

Primary, secondary or tertiary – offenders, victims, communities or situations

I.T.E.R. - Outpatient clinic

### **Target population**

**I.T.E.R.** is an outpatient clinic for treatment of people who offended sexually within the whole district of Brussels and Flemish Brabant in Belgium.

The I.T.E.R. youth team offers treatment to minors that display sexual transgressive behavior, are accused of sexual transgressive behavior, display sexual risk behavior or that are going through a worrying sexual development, with the risk of harming themselves or others.

The I.T.E.R. adult team is aimed at all people who have committed criminal offenses or fear that they could do so and who choose to follow treatment and guidance for this problem.

To be eligible for therapy there are certain conditions:

- one must fit in with the target group described above or at least be prepared to investigate whether this is the case
- one must voluntarily opt for this help offer
- one must agree with the terms and conditions that the referrer places on this choice
- one must be willing to think about their life and, if necessary, pursue change
- one must intend to do everything possible to prevent criminal offenses.

**COSA** is also part of the I.T.E.R. organization. COSA (Dutch for Circle of Support, Cooperation and Approachability) is a project focused on rehabilitation of people who offended sexually with the primary goal to prevent victims in the future. During rehabilitation they often get socially isolated because of the loss and lack of social network. This is a big risk factor for relapse and therefor COSA wants to invest in a better rehabilitation.

#### **Delivery organisation**

CAW Brussels, CGG Ahasverus, Zonnelied and Alba vzw joined forces to set up one treatment team for the judicial district of Brussels and Halle-Vilvoorde in Belgium. This is the result of the cooperation protocol between the Flemish Community and the Ministry of Justice regarding the supervision and treatment of perpetrators of sexual abuse.

**COSA** is officially overseen by CGG Ahasverus, but is maintained by the whole I.T.E.R. organization.

#### Mode and context of delivery

I.T.E.R. and COSA are outpatient organizations.

#### Level/Nature of staff expertise required (e.g. professional background)

**I.T.E.R.** is a multidisciplinary team that consists of professionals with different educational backgrounds. Our team has a psychiatrist, psychologists, criminologists, sexologists, social workers and counsellors. All of which followed additional complementary courses, which makes I.T.E.R. a well-rounded team. Within **COSA** there are three to five volunteers for one <u>offender and</u> are trained to pay attention to early warning signs that might indicate that someone might relapse or picks up old behaviour patterns. We call the offender within our project "core members" because together with the volunteers we form a circle (social network) around them. <u>These volunteers form the 'inner circle' and do not have to meet any</u> <u>educational requirements</u>. They are supervised by a general coordinator who keeps in touch with the professionals that surround the person concerned such as therapists, judicial assistants, counsellors, etc. This way signs of warning can be communicated to these professionals, who can then intervene. These professionals form the 'outer circle'.

# Intensity/extent of engagement with target group(s)

I.T.E.R. operates outreaching to the target group. Our clients are often referral from the judiciary or come on a voluntary basis. In general clients have appointments on a weekly basis or two-weekly basis depending on what is required.

As for **COSA** the circle coordinator motivates possible core members or volunteers to take part and commit to our project. The circle coordinator starts up the circle, coaches the volunteers and connects the inner and outer circle when needed.

# Description of intervention (max. 600 words)

I.T.E.R. works with the primary objective of preventing new victims. This means that we aim to prevent relapse in the short term through behavioural control and to prevent relapse in the medium term through specialised psychotherapy. Given the current state of science and the development of therapeutic insights, we find it unrealistic to speak of relapse prevention in the long term.

Moreover, in function of relapse prevention, we work together with sex offenders to promote their sense of responsibility as well as their empathy, reliability in relationships, respect for others and for themselves, self-knowledge and compassion for the victims. Finally, we try to improve the general quality of life of the client and make an explicit, but non-binding, offer to work on personal development.

In this way, the letters of I.T.E.R. find their justification.

-"Impulscontrole" Dutch impulse control is the short-term relapse prevention objective. It creates insight into one's own impulses, how to recognize them and learn to control them.

-"Terugvalpreventie" Dutch for Prevention of relapse is the central objective that also follows from the mission and mandate given to I.T.E.R.

- Empathy facilitation this way offenders learn being able to empathize with the victims. This part is given a much broader interpretation in the course of therapy.

- Responsibilization or promotion of taking responsibility.

## Our current offer for therapy:

-Specialized treatment and counseling of offenders

-In a judicial context reporting to a judicial authority

-In a non-judicial context reporting to the referrer (e.g. Vertrouwenscentrum Kindermishandeling (Child Abuse Confidential Centre), Comité Bijzondere Jeugdzorg (Special Youth Care Committee), C.G.G.Z.)

-Help at the request of the perpetrator or his or her environment

-Pre-therapy for clients who are still in prison

-Systemsupport in function of therapy

-Coaching of and consultation with non-specialist services and therapists who counsel perpetrators of sexual abuse

-Training, education and (team) supervision

In therapy we make use of relapse prevention and motivation enhancement; individual conversation therapy; group therapy; psychiatric and andrological consultation; supportive behavioral therapy; relational and sexual education and skill training (e.g. stress and anger management or social skills).

### COSA:

We want to support sex offenders in their reintegration into society, without new transgressive sexual volunteers, professionals and the perpetrator himself work together to form a social network around the perpetrator. Three to five volunteers counsel one sex offender. The volunteers are supervised by a coordinator who keeps in touch with the group of professionals (justice, social workers, therapists,...) involved with the offender.

### **Evaluation**

We are a member of ATSA and IATSO. We are recognized as a specialized treatment and guidance center by the community of the Dutch speaking part of Belgium.

### **References**

http://www.iter-hulp.be/index.php?n=42&id=42&taal=N&mnav=A http://www.iter-hulp.be/index.php?n=131&id=131&taal=N&mnav=A https://www.cosabrussel.com/

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