

WORKING WITH OFFENDERS

PURPOSE

Male Survivors Tairāwhiti ('MST') Working with Offenders Policy (the 'Policy') provides guidelines for MST trustees, employees, contractors, consultants or volunteers ('MST people') who choose to provide peer support services to male survivors who have overlapping offender issues.

The overarching intention of the Policy is to ensure the safety of MST people who choose to 'work with offenders' and to minimise the following risks:

- Risk of causing disruption or emotional harm to other male survivors who are receiving peer-support services;
- Risk of causing harm to victims and/or potential victims; and
- Risk of impugning the integrity of the support services provided by MST and/or otherwise causing reputational damage.

ELECTIVE

This Policy recognises that male survivors who have offended may benefit from peer-support services and these guidelines are intended to enable and support those MST people who choose to work with these male survivors. However, the policy also recognises that the decision to provide peer support to a male survivor with overlapping offender issues is the individual choice of each MST people. Accordingly, this policy is elective not mandatory.

SCOPE

This Policy applies to all MST people who choose to work with male survivors who have overlapping offender issues.

Please note that once any MST people have elected to work with a survivor who has offended, this policy will apply and the expectation is that peer-workers will observe the guidelines.

OBJECTIVES

Applying this Policy will:

- Ensure the safety of male survivors who are the recipients of peer support services is given paramount consideration;
- Ensure the safety of peer-workers who choose to provide peer support to male survivors with overlapping offender issues;
- Provide clear guidance for responding to any issues that may arise in dealing with male survivors who have overlapping offender issues;

- Minimise the risk of harm to victims and/or potential victims;
- Minimise the risk of impugning the integrity of peer-support services and/or otherwise causing reputational damage

DEFINITIONS

Male Survivor	Mean a male who has experienced sexual, physical, mental, emotional or domestic violence, abuse or harm
MSA	Is the national organisation Male Survivors Aotearoa, which provides advocacy for male survivors and national governance, coordination and representation for Member Organisations.
MST people	Means any trustee, employee, contractor, consultant or volunteer engaged with MST in providing support for male survivors
Peer-worker	Means an individual engaged as employee or volunteer by MST to provide peer-support services to male survivors.
Trustee	Means a trustee of MST

PRINCIPLES

This Policy embraces the following **ethical principles** (MST values) embodied in the **MST Code of Ethics**

- Respect for human dignity
- Beneficence (doing good) and non-maleficence (avoiding harm)
- Confidentiality and privacy
- Trust
- Promotion of autonomy
- Honesty & Integrity
- Fairness

This Policy also embraces two additional principles:

- *Paramourncy of safety*; and
- Defensibility decision-making:

Paramourncy Principle

This principle is drawn from MST's Child Protection Policy and requires that the first and paramount consideration is the child's best interest and welfare. In this Policy that principle is extended to apply to all victims including children and young people and can be simply restated as follows:

If peer-workers choose to work with offenders their first and paramount consideration must be to ensure that all actions and decisions are in the best interest of, and assure the welfare and safety of, any survivors especially children and young people.

Defensibility Principle

The application of this principle seeks to ensure that all decisions taken are defensible. In other words, the decision and the information that records the decision rationale will withstand the scrutiny of an independent third party. The notion of defensible decisions is not concerned with being defensive. Rather it is concerned with making positive and assured decisions by ensuring that the decision process is rigorous and robust.

This means that the decision process should properly identify and mitigate any decision-risks and ensure where necessary that there is appropriate evidence to support the decision taken.

Managing decision risks requires that peer-workers working with male survivors who have overlapping offender issues ('offenders') have properly considered the following questions:

- Have I taken all reasonable steps to:
 - Make an appropriate and reliable assessment of the offender's circumstances including their suitability for peer-support, their safety and the safety of any victims and their potential for response-ability?
 - Consider other options for addressing the needs of the offender?
 - In doing so have I collected and thoroughly evaluated the relevant information?
- Have I recorded the decision and retained the important information that evidences the decision process?
- Have I complied with all relevant MST policies, including this Policy, in making any decisions?
- Have I actioned my decision(s) and dealt effectively with any consequential outcomes?

CORE ELEMENTS

The Policy has six core elements' that together reflect MST's approach to working with offenders:

1. MST is primarily a peer-support service for male survivors.

The essential focus of MST is the provision of peer-support to male survivors and working with male survivors with overlapping offender issues (offenders) cannot be allowed to compromise this core service. Whilst acknowledging that peer support has the potential to address a range of presenting issues for male survivors, where these issues involve offending, peer-workers can elect not to engage.

And, when they do engage with an offender, their actions must comply strictly with this Policy and the MST Code of Ethics.

2. Male survivors who present with overlapping offender issues (offenders) must be properly assessed before providing peer-support services.

On a case by case, peer-workers may consider providing peer support to offenders who have historically harmed others (including sexual abuse), provided these offenders have received appropriate preventative treatment and are now assessed as capable of addressing their victim issues and do not present a risk to the safety of others.

Where issues of serious harm to self or others is highlighted that 'test' the principle of *paramountcy of safety* then the principle of *principle of defensibility* will be applied with regards to the assessment of the male survivor's circumstances whereby the level of peer-support service (if any) to be offered will be decided.

The range, type and level of support will be determined by each peer-worker according to their capacity, current skills and ability to maintain their core services to other survivors and in compliance with this Policy and any other relevant MST policy.

3. Male survivors with overlapping offender issues (offenders) should not be included in peer-support group activities.

Peer-workers who elect to work with offenders should do so on a **one-to-one** basis. This requirement is consistent with the principle of paramountcy and serves to minimise the risks of offenders disrupting peer-support services to other male survivors.

4. Where the capacity or skill level of the peer-worker cannot meet the offender's needs, referral to appropriate services will be engaged.

If a peer-worker elects not to work with an offender and/or the offender presents with issues that the peer-worker cannot address – either as an outcome of the assessment or during the provision of peer-support – then the peer worker should refer the offender to an appropriate service.

It is of critical importance that peer-workers operate within their level of competency (as required by the MST Code of Ethics and Code of Conduct) and in observance of the principle of paramountcy.

5. Where working with offenders increases the risks of a loss of service integrity or negative reputational impacts appropriate mitigation action must be initiated.

Where the provision of peer support services to offenders result in situations or incidents that:

- Negatively impact or disrupt the provision of peer support to other male survivors; or
- Affect the integrity of MST's primary role – the provision of peer support to male survivors; or
- Have the potential to cause serious reputational damage to MST;

Appropriate proactive planning and intervention to mediate these impacts must be proactively initiated.

The interventions may include cessation of support, further individualising services to the offender, making a supportive referral to another appropriate service, or reporting to statutory services for intervention.

6. Where working with offenders presents issues that threaten the safety of children and young people and/or other male survivors then immediate mitigation action must be initiated.

Peer-workers must strictly observe the MST Child Protection Policy and operate according to the MST Code of Ethics, and the paramountcy principle of this Policy. It is therefore clear that where offenders present any issues that threaten the safety of others, the peer-worker is obligated to take immediate action to remedy the situation. Appropriate interventions would include cessation of support, making a supportive referral to another appropriate service, or reporting to statutory services for intervention.

UNDERSTANDINGS

There are two important understandings¹ that have informed the development of this policy

Debunking the myth of the 'cycle of abuse'

The discriminatory 'myth' and common assumption that men who have been sexually abused will go on to be sexual abusers is well evidenced as false, whilst this pervasive myth likely still inhibits men from disclosing *and* how social and legal services respond to male survivors.

It is important to consider this matter and 'myth' in the formation and acceptance of this Policy as it remains a prevailing societal assumption that must be managed in a positive way when attending to the overlapping issues of victim-offender when it arises and responding to male survivors, the public and the funding agencies of Government.

Nevertheless, research (and experience) highlights there are a sub-group of male survivors (perhaps 10%) who have an 'overlap of sexual victimisation and sexual offending'. This does not demonstrate 'causality' but is significant and indicates that MST services will regularly, need to respond to and manage this issue.

Further, nor does being a victim of sexual abuse mean male survivors will go on to be abusive with regards to other behaviours that impact upon family member and relationships: *domestic violence; sexual aggression; sexual addiction; emotional and psychological abuse; alcohol and drug misuse; addictions more generally; mental health issues; illegal behaviours*. Indeed, people without a history of sexual victimisation predominantly engage in these behaviours and conditions. These are common areas of risk that likely will and do impact upon 'significant others' in a client's life; anecdotally this range of 'risk' behaviour is not though, uncommon amongst male survivors accessing the peer support services of MST.

For both sexual offending risk *and* risk behaviours more generally, that impact others (particularly children), the application of the ethical principles of *paramountcy of safety* and *defensibility of decision-making* are suggested to address risk management and 'get

¹ These understandings are drawn from a position paper prepared by Mike Cagney for discussion at the July 2016 Hui of MSA trustees.

it right' for peer-workers. And this needs to 'balance' with the Code of Ethics principles of *beneficence, non-maleficence, respect for autonomy, fairness, truthfulness and justice* so that a client's needs and rights are not, by consequence, *abused*. These issues should be seen as a 'case by case' issue, not generalizable to all male survivors and again, the debunking the assumption of a 'cycle of abuse' that likely 'labels' male survivor's needs to be asserted and positively challenged.

Addressing sexual risk – being clear.

When considering working with male survivors who have overlapping sexual offending histories, it is interesting to consider the range-spectrum of issues and behaviours that could engender sexual risk and harm to others and breach the *paramountcy* principle. These may include the following:

- Male survivors who sexually abused others as children and that abusive behaviour was clearly symptomatic of the sexual abuse that they were experiencing. They have not carried this behaviour through to their adult years.
- Male survivors who were coerced by the abuser to carry out sexually abusive acts upon others, as a child or young person. They have not carried this behaviour through to their adult years.
- Male survivors who have not sexually abused, but have sexual feelings and thinking about engaging sexually abusive acts and this clearly stems from the abuse they experienced – they are fearful of what they might do.
- Male survivors who struggle with their own sexuality and the possible eroticisation they experienced when being abused.
- Male survivors who have been sexually aggressive to their adult partners (i.e. sexually abused an adult) and whereby 'sexuality' is very much a 'trigger' of sexual aggression in their relationship.
- Sexually addictive behaviours such as illegal pornography use, addictive legal porn use, compulsive and unsafe sexual practices – boundaries.
- Male survivors who have sexually abused children but received treatment and have safety in place, but not resolved their own childhood sexual abuse.
- Male survivors who have untreated issues of having sexually abused as an adult and this remains a clear and present risk.

Applying the principles of *paramountcy* and *defensibility*, clearly this spectrum of potential risk scenarios would 'test' these ethical considerations – and beg the question would all sexually offensive behaviours or disclosure thereof, negate receiving MST peer support service?

The male survivor and MST risks likely occur at three levels:

- Risk of harm to victims / potential victims;
- Risk of disruption and emotional safety to other service recipients with this disclosure;
- Risk to the integrity of MST.

Clearly, the untreated male with a high risk of sexually offending needs to be appropriately referred and possibly, legal intervention required.

Defensive decision-making once the *paramountcy of safety* had been established would then require robust assessment, clear planning and a well-managed referral. But – what of the other scenarios?

Male survivors as the ‘subgroup’ of overlapping victim-offenders may well present this personal history or engage these behaviours as an *expression of symptoms / fears / impact/ conditioning* of the sexual abuse they were exposed to and that these clients could still receive a peer-support service from MST. For most of these male survivors there is likely not a clear and present danger of actually abusing and MST services already attend to such behaviours within this spectrum. Simply, the issue is not black or white.

Note: This range-spectrum of possibilities was deliberately introduced to stimulate Hui thinking and discussion about ‘where does MST draw the line?’

Will / does MST work with male survivors who:

- As children ‘acted out’ their abuse and abused other children – but not as adults?
- Were coerced and manipulated to carry out sexual acts on others – but not as adults?
- Have sexual thinking and feelings that ‘worry’ them, is symptomatic of the abuse – but they have not acted upon this?
- Have developed sexually compulsive / addictive behaviours as an outcome of the abuse?
- Have been sexually aggressive in their adult relationships and hurt their partners?
- Have received treatment for sexually harmful behaviour; have safety in place, yet their survivor issues are unresolved?

It is not a simple matter to say ‘MST do not work with sexual offending’ when ‘by degrees’ the peer support services will at times support survivors who present sexually harmful behaviours and historic issues of harming others - and this may not preclude them receiving a MST peer service. The challenge is to be able to assess and discern which male survivors within this spectrum are befitting a peer support service ... and who are not appropriate. In essence these are ‘grey issues’ that ‘black and white’ responses likely will not resolve.

Returning to the matter of ‘other’ safety issues that ‘test’ the paramountcy principle, it is important to consider what other behaviours and ‘risks’ are apparent that would invite withdrawing or moderating the peer support service provided by MST?

- Alcohol misuse that harms others?
- Domestic violence and assault that imperils partners / family?
- Other addictions e.g. compulsive gambling that undermines safety?
- Drug issues ... mental health concerns ... etc.

It seems that generally MST would work with these issues more readily, although applying the principles of paramountcy and defensibility is equally important.

The challenge [perhaps] is not to privilege one type of risk over another type of risk – but to engage good risk assessment and process to determine the actual nature of ‘risk’ case by case and plan the appropriate steps and plans.