"Mr. S., You Do Have Sexual Fantasies?" The Parole Hearing and Prison Treatment of a Sex Offender at the Turn of the 21st Century

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Abstract. How does the Parole Board decide a sex offender is rehabilitated and can be released into the community? This case study of a parole hearing reveals the significance the Parole Board gives to a sex offender's management of his arousal as a clear sign of his rehabilitation. To explain the Board's preoccupation with a sex offender's sexual fantasies and arousal, I draw on a prison ethnography of a sex offender treatment program. Rehabilitation as risk management relies on the development of a crime cycle and relapse prevention plan designed to grasp the connection between fantasies, arousal, and offending. I argue the parole hearing and treatment program exist in a symbiotic relationship that fabricates the sex offender into a species larger than life, one at risk of offending all the time.
Key words: parole hearing, rehabilitation, sex offenders, sexual fantasies, risk management, prison ethnography

Résumé. Comment la Commission des libérations conditionnelles du Canada decide qu'un contrevenant sexuel est réhabilité et près à réintégrer la communauté? Cette étude de cas d'une audience de la Commission démontre l'importance de la gestion de l'excitation sexuelle. Pour comprendre l'intérêt de la Commission pour les fantasmes et l'excitation sexuels des délinquants, j'ai recours à une ethnographie carcérale portant sur le programme de traitement des contrevenants sexuels. La réhabilitation en tant que gestion du risque s'appuie sur des techniques d'introspection et d'autodiscipline– l'intériorisation du cycle criminel et du plan de prévention de rechute du patient–qui ciblent principalement l'intéraction entre les fantasmes sexuels, l'excitation sexuelle et l'infraction. Je démontre comment l'audience de la Commission des libérations conditionnelles et le programme de traitement des contrevenants sexuels forment une relation symbiotique qui fabrique le contrevenant sexuel en un être effrayant qui risque à tout moment de craquer et de commettre une action délictueuse.
Mots clés : audience de la Commission des libérations conditionnelles, réhabilitation, contrevenants sexuels, fantasmes, gestion du risque, ethnographie carcérale.

Introduction

For an inmate, being paroled not only means serving the remainder of a sentence outside prison, it also represents a triumph over seemingly insurmountable institutional forces. To earn parole, inmates must face the Parole Board of Canada in a hearing that is designed to measure whether they are a manageable risk for the community outside. These hearings are at once the most anticipated and dreaded events in the life of inmates: the first time they go to a parole hearing, inmates are unfamiliar with the room in which the hearing takes place and unacquainted with their interrogators. They do not know the questions they will be asked, and, obviously, they fear the power the Board exercises over them. Moreover, they are likely to have witnessed first hand the pain and rage of fellow inmates who were rejected by the Board. Perhaps more than any other offenders, sex offenders fear the Parole Board, because they know the place they occupy in the prison hierarchy and in society at large. Known as "hounds," "diddlers," "skinners," and "baby rapists" inside prison and as perverts and predators outside prison, sex offenders are currently society's greatest pariahs.

In 2000, in western Canada, I attended a treatment program for incarcerated sex offenders. During the eight months of prison ethnography, I had the chance to attend two Parole Board of Canada hearings as an observer. To determine the risk these two sex offenders represented to the community, the Parole Board relied largely on the report of the clinical director of the sex offender treatment program I observed and on the report of the institutional parole officer, who was also a member of the multidisciplinary treatment team I observed and interviewed. Thus these hearings provide a fertile backdrop to examine prison rehabilitation for sex offenders at the turn of the 21st century. Not only do they offer a window onto theories of sexual offending and risk management, they also indicate clearly the profile of the rehabilitated sex offender the Parole Board and treatment experts expect treatment to produce.

The transcripts of the parole hearings I observed reveal the centrality of sexual fantasies and arousal as pivotal signs of a sex offender's high risk of reoffending. The Parole Board clearly expects a sex offender to present a crime cycle that articulates the connection between his sexual fantasies, arousal, and offending and to offer a relapse prevention plan that focuses on the management of his arousal. To explain the preoccupation the Parole Board has for a sex offender's ability to manage his sexual fantasies and arousal I draw on ethnographic data of the treatment program. I show how the symbiotic relationship that exits between the parole hearing and the treatment program is located in cognitive behav-

ioural therapeutics grounded in the administration of risk. Rehabilitation as risk management hinges on techniques of introspection and strategies of self-policing — the fantasy log — and more formal strategies of control such as the enrollment of significant others in the community with whom the sex offender must explore and share his high risk thoughts, feelings, and actions. The paper concludes with a discussion of some of the consequences of rehabilitation as risk management.

This paper is part of a larger attempt to fill a serious gap in sociological and anthropological studies of the prison and "help, however modestly, *reinvigorate field studies* of the carceral world" (Wacquant 2002:385, emphasis in original). Despite a fertile tradition of academic prison research and writings by inmates themselves, the ethnography of the prison in the US has markedly decreased since the mid-1970s, notes Loïc Wacquant, who goes so far as to compare prison ethnography at the turn of the 21st century to "not merely an endangered species, but a virtually extinct one" (2002:385). The state of Canadian prison ethnography does not fare much better. Wacquant singles out one Canadian participant observation study, James Waldram's 1997 anthropological account of the spread of Native spirituality in prison. As late as 2006, Gordon West's review of anglo-Canadian criminology texts revealed an "astounding dearth of empirically grounded, descriptive material on how prisoners in Canadian penitentiaries actually live, experience, understand, and organize their lives" (quoted in Comack 2008:13). Recently, the situation has improved somewhat in Canada with a sprinkling of new prison ethnographies (Comack 2008; Waldram 2007a, 2007b, 2008, 2009a, 2009b, 2010; Lacombe 2008).

The author of this study wholeheartedly agrees with Wacquant that "the paramount priority of the ethnography of the prison today is without contest to *just do it*" (2002:386). Doing an ethnography of a prison treatment program for sex offenders is demanding on many levels. This one involved three lengthy institutional ethics review processes; one at the university where I work and two at the federal prison I wanted access to. The prison's research board felt I needed to refine my appreciation for criminological risk factors. The study required driving two hours every working day for eight months to and from a federal prison (a process made difficult by the fact that I was pregnant and suffered from morning sickness for part of that time), adjusting to being inside prison walls, getting to know and be accepted by a multidisciplinary treatment team and by the sex offenders themselves, rigorously observing the program's features, and doing in-depth interviews with staff and inmates. To *just do it*, as Wacquant (2002) counsels, involves the researcher *doing* fieldwork rather than challenging debates that shape and sustain the prison. He

suggests that these theorizations can be performed without the support of much field investigation.

To some extent, I disagree with Wacquant (2002): my fieldwork has been constrained by a conscious effort to engage with the hegemonic risk-based mentalities at work in prison today, if only tangentially to expose their limitations. My ethnography, therefore, draws on larger theoretical debates in sociology and criminology about risk-averse rationality having infiltrated the culture generally and transformed penal practices of care and control specifically (Garland 2001; Ericson and Haggerty 1997; Feeley and Simon 1992). We live in a risk society, social and penal theorists tell us, a social regime increasingly preoccupied with minimizing all forms of risk to the self and the environment. The heightened sense of insecurity we experience almost everywhere as a result and the greater protection we subsequently request from the state and other bureaucratic organizations have been accompanied by new styles of governance devoted almost entirely to the management of risk in all spheres of life. Most notable have been changes in crime policies and penal practices since the 1980s. The increased reliance on technologies of risk management in the prison system, Feeley and Simon (1992) boldly argue, have ushered in a "new penology": a sharp break in the practice of punishment that is now predominantly concerned with retribution, incapacitation, and the administration of groups of offenders rather than the rehabilitation of individuals. The task of the "new penology," they say, "is managerial not transformative.… It seeks to *regulate* levels of deviance, not intervene or respond to individual deviants or social malformations" (1992:452 quoted in Rose 2000:331). Other analysts (Pratt et al. 2005) point to penal practices of warehousing and mass incarceration, as well as highly punitive popular sentiments, as indicative of the arrival of a "new punitiveness," a penal climate mainly characterized by austerity, efficiency, and accountability. They too assume that in this punitive climate, rehabilitation, the cornerstone of the modern prison, is virtually dead.

The death of prison rehabilitation has been exaggerated. In Canada, correctional treatment programs, particularly for offenders representing a threat to the public, have persisted alongside the development of more punitive practices since the 1980s (Hudson 2005; Hannah-Moffat 2001; Moore 2007; Kendall 2000; Lacombe 2008; Waldram 2007a, 2007b, 2008, 2009a, 2009b, 2010). The case of the sex offender is emblematic. Throughout the 20th century, his status as a threatening figure has evolved steadily and while we have witnessed a sharp increase in punitive legislations directed at him, correctional efforts to treat him have continued unabated (Chenier, 2008; Lacombe 2008). The sex offender, who as recently as 2011 represents 14% of the total population of fed-

eral offenders, must attend treatment programs as part of his correctional plan otherwise he has no chance in front of the Parole Board. Correctional Services of Canada (CSC) is entirely dedicated to the rehabilitation of sex offenders:

> [t]he management and safe reintegration of sexual offenders represent a high priority for CSC. As a result, in 2000, CSC began to develop Sex Offender Programs (SOP) based on empirical research and best practices in the provision of programming to sexual offenders.[1] (Personal email communication, May 2012)

This unequivocal commitment to programming for sex offenders leaves no doubt about rehabilitation being at the heart of the current correctional enterprise.

As this prison ethnography of a parole hearing of an offender who underwent a treatment program for sex offenders shows, rehabilitation is still alive and well in Canadian prisons at the turn of the 21st century. But rehabilitation as a "project of change" has been seriously transformed (Moore 2007:24–55); it is no longer grounded in the optimism of earlier humanist/reformist penal philosophies that assumed human beings could change and become better — that is to say, normalized — individuals. Today's rehabilitative or treatment endeavour does not aspire to cure individuals by addressing the root causes of offending; instead it aims at equipping offenders with individualistic strategies to control their criminal urges, and thus manage their ongoing risk to reoffend (Hannah-Moffat 2001). This therapeutic shift from an attempt to address the broad psychological/social/economic needs of the offender to the management of his individual criminogenic risk factors is indicative of what Pat O'Malley (1996) sees as the larger transformation in current crime control policies towards producing the idealized figure of *homo prudens* (see also Garland 2001). Underpinning my ethnography is a quest to uncover the project of governance that creates *homo prudens* — the sex offender whom the Parole Board and treatment experts perceive as capable of managing his risk in the community. This ethnography seeks to understand what constitutes successful rehabilitation in the age of risk management by asking the following question: what practices of governance and techniques of the self (Foucault 1991) does programming for sex offenders rely upon?

My ethnography also draws on the few recent critical studies of sex offender treatment programs. These studies investigate the impact of risk-

1. CSC contends being "internationally renowned for having one of the most comprehensive and empirically driven Correctional Program models for sexual offenders." It also speaks confidently about "the effectiveness" of its programs in reducing recidivism (Personal email communication, May 2012).

based treatment, a cognitive behavioural approach alleged to target only those factors that, according to empirical studies, have a transformative effect on the risk of reoffending (Kemshall 2003). They demonstrate that no conclusive evidence exists for the inclusion or effectiveness of every risk factor targeted by prison treatment (Brown 2005; Hudson 2005). These critical studies also examine the perspective incarcerated sex offenders have on their treatment, focussing on the offenders' attempts to resist the powerful and prevalent stereotype of the sexually violent predator or psychopath (Hudson 2005). James Waldram's ethnography of a Canadian sex offender treatment program is the only other ethnography of a cognitive behavioural treatment program for sex offenders in North America I am aware of.[2] Based in extensive interviews and observations of sex offenders undergoing treatment, our ethnographies complement one another. Waldram did not get permission to take notes while observing the treatment sessions, I did. Moreover, I observed and interviewed individual members of the multi-disciplinary treatment team, not just the inmates. I attended the weekly "kardex meetings" of the multidisciplinary treatment team where the staff discusses and updates the progress and care plan of every inmate and meets with those inmates who pose problems. I also had access to the inmates' official correctional files. Waldram participated in an intensive treatment program that relied extensively on the writing and public presentation of an autobiography. He offers a powerful critique of cognitive behavioural therapy, particularly of the way it focuses on correcting the autobiography of "cognitive distortions" and "thinking errors" and thus glosses over the seeds of moral agency in the stories the inmates tell about themselves. Through narrative studies, Waldram demonstrates how sex offenders' own life stories provide elements of accountability, responsibility, and remorse that treatment could effectively mobilize to provide the offenders with a more meaningful form of rehabilitation (2007a, 2007b, 2008, 2009a, 2009b, 2010, 2012). The treatment program I observed was for "special needs" patients and did not have the same writing component as an intensive program.[3] Still, as per the structure of current treatment programs for sex offenders, inmates were required to present and reflect on their life stories in the context of three group performances: a disclosure

2. The late Kevin Bonnycastle, my research assistant for this project, used some of the data for her PhD dissertation: Sex Offenders in Context: Creating Choices in the Age of Risk. Simon Fraser University, 2004.

3. At the outset, I assumed wrongly that "special needs" inmates suffered from serious mental disabilities. Of the seven "special needs" inmates I observed, one, accused of sexual assault, was diagnosed schizophrenic, four were educated pedophiles whom the treatment team felt needed protection from the rapists in the intensive program, and two were First Nations offenders convicted of rape who did not know how to write well enough to be in the intensive program.

of their crimes, a presentation of their crime cycle and of their relapse prevention plan. Unlike Waldram's ethnography and the other critical studies on sex offender treatment programs, my research focuses neither on "what works" nor on how best to rehabilitate sex offenders, but on the relationship between expertise and identity to reveal how treatment fabricates the sex offender. In other words, my research seeks to uncover how a therapeutic program grounded in a risk-based mentality leads to the "making-up" of a species called the sex offender — an identity overwhelmed by desires and forever *at risk* of re-offending at any moment (Lacombe 2008, Hacking 1986).

The Hearing/the Program: A Symbiotic Relationship

This is the parole hearing of Alan, a white man in his early fifties, who received a four-year sentence for sexual interference. Accompanying Alan to his hearing are three Correctional Services of Canada (CSC) officials: the clinical program director of the sex offender treatment program he attended, his institutional Parole Officer (IPO), and his personal Parole Officer. All three consider Alan a treatment success and have written positive reports in favour of granting him day parole to live in a community correctional centre providing accommodation for parolees. Alan, the three CSC officials, and I are waiting quietly in front of a closed door in the corridor of a prison administrative building for the hearing to commence. The door opens at one o'clock sharp and the assistant to the Parole Board members asks us to come in. Facing us and seated on one side of a large oval table piled with documents in front of them are two Parole Board members in their sixties, who (I later found out) are ex-police chiefs. Microphones are taped to the table and connected to a tape recorder on the table. Alan and the three CSC officials are invited to sit on the other side of the table directly facing the Parole Board members. As the observer, I must sit outside the table by the wall. The assistant starts the procedures by turning the tape recorder on. She introduces the inmate to the two Board members hearing the case today. For the record she also names the people attending the hearing. The hearing starts promptly with the Parole Board trying to put Alan at ease (see transcript of parole hearing in appendix A):

> Parole Board member 1(PB1): Good afternoon Mr. S. Are you nervous?
>
> Alan: Yes
>
> PB1: Okay, we'll try to put you at ease.

A knock at the door interrupts the hearing: two men carrying juice, coffee, water, and cookies enter the room and place the goods on the table. Alan is offered water, which he kindly accepts.

> PB1: We have some tough things to talk about. Are you ready?
>
> Alan: Yes sir.
>
> PB1: The Board members have read your reports and we have some questions. Your answers will help us evaluate the risk you pose to the community.… Okay, let's start with background information. You received four years for sexual interference. You touched a ten-year-old boy, that's your index offence. Can you explain what happened?

This first exploratory question is meant to reveal how well Alan has learned to take responsibility for his crime. Initially, the Parole Board finds Alan's explanation for his offence feeble. "The way you describe that it sounds accidental rather than voluntary" (9).[4] Eventually, PB1 says the telling "gets closer to what I want to hear" (15). This is when Alan presents the event using first person singular statements — "I" statements — clearly indicating his moral agency in the crime, as in "I got him on my knees; I was bouncing him.... My hands were touching his pyjamas … his genitals.… I knew I was not supposed to do that" (14). In this retelling, Alan not only fully accounts for his action, but clearly indicates knowing full well it was wrong. Later, when he reflects on his own sexual victimization as a child at the hands of his uncle and doctor, he reinforces his moral condemnation of the act by saying it felt "terrible" (82). Satisfied that Alan is capable of demonstrating accountability by not minimizing or justifying his offence, the Parole Board wants to know if Alan sees the connection between his offence and his sexual thoughts and feelings. "Did you touch him with sexual feelings in your mind and in your heart?" (15) When Alan equivocates "I kind of think so," (16) the Parole Board repeats Alan's statement with an incredulous tone — "you kind of think so?" (17) At that moment, the clinical program director takes a risk and interrupts the proceedings: "I don't think Alan understands your question" (18). He uses this break in the interrogation to reformulate the question of the Parole Board member in a way that focuses clearly on Alan's sexual motivation to offend: "Did you have sexual intent when you touched him?" (18). Alan still hesitates — "I don't know" (19) — then insists he neither fantasized prior to the offence (21) nor became aroused by putting the child on his knees (23, 25).

Alan's failure to reveal unequivocally his intention to offend against the young boy is problematic for the Parole Board. To understand why,

4. Numbers following statements refer to the numbered comments in the Appendix.

we must turn to the treatment program for sex offenders Alan attended. Cognitive-behavioural therapy — CBT — is the dominant paradigm of all correctional programming in Canada. Rooted partly in the behaviourism of B.F. Skinner and the cognition approach of psychologists Albert Ellis and Aaron Beck, CBT assumes a rational subject whose thoughts, feelings and actions are all intimately connected. Maladaptive thinking, deficiencies in moral reasoning, and inaccurate modes of thought all lead to emotional and psychological disturbances, which in turn lead to antisocial acts, such as crimes. Fundamental to CBT is the learned nature of the cognitive representations of the world people develop over time; treatment specifically aims at teaching people how to unlearn those simplistic and reactive thoughts that distort the subjective interpretation of both external and internal stimuli and information. Replacing cognitive distortions and thinking errors by more realistic representations of events, CBT believes, will decrease emotional distress and self-defeating behaviour. In the context of sex offender programming, emphasis is put on cognitive distortions that facilitate the justification, minimization, and denial of the harm done to the victim, and therefore serve to reduce the culpability of the offender. The Parole Board's questions are attempts to examine whether Alan still relies on cognitive distortions when discussing his crime. The Parole Board expects from Alan nothing short of taking full responsibility for his crime and, as it already indicated albeit vaguely, an unequivocal understanding of the connection between his sexual offending and his sexual feelings. The connection between sexual thoughts, arousal, and offending is at the heart of the treatment program.

In the first semester of his treatment, Alan learned to develop an understanding of his crime cycle by reviewing his offence with an eye on retelling the event in a responsible manner. He has learned that according to the principles of cognitive behavioural therapy (CBT), crime does not just happen; it is not a product of having drunk too much, and it is not explained by social and environmental conditions either.[5] Since not everyone under the same circumstances as Alan chooses to sexually

5. While CBT acknowledges that various social and economic factors, as well as personal circumstances might play a role in sexual offending, treatment does not attend to those issues. The clinical director of the group I observed informed the treatment team that two Native sex offenders who had been apprehended at the age of five and six years old by the Canadian state had suffered physical and sexual abuse at the residential schools they had been forced to attend. He explained that these patients' resistance to treatment was partly a form of resistance to the authority of white people. Yet these offenders were never allowed to discuss the abuse they suffered in residential schools in group sessions as this would amount to using their own victimization to minimize their status as victimizers. The first time one of the offenders talked about his experience of residential school in a group session, he was quickly interrupted and told that "being stuck in the past is a thinking error," and that he should "turn the page on the past," "move on," and face the fact that he is a victimizer. Paradoxically, in the Discharge Summary

offend, Alan had to attend to that element of choice that is said to reside at the heart of criminal offending (Andrews and Bonta 1998). The idea of a crime cycle implies that somewhere along a sequence of events involving his thoughts, feelings, and behaviours, Alan planned to commit a crime. During group therapy Alan learned that to show accountability for his offence, he must "own up to his planning" (clinical program director). "We want to hear how you were engineering to get a victim," repeatedly explains the clinical program director to his patients during treatment. Engineering or planning a sex crime essentially involves thinking and fantasizing about the offence and taking steps to find a victim. Since Alan is not forthcoming on his planning at the parole hearing, and even negates fantasizing or being aroused by the child he offended against, the Parole Board seeks a different strategy to get at Alan's grasp of the role fantasies and arousal play in his crime cycle. "Let's move on" (28), the Board urges.

In its new line of questioning — "What did you learn in [the latest treatment program for sex offenders]?" (35) — we can see the Parole Board once again attempting to test Alan's comprehension of his crime cycle generally, and the connection between sexual fantasies, arousal and offending specifically. "I learned to look at my high risks. I learned to manage them. I keep a fantasy log" (36). Alan's comprehension of his "crime cycle" (38) is shown through his familiarity with the terminology of correctional cognitive behaviourism (Andrews and Bonta 1998; Kendall 2000; Lacombe 2008). He defines behaviours that could lead him to reoffend as his "high risks" (36), "triggers" (48, 50, 113) or "danger points" (115). Alan clearly shows his grasp of his high risk behaviours when he promptly provides a list of places he cannot go to, activities he cannot engage in, and people he cannot associate with as they put him in a dangerous situation to offend: "I know I cannot go to malls, public pools, places where there are children" (38). "Hanging out with women with children is a high risk" (46). Alan also knows he can no longer use alcohol or drugs (67–78) and he must be vigilant not to associate with the wrong people (58) as these activities combine to form risk factors that could "trigger" (48, 50, 113) him into his crime cycle. Alan has internalized well the risk factors he learned in the treatment modules of his sex offender treatment program, but something is missing in his presentation of his crime cycle. "Okay, so being where children are is high risk. Drinking is high risk. What else?" (45) is high risk, inquires the Parole Board. When the answer is not satisfactory, the Board asks again: "Anything else?" (47), and without waiting for an answer explicitly informs Alan

Reports for these two inmates, the clinical program director wrote about the need for them to address their residential school experience.

about what it wants to hear: *"*You said something about a fantasy log?" (47). "Are fantasies a trigger for you?" (53). The interrogation of the second Parole Board member highlights even more directly the Board's concerns with Alan's fantasies as the risk factor most likely to ignite his crime cycle. "Mr. S., you do have sexual fantasies?" (87), he immediately establishes. Then, he asks Alan how often he fantasizes (89), what his fantasies are about (91, 93, 97), whether he fantasizes about a child (91, 97), when was the last time he fantasized about a child (95), and most importantly what he does with those fantasies (100). Clearly, the Parole Board expects Alan to have deviant fantasies; whether Alan has learned to manage his deviant fantasies is what the Board evidently seeks to find out. "I don't worry that you have sexual thoughts about children. I want to know if you can manage them. It is hard for me to believe that you don't think about children. I prefer you tell me the truth than what you think I want to hear" (100). To which Alan replies: "When I think about children I block this thought out*"* (101). Perhaps irritated that Alan is not forthcoming about the management of his fantasies and arousal, the Parole Board member stops interrogating him about the role fantasies and arousal play in his crime cycle. "Let's move to the relapse plan" (102)*,* he instructs Alan with a slight tone of impatience in his voice.

Overall, Alan demonstrates a good level of comprehension of his relapse prevention plan, strategies he devised in treatment to cope with his urges and deficits in order to prevent him from falling into his crime cycle. He does tell the Parole Board he cannot watch TV shows or look at books featuring children, that he will continue to attend sex offender treatment and Alcoholics Anonymous programs after his release, that he will create healthy relationships in his associations with an M2,[6] a correctional nurse, and his sister, and very importantly, that he keeps (and will continue to keep) a fantasy log. Confronted with hypothetical situations in which his relapse plan might be challenged — being in the presence of a child for instance — Alan provides the correct answer: "It would be better for me to avoid the situation. I would get up and go to the garage with the two adults to avoid being with the child" (111). The answer, while perfectly fine, however, fails to satisfy the second Parole Board member who ends the interrogation of Alan with a final set of questions that forcefully raises once again the issue of Alan's management (or lack thereof) of his arousal: "Mr. S., when you are out in the community there will be children. Let us say, you're in a bus, how much risk will you be?" (112). "You know you're high risk so how do you

6. An M2/W2 is a (male or female) volunteer from a Christian-based restorative justice ministry that reaches out to British Columbia's offender community to help inmates reintegrate into the community. http://m2w2.com/wp/ (May, 2012)

control yourself?" (116). Alan's answers that he's gone through treatment and knows his triggers sound a bit hollow, as if he is just "talking the talk" (Lacombe 2008:65). At this crucial point in the parole hearing where it looks as if his patient is sinking, the clinical program director interrupts once again to come to the rescue with a reformulation that gets at the crux of the matter: "Maybe a better question is what would you do with your arousal?" (117). Perhaps put off by the clinical director stepping out of line with his correction, the Parole Board rebuffs his reformulation and ends the interrogation.

The Management of Fantasies and Arousal: Fantasy Log and Enrolment of a Significant Other

What Alan would do with his arousal and deviant fantasies are indeed questions for which Alan has not presented a straightforward management plan to the Parole Board. Even when an incredulous Parole Board intends to get Alan to confess to having deviant fantasies by giving him the answer to its own question — "If you were watching a TV show with children, you would not think about a child?" (97) — Alan does not get the hint and asserts he would not fantasize: "No, I know it's part of my crime cycle" (98). "When I think about children I block this thought out" (101). Alan's lack of a clear plan to manage his fantasies and arousal troubles the Parole Board. Towards the end of the parole hearing, after the interrogation of Alan, when the Board hears the comments of the three CSC officials, one Board member expresses concerns at Alan's lack of insight into his motivation to offend. He challenges the three CSC officials about Alan's ability to manage his risk to reoffend. "The index offence troubles me a bit. We don't know how much grooming was involved in his offence. [Your] report says he grooms, but the index offence is not that clear about it and Alan's explanation as to how he assaulted the ten-year old does not suggest much grooming in my opinion" (118). The clinical program director understands how damning the Parole Board's doubt could be for Alan's possibility to get day parole and firmly asserts that Alan's "MO [mode of operation] involved grooming, that he is not a hot predator," and that "his risk is manageable," mainly because "he's being honest with his fantasies" (119). In fact, he adds, Alan has "had pedophilic thoughts since he's fourteen years old, but he did not start offending until after he was over forty. That's unusual for pedophiles. His risk is manageable" (119). The Parole Board seems unconvinced: "How much digging in Mr. S.'s case did you do? It's unusual to start offending after 40. Maybe we don't know about his offences." (122)

Alan's assertion that he no longer fantasizes about children (88) and particularly his refusal to reveal the extent of his sexual feelings for, and grooming of, the ten year old prior to offending against him did not only trouble the Parole Board. While Alan, the CSC officials, and myself were impatiently waiting in the corridor outside the parole hearing room after we were asked to leave for the Board's deliberations, the clinical program director could not contain his frustration with Alan's decision to "minimize his offence." "Alan knows the Board does not want to hear that kind of crap," he explained to me. "Alan knew the boy very well; he groomed him!" Whether Alan had strong sexual feelings for his victim and groomed him prior to offending remains unclear. What is obvious though through Alan's hearing is the importance the Parole Board and the treatment expert give to the connection between sexual feelings and offending.

Treatment, in fact, drilled into Alan the connection between deviant fantasies, arousal, and offending. During the entire second semester of treatment, sex offenders are coached to disclose their sexual fantasies and arousal by keeping a fantasy log. As per the principles of cognitive behaviourism, therapists coach offenders to organize the details of their fantasies in a narrative that involves a relationship between thoughts, feelings, and behaviours. This structured process of story telling helps to teach offenders to reflect on the situation they were in, as well as the mood they experienced and the feelings they had prior to fantasizing. The purpose of this self-reflection is to reveal to offenders the trigger of their fantasies: is it an object like a book, a photograph, a TV show, and/or is it a feeling like anger or boredom?[7] The offenders must also note in their fantasy log their response to their own arousal: did they masturbate to the deviant fantasy, refocus the deviant fantasy to change its content into an appropriate one and then masturbate, or did they interrupt the arousal by stopping the fantasy (as in Alan's response to the Parole Board: "When I think about children I block this thought out" [101]). Ideally, inmates would fill in their log immediately following the occurrence of fantasies to better identify triggers — the thoughts, feelings, and behaviours that cause their arousal — and stop the slippery slope into acting out. One member of the treatment team suggested sex offenders "need[ed] to carry a clicker on them to count the number of fantasies they have" so as to fill out their daily log more accurately later on when they do their homework. While these practices are impractical,

7. Triggers were somewhat limited due to the nature of imprisonment. Inmates listed: anthropology books, the title of the TV show Sex in the City from a television guide, soft porn movies on the TV show Red Shoe Diaries, TV show WWF (World Wrestling Federation), photographs or thoughts of an inmate's wife/girlfriend. Feelings included anger and boredom.

the centrality of the fantasy log as a life long self-policing technique for the management of sexual arousal is incontrovertible for the treatment team. "I can guarantee you that if you don't fill out your fantasy log when you're on the outs, you are coming right back in here," warns the clinical program director to his patients. The aim of the fantasy log exercise, he further explains, is to help inmates develop "an inner conscience that will make them aware of the bad fantasies." Alan's claim that he no longer fantasizes about children (88) perturbed the Parole Board for a good reason; it goes against what Alan learned in treatment, that is to say, that "bad fantasies are always there and will always be there." (clinical program director speaking to his patients.) Nevertheless, Alan's explanation that he does not fantasize about children because he blocks out thoughts of children is entirely in keeping with the teaching of the sex offender treatment program. Since fantasies of children will always be there, they must be interrupted. Blocking out a deviant fantasy, as Alan suggested he does, is an appropriate response; reconfiguring a deviant fantasy is also acceptable. Both responses are taught in the context of learning to fill out a fantasy log.

In the treatment program, inmates are coached to make detailed, almost photographic representations of their sexual fantasies. In the following exchange the clinical program director encourages Peter, a 40 year old man incarcerated for sexual assault, to pay more attention to the face of the woman he fantasized having sex with:

Clinical Program Director: What was the colour of her hair?

Peter: Eh, black.

Clinical Program Director: Did she have short or long hair?

Peter (hesitantly): Eh, long.

Clinical Program Director: How long? Shoulder length?

Peter: No, longer.

Clinical Program Director: What was the colour of her eyes?

Peter: I don't know. I didn't look.

Clinical Program Director: Think about it.

Peter: Blue.

Clinical Program Director: Did she wear lipstick?

Peter: Come on! I don't know!

Clinical Program Director: Think about it!

Peter: Eh, yes, I think so.

Clinical Program Director: What colour was it?

Peter: Red.

The disclosure of his fantasy log was not easy for Peter who towards the end of the exercise exclaimed: "Wow, this is like the Spanish Inquisition!" To which the clinical program director quipped: "Yes, the torture never ends!" This seemingly lighthearted exchange linking the public revelation of a fantasy to torture clearly reminds us of the extent to which confessions under duress are unreliable, for they function mainly as tools to reestablish a system of power under threat (Foucault 1977). Peter's reaction to carefully coached revelations of photographic details of his fantasies helps us see his fantasies as pure fabrications.

In his study of the treatment of sexual perversion in a private clinic in the 1980s in America, cultural critic Sylvère Lotringer (1988) also noted the centrality of the confession and the careful coaching patients receive to craft appropriate fantasies. To explain why treatment is so obsessed with the confession of fantasies, Lotringer draws on Foucault to remind us that "sex shrouded, it would seem, in secrecy, has been taken as emblematic in the West of what is most hidden in our individuality" (1988:103). We see this in Freud, who equated the search for truth with the confession of one's sexual desires. But seeing that at his private clinic (just like at Alan's parole hearing and his treatment program) sex is no longer the secret, Lotringer asks "what if the ritual of the confession has outlived its function?" (1988:103). Indeed, what if the confession of sex has no more truth to deliver? Every aspect of an inmate's paraphilia and fantasies is discussed openly in treatment and explored considerably at the parole hearing. This confession of sex does not seem to provoke the unveiling of a powerful force capable, in turn, of deeply altering the self and eliminating its ailment; it is simply, to borrow Ervin Goffman's adept formulation, "the presentation of the self in everyday [prison] life" (in Lotringer 1988:105). Following Lotringer (1988), I ask again: if an inmate's sexuality reveals no truth, then why bother making him into a conscientious teller of sexual fantasy? And why do clinical experts collaborate in such carefully constructed representations of sex? The idea behind the confession, explains the clinical program director,

> is to get them used to *talking*; it's going to *help them socially* and it will also help them in terms of *being able to talk* to professionals who will assess them in an ongoing basis in terms of 'where are you now? Are you risky now?'

The detailed confession of fantasies is central to treatment for two reasons: first, it becomes part of the process of reconfiguring deviant fantasies into appropriate ones; second, it stimulates sociability by forcing

the sex offender to open up and talk to others *about sexual things* (61). From this perspective, it appears that treatment aims not only at fabricating fantasies, but also at making sex offenders better story tellers of their sexual feelings and arousal.

During his parole hearing, Alan is unable to communicate clearly the connection between his deviant fantasies, arousal, and sexual offences. Yet, his awareness that he must keep a fantasy log and *talk about sexual things* with his sister (62) is a noteworthy sign that he has internalized treatment strategies to interrupt the fall into his crime cycle.

> PB1: You certainly can express yourself very well.
>
> Alan: Thank you.
>
> PB1: What about talking about sexual things?
>
> Alan: That was very hard for me, especially to my sister. She would not go for anything involving kids. So it was hard to tell her about my offences, but I had to talk to her and I did.

Treatment reaches out to the family of the sex offenders. It enlists significant others in the treatment by giving them the responsibility to oversee the management of their loved ones once they reintegrate into the community. As part of developing his crime cycle and relapse prevention plan, Alan had to disclose his crimes to his sister. A member of the sex offender treatment team, the family/community liaison officer, had contacted Alan's sister to invite her to meet Alan and the team for a consultation whose purpose was dual. The first goal was for the treatment team to assess the dynamic between Alan and his sister to ascertain her capacity "to play a role in the relapse prevention plan" (Interview family/community liaison officer 2000). In other words, Alan's sister is mobilized as an intermediary structure of control between the prison and the community, one that helps to support Alan by "establishing clear boundaries for him" (Interview 2000). The second goal of the family consultation is for Alan to practice his newly acquired confessional skills to ensure both he and his sister know when Alan is falling into his crime cycle. According to the family/community liaison officer, the confession of the crime cycle is "very helpful and instructive for family members," because it tells them when they have to inform the sex offender that "he needs to go back to jail and get locked up." Family members are recruited thus as agents of social control to ensure the existence of a structure in place in the community to replace that of prison/treatment (Garland 2001). If Alan were to fall into his crime cycle by not manag-

ing his deviant fantasies and arousal, someone close to him has to turn him in.[8]

There is no cure awaiting Alan and all other sex offenders, only risk management. Alan's success in reintegrating into the community depends mostly on his own ability to manage his risk, but failing that responsibility treatment has created a back up plan in enlisting Alan's sister in his risk management. The treatment team has found in Alan's sister a team member, a responsible family member willing to get on board to exercise surveillance and control of Alan and to support him in his lifelong treatment. The existence of a structure in the community to control Alan is essential. Indeed, after fifteen minutes of deliberations, when the Board finally announces it grants Alan day parole to live in a community correctional centre providing accommodation for parolees, it indicates how the existence of a structure in the community to control him is vital: "We believe that the supervision you'll get on day parole is key to your security" (128). It also specifies that when Alan is in the presence of children, he must be accompanied by a responsible adult, like his sister or parole officer. These conditions for the management of an offender, it will be argued, are not exceptional at all. But the sociability on which the supervision rests in the case of a sex offender is exceptional I argue. He is expected to talk openly about sexual things, and to talk about sexual things in a way that is pretty scary for many of us who have no idea what goes on in a sex offender treatment program. Confessing his fantasies, explaining how he controls his arousal — the stuff of the fantasy log the Parole Board wanted to hear — is how the sex offender confirms his classification as a rehabilitated/treated sex offender.

Discussion

One aim of this paper was to present the parole hearing of Alan to familiarize the reader with the way the Parole Board of Canada makes its decision on whether to reintegrate a sex offender into the community at the turn of the 21st century. Another aim of the paper was to use the hearing as a fertile backdrop to examine prison rehabilitation for sex offenders at a time when the prison is increasingly characterized by a new modality of punishment, one said to be managerial and punitive rather than transformative (Feeley and Simon 1992; Garland 2001; Pratt et al. 2005). By drawing on a prison ethnography of a sex offender treatment program,

8. The family/community liaison officer defines a successfully treated sex offender as one who is capable of turning himself in: "He is the one who can go to the local police department, a mental health worker or someone in his family and say: I have this history of offences, and I'm really at risk right now." (Interview 2000)

I located the parole hearing's overwhelming preoccupation with how a sex offender manages his arousal in a cognitive behavioural therapy grounded in the administration of risk. This therapy relies on techniques of introspection and self-policing — an offender's internalization of his crime cycle and relapse prevention plan — that primarily target sexual fantasies and arousal. Alan's minimization of the central role his sexual fantasies and arousal have played in the planning of his offence, and his lack of a straightforward management plan to address his arousal perturbed the Parole Board throughout the hearing. The clinical director of the program for incarcerated sex offenders Alan attended even assumed Alan's minimization of the connection between his fantasies, arousal and his offence would cost him his day parole. It did not — perhaps because the written reports of the clinical director and the institutional Parole Officer were overwhelmingly positive about Alan's ability to manage his risk if he were placed in a highly supervised community living arrangement. "Mr. S., you'll get a chance to read our decision when it is written. First I would like to tell you that we were impressed by your presentation, how you think, how you act. We have decided to grant you day parole" *(*128). After a ninety minute hearing that did not seem to have gone well, according to the clinical program director, this announcement brought visible relief to the director and, especially, to Alan who exclaimed: "Thank you, thank you" (129).

Interestingly, the connection between sexual fantasies, arousal, and offending that much consumed the Parole Board and the clinical program director during the hearing and Alan while in treatment has no conclusive empirical foundation (Brown 2005). At the time I observed the hearing and the treatment program for incarcerated sex offenders, respected authorities in the specialized field of the assessment and treatment of sex offenders had already questioned most of the assumptions that underlay both the treatment program Alan attended and the discussion that transpired during his parole hearing. For example, Marshall and Serran's (2000) evidentiary-based research does not support the idea that most sex offenders plan their offence, let alone fantasize about it. Some offenders, they argue, simply take advantage of a situation to sexually offend as it presents itself. Brown's (2005:136) review of evidentiary-based research on treatment programs for sex offenders indicates "scarce evidence" to support the idea that sex offenders even engage in deviant fantasies. For example, she cites a study by O'Donohue et al. (1997), which asserts sex offenders seldom report deviant fantasies. Other studies indicate many sex offenders are not even primarily aroused by deviant sexual stimuli (Brown 2005:136). As far back as the early 1990s, empirical studies by Marshall and his colleagues had already undermined

.... to criminal behaviour (cited in Brown 2005:136). Pithers et al. (cited in Brown, 2005), for example, found that only 17% of rapists had fantasized about rape during the six months prior to their offence (cited in Brown 2005:136). Most compelling perhaps is the evidence that there is little difference in the amount of deviant fantasizing done by sex offenders and non-sex offenders. In Marshall and Barbaree's study, 30% of rapists had deviant fantasies compared to 26% of nonoffenders (cited in Brown 2005:136).

Evidentiary-based studies exploring the connection between sexual fantasies and sexual offending abound in the literature on sex offenders. This is not the place to investigate what to make of this considerable research industry. Nonetheless, it is worth pondering the research's ongoing preoccupation with sexual fantasies when so little empirical evidence supports a connection between arousal and offending. A prison psychiatrist I interviewed provided a most succinct answer:

> fantasy is the *only* indication we have of [sex offenders'] appreciation of the *on-going risk* they pose to the public. It is a gauge to assess their level of self-understanding, to measure their level of introspection, to assess the level to which they are reinforcing deviance.

In a correctional cognitive behavioural therapy grounded in risk management, sexual fantasies and arousal have become observable signs experts use to authenticate the diagnosis and treatment of the sex offender: a creature overwhelmed by sex and forever at risk of offending unless he learns to control his fantasies and arousal. Stated differently, in this standardized, one-size-fits-all treatment intervention that aims to make the offender responsible for his actions, sexual fantasies and arousal acquire the status of objective measures of accountability and safety for the sex offender and the institutions overseeing him (prison, parole board, family/community, and scientific community). Why is that? Fantasies can be confessed, counted, and contrasted with the index offence; they can be evaluated, interrupted, and reconfigured. When the clinical program director tries to convince the Parole Board that Alan can reintegrate into society, it is indeed to Alan's ability to reflect, confess, assess, and control his fantasies that he directs the Board. "Alan's being honest about his fantasies.… He's had pedophilic thoughts since he's fourteen years old, but he did not start offending until after he was over forty.… His risk is manageable" (119). Arousal too can be confessed, counted, evaluated, measured, interrupted, and reconfigured to authenticate the diagnosis and treatment of the sex offender. When I went back to the prison hospital in 2002 to review the files of the inmates I had observed, the recently hired clinical program director was excited to tell

me she had succeeded in getting a penile plethysmograph (PPG) lab in full working condition for diagnostic and treatment purposes. The PPG measures changes in the circumference of the penis while the patient watches and hears erotic material. She saw in this technology, combined with aversion therapy through the administration of a noxious stimulus such as ammonium salt, a formidable tool for the risk management of her patients. Perhaps. Confession of sexual desires with the fantasy log; confession of the flesh with the PPG. In rehabilitation as risk management, the security of women and children ultimately seems to hang in the self-administration of ammonium salt.

To conclude, I have argued that the parole hearing of a sex offender and the prison treatment program he attended exist in a symbiotic relationship rooted in techniques of introspection, self-policing, and confession of sexual fantasies and arousal. These techniques — the crime cycle and relapse prevention plan — ought to be seen as strategies of governance, specific ways of regulating and controlling the self and others that produce the idealized figure of *homo prudens* (), the sex offender who is capable of managing his risks in the community (Foucault 1977, 1991; O'Malley 1996). Furthermore, these techniques have become means to provide accountability and safety at the turn of the 21st century in Canada. As long as he confesses his sexual desires to his fantasy log, shares them with agents of social control (the clinician, parole officer, and his sister who all expect him to do so), successfully blocks out thoughts of children, continues to monitor his other risk factors (intoxicants and criminal associates), and is also surrounded by a structure of support in the community, Alan's "risk [of re-offending] is manageable" (119). Quite probably so. But these techniques of governance have a downside. They also become the means by which the sex offender is given intelligibility. Through techniques of governance grounded in risk management the sex offender internalizes a criminal identity as a sex offender, an identity that constitutes the pivot around which all other aspects of his personality revolve. These techniques teach the sex offender to recognize, accept, and internalize what Becker (1963) refers to as a Master Status — a set of characteristics that overdetermines an identity, overshadowing all the other aspects of an individual's character. The symbiotic relationship between the parole hearing and the treatment program ultimately serves to fabricate Alan and all sex offenders into a species almost entirely consumed by sex and, thus, at risk of reoffending all the time (Lacombe 2008; Hacking 1986).

Not taken into consideration at the parole hearing or in prison treatment are the dangerous consequences of "making-up" someone as a sex offender. Ian Hacking helps us see the interaction that exists between

institutional classifications and those they classify. Hacking argues that people are not passively labeled by classifications, but rather actively interact with their classifications (1986:230). People, Hacking argues, "become self-aware of being classified in a certain way, if only because of being treated or institutionalized in a certain way, and so experienc[e] themselves in that way" (2002:11). Classifications produce effects on our identities: they "work on us," Hacking tells us, "they change us, they change how we experience our lives and how we choose our futures" (2002:9). The idea that classifications offer us the possibility to become a different person is significant because it suggests that classifications generate actions. Hacking's statement — "if new modes of descriptions come into being, new possibilities for action come into being in consequence" (1986:231) — can be read as cautionary in the context of sex offender prison treatment. A therapy that classifies offenders in relation to their deviant fantasies and patterns of arousal, and instructs those offenders in the art of fantasy and arousal management, that, in short, "makes up" the sex offender can have dire consequences. By allowing someone who has committed a sexual offence to experience himself as a kind of person "hard wired" (Lacombe 2008) to act out his deviant fantasies, treatment unfortunately gives that individual the possibility to act in that way.

All and all, Alan's complexity as a human being has been reduced in treatment and at the parole hearing. "Have you sorted out your sexual life yet?" (83) "The doctors use the word pedophile to define you. Does that fit for you?" (85) wants to know the Parole Board. Alan has become, as it were, his sexuality. He is ultimately a sex offender, an identity the clinical program director likes to classify jokingly amongst his treatment team as "try-sexual, as in they'll try anything." Alan's parole hearing and his prison treatment reveal that risk-based philosophies and practices participate in the creation of the sex offender as a larger than life species, one so odd and radically different from the rest of us that it boggles the mind why we would want to try to reintegrate him into our community.

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Appendix A: Transcript of Alan's parole hearing (November 2000)

1. Parole Board member 1(PB1): Good afternoon Mr. S. Are you nervous?
2. Alan: Yes
3. PB1: Okay, we'll try to put you at ease.

(The hearing is suddenly interrupted by a knock at the door. The door opens and two men bring a tray with cookies, juice and coffee for the Parole Board members. Alan is asked if he wants water, which he kindly accepts.)

4. PB1: We have some tough things to talk about. Are you ready?
5. Alan: Yes sir.
6. PB1: The Board members have read your reports and we have some questions. Your answers will help us evaluate the risk you pose to the community.

(He then presents the way the hearing will proceed: Board members will ask questions, inmate will answer; board members will hear comments from the Institutional Parole Officer, the Correctional Parole Officer and the Clinical Program Director. Inmate will have the right to respond to their presentations .This will be followed by a break: everyone will be asked to leave the room for the Board's deliberations. Then everybody is invited back into the room to hear the Board's decision.)

7. PB1: Okay, let's start with background information. You received four years for sexual interference. You touched a ten year-old boy, that's your index offence. Can you explain what happened?
8. Alan: The boy came over to deliver cigarettes. (Alan explains that he had been drinking with a woman and they needed cigarettes. They knew that a young boy delivered cigarettes in the neighbourhood. They phoned his mother for a delivery. The boy arrived at Alan's place in his pyjamas. Alan asked the boy to come and sit on his knees.) I think my hands were robbing his genitals, but I'm not sure because of his pyjamas. My hands were on his pyjamas.
9. PB1: The way you describe that it sounds accidental rather than voluntary.
10. Alan: I was not quite sure about it. I put him on my knees and was bouncing him.
11. PB1: You were drinking quite a bit?
12. Alan: We were drinking a bottle of wine.
13. PB1: Just one?

14. Alan: Yes, but a big one. I got him on my knees; I was bouncing him on my knees. My hands were touching his pyjamas, may be also his genitals. I don't remember. I knew I was not supposed to do that. I knew it would get me back in jail.
15. PB1: What you told me gets closer to what I want to hear. You put him on your knees, you were bouncing him, you knew what you were doing. Did you touch him with sexual feelings in your mind and in your heart?
16. Alan: I kind of think so.
17. PB1: You kind of think so?
18. Clinical Program Director (interrupting): I don't think Alan understands your question. Did you have sexual intent when you touched him?
19. Alan: I don't know.
20. PB1: That's different from what is in the [name of Sex Offender Treatment] report.
21. Alan: I was there to get close to him, but I did not intend to make love to him.
22. PB1: But Mr. S. were you sexually aroused?
23. Alan: no
24. PB1: It did not sexually arouse you to have him on your knees?
25. Alan: No, he was not there long enough.
26. PB1: Had he been there long enough, would you have been aroused?
27. Alan: May be.
28. PB1: Let's move on. This is not your first offence. You also sexually touched the two sons of a previous girlfriend and two nephews. You were convicted of six counts of sexual assault. You got two years less a day. Did you do anything while in prison?

(Alan talks about the first sex offender treatment program he took in a provincial prison and that he did not get very much out of it. His latest sex offender treatment program, however, was very meaningful.)

29. PB1: After going to jail twice, you picked up that it was not a good thing to do.
30. Alan: Yes.
31. PB1: I see that the Crown made an application for a Dangerous Offender.
32. Alan: Yes, that was pretty scary.

33. PB1: What would it mean to you to be declared a Dangerous Offender?
34. Alan: I wouldn't want that. Jail is just too hard on you.
35. PB1: What did you learn in [the latest sex offender treatment program]?
36. Alan: I learned to look at my high risks. I learned to manage them. I keep a fantasy log.
37. PB1: I have lots of questions about the program. What are your high risks?
38. Alan: It's your crime cycle: your feelings, thoughts, behaviour that will make you re-offend. I know I cannot go to malls, public pools, places where there are children.
39. PB1: So you know that?
40. Alan: Yes. And I have an M2 sponsor who will help me if I need help, if I were to want alcohol for example or
41. PB1: Do you miss alcohol?
42. Alan: No.
43. PB1: You did not do a substance abuse program?
44. Alan: No, we did not have one here. But I'm doing one right now. And I'm doing quite well. The person who gives the program tells me I'm doing quite well.
45. PB1: Okay, so being where children are is high risk. Drinking is high risk. What else?
46. Alan: Being in malls, places where there are children. Hanging out with women with children is a high risk. I have to stay away from that.
47. PB1: Anything else? You said something about a fantasy log?
48. Alan: Yes, I look for my triggers.
49. PB1: What's a trigger?
50. Alan: It means more or less if you have problems. A trigger builds up your crime cycle.
51. PB1: Do you remember your triggers?
52. Alan: I have to be careful whom I associate with.
53. PB1: Are fantasies a trigger for you?
54. Alan: Yes, I know that I cannot watch certain shows on TV, shows with children. I cannot look at books with pictures of children.
55. PB1: Any other triggers?

56. Alan: Not going to AA. Saying I would go and not go, that would be bad. I would have to talk to my sister about that.
57. PB1: Is it easy for you to talk about your feelings with others?
58. Alan: It is very hard for me. I have always been an easy follower. If someone told me to have a drink, I would do it. But now with the program I have changed. I am more open; I talk in group.
59. PB1: You certainly can express yourself very well.
60. Alan: Thank you.
61. PB1: What about talking about sexual things?
62. Alan: That was very hard for me, especially to my sister. She would not go for anything involving kids. So it was hard to tell her about my offences, but I had to talk to her and I did.
63. PB1: The report said you made tremendous gains. You are even the tier representative?
64. Alan: Yes, I'm in charge of the tier. I'm doing well at it. (Alan lists all the programs he takes: substance abuse, anger management, recreation and horticulture). I keep busy in the gym; I play cards at night with the tier members; I keep myself busy.
65. PB1: Does it help to keep busy?
66. Alan: Yes.
67. PB1: I would like to ask you about alcohol. Do you drink alcohol?
68. Alan: No sir.
69. PB1: Do you do other drugs?
70. Alan: No.
71. PB1: No marijuana?
72. Alan: No.
73. PB1: No heroin?
74. Alan: No.
75. PB1: You recognize that alcohol is part of your crime cycle?
76. Alan: Yes.
77. PB1: Could you drink socially?

(Alan looks at his IPO and tells her he does not understand the question. She asks him whether he could have a drink once in a while, just like that with friends.)

78. Alan: Oh no. I could not drink anymore. It's part of my crime cycle.
79. PB1: Do you understand the effects that touching a child has for a child?

80. Alan: I think it is really bad. It harms them. They will live with that for the rest of their life.
81. PB1: You were abused too as a child. Do you remember?
82. Alan: I was abused by my uncle and my doctor and it felt terrible.
83. PB1: Now, the report says that your sexual life involved men, adult men, adult women and children. Have you sorted out your sexual life now? The file says that you have had a sexual relationship with a variety of partners. Which do you favour the most?
84. Alan: I like women. Yeah, women. I like dancing with women. I enjoy women. I like children, but now only as friends, but I know I cannot even have them.
85. PB1: The doctors use the word pedophile to define you. Does that fit for you?
86. Alan: Yes, I fit that category.

(The second Parole Board member begins his questioning.)

87. Parole Board member 2: Mr. S., you do have sexual fantasies?
88. Alan: Yes, but not on children anymore.
89. PB2: How often do you have sexual fantasies?
90. Alan: Eh, three times a week, I guess.
91. PB2: When that happens, what is the first thing you think about? Is it a child?
92. Alan: No.
93. PB2: What do you think about?
94. Alan: My old woman.
95. PB2: When was the last time you fantasized about a child?
96. Alan: Eh, last June.
97. PB2: If you were watching a TV show with children, you would not think about a child?
98. Alan: No, I know it is part of my crime cycle.
99. Clinical Program Director (interrupting): You might want to distinguish between sexual thought and fantasy.
100. PB2: I don't worry that you have sexual thoughts about children. I want to know if you can manage them. It is hard for me to believe that you don't think about children. I prefer you tell me the truth than what you think I want to hear.
101. Alan: When I think about children I block this thought out.
102. PB2: Let's move to the release plan. If we give you day parole today. What will you do?

103. Alan: I have plans to go to [name of a correctional centre for parolees]. They have good programs there.
104. PB2: What do you think you need to be successful?
105. Alan: I need to do sex offender programming and AA.
106. PB2: What else would you need to feel safe?
107. Alan: An M2 sponsor, a primary nurse. But I'm not sure what they have to offer at the centre.
108. PB2: Do you think it would be safe to be in a room with a child?
109. Alan: I would not want to be alone with a child. I would ask for someone to accompany me.
110. PB2: Let us say you are at your M2's house and a neighbour comes over with his ten year-old boy. The M2 and the neighbour decide to go the garage and leave the kid in the kitchen while you watch TV in the living room. What would you do?
111. Alan: It would be better for me to avoid the situation. I would get up and go to the garage with the two adults to avoid being with the child.
112. PB2: Mr. S. when you are out in the community there will be children. Let us say, you're in a bus, how much risk will you be?
113. Alan: Well, I have done sex offender programming. I know my triggers.
114. PB2: How do you know that the program worked? What makes you think that you will act differently this time?
115. Alan: I know my danger points.
116. PB2: But you know you're high risk. So how do you control yourself?
117. Clinical Program Director (interrupting): May be a better question is what would you do with your arousal? (Parole Board member refuses the reformulation. He does not let Alan answer. Instead he asks the IPO and the CPO to provide their comments. The IPO explains that when Alan started the program he had no insights about his crime and did not communicate. The program transformed him. She states that according to the Clinical Program Director's report, Alan needs structure and support to successfully manage himself, something he will get at the community correctional centre for parolees the treatment team, of which she is a member, recommended. The CPO expresses his belief that the sex offender program at the community correctional centre for parolees will be fine for Alan since he is already manageable and understands well he should not be around kids.)

118. PB2: The index offence troubles me a bit. We don't know how much grooming was involved in his offence. The report says he grooms, but the index offence is not that clear about it and Alan's explanation as to how he assaulted the ten year old does not suggest much grooming in my opinion. (The Parole Board then asks the Clinical Program Director to present his comments. He provides a brief summary of his treatment program for individuals who have intellectual difficulties. He presents Alan as someone who came to the program with clear deficits and limitations, but who made tremendous gains.)
119. Clinical Program Director: Alan might not be a fast learner, but he has learned an incredible amount. He stays on track. He's being honest about his fantasies. His general MO [mode of operation] involved grooming. He is not a hot predator. He's had pedophilic thoughts since he's fourteen years old, but he did not start offending until after he was over forty. That's unusual for pedophiles. His risk is manageable.
120. PB2: In your report you are not sure if he can take what he learned in your treatment program to the community.
121. Clinical Program Director: Yes, that's why I say he needs a lot of support in the community.
122. PB2: How much digging in Mr. S.'s case did you do? It's unusual to start offending after forty. Maybe we don't know about his offences. Mr. S., did you have any other sexual contact with children before your offence?
123. Alan: No.
124. PB2: Do you remember having feelings towards children?
125. Alan: No.
126. PB2: Anything else you would like to add?
127. Alan: No. (We are asked to leave the room for the Board's deliberations. Fifteen minutes later, we are invited back in.)
128. PB1: Mr. S., you'll get a chance to read our decision when it is written. First, I would like to tell you that we were impressed by your presentation, how you think, how you act. We have decided to grant you day parole. However, we are imposing 3 special conditions: 1) to abstain from all intoxicants; 2) not to be in the company of children under 18 unless you are in the company of an approved adult, that would be your Parole Officer; 3) not to be in a place where there are children unless you are with a responsible adult, like your sister for example. You have no overnight leave privileges. We are impressed by what you've done at [name of the last sex offender

treatment program]. We believe that the supervision you'll get on day parole is key to your security.

129. Alan: Thank you, thank you.