

VOLUNTEERS WORKING WITH SEXUAL OFFENDERS

FOR GUIDANCE PURPOSES ONLY

STATEMENT OF RESPONSIBILITY

This training package has been developed to provide volunteers with basic information on sexual offending, the treatment available for sexual offenders and guidance on safeguarding. Use of this package does not qualify individuals to work with sex offenders beyond their remit as volunteers with Prison Fellowship and users should not seek to provide training to others without agreement from qualified individuals. At appropriate points throughout this package there are **Remit Notes**, which advise individuals to remain mindful of their roles when encountering certain issues.

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What is a sex offender?

A sexual offender is someone who commits a crime that is sexually motivated or includes a sexual element. Below is a list of some of the most common sexual offences:

- Rape
- Sexual assault
- Indecent assault
- Inciting a child to engage in sexual activity
- Possessing, making and distributing indecent images
- Indecent exposure

Offences might also be committed that have concealed sexual elements. For example, someone might be convicted of Theft, which is a non-sexual offence. However, this might have been for the theft of underwear, which would suggest an underlying sexual motivation.

Why do sex offenders sexually offend?

There are a range of reasons why offenders commit sexual offences, as opposed to non-sexual offences. This will be discussed in more detail in the **Theories of sexual offending** section, but below are brief examples identified by research of key underlying motivations:

- Dominate / control
- Achieve revenge
- Release anger
- Intimidate / cause fear
- Immediate gratification
- To feel needed or wanted

Remit Note – *Remember it is the responsibility of appropriate staff members to assess the relevance of underlying sexual elements and the motivations of the offender.*

Myths and preconceptions

Sexual offenders are perhaps one of the most stereotyped offender groups, but what are the facts? Below are some of the most common myths about sexual offenders. Think about each myth and whether this is a belief you have held.

All sex offenders are male

Significantly more men than women are convicted of sexual offences, but women certainly do sexually offend. We know less about this population because of small numbers and therefore research is made more difficult. There is also subsequently no established treatment for female sex offenders.

Sex offenders have a high likelihood of reoffending

The recidivism (reoffending) rates for sexual offenders is comparatively low and they are among the least likely type of offender to be arrested for a new type of crime. There are also sub-groups within sexual offending. For example, those convicted of internet sexual offences, like downloading indecent images, are at a significantly lower level of risk than other types of sexual offender.

Sex offenders do not benefit from treatment

This is a complicated question, as some sex offenders may be less likely to benefit from treatment for a range of reasons. However, if they can engage meaningfully, treatment has been found to reduce recidivism. For example, research suggests that 10% of treated offenders reoffend, while 17% of untreated offenders reoffend. Research also suggests that overall there is a 40% reduction in recidivism after treatment.

Sex offenders use force, aggression and threats

Although a number of offenders might coerce their victims or might threaten them, this does not account for groups that engage in grooming behaviours, or those that develop emotional bonds with their victims. However, it is also important not to ignore different types of coercion (i.e. manipulation).

Sexual offences are motivated by sexual desire

Obviously, a large number of sexual offences are driven by the desire for sexual contact or gratification, but as noted in the previous section, there can be a range of different motivations behind the decision to sexually offend. Don't jump to conclusions!

Sexual abuse creates sexual abusers

Some individuals who experience sexual abuse as children go on to sexually abuse, but some don't, and some who commit sexual offences have never been abused. It is important to consider the impact of this and other factors.

Remit Note – *Be very careful if any offenders you work with discuss their own sexual abuse. You may not need to discourage them, but do not try to explore it or provide them with guidance or counselling. This is often the responsibility of specific departments. Also be careful not to suggest that an offender's behaviour is because of their experiences of abuse.*

Child sexual offenders “lurk in playgrounds and parks”

This is a common preconception, often promoted by the media. Actually, research suggests that 93% of child sex offenders are known to their victims.

Child sexual offenders are ‘paedophiles’

This is a frequently misused term. A paedophile is someone with an exclusive sexual interest in pre-pubescent children, so there are two problems with generalising. First, those who offend against pubescent children might be mislabelled (children of this age are typically starting to develop adult physical characteristics). Second, not everyone who offends against a child has an exclusive sexual interest in that age group.

Those who commit violent sexual offences are aroused by sexual violence

Like the previous myth, those who commit violent sexual offences are not necessarily aroused by sexualised violence. In fact, those who experience this type of arousal are in the minority.

Exercise

Think about the myths or preconceptions that you have held about sexual offenders and about offenders generally. Then answer the following questions:

- *Why do I hold these beliefs?*
- *What impact might it have in this type of work?*
- *What benefits would it have if I re-evaluated them?*

Theories of sexual offending

First, we will look at conditioning theories, which include three key processes (although further theories make up the concept of conditioning):

Classical conditioning

This is about the development of an association between stimuli or triggers. The best known example is in experiments by Pavlov, in which he rang a bell every time he fed his dogs and measured how much they salivated. Eventually, ringing the bell on its own triggered salivation. This theory can be applied to sexual offending also, as someone could masturbate repeatedly at certain times, which could lead to them pairing sexual arousal with something unhealthy.

Operant conditioning

This is all about reinforcement (the adding of something positive or negative) and punishment (the removal of something positive or negative). Again, we can see how positive or negative sexual experiences at an early age can affect what sexual interests or arousal someone develops.

Social learning

This suggests that offence-related sexual interests and thoughts are acquired by the same mechanisms by which other people learn socially acceptable means of sexual expression. For example, someone viewing unhelpful sexual attitudes towards women or forms of abuse may interpret this as a socially appropriate behaviour.

Wolf's cycle of offending

The cycle of offending theory suggests that the cycle starts with a negative self-image, which leads to use of inappropriate coping strategies, the expectation of failure, and self-isolation. The individual then uses escapist sexual fantasies to feel in control, in which unhealthy fantasies are reinforced through masturbation and distorted thinking alleviates guilt. The individual then plans to offend and the offence itself is initially reinforcing, but is followed by guilt and damages the self-esteem, *thereby leading the offender back to the start of the cycle...*

Theories of sexual offending (continued)

Finkelhor's Four Preconditions model

This theory links closest with sexual abuse of children. It suggests that four underlying factors typically explain sexual offences against children:

1. Sex with children is emotionally satisfying for the offender
2. The offender is sexually aroused by children
3. The offender is unable to meet his/her sexual needs in an appropriate social way
4. The offender becomes disinhibited and behaves contrary to his/her normal behaviour

The theory suggests that there are then four preconditions that must be satisfied before the offences occur:

1. The offender must be motivated to abuse the child (relating to first three factors)
2. The offender must then overcome their inhibitions (the disinhibition factor)
3. He/she must then overcome external conditions so as to increase the chance of offending (e.g. the absence of the parents)
4. Finally, the offender must overcome the child's resistance, either through threat or violence, or by desensitising the child to sex

Some limitations of this theory are that it is not immediately applicable to other sexual offences, but it does provide a clear structure of factors.

Vulnerability/resilience theory

This theory uses the term 'vulnerability' in the sense that some is vulnerable to the factors that lead to sexual offending. It suggests that attachment bonds are particularly important and that failure to learn appropriate attitudes, beliefs, skills and emotional dispositions make someone more 'vulnerable' to offend. They would therefore be more likely to create, recognise or give in to opportunities to sexually offend.

Theories of sexual offending continued...

Integrated theory of sexual offending

Some have combined the literature on sexual offending to provide a unified theory that integrates the key elements. Below is a simplified explanation.

First, there are *social learning* and *biological* factors.

- *Social learning* includes the physical environment, personal circumstances, and the social and cultural environment.
- *Biological* factors include brain development, genetics and evolutionary factors. Genetics may contribute because the individual is attempting to meet basic human needs in inappropriate ways. Evolutionary factors may lead to impersonal sex or rape when failing to attract a partner.

These then lead to *neuropsychological* factors, such as:

- The offender's motivation
- Their perception and memory
- Their selection and control of their actions

Last, there are factors to do with the individual's *clinical state*, such as:

- Emotional problems (e.g. poor emotional control)
- Social difficulties (e.g. low self-esteem, loneliness, etc)
- Cognitive distortions (e.g. attitudes about women/children)
- Unhealthy sexual arousal (e.g. sexual fantasies and preferences)

All of these factors make it more likely that the individual will sexually offend and, like with Wolf's cycle of offending, sexual offending may escalate or be maintained by going back through these steps again. For ease of reference I have included a basic model of the integrated theory in Appendix B.

Remit Note – *It is not a requirement that you remember or fully understand these theories and you should not discuss them with offenders, should they ask or start to discuss why people sexually offend. Use this information for your own benefit and personal interest. Also use it to remember that sexual offending, like every offence type, has complex theory behind it.*

Treatment of sexual offenders

In recent decades the emphasis of working with offenders has moved from punishment to rehabilitation. In prisons and in the community this primarily takes the form of Cognitive-Behavioural Therapy (CBT) treatment programmes. In offence-focused work, CBT consists of:

- Cognitive (thought) restructuring
- Offence analysis
- Offence pattern
- Victim empathy
- Relapse prevention (e.g. skills practices)

Exercise

Imagine you are in bed asleep at night. You hear a noise downstairs.

1. *What would be the first thought that enters your mind?*
2. *Now what would you do if that's what you thought?*

Do you think everyone would have thought and done the same? Probably not, because everyone has their own experiences and attitudes which shape how they interpret situations and events. This is the essence of CBT.

Sex Offender Treatment Programmes

The main treatment available for sexual offenders is the *Sex Offender Treatment Programme* (SOTP). These are predominantly group-based programmes, each of which is designed to target slightly different areas, abilities and risk levels. These and the newest versions emphasise Visual, Audio and Kinaesthetic (VAC) techniques to increase their engagement. The main programmes are:

- Core SOTP – designed for most sexual offenders to start to address their risk factors by understanding their offending, the impact on their victims, and how to manage their risk factors.
- Extended SOTP – for higher risk offenders, focusing mainly on their underlying thought patterns, emotional management and intimacy skills.
- Becoming New Me – an adapted version of the Core for individuals with lower levels of intellectual ability.

Treating offence-related sexual interests

Not every sexual offender has ongoing offence-related sexual arousal (e.g. to children or violence), but for those who do, how easy is this to change? The answer is that it is not easy to change, as an offender's sexual interests are likely to have been developed from a young age and may have been reinforced by their offending.

The *Healthy Sex Programme (HSP)* is designed to help offenders to explore their offence-related sexual interests, to develop strategies for managing them and, in some cases, to change them. This is done through modification techniques, but for some offenders it may be unrealistic to expect change, so the focus is on management.

However, one of the main problems with this programme is that, as with other programmes, it is reliant on the offender's acknowledgement. In this case, they must be acknowledging ongoing offence-related sexual interests or the possibility that the sexual interest could be triggered again in the future.

Community Treatment Programmes

There are also a number of sex offender treatment programmes available in the community, so that those who were unable to access treatment in custody or are required to complete it in the community can do so. Some of these programmes include:

- Internet Sex Offender Treatment Programme (iSOTP)
- Sex Offender Group Programme (SOGP)
- Community Healthy Sex Programme (HSP), which is currently being piloted.

Remit Note – *Engaging offenders in available treatment is important and encouraging them can be helpful, but no matter what you learn about the programmes, do not attempt to 'treat' offenders that you work with, even if it seems straight forward. The individuals who deliver the treatment programmes are trained intensively and receive constant supervision.*

The premise of treatment

All of the treatment programmes that are available to sex offenders are research-based and have some important underlying theories. The first of these is the Good Lives Model, which proposes that individuals commit offences due to seeking goals in unhelpful ways. The second is the concept of Relapse Prevention, which focuses on managing and preventing high-risk situations.

Good Lives Model

The Good Lives Model suggests that human beings have 'primary goods' that are accessed through meaningful activities. These are:

- *Life* – including healthy living and functioning
- *Knowledge* – feeling well informed about things important to them
- *Excellence in play and work* – hobbies, recreational pursuits and mastery
- *Excellence in agency* – autonomy, power and self-directedness
- *Inner peace* – freedom from emotional turmoil and stress
- *Relatedness* – including intimate, romantic and familial relationships
- *Community* – connection to wider social group
- *Spirituality* – in the broad sense of finding meaning and purpose in life
- *Happiness* – feeling good in the here and now
- *Creativity* – expressing oneself through alternative forms

Theoretically, all human beings seek out their primary goods, but offenders may have difficulty seeking or achieving their goals, resulting in them choosing unhelpful ways of achieving them.

Relapse Prevention

The Relapse Prevention model is used in treating a range of different issues (e.g. substance abuse, depression, etc). It is a means of helping individuals maintain behavioural change and includes:

- *Recognition cues*
- *Alternatives*
- *Approach-focused goals*

Recognition cues

For sexual offenders, it is important to identify relevance offence-related cues from their offence chain (i.e. the lead-up to a sexual offence). This helps them to more easily recognise risky thoughts, feelings and behaviours.

Alternatives

Many offenders may not have thought of alternatives to their thinking and behaviour, viewing their choices and decisions as unavoidable. Helping them to identify possible alternatives and to practise these improves their 'toolbox' of strategies for coping with risky situations.

Approach-focused goals

An approach-focused goal is something that you actively do, while avoidance-focused goals are things you actively don't do. For example, if you wanted to be healthier, you could eat X amount of fruit and do Y amount of exercise. Or, you could never eat chocolate again. Which do you think you would be more likely to do? Approach-focused goals are more motivational and easier to measure. Furthermore, research has found that they have increased perceptions of success and satisfaction.

Exercise

Think about your life and what makes you feel happy or content, such as your work, hobbies, family and personal achievements.

- 1. How did you achieve these?*
- 2. What difference would it make to your life if there were certain ones you didn't have?*

Now think of something you have tried to change in your life (e.g. personal health, hobbies) to work towards these goods.

- 1. What goals did you set yourself?*
- 2. Could these have been improved?*
- 3. Did you lapse at all and what helped to manage this?*

Working with sexual offenders

There are important rewards from working with sexual offenders, but there are also risks that come with such work. Although both tend to be more prominent for officers on the wing or for therapists who work closely with the offenders, it is important that volunteers understand both associated with this client group.

Burnout

Research has found a high rate of burnout amongst therapists and prison staff who work closely with sexual offenders. This can be due to exposure to details of the offenders' crimes or due to negative encounters. The research has, however, identified factors that can decrease burnout:

- *Supervision* – structured supervision can reduce the likelihood that someone would experience adverse effects from working with sexual offenders. This can be applied to volunteers as any difficulties you experience or negative effects you experience can be discussed with those who oversee your work (i.e. managers or chaplains) – make sure you talk openly with them.
- *Professional support* - those working more closely with sexual offenders sometimes have access to individual support sessions with trained counsellors, which provides an outlet for managing the impact of the work. As volunteers, you are unlikely to require this so as before, make sure you discuss any concerns you have with your managers.

Rewards

Although the risks are significant in this work, a range of rewards have been identified by research for those working with sexual offenders. Some of these rewards have also been found to be present for volunteers. For example:

- Protection of potential victims
- Socially meaningful (appropriate) curiosity
- Enjoyment of counselling
- Professional benefits
- Colleagues
- Offender wellness

Preventing manipulation

A further risk associated with working with sexual offenders is manipulation, although this is not specific to offenders (*think of a time you have been manipulated by someone*). Manipulation is defined as using positive responses in others in a deceitful way; accompanied by a “smarmy” tone of voice and body language. Being aware of manipulation is obvious when working with any offender, but in particular you should be vigilant of:

- *Deception* – this could be lying, leaving out important information, or trying to change your impression of them, etc.
- *Attempts to gain personal information* – such as relationships, where you live, hobbies or anything that is part of your personal, rather than professional, life.
- *Implying threats or aggressive behaviour* – this could be outward or subtle
- *Crying or ‘emotional blackmail’* – some may try to convince you to do something out of empathy

But what should you do if you experience any of these things? **Report them to the Chaplain or your manager immediately.** It is possible that you could have: misinterpreted the offender’s behaviour/intentions; observed concerning behaviours but the offender did not mean them to be manipulative; or identified a genuine attempt at manipulation. In either of these cases, the best thing to do is to notify others to ensure that everyone is safeguarded, including the offender.

Exercise

Imagine you are working with an offender. He is upset, explaining that he cannot get a birthday card out to his ill mother. He offers to give you the card with a stamped envelope and simply requests that you post it. What do you do?

1. *Take the card and post it on your way home...it’s only a birthday card*
2. *Take the card and inspect its contents, then decide whether to send it*
3. *Tell him that doing so would breach prison rules and inform the Chaplain of the situation*

The answer may be obvious, but it is likely that you will develop a rapport with some offenders and the common instinct is to try to maintain it.

Personal boundaries

It is essential that you are able to safeguard yourself when working with offenders, so you should consider what boundaries to have in place. Below are some examples, but you will also need to consider what feels comfortable.

Don't:

- *Discuss personal issues or situations* – e.g. relationships, finances, etc.
- *Discuss your own sexual attitudes* – some offenders may wish to know this to reinforce their own attitudes or to push the boundaries of your role
- *Accept gifts* – although this may be a form of manipulation, it could also suggest that the offender is trying to alter the nature of your relationship
- *Bring things into prison for offenders* – you may develop rapport with offenders, but regardless of this **you are governed by prison rule**

Do:

- *Build rapport* – your support and genuine concern for the offenders' situations is invaluable, as long as it is appropriate
- *Maintain boundaries* – this will ensure that your relationships with offenders is safe and will help you to feel confident in this
- *Be assertive* – no matter how the offender presents or what they say, being assertive with your remit and boundaries is essential to keep everyone safe

Exercise

Imagine you are working with an offender. He is really opening up to you and seems to respond well to your input and encouragement. He asks you about some personal experiences you have had. What do you do?

1. *Tell him about a personal experience and the affect it had on you*
2. *Lie to make him think you are disclosing something personal*
3. *Tell him that you would rather focus on him, but praise his openness*
4. *Tell him he is being rude*

You may feel comfortable disclosing trivial information about your life (e.g. an experience at the supermarket), but remember where your boundaries are.

Conclusions

- Sexual offenders are individuals – treat them as such rather than as the myths that might precede them. After all, **would you respond better to condemnation or encouragement?**
- .There are a range of theories as to why individuals commit sexual offences. You do not need to memorise them or apply them to the offenders whom you work with, but remember that offenders are complex individuals as are the processes by which they came to offend.
- There is treatment available in custody and in the community for men whom have sexually offended, which targets a range of risk levels and treatment needs. **Encourage treatment, but do not attempt to deliver it.**
- There are risks to working with sexual offenders, but do not forget the rewards that you can experience as well. Be open to these, but ensure that you **maintain boundaries, follow prison rules, and build rapport appropriately and assertively.**

Appendix A

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N.B. This is a list of references relevant to the contents of the training package but is not exhaustive.

Appendix B

Integrated Theory of Sexual Offending

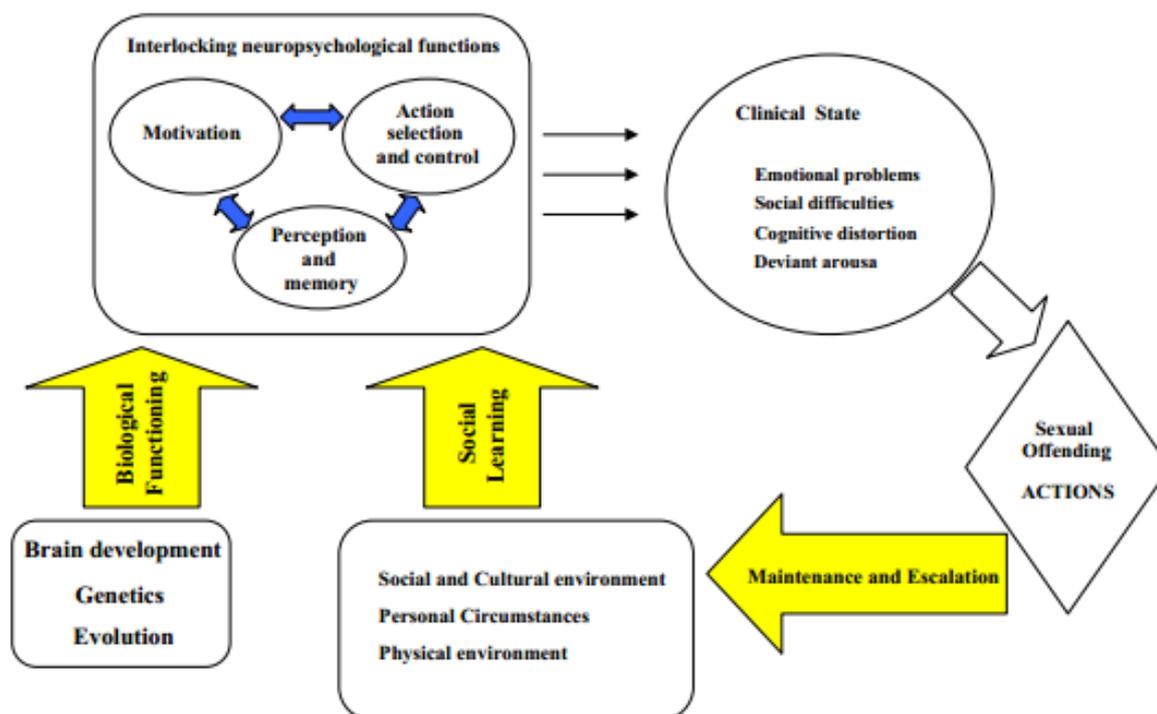


Figure 1 Integrated Theory of Sexual Offending