

1. INTRODUCING THE CENTRE

I.T.E.R is an outpatient clinic where offenders of sexual abuse can find help. "Iter" is a Latin word (as in "itinerary") and means "the way ahead" or "an expedition". The letters of the word I.T.E.R. represent the purposes of our therapy: I-mpuls control, T-ackling re-offending, E-mpathy awareness, R-esponsibility acceptance.

I.T.E.R. is a working partnership linking CAW Archipel-Groot Eiland vzw, CCCZ Ahaseverus VZW, and Teaching Projects. The three organisations have pooled their resources to form one single team of the area Brussels/Halle/Vilvoorde. In this way the provisions drawn up between the Flemish Authority and the national Ministry of Justice regarding conformity in the treatment of sexual offenders have been fulfilled at local level. In addition Archipel-Groot Eiland is authorised to supervise the welfare of patients in the district of Leuven.

By means of this co-operation I.T.E.R. can give a clear picture of the help it offers to all those interested. There is now just one Flemish-speaking reporting centre in the whole area for the therapy and counselling of sexual offenders. As well as this, the partnership allows I.T.E.R. to evaluate patients' files inter-disciplinarily. In the interest of accessibility and because of the anonymity offered by a large city, Brussels was chosen as location. This was made possible through the support of the Flemish General Assembly.

A. What we offer

The services of I.T.E.R. are at present limited to the needs of offenders of sexual abuse. Our help programme offers concrete help as follows:

- Admission and provision of information.
- Consultation, psycho-criminalistic testing, symptom analyses, expertise.
- Treatment and guidance specially devised for offenders:
 - In the legal context, reporting back to the courts.
 - In the non-legal context, reporting back to the referring authority (eg. Help Centre for Child Abuse, Committee for Youth Welfare).
 - Such help and guidance requested by the offender and his/her milieu.
 - Pre-therapy for clients still under sentence in prison.
 - System support with the function of a therapy for offenders.
- Coaching and, or, consultation for non-specialist and therapists working with offenders of sexual abuse.
- Organisation, training, and (team) guidance.

Our therapy is based on tackling re-offending and boosting motivation; individual therapy sessions; group sessions; psychiatric and audiologist consultations; behaviour guidance therapy; system directed psychotherapy; bonding and sexual relationships; special skills training (eg. Stress and rage management) social skills.

Our work at I.T.E.R. derives from the main aim of averting further victims. This means that we endeavour on the one hand to prevent a re-offence within the short-term future by means of the above mentioned behaviour guidance, on the other hand to prevent a re-offence within the middle-term future via the above mentioned specially devised therapy. As we see it, there is little point in talking about preventing a re-offence within the long-term future. This also with regard to presently accepted views in scientific and therapeutic circles. Complementing to the task of preventing a re-offence, we work with the offenders over and above this, to develop their sense of responsibility, their ability to empathise, their reliability in personal relationships, their respect for others and for themselves, their self-analyse and need to feel pity for their victims. Finally we try to improve the quality of life of our clients by making specific – but unconditional – suggestions on how to broaden their outlook. The letters of I.T.E.R. thus take on this special significance:

- I-mpulse control is preventing a re-offence in the short term. Gaining insight into one's impulses, gauging and recognising them and this learning to control them.
- T-ackling re-offending – our central task, the assignment and mandate I.T.E.R. has been given.
- E-mpathy awareness or developing the ability to feel. This includes living with the victims of one's own abuse, a necessity that acquires a much broader perspective in the course of therapy.
- R-esponsibility acceptance – the neediness to take responsibility – primarily for the crimes themselves. Yet often the flight from responsibility is a topic, which demands greater attention.

B. Referring offenders to I.T.E.R.

I.T.E.R.'s programme of extra-penitentiary help can be taken up on either a compulsory or voluntary basis. Authorities considering referring patients are welcome to take part in the admission sessions operating at I.T.E.R. on weekdays between the hours of 9 to 16.

- Court referrals result from the court decision to impose a legal measure. Here, I. T. E. R. is happy to provide any document relevant to our work. I
- In the case of a referral by another authority (out of court) we ask you to call us up for preliminary consultation.
- In cases of incest we consider the advisability of providing family guidance at another centre in addition to counselling the offender.
- With juvenile offenders the questionnaires whether specialised therapy is at all advisable, (risk of stigmatising a young person through identification) and if so, what measures are to be taken regarding the offender's family.
- Over and above we offer counselling to people undergoing a therapy elsewhere (eg at a family guidance centre) and for whom an additional therapy, from the perspective of an offender would be helpful. In both cases, mutual help and consultation are very important for us.

1. Counselling after a court decision

We are dealing here with offenders who have been referred to us by a Court, which has imposed a legal measure as condition to the sentence. The law provides for such measures within one of the following categories:

- Suspension of proceedings, the case is dropped.
- Sentence conciliation.
- Suspension or deferral of probation
- Temporary custody (release on probation)
- Temporary imprisonment (the law of 13/04/95 sexual abuse with juveniles)

The client must sign an agreement to follow a therapy and arrangements are made for reporting back to the court.

2. Counselling required by another Authority

Persons who can be said to show abnormal sexual behaviour problems can be forced into seeking help by an authority, which is not (yet) prepared to take legal steps.

Compliance can be won with the threat or legal action, should the person be unwilling to accept counselling.

Such referrals may be made by:

- Confidential centres for child abuse
- Private therapists or general practitioners
- Closed care-centres (special youth care centres, psychiatric clinics)
- Any other support or advisory authority (who should, however, state clearly how far the referral is compulsory and provide an accompanying report).

3. Counselling as a result of social pressure

Persons in the immediate social vicinity of the offender can exert pressure to rouse him/her to seek help. For example, the partner can threaten to move out if the offender refuses counselling.

Likely persons are:

- family members (parents, partners, grown-up children)
- abused victims (+their family, neighbours)
- an employer can refer an employer who works with children.

4. Counselling for opportunist reasons

The offender is not (yet) known to the court, has not been referred by any other authority, but suspects that a charge is looming and should be made any day. He enrolls out of expediency at an offender-counselling centre. Such a step frequently leads to a therapy imposed by the court. In some cases advice, to seek help comes from the police: complaints have come in but seem to be without foundation; statements have been made, but do not refer to any punishable offence (eg not quite child, porno). In such cases the police can advise someone to seek help voluntarily.

5. Seeking help voluntarily

In this category we include anybody who feels he/she has a problem with (possible) abnormal sexual behaviour or who wants to know more about him/herself in this particular context.

C. Our team

Connie NAULAERTS medical psychiatry, mental health care
Jessica OPSTEYN, criminology, general welfare work
Ina RAYMENANTS, psychology, training projects
Rebecca TOURNICOURT, secretary, mental health care
Filip VAN CANEGEM, social work, general welfare work
Else VAN DAELE, criminal sexology, mental health care
Kris VANHOECK, psychology, mental welfare work
Kathy VERSPREET, criminal sexology, general welfare work
Geert WALRAEVENS, social work, general welfare work

Co-ordinator:

Jo BILLION, mental health care
Ivan DE NAEYER, general welfare work
Roland MARTEIN, Training projects for offenders of social abuse

D. Contact address

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2. OUR TARGET GROUP

I.T.E.R. is there for anyone who has committed punishable sexual offences, or anyone who fears he/she might do so and opts beforehand to follow a therapy and guidance in this problem.

To be able to participate in ITER's help programme applicants must fulfil certain conditions:

- They must belong to the target group described above, or, at any rate, be prepared to consider carefully which they do so.
- The decision to participate must be entirely their own. That is to say, the decision should not be influenced by any possibility offered by the referring authority (eg. Regarding the type or length of a sentence, or a criminal record).
- They must agree to comply with the conditions the referral authority attached to their participation.
- They must be prepared to examine their way of life and, should it be necessary, to change it.
- They must resolve to do everything possible to avoid committing (future) punishable act of sexual abuse.

We can differentiate between the various types of abuse:

- Sexual abuse of children under 16 years of age
- Sexual abuse of juveniles between 16 and 17 years
- Rape and sexual coercion of adults

- Indecent exposure
- Voyeurism
- Frontage
- Sexual assault of a partner
- Child pornography
- Indecent, obscene telephone calls
- Sexual stalking
- Acts not in themselves sexual but with sexual intent

In addition the following conditions afflicting the subject him/herself:

- Compulsive abuse fantasies
- Fetishisms
- Hypersexuality
- Sex addictiveness
- Fear of losing control and committing

As far as is possible and taking into account the latest developments in scientific research, I.T.E.R. aims to offer a broad spectrum so that the entire target group of sex offenders has access to appropriate help.

We are thinking here of:

- Offenders with low intelligence
- Mentally deficient offenders
- Offenders from other cultures
- Juvenile offenders over 13 or 14 years
- Women offenders
- Older or aged offenders
- Offenders who deny guilt

In time we hope to find the means to extend the target group to include offenders of domestic violence and road rage.

3. INTRODUCING THE WAY WE WORK

A. Counselling and Treatment

1. Enrolment and Evaluation

Given the nature of the target group it is usual for the first contact to be made per telephone from a referring authority. An appointment for an introduction talk is agreed thereupon with the referees, and similarly if the client him/herself first contacts us. Anyone who belongs to the target group can avail him/herself of an introductory talk. An offender who must stay in prison is then referred to the appropriate psychosocial service. Other delinquents (eg. Convicted of drug abuse) are referred directly to the special guidance centres. We endeavour to see that the introductory talk takes place at the earliest possible date – generally speaking within a fortnight of the first telephone contact.

In the course of the introductory talk we listen to the offender's version of the facts and inform him/her about the process of evaluation and possible therapies. This first talk is separate from the following sessions. We take it that the subject has been given plenty to think

about after the talk and that there is no sense in making an evolution until he/she returns for the following appointment. Should he/she not appear, or not wish to co-operate further with us, this fact is made known to the referees.

The evaluation phase begins as soon as the client returns for the next appointment. The purpose now is to get to know the client, his/her milieu and problem better. The client is given a booklet, which gives a clear and detailed description of the course of the evaluation phase, what rights and duties are incurred (eg. Our professional discretion, to whom we report) and within that legal framework counselling can take place.

The information gathered during this phase is then discussed inter-departmentally by our team (psychiatric, psychodiagnostic, psychosocial). The ultimate aim is to find and form an answer to the following questions:

- Is there any point in the offenders undergoing therapy?
- If yes, what form should the treatment take?
- What precautions might have to be taken to allow out patient sessions?

Clients who “absolutely and obstinately” deny having committed abuse and also deny having any problem in this area cannot be considered for the specialised offender therapy. For such persons we can begin with a problem-awareness therapy. At the end of maximum six months the situation will be reconsidered.

We discuss the outcome of the evaluation with our client and explain the proposals the team has made. Counselling starts for real as soon as the client has signed the enrolment agreement which we first go through and explain to him/her.

2. Proposed therapy

Following the evaluation we present the client and the referees with a tailor-made proposition. The proposed therapy can include the following elements:

- Specialised individual therapy and psychosocial counselling
- Medical-psychiatric and andrologistic support
- Sexuologic counselling
- Individual re-offence programme according to Teaching Projects
- Bonding and building sexual relationships
- Support behaviour therapy
- Partner counselling and family guidance

The therapy courses provided by I.T.E.R. are always intensive. Sessions are normally weekly and these are frequently backed-up by written assignments to intensify at home the knowledge gained in the sessions.

Because group therapy occupies an important and unique place in I.T.E.R.’s programme we are listing here the groups with whom we work. This doesn’t mean that every group is available at any moment.

- **The entry group:**

This group is meant as a threshold group. Here, clients who so wish to can become acquainted with working in a group while waiting until their own particular group gets under weigh. The

topics treated in this group are mainly concerned with daily life and general motivation for a therapy. The group can have up to 10 members and meets fortnightly for 1-½ hours.

▪ **The re-offence group:**

This central group follows a model programme for the prevention of re-offending. The work in this group is mainly psycho-educational and the participants must possess certain learning skills. A basic requirement is the ability to read and write. This group works as a unit so that its members can progress to the following programme dealing with self-control and awareness. The group can include up to 8 or 10 members.

▪ **The back-up group:**

This group is as a follow-on to the re-offence presentation group, treating the same topics but more profoundly. One title for the programme is self-explanatory for its members: 'From Awareness to Change'. This group is a classical therapy group working with topics of personal interest to its members. It is an open group and smaller than the predecessor with 6 to 8 members.

▪ **The low intelligence group:**

The level of abstract comprehension is lower in this group. Seeing connections and drawing conclusions don't come so easily and not along recognisable lines. This is an open group, which can take up to 10 members. Non-verbal methods have proved very useful here. The topics concern mainly what the group has experienced in the previous week and what must be done in the following.

▪ **The group for younger clients:**

Juveniles from 14 to 15 years. Current trends in juvenile subculture are taken up in the work of this group, as are problems of the particular stage of development of the young people. Some of the methods and principles used in the re-offending prevention group can be useful here but not in the form of a strict programme. There must always be time enough to talk about personal experiences and daily problems. The group is open to all and has up to 5 to 7 members.

▪ **The older persons' group**

The over-sixties, not unlike the younger generation, are living through their own phase of development. In a different way, the future occupies their thoughts, too. Their life) situation is however different and they can't identify with the problems of re-offence which are important to younger people (job, relationship). The idea in this group is to exchange and share experiences with each other. There is always room for enlightening conversations, and a deeper insight into many topics can be achieved by reading texts and reports together. The group is open to all.

▪ **The contact group.**

Undergoing a therapy can make a great difference to a person's life. The isolation and secrecy, which someone must now leave behind, make it difficult to shake all the stress of therapy. Some clients are so unsure of themselves that it is a great help if they can retain a link with I.T.E.R. through a free-and-easy chat group. This group is proposed on a voluntary basis at the end of a therapy. Especially socially inept offenders who find socialising difficult can profit from this group.

- **The partner group**

The partner of an offender who opts to stay by him/her has often to contend with ostracising. Partners often express the need to be able to talk to others sharing the same fate. This group is run with the strict guarantee of discretion. Its purpose is certainly not to gain information in a roundabout way over the offender's current behaviour.

- **Aftercare**

After completion of the intensive phase of therapy, the treatment doesn't come to an abrupt halt. During the after-care period the therapy sessions become less and less frequent until consultations are planned for once every three or four months only. At the end of this phase it is left to the client to make an appointment after a year and a half. On this occasion, progress can be examined and the lasting effects of the therapy evaluated.

B. Additional Help Programmes

1. Pre-therapy

Flemish speaking offenders in custody who (partly) admit to having a problem with sex-abuse are welcome to enquire about this programme.

Pre-therapy is a correspondence course. The offender is sent at intervals of up to two weeks an assignment, which ends with several written exercises. He is asked to complete the assignment and then return it to us. The pre-therapy course is implemented via the workbook: "A Workbook to help Offenders: Therapy for Sexual Abuse", by Kris Vanhoeck and Else Van Daele, published by Acco Leman (1999).

2. Request for expertise

We are sometimes asked for a professional opinion in a matter not involving treatment. A referring authority requests written advice on a number of questions about therapy. Such a query might be: whether the person in question might benefit from therapy; what from the therapy might take; what precautionary measure must be taken to ensure that the therapy can progress with maximum safety.

The question as to whether the suspect has really committed the crimes must remain unanswered. This is a matter for a court to decide, not a therapy centre.

3. Problem awareness

This programme is aimed at offenders who deny their guilt. Denial in front of a court or under arrest takes on another meaning in the presence of a therapist. We thus provide denying offenders with the chance to consider what sense there is in their continuing to deny their guilt when help is being offered in exactly this context. We have to make it clear to the referring authority that, as this programme can take no responsibility for the consequences where the centre is not completely involved. We are not speaking in this programme of re-offence prevention.

4. Co-operation

Persons within the immediate vicinity of the offender can find help at the Centre for the questions and problems caused by the accusations of abuse. However, we expressly avoid any direct or indirect conjectures on the question of guilt. Help is especially appropriate in such cases where the partner is actively or passively involved in the abuse. In the case of juveniles or mentally deficient persons we aim at all times to consult with the family or institution.

C. Programmes not pertaining to offenders

1. Enrolment and Provision of Information

I.T.E.R. operates a reception-session on weekdays between the hours of 9 and 16. Anyone is welcome then to inform himself or herself about our work. We cannot, however, take on large quantities of queries from schools or students. Enquiries about I.T.E.R.'s client must always be handled with extreme professional discretion.

2. Coaching and Consultation

Helpers and all those who have to deal in non-specialist centres with persons with abnormal sexual behaviour are welcome to seek informal advice at I.T.E.R.

3. Organisation, Training and (Team) Guidance

We offer our services to interested therapist, nurses, prison warders and legal. Information is available at the secretary's office. On our web-site we also make our undertakings regularly known.