

## **GROUP 3**

### **TREATMENT PROGRAMMES FOR PERPETRATORS**

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|------------------------|-----------------------------|---------------|
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#### **I. INTRODUCTION**

Group three was assigned to discuss “Treatment Programmes for Perpetrators of Domestic Violence (“DV”) and Child Abuse (“CA”)”. A tentative agenda for discussion was worked out as follows:

- (1) The treatment programmes for perpetrators (“the Programme”) in respective countries;
- (2) The purposes of the Programme;
- (3) The target participants of the Programme;
- (4) The Programme setting;
- (5) The methodology of the Programme;
- (6) The time frame of the Programme;
- (7) The funding of the Programme;
- (8) The staffing arrangements of the Programme;
- (9) The schedule of the Programme; and
- (10) The title of the Programme.

#### **II. THE TREATMENT PROGRAMMES FOR PERPETRATORS IN RESPECTIVE COUNTRIES**

The Group first reviewed the Programmes of the participants’ countries. While some participants stated that their countries did not have any specific Programmes for DV and CA, other participants said they had some for certain categories of perpetrators. Detailed situations in respective countries are as in Appendix A.

The Group proceeded to discuss the definitions of perpetrators and offenders which would be used throughout this study. After discussion, the Group agreed with the following definitions:

- (1) “Perpetrator” means any person who commits the act of DV/CA or both, whether convicted or not.
- (2) “Offender” means any person who commits the offences of DV/CA, or both.

#### **III. THE PURPOSES OF THE PROGRAMME**

In the course of discussing the purposes of the Programme, participants of the Group raised different issues for consideration including reducing the perpetrators’ violent behaviour, protecting the victims’ safety, promoting the awareness of the perpetrators, preventing further violence of perpetrators and reintegrating the perpetrators into their family. After discussion, the Group agreed that the main purposes of the Programme could be summarized as preventing further violence, rehabilitating perpetrators and protecting victims’ safety.

However, the Group was divided on whether to include reintegration of perpetrators into their family as one of the Programme purposes or not. As pointed out by the Japanese participants, most victims of DV and CA in Japan might not welcome the return of perpetrators to their families. Hence, the Group would only recommend including “reintegration” as one of the Programme purposes when both the perpetrators and the victims wished for a family reunion. The detailed opinions of each participant are contained in Appendix B.

In order to obtain opinions on the “reintegration” issue from the participants of other Groups, this issue was tabled in the first plenary session for further discussion. The visiting experts said that we had to consider many factors when we provided perpetrators with any treatment Programme such as the wishes of perpetrators and their family members or partners, the safety of the perpetrators’ new family, the possibilities of perpetrators’ rehabilitation, and the accommodation needs of the perpetrators after release. While it was good to include reintegration as one of the elements of the Programme, we should not force reintegration in principle. Another advisor drew our attention to a sexual abuse case in which the victim was removed away from her family after the perpetrator had returned home. The victim was deprived of her family’s protection because she had to live alone from the family and we had to consider providing her with necessary protection.

The participant from Egypt would like us to consider the possibilities that an offender might take revenge against a victim who reported the case to the Police and led to his incarceration. The participant from Malaysia suggested if we could consider making reference to the arrangement of sexual offenders being adopted in the USA which made known the offenders’ identity to their neighbours.

#### IV. TARGET PARTICIPANTS

The Group went on to discuss the target participants of this Programme. In general, the Group agreed that perpetrators included two main categories, i.e. perpetrators who had been arrested by the Police, and perpetrators who had not been arrested but they requested to take part in the treatment Programme. The former category included perpetrators who had been charged by Police and convicted by a court, probationers and Parolees.

Some Group participants suggested focusing our studies on the treatment Programmes taking place inside prisons due to their personal interest and work experience. A Group participant from Japan suggested our target participants should also cover probationers and parolees in order to study the issue of victim’s safety after the offenders returned to the community. Another Group participant from Japan suggested we should cover more target participants in order to have a fuller picture of the problem. Besides, it would not be too time-consuming to do so because the components of each programme were similar to each other.

With advice from Dr. Stefanakis, the Group identified four types of target participants including inmates, parolees/probationers, persons given a suspended sentence/conditional sentence, and persons taking part in the programme voluntarily. After deliberation, the Group agreed to focus our studies on the former two types of perpetrators which were of more interest to the Group participants. The Group then went on to discuss the advantages and disadvantages of the treatment Programmes for them.

##### A. Programme for Inmates

The programme for inmates had many advantages. Firstly, inmates were more risky than non-inmates since inmates had committed more serious crimes than non-inmates. It was necessary to provide them with a treatment Programme in order to change their behaviour and reduce recidivism. Secondly, it was more economical to conduct an intensive treatment programme on inmates who were kept in custody. Thirdly, it was convenient to conduct the treatment Programme for both service providers and inmates, and as a result, the dropout rate might be reduced. However, this Programme also had many disadvantages. Some inmates might join the Programme only because they wished to secure a better opportunity of parole. The effectiveness of the Programme was in doubt because its content would be very general and did not suit the specific needs of each individual inmate. Moreover, as a prison setting was very different from their home environment, the effectiveness of the Programme might be affected after the release of inmates from prison. Mr. Miura stated that it was always difficult for an inmate to reform himself. Some Group participants also said that the length of imprisonment terms for some inmates might be shorter than the duration of the

treatment Programme. As a result, inmates were unable to complete the Programme before the expiration of their sentences. Besides, some inmates would prefer not to take part in the Programme as no sanction would be taken against them. A participant raised a concern over the cost-effectiveness to run the Programme. Sometimes, the number of target participants incarcerated in a particular prison was very small and we had to group them together to participate in the treatment programme in one single prison.

### **B. Programme for Probationers/Parolees**

Regarding the advantages of the Programme for probationers/parolees, the Group agreed that it was easier for relevant authorities to set conditions requiring probationers/parolees to attend the programme. The motivation for them to take part in the Programme would be higher because it was laid down as one of the conditions in the Probation/Parole Orders and breach of such condition would be met by appropriate sanction. Moreover, the Programme content was more geared to the home environment. Research results in many countries showed that the Programme conducted in the community was more effective in reducing re-offending behaviour than in penal institutions. Besides, probationers/parolees could voluntarily continue to take part in the Programme even if they could not complete the Programme after the expiration of Probation/Parole terms. The community could also offer assistance to the Programme. Mr. Miura suggested that probationers would be more likely to change their behaviour than inmates because probationers had a lower criminal tendency. However, Dr. Stefanakis pointed out that probationers were found to have a “medium to high” level of risk to commit DV according to the studies conducted in Canada.

On the other hand, the programme for probationers/parolees had its disadvantages. First of all, the dropout rate for this group of perpetrators would be higher as they were not incarcerated and might not attend the Programme. The probationers/parolees could access the victims while inmates could not.

A Group participant from Myanmar commented that there was a problem with the aftercare system in his country. While most perpetrators would need post-release supervision, some of them were subject to such requirements unnecessarily.

Dr. Stefanakis suggested that in order to establish any treatment programmes, it was necessary to consider the available options based on research evidence.

## **V. CHARACTERISTICS OF PERPETRATORS AND PROGRAMME SETTING**

### **A. Characteristics of Perpetrators**

Mr. Miura suggested that we should amend our agenda by studying the characteristics of DV perpetrators such as their behaviour, attitude and thinking before proceeding to discuss the Programme setting. He explained that we should identify the common characteristics of DV perpetrators and target the traits. We should then select an appropriate approach such as education or counselling in correcting perpetrators' behaviour, attitude and thinking. Mr. Suzuki and Mr. Flor agreed with his suggestion. However, Mr. Bankobeza pointed out that firstly, there was no treatment Programme for perpetrators in his home country and secondly, the proposal of Mr. Miura was very difficult to understand by some Group participants. He opined that we should study the relationship between the Programme and the perpetrators' characteristics such as age, sentence, number of previous offences, etc. Mr. Suzuki considered it was necessary for us to understand the cause of the perpetrators' behaviour before mapping out their correction plans and Dr. Stefanakis agreed with him.

Mr. Suzuki suggested that we deal with DV and CA perpetrators altogether, as most of their characteristics were common. For example, they usually committed the offence against their family members and would try to rationalize their behaviour or put the blame on the victims. Mr. Miura suggested that male adult DV perpetrators, the majority group of perpetrators, as our target of intervention. Dr. Stefanakis supported this idea because the characteristics of DV and CA perpetrators were similar, and we could avoid confusion by only focusing on male adult DV perpetrators.

The Group then proceeded to discuss the typical attitude, cognition/thinking, competence and behaviour of perpetrators based on a literature review and their personal experience. The observations of the Group are summarised in Appendix C.

Mr. Ifo commented that in Samoa, the perpetrators would usually show respect to the Police when being investigated. Perpetrators would cooperate with the Police and give all the information required. Sometimes, perpetrators would argue that the victims had first stirred up the confrontation. Mr. Miura and Sugimoto shared their experience in handling perpetrators and both of them had similar observations on perpetrators. The perpetrators would be nice persons in the community but turned out to be tyrannical in the family. The Group interpreted such behaviour as a typical example of perpetrators who were the dominator in the family, tended to shift responsibilities to others, and had the ability to control when to use violence.

### **B. Feedback from the Second Plenary Meeting**

The Group consulted the opinions of other participants on selecting the target participants for the Programme in the 2<sup>nd</sup> Plenary Meeting on 15<sup>th</sup> June 2005 and Mr. Ifo gave the presentation on behalf of the Group.

During the meeting, Professor Ikeda opined that selection of target participants depended very much on which agencies were responsible to provide the services. Of course, it would be desirable to provide the service to all perpetrators particularly those who joined the Programme voluntarily. Dr. Stefanakis suggested that even though the criminal justice system had a mandate to treat court ordered offenders, one to two persons could be allowed to receive the treatment voluntarily if space permitted. Professor Senta suggested classifying the perpetrators into three main groups including inmates, persons undergoing mandatory treatment programmes in the community, and persons undergoing a voluntary treatment programme. The group of persons undergoing a mandatory treatment programme could include probationers, parolees, and persons given suspended/conditional sentence. While the Group discussed and agreed on the suggested classifications made by Professor Senta, it decided to focus solely on probationers/parolees among the big group of persons undergoing mandatory treatment programmes for the continuity of the discussion.

### **C. Programme Setting**

After an explanation by Mr. Miura, the Group agreed to adopt the “Common Hybrid Model” when considering treatment Programmes for inmates and probationers/parolees based on the successful results in Canada. A brief description of the model is shown in Appendix D.

In order to speed up the discussion process, the Group also agreed to split itself into two sub-groups chaired by the Chairperson and the Co-chairperson and to work out the details of the treatment Programme for inmates and probationers/parolees respectively in their leisure time. Each Group would submit their observations in the formal meeting for the consultation of the entire Group.

## **VI. DETAILED ARRANGEMENTS OF THE TREATMENT PROGRAMME FOR INMATES AND PROBATIONERS/PAROLEES**

The Group conducted an in-depth discussion on the arrangements of the treatment Programme for inmates and probationers/parolees. It examined relevant issues including the service providers, time frame, funding, venue, staffing arrangements, staff training curriculum and treatment curriculum. The observations of the Group on the programmes for inmates and probationers/parolees are summarised in Appendix E and F respectively.

## **VII. CONCLUSION**

Group three agreed that the perpetrators of DV/CA need to undertake a special perpetrators programme, then we decided to utilize the “Common Hybrid Model” as a model programme/model guideline. In order to implement this programme/guideline in each field, we have to consider the different settings in respective countries. For implementation, the following issues should be considered:

1. States are obliged to promote treatment programmes for DV/CA perpetrators.
2. Treatment programmes must address the risks, needs and characteristics of target perpetrators.
3. States must consider the status of perpetrators such as inmates, probationers/parolees.
4. States can utilize programmes which are proven to be effective based on research evidence. States may change such programmes depending on the particular conditions of respective countries.
5. State government needs to co-operate with other stakeholders, such as, civil organizations, etc.

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6. Staff competency is important for successful treatment programmes; therefore, appropriate training is essential.
7. Proper evaluation of the treatment programmes is important.
8. Safety of victims and their family members should be considered in developing treatment programmes.

**APPENDIX A**

**Treatment Programmes for Perpetrators in Different Countries**

| <b>Countries</b> | <b>Treatment Programmes for Perpetrators</b>   |
|------------------|--|
| Hong Kong        | <ul style="list-style-type: none"> <li>• There are some programmes for offenders in prisons and in society.</li> <li>• Also, some programmes are available for victims as provided by the government NGOs.</li> </ul>  |
| Japan            | <ul style="list-style-type: none"> <li>• There is one pilot programme for DV offenders within prisons.</li> <li>• There are specified manuals on DV and CA for the Probation Office to follow when handling parolees who are under supervision, with the assistance of Volunteer Probation Officers.</li> <li>• Some programmes are provided by NGOs.</li> </ul> |
| Korea            | <ul style="list-style-type: none"> <li>• There are programmes organized by social welfare services and within prison.</li> <li>• Similar services may be introduced to prisons by NGOs.</li> </ul>   |
| Myanmar          | <ul style="list-style-type: none"> <li>• There is no specific programme.</li> <li>• However, perpetrators including the families and police should be educated on DV and CA with a view to modifying their behaviour.</li> </ul>   |
| Philippines      | Some treatment programmes for DV and CA perpetrators are treated under the Penal Code before enactment of a new law.   |
| Samoa            | <ul style="list-style-type: none"> <li>• The Police and Women’s Commission arrange a periodic publicity campaign to promote public awareness of DV and CA.</li> <li>• Also, inmates will also be given lectures to prevent them from committing DV and CA.</li> </ul>  |
| Tanzania         | <ul style="list-style-type: none"> <li>• DV and CA are seen as serious problems.</li> <li>• They are treated as crimes under the existing criminal law in order to protect the victims.</li> <li>• However, there is no specific treatment programme for perpetrators of DV and CA</li> </ul>  |

**APPENDIX B**

**Opinions as to whether “Reintegration of Perpetrators into their Family” should be one of the Programme Purposes**

| <b>Agreement</b>   | <b>Disagreement</b>   |
|--|---|
| A perpetrator deserves an opportunity to change his behaviour and support his family.  | Some victims of DV and CA and their family members might not welcome the return of perpetrators. This amounts to undesirable and unwanted reintegration.                                    |
| In some countries of different cultural background, a family may have to depend on the perpetrators to support them.                               | Unfounded expectation of the perpetrator:<br>A perpetrator may think that if he participates in the programme, he could go back to his family automatically.                                |
| To evaluate the performance of the perpetrator and the effectiveness of the treatment programme  | Victim’s safety cannot be secured.  |
| Burden on the government or non-governmental organizations to take care of the perpetrators’ family members particularly when the family is large. | The purpose of this programme should be only “rehabilitation of offenders” and “prevention of violence” and should not be “re-integration” because we should respect victims’ will firstly. |

**APPENDIX C**

**Observations on the Attitude, Cognition/Thinking, Competence and Behaviour of Perpetrators**

|                        |   |
|------------------------|---|
| Attitude               | <ul style="list-style-type: none"> <li>• Attitude is similar to belief, it talks about the way that one thinks and feels about something.</li> <li>• Typical examples of perpetrators' attitudes are gender dominance, power dominance and believing that violence can solve problems.</li> <li>• Life examples include "a wife must obey her husband", "my wife must take care of me", "if my partner makes me angry, I can hit her and teach her what is correct", "men are superior to women".</li> </ul>  |
| Cognition/<br>thinking | <ul style="list-style-type: none"> <li>• It refers to the mental process of understanding that affects how one sees and understands an event. If one person has an improper cognition, he often misinterprets the situation.</li> <li>• Typical examples of perpetrators' cognition/thinking are cognitive distortion, minimization/denial/justification/lack of awareness of violence.</li> <li>• A life example is that when a man watches his wife talking with her colleague, he may think that she is having an affair with that guy.</li> </ul> |
| Competence             | <ul style="list-style-type: none"> <li>• Refers to whether the perpetrators have the skills or not.</li> <li>• Typical examples of perpetrators include lack of empathy for others/understanding of others behaviour, and lack of skills in problem solving/communication/conflict-resolution/assertiveness/anger management.</li> </ul>  |
| Behaviour              | <ul style="list-style-type: none"> <li>• Refers to acts of people.</li> <li>• Typical examples of perpetrators' behaviour include physical abuse, sexual abuse, neglect, psychological abuse (e.g. emotional abuse, use of abusive language, low respect for family), shifting the blame to the victims, abuse of alcohol or drugs, inconsiderate, superficial obedience to authority and selective use of violence.</li> </ul>   |

## APPENDIX D

### BRIEF DESCRIPTION OF THE COMMON HYBRID MODEL

In 1990, the B.C. Association of Counsellors of Abusive Men (ACAM) (recently re-named the Ending Relationship Abuse Society) introduced the term “The Common Hybrid Model” to describe multi-model programmes that emphasize safety, personal responsibility, self-awareness, compassion, skill development and the promotion of attitudes of equality and respect that support the maintenance of non-violent relationships. All programmes tend to have the following: a cognitive-behavioural foundation; are pro-feminist based (view violence as tactics of power and control and promote equality); hold offenders accountable for their behaviour; confront rationalizations and excuses; challenge beliefs, attitudes and expectations that support violence and inequality; help offenders identify high risk situations; teach skills which include emotions management, conflict resolution, problem solving, assertiveness and respectful communication. Some programmes also incorporate family systems strategies, trauma work, couple work, a focus on attachment theories and psychodynamic approaches to meet some of the individual needs of the men in the programmes, but all within the framework of promoting personal responsibility and motivation to behave non-abusively toward others. Modelling of respectful relationships in interactions with the participants and between co-therapists is a foundation of the ACAM model. The emotional and physical safety of women, children and men is the primary goal of programme delivery and is reflected not only in the treatment programme itself but also in pro-active participation in a coordinated community response.

The Correctional Services of Canada programmes for moderate and high intensity family violence offenders are accredited based on the following eight criteria that have shown to be effective:

- An explicit empirically based model of change
- Targeting of criminogenic needs
- Use of proven effective methods of facilitating
- A skills development orientation
- Attention to responsivity issues (e.g. culture)
- Continuity of care or relapse prevention
- Sufficient intensity or dosage
- Ongoing monitoring of the integrity of programme delivery and programme evaluation.

#### Framework for Change

Dr. Stefanakis identified the following transitional processes in men who desist from violence in relationships: Acknowledging the Abuse, Creating Commitment, Stopping the Violence, and Sustaining Change. The five stages of change are referred to as the *Precontemplation* (lack of awareness or acknowledgement of the problem, feel coerced into changing, no intention to change), *Contemplation* (some awareness/acknowledgement of the problem but no commitment to change, not accepting responsibility), *Preparation* (accepting responsibility, intention to change), *Action* (accepting full responsibility, taking consistent steps to change) and *Maintenance* (relapse prevention) stages.

#### Programme Content

Programmes for male domestic violence offenders include the following areas:

- Identifying abusive behaviours
- Identifying the elements of respectful relationships
- Identifying individual factors that get in the way of having stable relationships and high risk situations
- Confronting minimization, denial and blame
- Changing beliefs that lead to violence
- Teaching skills for managing difficult emotions
- Conflict resolution skills and assertiveness skills
- Understanding the impact of abuse on self, partner and children
- Empathy and compassion building
- Communication skills; problem solving skills
- Self-care
- Managing jealousy
- Family of origin work
- Parenting skills
- Financial management

- Healthy intimacy and sexual interactions

### **Victim Safety**

This work with men has as its primary goal the safety of women and children in relationships. This doesn't suggest that the man's needs are second. In fact, it is easily argued that the programmes are also about keeping the men safe. It takes time for change to occur, however, and programmes need to provide external structures for safety while the men are building internal structures. These need to include:

- Contact with women partners before and during the programme.
- Referral to resources such as counselling, shelters and legal aid.
- Notification if the man stops attending the programme or if there is any indication she may be at risk.
- A clear message that simply because a man is attending treatment does not ensure her safety. (programmes must not be used as part of her safety plan.)
- Safety takes priority over confidentiality.
- Programme facilitators do not advocate for custody, removal of no-contact orders or reconciliation.
- While the men are often very likeable in the group programmes it is important to remember the potential for violence that exists in the primary relationship.
- The development of clear standards of practice regarding safety.

### **Community Coordination**

One of the strengths of the response to domestic violence was the strong focus on community coordination. Many communities had committees comprised of representatives from victim services, women's shelters, police, crown counsel, probation, hospitals, mental health services, child welfare services, clergy and other family services. A key component of these committees was to recognize their shared vision of stopping violence and to work in their own agencies and together to develop policies which would be more likely to lead to reduction of violence against women in relationships. The following are recommendations that will help make coordination effective:

- Get the right people on board. Include people with power to make change in their organizations.
- Make a commitment to collaboration and hold regular meetings.
- Work together on mission, vision and values.
- Have the courage to speak up about personal experiences and problems in the system. Address territoriality, confidentiality and inequality in status and power of those at the table.
- Honour each other's work.
- Coordinate activities within and between organizations and initiate multi-disciplinary and inter-agency education and training.
- Establish protocols for interdisciplinary collaboration and service delivery.
- Collaborate on projects.
- Build trust by undertaking concrete, achievable tasks.
- Work together to educate and engage the public.

*Extracted from the paper on "The Implementation of Programmes for Offenders of Intimate Partner Violence in British Columbia" presented by Dr. Harry Stefanakis at UNAFEI in June 2005.*

## APPENDIX E

### Treatment Programme for Inmates

|                                  |   |
|----------------------------------|---|
| <b>Service Providers</b>         | <p>Service providers include the government (e.g. Prisons, Social Welfare Department), NGOs (with expertise in handling inmates, family affairs and treatment programmes), and religious groups.</p> <p>Good collaboration will be maintained among all service providers. Training for relevant personnel should be conducted by experts.</p>  |
| <b>Time Frame</b>                | <p>Based on the Canadian experience, the treatment programme should last from six months to one year. According to the Risk Principle, higher risk cases benefit most from higher levels of service, whereas lower risk cases should have a low level of service.</p> <p>However, if the imprisonment term is shorter than the duration of the treatment programme, the aftercare office should be empowered by the law to arrange for ex-convicts to undergo the remaining treatment programme after release. Alternatively, we can arrange ex-convicts to take part in the Programme voluntarily in NGOs, or a modified Programme should be worked out for the short-termers.</p>   |
| <b>Funding</b>                   | Funding can come from national and local governments and NGOs.  |
| <b>Venue</b>                     | Prison should be the venue considering the security requirements.   |
| <b>Staffing Arrangement</b>      | <p>Prison officers, psychologist, psychiatrist, and relevant professionals in the government and NGOs could be employed to deliver the service. According to the Canadian experience, the typical therapeutic team should be mixed gender. It should include at least two counsellors with interns.</p> <p>All staff engaged should possess professional qualifications to ensure standards of ethics and practice are maintained in providing the treatment programme. Staff should also have knowledge of the dynamics of abuse, skills at therapeutic engagement and the attitudes that are respectful to men and women</p>  |
| <b>Staff Training Curriculum</b> | <p>All staff assigned to conduct the treatment Programme must have the minimum academic qualifications and attend induction training on the programmes provided in the organizations.</p> <p>Any staff that do not have the professional qualifications should work under the guidance of qualified staff. They should be provided with on-the-job training.</p> <p>All staff should attend regular refresher and development courses, e.g. seminars, workshops, conferences, international training courses, etc.</p>  |
| <b>Treatment Curriculum</b>      | <p>According to the Canadian experience, the treatment should start with an assessment stage first which will identify risk, suitability, and other treatment needs. Preferably, the inmates' partner should be contacted at the assessment stage to obtain more information.</p> <p>“The stages of change” include pre-contemplation, contemplation, preparation, action, maintenance. A detailed description of each stage can be found in this report. If there is not adequate time to complete the whole programme in prison, we may conduct only pre-contemplation/contemplation/preparation in the prison, and collaborate with the aftercare office to follow up the remaining parts of the programme.</p> <p>The content of the treatment programme should include identifying abusive behaviours/the elements of respectful relationships/individual factors that get in the way of having stable relationships/high risk situations, confronting minimization, denial and blame, challenging beliefs that lead to violence, teaching skills for managing difficult emotions/gender issues/conflict resolution/communication/problem-solving/assertiveness/parenting/empathy &amp; compassion building, understanding the impact of abuse on self, partner and children/jealousy/healthy intimacy and there should be relapse prevention plans.</p> |
| <b>Others</b>                    | <p>In order to make the treatment programme successful, the service providers should bear in mind that safety and support of the victims and their family members and perpetrators are of vital importance.</p> <p>Besides, good liaison and collaboration must be maintained among all parties involved.</p> <p>Programme evaluation should be carried out regularly.</p>  |

**APPENDIX F**

**Treatment Programme for Probationers/Parolees**

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|-----------------------------|--|
| <b>Service Providers</b>    | <p>Service providers include government agencies (e.g. Social Welfare Department, Probation Office, Prisons), NGOs (with expertise of handling family affairs and relevant treatment programmes), religious groups, etc.</p> <p>The government must take part in the services. It is essential for the government to provide adequate protection to both victims and perpetrators. The government should also work hand in hand with other NGOs so that their services can be complementary with each other, e.g. the government could provide resources while the NGO could provide expertise and other assistance.</p> <p>The Group is open to the idea of allowing private professional associations like psychologists and psychiatrists to take up the services provided they have the competence and expertise. The standard of services should be properly monitored by the government through contracts, memorandums of understanding, etc.</p>  |
| <b>Time Frame</b>           | <p>The Group has studied the Japanese Model (18 sessions) and the Canadian Model (27 sessions in 52 weeks). Considering that the Japanese Model is still under trial and targeted to voluntary participants, the Canadian Model is a better option which runs once every two weeks. The Group considers that the sessions should not be too frequent as it may affect the job of probationers/parolees.</p> <p>Judges should preferably be asked to take note of the programme requirements for probationers/parolees when passing sentences. In the Philippines, Korea, and Hong Kong, probation reports on the offenders will be submitted to the judge for consideration.</p> <p>Mr. Bankobeza considered that the subjects' consent should be a prerequisite for participating in the treatment programmes considering the practical difficulties in providing treatment programmes to reluctant clients. Some other participants considered that the experts should determine which offenders should take part in the treatment programme based on different factors, e.g. the safety of the victim and offenders. However, Dr. Stefanakis stated that in Canada, offenders ordered to take a mandatory programme would be sanctioned if they did not attend the programme or they turned hostile in the programme. He remarked that if offenders could have the choice, most of them would not take part in the programme. Anyhow, trained personnel could handle reluctant clients effectively in most cases.</p> <p>The Group also considered the question of whether it is strictly necessary to immediately send a probationer/parolee back to jail for breaching any probation/parole conditions. While the practices vary between countries, the Group agreed that each country should promulgate relevant guidelines for enforcing the Probation and Parole Orders.</p> |
| <b>Funding</b>              | <p>Possible sources of funding include national and local governments, NGOs, religious bodies, donations from a Trust Fund or individuals, and overseas funding such as Official Development Assistance. Probationers and parolees should pay some fees fixed at a rate affordable for them.</p>   |
| <b>Venue</b>                | <p>The venues can be provided in the Probation Offices, NGO offices, Community Centres, or religious houses.</p> <p>The venue should be comfortable, warm and friendly so that probationers/parolees can take part in the treatment programme more easily. The venue design should allow the identities of probationers/paroles to be kept confidential and not cause any embarrassment to them.</p>   |
| <b>Staffing Arrangement</b> | <p>The service should be delivered by qualified staff from the government/NGOs/religious groups such as competent professional social workers, clinical psychologists, psychotherapists, prison officers (with relevant training) and probation officers. Mixed gender teams should be employed in providing the services.</p> <p>A suitable staff and participants ratio should be fixed and the group size for a Psycho-educational orientation group should be 15-20 participants whereas a Therapeutic group should be 8-12 men.</p> <p>Staff should preferably be multi-skilled and willing to work shifts.</p>   |

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| <p><b>Staff Training Curriculum</b></p> | <p>All staff assigned to conduct the treatment Programme must have the minimum academic qualifications and attend induction training on the programmes provided by the organizations.</p> <p>Staff who do not have the professional qualifications should work under the guidance of qualified staff. They should be provided with on-the-job training.</p> <p>All staff should attend regular refresher and development courses, e.g. seminars, workshops, conferences, international training courses, etc.</p> |
| <p><b>Treatment Curriculum</b></p>      | <p>The treatment content should have three stages, i.e. Assessment stage, Therapeutic stage and Post-parole Supervision stage. The former two stages were similar to the Assessment Stage and provisions of “Stages of Change” specified in the Programmes for inmates.</p>   |
| <p><b>Others</b></p>                    | <p>In order to make the treatment programme successful, the service providers should bear in mind that the safety and support of the victims and their family members and perpetrators is of vital importance.</p> <p>Besides, good liaison and collaboration must be maintained among all involved parties.</p> <p>Programme evaluation should be carried out regularly.</p>   |