk of re-offence. Social isolation can also lead to depression, drug/alcohol abuse, a feeling that the world is against them and these in turn can develop into anti-social behaviour including re-offence (Dale Tolliday 20/11/2007).

d) *This response may lead to harm in the wider church community:* In forcing the person to leave and attend another church often this only transfers the liability to a new church. The response is motivated by fear of financial ruin, but it does not take into consideration the shared risk of the whole body of Christ.

e) *This is in conflict with the Christian values of forgiveness and grace:* God is love, He shows no partiality and loves the whole world. This view excludes some from God’s body and His chosen method of expressing love to a lost world i.e. His church. It is clear that the focus is not on the biblical mandate to protect vulnerable people groups but a financial risk management.

ii) **We will have them in church and ask them to abide by a “one-size-fits-all” covenant**

Problems with this response:

a) *The individualistic nature of sexual offence:* The covenant fails to take into account the individualistic nature of sex offence and the types of offence. For example research shows that offenders who first offend when they are over 50yrs have almost no chance of re-offending when compared with a male who first offends when between 18-25yrs. A committed offender who has a preference for 8-year-old girls will be of little threat to boys aged 10-16.

b) *There is no individual risk assessment involved in the covenant:* There is no reference to the current research or reference to external risk assessment by a trained risk assessment person to assess the risk level of each offender (see appendix 1).

c) *Long term nature of supervision:* Thinking that the church leader alone can manage supervision is brave but underestimates the long-term nature of recidivism (reoffending). At present the church is worried about a male who has just come out of jail. Again, research suggests that there is more risk of recidivism after 5 years and at certain times (related to dynamic factors) than there is at first. Central (denominational) coordination is necessary for long term success of supervision.

d) *Does not actually deal with the root causes of sexual offending:* Sexual offending is not an “oops” moment, it is not a “brain snap” or an “I couldn’t help myself” event. It occurs because of sexual brokenness (distortions) and inability to cope with emotions and life in general. A covenant does not address the fundamental reasons for offending and therefore does not limit the risk.

The two responses would suggest that the focus is on managing the risks associated with the known 2% of offenders. However both responses are forcing even the 2% underground. Could the exclusion clause actually be adding to the underground issue?

Is there another option?

iii) Limit the risk of offending from both known and unknown sexual offenders

To do this we need to focus on protection from the risks presented by the 98% of unknown offenders via the good education of our ministers, leaders and congregation in safe ministry practices.

At the same time we need to supervise known offenders with loving and restorative covenants of inclusion & supervision (the 2%).

a) Safe Ministry Strategy

We must first ensure that we spend most of our resources ensuring that churches are equipped with good prevention strategies ie. "Safe Ministry Strategies"

- Training of our ministers in this area in colleges
- Ongoing education of ministers
- Safe church training
- Information to parents and children re protective behaviours
- Practical strategies for risk management (eg. Safety Management On-line)

b) A "pathways to healing" process for victims of sexual abuse

It is in the interest of victims and of our denominations to have a "response to complaints" process that is not compensation-focussed in nature, but rather a healing/restoration model for victims.

c) Individual assessment, management and long term supervision of known sex offenders

- They must be willing to give permission to hand over their criminal history.
- Employ trained risk assessors to carry out an actuarial and dynamic risk assessment.
- Individual safety plan put in place for the person.
- Long term accountability group of 5-6 people.
- Working with local police, understanding their role in ongoing supervision. Most offenders who have been jailed will be on a 15 year register or some, for life.

Part (C) is what is to be known as the Individual Support and Accountability Plan (ISAP).

Section 3 below will outline the rational, background, establishment, ongoing running and costs for the ISAP

3. ISAP ... appropriate and safe ministry.

A) Rationale

This plan is aimed at helping churches provide appropriate, meaningful worship opportunities to people who have committed past sex offences whilst keeping vulnerable people safe.

It is a commitment to aid congregations in the development of individual safety plans for persons who have committed sex offences (known as participants).

The plan is also an attempt to limit the risk of re-offence given the insurance exclusion which applies to known or "ought has be known" sexual offenders in churches.

It provides participants with appropriate levels of support and accountability to enable them to participate in meaningful worship experiences in a local church setting, whilst keeping children safe. The individualistic nature of the plan is based on the knowledge that no two past offenders have the same offending history, or the same level of risk of re-offending. It acknowledges where a moderate to high risk of reoffending is identified then an it will not be possible to have the person attend services of the church were children are present.

The plan asks the participant take responsibility for their actions: past, present and future. This includes the participant being willing to accept that their offending was not an "oops" moment, or something that they "couldn't help", but rather was their free choice and that has life long consequences. Included in the consequences is the need for life-long accountability in relation to the management of their static and dynamic risks factors.

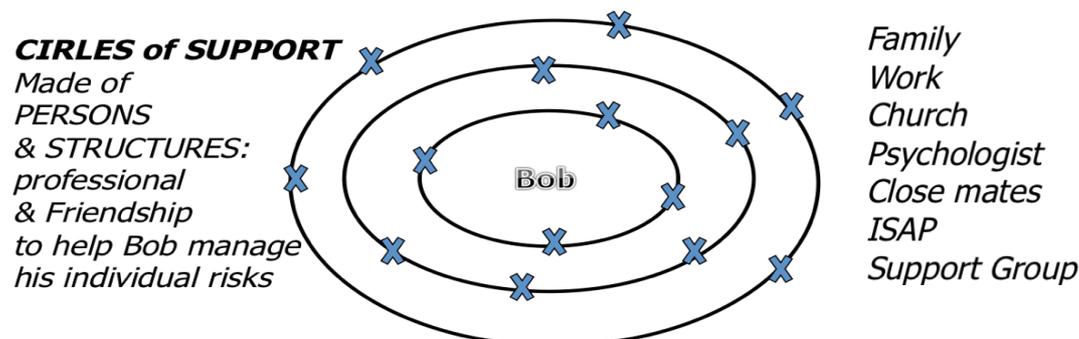
The plan is based on four principles: personal responsibility of the participant, transparency of the participant and persons offering support, accountability, and the right to a person's privacy.

B) Background to the ISAP ... Circles of Support and Accountability

The concept for the individual support and accountability plan is an adaptation of the Circles of Support and Accountability program originating in Canada in 1994. The Correctional Service of Canada website outlines the establishment of the Circles of Support and Accountability (COSA) program, which is aimed at high risk reoffenders and their integration into the community when their jail term is over. A menonite pastor and prison psychologist where the ones to start the program. It has had great success over the past 14 years and is now being used in the Canada, UK, Ireland, and being trialed in New Zealand.

The developer of the program is Robin Wilson who says that we need to establish circles of support for the person so that they feel loved and are accountable to a large network of people.

"Instead of pigeonholing offenders as Bob-the sexual offender, we need to consider that a more realistic appraisal of the individual requires acknowledgement of Bob-the-son, Bob-the-mechanic, and Bob-the-father, among others." (Circles of Support and Accountability, 2008)



The great news about the first two men to enter the COSA program is that they have never been reconvicted of any offence. The first man died last year (2008) 13 years offence free!

How is the ISAP different from the COSA program?

The main difference between the Canadian model and the Safe Ministry Resources ISAP is the fact that the COSA program is designed for those who are considered high risk and very high risk of reoffending on the Static 99 (see page 10), the ISAP is designed to provide ministry all levels of past offenders and designs individual plans taking into consideration the static and dynamic risk factors in the participant's life. The COSA program also offers 24/7 style support for high risk offenders, the ISAP is church focused, i.e. support 100% of the time the person is at church, but then helps the participant manage their own risks in the community at large. Given that many of the men in the ISAP will be low risk of reoffending it is not helpful to over manage them, it may actually backfire.

History 2007-2009, ISAP's and Safe Ministry Resources

Midway through 2007 a very small number of NSW Baptist churches expressed their concerns to the Baptist Union of NSW in relation to known sexual offenders in their congregations. They had read the Ansva exclusion clause and sought legal advice around the issue of liability in the case of re-offence. What was found was that in Baptist churches the local church leadership (pastors and management team of secretary, treasurer and other core leaders) would personally be liable for payment of damages, as the church property is owned by the Baptist Property Trust.

What ensued was a discussion between the various states in the Baptist churches to see how each state was managing the known sexual offenders exclusion clause in the Ansva insurance policy. There was also research into what other denominations were doing in relation to their insurers and their exclusions. There were two major responses, i.e. ask the person to leave or use a one-size-fits-all covenant with the past offender to try to limit the risk of re-offence.

In November 2007 there was a meeting between Australian Baptist Insurance Scheme (ABIS) and Ansva. The meeting's purpose was to find a way forward on the issue as it was/is still causing local pastors and lay leaders in churches, who were/are attempting to minister to persons who have committed sexual offences, a great deal of anxiety. At the meeting the proposal was to have the exclusion clause amended/lifted in cases where it could be proven that the local church and the denomination was properly managing the risks around reoffending.

It was agreed that Ansva would, on a case-by-case basis, dialogue with Peter Barnett on establishing individual safety plans for known sexual offenders who present as a low to low-moderate level risk of re-offending. Five known offending males in local congregations began the long process of assessment, having a safety plan written and establishing a local support and accountability group. Three of these five men have stayed with the plan.

The other development over the past two years has been that Peter Barnett is now a private consultant (Safe Ministry Resources) for several denominations and the National Council of Churches. There are now other denominations who are asking questions about the Individual Support and Accountability Plan (ISAP), and would also like to be included in setting up programs for known offenders in their churches. Two churches from separate states (WA, QLD) and separate denominations have already started down the track with a known offender in their church. Peter has explained to them that there is no insurance cover, even if they implement the ISAP.

On Wednesday 16th September 2009 Peter Barnett met with Ansva Insurance to discuss the progress of the plans and to ask advice in relation to whether insurance cover would be provided, their answer in short was not. They are not willing to take on the risk of the insurance, mainly due to the factors of not being able to convince their reinsurers and the issue of the damage to their reputation of one other the people on the plan was to reoffend. This leaves the liability either with local churches or denominations.

C) Establishing an Individual Support and Accountability Plan

i) Identification & reporting (1months)

Step 1: Disclosure/ becoming aware of the presence of a past offender.

Step 2: Pastor contacts church liaison person to ask following questions to establish facts:

- i) Name and contact details of the person who has committed past sexual offence
- ii) When did this offense occur?
- iii) Was the offence against a minor (under 16), if yes, is the victim still a child in the care of the offender? If yes, has the government Child Protection service been advised?

If no, questioning stops and a report is made to the Police and Child Services

iv) Brief explanation: Was it against a family member/s or external to family; Was access to victims gained via a ministry role or family contacts; Was there a single victim or were there multiple victims; What was the frequency? i.e. one or multiple events.

- v) Has the person been convicted for the offence/s?
- vi) Has the person been in prison?
- vii) Is the person currently on parole?
- viii) Is the person on a known offenders register?
- ix) Is the person part of a support group?
- x) Has the person been through a recognized sex offenders' treatment program?
If yes, name and length of program.
- xi) If this is new information, new disclosure, has the person/church reported any crime to the police?
- xii) Names of people and roles of who else currently knows about the person's past?
- xiii) What has the church done since finding out about the person?
- xiv) What ministries is the person currently involved in?

Step 3: Church liaison person notifies SMR plan coordinator to establishment an ISAP

Step 4: Contact Meeting. Pastor, SMR plan coordinator and the past offender.

- Aimed at discussion the pastoral, legal and insurance issues.
- Provide the rationale and establishment pages of this document to the past offender.
- Explain the aim, rationale and ideas of the life long Support & Accountability Group and Individual Safety Plan.

Gain initial response from the person in relation to willingness to participate in the plan.

Step 5: Allow the participant time to give consent to participation.

If no, then assess other options, e.g. ask the person not come to church, or offer alternative pastoral support like meeting of a small group in the participant's home where no children would be present. If yes, then move forward with steps 6-20.

Step 6: Information Meeting; Church Management pastors/elders/board with plan coordinator.

Step 7: Notify the insurance company of the situation.

Denominational church liaison or pastor notifies the Insurance company.

Provide them with the answers to the initial questions and let them know of your plan to enter into an Individual Support and Accountability Plan with the participant.

ii) Psychological Support (1month)

Step 8: Selection of a forensic psychologist.

SMR plan coordinator will provide the name of a forensic psychologist.

Step 9: Referral to a psychologist for support

The participant with the aid of the pastor will go to a General Practitioner (Doctor) to ask for a referral to the psychologist (known as a mental health care plan). The participant can tell the GP as much or as little as necessary to obtain the referral. Support will be offered to the person for this part of the process e.g. pastor to attend this appointment.

Step 10: Assessment sessions with the forensic psychologist.

Step 11: Risk assessment report

Forensic Psychologist completes a full risk assessment report and gains written permission to give copies of this report to the SMR plan coordinator, church and insurance company.

Step 12: Ongoing Psychological support, up to 12 sessions a year under the Medicare scheme.

iii) Individual Safety Plan Written & Group Chosen (2-3weeks)

Step 13: Church representative chooses appropriate members for the participants Support Group (see notes for establishment of group below).

Step 14: Writing of a safety plan for the participant. Using the Psychologist's recommendations.

Step 15: The participant, church representative, and insurance company will sign this plan.

Step 16: Support and Accountability Group induction training conducted by plan coordinator .

Step 17: Group members agree to participate for 2 year minimum (Team leader chosen)

Step 18: First Group Meeting, conducted by the SMR plan coordinator (2 hours).

iv) Ongoing Individual Safety Plan implementation

Step 19: Activation of the plan by the participant and Group.

Step 20: Six monthly reviews: As a life-long plan and will therefore require some level of central (denominational) coordination, re-evaluation and outside help from experts as required.

D) The Support Group

i) Purpose of the Group

To help the participant to manage the personal risks he faces so as to limit the future victimisation of children. The group will help the participant to be responsible for his: spiritual maturity; management of temptation; integration into the church and community; being a responsible, productive, and accountable person before God.

Risk management is not to take responsibility for the risks themselves but rather to help the participant take responsibility for his actions and choices. It is not the group's role to rescue or to persecute the participant, but rather to provide loving accountability and monitoring of the risks that may ultimately lead to reoffending.

By holding the participant accountable by helping him identify and manage risks the group will actually be helping him grow in Christ.

The management of the participant's risks will also be key in the providing protection for the children and other at risk people groups.

ii) Values for the Group

a) Love:

God's command is for love, the whole law and prophets can be summed up by Jesus' words "Love the Lord your God with all your heart, mind and strength, and love each other as your love yourself." (Luke 10:27) The group will love each other by supporting each other in prayer and by being available for each other.

b) Respect:

As loved creations made in the image of our heavenly father, and made new again in and through the perfect life, death, resurrection and ascension of Jesus and gift of the Holy Spirit we will respect each other as brothers and sisters in Christ (1 Tim 5:1). Respect each other in action and deed, allowing the options of individuals to be expressed and explored. We will use words that build each other up and encourage (Ephesians 4:29).

c) Non-judgmental accountability –acceptance and change:

All people need the support and social accountability. As relational beings we need to love each other by exhorting in love, rebuking gently, and celebrating victories over temptations with each other, "be patient, bearing with one another in love." (Ephesians 4:2, 2 Tim 4:2, Titus 2:15). The group is not a courtroom, "Do not judge, and you will not be judged. Do not condemn, and you will not be condemned (Luke 6:37).

d) Restorative justice:

The group is about providing a place of healing, a place of restoring the participant, not to administer punishment or judgment: i.e. we "need to remember that offenders were once members of the community and that, with appropriate rehabilitation and monitoring, many of them can likely reclaim some aspect of their former lives." (quoted from Circles of Support and Accountability gathering Report Calgary, Alberta, January 14-17, 2008 accessed 2.2.09)

iii) Structure:

- a) **Nature of volunteers:** A complimentary mix of gifts and skills in the following areas: pastoral skills, counselling skills, discernment of the real underlying issues, ability to challenge & call to account, discipline around the accountability process, ability to retain confidences, of “good character” and worthy of respect, stability in the community, social and spiritual maturity, appropriate age, balanced lifestyle, balanced perspective, personal victim issues satisfied.
- b) **Leadership:** To assist with communication, and administration the group will have an appointed leader for the group.
- c) **Understanding the group’s limits:** Need to understand the limits of the group’s expertise and willingness to seek external help from sex counselors, relationship counselor or from the appropriate expert. Handling problematic behavior of participant; e.g. acting out with pornography, excessive masturbation. These behaviours may need to be treated by an expert.
- d) **External Supervisor:** Twice per year the group will have a supervisor visit the group, this will be either the director of the plan or a trained expert to help the group process what has been happening and where to go to for the next 6 months. The supervisor may also be called in to help solve particular problematic behaviour.

iv) Regular Group meetings (2 hours)

- a) **Opening:** Led by leader of group - welcome and prayer (5-10min)
- b) **Administration:** setting roster for the next 10 weeks (till next meeting) (15-20min)
- c) **Recording of past 10 weeks:** Notation of how the phone contacts and counseling, and other events over the past 10 weeks have gone.
- d) **Special Risks:** Identify any church events over the next 10 weeks, special church events where risks will be higher, any trips or times participant will need to be particularly monitored and prayed for. (10-15min)
- e) **Risk assessing:** Examining how participant is managing his risks (20-30min)
- f) **Pray Support:** Sharing what is happening in each person’s life what they would like prayer for, the good, great and tough (20-30min).

v) Breaches of the plan

When and if the participant breaches the plan in a way that is not a re-offense, but rather is on the way to reoffending the group will do one or more of the following.

- a) **Provide feedback:** This participant may disclose this in a phone call or at a meeting. If phone call, ask the feedback question (below), then refer the matter to the team leader. If in a meeting, ask these feedback questions: Why he feels this happened? What is going on for him (pressures) that he needed to behave in this way? What is motivating him at present to act this particular way? Identify the strategies the participant can use next time he is faced with that same situation, feeling or thought. Ask is this behavior consistent with the participant’s values.
- b) **Homework:** Give the participant homework on the event: i.e. have him write about the ways he could better handle the risk next time, ie using strategies.
- c) **Formal Case Conference:** If participant has major breach between meetings this may call for a formal case conference. Depending on the size of the breach this special meeting could include, the team leader and other member/s of the Group, SMR plan coordinator, or Supervisor.
- d) **Referral to specialist:** For breaches that the participant continues to struggle with, if they are seeing a therapist the leader of the group could write asking if there could be a special focus on this behavior.
- e) **Sanction:** If this continues the participant will lose privileges, eg not allowed to call his support person that week.
- f) **Suspension:** The participant will be not allowed to attend church events for a set period. Depending on the nature of the breach, the team leader, church leadership and Coordinator of plan will work out the suspension.

E) Sample Individual Safety Plan

Safety plans are entered into by the participant, local Church leadership, and a denominational representative.

This Safety Plan is entered in to by (name) for the denomination, (participant's name) & (name of church) Church

Date the agreement was entered into: _____

Signatures _____, (name) for denomination,
 _____, (participant's name)
 _____, (2 representatives of church) for
 _____, (name of church) Church

Purpose of Plan

This safety plan recognises the (insert risk level e.g. low to moderate) ongoing risk (name of participant) poses to children, when they are in his presence unsupervised, and seeks to offer (name of participant) meaningful worship experiences as a part of the church family at (name of church) Church.

PLAN:

1. An support group will be in place for (participant) for the length of his involvement at (name of church) Church.

This group will be made up of no less than 4 volunteers from the church family.

This group will also include at least one person from outside the church, this may be a psychologist, or other person suitability trained in this area.

This group will undergo induction training run by the SMR Plan Coordinator.

The follow people have agreed to begin as (participant's) accountability and support group:

NAME	SIGNATURE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Role of the volunteers

- to maintain eye-contact with (participant) whilst he is at church events (services, offsite events, working bees, all places where organised church activities take place).

* eye-contact (visual) contact equates to at least one person must be able to see (participant) at all times, they do not have to be with him (beside him) but rather it is (participant) responsibility to remain in the main area (auditorium, setting,) where the program is during the program and not to stay in places/spaces that are not where the main program is taking place eg car parks, closets, storerooms, toilets, playgrounds.

- to be on a roster for (participant) to call when he needs to talk (min one phone call/week).

- Meet with (participant) for 2hours every 8 weeks for prayer, mutual support and to organise the next 8 weeks of support roster.

- Fill in a short (1page) yearly report to the denomination as to the effectiveness of the program in their view.

Responsibility of (participant)

- to activity remain under the supervision (see above) of his group whilst on church premises or at church related events.
- When (participant) leaves an event he is to do so with either his wife or in the presence on one of the support group.
- When (participant) needs to use restroom facilities he will alert one of his group of his leaving the main group and also of his return.
- To call his rostered support person at least once in the week.
- To meet with the whole group once each 8 weeks.

If for any reason no members of the group can be at a church service/event on the same week (in the planning meeting work this out) then (participant) will not attend that event.

NOTE: If/ when a member of the group moves away from the church or wishes to be no longer be a part of this group, they will notify the denominational representative and a new person will be added to the group.

2. Ongoing Counseling Support

- (participant) will commit to counseling with an agreed upon therapist minimum once a month, who can provide ongoing support and healing for (name of participant) for 12 months, then review. The therapist will provide a report to the denominational representative at the end of the 12 months with recommendations at to future directions.

3. Ministry Opportunities and Exclusions:

- (participant) is welcome at all church events that were adults are present and may participate all church activities that are of a family & whole church or men's ministry nature.
- (participant) is welcome to be on men's ministry teams that minister to men in a group setting, but may not be the team leader such groups.
- (participant) is able to be in a home/cell type group (but not lead such a group or host one in his house)
- (participant) may attend working bees and other church related events in the community but must have at least one member of his support group present.
- (participant) will not be in any positions of team leadership in the church.
- (participant) will not be involved in leading/ volunteering/ helping at any children or youth ministries at any time.
- (participant) will not loiter in areas where children play, eg Sunday school rooms, playground

4. Home and work requirements:

- (participant) agrees not to have children, particularly from the church, in his home unsupervised.
- If families are at his home (participant) will stay in the presence of his wife &/or the adult male house guest at all time.
- No children will sleepover in the (participants) home.
- At work (participant) will act in such ways so as not to bring the good news of Jesus into disrepute.
- Act in loving ways to his family and friends, not in violent or anti-social ways.- Act with sexual integrity, eg; not engage in extra-marital sex, he will only use the internet, TV, DVD, books and media in ways at are helpful for him, ie not for viewing / masturbating to naked/sexual images.

5. Involvement of Denominational representative

Will make 6 monthly checks on (participant)

Will be available for (participant) to phone if he needs extra support

Disclaimer

(participant), the Support & Accountability Group and Church Senior Leadership are aware of this program and agree to keep it confidential.

F) Cost of Establishing and Continuing Support for an ISAP

Phase 1 - Identification & reporting (2010-2011)

SMR meetings (phone and face to face) 3 hours @ 100 p/h = \$300
 + travel min \$50 – up to \$1200 if in WA/NT or remote
 Estimated Subtotal Min \$350, Max \$1500

Phase2 - Psychological support (20110-2011)

4 sessions \$210 per session (Medicare \$115 per session) = \$380
 (I would suggest the participant pays for ½ for this cost) est = \$200
 Report \$500-\$2000 (dependant upon who write the report)
 Plus travel (min \$0 max \$ 1000)
 Estimated Subtotal Min \$700 Max \$3200

Phase 3 - Individual safety plan & Group Training (2010-2011)

SMR cost – 15 hours @ \$100 = 1500
 Plus travel Min \$50 Max \$1000
 Estimated Subtotal Min \$1500 Max \$2500

Phase 4 - Ongoing support (2010-2011)

SMR cost \$5 hours @ \$100 p/h = \$500
 Travel max \$1000
 Specialist/ psychologist involvement
 max 4 sessions \$210 per session (Medicare \$115 per session) = \$400
 Travel per trip \$500 two times max \$1000
 Estimated Subtotal min \$500 max \$2900

Summary Estimated Costs with SMR coordination in NSW

Sydney Metro (Wollongong-Gosford-Blue Mountains)

Establishment = **\$2500**

Ongoing p.a = **min \$500** (no specialist needed in the year)
max \$900 (with specialist needed)

Country NSW

Establishment = \$2500 + \$1600 travel = **Max total \$4100**
 (included 8 days of travel @ \$200 per day accommodation and transport)

Ongoing p.a = **min \$ 900** (no specialist needed in the year + travel)
max \$1600 (with specialist needed + travel)

APPENDIX 1

What we know about persons who offend sexually

A) There is high community feeling/hysteria about sexual offenders:

“Sexual offenders are unwelcome in virtually every community. The mere thought that such a person might possibly move to one’s community inflames negative public sentiment beyond seemingly every other contemporary social issue. ... As a society, we are slowly but surely banning known sexual offenders from our midst. We are forcing sexual offenders into lives of secrecy.” (Circles of Support and Accountability gathering Report Calgary, Alberta, January 14-17, 2008).

B) There are a number of myths relating to sexual offenders:

Keynote: Richard Wortley: School of Criminology and Criminal Justice. Griffith University Brisbane Situational Perspective on Child Sexual Abuse: NSW Ombudsman Symposium 2009

NB: Stats: Taken from talking to offenders in jail in QLD

Myth 1: The myth of ‘stranger danger’; i.e. that most child sex offenders target children who are unknown to them and are located in public places.

Relationship: 56.5% lived with child; 36.9% knew child; 6.5% stranger

Location: 69% at home; 7% public toilet

Myth 2: Most child sex offenders belong to a deviant subculture with high levels of networking

Before arrest: 8% talked to other offenders; 4% member of paedophile group

While in prison: 4% provided with information about accessing children

5% provided with information about clubs

Myth 3: Most child sex offenders are homosexual

Stated sexual orientation: 76% female only; 8% male only; 13% both

Choice of victim: 72% female; 28% male

However, those that are homosexual *DO* actually tend to have more victims.

Myth 4: Most child sex offenders begin to offend sexually at an early age

Mean age of first contact 32.4 years. Most juvenile offenders do not progress to adult sexual offending. However, early onset *CAN BE* associated with higher recidivism.

Myth 5: Most child sex offenders have many victims and will invariably reoffend

Number of convictions 77% are for a first sex offence

Number of victims: 55% had one victim; 3% had more than 10 victims

NB: Recidivism: 13% sexually reoffend within 5 years after release (Hanson & Bussiere, 1998)

Myth 6: Most child sex offenders specialise in sex crimes

Prior convictions: 57% non-sex offences; 23% sex offences

Four times more likely first offence was non-sexual (82% versus 18%);

5% serial specialist offenders

Myth 7: Sexual attraction to children is rare and confined to a small group of deviant individuals

High incidence of child victimisation: 34% of women and 16% of men report child sexual victimisation (Dunne, Purdie & Cook, 2003)

43% of all sexual assault victims are aged 12 -17

only 31% are over 17 years (Simon & Zgoba, 2006)

17% of males admitted having molested a child (Finkelhor & Lewis, 1990)

NOTE: There is attraction to children by non-paedophiles, all people have attraction to children whilst they themselves are children

Myth 8: Most child sex offenders have associated diagnosable sexual disorders

Low incidence of paraphilia: 5.4% exhibitionism, 9% frotteurism, 5% voyeurism

4.2% public masturbation, 1.2% sexual masochism

Treatment: 23% for depression, 18% drug and alcohol, 13% anger problems

Myth 9: Most child sex offenders view child pornography: most people who view child pornography sexually abuse children

Use of pornography by offenders: 75% used general pornography,

10% used child pornography, 4% collected pictures

Offending by pornography users, prior to internet 30% of arrested child pornographers involved in hands-on offending.

Myth 10: Reoffending by child sex offenders can be reliably predicted

There is a tendency to over-predict, assume a high recidivism base rate and often play it safe.

Actuarial assessment is more accurate but still many errors for the most risky i.e. the 12% of offenders identified on the Static-99 (Hanson & Bussiere 1998). Of these 12%, 39% were reconvicted after 5 years; 45% after 10 years; 52% after 15yrs.

C) Distorted views on sexuality and appropriate sexual behaviour:

After leaving prison, or even worse, in the 99 cases out of 100 where an offender is not convicted, the root causes behind the person's offending are often left largely untreated and unmanaged.

Behind offending actions there is a whole range of unhealthy or unrealistic – i.e. distorted views about sexuality and personhood.

i) Theories about sexual distortion (Dr K Seidler)

a) Inappropriate arousal – may be due to modelling, learning, biology

There has been empirical study of this theory, based on conditioning theory. This suggests that the deviancy becomes reinforced by the sexual pleasure associated with masturbation or sexual behaviour. This explains why the behaviour does not extinguish in the absence of behavioural reinforcement.

b) Intimacy and relationship skills deficits

A lack of ability to form "normal" adult relationships due to poor social and relational skills. This is often the result of a lack of inadequate emotional development and/or abuse during childhood.

c) Lack of inhibition over normal desires

This may be due to not being taught boundaries as a child, impulsivity, drug and alcohol use, abuse, mental illness, etc.

ii) Sexual deviance

The other area of offenders life that is largely unmanaged is their sexual deviance, note that sexual distortions are common Worterly 2009 (above) would say that only a small group have these diagnosable deviances.

Types of deviance

Exhibitionism

Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the exposure of one's genitals to an unsuspecting stranger. This may or may not include masturbation.

Fetishism

Over a period of at least six months, current, intense sexually arousing fantasies, sexual urges, or behaviours involving the use of nonliving objects, e.g. lingerie, shoes, etc.

NB: The fetish objects are not limited to articles of female clothing used in cross-dressing or the devices designed for the purpose of tactile genital stimulation (e.g., a vibrator). The fetishistic object is usually required or strongly preferred for sexual excitement, such that in its absence, men may experience erectile dysfunction. Person may masturbate to the object or ask partner to wear it.

Frotteurism

Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving touching and rubbing against a non-consenting person.

Usually occurs in crowded place – such as buses, trains etc.

Paedophilia

Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children. NB: Child must be pre-pubescent – generally under 12. cf hebophilia.

NB: The person is at least age 16 years and at least five years older than the child or children. Specifiers: Male children (more likely to recidivate), Female children; Both; Intrafamilial/extrafamilial Exclusive interest in children.

Sexual Masochism

Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer; infantilism – being forced to act/dress like a baby, infibulation – piercing etc, bondage, hypoxiphilia.

Sexual Sadism

Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person. e.g., Jeffrey Dahmer.

Transvestic Fetishism

Over a period of at least six months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving cross-dressing.

Specify: With Gender Dysphoria – i.e., discomfort with their own gender.

Not if occurs in Gender Identity Disorder.

May also include homosexual activity.

May also be engaged in as a form of anxiety management or soothing.

Voyeurism

Over a period of at least six months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity. i.e., peeping tom stuff – usually involves masturbation.

Paraphilia

Can include: Scatologia (telephones), Necrophilia, Coprophilia, Zoophilia etc...

D) The sexual violence continuum:

It is important to understand that not all sexual offence is illegal and therefore it is important to understand the difference between reoffending and offensive thinking.

It is helpful to see sexual violence as a continuum. The offender may not be at high risk of re-offending, however may hold many beliefs and have many thoughts that are on the sexual violence continuum. From ... non-contact: sexual looks - sexual comments/ jokes aimed at a person - verbal harrassment - harrassment sexually - obscene phone calls - peeping - exposure - right through to ... contact: - frottage - unwanted sexual touching - sexual assault - aggravated sexual assault - rape - rape/murder.

Some of these activities are legal, others are illegal. Offenders may act out the whole continuum. Although some of these may not be experienced as distressful, most women have experienced some act that falls within this continuum. The common denominator is a lack of respect for women.

E) Not all sexual offenders are predators

Richard Wortley is identified three types of offenders:

- i) **Committed offenders**, ie. 23% were serial sex offenders, with a sexual preference for children
Manipulate environment to create opportunities
- ii) **Opportunistic**, ie. 41% first time sex offenders/versatile criminal history
Sexually ambivalent/generalised poor self-control; exploit opportunities
- iii) **Reactive**, ie. 36% first time for any offence
No strong attraction to children/conventional, respond to situational stressors and/or stimulation

NOTE: Predators (groom children) would be considered the “committed” type.

F) Inability to cope: fear of emotional explosion

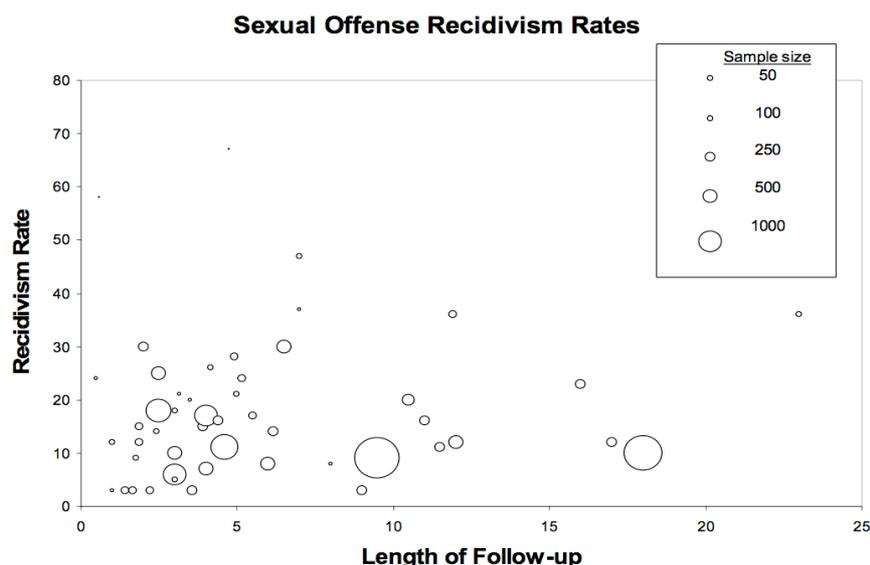
Many offenders have a complete inability to cope. They find emotions very intense: stress, disappointment, rejection, boredom, sexual arousal all cause them to feel like they are going to emotionally explode. Instead of responding to these emotional risks in healthy ways they are faced with the Problem of Immediate Gratification (PIG). The track in their head is screaming “ I am not coping and I need to feel better. I will explode if I do not do something about the way I feel. I will self-soothe”. Unfortunately this often means acting in self-destructive ways, eg looking at sexual images and masturbating, or hitting a person, or telling somebody off, getting drunk, self-harming etc. We need to help these people to understand and address what is happening behind their behaviour. For a lot of offenders, the function behind the behaviour is not obvious. Many have poor or distorted relationship skills, emotional coping strategies and a poor self-esteem and will behave in inappropriate ways and the reason for this will not make sense to you.

G) Will the person re-offend?

Karl Hansen (*Ph.D. Corrections Research Public Safety Canada*) is often asked by the authorities: Will the person re-offend? His response: This is not a simple question.

Consider the following presentation by National Associations of Sentencing Commissions, 2006, in Philadelphia by Karl Hanson:

Average Recidivism Rates Hanson & Bussière (1998) taken from 61 studies with a 4-5 years follow-up
average recidivism rate for sexual offence - 13.4% (n = 23,393) and 36.3% for any form of offence (n =19,374)



In 2003 the US Bureau of Justice Statistics Langan et al, 2003 recidivism of sex offenders released in 1994 (15 States, n = 9,69 three year follow-up; re-arrest for sex crime), 5.3% (517 of 9,691 for sexual offenders), 1.3% (3,328 of 262,420 for other offenders)

In 2005 Hanson & Morton-Bourgon compiled 73 studies, 5-6 years follow-up; 14.3% sexual (n =19,267; 73 studies); 36.2% any (n = 12,708; 56 studies)

In a study in to Sexual Recidivism in a Sample of 4724 offenders after 5 years was 14%, after 10 years 20% and after 15 years was 24%.

But not all re-offences are reported, so what is the estimated rate?

Years of Follow-up	Observed	Estimated
5	10-15	30-40
10	15-25	30-45
20	30-40	40-55

Static-99 Risk Categories	5 years	10 years	15 years
Low (24%)	6	9	10
Medium-Low (33%)	11	13	17
Medium-high (27%)	29	33	37
High (12%)	39	45	52

Established Predictors of Sexual Recidivism

- Sexual Deviancy, i.e. deviant sexual interests (pedophilia) & Sexual preoccupations
- Antisocial Lifestyle, i.e. a history of rule violation
- Lifestyle instability – poor relational and coping skills and lack of care and support networks

Conclusions

- Most sexual offenders are never reconvicted for a new sexual offense
- Not all sexual offenders are equally likely to reoffend
- A number of risk assessment tools are available that have demonstrated moderate to large accuracy
- Offenders who attend treatment are less likely to reoffend than offenders who do not attend treatment.

H) Over-management can lead to higher recidivism

The higher level risk the higher level of management needed the lower level is we over stimulate and talk about it all the time with the low risk persons it can actually increase their risk of reoffended, e.g. the one size fits all covenant might actually increase the risk of reoffending in low level offenders.

I) There are tools for predicting reoffending

i) Actuarial tools, eg Static 99 (taken from STATIC-99 Coding Rules Revised - 2003 Andrew Harris, Amy Phenix, R. Karl Hanson, & David Thornton).

The Static-99 is a brief actuarial instrument designed to estimate the probability of sexual and violent recidivism among adult males who have already been convicted of at least one sexual offense against a child or non-consenting adult.

The 10 items contain demographic, criminal history, and type of victim questions.

1 Young: sexual recidivism is more likely in an offender's early adult years than in an offender's later adult years. If the offender is between his 18th and 25th birthday at exposure they are at higher risk of reoffending

2 Intimate Partner – 2 Years: prolonged intimate connection to someone may be a protective factor against sexual re-offending. On the whole, we know that the relative risk to sexually re-offend is lower in men who have been able to form intimate partnerships. The intent of this item is to reflect whether the offender has the personality/psychological resources, to establish a relatively stable "marriage-like" relationship.

3 Non-sexual Violence (NSV) – Any Convictions : A history of violence is a predictive factor for future violence. All non-sexual violence convictions are included, providing they were dealt with on

the same sentencing occasion as the Index sex offence(s). Both adult and juvenile convictions count in this section. In cases where a juvenile is not charged with a violent offence but is moved to a secure or more secure residential placement as the result of a non-sexually violent incident, this counts as a conviction for Non-sexual Violence.

4 Prior Non-sexual Violence – Any Convictions The presence of non-sexual violence predicts the seriousness of damage were a re-offence to occur and is strongly indicative of whether overt violence will occur (Hanson & Bussière, 1998).

5 Prior Sex Offences: This item and the others that relate to criminal history and the measurement of persistence of criminal activity are based on a firm foundation in the behavioural literature. As long ago as 1911 Thorndyke stated that the “the best predictor of future behaviour, is past behaviour”. Andrews & Bonta (2003) state that having a criminal history is one of the “Big Four” predictors of future criminal behaviour. More recently, and specific to sexual offenders, a meta-analytic review of the literature indicates that having prior sex offences is a predictive factor for sexual recidivism.

6 Prior Sentencing Dates This item and the others that relate to criminal history and the measurement of persistence of criminal activity are based on a firm foundation in the behavioural literature. Andrews & Bonta (2003) state that having a criminal history is one of the “Big Four” predictors of future criminal behaviour.

7 Any Convictions for Non-contact Sex Offences Offenders with paraphilic interests are at increased risk for sexual recidivism. For example, most individuals have little interest in exposing their genitals to strangers or stealing underwear. Offenders who engage in these types of behaviours are more likely to have problems conforming their sexual behaviour to conventional standards than offenders who have no interest in paraphilic activities.

8 Any Unrelated Victims? Offenders who offend only against family members recidivate at a lower rate compared to those who have victims outside of their immediate family (Harris & Hanson, Unpublished). Having victims outside the immediate family is empirically related to a corresponding increase in risk.

9 Any Stranger Victims? Having a stranger victim is related to sexual recidivism. If the offender has a “stranger” victim, Item #8, “Any Unrelated Victims”, is generally scored as well. A victim is considered a stranger if the victim did not know the offender 24 hours before the offence. Victims contacted over the Internet are not normally considered strangers unless a meeting was planned for a time less than 24 hours after initial communication. In cases of “stalking” or stalking-like behaviours the offender may know a great deal about the victim and their habits. However, if the victim does not know the offender when they attack this still qualifies as a stranger victim.

10 - Any Male Victims? Offenders who have offended against male children or male adults recidivate at a higher rate compared to those who do not have male victims. Having male victims is correlated with measures of sexual deviance and is seen as an indication of increased sexual deviance; see Hanson and Bussière (1998).

ii) Dynamic factors (Michael Allan, Randolph C. Grace, Bronwyn Rutherford and Stephen M. Hudson 2007)

Analysis showed that social inadequacy, sexual interests, anger/hostility, and pro-offending attitudes impact the likelihood of recidivism. Factor scores for each dimension were significantly correlated with sexual recidivism. Logistic regression analyses confirmed that the Sexual Interests and Pro-Offending Attitudes factor scores, as well as an Overall Deviance score which combined the dimensions, provided significant additional validity for predicting recidivism beyond the Static-99 (Hanson and Thornton Law and Human Behavior 24:119–136, 2000). When added to the Static-99, the Overall Deviance score increased the area under the Receiver-Operating Characteristic curve (AUC) from 0.72 to 0.81. These results show that psychometric self-reports can provide valid measures of dynamic risk factors, and that inclusion of such measures can improve risk prediction beyond that achievable by static factors alone.

APPENDIX 2

What helps stopping people from reoffending

A) Need for personal responsibility ... sexual offence ... It's a choice

We need to understand that even though some will tell you they are out of control, they are not. Every person has a choice. If a sex offender rapes a child in a dark room, they offer the excuse, 'I just snapped'. We need to ask the offender, 'would you have just snapped if it was in the day time, in public and the child was standing with a policeman?' The answer would be "No". SO it is about choices, everyone has a choice.

Part of respecting others is to take responsibility for ones' own actions over and towards others. Past offenders must not minimise their past actions but rather take full responsibility for them and make changes in their thinking and actions. Part of respecting all victims it to ensure that no further offensive behaviour (legal or illegal) occurs. This respecting of others will mean accepting that their past actions have lifelong consequences around the nature of their ministry. (taken from a conversation with Dr Katie Seidler)

B) Power of social relationships

"Secrecy is a hallmark of sexual offending, are we, in our haste to rid ourselves of these people, potentially making the situation worse? The Good Lives Model (Ward & Stewart, 2003) suggests that we must see offenders as whole persons if we hope to achieve maximal reductions in recidivism. Balanced, self-determined lifestyles (Curtiss & Warren, 1973) are, by definition, free of criminal behaviour. This is a necessary goal for offenders who seek to change their future and gain some balance and perspective in their lives." (Circles of Support and Accountability gathering Report Calgary, Alberta, January 14-17, 2008).

What people do in private and what they acknowledge in public are two different things. That is, there is a process of socialisation that we are all subject to (clinicians and clients alike), through which we develop, often stereotypical beliefs, about what is normal and abnormal. Our history with these issues are couched in the Middle Ages and the social embarrassment and awkwardness associated with sexual issues, from which we really did not achieve any liberation until the sexual revolution in the last 40 years. Therefore, as a community, we are still fairly young and inexperienced in dealing with sexual issues comfortably and openly. For example, think how comfortable you would be in asking someone about their sexual thoughts, feelings and behaviours. (taken from a conversation with Dr Katie Seidler)

C) Respecting personhood

One of the goals of the ISAP is to help them become a respecer of persons.

Personhood is made up of self respect, self esteem and self confidence, many offenders do not have good self image and self respect, and therefore have a hard time respecting others.

In a Christian context God has created us in his image. Genesis 1:26-28 reminds us that: *God said, "Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground." 27 So God created man in his own image, in the image of God he created him; male and female he created them. 28 God blessed them and said to them, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground."*

We are important, each of us has been made in the image of God with an important task to do: care for this planet and to love other people as we love ourselves.

D) Safe choices, appropriate expressions of sexuality

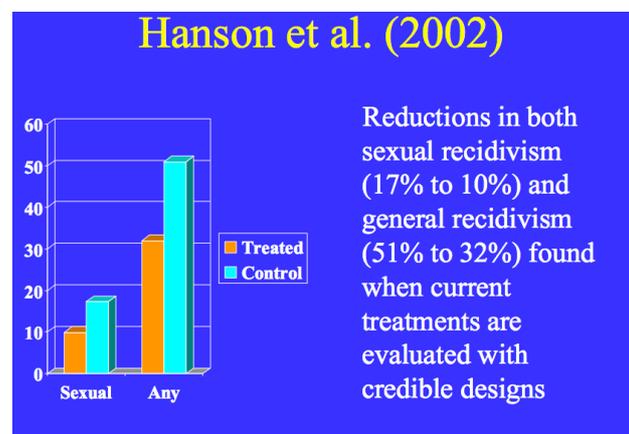
Teaching the past offender how to have a framework for sex that is based on intimacy.

That healthy sexuality is expressions of intimacy where relationship security allows for us to belong to another person. Inappropriate sexuality is when it is non-intimate.

For the participant they have in the past acted in sexual ways that have harmed others and themselves. For whatever reasons the participant has acted in unsafe expressions of sexuality, the focus now must be on readdressing their actions and hopefully thoughts to healthy and safe sexual expressions (taken from a conversation with Dr Katie Seidler)

E) Treatment programs

Undergoing treatment works:



F) Personal Risk Management

Risks are the temptations or pressure points that lead to the participant on the 'slippery slope' towards reoffending behaviours, or acting in emotionally self-destructive or relationship destructive ways.

Responses to risks ... fighting the PIG

Many offenders have a complete inability to cope. They find emotions very intense, stress, disappointment, rejection, boredom, sexual arousal all cause them to feel like they are going to emotionally explode. Instead of responding to these emotional risks in healthy ways they are faced with the PIG. PIG is the Problem of Immediate Gratification. The track in their head is screaming "I am not coping and I need to feel better. I will explode if I do not do something about the way I feel. I will self sooth". Unfortunately this often means acting in self-destructive ways, eg looking at sexual images and masturbating, or hitting a person, or telling somebody off, getting drunk, self harming etc.

Strategies for Managing risks

Behavioural: Identify what actions help redirect action away from the risk to a healthy response, eg phoning a friend, going for a walk, reading the Bible, listening to some calming music.

Cognitive: tell yourself the consequences of giving into the PIG, e.g. I will go back to jail if I do this, I will not be allowed to church etc.

Preventative Structures: The program, church, exercise, employment, healthy relationships. The power of social accountability! Humans long for social acceptance, the power of a group holding the participant accountable to healthy sexuality is powerful.