

Needs of Marginalized Populations: Rural, Tribal, and Deaf Sexual Offenders

Symposium Chair: Jill D. Stinson, Ph.D.

Sex offender treatment is a challenge for both clinicians and clients. However, the vast majority of the sex offender literature has addressed the needs of mainstream sex offenders from the dominant culture, and who reside in largely urban or populated areas. There remain numerous sex offenders who return to communities that are rural and sparsely populated, as well as offenders who belong to marginalized groups not well-represented within the broader sex offender or forensic literatures.

In this symposium, we will present issues related to several such subgroups of sexual offenders. First, what happens to offenders who receive services in rural community settings? What obstacles to treatment and risk management do they and supervisory agents commonly face? Second, we will focus on barriers that affect American Indians who receive sex offender treatment in tribal communities. What programmatic resources can facilitate successful implementation and completion of treatment for American Indian offenders in these agencies? Third, we will discuss the role of trauma in the effective sex offender treatment for American Indian clients in tribal settings. What is the role of trauma, how do we assess it, and how can we improve practice to include trauma-informed care? Finally, what are the unique challenges to treating Deaf sex offenders? How do communication impairments, the availability of trained interpreters, and aspects of deaf culture play into sex offender treatment services? We will conclude with a general discussion of ways that future research and policy formation can assist in making care more accessible for these clients.

Challenges of Sex Offender Risk Management in Rural Community Settings

Jill D. Stinson, Ph.D.

Sex offender community re-entry is a process fraught with many challenges. As jurisdictions face increasing demands from the public and legislative bodies for mandatory community supervision and treatment, those tasked with adequate risk management in our communities must often balance the needs of community safety and policy compliance with what is most beneficial and most realistic for the offender. Such challenges are more pronounced in rural communities with limited resources. Identifying clinicians who are willing to provide sex offender treatment services and able to communicate effectively with involved agents (e.g., offices of probation and parole), locating additional treatment services for offenders who struggle with other co-morbid issues like mental illness or addictions, and finding adequate residential and vocational placements, are some of the specific

obstacles that clients face in any setting, but perhaps more so when returning to rural or isolated communities. Are such communities equipped for the needs of these clients?

In this presentation, sex offender community reintegration within the context of rural treatment settings will be discussed. This will include a discussion of pilot research that has identified barriers to effective risk management, such as a need for intensive case management and follow-up, coordination with the courts and other responsible agencies, struggles with compliance with residency restrictions, stigma, and unique challenges in ensuring a good quality of life for sex offenders in small communities. Additional preliminary results from an ongoing survey of community and primary care providers describing knowledge, training, and experience related to offender treatment and working with clients involved in the forensic mental health and correctional systems will be included. Here, implications for provider training will be discussed, as well as future directions for more effective interaction between interdisciplinary providers in community settings to facilitate comprehensive risk management for this client population.

Barriers to Treatment and Effective Program Development in Tribal Communities

Dewey Ertz, Ph.D.

Over 500 American Indian tribes are currently recognized by the U.S. federal and state governments, and many tribes have fewer than 1,000 members. Tribal members' access to mental-health and substance use services varies based upon residing on or off reservations, access to transportation, and the availability of providers who are knowledgeable about their specific culture. Further, evidence-based practices have not yet been developed or empirically validated for this client population. Various authors have documented the destruction of the traditional values and life-styles of American Indian tribal groups, purportedly leading to increased substance use and mental health problems. Unemployment, crime, lack of educational resources, limited housing opportunities, below standard health care, sexual victimization, and a host of other variables contribute to the need to develop specialized treatment and mental health care for this population.

Barriers for assessing and treating American Indian sex offenders will be identified and discussed in detail. Research needs to be employed in program development, from identifying effective treatment for sex offenders in general to the inclusion of the beliefs and traditions of tribal groups. Recruitment, training, and retention of providers are critical delivery factors. Providers must also ensure that tribal codes are supportive of mandated offender treatment and coordinate treatment with federal and state probation or parole services. This presentation will summarize techniques to integrate these services into rural and tribal care settings by facilitating support for community-based interventions, program development and evaluation, treatment of co-morbid conditions, and maintaining positive relationships with other human service providers.

Experiences of Trauma among Tribal Sex Offenders

Regina Ertz, B.A.

Previous research suggests an increased rate of traumatic experiences among those in the American Indian tribal population, but not necessarily higher incidences of Post-Traumatic Stress Disorder (PTSD). Though they may not meet diagnostic criteria for PTSD, persons who have been exposed to significant traumas and who are marginalized within the dominant culture are at increased risk for developing significant mental health and interpersonal difficulties. Barriers such as higher rates of treatment and assessment non-compliance, inaccessibility of mental health care, poverty, and the like may prevent persons in tribal areas from receiving needed assistance for their trauma symptoms. This may be complicated by other factors, including the individual's own experiences of perpetration and involvement with the criminal justice system.

Ongoing empirical study has identified a higher frequency of trauma and higher rates of trauma-related symptoms in a sample of American Indian sexual offenders referred by the courts for mental health treatment, as compared to non-tribal offenders similarly referred. Instruments used include the Trauma History Screen, the PTSD Checklist (PCL-S), and the Posttraumatic Cognition Inventory (PCTI). Preliminary data regarding the incidence of trauma and related sequelae, as well as the impact on treatment, will be discussed. No such research has yet been published, and an important scientific implication is that a more focused treatment of trauma symptoms will result in a higher level of treatment compliance and successful discharge.

Understanding the role of trauma in tribal mental health care will assist in developing a comprehensive treatment model for American Indian offenders who reside in tribal and rural areas. Recommendations are made for additional research that focuses on training providers to recognize the effects of trauma and deliver trauma-informed care, developing methods to coordinate supervision methods with probation/parole personnel, and combining treatment plans with other health professionals.

Communication and Cultural Barriers in Treatment for Deaf Sex Offenders

Stacie Bickel, M.A.

While estimates of people in the United States with hearing loss vary widely, recent estimates suggest that approximately one million people in the U.S. over the age of 5 live with a functional hearing loss (Survey of Income and Program Participation, Gallaudet Research Institute). Among those is a community of people who primarily use American Sign Language (ASL) to communicate, and who self-identify as a member of Deaf Culture. Providing treatment to this linguistic minority offers unique challenges. Deaf people face both linguistic and cultural barriers to accessing general mental health

treatment, and those in need of sex offender treatment are even more limited in their access to necessary and quality care.

This presentation will address the challenges specific to assessing and treating Deaf sex offenders, including how to effectively work with interpreters, as well as the limitations of using an interpreter. This will also include a discussion of ethics of treatment using third party interpreting services, and the false assumptions clinicians may make regarding the role or experience of the interpreter in a mental health treatment setting. The crucial need for training for both providers and interpreters will be emphasized. Additionally, unique concerns for Deaf sex offenders will be discussed, including higher incidences of trauma, differences in socio-sexual learning, development of intimate and supportive relationships, as well as challenges offenders face as part of unique minority population. Case examples will be used to illustrate these points.