Ethics in management and treatment of individuals sentenced for a sexual offense

Nicholas Blagden & Marianne Fuglestved

Criminal Justice Summer Course: Responses to Sexual Violence
Barcelona 5-8 July 2022

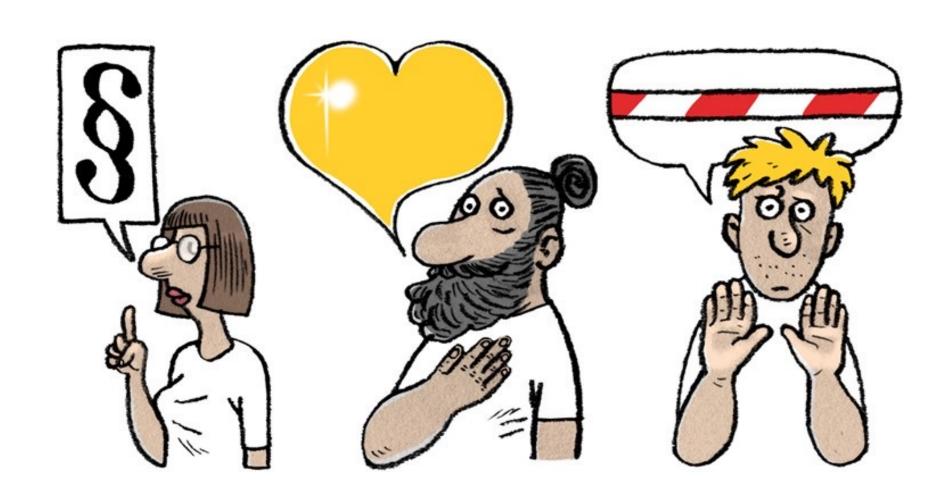
Presentation

Speakers and participants



WS 1

Introduction to ethical issues in the management and treatment of individuals sentenced for a sexual offense



Introduction to program

- 1. Ethical issues and dilemmas in interventions and treatment
- 2. Importance of context
- 3. New approaches in assesment and intervention
- 4. Understanding denial
- 5. Sexual interest in children and sexual abuse
- 6. Case studies and working with denial
- 7. Case studies and working with sexual interest
- 8. Rethinking ethical dilemmas and moving forward

Expectations

My expectations for this workshop is......



Workshop-structure

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop

Recommendations



Prison services and probation should manage and seek to reintegrate persons accused or sentenced for a sexual offense in line with the risk they pose and in accordance with same standards and principles applied to other persons under their responsibility

Council of Europe Human Rights

Prevention of torture, inhuman or degrading treatment or punishment

Prison Rules

Probation Rules

Recommendations



Interventions and treatment should be evidence-based, proportionate and part of a comprehensive approach which helps individuals to address their offending behaviors

Rehabilitation ideal

- Enable the person to avoid further crime by increasing personal effectiveness
- Individual wellfare is as much a consideration as social utility
- The helper is both an agent of the offender and of the society



The benefits to the individual provide ethical justification for intervention

Who determines the need for change?

The person self? Complaint over suffering

Others? Complaint over the persons behavior





Challenges

- Prescribing or advising behavior change usually does not work
- Guidence in how to change is seldom sufficient
- Often attributed to inside the individual:

"he is not motivated"

"he denies"

"his nature is hardened"



Ethics in treatment

Awareness and protection of an individual's

Autonomy – self-determination, freedom
Integrity – respect for self-perception
Volnurability – all lives are fragil and valuable
Dignity – irreplaceable and equal

Basic Ethical Principles in European Bioethics and biolaw (Rendtorff, J.D. & Kemp, P. 2000)

The Good Lives Model of offender rehabilitation: Clinical implications in: Aggression and Violent Behavior, 12, 87-107 (Ward, T. & Gannon, T. 2007)

Recommendations



Facilitating the co-operation of the person is central in all aspects of effective reintegration, including risk-assesment, risk-management, treatment and interventions.

Is co-operation possible?

- If the interests of a person and society is not be compatible (sexual interest in children vs. society's norms and laws)
- If the only negative consequence for the person may be being caught and convicted

(I have my needs and don't think I harm anyone)

 If options are limited; commitment to change may entail acceptance of society's values

(reluctant to change or ambivalent)

How do I co-operate with the person?

How can I enhance the person's motivation for change?

Is he *ready* to make a change? Is change a priority for him?

Is he *willing* to make a change? Is it important enough to take action?

Is he *able* to make a change? "I would if I could"

Professional code of conduct

- Individual voluntary concents to treatment
- Coersion interferes with free choice
- Manipulation through positive inducements undermines selfdetermination – (approach is common)
- Decision to seek help is never wholly free nor free from coersion
- Compulsory treatment (ordered by court) fx mental illness

Informed concent

Give information about:

- Treatment procedure and purpose (risk assessment and content)
- Role and qualifications of the person providing treatment
- Benefits that reasonabliy can be expected
- Alternatives to treatment that can help as well
- Withdraw concent any time and discontinue treatment

Discussion:

Ethical justification for intervention/treatment in prison and probation

- Is it possible to establish a helping alliance within a context of restraint and coersion?
- Should we engage those whose motivation to change is in doubt?
- Are there effective programs likely to promote change?

Round up

What do I take home?
How was our co-operation?
Short info. next workshop



Workshop 2: Importance of context in rehabilitation of men with sexual convictions



Workshop 2

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop

Council of Europe Recommendations, basic principle



Positive steps should be taken to meet the distinctive needs of persons accused or sentenced of a sexual offense, including their separate accommodation while in perison, where deemde necessary, and special management while in prison and under probation.

Context

- The use of rehabilitative interventions for criminal offenders has expanded over the decades and with it so has evidence of their effectiveness in reducing recidivism (Lipton et al, 2002; Schmucker & Losel, 2015).
- While there is significant body of evidence for the effectiveness of behavioural programmes in reducing recidivism, the broader environment where the treatment takes place has received much less attention (Ware, Frost and Hoy, 2010).
- "the context in which treatment is provided may actually prove to be quite important to the overall effectiveness of treatment" (Ware, 2011: 30).

Context matters because...

High quality met community setti

Both Schmucker program implem prison-based tre cause (Ware & C

Readiness for tre

Prisons Do Not Reduce Recidivism: The High Cost of Ignoring Science The Prison Journal Supplement to 91(3) 48S-65S © 2011 SAGE Publications Reprints and permission: sagepub.com/journalsPermissions.nav DOI: 10.1177/0032885511415224 http://tpj.sagepub.com

\$SAGE

t-patient and

design, poor te to ineffective m are the primary

et al, 2019)

Francis T. Cullen¹, Cheryl Lero Jonson², and Daniel S. Nagin³

The Intensity and Timing of Sex Offender

Sexual Abuse 2019, Vol. 31(4) 397–409 © The Author(s) 2017 Article reuse guidelines:

Andrew Day¹, Stu James Vess⁴, Dian

Abstract

Current evidence about reoffending remains into on those program characteristics considers current profest treatment: its intensity a exists to articulate best empirical evidence about different stages of senter

Published: 19 August 2015

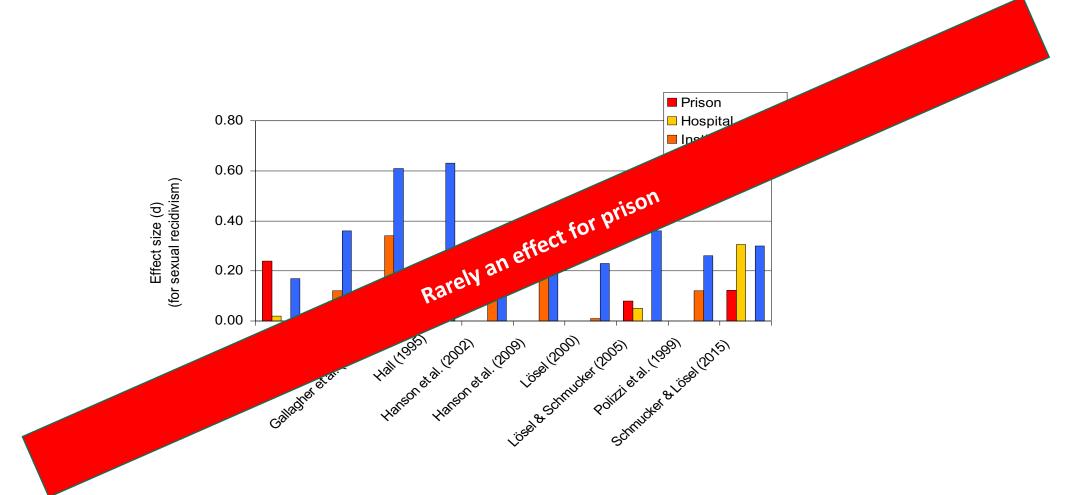
The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations

Journal of Experimental Criminology 11, 597–630(2015) Cite this article

4949 Accesses | 109 Citations | 70 Altmetric | Metrics

Core Sex Offender Treatment Programme

Treatment Setting



Mentimeter

Hierarchical components of a rehabilitative prison

settle

Address
attitudes &
thinking

Address drug & alcohol problems

Rehabilitative culture

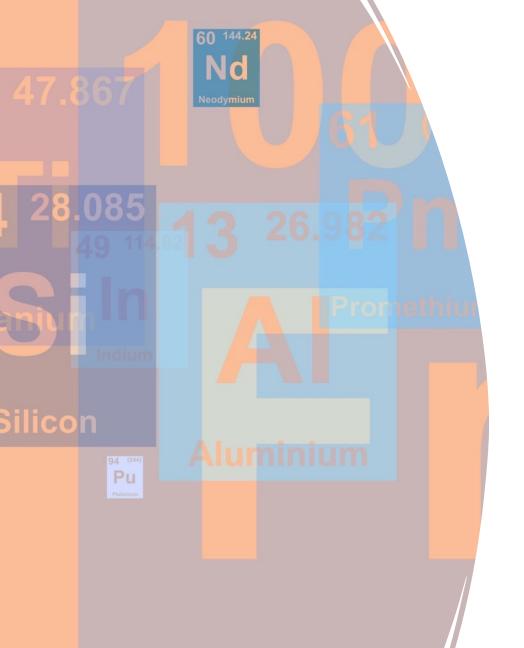
Safety, Decency, Procedural Justice

Rehabilitative Climate

- The rehabilitative climate is the ways in which the correctional climate fosters and promotes positive personal change and ultimately how conducive it is to reducing reoffending.
- While it focuses on key components of social climate (e.g. growth, support, atmosphere) and moral climate (human decency, fairness and staff-prisoner interactions).
- It also has an emphasis on attitudes towards offending, beliefs about change, readiness to change, promotion of change and relationships that foster change.
- Rehabilitative climate as a responsivity factor (see Birgden, 2004)

Paradigm Shift?

- Moving away from programmes "fixing" individuals
- Owning your own rehabilitation (Perrin & Blagden, 2017; Blagden & Wilson, 2019)
- A move from programmes to lives Copernican Revolution (McNeill, 2013).
- 'The desistance paradigm suggests that we might be better off if we allowed offenders to guide us, listen to what they think might best fit their individual struggles out of crime, rather than continue to insist that our solutions are their salvation.' (Porporino, 2010 pg. 80)



Empirical evidence for accounting for prison climate in programme design

Prison climate, risk and recidivism

- Stasch et al (2018) found more positive perceptions of prison climate were related to reductions in dynamic risk particularly important was prisoner-staff relationships.
- Variables that appear to effect correctional environments include, quality of staff-prisoner relationships, organisational culture, degree to which therapeutic integrity is maintained (Day et al, 2011; Goggin and Gendreau, 2006; Stohr et al, 2012).
- It has been argued that the therapeutic and rehabilitative climate of a correctional institution could be vital for offender reform (see e.g Day et al, 2011; Schalast et al, 2008).

Prison climate, risk and recidivism

- Antitherapeutic prison environments have been found to have a negative effect on treatment readiness and programme outcome (Schalast, Redies, Collins, Stacey & Howells, 2008).
- Woessner and Schwedler (2014) positive changes in different aspects of prison climate were related to significant prosocial changes in dynamic risk factors.
- Prisoner and staff relationships (validating, meaningful etc) have been found to be important in the desistance process in that establishing positive and meaningful CJS relationships is important in terms of triggering, enabling, and sustaining change (Weaver 2013, 2015).

Prison climate, risk and recidivism

- Studies have found higher scores in prison climate to be related to readiness to treatment and change (William et al, 2019), with prison climate predicting readiness for treatment (Blagden et al, 2016).
- There is a considerable amount of recent metaanalytic evidence that a lack of treatment motivation is one of the strongest predictors of treatment attrition, which in turn is a strong predictor of recidivism (Olver et al., 2011).
- Prison climate mediates between rehabilitation and desistance before, during, and after the actual programme delivery (Ware & Galouzis, 2019)

Prison climate and personal change

- Studies conducted in correctional facilities provide further evidence for positive effects of prison climate on...
- Attitudes towards offending (Woessner & Schwedler, 2014; Gaab et al, 2020),
- Dropping out of treatment programs (Moos, Shelton, & Petty, 1973),
- - Mental health issues during treatment (Gonçalves, Endrass, Rossegger, & Dirkzwager, 2016), increased empathy (Heynen, Van der Helm, Cima, Stams, & Korebrits, 2017),
- - Treatment motivation (Blagden et al, 2016; Long et al., 2011, Williams et al, 2019).
- Higher ratings of group cohesion and safety were associated with less institutional aggression (Tonkin et al., 2012

Group Discussion

• How important are prisoner – staff relationships in the rehabilitative process.

How can we foster/promote positive prison-staff relationships?

What do constructive prisoner staff relationships look like?



Exploring Prison Climate

Researching the rehabilitative climate of prisons for those with sexual convictions

Prisons

- Rehab Prison Cat C trainer specialist sex offender site treatment focused
- Re-rolled Prison Cat B trainer now specialist sex offender site
- Prison with AC focus Cat C specialist prison not treatment focused

Quantitative Phase

- **Rehab Prison** Prisoners (n = 112) Prison Staff (n= 48)
- The mean age for prisoners was 48.87 (SD = 14.15, range = 23-80) and the mean age for prison staff was 39.77 (SD = 12.02, range = 24-58).
- **Re-Roll Prison** Prisoners (*n*= 111) Prison Staff (*n*=31)
- The mean age for prisoners was 43.40 (SD = 15.16, range = 22-79) and the mean age for prison staff was 34.81 (SD = 11.11, range = 22-60).
- **Prison with AC focus** Prisoners (n=99) The mean age for prisoners was 47.77 (SD = 15.16)

Qualitative Phase

- Total of n=15 prisoner interviews and n= 16 staff interviews at rehab prison
- Total of *n*=30 (t1 15/ t2 15) prisoner interviews and *n*= 16 staff interviews at **re-roll prison**
- Total of n=15 prisoner interviews and n= 16 staff interviews at Prison with AC focus

Measures

- EssenCES Therapeutic Hold, Prisoner Cohesion, Experienced Safety (Schalast, 2008)
- Rehabilitative Climate Questionnaire (RCQ) (NOMS, 2014)
- Attitude Towards Sex Offenders Scale (ATS) (Hogue, 1993)
- Implicit Theories of Offending Behaviour (self and other) (modified from Dweck, 2000; Gerber and O'Connell, 2010)
- Corrections Victoria Treatment Readiness Scale (Casey et al, 2007)
- Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Differences in Prison Climate for men with sexual convictions

Group	n	Scale/Subscale	M	SD	Normative Scores
Re-roll prison - Prisoner		Prisoner Cohesion	10.11	4.52	9.5 - 11.2
		Experienced Safety	10.76	4.19	12.8 - 13.8
		Therapeutic Hold	9.38	4.84	10.6 - 12
		EssTotal	30.25	9.60	
Rehabilitative Prison – Prisoner	112	Prisoner Cohesion	11.51	4.45	9.5 - 11.2
		Experienced Safety	14.63	4.38	12.8 - 13.8
		Therapeutic Hold	10.96	4.71	10.6 - 12
		EssTotal	37.11	10.30	
Prison with AC focus – Prisoner	99	Prisoner Cohesion	12.78	2.89	9.5 - 11.2
		Experienced Safety	14.85	3.24	12.8 - 13.8
		Therapeutic Hold	12.18	3.28	10.6 - 12
		EssTotal	39.82	6.82	

Differences in Prison Climate

Group	n	Scale/Subscale	М	SD	Normative Scores
Re-roll prison - Prisoner	111	Inmate Cohesion	10.11	4.52	9.5 - 11.2
		Experienced Safety	10.76	4.19	12.8 - 13.8
		Hold and Support	9.38	4.84	10.6 - 12
		EssTotal	30.25	9.60	
Rehabilitative Prison – Prisoner	112	Inmate Cohesion	11.51	4.45	9.5 - 11.2
		Experienced Safety	14.63	4.38	12.8 - 13.8
		Hold and Support	10.96	4.71	10.6 - 12
		EssTotal	37.11	10.30	
Prison with AC focus – Prisoner	99	Inmate Cohesion	12.07	2.89	9.5 - 11.2
		Experienced Safety	14.67	3.24	12.8 - 13.8
		Hold and Support	11.4	3.28	10.6 - 12
		EssTotal	38.14	6.82	

Rehabilitative Climate

Variable	β	t	Sig	R2
Step 1 - Prison			.049	.046
Step 2			.000	.598
Prisoner Relationships	.215	2.634	.010	
Prisoner-staff relationships	.484	5.861	.000	
Attitudes	.042	.568	.571	
Readiness for treatment and change	.275	3.159	.001	
Beliefs about change (My)	.005	0.67	.946	
Experienced Safety	.023	.338	.736	

Readiness for treatment and change

Variable	β	t	Sig	R2
Model			.000	.403
Prisoner Relationships	.016	.104	.774	
Prisoner-staff relationships	.220	2.302	.023	
Wellheing	.019	.213	.832	
Rehabilitative climate	.473	4.224	.000	
Beliefs about change (My)	.431`	5.494	.000	
Experienced Safety	.117	.764	.447	

Meaningful Relationships/Facilitating Change

Prison with AC focus It was prison officer on my wing have that, that was like v was amazing because aft she said 'you know wherespect you more' and hat that feedback like I say, I can put a price on it.

Rehab Prison – Prisoner Participant

IV: What makes them positive relationships?
RSP: **The honesty, the honesty**, that all comes from you and the courses we're doing, it spreads and the fact that we are able to talk freely about how we're feeling, you know, and feeling that someone will care and not like it's oh it's a waste of time

Prisoner Participant

that and the wn at one of nd an officer of the table Ir (name "And I's just you didn't get chey'd treat you

Meaningful Relationships/Facilitating Change

- Being "blown away" emphasising how qualitatively different this experience was to previous establishments. Recognising change and supporting it important – but also is about human interaction.
- The previous extract highlights the transformative potential interactions can have on prisoners. Highlights the importance of reciprocity, being valued and trust in cementing change (Mead, Hilton, & Curtis 2001).
- The process of positive feedback and validation is an important aspect of the desistance literature in that high expectations of an individual produce higher outcomes, known as the Pygmalion effect (Maruna et al., 2009; Lebel et al., 2008).

Importance meaningful, supportive and genuine relationships Prisoner-staff relationships (and perceived staff support) important for prisoner wellbeing, adjustment and order in prison (Dirkzwager and Krutschnitt, 2012).

Such relationships are important in the desistance process where establishing social relationships is seen as vital to the triggering, enabling, and sustaining of change (Weaver 2013, 2015).

Therapeutic alliance pivotal for effective treatment (see e.g. Serran et al, 2003; Ackerman and Hilsenroth, 2003) particularly as "change is hard" – PCP and relapse.

Relationships and interactions with staff maybe testing grounds for future meaningful relationships (Blagden et al, 2016, 2017.

Experiencing a different world - Acceptance

Prison with AC focus – Prisoner Participant

"Yes from the moment you walk in you're treated as a person not as a prisoner and that I would say is to do with the active citizenship"

- Rehab Prison Prisoner Participant
- "It doesn't matter what you've done you're accepted here and you accept people here...This place gives you the headspace you need to think about things to work things through, and if you need that time to be alone you're given it"

Re-Roll Prison Prisoner Participant
"Have I really come
from that world to this?
It really is a different
world to what I've
experienced before"

Experiencing a different world - Acceptance

- Feeling safe and having anxieties reduced gave participants additional 'headspace' to think and reflect upon the self in transition (self in relation to past and future selves) and the changes they want to make.
- Headspace in prison can allow offenders to reflect and discover that **change is possible and desirable** (Blagden et al, 2016, Crewe, 2011). Most participants discussed feeling 'at ease' in the prison and that the environment allowed for personal change.
- This links with findings from previous research that highlights the importance of the prison environment for sexual offenders (Ware et al. 2010; Schwaebe 2005).
- The environments in each prison appeared to be somewhat conducive to facilitating personal change.

Impediments to Rehab Climate-Procedural Justice

- Procedural justice theory argues that experiencing fair and just procedures leads people to view the law and authority figures as more legitimate.
- Procedurally just treatment is associated with higher outcome satisfaction ratings and decision acceptance, greater cooperation with, and confidence in, the Criminal Justice System, and more <u>law-abiding behaviours</u> (see Casper, Tyler, & Fisher, 1988; Mazerolle, Bennett, Davis, Sargeant, & Manning, 2013).
- A recent longitudinal study found prisoners who perceived their treatment to be procedurally just reported less rule breaking/misconduct three months later (Beijersbergen et al, 2015).
- Inherently a relational process!

Relationships matter...





The good lives model of offender rehabilitation: Clinical implications

Article Selected

Tony Ward a,*, Ruth E. Mann b, Theresa A. Gannon c

Untangling the patient varial

^a School of Psychology, Victoria University of Wellington, P O Box 600, Wellington, New Zealand ^b Offending Behaviour Programmes Unit, United Kingdom ^c University of Kent, United Kingdom

erapist and

Received 20 October 2005; received in revised form 15 February 2006; accepted 7 March 2006

Available online 7 July 2006

By Baldwin, Scott A., Wampold, Bruce E., Imel, Zac E.

EMPIRICAL PAPERS

Unpacking the therapist effect: Impact of treatment length differs for high- and low-performing therapists

Simon B. Goldberg ☑, William T. Hoyt, Helene A. Nissen-Lie, Stevan Lars Nielsen & Bruce E. Wampold Pages 532-544 | Received 09 Apr 2016, Accepted 14 Jul 2016, Published online: 12 Sep 2016

Drips of Change - Do Good Be Good

Psychology, Crime & Law, 2014
Vol. 20, No. 9, 902–920, http://dx.doi.org/10.1080/1068316X.2014.888429



Accumulating meaning, purpose and opportunities to change 'drip by drip': the impact of being a listener in prison

Christian Perrin* and Nicholas Blagden

Sexual Offences Crime and Misconduct Research Unit, Division of Psychology, Nottingham Trent University, Nottingham, UK

(Received 8 February 2013; accepted 20 December 2013)

Established in 1991, the Listener scheme, regulated by the Samaritans, is currently the best-established peer support scheme in place to help reduce suicide in prisons. Each prison Listener team is comprised of a group of inmate volunteers who provide faceto-face emotional support to their peers. Although the scheme has been in operation for over 20 years, empirical research on the scheme is limited. A deeper understanding of how being a Listener affects prisoners' attitudes, beliefs, emotions and experiences of imprisonment is needed. The present study is a qualitative analysis on the experience of being a Listener and the impact it has on individuals and their prison experience. Interviews were analysed using interpretative phenomenological analysis. The analysis revealed two main superordinate themes: 'Listening and Personal Transformation' and 'Countering Negative Prison Emotions'. These themes are unpacked and the analysis focuses on their implications for desistance and offender reform. Results suggest that prisoners who adopt Listener roles experience profound internal changes, shifts in self-identity and gain meaning and purpose from prison. Implications for how such schemes may be utilised in the future and suggestions for further research are offered.

Keywords: desistance; rehabilitation; prison inmates; offending behaviour; peer support

Reciprocity, purpose and personal change

- Mutual reciprocity (LeBel, 2014) enabling prisoners to benefit from opportunities for self-change; links to wounded healer narrative
- The ability to help others may contribute to a sense of purpose and improved self-esteem, both are aspects of positive identity change which are critical for rehabilitation (McCloskey & Newton, 2002).
- Possible selves narrative selves (McAdams, 1985) people tend to live by the stories they tell about themselves.
- LeBel et al. (2015) conclude, helping others appears to have adaptive consequences for prisoners and ex-prisoners, and on these grounds, an argument can be made for increasing opportunities to engage in roles characterised by reciprocal helping

What does this mean for practice?

Increase psychological presence in prison

- Psychological input
 - For example prison
- Increa

Better worstaff – better support.

If we could know who works in programmes, have a closer relationship, if they came onto the wing more. If I said to you "can you see so and so tomorrow", come and see rather than put in a general app... there's no trust...We don't get told anything from programmes, they don't tell us anything he's progressing well or he's had a bad session...I've no idea about sex offender programmes, all I know is that they sit around in groups and talk about their offences and how err it effects people.

ent

Ind prison

a awareness and

Owning your own rehabilitation

- Facilitating control for men in prison
 - Increased use of peer support
 - Control over environment
 - Active Citizenship

Dispelling myths

Closer more joined up working.

- Better information sharing
- Dispelling the notion of 'forensic psychologists' as the quiet ones with power

Importance of Language Use

Terms such as 'con', 'inmates', 'prisoners' etc reinforce criminogenic ider tition and become salf referent labels (Harris 2014 Willia 2017). Why call someone by what we don't want them to
 Link be? The ethics of labeling in 201 forensic/correctional psychology

 Gwenda M. Willis
 Pages 727-743 | Received 22 Feb 2017, Accepted 20 Dec 2017, Accepted author version posted online: 27 Dec 2017, Published online: 08 Jan 2018

 Link Check for updates
 Link Check for updates

• Prisons of purpose "no more victims", "Returning citizens not offenders to communities"

How could practice be improved?

Before Treatment

- Volunteering for treatment climate supportive of therapy. Use of prison staff to help recruit onto programmes. Increased training, support and input from psychological staff.
- To ensure a positive prison climate supportive of rehabilitation *before* treatment it is important to focus on the engagement and education of non-treatment staff (also attitudes) (Ware & Galouzis, 2019). Training of staff, increased presence in senior management.
- Wider prison staff attitudes matter. Attitudes have been found to predict punitiveness of response to prisoners. Furthermore, ATS has been linked to therapeutic effectiveness and therapeutic alliance (Hogue, 2009).

How could practice be improved?

- During Treatment and After
- Frost, Ware, and Boer (2017) have also suggested that there are two necessary conditions in providing a positive prison climate during treatment to allow for content rehearsal and practice
- 1) There must be a "safe" and containing environment that is conducive to openness, directness and honesty
- 2) It must create structured opportunities to develop attitudes and learn skills as an expedient forum for addressing interpersonal relationships
- 3) Support the development of positive practical identities and help enact them.

+ Influencing change

- Personal change relational desistance (e.g. Weaver, 2015)
- Climate change contributions to rehabilitative culture (Facilitating change, therapeutic alliance, wider staff training e.g. FMI)
- Influencing policy Challenging entrenched beliefs i.e. "men with sexual convictions are inherently risky." Licence conditions

Drawing it all together...

- Rehabilitative climate is a responsivity issue that we need to be more responsive to...
- Giving people the latitude to develop viable identities is important for the self-change process. Peer support roles, active citizenship and constructive relationships can assist with encouraging this. It is important to note positive behaviour change outside of programmes.
- Cultivating, investing in and promoting positive and meaningful relationships is important for desistance no matter what the offender.
- Taking 'rehabilitative climate' seriously will help to maintain and sustain treatment gains

Round up

What do I take home?
How was our co-operation?
Short info. next workshop



Workshop 3 New approaches in assessment and intervention



Workshop 3

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop

Council of Europe Recommendations, basic principels



Offending behaviour should be considered in a **comprehensive manner**, wich takes account of behavioral, social, psychological and health factors.

Interventions and treatment should be **evidence-based**, proportionate and part of a comprehensive approach wich helps individuals to adress their offending behaviours.

Preventing and responding to sexual offending are most effective in a **multi-diciplinary setting, involving partner agencies** and facilitating sharing of information, expertise and resources in order to build a common vision of risk management and effective social reintegration.

Agencies managing persons accused or convicted of a sexual offense should **work with local communities where appropriate**, to facilitate risk management approaches and the social reintegration of individuals.

The RNR model - evidencebased principles

- **Risk**: Criminal behavior can be predicted match levels of treatment services to the persons risk level
- Need: All needs are not linked to offensive behavior adress criminogenic needs (dynamic riskfactors)
- Responsivity: Cognitive-behavioral and social learning strategies —
 deliver treatment in a style and mode that is consistent with
 ability and learning style of the individual

Andrews, D.A. & Bonta, J. 2010

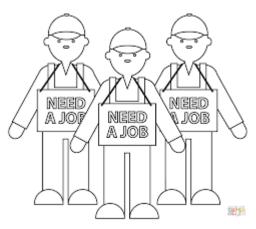
GPCSL General Personality and Cognitive Social Learning

Key personal and social relationships variables interact with the environment to shape behaviour









LS/RNR: Level of Service Risk-Need-Responsivity

- 8 risk-need factors (protective factors as well when not present)
- General factors specifik factors can cause professional override

Risk/ need	Criminal history	Education/ employment	Family/ Marital	Leisure/ Recreation	Alcohol/ drugproblem	Procriminal Attitude/ orientation	Antisocial pattern
Very high							
High							
Medium							
Low							
Very low							

Risk-need factors – juvenile sex offenders

- Emotional and behavioral problems
- Victims of sexual abuse (20-50%)
- Families low levels of positive communication, low rates of parental monitoring, hight rates of conflicts and violence and substance abuse
- Socially inept, isolated from same-age peers, often turn to younger peers
- School-difficulties; low grades, behavior problems, suspension, expulsion



Predictors of recidivism (Bonta 2017)

Risk-need factors	General convicted	Convicted for sexual offence
Procriminal Associates	.21	nr
Antisocial Personality	.33	.10
Procriminal Attitudes	.17	.10
Criminal History	.29	.15
Education/Employment	.22	.10
Family/Marital	.13	.05
Alcohol/Drug abuse	.20	.06
Leisure/Recreation	.16	.01

Risk-need factors of persistent sexual offenders

Hanson, R.K., & Morton-Bourgon, K (2005): The characteristics of persistent sexual offenders in: Joiurnal og consulting and Clinical Psychology, 73

Risk-need factor

Deviant sexual preferences

Sexual preoccupation
Approximately 20-50 % of SOC

Antisocial orientation

lifestyle instability

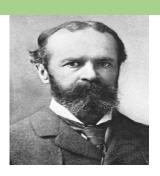
Effect of treatment for adult persons: low to moderate

Madvig, F. et al, 2021: Treatment of sexual offenders

Significantly lower recidivism	Lower recidivism	No evidence
Hanson et al; RNR-approach (CBT and social learning appr.)	Dennis et al 2012 (diff. appr.)	Furby et al 1989; the higher FU, the higher recidivism, treatment no effect
Mpofu et al 2018; CBT	Walton & Chou 2015	Grønnerød 2015, psychological int.
Harrison et al 2020; CBT		

Interventions and treatment: Strength-based approaches

• James, W (1902): 'Healthy mindedness'



Rogers, K. (1961): 'Fully functioning person'



• Maslow, A. (1968): 'Self-realizing person'



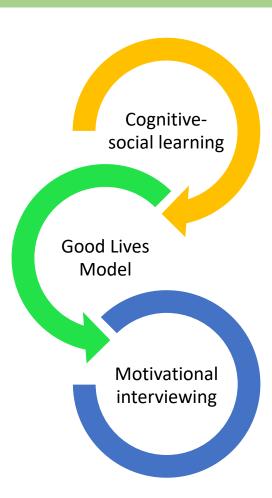
• Ward, T (2004) Good Lives Model



Positive approach in intervention and treatment

- Resilience (protective factor) is more important than risk-factors in human lives, Bernard (2006)
- Desistance-proces: shift in sense of self from a shamefull past to a productive life, Maruna (2001)
- Self-efficacy and an internal locus of control are essential in motivating to change, Bandura (1984)

Enhancing motivation to change in Danish prison and probation



Group-based interventions DK & Greenland

- Structured and intensive: Treatment manual and participants' workbook
- Openended groups and individual
- Heterogen group (offenses against children, youth and grownups)
- Interventions focus on cognitive and behavioural aspects:
 - Link between attitudes and behaviour
 - Better selfregulation (feelings, stress)
 - Interpersonal skills (problemsolving, communication)

Motivational Interviewing for reluctant clients

The aim is to increase the individual's intrinsic motivation to change

"Provide a context within which the individual feels accepted and comfortable enough to face his problem behaviour and ambivalence about change"



(Miller & Rollnick, 2013)

Reflective listening

The individual is an expert on himself:

O = open questions

A = affirmation

R = reflections

S = summary



Reinforce ambivalens and statements of change

Strengthbased approach

Engage the person in own changeproces - he is an expert on himself!

My values?



My strengths?



My goals?



My risks?

The Aurora Project

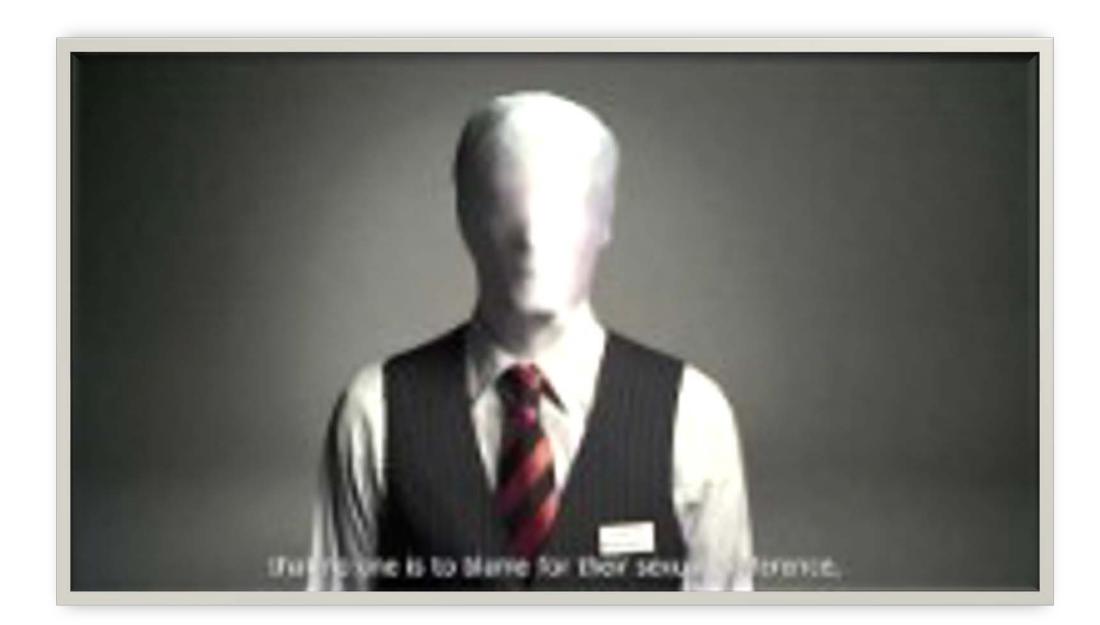
PREVENTION OF SEXUAL ABUSE



Sexual Offences, Crime and Misconduct Research Unit







Treatment Aims of SLF Prevention

Core aim is to improve psychological well being and reduce likelihood of offending behaviour

By

- Reducing fusion with unhelpful thoughts and identity
- Developing skills for emotional regulation (via compassion and acceptance)
- Developing skills for sexual regulation
- Developing skills for valued living (consistent with ethos of Good Lives Model)
- Psychoeducation work (healthy sex , relationships, the brain)
- Developing skills for healthy sex and relationships

Quantitative Evaluation

Subject	Pre-Intervention	Post-Intervention	RCI	Improved	Unchanged	Deteriorated
Psychological D	Psychological Distress (on CORE Outcome Measure)					
Group	72.5	53.5	-1.382	N	Υ	N
1	80	46	-2.480*	Υ	N	N
2	66	56	-0.730	N	Υ	N
3	70	24	-3.350*	Υ	N	N
4	74	55	-1.380	N	Υ	N
5	69	49	-1.460	N	Υ	N
6	76	91	1.091	N	Υ	N
Shame (on Inte	Shame (on Internalized Shame Scale)					
Group	48.31	24.5	-2.079*	Υ	N	N
1	45	6	-3.406*	Υ	N	N
2	46	35	-0.961	N	Υ	N
3	15	29	-1.223	N	Υ	N
4	48	31	-1.984	Υ	Υ	N
5	46	23	-2.008*	Υ	N	N
6	72	42	-2.620*	Υ	N	N

CORE Outcome Measure			
Severe	85+		
Moderate to severe	68-84		
Moderate	51-67		
Mild	35-50		
Low level	21-33		
Healthy	1-20		

Internalized Shame Scale		
50+	Problematic shame	
60+	Indicates above plus depression	
70+	Very likely depression or other	
	emotional/behavioural	
	problems	

Quantitative Evaluation

Intervention Outcomes

Subject	Pre-Intervention	Post-	RCI	Improved	Unchanged	Deteriorated
		Intervention				
Hope (on Adu	Hope (on Adult Hope Scale)					
Group	52.8	89	5.471*	Υ	N	N
1	73	94	3.174*	Υ	N	N
2	62	77	2.267*	Υ	N	N
3	44	79	5.289*	Υ	N	N
4	53	91	5.743*	Υ	N	N
5	66	104	4.743*	Υ	N	N
6	66	93	4.080*	Υ	N	N
Anxiety (on Do	Anxiety (on Depression, Anxiety, Stress Scales-21)					
Group	22.75	11.00	-2.000*	Υ	N	N
1	24	11	-2.123*	Υ	N	N
2	28	14	-2.383*	Υ	N	N
3	6	8	0.340	N	Υ	N
4	23	9	-2.383*	Υ	N	N
5	16	14	0.340	N	Υ	N
6	32	10	-3.744	Υ	N	N

Adult Hope Scale			
40-48	Hopeful		
48-56	Moderately Hopeful		
56+	High Hope		

Anxiety (on DASS-21)		
Normal	0-7	
Mild	8-9	
Moderate	10-14	
Severe	15-19	
Very Severe	20+	

Round up

What do I take home?
How was our co-operation?
Short info. next workshop



Workshop 4: *Understanding denial in men with sexual convictions*



Workshop 4

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop



3 perspectives on denial

• *Risk-need factor*: Procriminal attitude; neutralization, does not take responsibility for own acts

Responsivity factor: Not motivated, nervous, low intelligence, personality disorder, shame

• **Desistance factor**: Actions are not compatible with self-perception – prosocial identity is reinforced

What is denial?

Psycho-dynamic: a defense mechanisme

Cognitive-behavioral: a proces that serves to reduce the offenders' experience of blame and responsibility for their offense

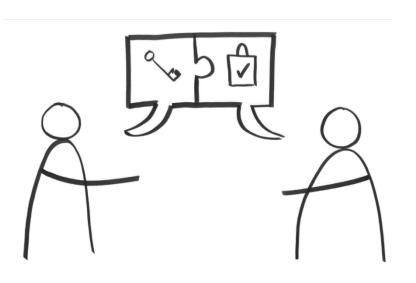
Categorial denial

Minimization

Full admission

Cooperation in rehabilitative work – invitations to responsibility (empowerment)

- Recognize the individual's understanding of the convicted, and the reasons he gives for his behavior
- Adjust to the individual's responsivity, he is "an expert on his own life"
- Do not draw conclusions on pattern recognition
 listen respectfully
- Access to treatment and interventions should not be dependent on the acknowledgement of guilt



Alternative interpretations of neutralizations

Unmotivated statement or behaviour	Alternative interpretations
"I didn't do it"	"I am too ashamed to admit it" "I can't face what will happen next if I admit it"
"It wasn't such a bad thing to do"	"It's the only way I know how to get rewards" "If I admit it was bad, that makes me a bad person"
"I don't need help"	"I am scared og what you weill ask me to do" "I'll fail and make matters worse"

Desistance-theory

Bushway, S. & Uggen, S. (2021): Promoting Desistance in: Connections, journals, Sagepub.

Ego-syntonic = the offence represents who I am Ego-dystonic = the offence does not represent who I am

"Reintegration into pro-social life... need for programmes that support desistance by promoting succes in education, employment, familiyrelations, housing and a prosocial network"



Goals and methods

Goal

Individual engages in own proces of change

Methods

Cognitive-behavioral method
Social learning theory
Good Lives Model
Motivational Interviewing



Cognitive-Behavior Therapy

Critical to securing co-operation:

Promise not to discuss their offense or challenging their denial

- Rolling group (aided by the older members of the group)
- Focus on group-dynamics
- Acceptance of the client but not of his criminal behavior
- Invitation to take responsibility for his actions
- Encourage openess
- Denial is subsumed under cognitive distortions

(Marshall, W. 1999)

Mentimeter

Defining denial

- The APA (1999) defines denial as a "defence mechanism in which the person fails to acknowledge some aspects of external reality that would be apparent to others".
- ATSA (2001: 63) "the failure of sexual abusers to accept responsibility for their offences"
- Offender Assessment System (OASys) "Does the offender accept responsibility for the current offense(s?)."
- Gibbons, de Volder and Casey (2003) found no difference between offence type and denial type found the spread of denial variable.

Denial as a form of scaffolding

- Janoff-Bulman and Timko (1987) have argued that denial be seen as a transitory phenomenon, a form of scaffolding that is taken down once the need for denial rescinds.
- Denial as a form of transition, it allows the selfconcept to be protected and shielded from deleterious information.
- The problem currently is that we don't do any building work with deniers – scaffolding remains.

Traditional view of denial

- Maladaptive, signifier of poor insight, needs to be challenged, overcome and broken down.
- Denial is pathological and needs to broken down (Northey, 1999). Denial means the offender is resistant.
- Denial "feels risky" (Blagden et al, 2012).
- Deniers have low motivation for treatment and poor therapeutic alliance.

What's the worst thing someone can say to someone? I'm Hitler...it would have been easier if I had murdered her...less stigma...the whole character I've been portraying would be shattered Martin

It's like a lifetime tag...
'sex offender' gives you
the impression that the
tag will be with you for life
John

The main reason I denied was mostly thinking that no-one would ever wanna speak to me again **Graham**

From Blagden et al, 2011

Quick Discussion What do these brief extracts tell us about denial?

Does denial matter for treatment and risk assessment?

Redeemability in men with sexual convictions

23% agreed that 'Most people who commit sexual offences against adults can go on to live law abiding lives'

16% agreed that 'Most people who commit sexual offences against children can go on to live law abiding lives'

66% guessed that recidivism rates for child sex offenders were over 40%

(From Anne-Marie McAlinden, 2006; see also Brown, 1999; Katz, et al, 2008; Craun & Theriot, 2009)

Context

- McGrath et al (2009) found that 91% of treatment programmes in the US included "offender responsibility" as a treatment target. Furthermore 33.4 % of adult programmes in the US required full disclosure.
- Non-criminogenic targets include: Denial and minimisations; excuse making; offence disclosure; offence accounts; victim empathy (Marshall, Marshall and Ware, 2009).
- Marshall, Marshall and Kingston (2011) found denial to be negatively related to items on three risk instruments (STATIC-99, VRS-SO, STABLE 2000) suggesting that denial may actually predict a lower chance of reoffending.
- There is little reason to assume that how an offender explains, interprets and perceives events in prison are consistent with his world view on the outside (Friestad, 2012).
- Treatment rarely finds an effect in prison (e.g. Losel & Schmucker, 2015).

There is a tendency in forensic setting to construe denial as something that needs to be 'broken down' or 'challenged'. It is often used as a marker of progress (Hayles, 2006). However...

Denial can be psychological soothing (Goleman, 1989).

Normalising denial

Excuse making is a highly adaptive mechanism for coping with stress and maintaining SE (Snyder and Higgins, 1988).

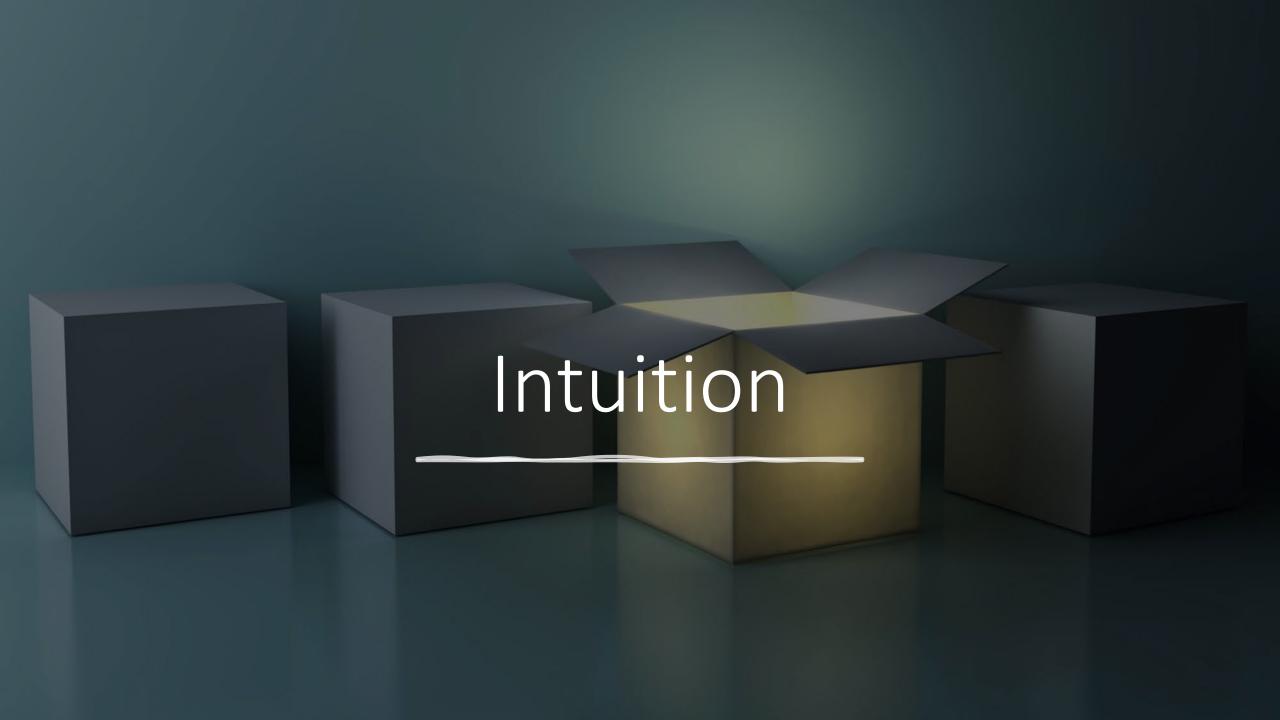
Evolved to be good deceivers (Livingstone Smith, 2003).

"never take away anything [from the client] unless you have something better to offer. Beware of stripping a patient who can't bear the chill of reality" (Yalom, 1991: 154).

Evolution and Denial

- Livingstone-Smith (2003)
 contends that one of the reasons
 humans have evolved to be the
 dominant species is due to our
 superiority in deception and
 being deceitful.
- Humans, like other social mammals, are biologically built end-to-end to belong (Walton, 2019.
- In real terms the effects of loneliness are comparable to major risk factors for early mortality like smoking or obesity (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015).





The evidencebase and denial

- Intuitively the question 'should sexual offenders be admitting their offences?' is a no brainer...
- Intuitive beliefs i.e. those based on anecdotal evidence rather than empirical evidence, have been termed 'correctional quackery'
- Where do they come from? Prevailing cultural, religious, moral imperatives?
- "Deniers are a higher risk", "deniers are risky"
- Deniers are poorly motivated...

Confession as an organising principle of treatment: Why do we think it's important?

Reductions in denial are seen as observable markers for progress.

A belief that "without congruence between the offender's version of the events and those other recorded versions, treatment will be more difficult and most likely ineffective" (Theriot, 2006: 34).

Again reflections of moral/cultural/<u>religious</u> positions – it's the right thing to do, it feels better having a sex offender admit.

Offence accounts – offenders disclosure may give a marker for future risk factors. But is this more a reflection of what we want/expect (i.e. confession?)

Is confession/disclosure necessary for treatment?

No clear evidence that confession is needed in order to bring about personal change or successful treatment.

Kelly (2000 a/b) contends that one cannot expect full honesty and openness from clients nor should we demand it.

Lacombe (2008) warns of the dangers in turning sexual offenders into "confession machines" which turns offenders into a species 'consumed with sex' (due to a preoccupation with their deviant thoughts/fantasies and their sexual behaviour).

Thus it relies on 'passive responsibility' (Ware and Mann, 2012) as offenders are always looking back at past thoughts, actions and behaviours.

Group Questions

- Are deniers different from admitters? How?
- Does this impact on approaches to assessment, formulation and intervention?
- Most therapists express strong views regarding the need to overcome denial irrespective of evidence. What is your view? Should we overcome denial in treatment?



Relationships Between Denial, Risk, and Recidivism in Sexual Offenders

Leigh Harkins · Philip Howard · Georgia Barnett · Helen Wakeling · Cerys Miles

Received: 11 July 2012 / Revised: 21 September 2013 / Accepted: 28 February 2014 / Published online: 9 August 2014 © Springer Science+Business Media New York 2014

Abstract The aim of this study was to examine the relationship between denial, static risk, and sexual recidivism for offenders with different types of current sexual offense. Denial was defined as failure to accept responsibility for the current offense and was assessed using the Offender Assessment System. Static risk level (measured using a revised version of the Risk Matrix 2000) was examined as a moderator in the relationship between denial and sexual and violent recidivism. In the full sample (N = 6.891), lower levels of sexual recidivism were found for those who denied responsibility for their offense, independent of static risk in a Cox regression analysis. Higher levels of violent recidivism among those denying responsibility were not significant after controlling for static risk using Cox regression. For specific offender types, denial of responsibility was not significantly associated with sexual or violent recidivism. In conclusion, the presumption that denial represents increased risk, which is common in much of the decision making surrounding sex offenders, should be reconsidered. Instead, important decisions regarding sentencing, treatment, and release decisions should be based on empirically supported factors.

Introduction

A sexual offender who does not accept responsibility for his or her offense(s) will likely experience a number of negative repercussions. In particular, within the criminal justice system, denial is considered in making a variety of important decisions about the offender. Reduced sentences can be offered for those who offer guilty pleas (Committee on the Judiciary House of Representatives, 2010; Sentencing Guidelines Council, 2007), many treatment programs exclude individuals in denial (Blagden, Winder, Thorne, & Gregson, 2011; Levenson, 2011; Yates, 2009), and those in denial are less likely to be offered early release (Hood, Shute, Feilzer, & Wilcox, 2002).

For the most part, these decisions presume that denial increases risk of recidivism. However, the relationship between denial and sexual recidivism is not as straightforward as it has previously been considered. In the past, the prognosis was viewed quite negatively for those in denial, as denial was assumed to equate to higher risk of reoffending (Barbaree, 1991; Hood et al., 2002; Levenson & MacGowan, 2004; Lund, 2000; Schlank & Shaw, 1996). However, more recent evidence sug-

Denial and recidivism (1)

- Most research finds no overall effect for denial denial does not seem to predict recidivism by itself.
- Meta-analysis found that denial not a predictor of sexual recidivism (Hanson and Morton-Bourgon, 2005; Mann et al, 2010 denial unsupported as risk factor).
- Neither denial nor minimisations are criminogenic.
 There is also no evidence that an increase in 'accepting responsibility' leads to a reduction in reoffending (Marshal et al, 2009; Ware and Mann, 2012). However...
- Nunes et al (2007) low risk (incest) deniers more likely to recidivate...denial did not add to the prediction of recidivism when the PCL-R and RRASOR were already considered.

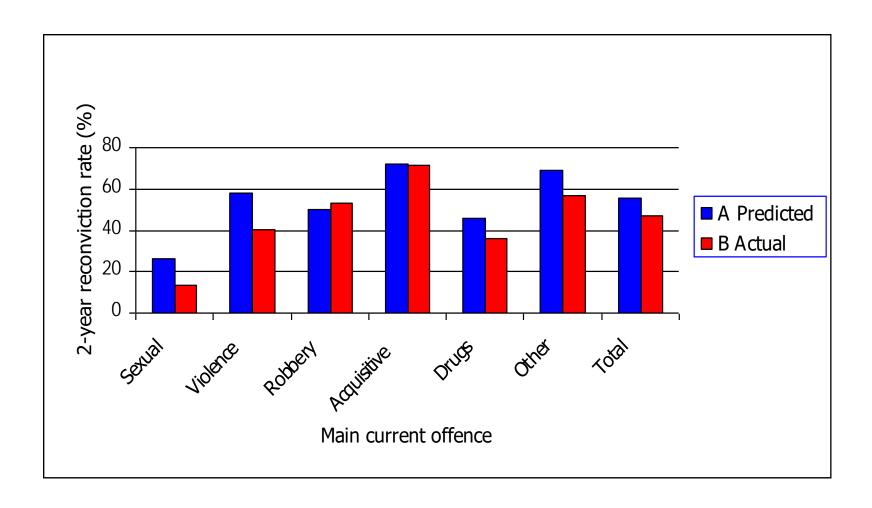
Denial and recidivism (2)

Harkins, Beech and Goodwill (2010) High risk, high denial decreased recidivism, low risk, high denial increased.

Thorton and Harkins (2007) found the same

- Potentially a risk factor for some (incest offeders low risk high denial), seems to be protective for others.
- Greater denial associated with less self-reported identification as a "sexual offender" (Nunes et al, 2018)

What do cog skills programmes tell us and what does this mean for disclosure?



If Cog skills did reduce sexual reoffending, what can we learn from this?

No need for an offence focus?

Teaching skills is the most important thing?

Better for an intervention to avoid implying a sex offender identity?

Empirically Supported Risk Factors

Central Eight Empirically Supported RF for SO Anti-Social Anti-Social **Anti-Social** Sexual A-Typical Sexual Offence Supportive Preoccupation Interest Attitudes Attitudes Associates **Behaviour** Lack of Emotionally Family/Intimate **Anti-Social** Intimate Lifestyle **Employment** Grievance/Hostility Relationships with Personality Relationships **Impulsiveness** Adults Use of Leisure Substance Poor Problem **Negative Social** Influences Solving Time Misuse

Are deniers different?

- Although the evidence is mixed deniers have been found to minimise psychopathology, deny psychological problems (contested) and be more defensive (see e.g. Baldwin and Roys, 1998; Birgisson, 1996; Nugent and Kroner, 1996).
- Ware, Blagden & Harper (2019) explored the psychological and personality differences between categorical deniers and admitting sex offenders, and to examine whether these factors could discriminate between deniers and those who admit their offences.
- In terms of personality differences deniers scored significantly lower in relation to *antisocial* and *sadistic personality traits*.
- We found that being 'in-denial' was statistically associated with higher scores on measures of self-esteem, shame-proneness, and impression management

What could this mean?

- Ware, Blagden & Harper (2019) suggest that deniers are more likely to experience shame-proneness than admitters.
- Previous research on men who deny their offence has indicated that they feared the stigma and shame associated with being identified as a "sex offender" among other prisoners.
- However, this potentially points to the benefits of denial, particularly as they were found to be significantly less likely to be anti-social and sadistic.
- For example, resistance to being labelled a "sexual offender" is likely to have positive implications for the offender, in that adopting and internalizing such a label leaves the individual with an impaired ability to achieve self-respect and affiliation with mainstream society (Maruna et al., 2009).
- Links to "golem effect"

Article

Making Sense of Denial in Sexual Offenders: A Qualitative Phenomenological and Repertory Grid Analysis Journal of Interpersonal Violence

1 - 34

© The Author(s) 2014

Reprints and permissions:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/0886260513511530

jiv.sagepub.com



Narratives of denial -Summary

- The presentation of denial likely to be doing important identity work.
- Denial has clear relational properties and it could be that through rehearsing such roles (moral/decent character) and enacting them in social settings deniers come to 'live' up to them and believe them (Blagden et al, 2016). This may then be protective
- Mann et al (2010) argue that denial may be protective when positive change can be identified elsewhere.

Discussion

- What do you think are the main problems with working with this client group (in terms of treatment and assessment)
- How can such problems be overcome?
- What other markers could be used in assessing/understanding change or progression?





Should deniers be allowed onto regular treatment?

- New programmes less 'consumed with sex' (Lacombe, 2008)?
- There are no real coherent arguments for <u>not</u> letting deniers onto regular treatment...This is addressed in the new programmes
- Indeed the causal direction of taking responsibility as a condition for personal change has been challenged (Maruna and Mann, 2006; McKendy, 2006; Maruna, 2004).
- Engaging in a therapeutic relationships likely to have a positive affect (Spinelli, 2007)

The challenges

- Poor engagement, motivation and resistance for treatment (Levenson and MacGowan, 2004).
- Disruptiveness, negative impact on group cohesion.
- Suspiciousness "being trick into confession"
- Denial of any problems saint-like
- Denial as a responsivity issue

Therapeutic alliance and shame management

- The experience of shame is detrimental to selfreform and positive identity change, motivates and acts as a block in the self-change process – a focus on shame management is important.
- Blagden et al (2013) argued that a therapist's reaction to shame may, in part, determine the level of defense mechanisms utilized by the client.
- For instance a therapist who recognizes that offending behavior is the result of the person looking to pursue the human need/desire for specific experiences (albeit in maladaptive ways), rather than being of 'bad' character, is likely to decrease shame responses in the form of denial and other defense mechanisms (Ward, Vess, Collie & Gannon, 2006).
- Thus a collaborative therapeutic alliance built on authentic approach goals is likely to breakdown resistance and facilitate a positive and predictive relationship (Ward et al., 2006).

Relationships matter...Again





The good lives model of offender rehabilitation: Clinical implications

Article Selected

Tony Ward a,*, Ruth E. Mann b, Theresa A. Gannon c

Untangling the patient varial

^a School of Psychology, Victoria University of Wellington, P O Box 600, Wellington, New Zealand ^b Offending Behaviour Programmes Unit, United Kingdom ^c University of Kent, United Kingdom

erapist and

Received 20 October 2005; received in revised form 15 February 2006; accepted 7 March 2006

Available online 7 July 2006

By Baldwin, Scott A., Wampold, Bruce E., Imel, Zac E.

EMPIRICAL PAPERS

Unpacking the therapist effect: Impact of treatment length differs for high- and low-performing therapists

Simon B. Goldberg ☑, William T. Hoyt, Helene A. Nissen-Lie, Stevan Lars Nielsen & Bruce E. Wampold Pages 532-544 | Received 09 Apr 2016, Accepted 14 Jul 2016, Published online: 12 Sep 2016



Working constructively with deniers

- Invest in the therapeutic relationship, build trust, build rapport and genuine relationships.
- Engaging in a therapeutic relationships likely to have a positive affect (Spinelli, 2007)
- Moving beyond the "It wasn't me...yes it was" transaction – This is likely to be very frustrating – moving beyond countertransference
- Construe denial as a responsivity factor and be mindful of what denial is 'doing' for the client.

Working constructively with deniers

- Use techniques e.g. motivational interviewing to understand the ambivalence the individual may be feeling and to understand their fears and consequences of disclosing.
- Move away from offence focused work, to more strengths-based, values driven work.
- Most meaningful risk factors do not require offence admittance.
- Denial does not need to be the endgame of sex offender treatment.

Compassion-Focused?

Although varied in their specific aims and models, common features of third wave compassion-based CBT include:

- Compassion for self and others
- Shame reduction
- Acceptance of thoughts and feelings
- Value based living
- Aim to help clients thrive and flourish

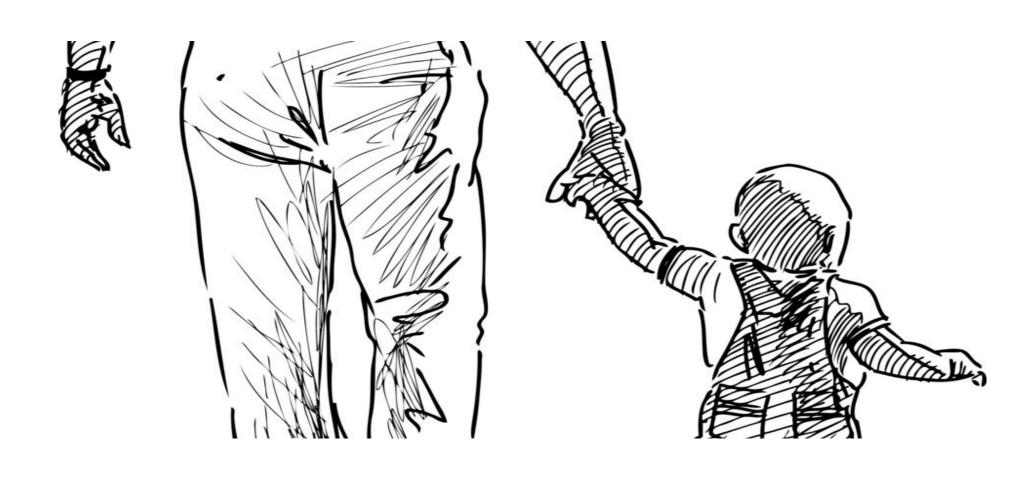
Still uses typical therapy tools: Socratic questions, behavioural experiments, exposure, imagery, reflection, evidence appraisal etc.

Round up

What do I take home?
How was our co-operation?
Short info. next workshop



Workshop 5 Sexual interest in children and sexual abbuse



Workshop 5

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop

Risk-need factors of persistent sexual offenders

Hanson, R.K., & Morton-Bourgon, K (2005): The characteristics of persistent sexual offenders in: Joiurnal og consulting and Clinical Psychology, 73

Risk-need factor

Deviant sexual preferences

Sexual preoccupation
Approximately 20-50 % of SOC

Antisocial orientation

lifestyle instability

Diagnosis of pedophilia

ICD-11:

Sustained sexual thoughts, fantasies, urges, or behaviors involving pre-pubertal children. Individual has acted on the thoughts or be markedly distressed by them.

Diagnosis does not apply to sexual behavior among pre-or post pubertal children with peers close in age.

DSM-5 and ICD-10:

At least present for six months, for subjects aged 16+ and at least five years older than the child of interest.

DSM-5:

Differentiates "pedophilic interest" and "pedophilic disorder"

Effect of treatment for adult persons: low to moderate

Madvig, F. et al, 2021: Treatment of sexual offenders

Significantly lower recidivism	Lower recidivism	No evidence
Hanson et al; RNR-approach (CBT and social learning appr.)	Dennis et al 2012 (diff. appr.)	Furby et al 1989; the higher FU, the higher recidivism, treatment no effect
Mpofu et al 2018; CBT	Walton & Chou 2015	Grønnerød 2015, psychological int.
Harrison et al 2020; CBT		

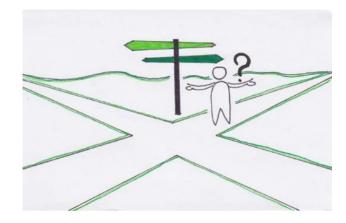
Inussuk - motivational prisonprograms, Greenland

Alloriqarneq: Antisocial pattern

2 x 2 hours per week, 8 weeks

Opnended group

Participant-instructor evaluation



Illerngit: Deviant sexual interest

2 x 2 hours per week, 8 weeks

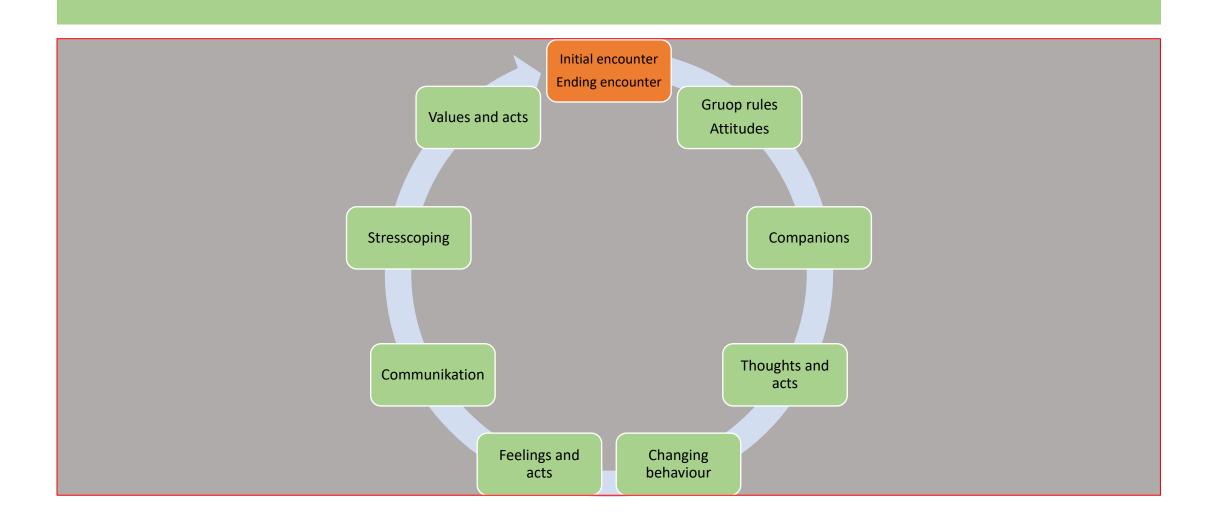
Opnended group

Participant-instructor evaluation

Psychologist referes to further treatment (deviant sexual preferences)



Moduls motivational program Alloriarneq



Ex: Modul Attitudes



Modul: Thoughts and Behavior

Aim: Understanding the link between thoughts and behavior and training prosocial behavior



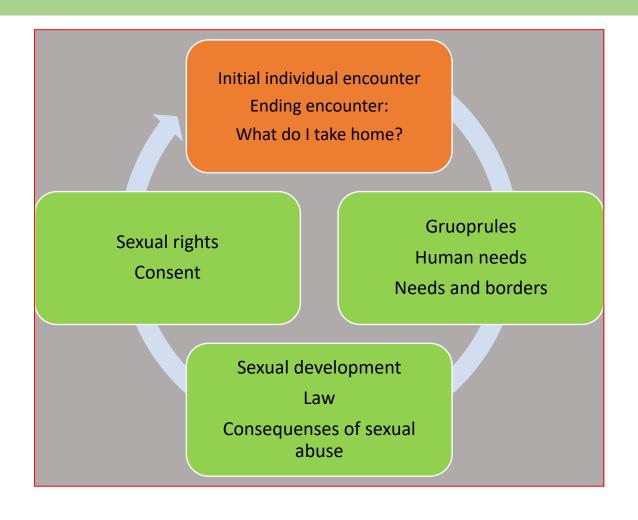
Modul: Feelings and Behavior

Aim: Examine different feelings and how they influence behavior. Training self-regulation.

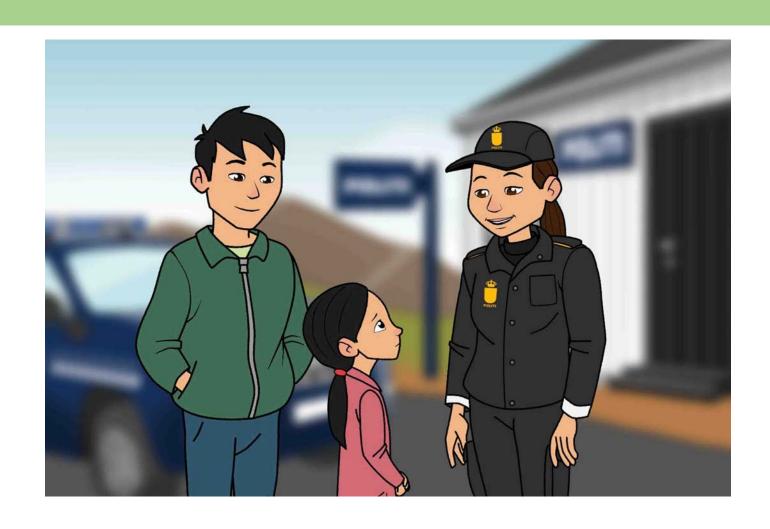




Ex: Motivational program Illerngit



Ex: Modul Greenlandic law



Modul: Needs and Boundaries

Aim: How to to fulfill needs without doing harm to others, understanding the importance of personal boundaries



Modul: Consequenses of sexual abuse

Aim: Understanding the harmful effects of sexual offenses on children, youth and adults





Modul: Boundaries and Sexual Concent

Aim: Understanding the implications of sexual concent and respect for others boundaries



Why is this important?

Assessing Risk for Sexual Recidivism: Some Proposals on the Nature of Psychologically Meaningful Risk Factors Sexual Abuse: A Journal of
Research and Treatment
22(2) 191–217
© The Author(s) 2010
Reprints and permission: http://www.sagepub.com/journalsPermissions.nav
DOI: 10.1177/1079063210366039
http://sajrt.sagepub.com

\$SAGE

Ruth E. Mann¹, R. Karl Hanson², and David Thornton³

Why is this important?

Deviant sexual interest in children strongly predicts sexual offence recidivism (Mann et al, 2010). Increasingly large body of research consistently finds that deviant sexual interest/preference is a risk factor for sexual recidivism (see e.g., Hanson and Morton-Bourgon, 2005; Mann, Hanson and Thornton, 2010; Schmidt et al, 2013).

Child molesters' offence supportive beliefs have been found to be predictive of recidivism (Helmus et al, 2013).

Sexual preoccupation/hyper sexuality a risk factor within DSI

Deviant Sexual Interest and Non-Criminal Populations

The prevalence of deviant sexual interest in non-criminal (or rather non-convicted) heterosexual men in the community is estimated to be approximately 5% (Seto, 2009; Dombert et al., 2015).

A recent study of sexual interest in children in non-clinical/non-forensic populations using a nationally representative sample found that 4.1% reported sexual fantasies involving prepubescent children with 5.5% reporting paedophilic interest.

Ogas and Goddam (2012) found that the word "preteen" was the third most frequent search term in men's online sex searches.

Fixed or Malleable?

Whether or not sexual preference for children is dimensional or taxonomic remains contested (see e.g., Mackaronis, Strassberg and Marcus, 2011).

Horley (2008) argues for a dimensional view of deviant sexuality rather than to construe it as comprising of discrete or 'hardened' categories. He argues that this best captures and reflects a more fluid view of sexuality.

Schmidt, Mokros and Banse (2013) found consistent support for a taxonomic interpretation of paedophilic sexual preference.

Beier (2012) also offers supports for this interpretation and suggests that sexual preference is the result of fate, not choice.

Fixed or Malleable?

Seto (2012) suggests that paedophilia is viewed by many as having a lifelong course.

Although changes in sexual arousal to children can be made using behavioural conditioning techniques, follow up studies have not shown that these changes are maintained over the longer term or outside of the laboratory (Seto, 2012).

Wilson and Cox (1983) found that participants believed their paedophilic sexual interest was deep rooted and not able to change.

Weighing up the evidence, Camilleri and Quinsey (2008) described the outcome of treatment programmes for paedophiles as "dismal" (p. 203).

Explaining Child Sexual Offending: Three Frameworks

Neurodevelopmental Explanations

- Early trauma/injury (Seto, 2008)
- Neurostructual differences (Cantor et al, 2006)
- Neurochemical (Kafka, 1997, 2003)

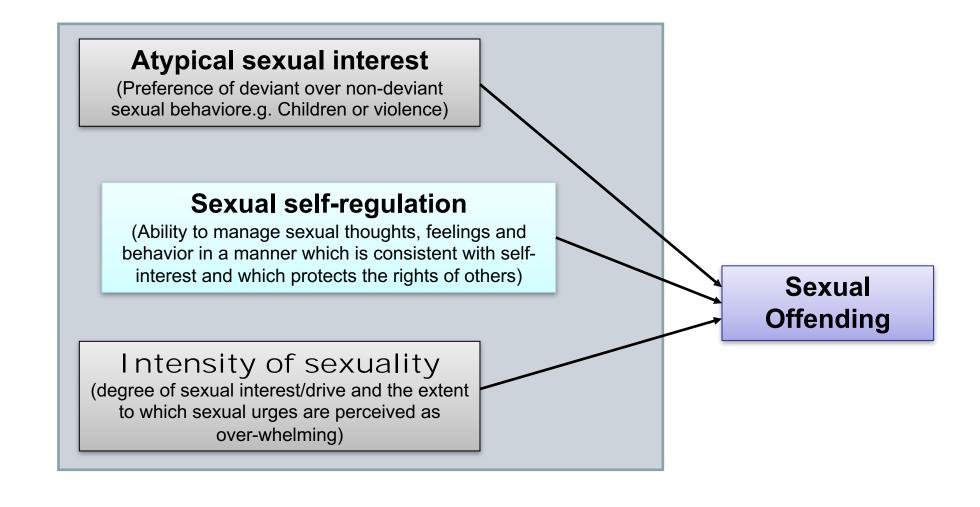
Conditioning Explanations

 Pairing of stimuli with arousal (Laws & Marshall, 1990) – Does not explain sexual offending by individuals who do not have a sexual preference for children.

Psychological-Developmental Explanations

 Attachment deficits increase risk (Marshall & Marshall 2000)

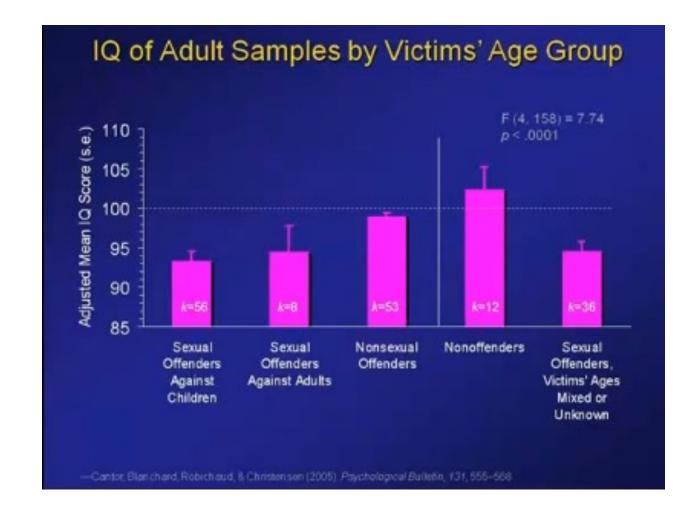
Dimensional model of sexual deviance (Hanson, 2010)



Deviant Sexual Interest (Paedophilia)

Tracking the biological and developmental causes of deviant sexual interest

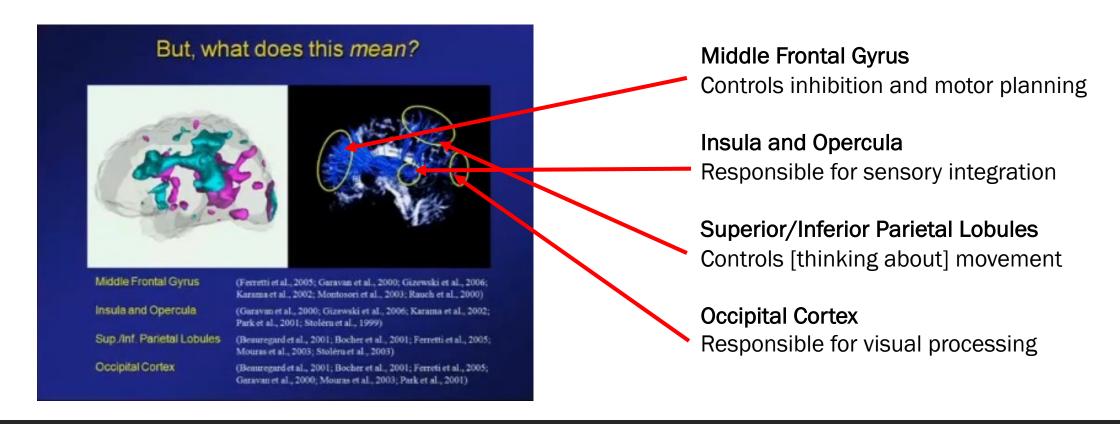
Are there meaningful differences between paedophiles and non-paedophiles?



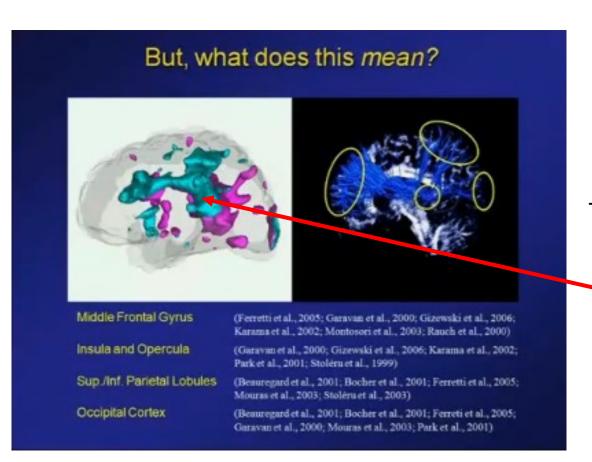
Deviant Sexual Interest (Paedophilia)

Tracking the biological and developmental causes of deviant sexual interest

If there is something wrong with the brain, where in the brain is it?



Deviant Sexual Interest (Paedophilia)

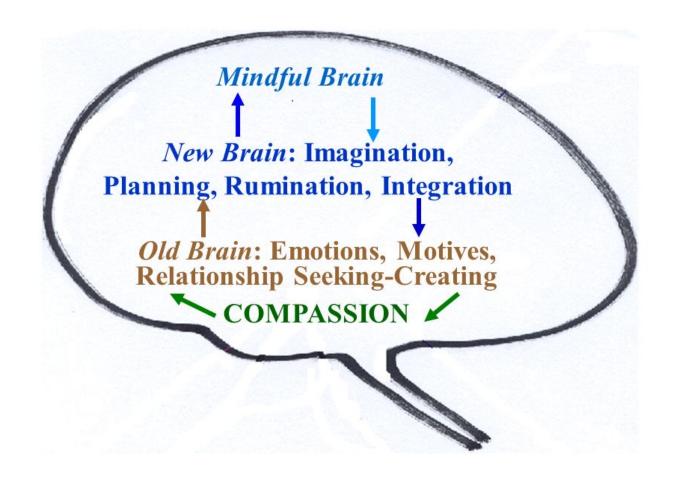


These four brain structures (grey matter) are all connected by just one neural network in white matter

Superior Occipitofrontal Fasciculus

Tricky Brains

Need compassion for a very tricky brain



Discussion

Can change be promoted without being confronted with the sexual offense?

Does a strengthbased assessment- and treatment approach support motivation to change and desistance from further sexual offenses?

If a sexual interest in children can't be changed – what should we focus on?

Workshop 6 Case studies and working with sexual interest in children



Workshop 7

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop

Child sexual offending not synonymous with pedophilia

Not all are charachterised by pedohilic interest or preference Not all with a pedophilia diagnosis commit offenses

- Reports from 10-50% of convicted are diagnosed with pedophilia
- Tend to be "specialists"
- Higher rate of history with sexual offences
- Diagnosis of pedophilic disorder is a risk factor

Heterogeneous group - 3 typologies

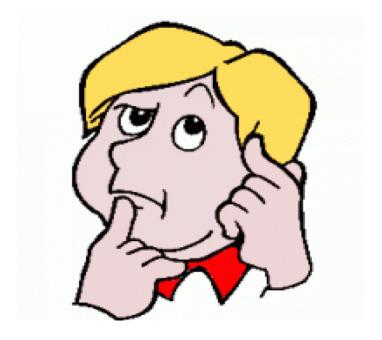
Risk factor	SO Children	SO Adults	SO Mixed age
History of sexual, non- sexual and violent offences	X	X	X
Antisocial lifestyle, personality disorder	X	X	X
Impulsive behavior and aggressiveness		X	X
Young age of onset		X	X
Stranger victims		X	X
Male victims	x, some with paraphilia		x and female
Substance abuse		X	X
Social funtioning Traumatic childhood exp.	Low selfesteem, avoidant, Sexual abuse	Physical abuse	X X

Case example – sexual interest in children

- John, 50 years
- Criminal history: Convicted for downlaoding child sexual abuse imagery. No former convictions.
- Education/employment: Carpenter, unemployd last three years after being fired
- Familiy/marital: Single, no former relationship or sexual experience
- Companions: Few friends and aquaintances and friends
- Alcohol/drug abuse: Periods of drinking
- Characteristics: Loneliness and intimacy anxiety, diagnosis of pedophilia
- **Treatment:** Before conviction John had attended outpatient grouptreatment for 3 years, but dropped out as he still had an urge to use child sexual imagery several times weekly. John expressed a wish to initiate a relationship to a woman, but did not take action.

Discussion

- What are John's risk-need factors?
- What needs should be adressed to reduce John's likelihood of further sexual offensive behaviour?
- How do you engage John in his change-proces?



Development in role of prison service DK

- Preventing further offending by removal from society imprisonment
- 1929 surgical castration (more than 1000)
- 1973 antihormone therapy/psychotherapy (with indeterminate sentences)
- 1997 New treatment order:
 - Psychiatric/sexological treatment as alternative to imprisonment (suspended sentence) Psychiatric/sexological treatment treatment as supplement to imprisonment (unsuspended sentence)
- Motivational programs (preparatory to treatment)
- Continous learningproces from prison to probation

Risk assessment in Danish Prison and Probation Service

Purpose	What needs must be adressed - at what level - by whom ?
Factors	Static (1) and dynamic (7)
What stage in legal proces	After conviction
Competencies	Educational background as social worker or psychologist
On-going training	4 days course, monthly traininggroups
Comprehensive assessment	LS/RNR Psychiatric assessment STATIC 99 SVR 20

Round up

What do I take home?
How was our co-operation?
Short info. next workshop

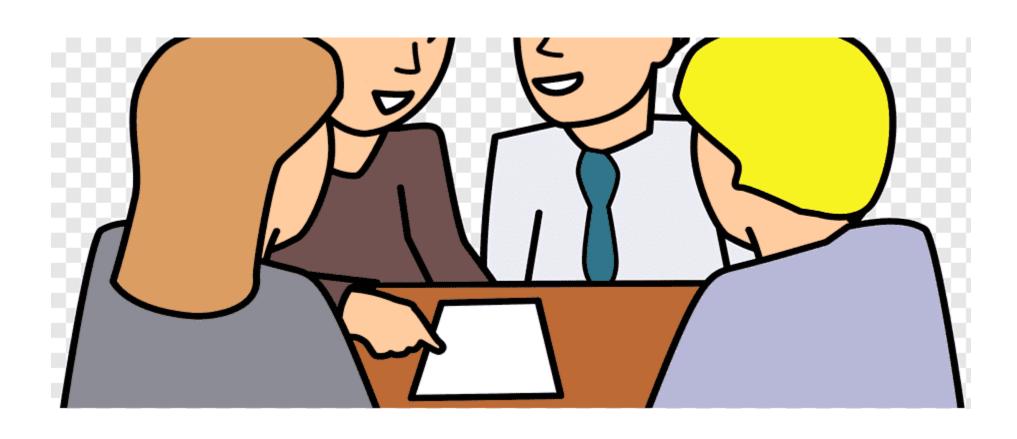


Round up

What do I take home?
How was our co-operation?
Short info. next workshop



Workshop 7 *Case studies and working with denial*



Workshop 7

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



Topic and group-discussion: Workshop 1-8

Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop

The International Bestseller

Thinking, Fast and Slow



Daniel Kahneman

Winner of the Nobel Prize



Risk

"Risk does not exist "out there", independent of our minds and culture, waiting to be measured. Human beings have invented the concept of "risk" to help them understand and cope with the dangers and uncertainties of life. Although these dangers are real, there is no such thing as "real risk" or "objective risk"

Availability heuristic

Cognitive bias based on the frequency and fluency a category can be retrieved from memory.

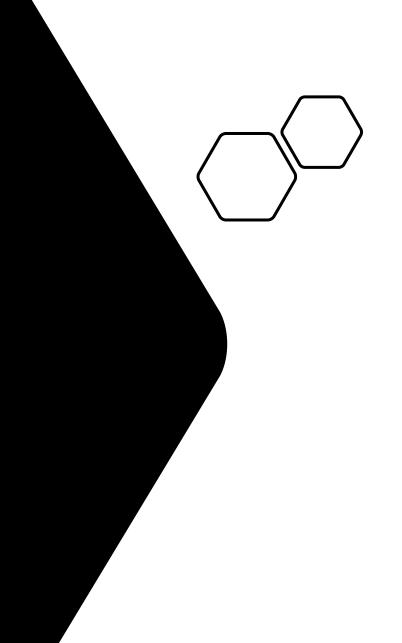
If it is with ease then the category will be considered large

The heuristic is based on "the ease at which instances come to mind"

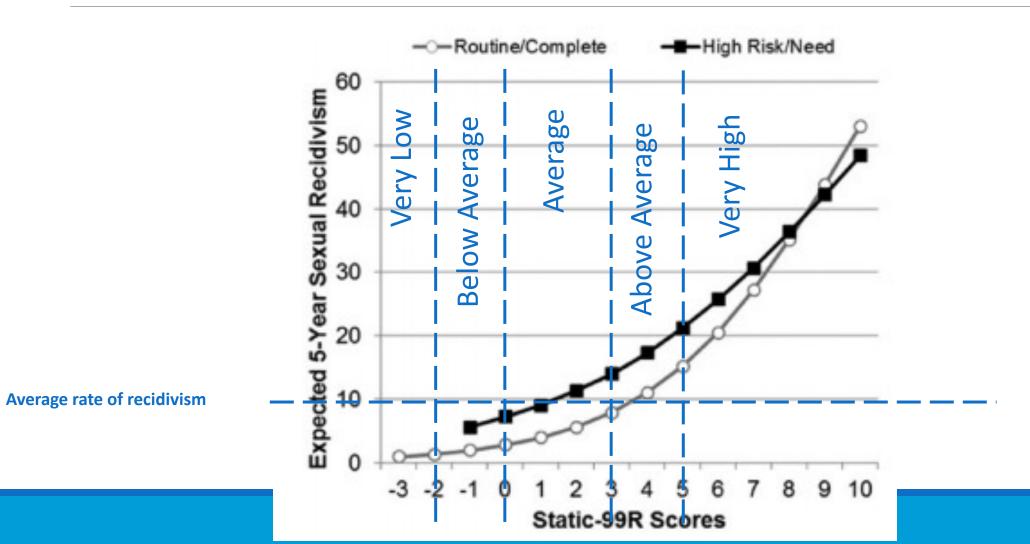
Think about this in terms of plane crashes, political sex scandals, child sexual abuse

So why is this important for risk assessment



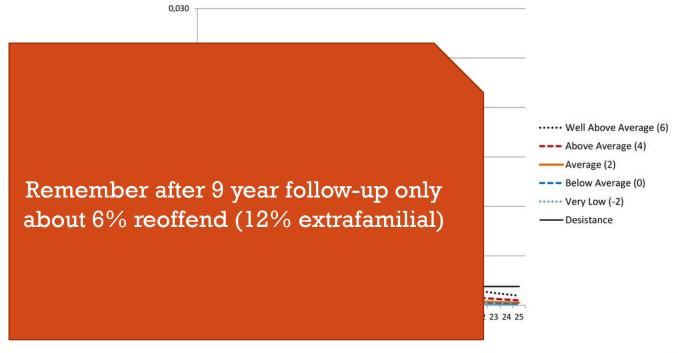


Estimated Sexual Recidivism (By Risk Group)



WHEN IS AN OFFENDER NOT AN OFFENDER??

Estimated Hazard Rates for Routine Samples by Static-99R Risk Levels





Empirically Supported Risk Factors

Central Eight Empirically Supported RF for SO Anti-Social Anti-Social **Anti-Social** Sexual A-Typical Sexual Offence Supportive Preoccupation Interest Attitudes Attitudes Associates **Behaviour** Lack of Emotionally Family/Intimate **Anti-Social** Intimate Lifestyle **Employment** Grievance/Hostility Relationships with **Impulsiveness** Personality Relationships Adults Use of Leisure Substance Poor Problem **Negative Social** Solving Influences Time Misuse

Protective Factors

Positive Self-Identity and Sense of Personal Agency

Constructive Social Support Network

Emotional Support and Capacity for Emotional Intimacy

Good Problem Solving

Constructive Leisure Time

Closeness to Others

Stable Relationships (Happy Marriage)

Sobriety

Being Believed In

Hope and Optimism

Getting the Treatment Targets right



GLM Human Needs – 'Goods'

- Healthy Living
- Knowledge
- Excellence in work and play
- Excellence in agency (self-management)
- Inner Peace
- Relatedness (relating to others)
- Spirituality
- Happiness
- Creativity

Function of denial

Maintain a viable identity and coherent sense of self (Blagden et al, 2011).

Maintain family and social networks (Stevenson, Castillo & Sefarbi, 1990; Winn, 1996).

Maintains self-esteem and psychological well-being (Russell, 1993; Goleman, 1989).

Face saving manoeuvre and allows self to be presented in a positive light.

Low level of awareness i.e. cognitive deconstruction (Ward, Hudson and Marshall, 1995).

Adaptational defence mechanism to perceived adversarial settings (Rogers and Dickey, 1991).

Minimise and protect self from shame (Tangney and Dearing, 2002).

Transitory? Adaptive? Positive/protective?



Narratives of deniers (Blagden et al, 2014)

Deniers distanced themselves from sex offenders and the label 'sex offender'.

Desire to put across good and moral selves – stable and consistent selves.

Identity management and negotiating desirable and <u>moral</u> identities seemed key for deniers - relational properties.

Presser (2004) has argued that stability narratives present the individual as a good person and someone of steady moral character, which can facilitate the enacting of these roles.

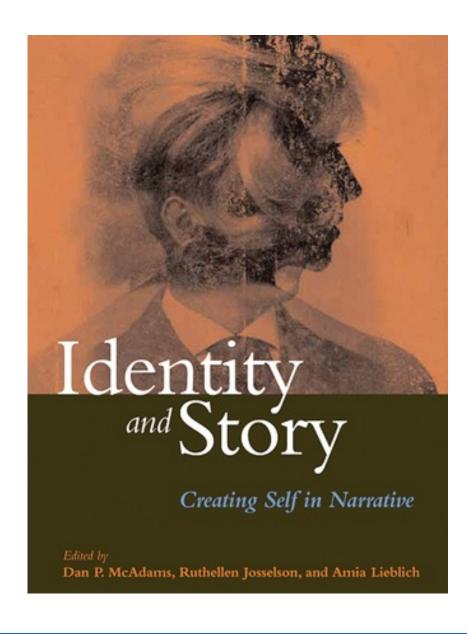
Relational approach to denial

'Denial' and 'identity transformation' are shaped by and through social interactions.

Whether a deniers offence account is true or false is largely irrelevant, we are always dealing with an illusion of introspective awareness from participants/clients in this setting (or any setting).

Resistance to being labelled a 'sexual offender' is likely to have positive implications for the offender – golem effect - internalising such a label leaves the individual with an impaired ability to achieve self-respect and achieve affiliation with mainstream society (Maruna et al, 2009).





Narrative Psychology

Three levels or domains of personality:

- a) dispositional traits ("having")
- b) personal goals/strivings ("doing"), and
- c) identity narratives ("making").

McAdams (1985) people tend to live up to the stories they tell about themselves.

Development and validation of the Good Lives Questionnaire

Craig A. Harper^{1*}, Rebecca Lievesley¹, Nicholas Blagden¹, Geraldine Akerman^{2,3}, Belinda
Winder¹, & Eric Baumgartner⁴

¹ Department of Psychology, Nottingham Trent University (UK)

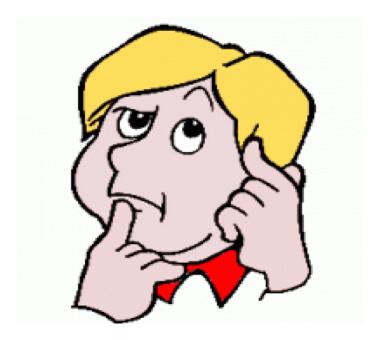
² HMP Grendon (UK)

Case example - Denial

- Chris, 35 years
- Criminal history: Suspended sentence for theft and posession af illegal arms
- Alcohol/drugabuse: last 15 years heavy drinking
- Chris explains his former girlfriend seldom wanted sex. They had been drinking and Chris felt like having sex. As his girlfriend rejected him, he touched her and masturbated. The day after the girlfriend reported to the police, that Chris had raped her. Chris denies and explains his former girlfriend is overly nervous and has mental problems.
- Employment/education: Dropped out of elementary school, short employment at car mechanic
- Companions: Bar-friends and football-friends
- Spare time: football now and then
- Family/Merital: Single, no contact to parents, has good relationship to two elder brothers who are in work and have families

Discussion

- What are Chris' risk-need factors?
- What needs should be adressed to reduce Chris' likelihood of further sexual offensive behaviour?
- How do you engage Chris in his change-proces?



Round up

What do I take home?
How was our co-operation?
Short info. next workshop



Workshop 8: Rethinking ethical dilemmas and moving forward: Feedback and reflections



Workshop 8

Check-in: Ready for todays workshop?

Review: What was interesting yesterday?



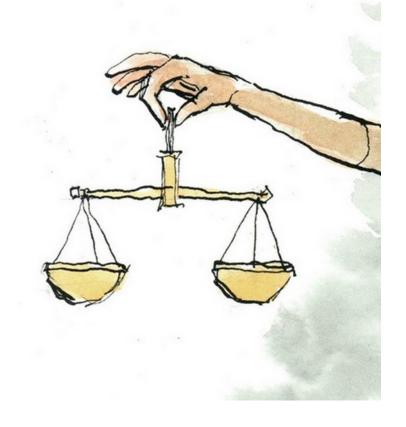
Round up: What do I take home?
 How was our co-operation?
 Short info. next workshop



Ethical balance of harms and benefits - discussion

Have we met the rehabilitation ideal?

"Considerations of the individual and society, the helper is both an agent of the offender and of the society"



Reflection

- What do I take home from this workshop?
- Are my expectations met?
- Reflections and questions



References – Marianne

Council of Europe Recommendations, 2021

Mary McMurran: Motivating Offenders to Change – A guide to Enhancing Engagement in Therapy, 2007

James Bonta & D.A. Andrews: The Psychology of Criminal Conduct, 6.th. ed., 2017

Jill D. Stinson & M. D. Clark: Motivational Interviewing with Offenders - Engagement, Rehabilitation and Reentry, 2017

Douglas P. Boer et al.: International Perspective on the Assessment and Treatment of Sexual Offenders, 2011

Graham Towl: Psychology in Prison, 2003

Madvig, F. et al: Behandling af seksualkriminelle i Ugeskr. for læger 2021

Craig, L.A. et al: Assessing risk in Sex Offenders A practitioner's guide, 2008

Bushway, S. & Uggen, S.: Promoting Desistance in: Connections, journals, Sagepub., 2021

Miller, W & S. Rollnick: Motivational Interviewing - Helping People Change, The Guilford Press 2013

Borduin, C.M. et al.: Multisystemic Therapy with Juvenile Sexual Offenders, in Boer et al 2011

Hanson, R.K., & Morton-Bourgon, K.: The characteristics of persistent sexual offenders in: Journal of Consulting and Clinical Psychology, 73, 2005

Link, E & Lösel, F, 2021

Rendtorff, J.D. & Kemp,P.: Basic Ethical Principles in European Bioethics and biolaw, 2000

Ward, T. & Gannon, T.: The Good Lives Model of offender rehabilitation: Clinical implications in: Aggression and Violent Behavior, 12, 87-107, 2007

.

References/recommended Reading

- Blagden, N., Winder, B., Gregson, M., & Thorne, K. (2014). Making sense of denial in sexual offenders: A qualitative phenomenological and repertory grid analysis. *Journal of interpersonal violence*, 29(9), 1698-1731.
- Harkins, L., Beech, A. R., & Goodwill, A. M. (2010). Examining the influence of denial, motivation, and risk on sexual recidivism. Sexual Abuse, 22(1), 78-94.
- Harkins, L., Howard, P., Barnett, G., Wakeling, H., & Miles, C. (2015). Relationships between denial, risk, and recidivism in sexual offenders. Archives of sexual behavior, 44(1), 157-166.
- Hanson, R. K., & Morton-Bourgon, K. E. (2019). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. In *Clinical Forensic Psychology and Law* (pp. 67-76). Routledge.
- Imhoff, R., Banse, R., & Schmidt, A. F. (2017). Toward a theoretical understanding of sexual orientation and sexual motivation. Archives of sexual behavior, 46(1), 29-33.
- Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse*, *22*(2), 191-217.
- Schmidt, A. F., Mokros, A., & Banse, R. (2013). Is pedophilic sexual preference continuous? A taxometric analysis based on direct and indirect measures. Psychological assessment, 25(4), 1146.
- Seto, M. C. (2012). Is pedophilia a sexual orientation?. Archives of sexual behavior, 41(1), 231-236.
- Ware, J., & Blagden, N. (2020). Men with sexual convictions and denial. Current psychiatry reports, 22(9), 1-6.
- Ware, J., Blagden, N., & Harper, C. (2020). Are categorical deniers different? Understanding demographic, personality, and psychological differences between denying and admitting individuals with sexual convictions. *Deviant Behavior*, 41(4), 399-412.
- Ware, J., & Mann, R. E. (2012). How should "acceptance of responsibility" be addressed in sexual offending treatment programs?. *Aggression and Violent Behavior*, 17(4), 279-288.