MANAGEMENT OF SEXUAL OFFENDERS

UNDERSTANDING NON-ENGAGEMENT IN OFFENDER BEHAVIOUR PROGRAMMES

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Non-Engagement in Offender Behaviour Programmes

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Executive summary

Objective
The objective of this study was to increase understanding of sexual offender lack of engagement in offender behaviour programmes.

Methodology
A qualitative research design was deemed appropriate because this subject matter has not been studied previously within the Scottish Prison Service (SPS).

Two researchers conducted semi-structured interviews with a) 20 prisoners who had current convictions for sexual offences and who were not willing to engage in offender behaviour programmes, and, b) with 8 staff members working with sexual offenders in the SPS.

All participants were recruited from HMP Edinburgh and HMP Dumfries and interviews were analysed using thematic analysis.

Findings
19 of the 20 prisoners interviewed were not willing to engage in offender behaviour programmes because they denied their sexual conviction(s). Denial was dimensional in nature ranging from categorical (e.g. the offence did not happen at all) to varying forms of minimisation (e.g. the sexual activity was consensual).

Analysis suggested that denial and appellant status protected participant’s private and public identities by allowing them to avoid labelling and stigmatisation. Instead, denial and appellant status ensured (perceived) physical and psychological safety by allowing participants to detach from others.

Prisoner interviewees had limited insight into peer influences at an individual level although they described how peers negatively influenced others. Participants were mostly ambivalent about progression and emphasised external needs, which, although relevant, indicated limited awareness of internal issues (e.g. emotional management, problem solving ability, interpersonal skills).
The majority of concerns that participants had about programmes reflected those commonly expressed by other offenders (i.e. those with non-sexual convictions and those who admit their convictions), such as fears about lack of group confidentiality.

Encouragingly the majority of participants described multifarious factors that would enhance their motivation to engage. Many were interested in exploring the events leading up to their conviction. Participants readily talked about problems that they had with emotional regulation, substance misuse and intimate relationships, although they did not think these factors would be problematic upon release. However, two participants struggled to identify any factors that would motivate them to engage, seemingly because of their strong detachment from others.

Analyses of staff interviews revealed predominantly consistent findings to prisoner interviews increasing the validity of the findings. It is encouraging that staff and prisoners have a shared outlook. Staff participants recognised the complexity of denial, the perspectives of individuals unwilling to engage and the propensity for negative peer influences. They also expressed hope for future programme development. A minority of staff participants expressed the view that there was nothing that they could do to motivate sexual offenders who were unwilling to engage in programmes.

Key considerations
Findings provide support for an ‘adaptational model’ of offence denial in sexual offenders (Rogers and Dickey, 1991) which proposes that denial is used to manage highly adversarial settings. As such, findings do not support the separation of sexual offenders on the basis of offence denial and offence admittance as this strategy is likely to represent a repeat experience of social exclusion and increase offence denial by providing an opportunity to detach.

Findings suggest a number of potential assessment and treatment approaches. Firstly, assessment procedures are likely to benefit from giving focus to all aspects of ‘treatment readiness’. This could include enhancement of intrinsic motivations using motivational interviewing and adaptation of contextual/environmental factors negatively impacting on treatment readiness by running information sessions about programmes, pre-programme acclimatisation sessions and utilising positive peer influences.
Secondly, as participants were able to identify factors that would motivate them to engage, it is likely that a Good Lives approach\(^1\) could be used to foster engagement and build upon existent motivations by focussing on how the individual conceptualises ‘a good life’ and the ways in which they can be fulfilled. Given the ‘protective’ function of offence denial for some offenders and the likely existence of other dynamic risk factors, that are known to be responsive to treatment, it is questionable whether focus is needed on the offence denial itself.

Thirdly, attachment theory is likely to be relevant in the assessment and treatment of this offender group because of their propensity to detach from others in order to protect their private and public identities and thus ‘survive’ the prison setting.

Given the qualitative nature of this study, these findings cannot be generalised. Further research could be undertaken by examining outcomes of larger samples of sexual offenders who engage in offender behaviour programmes and those who do not. Outcome measures could include adjudication records, reconvictions (nature and number) and parole decisions. In addition, a focus group study with those who have moved from offence denial to admittance could further inform future programme development.

\(^1\) The Good Lives Model-Comprehensive (GLM-C, Ward, Mann and Gannon, 2007) “is a positive model, based on the assumption that people are more likely to embrace positive change and personal development” (p93) and focuses on identifying goals that would support living a good life.
Literature précis

Understanding offence denial in sexual offenders

Denial is a natural coping strategy used by most people in different ways for various reasons. It can have a ‘soothing’ function (Goleman, 1989) and it can ‘preserve’ mental health (Kendall, 1992). Yates (2009) summarises that denial represents “normal cognitive processes in which all humans engage to maintain self-esteem and to cope with dissonance between themselves and their behaviour” (p190).

Marshall et al. (1999) highlight that denial should not be assumed to be a deliberate and conscious distortion in sexual offenders and that there are multiple reasons why sexual offenders deny. In sexual offenders, the most extreme form of denial comprises those who deny being physically present at the scene of the crime and who often blame the victim or the police for what they perceive to be a conspiracy to get them convicted. This type of denial has been referred to as ‘categorical’ denial (Langton et al., 2008). Marshall et al. (1999) also distinguish ‘partial’ deniers who admit to engaging in some form of sexual activity but deny that it was sexual assault. Typically among these individuals, distorted thinking provides a rationale, often about the victim consenting, enjoying, deserving or gaining from the experience. Lastly, Marshall et al. (1999) refer to ‘minimisers’ as sexual offenders who admit the offence but minimise responsibility, details of the offence, harm, planning or fantasising.

Rogers and Dickey (1991) propose an ‘adaptational’ model of denial. They suggest that denial is a situational response to an adversarial setting in which there are considerable costs to admitting but gains to be had from denying. Others confirm that the social condemnation that sexual offenders receive prior to custody continues within custody. Lord and Willmot (2004) state:

“To admit a previously denied offence not only requires the therapeutic shift of changing one’s offence-related cognitions, it also requires the offender to recognize that his lifestyle, core beliefs and peer group may be inherently dysfunctional...for a sexual offender who is usually castigated by other prisoners and the criminal community in general, the shift of truly leaving denial may also involve severing ties with a “sub-culture” that not only provides him
with sexual gratification but also with a group identity and rewarding social network” (pg. 53).

In their study using focus groups with sexual offenders who had moved from offence denial to admittance, Lord and Wilmot (2004) found that three factors sustained denial: 1) motivational/insight, e.g. not wanting to change and/or not knowing any different; 2) threats to self-esteem and image, e.g. not wanting to be seen as ‘nasty’, and, 3) fear of negative, extrinsic consequences, e.g. fear victimisation in prison. As well as fearing social stigmatisation and prison victimisation other studies have identified that sexual offenders fear the loss of family and/or friends as a result of admitting their offences (Marshall et al., 2001; Serran & O’Brien, 2007).

**Denial and re-offending risk**

The relationship between denial and risk of re-offending is not fully understood. Historically researchers and clinicians have tended to view denial as a risk factor for sexual re-offending. ‘Extreme minimization or denial of sexual violence’ is currently a risk factor in one of the leading tools used to assess the risk for sexual violence (The Risk for Sexual Violence Protocol [RSVP], Hart et al., 2003). Hart et al. (2003) suggest that the mixed empirical evidence for denial/minimisation as a risk factor reflects methodological issues in the studies undertaken. They justify its inclusion in the RSVP by hypothesising that denial or extreme minimisation is likely to be related to treatment participation/completion which in turn is thought to be associated with sexual recidivism (Hanson and Bussière, 1998). Finally they state that denial is important to consider because it “could affect the degree to which an offender complies with other risk management strategies such as monitoring and supervision” (Hart et al., 2003: 52).

Hanson and Bussière (1998) in an impressive meta-analysis of a large number of studies (equalling data on over 30,000 sexual offenders) found that offence denial and low motivation for treatment were not related to sexual recidivism\(^2\). However, as noted by Marshall et al. (2001), Hanson and Bussière’s analysis (1998) did not include categorical

\(^2\) This has since been replicated in a follow up meta-analysis (Hanson and Morton-Bourgon, 2005).
deniers and this particular finding was derived from analysis n=762 of the possible n=30,000. Hanson and Bussière (1998) themselves recognise that none of the variables that they analysed were robust enough in their predictive accuracy to be used in isolation and they highlight that denial and low motivation for treatment had a small relationship with general recidivism. This underscores the relevance of targeting non-sexual criminogenic risk factors in sexual offenders exhibiting denial as well as the problems in thinking about risk in terms of prediction.

Lund (2000) also raises some additional concerns about Hanson and Bussière’s (1998) study. Firstly, that the studies forming the meta-analysis were never intended to evaluate the impact of denial and that there are methodological limitations of studying ‘peripheral variables’. Secondly, that the relationship between denial and recidivism might be dependent on other variables. Lund (2000) gives the example that denial may influence recidivism in lower risk offenders in the absence of other risk factors whereas denial could be overshadowed by other risk factors in high risk offenders and that this could explain the apparent absence of a relationship between denial and recidivism.

Offering some support to Lund’s theorising, Nunes et al. (2007) found that lower risk offenders who denied their offence were more likely to offend than lower risk offenders who admitted their offence, while higher risk offenders who denied their offences re-offended at lower rates than higher risk offenders who admitted their offences. They also found a significant interaction between incest offenders, denial and sexual recidivism. However a problem with this study is that low risk incest offenders might have higher rates of recidivism simply because they are more likely to ‘get caught’ and conversely high risk offenders in denial may be ‘better’ than high risk offenders who admit at avoiding detection. In addition this study did not take a ‘dimensional’ approach to denial as the sample was based on offenders who completely denied that the offence ever took place.

Langton et al. (2008) used a dimensional approach to study the impact of denial in n=102 sexual offenders who had completed an initial treatment programme. They found that the interaction between actuarial risk and scores on a continuous measure of minimisation did predict sexual recidivism. They summarise that “minimization of aspects of the sexual offense is a significant predictor of sexual recidivism among higher risk sex offenders” (p89).
The debate about the relationship between denial and recidivism continues. Another recent study which used a dimensional approach to measuring denial (Harkins et al., 2010), found that absolute denial in high risk offender predicted decreased sexual recidivism whereas an opposite pattern was observed for low-risk offenders in absolute denial (although the latter finding was not significant). Interestingly, Harkins et al. (2010) also found that those who claimed that they did not present a future risk for offending were also less likely to reoffend than those who reported themselves as presenting a high risk.

Yates (2009) in her literature review concludes that the research does not confidently demonstrate that denial is a risk factor for re-offending, nor that targeting denial in treatment is associated with improved treatment outcomes. Indeed, research has suggested that full disclosure of negative personal characteristics is often associated with negative social outcomes including poor progress in psychotherapy (Kelly, 2000). Instead Yates (2009) argues that denial should be viewed as a responsivity factor and that effort be made to retain deniers in treatment to reduce their likelihood of re-offending.

*Psychological treatment of sexual offenders who deny: what works?*

Researchers have found that recidivism rates in treated sexual offenders are significantly lower than in comparison groups who have not received treatment (e.g. see Marshall et al., 1999; Hanson et al., 2004). As such, exclusion of deniers from treatment would result in a significant number of offenders who do not complete treatment (50%-87% of offenders are estimated to be in various states of denial, Marshall et al., 2001) that could possibly reduce recidivism, based on a factor that may or may not be related to risk.

Schneider and Wright (2004) helpfully state: “*requiring that offenders must be out of denial before starting treatment is tantamount to requiring them to (at least partially) cure themselves before they can receive treatment*” (p7). Also as pointed out by Marshall et al. (2001), untreated admitters and untreated deniers share various dynamic risk factors that are known to respond to treatment (e.g. deviant sexual interests, antisocial orientation/lifestyle, substance misuse). Thus, there are clear ethical implications in not providing treatment to

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3 Responsivity refers to treatment programmes being delivered in a way that is responsive to personal characteristics such as learning abilities, culture, anxiety levels etc. Andrews and Bonta (2007) suggest that treatment methods are tailored and adapted to individual styles and capabilities to maximise treatment effectiveness.
sexual offenders in denial. Lord and Willmot (2004) conclude “Despite the axiom that ‘you can’t treat a client unless the client wants to change’, a number of studies suggest that sexual offenders in denial can benefit from treatment programmes” (p.51-52). Research has found that categorical (complete) denial did not change during treatment but that this was unrelated to treatment benefit anyway (Beckett et al., 1994). And, although there is research to suggest that some offenders overcome their denial in treatment (see Lord and Willmot, 2004), as discussed earlier, evidence is inconsistent about the relationship between denial and risk of re-offending.

There are however some clear barriers to engagement in treatment for sexual offenders who deny. Evidence suggests that sexual offender denial and minimisation are associated with poor treatment compliance (Hunter & Figueredo, 1999), a poor working alliance (Beyko & Wong, 2005), lower motivation for treatment (Gibbons et al., 2003) and negative indices of treatment engagement and progress (Beech, Fisher, & Beckett, 1998; Levenson & Macgowan, 2004; Schneider & Wright, 2004). As a result, reported treatment approaches with sexual offenders who exhibit denial tend to centre on overcoming these barriers by using motivational work (i.e. enhancing intrinsic motivation, Mann and Thornton, 1998) and in keeping with the principles of the Comprehensive Good Lives Model (Ward and Gannon, 2006), the promotion of wellbeing by instilling strengths and thinking about hopes and concerns for the future rather than simply stressing psychological defects (i.e. risks). Approaches that draw on techniques such as relapse prevention work have also been found to be effective with sexual offenders who minimise their offending (Mann and Thornton, 1998).

In keeping with the Good Lives model, positive outcomes (or “approach goals”) are the focus rather than what offenders are required to avoid.

McMurran and Ward (2010) suggest that an understanding of ‘treatment readiness’ is critical when treatment planning with offenders. They define treatment readiness as a range of “characteristics (states or dispositions) within either the client or the therapeutic situation, which are likely to facilitate engagement in therapy” (McMurran and Ward, 2010: 78). They stress that treatment readiness includes desire/motivation to change but goes beyond this to include emotions, thoughts, skills/competencies (“person” factors), as well an “contextual” factors such as the properties of the treatment (e.g. voluntary vs mandated), resources (availability, quality, timing) and interpersonal supports available. They summarise that an offender will be “ready to change offending to the extent that h/she possesses certain
cognitive, emotional, volitional and behaviour properties, and lives in an environment where such changes are possible and supported” (McMurran and Ward, 2010: 79).

Interestingly, McMurran and Ward (2010) observe that prisoners who drop out of treatment can have the same levels of motivation to change as those who complete treatment giving support to the idea that treatment readiness goes beyond motivational state. They make a series of suggestions that could assist individuals to get ready for treatment such as pre-treatment and early stages of treatment one-to-one support sessions, induction/information sessions and pre-therapy preparation using techniques such as simulations of therapy. Drawing on the research that has found that offenders often report feeling unsafe, stigmatised and without autonomy in prison, McMurran and Ward (2010) suggest strategies for modifying ‘rehabilitation-unfriendly settings’, such as giving offenders leave to attend community programmes and promoting a therapeutic culture where values about rehabilitation are shared across staff. They also state that those offenders with higher levels of distress may benefit from individually tailored and implemented treatment.

Lord and Willmot’s study (2004) offers support for the Multifactor Offender Readiness Model (MORM, Ward et al., 2004). They found that a series of factors helped individuals admit their sexual offending. These were ‘wanting to change’ (e.g. increasing likelihood of parole, not returning to prison), ‘wanting the relief of removing deceit’, ‘access to ex-denier role models’, accepting there is a problem’ (e.g. realising you are not the only one who has done this), ‘creating a climate of trust’ (e.g. sincere staff who want to help), encouragement to confront offending behaviour’ (e.g. people showing you understanding, telling you you’re not sick), reduction of fear of negative outcomes (e.g. admitting won’t mean negative repercussions) and ‘positive reinforcement from peer group’ (e.g. getting confidence from others like family, friends, psychologists, social workers, prison officers). Lord and Willmot (2004) also found most interviewees (83%) had to convince themselves gradually that they could trust someone to admit their offence to, that there would not be negative consequences such as family rejection and that there might be something to gain in terms of sentence length and parole. The researchers highlight the parallel between offence admitting and Prochaska and DiClemente (1986) transtheoretical ‘stages of changes’ model.
Management of sexual offenders who deny

Historically prison systems have taken the management perspective that removing deniers from prisons that provide psychological treatment can ease problems caused by keeping ‘admitters’ and deniers together; admitters may question the need to participate in treatment if deniers are not apparently ‘penalised’ for their non-participation. However Lord and Willmot (2004) question the effectiveness of this approach because it goes against the principles of rehabilitation by “depriving the offender of treatment and removing him from a therapeutic environment to a more punitive and confrontational one” (Lord & Willmot, 2004, p52). Given McMurran and Ward’s recent theorising about offender readiness (2011) and Lord and Willmot’s findings (2004), it would seem probable that movement towards ‘readiness to engage’ in treatment would be highly unlikely in the absence of a supportive, therapeutic environment, ex-denier role models and positive reinforcement from peer groups. Instead, stigmatisation that is probable as a result of segregation from others on the basis of offence type and ‘denial status’ is highly likely to create a powerful barrier to engagement.
Method

Overview

A qualitative research approach was used to achieve the research objective of increasing understanding of sexual offender lack of engagement in offender behaviour programmes. This approach was deemed suitable because this subject area had not been studied previously within the Scottish Prisoner Service (SPS) and was viewed as an approach that would allow participant’s opinions and experiences to emerge. Two researchers conducted semi-structured interviews with 20 prisoners with sexual convictions who were not willing to engage in offender behaviour programmes and 8 staff members working with sexual offenders within the SPS. The interviews used eleven research questions (see appendix i) although in order to keep the interviews exploratory, the interviewers were led by participants as much as was possible (within the confines of the research objective).

Sampling strategy and procedure

20 prisoners within the SPS, with a current conviction for a sexual offence and who had declined to take part in offender behaviour programme assessment or treatment were recruited from HMP Edinburgh and HMP Dumfries. The sampling strategy in both prisons was ‘purposeful’ ensuring that the subject matter would be explored fully by focusing on those who met the research inclusion criteria. This is in keeping with the qualitative research epistemology. However sample selection procedures differed across the two prisons.

In HMP Dumfries, prison staff approached a proportion of the 70 prisoners\(^4\) who had current sexual offences but had declined to take part in a programme assessment or intervention. The proportion of prisoners approached represented those that staff assessed as most likely to take part in the research study and amounted to approximately 25 prisoners. Of these, 6 prisoners agreed to participate in the research, meaning that approximately nineteen prisoners declined research participation. The researchers were not able to take part in participant recruitment. The relatively low prisoner response rate could reflect characteristics of HMP Dumfries population or it could be an artefact of prison staff managing the recruitment process.

\(^4\) Numbers were accurate at the time of data collection
In HMP Edinburgh, prisoners were selected alphabetically from a list of 31 prisoners\(^5\) that had been identified by the psychology department as declining to take part in a programme assessment or intervention. The researchers approached prisoners to obtain informed written consent\(^6\) and recruitment stopped once 14 prisoners had agreed to participate in the research (as 6 interviews had been completed at HMP Dumfries). Only two participants declined to participate in the study at HMP Edinburgh. This relatively high prisoner response rate could reflect characteristics of HMP Edinburgh’s population or it would be an effect of researcher recruitment. It is difficult to disentangle a clear rationale because of the different sampling procedures across the two prisons.

Participants were interviewed in turn, in a private room by one of the researchers. At the start of each interview the researcher reiterated the study aims, confirmed the voluntary nature of participation which included the right to withdraw from the study at any time and explained how participant’s identities would be kept anonymous in the reporting of the findings.

8 staff members from HMP Edinburgh and HMP Dumfries were recruited to take part in interviews on the basis that they had knowledge of working with sexual offenders. A snowballing sampling strategy was used.

**Sample characteristics**

Prisoner participants were aged between 23 and 81 years with a mean age of 47 years. 19 participants described themselves as white Scottish, white English or white British and one participant described himself as black African. Participant index offences were rape, lewd and libidinous practices, sodomy, sexual assault, assault, murder and downloading/possessing indecent images, or a combination of the above. 11 participants described themselves as single, 4 as currently in a relationship and 5 as separated/divorced. Participant custodial sentence lengths and life sentence tariffs ranged from 2.5 years to 26 years (mean 7

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\(^5\) Numbers were accurate at the time of data collection

\(^6\) See Appendix ii for informed consent sheet
years). Participants had been in prison for an average of just over two years (range 7 months-4.5 years) and had on average 8 pre-convictions (range 0-50)\(^7\).

The staff sample comprised a diverse range of staff: three SPS psychologists, three SPS staff (one prison officer, one hall manager and one programme officer) and two prison-based social workers. 5 staff participants were female and 3 male and all were currently working with sexual offenders.

*Interview schedule*

The interview schedule (see appendix i) served as an interview guide. Alongside the questions were interviewer ‘prompts’ and ‘guidance’ to ensure as much as was possible, the interviewer followed the participant’s lead. This enabled the researchers to have an element of control over the communication process to ensure research objectives were met whilst also allowing themes to emerge.

*Psychometric*\(^8\)

The study intended to implement a psychometric of motivation to change (Prochaska & DiClemente, 1986). This measure has been shown to have adequate test–retest reliability for its four subscales as well as for a composite score (Carbonari & DiClemente, 2000) and it has been recently used to distinguish those adult male sexual offenders who enter treatment and those who do not (Jones, Pelissier & Klein-Saffran, 2006). Lord and Willmot (2004) also drew a parallel between the stages of leaving denial in sexual offenders and Prochaska and colleagues stages of change model. However implementation revealed that 19 participants were either unwilling or unable to fill in the majority of the questionnaire because of their view that they had not committed a sexual offence. Therefore this data could not be subjected to meaningful analysis.

\(^7\) Pre-convictions figures are best viewed as estimates because some participants could not recall how many previous convictions they had and/or PR2 records were sometimes different to prisoner’s self-report or absent.

\(^8\) A psychometric is a psychological questionnaire.
**Analytical strategy**

Transcripts were analysed using thematic content analysis (Braun and Clarke, 2006) which involves a detailed extraction of themes, grounded in participants’ quotations. Table 1 summarises the phases of thematic analysis recommended by Braun and Clarke (2006).

**Table 1: Phases of Thematic Analysis (adapted from Braun and Clarke, 2006)**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarising with the data</td>
<td>Reading and re-reading, noting initial ideas.</td>
</tr>
<tr>
<td>2. Generating initial codes</td>
<td>Coding interesting features in a systematic way across the data.</td>
</tr>
<tr>
<td>3. Searching for themes</td>
<td>Collating codes into potential themes.</td>
</tr>
<tr>
<td>4. Reviewing themes</td>
<td>Checking themes in relation to level 1 and level 2.</td>
</tr>
<tr>
<td>5. Defining and naming themes</td>
<td>Refining specifics of the theme, giving clear definitions and names.</td>
</tr>
<tr>
<td>6. Producing the report</td>
<td>Continuation of analysis. Selection of quotations, relating back to levels 1-5.</td>
</tr>
</tbody>
</table>

Care was taken to keep interpretations as close as possible to the data and not to over-interpret. Although much consensus among participants was found, attention was given to potential counter-examples, so that individual variation would not be obscured within the analysis. During phase 6 there appeared to be a need to cluster themes into ‘theme areas’ and in doing so phases 4 to 6 were repeated.

Guidelines ensuring the quality of qualitative research (Elliott, Fischer and Rennie, 1999) were implemented. The validity of the current research was obtained by using data triangulation (by interviewing prisoners and staff) and investigator triangulation (by ensuring that two researchers analysed the interview data together). Whilst inter-rater reliability was not an appropriate aim, co-researcher coding ensured that analysis was not entirely idiosyncratic or trivial (Elliot et al., 1999; Stiles, 1993; Yardley, 2000). Method triangulation (by using interview and questionnaire data) was attempted but not possible.
Findings

Prisoner interviews (n=20)

The first phase of thematic analysis involved line by line analysis to obtain initial codes which were then collated into potential themes. Two researchers jointly reviewed potential themes, defined and named them. This provided a crucial credibility check (Elliott et al., 1999). During the write up phase it became apparent that the named/defined themes reflected broader thematic areas so these were also given names. The results of this analysis are summarised in table 2.
### Table 2: Summary of themes from prisoner interviews

<table>
<thead>
<tr>
<th>Theme area</th>
<th>Theme names</th>
<th>Brief description</th>
</tr>
</thead>
</table>
| 1. Differential Insight (into sexual offending) | “I didn’t do it”  
“It didn’t happen”  
“It’s not how it seems”  
“It was so long ago...”  
“Disbelief”  
“I’ll admit to doing something”  
“I don’t think I did it” | Most participants reported that they did not commit their offences; some stated it didn’t happen at all, others acknowledged non-sexual aspects of the conviction (e.g. anger, poor coping) and others stated the sexual activity was consensual. Some reported disbelief and some ambivalence. |
| 2. Protecting Private & Public Identity | “I’m not like the others”  
“Need to prove not sex offender”  
“Don’t want to be branded”  
“I’m an appellant” | Participants seemed to be protecting their personal identities by ensuring their public identities comprised ‘non-sex offender’. They reported that labelling in prison was rife and it therefore seemed that appellant status defended the individual’s private identity and public identity, often resulting in them being ‘left alone’. |
| 3. Problematic Perceptions of Programmes | “I’m not allowed to take part”  
“Feeling forced”  
“Don’t want to share, don’t want to hear”  
“Lack of confidentiality”  
“Programmes don’t work”  
“I’ve done enough already”  
“Don’t trust them” | Participants viewed that they were not ‘allowed’ to take part in programmes (often because of appellant status) or felt forced onto them. They reported significant concerns around lack of confidentiality and expressed mistrust of others. Programmes were viewed by some as ineffective or not needed. |
“Sex offender status facilitates peer problems”  
“Sex offender hierarchy is influential”  
“The weak are effected most” | Participants thought that peers influenced others, but that they themselves were not influenced by peers. They used terms such as ‘beasts’ and ‘monsters’ to describe sexual offenders showing the extent of peer problems and prison hierarchy based on victim type. Weaker prisoners were seen as most susceptible to peer influence in the form of bullying. |
| 5. Motivation to Engage is Multifarious | “I’ll do whatever to get out & stay out”  
“Willing to focus on life problems”  
“Willing to focus on events leading up to conviction”  
“Willing to do community programme”  
“I’m just doing time”  
“Disconnection, no motivators” | Some participants were instrumentally driven & willing to do anything to obtain release. Many were motivated to look at ‘life problems’ or pre-conviction circumstances, e.g. poor problem solving, relationships. Most participants reported a willingness to do a community ‘deniers’ programme. Although a minority wanted to ‘do time’ and detached from others by doing solitary activities. |
| 6. Ambivalence about Progression | “Programmes and Parole: an empty promise?”  
“Undeveloped goals for a good life”  
“Limited insight into re-offending risk”  
“Practical support is most important for release” | Some participants reported that they had goals for a ‘good life’ upon release although these were mostly undeveloped. Unsurprisingly most had limited insight into re-offending risk but emphasised the need for practical support on release (e.g. housing, employment). The relationship between programmes and progression was seen as an ‘empty promise’. |
Each theme area will now be discussed in more detail with attention to the interrelationships between theme areas and theoretical interpretations of the findings.

**THEME AREA ONE: “Differential insight (into sexual offending)”**

Emergent from the data were themes that confirmed the dimensional nature of denial as noted in psychological literature (Marshall et al., 1999). Some themes (“It didn’t happen”) reflect complete or categorical whereas others (“I didn’t do it” and “It’s not how it seems”) describe forms of minimisation, e.g. that the sexual activity was consensual. The following participant quotes demonstrate this finding:

“She started kissing me, I kissed her back. We had sex, it was consensual”.

“These were consensual relationships with boys my own age and some older. Loving, caring relationships with boys the same age”.

“It didn’t happen. They [victims] are disturbed individuals, junkies wanting compensation. Its’ not their [victims] fault, it’s the police’s fault the victim’s were lured by compensation”.

“My ex-wife, sister and step-daughter set me up because I was bringing drugs into the family”.

An interesting finding concerned participant’s feelings of ‘disbelief’ about being found guilty. Like denial, the nature of disbelief was dimensional and ranged from absolute shock to “I don’t think I did it”. Some participants faltered between disbelief and self-doubt leaving them in an ambivalent state of mind. This finding confirms the relevance of person factors (i.e. cognitive strategies, beliefs and emotions) that influence an individual’s readiness for treatment (McMurran and Ward, 2010). The following quote summarises this finding:
“At first I saw myself as a sex offender, I couldn’t see why she [victim] would be lying [about being raped]. But then I started to ask questions, like, why would she talk to me if I did it? I’m 50:50 something has happened...”

**THEME AREA TWO: “Protecting Personal Identity & Public Identity”**

Participants appeared to be trying to manage other’s perceptions of them (public identity) by stating that they were ‘not like others’ (private/personal identity). One participant spoke about he was “running an underground campaign exposing paedophiles... I was trying to trap him for what he was doing...” Participants felt a ‘need to prove non-sex offender’ status and did this by emphasising their appellant status. Appellant status also seemed to allow for a disconnection from others by providing an ‘untouchable’ public identity that would in turn protect the individual’s personal identity.

These findings have clear implications for treatment engagement and responsivity. If detachment is a preferred interpersonal approach more generally speaking, and perhaps indicative of childhood attachment difficulties, engaging with a treatment is likely to be particularly difficult for these individuals. Beyko and Wong (2005) identified poor working alliances (relationships) in sexual offenders who engaged in treatment but denied their offending. These findings highlight potential ‘barriers to treatment’ that may require specific treatment interventions. The environmental and personal factors that McMurran and Ward (2011) talk about in relation to treatment readiness and attachment theory might be useful reference points for treatment providers.

Participants also highlighted their concerns about being ‘branded a sexual offender’ because of feared negative repercussions within the prison setting. It appeared that appellant status helped some participants ‘survive’ in prison. It seems feasible to consider that an individual’s

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9 Participants did not have a conscious awareness of the process of managing their public identity to protect their private identity.
public identity could seem particularly magnified within the confines of a prison. This connects with the finding that participants were more willingness to take part in a treatment programme in the community (see theme area ‘Problematic Perceptions of Programmes) and has implications for potential ‘barriers to treatment’. Theoretically this finding provides support for the adaptational model of denial that stresses the significant perceived costs of ‘admitting’ within adversarial settings (Rogers and Dickey, 1991; Lord and Willmot, 2004). It also provides support to Lord and Willmot’s finding (2004) that ‘not wanting to seem nasty’ is a factor that can sustain denial as because it could threaten the individual’s self-esteem.

Overall, these findings highlight the importance of identity structures for this particular population which has implications for treatment. Early personality theorists referred to the individual’s need to achieve a consistent unified public and private self (Maslow, 1970). Mead (1934) advocated that social (or ‘public’) aspects of the self are particularly important because an individual develops him/herself according to the images reflected back to them by others. This has been referred to as the ‘looking glass concept’ and has been more recently applied to understanding desistance from crime and the detrimental effects of labelling (Maruna et al., 2004). Braithwaite (1989) suggests that when society’s reaction to offenders is to stigmatise, segregate and exclude, such individuals are left with limited opportunity for affiliation in the mainstream which might explain persistent offending. Makkai and Braithwaite (1993) state that social praise or ‘social certification’ influences an individual’s thoughts by allowing them to nurture a law-abiding identity and self-belief. The following participant quotes evidence this theme area:

“I don’t want to be branded a beast”
“I don’t want to be treated like a sex offender when I’m not”
“...guys get abuse for it [attending Sex Offender programme) from others, I didn’t want that for me, I was scared what would happen”
“People [doing a sex offender programme] get slagged off in the halls. There is a bullying culture...”
“I know others don’t take part because of monsters that are on it”
THEME AREA THREE: “Problematic Perceptions of Programmes”

Participants had strong opinions about programmes. Some felt that they were ‘not allowed to take part’ in programmes because of their appellant status and were open to the idea of taking part in a programme for those who did not accept their sexual conviction(s) (see theme area ‘Motivation to Engage is Multifarious’ for more detail). The following quotes demonstrate this part of the theme area:

“I would be happy to do [programme] if I was allowed”

“I’m never suitable because I am innocent”

“I’m always appealing, so they never ask me to do programmes”

“There are no programmes for those who think they are innocent”

Participants also referred to particular aspects of taking part in programmes that they would find difficult. The first was about ‘feeling forced’ to take part reflecting concerns about whether programme participation was truly voluntary. The literature stresses the importance of self-rule and a sense of control in the change process in offenders (McMurran and Ward, 2010). One recommended strategy is to collaboratively review the offender’s personal concerns and goals such that “Treatment then becomes something they [offenders] agree to participate in rather than something that happens to them” (McMurran and Ward, 2010: 82). Motivational Interviewing would appear to be a relevant way forward with regard to this finding.

The other themes comprising this theme area (‘Don’t want to share, don’t want to hear’ and ‘Lack of confidentiality’) reflect participant’s concerns about a lack of trust in programme group members to keep group content confidential and difficulties in hearing other’s offence information. This lack of trust extended to staff involved in programmes and the majority of participants questioned the effectiveness of programmes with many simply stating that

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10 Motivational Interviewing centres on enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002).
‘programmes don’t work’. Finally, participants expressed fears about ‘opening up’. One participant said “I’ve heard that some of the questions asked during group, they are too personal, for example how many times do you masturbate?”

Most offenders have concerns about taking part in psychological interventions especially within a prison setting (Miller, Brown and Sees, 2006) although feelings of ‘not being allowed’ to take part may be particularly relevant to sexual offenders who deny their offences. As McMurran and Ward (2010) emphasise self-rule is a key factor in engagement. In addition, prison programmes which operate inclusion criteria around offence admittance (and therefore exclusion around offence denial) might be experienced by the offender as similar to other forms of societal or custodial segregation. Linking in with the ‘looking glass’ concept and identity formation, it follows that an individual who is excluded from a programme might interpret this as ‘not being allowed’ in order to protect an already fragile private and public identity. It seems likely that this process could provide a mechanism for further interpersonal detachment. Braithwaite (1989) has hypothesised that limited opportunity for social affiliation could explain persistent offending.

It could also be seen that engaging in programmes which centre on exploring an individual’s inner self would threaten private and therefore public identity that had been previously built using ‘protective’ concepts of innocence and appellant status. There is a strong connection with the theme area ‘Protecting Private and Public Identity’. Given this perceived high ‘cost’ of engaging in programmes, the relevance of ‘contextual’ factors in determining ‘treatment readiness’ (McMurran and Ward, 2010) is clear. It may be that modifying aspects of the environment, by promoting a therapeutic culture for example, could help this group of offenders to become ready for treatment. Lord and Willmot (2004) found that sexual offenders who admitted their crimes after being in denial needed ‘access to ex-denier role models’, ‘a climate of trust’, ‘encouragement to confront offending behaviour’, ‘reduction of fear of negative outcomes’ and ‘positive reinforcement from peer group’. The following participant quotes evidence this theme:
THEME AREA FOUR: “Influence of Peers? Not me”

Participants acknowledged that peers influenced one another, in particular noting that “sex offender status facilitates peer problems”, that “sex offender hierarchy is influential” and that the “weak are effected [the] most”. These findings suggest that peer influences are seen as predominately negative. Lord and Willmot (2004) identified that positive peer influences were possible noting that access to ex-denier role models and positive reinforcement from peer groups (offenders and staff members) helped sexual offenders talk about their sexual convictions. Interestingly, all participants reported that “peers do influence, just not me” indicating limited insight into the effect of peers at an individual level. The absence of insight into peer influences at an individual level could be seen to reflect poor insight generally and
could represent an offence paralleling behaviour\textsuperscript{11} (Jones, 2004). This means that thoughts and behaviours linked to negative peer influences, at the time of offending, are being ‘replayed’ within the prison context. If viewed in this way, this finding has implications for treatment as it could represent a criminogenic need for some individuals. The following quotes demonstrate this theme area:

\begin{quote}
“Rapists go against paedophiles and vice versa”

“Most [sex offenders] who have admitted their guilt- they get annoyed if you say you’re innocent”

“I hear CORE is bad, but I don’t listen to them”

“The general idea is that people think it [programmes] don’t work…”

“They have not influenced me at all”

“Sometimes the stronger element can affect the mood in the hall, but they haven’t affected me. I have a strong personality anyway.”
\end{quote}

THEME AREA FIVE: \textit{“Motivation to engage is multifarious”}

Participants reported a number of motivations to engage and spoke about what they would be ‘comfortable’ addressing within offender behaviour programmes. Some referred to being willing to focus on life problems and circumstances leading up to their conviction so that they could understand themselves better and prevent further reconviction. Others stated that they were willing to take part in a community based programme for ‘deniers’ or in a programme that could ensure confidentiality. Others spoke about being motivated to take part in 1:1 treatment or modules of a programme that they felt applied to them. Encouragingly participant’s observations reflect current thinking about what works in the treatment of sexual

\Footnote{11}{Offence Paralleling Behaviour is defined as “any form of offence related behavioural (or fantasised behaviour) pattern that emerges at any point before or after an offence... it simply needs to resemble, in some significant respect, the sequences of behaviours leading up to the offence” (Jones, 2004: 38).}
offenders in denial (e.g. targeting dynamic risk factors rather than denial, tailoring treatment to ensure treatment readiness, offering prison day release for community based treatment, McMurran and Ward, 2010).

Some participants reported that they were instrumentally driven and viewed themselves as ‘just doing time’. This theme reflects disconnection from others and is likely to relate to the desire to sustain a favourable public, and therefore personal identity. Other participants referred to keeping their ‘head’s down’ and ‘jumping through hoops’. A minority of participants could not identify factors motivating them to engage showing a strong detachment and disconnection from people and systems. Overall findings support the idea that denial comes in different forms (Marshall et al., 2001) and that it is a responsivity factor (Yates, 2009). A detailed assessment of the nature and function of denial would help to ensure the best match of treatment in relation to needs, risks and responsivity levels. The following quotations show this theme area:

“If you could isolate factors, if you could do a component of the programme, I’d consider it”.

“Coping strategies would be meaningful to me. You [SPS] have to work with the fact that I’m saying that I didn’t do it”.

“I can see the benefit of courses. I got something from the relationship skills one”.

“I’d look at what led me to getting convicted. I might gain something from it- the error of my ways to lead me being accused”.

“...I’m open to a programme for those who think they are innocent”.

“I’d take part in something about the things that were going on in my life, rather than the actual behaviour [offence] as it didn’t happen”.

“Maybe 1:1 will give me a better understanding, maybe 1:1 would be better”.

“[I’d do the programme] if questions were not as personal...if young ladies were not asking the questions. I was no brought up that way”.
THEME AREA SIX: **“Ambivalence about progression”**

Participants were able to talk about the goals that they had for a ‘good’, pro-social life but these were mainly undeveloped and ambivalent in nature. This finding provides evidence for the relevance of using principles of the Good Lives model (Ward and Gannon, 2006) as a means for facilitating engagement. This could take the form of a programme but could be incorporated within the daily working ethos of staff working with sexual offenders in denial (McMurran & Ward, 2010). The ambivalence around the relationship between parole and progression also represents an avenue for engagement in the form of programme information sessions for prisoner and staff members alike.

As expected, most participants had “limited insight into re-offending risk” and as such felt that “practical support was most important for release”. Many would agree that practical support is an important consideration especially because of challenges that face sexual offenders in the community as a result of social condemnation (Rogers and Dickey, 1991). However, participant’s emphasis on external factors/practical support could also indicate problematic self-insight and the cognitive behavioural treatment approach underpinning offender behaviour programmes encourages focus on the offender's inner capacity (thoughts and feelings) to respond and manage (behaviours) life challenges (Schneider and Wright, 2004). Overall, the emphasis that participants gave to their need for practical support represents an avenue for engagement, especially with those who are assessed as deeply detached from others. The following quotations demonstrate this theme area:
“I want to settle down with my girlfriend and have kids”

“My girlfriend will make sure I don’t [re-offend]”

“I want someone to trust, a friend, to end the loneliness”

“I will never look after young girls again, I am not allowed”

“I don’t think I will commit another sexual offence because I’ve lost too much already”

“I’m in a wheelchair now, I won’t be offending again”

“The thought of coming back to jail is enough to stop me”

“I need help with money, getting my disability benefits back”

“I have plans to get a house, but that will be stressful, so help with that…”

“…basic living skills like budgeting etc, not for me, for others with long sentences”

“I’ll need help from social work to find somewhere to live and to settle back in. I’ll be feeling paranoid, what will people think of me?”

“I know how to lead a good life. I haven’t offended. But I think I will find it difficult that I’m going to have to watch my back”.

“No-one gets out from here [Dumfries]. Five people in the last ten years have gotten parole. A member of staff said to me ‘if people get parole from here, I’m not doing my job well’”
Staff Interviews (n=8)

Staff interviews were analysed using the same procedures (see table 1 in the method section) and key findings are summarised in table 3:

Table 3: Summary of themes from staff interviews

<table>
<thead>
<tr>
<th>Theme area</th>
<th>Theme names</th>
<th>Brief description</th>
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<tbody>
<tr>
<td>A Denial is Complex</td>
<td>“Denial has different stages”</td>
<td>Staff recognised the different functions of denial and its disparate manifestations. They highlighted the difficulties for sexual offenders leaving denial within a prison setting.</td>
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<tr>
<td></td>
<td>“Denial is protective”</td>
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<td></td>
<td>“Shame and guilt in admitting”</td>
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<td></td>
<td>“Sexual offender hierarchy”</td>
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<td>B. Deniers have Negative Attitudes about Programmes</td>
<td>“Ignorance is bliss”</td>
<td>Participants were of the view that the majority of sexual offenders in denial had negative attitudes about programmes often on the basis of fears and concerns (e.g. about confidentiality and prison pecking order) and that denial could seem like a better option.</td>
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<tr>
<td></td>
<td>“Fears about listening to others”</td>
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<td></td>
<td>“Cost of engaging is too high”</td>
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<td></td>
<td>“Fears about confidentiality”</td>
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<td></td>
<td>“Lack of trust”</td>
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<td></td>
<td>“Fears about admitting”</td>
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<tr>
<td>C. Hope for Programme Development</td>
<td>“Good lives alternative to risk focus”</td>
<td>Staff recognised that current programme provision was not sufficient and expressed hope for programme development using principles from the Good Lives model and awareness of responsivity issues. They also highlighted the need to educate everybody about programmes.</td>
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<tr>
<td></td>
<td>“Need for more responsivity”</td>
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<td></td>
<td>“Why focus on denial anyway?”</td>
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<td>“Pre-release package working well”</td>
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<td></td>
<td>“We’re not doing enough”</td>
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<td></td>
<td>“Need to educate about programmes”</td>
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<td>D. Peers Influence can be Negative</td>
<td>“Hall talk increases anxiety”</td>
<td>Participants were consistent in thinking that sexual offenders in denial were likely to have a negative influence on one another. A solution for some staff was to integrate ‘deniers’ and ‘admitters’ so obtain positive peer influences and reinforcement.</td>
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<tr>
<td></td>
<td>“Fear of each other”</td>
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<td></td>
<td>“Should mix deniers and admitters”</td>
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<td></td>
<td>“Deniers together doesn’t help”</td>
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<tr>
<td>E. Non-Compliers are Difficult</td>
<td>“Let them be”</td>
<td>All staff recognised that managing non-engaging sexual offenders was difficult. As a result some staff viewed that nothing would motivate sexual offenders. These staff members also viewed benefit in keeping ‘deniers’ and ‘admitters’ in separate locations.</td>
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<tr>
<td></td>
<td>“It’s all about management”</td>
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<td></td>
<td>“Nothing will motivate them”</td>
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<td></td>
<td>“Them &amp; us”</td>
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<tr>
<td></td>
<td>“Keep deniers separate ”</td>
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THEME AREA A: “Denial is complex”

In keeping with the literature, most staff participants recognised the complexity of denial, especially with regard to the function that it served within the prison context (Marshall et al., 1999; Rogers and Dickey, 1991). Participants also recognised that admitting a sexual offence might pose a significant threat to the individual’s core beliefs/values (Lord and Willmot, 2004). The following participant quotations demonstrate this theme area:

“It can take a long time [to move out from denial], it’s a protective thing… may get to a point they can talk about it but it can take time. It’s like bereavement”.

“It’s difficult because it’s an emotional subject, difficult to accept, particularly to tell families, a difficult hill to climb, the transition is very difficult”

“Standing within prison is significantly reduced by sexual conviction being on their records [offenders with histories of non-sexual convictions and sexual convictions]”

“There is a hierarchy in sexual offenders, some won’t accept listening to paedophiles”

“Shame and guilt over what they have done, they have to accept this if they admit…”

THEME AREA B: “Denier’s have negative attitudes towards programmes”

Staff reported that underpinning sexual offender’s negative attitudes towards programmes were fears about admitting (which could pose a threat to self), the potential detrimental effects of engaging/admitting (e.g. lower hierarchy in prison, loss of family support) and concerns about confidentiality being breached within the prison setting. One participant noted that “there is a hierarchy among sexual offenders; some won’t accept listening to paedophiles” and participants perceived that hierarchy facilitated avoidance. Participants also highlighted that sexual offenders in denial tended to focus on ‘external factors’ which helped to explain their negative stance towards programmes (as programme engagement involves internal enquiry).
These findings are consistent with those from the prisoner interviews signifying a shared understanding and therefore a potential starting point for facilitating engagement. As noted previously, most of the concerns that the prisoner sample had about programmes are common to most offenders (Miller et al., 2006) and therefore represent common barriers to treatment for which there are a number of well evidenced strategies (McMurran and Ward, 2010). The following quotes demonstrate aspects of this theme area:

“They [offenders] don’t want to take part in programmes to protect their own self from having to look at what they have done and admit what they have done to hurt others”

“If they [offenders] admit, they have too much to lose, e.g. family”

“They [offenders] have a fear of confidentiality being breached by other group members... things can spread around the hall”

“The legal system ‘let them down’ [from the offender’s perspective]. SPS is then another system letting them down. They think staff are going to manipulate everything just like the Courts...”

“[willing to engage in] housing, life management, jobs, getting registered but have high expectations when get out, think no problems whatsoever”

THEME AREA C: “Hope for programme development”

The majority of staff participants referred to the need to develop a programme for sexual offenders in denial. They saw benefit in providing everybody (staff and prisoners) with more information about programmes. One participant suggested running sessions with programme graduates: “have people who have gone through the programme to talk to others to share good experiences”. Some participants highlighted the need to move programmes beyond the confines of the classroom so that prison officers were better informed and therefore in a position to offer support. Interestingly one staff member talked about how programmes should definitely result in progression saying “they [offenders] should be able to progress if
they do programmes”. This further demonstrates prisoner participant’s uncertainty about the relationship between programmes, progression and parole and compounds the need for widespread education about programmes, what they comprise and what they can achieve.

In keeping with the psychological literature (McMurran and Ward, 2010; Mann and Thornton, 1998), participants were able to identify elements of treatment that might work for sexual offenders in denial (e.g. pre-programme acclimatisation sessions, motivational work, incorporating ‘good lives’ principles). Participants also emphasised other factors that might impinge on treatment responsivity such as intelligence levels. Another participant said “we need to encourage them [offenders] to re-connect....” which links in with findings from prisoner interviews about the relevance of interpersonal attachment styles and the factors behind detachment. Another participant suggested that prison officers could also work in the community as a “working relationships have already been built up and this would help deal with trust issues”. This level of awareness among staff about treatment options was accompanied by a sense of hope for future programme development. The following quotes provide evidence for this theme:
“A lot of guys would consider a ‘deniers’ programme and sometimes I think does it matter so much if they admit...there are other ways of doing it, if not willing to admit responsibility then take them up to the place where things started to go wrong”.

“There is a need for more programmes for a wider range of IQs, thinking about things like problem solving, impulsivity for the ones that can’t think of alternatives, can’t perspective take… they don’t meet the criteria for Constructs”

“Pre-release programmes...setting social work/police expectations... that is relevant to them”.

“Programmes need to be followed up on the gallery, not just the programme report and ‘thanks very much’. Maybe a module on what they have been going through so PO’s could support them – implementation.”

“We tried motivational techniques but we didn’t have support mechanisms in place... I think a motivational package would work but with specialised people running it”.

“Have a longer period of getting used to the group format and enhance internal motivation”.

“Good lives would be more palatable as there is greater emphasis on having a good life rather than being offence focussed”.
THEME AREA D: “Peer influences can be negative”

The majority of participants recognised that peer influences could negatively impact on engagement levels of sexual offenders in denial, especially with regard to programme participation. Conversely, staff also recognised the potential of positive peer influence. This finding is consistent with prisoner interviews and is keeping with the research literature that stresses the significance of peer encouragement and positive role modelling (e.g. Lord and Willmot, 2004). Staff participants, particularly at HMP Dumfries were strongly of the view that segregating denying sexual offenders was not helpful although they recognised the need to evidence their viewpoint through research. The following participant quotations describe this theme area:

“The slight glimmer of hope…of taking part in programmes is lost [at HMP Dumfries]. Peers say ‘don’t take part in programmes, it’s an admission of guilt’ and ‘don’t talk to Social Workers they are the worst’.”

“Deniers together take focus off the offence, end up clogging up the complaints system, as long as it is nothing to do with the offence. As a group [at HMP Dumfries] they are less likely to engage than if they were amongst others in various stages of denial”.

“[peer influence on deniers] is a woolly area. It would be interesting to follow up people who leave Dumfries…”

“People should be moved around, mixing the population, not letting a certain group settle in a position to influence. If you do let them settle then it’s got to be in a an environment where they are addressing their behaviour”.

“Some people that have completed the groups will go out and tell others how good the programme can be”.
THEME AREA E: “Non-compliers are difficult”

Most staff acknowledged that managing sexual offenders who did not want to engage with some or all aspects of their sentence management was challenging. Staff presented solutions to this difficulty, as they saw it. For some participants this took the form of programme development (see above theme area “Hope for Programme Development”). Others were of the view that there was very little that would motivate denying sexual offenders and that emphasis should be given to management rather than engagement. In this vein, one participant supported the ‘splitting’ of deniers and admitters. Analysis of prisoner interviews suggests that this offender group actually have multifarious motivations and this finding is supported by previous research (Marshall et al., 2001). Also there is little support for the separation of offenders on the basis of admittance and denial because this strategy is perceived as likely to intensify denial (Lord and Wilmot, 2004). The following quotations demonstrate this theme area:

“…It’s just about management then, MAPPA, SOPO’s…”

“Nothing will motivate them because they are adamant they are innocent”

“...very little motivating them [offenders] because their denial is so strong. Lack of progression doesn’t motivate them; it’s very difficult to get through [to them]”.

“They [sexual offenders] would engage in a programme that doesn’t discuss their crimes. But if they didn’t think they had any needs, then what would the programme consist of? What could he learn if he doesn’t think he did anything wrong?”

“If they [sexual offenders] don’t want to do the programmes, they should go to Dumfries so that they don’t take a place of others who would do the programme”

“...better to keep them away from those who are motivated”
Conclusions

Implications of findings

At the current time, there is insufficient research evidence to categorically state that denial either is or is not a risk factor for future offending. In addition, the significance of denial as a treatment target is currently unclear and its impact on treatment outcome inconclusive. What is apparent is that recidivism rates in treated sexual offenders are significantly lower than in comparison groups. Therefore the lack of custodial treatment for sexual offenders who deny their offences, that could possibly reduce recidivism, based on a factor (denial) that may or may not be related to risk, is questionable. Current findings suggest that programme exclusion on the basis of offence denial is interpreted by the individual as ‘not being allowed’. This meaning making of being excluded, possibly representing a repeat occurrence of social exclusion, has the capacity to heighten tendencies to detach from others, further exacerbating custodial disengagement. This in turn has implications for risk of re-offending and risk management.

Results support the idea that offence denial is dynamic, that it can exist for various reasons and that it can manifest disparately. Findings are encouraging in that prisoner interviewees reported various factors that would promote engagement in treatment. Many were motivated to take part in a programme that did not focus on offence admission but rather dynamic risk factors (i.e. the circumstances and behaviours that led to their imprisonment). There is research evidence to support this approach (e.g. Serran and O’Brien, 2007). Current findings suggest that focus on the following areas might be meaningful to consider: self-esteem, substance misuse, emotional regulation, intimate relationships, coping strategies, victim harm (but not in relation to the index offence) and relapse prevention (i.e. devising a plan to avoid being in a similar position where they could be successfully accused of a sexual offence). Interestingly, Marshall et al. (2001) note that the offence chains and associated relapse prevention plans generated by sexual offenders who deny are generally “as good as the best of those generated by admitters” (p.211).
Participants expressed concerns about external factors such as employment and housing upon release from prison. This appears to be an avenue for engagement and creating a working/therapeutic alliance. Building upon this, the Good Lives Model Comprehensive (GLM-C, Ward, Mann and Gannon, 2007) may be a particularly effective way to ensure intervention responsiveness in this offender group. Ward and colleagues (2007) stress that “motivating offenders and creating a sound therapeutic alliance are pivotal components of effective treatment and should not be viewed as of lesser importance than the application of treatment strategies and techniques” (p.94). The authors describe four main treatment areas: risks, needs, responsivity and priorities; highlighting that it is essential to assess a client’s own goals, life priorities and aims for the intervention.

Findings confirm that denial is often an ambivalent mental state that is likely to respond to ‘motivational interviewing’ (Mann and Rollnick, 1996). However, as well as giving focus to factors such as internal motivation, interpersonal and environmental factors are equally important. Findings suggest that specific attention needs to be given to the impact of the prison environment on the individual’s perceived need to protect their private and public identity. Denial and appellant status are perceived as effective strategies to manage difficult circumstances within prison (Rogers and Dickey, 1991) because they facilitate interpersonal detachment. This may well be a significant barrier to treatment but there are clear solutions include creating an environment that has therapeutic features (e.g. positive regard, empathy, encouragement, atmosphere of safety, collaboration), communication of accurate information about programmes and positive peer reinforcement. Given the ‘protective’ capacity of denial for some, confrontational techniques (e.g. ‘break down’ or ‘break through’, Northey, 1999) are unlikely to work and would be considered by some as unethical.

Finally, findings suggest that attachment theory may be a useful way to conceptualise the treatment needs of sexual offenders who have expressed an unwillingness to engage. In determining the functional qualities of denial, analysis has revealed the significance of interpersonal detachment. This may be as a result of the challenging prison environment and/or reflective of childhood attachment difficulties now evident in adulthood.
Research limitations

Whilst providing a useful insight into the subject area, qualitative research findings are inherently limited because they cannot be generalised. Of particular prominence in this study are possible participant selection biases. In HMP Edinburgh prisoners self-selected, whereas in HMP Dumfries prison staff selected potential participants. Those prisoners who did not get chosen by staff or were unwilling to take part may have had different perceptions and experiences.

Future research

Possibilities for further research include an outcome study, using reconvictions, adjudications and parole decisions to examine differences between those offenders who engage in programmes and those who do not. This study could provide further rationale and therefore justification for prison programme development for sexual offenders in denial. Building upon the current findings, another research option is a focus group study with sexual offenders who were previously in denial of their offence to explore their rationale for leaving denial. This study could help to further inform treatment development.
References


Appendix

Appendix i: Interview Schedule

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<th>INTERVIEW SCHEDULE</th>
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<tbody>
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<td>1. Can you tell me about your current conviction? (Interviewer guidance: How does the participant explain his sexual offending behaviour? Consider the participant’s level of insight, level of minimisation/denial, i.e. does he deny all or some aspects of his conviction? Does he accept his behaviour but does not perceive it as ‘wrong’)?</td>
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<td>2. Have you always had this understanding of your offending behaviour? (Interviewer guidance- consider the impact that a custodial sentence may have had on self-reflection and awareness of sexual offending behaviour).</td>
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<td>3. Why do you choose not to take part in a sex offending behaviour programme? (Participant prompts – do you have anything motivating you to take part? Do you feel ready? Do you understand why you do not want to take part?)</td>
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<td>4. What are your thoughts about ‘peer influence’ being related to not wanting to take part in sex offender treatment? (Interviewer guidance - Does keeping sexual offenders who will not engage (“refuseniks”) in one location reinforce negative attitudes?)</td>
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<td>5. What factors, if any, would promote motivation and engagement with interventions?</td>
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<td>6. What do you perceive your ‘needs’ are now?</td>
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<td>7. Do you expect your offending behaviour to change in the future? (Prompts- do you think you will stop, continue, or that your offending will become more of a problem? Do you think you will re-offend?); (Interviewer guidance think about this question in terms of insight into criminogenic need &amp; riskiness).</td>
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<tr>
<td>8. Do you have any personal goals to desist from future offending? (Interviewer guidance, those offenders in absolute denial may not be able to answer this question, therefore omit if necessary).</td>
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<tr>
<td>9. With what, if anything, would you be prepared to engage with to address self-reported needs?</td>
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<tr>
<td>10. What are your expectations in terms of progressing through your sentence?</td>
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<tr>
<td>11. What, if anything, can SPS and/or partner agencies in the community do to support you with pro-social reintegration on release?</td>
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</tbody>
</table>
Would you like to have your say?

The Scottish Prison Service has asked for a study to explore why some prisoners who have convictions for sexual offences do not want to take part in treatment.

Have you declined to take part in treatment for your sexual conviction(s)?

Would you like to share your reasons and voice your opinion?

You are invited to take part in an interview that will last about 45 minutes. You will be asked some questions by an interviewer and asked to fill in a quick questionnaire. YOUR RESPONSES WILL BE KEPT ANONYMOUS so that no-one could identify you from the research findings.

Please let hall staff know if you are willing to take part in an interview. You will then be contacted with a date and time.