

**The Context And Practice Of Community
Treatment Programmes For Child
Sexual Abusers In England And Wales**

PhD In Social Policy

Julia C. Davidson

2/2002

**The London School Of Economics
And Political Science**

UMI Number: U615233

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI U615233

Published by ProQuest LLC 2014. Copyright in the Dissertation held by the Author.
Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against
unauthorized copying under Title 17, United States Code.



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346



THESES

F

8022/1

946038

Acknowledgment

To Glenn, Rhys and my parents for their love and support. To Maggie and Rachael for listening endlessly. To my Supervisor Professor David Downes for his expert guidance and enduring encouragement. To my feline family for their companionship during the lonely writing hours.

To the respondents who gave of their time and revealed the most painful and intimate details of their lives. To the victims of child sexual abuse.

Abstract

This research has sought to explore the theoretical context of community treatment programmes for those convicted of sexual offences against children in the United Kingdom. The aim was also to explore the application of this theoretical framework to one such programme run by a probation service. The research was longitudinal employing a combination of methodological techniques. Psychometric testing and Ninety seven depth interviews were employed with a small group of offenders over a period of four years in order to explore the impact of the programme. Offender accounts of offence circumstance were compared to victim statements and other records; semi-structured interviews were undertaken with practitioners. A review of the literature regarding the historical and legislative context of work with child sexual abusers and the validity of the theoretical framework guiding cognitive behavioural work was undertaken.

The research largely supports the theoretical basis of such work. The findings suggest that child sexual abusers; have a tendency to attribute blame to offence circumstances and victims; probably have enduring low self esteem from childhood; tend to be socially isolated both in childhood and in adulthood, and are often ostracised by family and friends as a consequence of their offending; experience problematic relations with others from an early age; are likely to be emotionally, physically or sexually abused as children. The treatment programme was successful in addressing blame attribution, there was greater congruence between victim and offender accounts of offence circumstance at the end of the research.

Government legislation for this offender group has become increasingly punitive, seeking simultaneously to monitor and control, with no provision for therapeutic work on termination of a probation order or custodial sentence.

90,964 words

Table Of Contents

	Page Number
Introduction	8 - 10
Research Aims	11 - 12
Section One: Literature Review & Context Of Offender Treatment	13 - 116
Chapter One: Definition And Theoretical Context	13 - 71
Introduction	13 - 15
Child Sexual Abuse: Towards A Definition	15 - 27
The Extent Of Child Sexual Abuse and the sentencing of Offenders	27 - 39
Offender Characteristics	39 - 49
Theorising Child Sexual Abuse	50 - 71
Summary	71
Chapter Two: The Historical And Legislative Context of Treatment Programmes For Child Sexual Abusers In England & Wales	72 - 97
Introduction: The Social Context Of Child Sexual Abuse	72 - 82
The Legislative Context: Punishing The Abusers	72 - 88
Criminal Justice Provision : Treating The Abusers	88 - 96
Summary	96 - 97
Chapter Three: The Probation Treatment Programme : Context And Process	98 - 106
Introduction	98 - 99
Local Policy Context	99 - 100
The Treatment Programme	101 - 103
Summary	113 - 114
Literature Review And Context Of Offender Treatment: Summary	115 - 116

Section Two: Research Design And Methodology	117 - 167
Chapter Four Research Aims And Introduction To methodology	117 - 119
Combining Methodologies	119 - 125
Research Process And Techniques	125 - 161
Ethical Considerations	162 - 167
 Section Three: Findings	 168 - 380
 Chapter Five: Findings From Interviews One And Two And Analysis Of Victim Statements(exploring the theoretical basis of the treatment programme)	 168 - 274
Introduction	168 - 170
Respondent Characteristics	170 - 171
Interview One Findings	171 - 232
Interview One: Summary Of Key Findings	233 - 235
 Interview Two Findings	 236 - 269
Interview Two: Summary Of Key Findings	270 - 274
 Chapter Six: Interviews Three To Five, Analysis Of Victim Statements, Psychometric Testing And Offender Survey	 275 - 334
Introduction	275
Interview Three Findings	275 - 289
Interview Three: Summary Of Key Findings	290 - 292
 Interviews Four And Five, Psychometric Testing:	 293 - 326
Introduction	293
Interview Findings	294 - 312
Blame Attribution: Findings From Psychometric testing	312 - 318
Self Esteem, Social isolation And Adult Relationships	319 - 321
Self Esteem: Findings From psychometric Testing	321 - 324

Respondents Health	324 - 326
Reconviction Rates & Risk Of Reoffending	326 - 334
Summary Of Key Findings	334 - 370
Blame Attribution, Self Esteem, Health & Relationships: The Therapeutic Context And Implications For Treatment	370 – 379
Findings: Concluding Remarks	379 - 380
 Overview And Conclusion	 381 - 406
 Bibliography	
Appendices	
 List Of Tables 1 - 12	
1. Blame Attribution Inventory: Comparison Of Mean Scores	314
2. Blame Attribution Inventory: Scores Of Reconvicted Respondent	316
3. The Great Ormond Street Self Image Profile: Group Mean Scores	321
4. The Great Ormond Street Self Image Profile: Group Mean Scores Excluding Extreme Values	322
5. The Great Ormond Street Self Image Profile: Extreme Values	322
6. Type Of Sentence By Offence And Offender Characteristics	339
7. Respondents Experiences Of The Group	344
8. Blame Attribution: Interview One To Final Interview	349
9. Social Isolation: Respondent Self Report – Interviews One To Five	356
9a. Social Isolation: Comparison To Other Key Characteristics	358
10. Adult Relationships: Respondent Self Report	361
11. Early Lives: Respondent Self Report	363
11a. Respondents Early Relationships With Parents And Adult Relationships	365
12. Respondents Health: Respondent Self Report	366

Additional Tables

Table B Notifiable sexual offences recorded by the police 1995-2000	27
Table C Convictions or cautions in England and Wales for the largest Category of sexual offences against children, 1985-1995	28
Table D Percentage use of immediate custody for males aged 21 and over Sentenced (indictable offences) at the crown court by offence group	30
Table E Average sentence length of males aged 21 and over sentenced for Indictable offences at crown court by offence group, 1994 – 1999	30
Table F Proportionate use of immediate custody and average sentence length For persons tried and/or sentenced at crown court for indictable Offences by plea	31
Table G Sex offenders sentenced by type of sentence or order, England & Wales 1999	31
Table H Offenders convicted of sexual and violent offences by sentence disposal, England & Wales 1999	32

List Of Appendices

One	Offender Questionnaire
Two	Database Correspondence
Three	Offender Interview Guide
Four	Interview Consent Form
Five	Sample Of Interview Transcripts
Six	Great Ormond Street Self Image Profile and scoring sheet
Seven	Blame Attribution Inventory and scoring sheet
Eight	Attitude tests rough calculations
Nine	Reconviction Data Correspondence

Introduction

Introduction And Overview

This thesis focuses upon the theoretical context of a key mode of treatment for those convicted of sexual crimes against children in England and Wales, focusing specifically upon the cognitive behavioural approach.

The term 'cognitive behavioural' has been used in a broad sense to refer to a treatment approach which has been used by the Probation and prison Service. This approach to work with sex offenders, has largely developed from the work of American psychologist David Finkelhor(1983). Themes include: blame attribution; Self-esteem; social skills training; victim awareness and empathy and the cycle of abuse.

The impact of one such community-based programme(2 groups of men) was explored over a period of four years. A combination of depth interviewing and psychometric testing were employed with treatment participants; semi-structured interviews were conducted with practitioners; victim statements were content analysed and compared to offender accounts of offence circumstance.

The findings from this element of the research are clearly limited as they relate to a small group of offenders whose experiences may not be typical of others. It was originally intended that a group entering custody and not receiving such treatment, be followed over time and a comparison made. Tracking and interviewing a small group of geographically dispersed offenders would have

proven time consuming and costly.

The project funders were unwilling to support this aspect of the work. In order to provide some point of comparison a large probation service, known to operate a similar treatment programme, was approached. The suggestion here was to include similar offenders subject to the programme and track them in the same way, in an effort to boost the group size. The senior management of the service was willing to participate but the research was not supported by practitioners who wished to undertake the research.

This research therefore focuses upon the group treatment practice of one probation service over a period of four years. This is set within the context of the historical and legislative context of treatment for child sexual abusers in England and Wales. The findings are validated with reference to existing research in this area and specifically with reference to evaluative work conducted on behalf of the Home Office by Beckett et al(1994). This research sought to assess the effectiveness of a number of community based treatment programmes for sex offenders, many of who had committed sexual offences against children .

The longitudinal nature of the research and depth of information gained from participants, may also serve to validate the findings(Patton,1997)

It is the contention here that at present, the practice employed in such treatment programmes is increasingly supported by research evidence from both North America, Canada and Europe.

Many researchers in this area have faced similar difficulties to those experienced in the conduct of this research. Resources are frequently limited , samples are small and non-random, it is often difficult to construct a comparison group and unethical to construct a control group.

Evaluative research addressing the efficacy of programmes in England and Wales has largely been conducted on an ad hoc basis by practitioners and, with the exception of the Home Office study, has been under resourced.

This thesis seeks to add to the growing body of literature in the area of sexual offending against children. Exploring the theoretical, historical and legislative context of abuse. An evaluation of the practice of one probation based programme employing the cognitive behavioural approach was made over a four-year period, in order both to explore the efficacy of the approach in practice and to test the theoretical assumption underpinning such work.

Research Aims

The research aimed to explore the theoretical context of community treatment programmes, adopting the cognitive behavioural approach, for those convicted of sexual offences against children in England and Wales. The aim was also to explore the application of this theoretical framework to one such programme run by a probation service. This broad aim was broken down as follows:

1. to explore the extent to which a community based treatment programme achieved its stated aims and objectives in work with those convicted of a sexual offence against a child, emphasis here was upon the extent to which offenders appeared to acknowledge and understand the key messages of the treatment programme;
2. to review the theoretical context within which such cognitive behavioural treatment programmes operate within England and Wales;
3. to gather qualitative and quantitative information regarding offender characteristics and background, in order to explore early life history events.

The broad research questions are:

1. What is the historical and legislative context of work with this offender group in England and Wales?
2. How far is the theoretical basis that underpins many cognitive behavioural treatment programmes supported by this and other research ?

3. How far did one such programme achieve its stated aims in work with a group of convicted child sexual abusers? Did attendees respond favourably to the programme?
4. What can offender's accounts of their lives add to existing knowledge?

Literature Review & Context Of Offender Treatment

Chapter One - Definition And Theoretical Context

Introduction

Any research addressing the sexual abuse of children must commence with the following broad questions: What is sexual abuse and do sexual relations between adults and children constitute abuse? Is the sexual abuse of children a widespread social problem? who are the abusers ? And finally why do some adults sexually abuse children?

Consequently Chapter One of this review of the literature seeks to: establish a conceptual definition of what constitutes abusive sexual behaviour between adults and children; exploring legal definitions; the issue of informed consent and drawing upon victim studies which bear testimony to the consequences of such abuse; reviews the prevalence of such offending behaviour with reference to existing research and self report prevalence studies; provides an overview of existing research addressing offender characteristics and concludes with an exploration of the theoretical basis of treatment programmes in the light of research evidence. Asking how far the claims of psychoanalysts, behavioural learning theorists, sociologists, biologists and eclectic theorists in their explanations of the existence of abuse are upheld. A brief consideration of the treatment approaches evolving from such theoretical perspectives are offered by way of introduction to Chapter Two.

Chapter Two seeks to describe the legislative and historical context of work with child sexual abusers in the England and Wales, whilst Chapter Three describes the

context and process of one London based probation treatment programme.

What Is Child Sexual Abuse?

The starting point for any investigation into the treatment of child sexual abusers in the criminal justice system should be an attempt to define what constitutes sexual abuse.

What is meant by the term sexual abuse? In law any behaviour which is both illegal and sexual. The law relating to general sexual offending is however imprecise. The Sexual Offences Act 1956, for example, provides a list of sexual offences, that form the basis of the official Home Office statistics currently in use.

Here notifiable sexual offences are classified into twelve separate categories including: unlawful sexual intercourse (USI) with a girl under 13; unlawful sexual intercourse with a girl under 16 (over 13); gross indecency with a child; rape; buggery; indecent assault on a male; indecent assault on a female; indecency between males; procurement; abduction; bigamy and incest.

The list incorporates offences which are clearly sexually motivated and involve the commission of a sexual act/acts against adults and children, gross indecency with a child, rape and USI for example. The definition also includes offences which may be sexually motivated but do not involve the commission of a sexual act, abduction for example. Also included are categories such as bigamy and indecency between consenting males in public places (although the law relating to sexual behaviour in public places may change shortly) that may not be indicative of sexual

offending in the sense of one person abusing another(Howard League, 1985).

Offence Seriousness And The Classification Of Offences

At the same time some offences, which are clearly sexually motivated such as indecent exposure, are excluded. As are any number of offences that involve sexual abuse but come to be classified in a different way, violent offences involving the commission of sexual offences for example(Howard League, 1985). The limited and ambiguous use of such categories has major implications for both what comes to be defined as a sexual offence and for the measurement of the incidence of offending.

The manner in which sexual offences come to be classified in a particular way is also problematic. Commentators have criticised the use of the term 'indecent assault'. This category is considered less serious than that of rape (which involves full intercourse) and buggery and therefore has a lower minimum and maximum custodial sentence requirement(two and ten years respectively).

Ashworth(1999) claims that the term 'indecent assault' is used to encompass many different types of sexual offence from kissing a child in a sexual manner to touching a child's genitals and enforced oral sex. There clearly is a great deal of difference between the two categories of crime in terms of seriousness and impact upon the victim. Ashworth argues that two categories of indecent assault should exist in English law to differentiate between relatively minor and more serious offences: *'this suggests that there is a strong argument for having two grades of indecent assault in English law, or for moving some of the more serious forms of the crime into a broadened crime of rape or 'serious sexual assault'(1999, p362).*

The manner in which a number of different types of sexual offence become

categorised as indecent assault has implications for the way in which the offender is dealt with once convicted.

The majority of respondents in the small group who underwent the treatment programme had been convicted of indecent assault(18 of 21). The nature of their offending ranged from touching children in passing in a public place to systematic, enforced oral sex. The sentence received was the same for those committing relatively minor offences(non-contact) as it was for those committing more serious(contact) offences. Sentencers clearly have the power to distinguish between such cases on the basis of mitigating and aggravating circumstances and on the basis of other pertinent information , such as psychiatric reports. The point is not that offence categories are necessarily indicative of sentence type, but rather that sentencers may behave differently if more minor sexual offences are categorised in a different way. One might question the wisdom of placing child sexual abusers with a long history of offending and who's offending is characterised by sustained, contact abuse; in the same treatment group with those who's offending is comparatively recent and more minor(involving some form of non-contact abuse).

A Home Office Working Party is currently reviewing the law relating to sexual offending and the category of indecent assault may be divided into two distinct offences as suggested by Ashworth(1999), such a move would act to direct sentencers regarding the seriousness of the offending.

The category 'unlawful sexual intercourse with girls under 16' refers to occasions where an adult man has vaginal sexual intercourse with a girl under the age of 16. This is an offence even where consent is freely given. This category differs from

'rape' which is not limited to vaginal intercourse and hinges around the issue of non-consent. Where the girl is aged under sixteen the maximum penalty is life imprisonment, where she is aged 13 to 15 years the maximum penalty is 2 years. The difficulty here relates to the sexual maturity of young women in cases where consent is given. The question is how far, for example, a mutually consenting sexual relationship between a 17-year-old male and a 15-year-old female could be said to be abusive, yet in law the male will have acted illegally.

Ashworth(1999) states that in reality the Crown Prosecution Service now reserve prosecution for cases where the relationship clearly was abusive, perhaps those involving older men for example. Younger offenders tend to be cautioned.

The category of 'incest' was incorporated into English law by the Punishment Of Incest Act (1908). This offence, as it applies to children, includes sexual intercourse (vaginal intercourse) by any man, with his granddaughter or daughter. The Act was originally introduced following fears that the child of an incestuous relationship may be born with congenital defects(Loveland, 1995). Ashworth(1999) has commented that the Act should not be restricted to vaginal intercourse and should cover other forms of sexual abuse.

It is clear that inaccuracies and anomalies are built into official definitions of what constitutes a sexual offence. The way in which a sexual offence against a child comes to be categorised is something of a lottery(Loveland, 1995: Ashworth,1999) and categories tell us little about the nature of the offending.

The law in England and Wales(Sexual Offences Act, 1956) is however clear

regarding 16 years being the age at which a person can give informed consent to sexual activity and therefore presumably legally, ceases to be a child. The Criminal Justice Act 1991 supersedes the Sexual Offences Act 1956 and has raised the age of consent in cases concerning the sexual abuse of a child from under 17 to under 18 in England and Wales(Criminal Justice Act 1991).

However, heated debate continues to rage around this area of the law and gay activist organisations, such as "Outrage" for example, have campaigned vigorously to lower the age of consent for homosexuals to 16 in keeping with the age of consent for heterosexuals. The age of consent to buggery is now 16, the present Labour Government recently tabled an amendment to the Sexual Offences Act 1956 to lower the age of consent from 18 to 16, the second reading received a Government majority of 183 votes(313 to 130 votes). The Lords, however, rejected the bill at this time. It was then decided on a free vote(by 263 to 102 votes) to provide parity between the age of consent to heterosexual and homosexual relations. This move forms a part of the new Sexual Offences(Amendment) Act 2000.

The Impact On Victims: How Harmful Is Sexual Abuse?

The literature is really divided regarding the extent of harm caused by sexual abuse. Wyatt and Powell(1988) in their review of the literature distinguish between the short term and long-term effects of abuse. Initial effects are characterised as: fear; depression; anxiety; anger; guilt and sexually inappropriate behaviour. Whilst the long term effects are said to be: isolation and stigma; poor self esteem; lack of trust; and difficulty in conducting adult relationships. The presence and extent of such psychological and emotional problems would presumably depend upon the nature and

extent of the abuse experienced, indeed Wyatt and Powell go on to state that sexual abuse perpetrated by fathers or stepfathers, involving genital contact and the use of force has the most disturbing consequences for children. Clearly sustained and frequent abuse, perpetrated by a person who knows a child, will usually be more damaging than a single incident. Although this will depend upon the nature of the incident and the way in which the child responds.

Some believe that abuse does not harm children; the Paedophile Information Exchange(PIE, 1990) advocates the abandonment of any legal age of consent, citing historical and modern examples of the acceptance of sexual activity between adults and children. Such activity, it is argued, is natural and requires no explanation. Such organisations argue that sexual activity between adults and children does not constitute abuse, but rather contributes to the development and well being of children(PIE, 1990). This view clearly serves the purpose of this extreme organisation and rests upon the assumption that children benefit from sexual relations with adults and suffer no negative effects

Some theorists do believe that the negative effects of childhood sexual abuse have been exaggerated (Coleman, 1986), or alternatively have stated that sexual activity between adults and children constitutes normal exploratory behaviour(DeLora and Warren, 1977). The contention here is that relations between parents/carers and their children are usually physically 'close' and by necessity involve a great deal of touching . The question here is what constitutes abuse, the photographing of children in the bath? The patting of a child's bottom or thigh? Such behaviour may be misconstrued by social services if it becomes public(and has been in the past), but in

reality probably occurs in many families. What of exploratory sexual behaviour between siblings and peers, is this abusive? Or could it be seen as a 'normal' and necessary part of sexual development? There certainly is a grey line here and potential for such behaviour to become criminalized. There clearly is a real difference between this exploratory behaviour and deliberate acts of enforced sexual abuse.

Research conducted over the last 15 years (Finkelhor, 1984; Salter, 1988; Morrison et al, 1994, Carter, 1999:) indicates that in the vast majority of cases where a child has been subject to sexual abuse on the part of an adult it was a negative and frightening experience for the victim, which frequently resulted in long term behavioural and emotional problems. Research conducted by Robert's (cited in Waterhouse 1993) sheds further light on the victim's experience, in a qualitative study (employing depth interviewing) of 84 sexually abused children she found that one-year after the abuse ceased children were still very much in fear of the perpetrator and extremely emotionally affected by the abuse.

It is not suggested that such claims are exaggerated and the intention is not to detract from victim's experience's, but the extent of such problems must be dependent upon the nature and extent of the abuse, a point sometimes overlooked in the literature. In this research, for example, one of the respondents was convicted for deliberately pressing himself against children in a large London toy shop. The victims were quite unaware, but he was captured on CCTV. Whilst another respondent had systematically sexually abused his step-daughter over a period of years. In both cases a conviction for 'indecent assault' was made. Logically it would seem that the impact of these two offences upon the victims would be very different. The latter offence involved a betrayal of trust on the part of a parent. The point to be made is that not all

victims of sexual abuse will experience the sort of long-term adult mental health problems described in much of the literature.

A North American study conducted by Doyle –Peters(1988) with a sample of 126 black women and 122 white women, suggests that in both groups sexual abuse had a much greater impact where sustained and/or serious contact was involved. Such women were more likely to be depressed and to have a history of substance misuse.

Given the findings of recent research which suggests that children who are sexually abused by their families are also frequently subjected to emotional and physical abuse, it is in fact rather difficult to establish how far the sexual abuse alone contributes to psychiatric problems in adult life. In other words, how far do other difficult childhood experiences contribute to adult problems? A study of women's experiences of childhood abuse, conducted by Romans et al (1997) in New Zealand, suggests that sustained, serious abuse does lead to adult mental health problems such as depression and in extreme cases self harm, but that where less serious and accompanied by other forms of abuse, the correlation was less clear. Such individuals may well go on to develop adult problems, but these are possibly a consequence of other negative childhood experiences.

An unusual victim study which may contradict the claim of Roman's et al(1997),was conducted by Briere and Runtz(1986, 1987) in a Canadian health center. Of 152 women seeking counseling, 67(44.1%) had experienced sexual abuse in childhood (defined here as any sexual contact under 15 years of age, with a person at least five years older). This group of women was compared to those not experiencing sexual abuse, the majority of the women(from both groups) had experienced physical

abuse in childhood. The findings suggest that those experiencing sexual abuse were more likely to have taken medication for a mental health problem; more likely to have made a suicide attempt; more likely to have an eating disorder and more likely to have a history of substance misuse, than were those who had not experienced sexual abuse. The abused group were also more likely to report feelings of self destructiveness and adult sexual problems. So severe were some of these women's symptoms that Briere and Runtz suggest that they may have been suffering from a form of delayed post-traumatic stress disorder. They suggest that the anger displayed by victims mirrors that of rape victims and might be attributable to feelings of helplessness and loss of control that often accompany child sexual abuse. However the definition of sexual abuse adopted by Briere and Runtz was broad and it is difficult to believe that respondents experienced the same difficulties in adult life. The severity of the sexual abuse suffered should have been compared to the nature and extent of the respondents symptoms.

Other research addressing the victim's perspective has reached similar conclusions(Salter, 1988: Herman, 1991), and victims themselves have written of their experience:

CHILD ABUSE

"A little child alone at night,
dares not sleep, eyes full of fright.
Staring round a small dark room,
wondering if tonight he will meet his doom.
Father rages, mother weeps,
child listens, neighbour sleeps.
Mother screams then no more,
the child watches an opening door.
"Daddy, no please, don't hurt me,"
cries the child bent over fathers knee,
then screams and bawls and is silent again.

No more movement in the child's bed,
as another child now lies dead".

A poetic description of the sexual abuse experienced as a child by an adult Probation client(cited by Cedric Fullwood, Chief Probation Officer Greater Manchester Probation Service, NSPCC Conference, "Sex Offenders And Their Victims", 11/1993)

Such research has been conducted with known victims, given that a large amount of abuse remains hidden it follows that there are many adults who have perhaps never spoken of their victimisation. Summit(1988) suggests that the very fact that many victims feel unable to divulge their experiences, says a great deal about a society that is unwilling to listen and believe their accounts. He maintains that society its self is in denial about the extent of sexual abuse perpetrated against children, *'every extended family, every neighbourhood, every church congregation, every medical society, every class in law school and most every football team----- conceals people who are hiding unspeakable memories of 'unusual' childhood sexual experiences---- the fact that they cannot be shared says something about our collective fear of finding out'(p57)*. My experience would support this contention, I have spoken to many different audiences in many different places regarding this research. At the end of each talk when the majority of the audience have left, one or two people will always come to discuss their experiences of child sexual abuse , or simply to let me know of their experiences. This act in its self is often clearly painful and takes some considerable courage, several have told me that they have never told anyone. I now take along information regarding counseling and 'survivor' groups. This is an aside, which lacks any sort of scientific objectivity, but Howard Becker (1964) encourages researchers to

share their own experiences where relevant and pertinent and who am I to disagree!

In this research, evidence from victim's statements supports the contention that victims often have negative feelings regarding both the abuse and the perpetrator.

Although legal definitions regarding what constitutes a sexual offence against a child are vague, it is clear that the consequences can be enduring and painful for the victim. Therefore any definition of what constitutes child sexual abuse must encompass the victim's perspective in recognising that sexual abuse can and often does, damage children. However, it should be acknowledged that the impact upon the victim will depend upon the nature and frequency of the abuse and the victims relationship to the perpetrator, a point that is often overlooked in the literature

Towards A Definition

The key to defining child sexual abuse could be "exploitation", a concept defined by the Oxford dictionary in the following way "to utilise for one's own ends"(Oxford Dictionary,1941). This concept incorporates the victim perspective. If the sexual abuse of children is of no benefit to the victim, and research demonstrates that it is not, then it is clearly carried out for the gratification of the perpetrator. On this theme Morrison et al (1994) define sexual abuse simply as "*actual or threatened sexual exploitation of a child or adolescent*"(1994, p xix) and Fraser(1981), "*the exploitation of a child for the sexual gratification of an adult*"(cited in Marsh & West,1985, p16).

Definitions offered by other researchers commenting on child sexual abuse have tended to be ambiguous and rather vague(Kercher and McShane, 1984) or based on offender, victim or offence characteristics. Operational definitions falling into the

latter category have highlighted: the age difference between victim and perpetrator, victim ages range from 0 - 18 years with most studies pointing to an age difference of at least 5 years between victim and perpetrator(Finkelhor, 1979); the presence of coercion and the nature of the abuse , whether contact or non-contact(Wyatt & Powell, 1985: lewis, 1985: Burnham, 1985) are also held to be important indicators.

The nature of this research places some constraint upon the definition adopted. Given that one of the main aims was to evaluate a treatment approach operating with a group of convicted offenders the research participants have been prosecuted and convicted of a sexual offence/s against a child. As discussed, the Criminal Justice Act 1991 has raised the age limit of sexual offences against children and young persons from under the age of 17 to under the age of 18, therefore in law any sexual act perpetrated by an adult of 18 years or older against a child or young person under 18 years(where 16 -18 years without their consent), is a criminal offence and may constitute the sexual abuse of a child .

However, immediate problems arise in adopting this definition as Finkelhor(1984) states: "*(young) children are deemed to lack the capacity to consent to such relationships. However, at some point in adolescence children acquire the ability to consent*"(1984, p26).Precisely when the ability to consent is acquired will probably vary between individuals, but this may and probably will occur prior to a persons 18th birthday.

The problem arises where there is some ambiguity regarding consent. Sentencers could undoubtedly reflect the difference between clearly abusive acts and cases involving consent in passing sentence(where this is clear), by taking mitigating

circumstances into account. This will depend very much upon the information about offence circumstances provided to sentencers by The Probation Service and psychiatrists in the form of pre-sentence reports and psychiatric reports (where these are requested). It has been claimed elsewhere (Ashworth, 1999) that the Crown Prosecution may act earlier to discontinue such cases where appropriate.

The Probation Service plays a significant role in determining which offences come to be defined as abusive and the resulting sentence, this will largely depend on the definition of child sexual abuse adopted by each individual service.

A paper produced by the Association Of Chief Officers Of Probation Working Group On Sex Offenders (1995) states that Probation Services are "*gradually developing their own working definitions of "sex offender" for use in policy and strategy documents*" (1995, p6) the paper states that most definitions are modifications of that cited by Greater Manchester Probation Service:

"A sex offender is regarded as someone who commits or threatens to commit acts of a sexual nature involving an abuse of power, i.e. where the victim is unable to give informed or true consent" (Greater Manchester Probation Service, 1994, p19).

In keeping with the "exploitation" theme. This definition could be easily adapted to refer only to child sexual abusers in the following way:

"A child sexual abuser is someone who commits or threatens to commit acts of a sexual nature involving an abuse of power, where the victim is a child and therefore unable to give informed consent".

This research adopts the legal definition of child sexual abuse and recognises the importance of incorporating the victims perspective when arriving at a definition.

The Extent Of Child Sexual Abuse And The Sentencing Of Offenders

The true incidence of child sexual abuse is unknown, estimates regarding experience of abuse vary from 3% (MORI, 1986) to around 50%(Women Against Rape, 1982) of the total population. The huge variation in estimates is probably attributable to the absence of a standardised definition of what constitutes child sexual abuse. Studies addressing the prevalence of abuse have adopted different operational definitions, some include less serious offences(some non contact abuse and indecent exposure) whilst others do not. Variations in estimates are also attributable to methodological differences between studies, including sample size for example.

Table B Notifiable Sexual Offences Recorded By The Police from 1995 - 2000

Time Period	N (Thousands)	% Increase (Previous Year)
10/95-9/96	32,581	1.8%
10/96-9/97	35,393	5.7%
10/97-9/98	37,400	8.6%
10/98-9/99	37,263	1.9%
10/99-9/00		-.4%

* Home Office 3/2001

It is difficult to know whether the incidence of sexual offending against children has increased, official statistics suggest that the rate of reporting has increased

substantially since the early 1980's. The total number of sexual offences recorded by the police increased by 38% from 21,107 to 29,004 between 1980 and 1990, the figure increased between 1997 and 2000 from 32,581 to 37,263. There were decreases in recorded rates for the following offence categories: indecent assault on a female(-1.8%); unlawful sexual intercourse with a girl under 16(-2.6%) and gross indecency with a child(-2.1%)(Home Office, 3/2001, p12 & 21).

A comparatively small number of the general category of 'sexual offences' are recorded as being perpetrated against children. A comparison of Home Office data from 1985 and 1995 is provided by Grubin(2000). The 1985 data excludes the category of rape as no distinction was made then between the rape of adult women and children.

Table C Convictions Or Cautions In England And Wales For The Largest Categories Of Sexual Offence Against Children In 1985 And 1995

	1985	1995	% Change
Rape of Girl <16	-	118	-
Unlawful Sexual Intercourse girl<16	1,550	603	-61%
Indecent Assault on Female<16	2,416	2,116	-12%
Indecent Assault on Male<16	674	476	-29%
Gross Indecency Girls 14 & <	206	129	-37%
Unlawful Sexual Intercourse Girl <13	168	122	-27%
Gross Indecency Boy 14 & <	122	84	-31%
Total	5136	3530(3648)*	-31%

- Bracketed figure includes rape of girl under 16
- Adapted from Grubin(1998), p4.

The recorded rate of sexual offences against children has fallen substantially since 1985, this may suggest a reluctance on the part of the Crown Prosecution Service to prosecute cases except where substantial evidence exists(White, 1999). Indecent Assault on a female under 16 remains the single largest offence category. More recent

information from the Home Office suggests that this trend continues: Kilsby's(1999) review of the sentencing of sex offenders suggests that; the number of prosecutions for indecent assault on a male and on a female aged under 16 continues to fall, as does the number of convictions for this offence(p6-10).

Official statistics conceal the true extent of reported child sexual offending , and as Fisher(1994, cited in Morrison et al) states:" *Statistics relating to the numbers of sex offenders in prison or on probation are probably most helpful in planning service provision but provide little help in knowing the extent of the problem in the general population*"(P3).

An added difficulty here is that the statistics refer to the number of offences committed and not the number of offenders. More recently the police estimate that there are currently at least 25 -30 thousand active child sexual abusers in the United Kingdom(The London Programme, 2/1999). Whilst White (1999) estimates on the basis of data from the Home Office Offenders Index(a database that stores information on all offenders and their convictions), that the number of sex offenders in custody increased by 14% during 1997 and 1998. This could however, be indicative of increased rates of reporting for this particular offence.

Hindess(1973), has discussed the disadvantages of relying upon official statistics in some detail. Hindess describes the arbitrary way in which offences come to be categorised and classified throughout the legal process. This may be particularly true of sexual offences perpetrated against children, whilst there is often little doubt when an offence has occurred(Cobley,1995) , the means by which that offence becomes categorised is unclear(Jupp, 1995).

Also of concern are the decisions made at each stage of the criminal process regarding the prosecution of offenders. The attrition rate for sexual offences reported to the police and those, which actually result in a criminal conviction, is high. In Wright's(1980)study of 255 rapes and attempted rapes involving 240 men, investigated by the police, he found that 204 were arrested of whom 201 went to court whilst only 22 were convicted of rape and 13 convicted of attempted rape, an acquittal rate of approximately 80%. The reliability of the data held by the government on convicted offenders may be questionable in respect of the extent to which it is representative of all offenders(particularly those without a criminal conviction).

The use of custody for sex offenders as a group has fluctuated little over recent years.

The use of custody for this particular group compares favourably to the sentencing of other groups of serious offenders: in 1999, for example, there was a higher percentage use of custody for burglary and robbery.

Table D Percentage Use Of Immediate Custody For Males Aged 21 & Over Sentenced (indictable offences)At The Crown Court By Offence Group, 1994 - 1999

Offence Group	% Use Of Custody(Crown Court)					
	1994	1995	1996	1997	1998	1999
Sexual Offences	71	75	75	77	77	77
Burglary	66	70	78	78	79	80
Violence Against The Person	53	52	62	59	59	60

*Home Office, 10/00

The average sentence length for(male) sex offenders(sentenced at crown court) increased slightly between 1994 and 1997 from 38.7 months to 39.7 and increasing to

40.4 months in 1999(Ayers et al, 2000).

Table E Average Sentence Length For Males Aged 21 & Over Sentenced For Indictable Offences At Crown Court By Offence Group, 1994 - 1999

Offence Group	Average Sentence Length(Months)					
	1994	1995	1996	1997	1998	1999
Sexual Offences	38.7	39.3	38.8	39.7	41.3	40.4
Burglary	16.8	17.7	20.3	22.4	21.9	22.3
Violence Against The Person	22.3	23.1	24.7	23.7	23.1	22.7

* Home Office 10/00

Although as a group sex offenders are less likely to receive a custodial sentence, than those convicted for burglary, they have a considerably longer average sentence length than this group of offenders. This may reflect a reluctance on the part of sentencers to risk public condemnation by using short sentences for this group.

Table F Proportionate Use Of Immediate Custody And Average Sentence Length, Persons Tried and/or Sentenced At The Crown Court For Indictable Offences, by Plea.

	Proportionate Use Of Immediate Custody(%)		Average Sentence Length (Months)	
	Guilty Plea	Not Guilty Plea	Guilty Plea	Not Guilty Plea
Sexual Offences	67	86	33.5	50.7
1998				
1999	65	86	32.2	49.7

* Home Office 10/00

Both the average sentence length and the use of immediate custody(crown court) change considerably when a guilty plea is entered. Sentencers are less likely to imprison a sex offender who pleads guilty. This trend applies to other categories of

offence also.

Table G Sex Offenders Sentenced By Type of Sentence Or Order, England & Wales 1999

	Total Number Of Offenders Sentenced (Thousands)	Total Immediate Custody	Total Community Sentence (of which probation)
Indictable Offences			
Sexual Offences	4.3	2.6	1.2(0.7)
Total(all offences)	34.7	79.8	97.7(38.9)

* Home Office 10/00(local data unavailable)

During 1999 4.3 thousand sex offenders were sentenced, the majority of whom received a custodial sentence(2.6 thousand). A significant proportion(1.2 thousand) received a community sentence, however only 700 received a probation order. Given the number of sex offender programmes operated by the service and the considerable resourcing of such programmes, this number appears low. When the 'community' and 'custodial' categories are broken down by sentence disposal, some interesting findings emerge.

Table H Offenders Convicted of Sexual and Violent offences By Sentence Disposal, England & Wales 1999

	Dis- Charge	Fine	Prob- ation	Super- vision Order	Comm- unity Service	Combi- ation Order	S53 C&YP Act	YOI	Custody Suspend.	Un- suspend.
Sexual Offence	0.2	0.2	0.7	0.3	0.1	0.1	0.1	0.2	0.1	2.4
Violent Offence	5.2	4.5	4.3	1.1	5.3	2.1	0.1	2.9	0.5	8.0

• Home Office 10/00

During 1999 more use was made of probation orders for sex offenders than any other community disposal. Although greater use was made of fines and probation for violent offenders. It is of concern that some sentencers are still making use of community service as a sentencing option. The inappropriateness of this disposal as a sentencing option for sex offenders has been discussed in the literature (Beckett, 1994) . This research and other cited research demonstrates that a sentence involving a therapeutic component is preferable.

The use of custody for young people convicted of sexual offences is also of concern given that the Sex Offender Treatment Programme does not yet extend to young offender institutions.

The statistics produced by the Home Office reflect the decision-making process regarding offenders within the criminal justice process. Bottomley and Pease(1986), whilst recognising the problems associated with the use of such data have called for a re-evaluation of its worth in criminological research. The theoretical perspective adopted by Bottomley and Pease is concerned with the social construction of criminal statistics and the decision making process. Several important stages in the process are identified, all of which affect directly the offences that are recorded; the first of these stages, and one which most directly affects statistics on sexual offending, is the recording of crimes reported to the police by witnesses and victims and those crimes discovered by the police. The evidence from victim surveys, particularly concerning sexual offences perpetrated against children, clearly indicates that a great deal of offending is not reported to the police(Nash and West,1985: Kelly, 1991). A further complication is that not all of the offences reported to the police appear in the statistics, Sampson(1994) has estimated that approximately one

third of reported offences are included in the statistics, due to the discretion afforded the police in their work. Sampson(1994) suggests that this discretion focuses upon offence seriousness, divisional policy regarding certain types of offence and individual factors, the likelihood of a successful prosecution for example.

Marshall (1997) suggests that the number of convictions for sexual offences against children continues to increase, when expressed as a proportion of all offences. The number of convictions as a proportion of all recorded sexual offences against children has however fallen significantly. This might suggest a reluctance on the part of the Crown Prosecution service to prosecute such cases in the absence of a guilty plea or conclusive evidence.

Research studies employing victim surveys indicate that the problem is much more prevalent than official statistics suggest(Nash and West, 1985: MORI, 1986 and 1988, NSPCC 1997, 1999). Child sexual abuse is an offence surrounded by secrecy, which victims may not report for fear of disbelief(BBC survey of self selected adults, 1985) or for fear of violent reaction on the part of the perpetrator. This is particularly relevant in the case of abuse within families, where the victim may share a home with the perpetrator.

A good example of this is a recent courtroom drama enacted in the United States where two wealthy teenage boys were accused of the brutal murder of their parents. The fact that the boys committed the murders was not in question, their defence was the claim that from an early age they suffered systematic sexual and physical abuse on the part of their father and killed both parents as they feared for their lives , even as young adults. The jury could not reach a unanimous verdict at the first trial but

convicted both for murder at the retrial (Soble and Johnson, 1994).

Whilst most prevalence studies addressing victims of abuse have been conducted in the United States of America and may not accurately reflect the situation in the United Kingdom, it is still worth considering some of these studies in more depth at a later point.

Attempts to discover the true incidence of abuse in England and Wales have been few. The most notable studies include: Mrazek, Lynch and Bentovim's (1981) survey of general practitioners, pediatricians, child psychiatrists and police surgeons, all of whom were asked for information (anonymous) regarding children believed to have been sexually abused and seen between June 1977 and May 1978. The response rate was low (39%) and this may in part be attributable to professional-patient confidentiality. However, some 1,072 cases were reported as seen during the specified time period. On this basis Mrazek et al suggested that approximately 1 in 6,000 children are affected, a very low estimate compared to the findings of other studies conducted in England and Wales. The validity of this work may be questioned given the low response rate and the possibility of non-response bias. Nash and West (1985) in their study of adult women registered with GPs and female students found rates of 42% for the GP sample and 53% for the student sample; very few of the offences had been reported to the police. The operational definition was, however, broad including abuse involving no physical contact such as obscene suggestions and the showing of pornographic material.

Kelly's (1991) British research confirms Nash and West's findings; over 1000 students were surveyed a rate of 59% was reported amongst females compared to

27% amongst males(child sexual abuse was defined as at least one unwanted sexual experience involving some physical contact prior to age 18, ranging from touching to full penetration).

In England, television companies have commissioned large -scale surveys in an attempt to establish a national prevalence rate. A survey conducted for Channel 4 television (published in 1986) established prevalence rates of 12% and 8% for girls and boys respectively. Whilst a survey conducted for the BBC programme Childwatch(published in 1988) reported a comparatively low 3%(an insufficient number of offences perpetrated against boys were reported to allow the calculation of separate rates for girls and boys).

The findings from such large-scale surveys tend to be fairly inconsistent and are dependent upon the definition of abuse adopted. In a study conducted by MORI on behalf of the London Programme(1988), 664 young people aged 15 - 24 living in London were interviewed(structured interview) 53 % of whom stated they were sexually abused prior to their sixteenth birthday, here a fairly broad definition of abuse was adopted.

In the most recent prevalence survey was conducted by the National Society For The Prevention Of Cruelty To Children(1999), once again a broad definition of sexual abuse was adopted. The findings suggested that 1 in 7 of the population had experienced sexual abuse as a child. It is worth noting that those studies reporting higher rates of abuse have the highest survey response rates, although not necessarily the largest samples, and many employed interview techniques. The high variation in incidence rates reported both by British and North American research is certainly due

to different definitions of child sexual abuse adopted but at least in part to varying research methodologies.

Generally surveys using interview techniques report a higher incidence of abuse, Russell's(1983)interview based research in the United States, for example, found that 48% of females under the age of 14 and 54% under the age of 18 reported sexual abuse during their childhood. Large-scale surveys are generally problematic in estimating the true incidence of sensitive issues(Moser and Kalton, 1972) such as sexual abuse, the problem may be compounded by the use of interviewers who have probably had minimal training in interview techniques and know little about the subject.

Researchers who have striven to conduct their study in a methodologically and ethically sensitive fashion have pointed to a fairly high incidence of abuse and provided an interesting account. Finkelhor's (1979) study conducted in the United States, for example, employed the survey approach and included a large sample (final N = 729 with a 92% response rate) . The problems encountered in employing the survey approach were recognised as including: the honesty of the response given the difficult nature of the subject and the possibility that respondents may have forgotten or repressed details over time. The researchers attempted to overcome these problems by combining the questionnaire based survey with a small scale qualitative interview study with respondents experiencing abuse , and by recruiting interviewers who had themselves been the victims of child sexual abuse and who were considered sensitive to the feelings of victims. The interviewers were also equipped with information regarding counseling agencies. The resulting high

response rate (92%) is remarkable for a self-completion questionnaire and particularly one addressing such a sensitive issue.

Finkelhor(1979) reports rates of 19.2% for women and 8.6% for men. Some 63% of the female respondents who had been sexually abused as children had not reported the offence/s compared to 73% of sexually abused male respondents. This study serves to confirm the belief that the majority of sexual offences perpetrated against children are never reported to the police. However once gain a fairly broad definition of sexual abuse was adopted.

In England and Wales, Russell(1984)has estimated that less than 10% of all sexual assaults are reported to the police, less than 1% of which result in conviction and imprisonment. This finding is supported by the British Crime Survey(1988) which estimated that only 17% of sexual offences are actually reported to the police. It would seem that when an incident is reported a prosecution will not always result. Mrazek(1981) in his British study discovered that under 50% of cases involving child sexual abuse reported to social services resulted in the prosecution of the perpetrator. More recently Davis et al (1999) discovered a certain reluctance on the part of the Crown Prosecution Service to prosecute cases involving the sexual abuse of a child, in the absence of a clear statement from the victim regarding the abuse. The age of the child is clearly an important factor here, it may be extremely difficult to obtain a 'clear' statement from a young child.

Finkelhor(1979) however, suggests that the majority of such offences are kept secret even from those closest to victims: *"The vast majority(of adults) who have had such sexual experiences in childhood have probably kept them secret even from their*

closest confidants" (1979, p7).

It seems clear that "*sexual offending against children is a serious and widespread problem.....the majority of which goes unreported*"(Morrison, Erooga and Beckett, 1994, p1) and therefore undetected. The extent of abuse is however, in reality unknown.

Offender Characteristics

Child sexual abuse is a largely hidden crime, and if it is difficult to establish the true prevalence of such offending, it is even more difficult to comment with certainty on offender characteristics.

Research has inevitably focused upon those perpetrators within the criminal justice system, those either in custody or under community supervision. It is therefore the case that when referring to offender characteristics most research refers only to offenders who have been arrested for such offending, some of who may have been prosecuted and charged.

Research shows no association between child sexual abuse and social class, ethnicity (American Humane Association, 1981) or geographical region(Baker and Duncan, 1985). On a contradictory note, some research does indicate that abuse tends to be associated with social deprivation(La Fontaine, 1988). But this is largely attributed within the literature to either the origin of initial inquiries (Gorry, 1986); a higher tendency on the part of working class children to report abuse(La Fontaine,1988) and the effective concealment of middle class abuse(Brown and Holder, 1980). Gorry's (1986) British research looked at the manner in which offences involving incest

become known to the police. He found that the majority of such offences were discovered accidentally when the police were investigating other criminal matters.

The limited available research shows no association between child sexual abuse and level of intelligence, educational background, age and psychiatric status(Wolf,1984).

Female Offenders

Research literature indicates that child sexual abuse is an offence that women are much less likely to perpetrate than men(Salter, 1988: Fisher, 1994). Fisher(1994) states that during 1993 there were approximately 3000 male sex offenders in British prisons compared to only 12 female sex offenders. Little is known about the nature of female sexual offending and where research has been conducted it has tended to be of a case study nature given the small sample sizes (Barnett, 1989: Matthews, 1989: Elliot, 1993).

It is therefore assumed that women do not commit sexual offences against children. It could however be argued that women, most of whom remain the primary carers of their children(General Household Survey, 1996), are well placed to abuse.

Research demonstrates that women are more likely to be convicted of offences involving the physical abuse of children than are men(Madenm and Wrench, 1977).

If it is the case that more women sexually abuse children than it is believed why are they not caught? In self report studies where the victims are male, such as that conducted by Kelly et al(1991) of British students, a fairly high rate of abuse on the part of females is reported. Also of interest is Kelly's finding that 62% of those

males reporting abuse on the part of a female stated that they were not traumatized by the offence/s. Russell(1984) has suggested that such abuse may be less traumatic as females may use less force. It is probably more likely however, that the prevailing culture of masculinity makes men less willing to admit to being abused. Although Coulborn-Fuller's research(1993) suggests that more adult men are coming forward regarding their experiences of sexual abuse on the part of a female carer. Fromouth (1983) has suggested that males may be less likely to recognise the act/s as being abusive when victimised by females. This is attributed to cultural norms regarding masculinity and heterosexual relations.

Estimates of the incidence of female child sexual abuse have varied from 5% - 16% of abuse perpetrated(Finkelhor and Russell, 1984: Faller, 1990:). Finkelhor and Russell(1984) used secondary analysis of existing data from the American Humane Society(AHS, 1978) and the National Incidence Study(NCCAN, 1981) in order to study the incidence of female child sexual abuse. Unfortunately the definition of sexual abuse adopted by the two sources was so different as to make comparison difficult. The Focus was upon only those females who had committed sexually abusive acts against children, whilst excluding those who had "allowed" the offences to occur(presumably when perpetrated by males), Finkelhor and Russell found that 6% of female victims had been abused by a female perpetrator compared to 14% of male victims.

The little research that has been conducted regarding the nature of sexual offending by women has tended to suggest that they offend with males: McCarthy(1981) reported that all seven cases in his female sample involved one or more male accomplices; Barnett et al (1989) found that all six of the women in their treatment

group had offended with male accomplices.

Abusers tend to be male, and empirical evidence suggests that this is so, why should this be the case? Some have suggested that the key to understanding this lies in the physiology of the act, a woman cannot have sexual intercourse with a man unless his penis is erect. This is not within a woman's control(Walters, 1975). This however, shows a certain lack of understanding of child sexual abuse, given that most abuse is believed to involve masturbation and not full sexual intercourse, which could be equally gratifying to a woman. Finkelhor (1979, 1983) has suggested that women have a different type of relationship with children than do men. They have more physical contact with children, which is described as "*freer*"(p77) as it is permitted.

Coulborn-Fuller's(1993) review of the literature on convicted female child sexual abusers provides a useful insight into the characteristics of such women. She describes the majority of female perpetrators as "very dysfunctional" and states that their offences are frequently associated with a high incidence of mental disorder, substance misuse and parenting difficulties. Often, it would seem, where sexual abuse is perpetrated by women it is accompanied by neglect, physical and emotional abuse.

The literature reviewed suggests that a large proportion of offences perpetrated by women, were done so with others in the context of the extended family. Here children were sometimes used for pornography or prostitution; when "lone abuse" was perpetrated it tended to be within a marriage or stable relationship. Several studies also reported cases of "lone abuse" where a woman was living without a constant male partner and the eldest male child had taken over the male adult role, and was also subject to sexual abuse on the part of their mother.

Coulburn-Fuller also created a category to describe adolescent female offenders , who tended to be "inadequate" and have difficulty in building and maintaining peer relationships, selecting children as a substitute for peers. The other circumstances under which females abuse are described as "ritual" . Here ritual abuse was practiced in groups, many of which were religious, including both women and men. The final group consisted of Professional carers who were accused of sexual abuse by the children in their care.

A study conducted by Elliot(1993) explores the accounts of 127 adult respondents who were sexually abused by a woman as children. The respondents reported similarly negative effects to those of victims abused by men. The majority(78%) who

did report the sexual abuse at the time were not believed and could find little help.

Whilst it would seem that men are more likely to sexually abuse children than women, the true extent of female sexual abuse is unknown and further research is needed. It is clear however, that a significant number of women do commit such offences and to characterise child sexual abuse as an exclusively male crime is to marginalise the few female offenders that do enter the criminal justice system and ensure that little substantial treatment provision is available to them.

Male Offenders

A growing awareness regarding the high incidence of child sexual abuse and the harmful consequences to the victim during the 1980's and 1990's has resulted in a proliferation of writings and research on male abusers.

However, little is really known about what distinguishes male abusers from non-abusers what motivates them to offend and how frequently they offend. Research has relied upon male offenders self report(Kaplan, 1985: Abel and Becker, 1987), the reliability of such work has been questioned given the extent of the denial and minimisation associated with child sexual abuse which throws doubt upon offender's own accounts.

Some have stressed the importance of confidentiality and immunity from prosecution in ensuring accurate findings(Kaplan,1985) and some researchers have been able and willing to make such guarantees(Abel and Becker,1987, for example). Whilst it may be the case that better research will result from confidentiality, and this is usually a most important ethical consideration when undertaking research, the morality of

concealing information regarding sexual offences committed against children can be questioned.

Other variables are important in determining how forthcoming abusers are in interview. Abel et al (1983) suggest that interviewer style and experience makes a difference, they found that subjects were much more willing to discuss their offending and offending history when re-interviewed by a more experienced interviewer.

Recidivism And Reconviction

The extent of recidivism amongst abusers is an extremely important issue allowing researchers to examine patterns of abuse . Recidivism should not however be confused with rates of reconviction. As discussed, self-report studies of abusers have demonstrated that a vast difference exists between the number of offences committed and the number of convictions received for those offences, simply because the majority remain undetected(Abel, 1983: Abel and Becker, 1987:Weinrott and Saylor, 1991).

Abel and Becker's(1987) self report recidivism study of 561 non - incarcerated sex offenders is probably the most comprehensive to date. Conducted in the United States the study provides an overview of the characteristics of male abusers. The respondents were aged from 13 -76 years, with a mean age of 31.5 years. The majority were employed and had formed a stable relationship with an adult partner(married or cohabiting). In keeping with other research, the ethnic origin and social class of the sample was representative of the general population . The majority had committed offences against female children.

The offenders reported a large number of offences, some 291,737 sexual acts were

said to have been perpetrated against 195,407 victims, 153 child sexual abusers(non-familial offences against male children) admitted to 43,100 offences involving 22,981 victims, constituting an average of 282 offences per offender and an average of 150 victims each(Barker and Morgan, 1993). The majority of respondents(53.6%) also reported the onset of deviant sexual interest before their 18th birthday.

In support of Abel and Becker's research, Weinrott and Saylor(1991) interviewed institutionalised child sexual abusers(and other sex offenders) and found that many undetected sexual offences were disclosed.

Research incorporating reconviction rates does however show a distinct difference between child sexual abusers who have undergone treatment programmes and those who have not. Marshall (in Fordham,1992) produced rates of reoffending for untreated abusers of between 15 and 20% over a 4 year period, he states that this compares favourably to the rates for treated offenders. The rates are lower than those produced by Marshall and Barbaree's (1988) in their North American study, this may be due to methodological or cultural differences. A sample of 126 treated and untreated child sexual abusers attending one clinic were followed over a period of between 12- 117 months. The research subjects were divided into the following categories: men abusing non-familial girls; men abusing non-familial boys and incest abusers. The non-familial abusers were generally more likely to reoffend(or perhaps to be caught reoffending) than were the incest abusers. In all three categories the untreated abusers were much more likely to reoffend than were the treated offenders.

**Reconviction Rates of Treated And Untreated Child Sexual Abusers
Marshall And Barbaree(1988)**

	% Reconvicted	
	Treated	Untreated
Abusers of non-familial girls	17.9	42.9
Abusers of non-familial boys	13.3	43
Incest abusers	8	21.7

Even given the difficulties associated with the use of reconviction data the findings show a marked difference between those receiving treatment and those not receiving treatment. It should however be noted that no reference is made by the authors, to the number of offenders in the treatment group completing the treatment programme.

Recidivism is also important in enabling researchers to isolate risk factors.

This type of work aids criminal justice agencies in attempting to recognise those abusers most at risk of reoffending. Abel et al(1988) in another important North American study attempted to isolate risk factors in a sample of child sexual abusers. They found that those most likely to reoffend had assaulted both boys and girls and had committed offences against both familial and non-familial victims. Other similar studies such as, Marshall and Barbaree's(1988) found no association between recidivism amongst child sexual abusers and social class or educational level.

Marshall and Barbaree also state that no association could be found between the number of previous offences(or are they referring to convictions? This is unclear) and the risk of reoffending, this seems a questionable finding given that other recent research has clearly demonstrated that such a link exists and that those abusers having an established pattern of offending are by definition the most difficult group to treat and the most likely to fail in treatment programmes (Beckett et al, 1994).

Offenders Age

Age appears to be an important variable, studies point to an age range from early adolescence upwards, with a mean average age between 30 -35(Nash and West, 1985).

Increasingly however, and in support of Abel et als (1988) then controversial finding that the onset of deviant behaviour can occur prior to age 18, recent research has increasingly focused upon adolescent abusers and this reflects a boom during the 1990's in treatment programmes specifically aimed at such abusers(O'Callaghan and Print, 1994). Is such a focus justified?

A prevalence survey conducted by Kelly(1991) in England and Wales, in which a sample of 1,244 16 - 21 year olds were surveyed, concluded that 27% of perpetrators were aged between 13 and 17 years. Whilst similar research conducted by the Northern Ireland Research Team(1991) reviewed 408 cases of child sexual abuse and found that in 36.1% of cases the abuser was an adolescent.

Some research comparing adolescent sex offenders to other adolescent offenders has generally failed to find any significant differences between the two groups(Smith,

1988: Oliver, 1993). Fagan and Wexler(1988), for example, found that adolescent abusers were as likely to come from stable homes(defined as living with both natural parents) and had low reported rates of substance abuse.

Becker and Kaplan(1988) found that adolescent abusers were less likely to have encountered the criminal justice system. Oliver's(1993) study comparing a group of adolescent abusers to a group adolescent offenders committing property related crimes, found that the abusers were least likely to have a recognised mental health problem and showed fewer deviant characteristics(assessed by psychometric testing) than the non-abusing group. The only other difference between the two groups was that the abusers tended to score higher on measurements of inter-personal maturity.

More recent work has contradicted such findings in suggesting that such offender tend to come from 'dysfunctional' families and may have experienced physical or sexual abuse(Kear-Colwill, 1996: Graves et al, 1996: Smallbone & Dadds, 1998: Ward & Keenan, 1999).

In summary it would appear that: Child sexual abusers tend to be male, although women do perpetrate sexual offences against children and have been largely ignored by the literature; the mean age of those abusers studied is between 30 and 35, although recent research is increasingly addressing adolescent abuse and this may lend support to the view that the onset of deviant sexual behaviour occurs in adolescence(Abel et al , 1988);no association appears to exist between the sexual abuse of children and social class, ethnic origin or geographical region; victims tend to be female although reticence amongst male victims in disclosing abuse may have affected this finding.

Theorising Child Sexual Abuse

Numerous explanations have been offered regarding why male abusers sexually assault children. Explanations tend to be: physiological focusing on brain abnormalities for example(Langevin, 1990, in Howells) ; psychological, pointing to the importance of early childhood experience(Kline, 1987); sociological, stressing the central role of structural factors such as power relations(Kelly, 1988); eclectic, combining sociological and psychological thought(Finkelhor, 1986).

It is important to consider the theoretical context of abuse as current treatment practice in England and Wales has largely evolved from such thought.

Physiological And Biological Theories

The literature pointing to physiological explanations of sexual offending in males has tended to concentrate on offences involving adults and has not attempted to explain why, if sexual offending is due to physiological factors and therefore beyond the control of perpetrators, abusers choose to assault children? There is very little research evidence to support such theories although the area is under researched.

Physiological theories have tended to focus on the existence of brain abnormalities and testosterone levels in male sex offenders, in an attempt to explain sexual abuse.

Langevin(1991, in Howells) claimed to show a link between temporal lobe impairment and deviant sexual behaviour in male sex offenders. However as Langevin points out there is no way of knowing , particularly given the small number of cases involved in his experiment, if the relationship between sexually deviant behaviour and brain impairment is a causal one.

Studies focusing upon testosterone levels in male sex offenders(testosterone is the hormone associated with arousability in males) assume that unusually high levels of the hormone prompt sexual abuse(Lanyon, 1991: Rada et al 1976). Berlin and Hopkins(1981) have reported higher testosterone levels in a large number of child sexual abusers, whilst Rada(1976) reported that abusers testosterone levels were similar to non-abusers, the evidence where it does exist appears contradictory and inconclusive.

Hucker and Bain(1990) in their review of the literature around this area, conclude that the majority of such studies should be treated with caution as the broad generalisations made are in fact based on very small clinical samples and findings are often incomplete.

The most damning criticism of this theoretical approach comes from recent research conducted in England and Wales(Beckett et al, 1994). The Home Office sponsored study compared the efficacy of seven community based treatment programmes for sex offenders, the majority of whom(53 of 58) were child sexual abusers. The study highlighted the success of long term community based programmes in enabling offenders to control their offending. The physiological approach assumes that offenders are unable to control their behaviour in the absence of medical treatment to reduce hormone levels, if this were the case other forms of behavioural treatment would not appear to be effective. It could of course be the case that abusers become more adept at evading detection as a consequence of attending a programme.

Psychological Theories

Psychology has made probably the most significant contribution to the study of child sexual abuse. Psychological theory ranges from more traditional Freudian psychoanalytic school to recent cognitive behavioural theories.

The Influence of Sigmund Freud

Psychoanalytic theory originates in the work of Sigmund Freud and has had a great impact upon both the treatment and theoretical explanation of child sexual abuse. It was Freud's belief that all personality disorders, such as sexual deviance, arose from unresolved sexual problems in childhood. Unsatisfactory resolution of the "oedipus complex" in males (the "electra complex" in females) was seen as one of the primary causes of sexual deviation in Freud's later work. The oedipus complex refers to the belief that male children desire sexual relations with their mother, wish their father dead and fear castration from their father by way of retribution. The child comes to resolve this dilemma through identification with the father and a happy relationship is resumed(Freud,1952).

Adult sexual problems arise following the unsuccessful resolution of this complex in childhood. Post Freudians such as Weldon(1988) have blamed the unsuccessful resolution of the oedipus complex on poor parenting on the part of the mother, whilst others such as Kline(1987) point to the inadequate development of the super ego, implying that childhood desires are taken into adult life and inappropriately directed towards children(Lanyon,1991).

The complexity of this theory makes it difficult to investigate empirically, however the basis of the claims have been challenged: First, Freudian theory has been

criticised on methodological grounds, as it was based on the work conducted by Freud with a small number of middle class, Viennese women who may not be representative ; second, post Freudian's such as Kline(1987) have failed to explain the existence of female child sexual abusers focusing exclusively on males; third, whilst women as mothers are implicated in ultimately giving rise to abuse via the poor parenting of male children(Weldon, 1988), no consideration is given to the fact that victims tend to be female(Salter, 1988).

These criticisms are important but do little to damage the respect enjoyed by Freudian theory. Other commentators go as far as to state that psychoanalytic theory has done irreversible damage to the study of child sexual abuse. Herman and Hirschman(1977) believe, for example, that Freud did much to detract from the seriousness of the problem. Freud's early theories of neurosis highlighted the significance of early childhood sexual experiences(Hitschmann, 1921), on finding that a large number of his female patients reported having been sexually abused at a young age by adults, he first stated that child sexual abuse was the root cause of all neurosis in adulthood. Freud called such abuse "*infantile seduction*"(cited in Clark,1982, p156) the seduction of children on the part of adults.

Freud recognised the trauma caused by such abuse and went on to say that:

"Foremost amongst those guilty of abuses like these, with their momentous consequences are nursemaid's, governesses and domestic servants'(Freud cited in Clark, 1982, p156)

In this important observation Freud both recognises the harmful consequences of

abuse and identifies the abusers as predominantly female(this assertion seems strange given that we know that they are not, this may be an attempt to blame women). This contradicts post Freudian thought which has focused exclusively on male perpetrators(Weldon, 1988).

Freud later reconsidered his theory probably in the light of criticism from colleagues, Clark(1982) recounts the first reading of Freud's theory on "infantile seduction" in a lecture to the Society of Psychiatry and Neurology in Vienna. The reception the paper received is said to have been summed up by a comment made by krafft-Ebing the chair: "*it sounds like a scientific fairytale*"(Clark, 1982,p158) .

In the face of such open criticism Freud concluded that the accounts he had heard were fabricated, the fantasies of middle class women. This led to the formulation of the Oedipus and Electra complexes, which postulated a strong impulse in the child for sexual relations with the parent of the opposite sex(Hitschmann, 1921). Rush(1974) has argued that Freud reframed his original theory as he personally was unwilling to face the implication that the behaviour of his own peers lay behind his patients problems.

Freud may have been one of the first to stumble upon the true extent of sexual abuse experienced, the dismissal of patients accounts as fantasy had catastrophic effects in that the ideology underlying psychoanalysis, from which psychiatric practice originates, discounted victims experiences of childhood sexual abuse and succeeded in blaming children for the abuse they suffered(Rush, 1977). Indeed Finkelhor has stated that;

"this ideology of denial and blaming the victim has been the

biggest obstacle to the serious study and promotion of the problem of children's sexual victimisation"(1986, p9).

The influence of Freudian thought is widespread in present day psychology. Groth(in Lanyon, 1991) for example, developed classifications for child sexual abusers and rapists, which have informed approaches to treatment. It is suggested that abusers are motivated by unresolved life issues occurring in childhood, abusers are characterised as either fixated or regressed. The fixated abuser has a consistent primary sexual interest in children and is unable to maintain long-term relationships with adults. The regressed abuser has formed relationships with adults but will regress into relationships with children under certain circumstances, such as when rejected by an adult .

Later psychoanalytic theories have focused upon the family. Mrazek(1981) claims that the absence of a good marital bond and previous incestuous behaviour on the part of male family members make for a dysfunctional family, in which incest is likely to occur. Whilst De Young(1982) suggests that incest arises when discontented males who are too inhibited to seek sexual gratification outside the family, abuse their daughter.

The incest is viewed as symptomatic of the dysfunction. It could however be argued that the presence of a child abusing male in any family unit would cause that family to dysfunction(Kelly, 1988). The dysfunction is probably symptomatic of the incest.

Treatment approaches do not now tend to locate the origins of abuse within the family, as more has been discovered about the way in which abusers target and

manipulate children(Elliot, Browne and Kilcoyne, 1993). As Barker and Morgan(1993) state: *“it becomes increasingly logical to see dysfunction in incestuous families as an effect of the offenders manipulation of that family, rather than the cause of the incest”*(1993, p9).

Freudian theory has tended to blame women for acts perpetrated by men, some later commentators have claimed that this tendency remains and that professionals indirectly blame the mothers of abused children for not providing adequate protection. Carter(1999) suggests that ‘mother blaming’ plays a central role in Canadian child welfare legislation and policy, and as a consequence of this the women in her study came to blame themselves for their child’s abuse, *‘women in this study were blamed (and blamed themselves) for their children’s victimisation. It was documented how institutionalised sexism contributed to the ethic of blame experienced by the mothers interviewed’*(p 199).

Behavioural Theory

Behavioural learning theories within psychology originate in the early work of Pavlov in the late 19th century and Skinner in the 1920s (cited in Sparks,1982) who studied learned responses to external stimuli amongst animals. Learning theorists attribute child sexual abuse to the misdirected learning of behaviour. In keeping with Pavlov’s original study of the manner in which dogs could be conditioned to respond to external stimuli, learning theorist’s state that the sexual abuse of children occurs when abusers associate childlike characteristics with sexual arousal. Abusers may become aroused by a small childlike body for example (Laws and Marshall, 1990), the impact of the stimulus is such that the characteristics become the prompt for

sexual arousal.

Other learning theorists such as Wolf(1984) suggest that a childhood history of sexual, emotional or physical abuse leads to the development of an inclination towards sexual deviancy. It is suggested that through such experience children learn inappropriate behaviour, the abusive experiences serve to act as “potentiators” for the child to learn inappropriate behaviour. Wolf states that the more potentiators there are, the greater the risk that the child will become a sex offender. The presence of potentiators coupled with other stimuli such as alcohol, drugs or pornography lead to deviant sexual fantasy, which provides the backdrop to future offending. According to Wolf events leading to feelings of powerlessness and worthlessness reinforce deviant sexual fantasies which are often masturbatory. This acts as a rehearsal for future offending.

Wolf’s theory has found wide practical application in treatment programmes(Barker and Morgan,1993) for sex offenders, and Wolf’s cycle of abuse continues to be used extensively in work with offenders. However, the theory can be criticised on a number of counts: First , self report studies of child sexual abusers report rates of abuse perpetrated against offenders to be anywhere between 10 and 50%. Assuming that 50% of abusers have themselves experienced abuse, the remaining 50% have not and therefore presumably could not have learned the behaviour; second, a related point, all those who have experienced abuse do not necessarily abuse as adults, the fact that the majority of victims are female and the majority of perpetrators are male bears testimony to this.

Social learning theorists such as Stern et al(1972), have made an important contribution to an understanding of the effects of television and other media upon young children, particularly with reference to violent and sexual acts. It is claimed that exposure to violent and sexual acts on television may normalise and legitimise such behaviour. Stern is not suggesting that children will necessarily replicate the behaviour, but that such stimuli may act as a trigger for children who are abnormally aggressive(Stern,1981). This theory is supported to an extent by the much publicised James Bulger case, in which two young boys(aged 10 and 11 years) abducted a young child with the express purpose of sexually abusing and murdering him. It emerged that the two children had recently viewed a video depicting the abduction and murder of a small child, represented by a doll.

The torture inflicted upon James Bulger mirrored that inflicted upon the doll and enacted in the video(reported in The Guardian , 12 November 1993 and verified in the Statement of one of the perpetrators).

Sociological And Feminist Theories

Sociological theorists are more inclined to take structural and cultural explanations into account in explaining the sexual abuse of children. Undoubtedly such explanations are of great importance when investigating any social behaviour since human action cannot be divorced from the societal context in which it occurs.

Unfortunately sociologists have contributed comparatively little to the study of child sexual abuse preferring, it would seem, to leave this particular area of study to psychologists. The exception here is Liz Kelly's work on sexual abuse(1988;1991; ongoing 2000).

Plummer(1981) states that deviance is a relative rather than an absolute concept, what constitutes a deviant act in one society may not in another for example. This follows the assertions of symbolic interactionists such as Becker(1963) , Quinney(1970) and Chambliss(1972) who believe that *“nothing is inherently criminal it is only the response that makes it so”*(Chambliss cited in Bottomley, 1979 , p9) and if crime is to be explained *“ we must first explain the social forces which cause some acts to be defined as criminal while other acts are not”*(Chambliss, p9).

Child sexual abuse in this context has little to do with the individual offender and can be attributed to the norms regulating behaviour within society. Plummer(1981) cites examples of other societies and cultures where sexual relations between adults and children are encouraged. Even if this is the case, Plummer’s assertion that the majority of victims experience only short-term trauma undermines the plausibility of his argument given recent research addressing victim’s experiences of child sexual abuse(Wyatt and Powell,1988: Kelly , 1991).

In his study of incest Weinberg(1963) suggests, contrary to Plummer’s claims, that *‘incest behaviour is uniformly condemned in virtually all societies’*(p249). On the basis of his qualitative interviews with 203 respondents, Weinberg goes on to claim that some family units serve to accommodate incest. This is not to say that such abuse is actively encouraged or condoned within this context. Rather the claim is that the family serves to separate *‘affectionate relations’* from *‘sexual relations’*(p257) , laying down norms regarding appropriate behaviour with other family members.

Where these norms are unclear or are misinterpreted incest may occur. In the case of sexual relations between a parent and a child, this theory would presumably extend to

the manner in which such experience might influence the norms under which the child operates in adulthood. As such Weinberg's sociological account finds support from behaviourists such as Wolf(1983) who points to a generational, cycle of abuse; and more recently from social psychologists such as Smallbone and Dadds(1998), who suggest that abusers poor early relations with parents shape their expectations regarding adult relations and often result in the failure of such relations.

Claims made by symbolic interactionists regarding the relative nature of deviance , raise interesting questions regarding the manner in which society has responded to recent revelations regarding child sexual abuse. Downes and Rock(1998), in their commentary on symbolic interactionist thought, claim that some forms of behaviour at one time considered deviant can be '*accommodated, built into the fabric of accepted life*'(p193). A good example of this is societies increasing tolerance of homosexuality as evidenced by recent policy and legislative initiatives. In the case of child sexual abuse, society appears to be becoming increasingly intolerant. Legislation concerning sex offenders has become more punitive regarding their punishment and control . Communities have fought to have convicted child sexual abusers removed from their midst and the popular press appear to be conducting a witch hunt in the wake of the Sarah Payne murder. Downes and Rock(1998) claim that when deviance becomes '*inexplicable, disorganized or threatening-- a gross reaction takes place*'(p193). It could be argued that communities are feeling increasingly threatened by what appears to a growing tide of stranger abuse. This fear has been fuelled by the media coverage of events and certainly by a popular newspapers campaign to 'name and shame' abusers(The News Of The World). The level of public anxiety has resulted in, the sending of hate mail to identified abusers and the victimisation of at

least three men incorrectly identified, one of whom received twenty four hour police protection(London Today, 3/8/00).

On a different note Rush(1974) has written extensively about the manner in which both religion and law have sanctioned sexual interaction with children throughout history. She points to a tendency, for example, on the part of the legal profession to blame the child victims of sexual assault this is seen as condoning and colluding with the abuse.

Some support for this can be found in comments made by the judiciary about child victims, note , for example, the case in which an adolescent sexually assaulted a 6 year old child, the residing judge stated that he would be lenient with the perpetrator as it was his first offence and given that the child was “*no angel*”, thereby implying that some blame lay with the victim(The Guardian, 7 March 1993).

Feminist theories point to power differentials between men, women and children in explaining child sexual abuse. Walby et al (1989) summarised the feminist case by stating that male hegemony has ensured that women and children are the property of men. These relationships are said to be generalised outside the family unit, in the sense that male perceptions of reality dominate . According to this theoretical stance, patriarchal society ensures that women and children are secondary objects to be used and abused by men, further, women and children lack the ability to consent within this framework. Here child sexual abuse is seen as an abuse of power as children are deemed incapable of being able to give informed consent to such a relationship (Kelly, 1991). Whilst this may be true, the research that has been undertaken with male sex offenders (this research included), presents a picture of powerless

individuals, socially isolated and lacking in self esteem(Scully, 1990). Whilst it could be argued that the act of abuse provides the power and control that is clearly absent from these lives, the image of the powerful and controlling male presented by some feminist researchers is far from the truth.

Feminist commentators have tended to categorise the sexual abuse of children under the general heading of 'sexual violence' and as such specific issues relating to this form of abuse have been submerged within this generic category. Bell(1993) suggests that feminists have contributed to this area of work by inviting adult women who have experienced sexual abuse as children, to describe their experiences. Bell also claims that feminist groups have provided much practical support for women victims of male abuse, in the form of telephone help lines and refuges.

Howells(in Cook and Wilson, 1979) has attempted to substantiate feminist explanations using the repertory grid technique with perpetrators ; a qualitative research technique based upon the writings of George Kelly(1955). He found that issues of dominance and hierarchy were more important in the social relationships of child sexual abusers than they were in the social relationships of non-abusers. He also found that one of the salient characteristics that abusers point to in their victims is submissiveness and a lack of dominance.

Howells work would certainly appear to give weight to feminist contentions, however a full account of the methodology employed is not provided making an evaluation of the study difficult.

Other empirical evidence for this theoretical stance rests on the fact that the majority

of perpetrators are male and the majority of victims are female, however feminist theory cannot explain why some women abuse children, although findings from research previously discussed which contends that when women abuse they do so with male accomplices could be cited in response to this criticism(McCarthy, 1981).

The Cognitive Behavioural Approach and Eclecticism

The Probation Service favours the cognitive behavioural approach in work with offenders(Hedderman, Sugg and Vennard, 1997) and a variation of this approach in work with sex offenders(Becker et al, 1994: Proctor and Flaxington, 1996).

Hedderman et al(1997) suggest that the term is broad and refers to a range of techniques which seek to modify offender behaviour. Evolving from the work of behavioural theorists(as discussed); cognitive theory, which emphasises the importance of individual cognitions and social learning theory, a latter day strand of behaviourism. This approach rests upon the belief that offenders have learned to behave as they do, as a consequence of their experiences as individuals. A great deal of emphasis is placed upon the importance of experience in childhood. This approach has much in common with sociology in stressing the importance of structural factors in shaping behaviour.

A short historical account of the development of this approach in work with offenders on probation is offered by Hedderman et al (1997); who state that such work has evolved in England and Wales, from the work of Ross, Fabino and Ross in Canada(1989, cited in Hedderman) . The historical origins of the cognitive approach in work with sex offenders in England and Wales are somewhat different and the

treatment ethos much more specific. Here the components of the cognitive behavioural approach include: blame attribution; victim empathy; cognitive distortions regarding children and sexuality; adult relationship difficulties; social isolation and self esteem; childhood experience of abuse.

Probation treatment programmes have in reality been based largely upon the work of North American Psychologist, David Finkelhor(1983;1986), who replaced the 'cognitive behavioural' label in favour of 'eclecticism'; described as a multi-factoral approach to the study of child sexual abuse. This arose following a general dissatisfaction with the narrow focus of existing theories. Finkelhor(1986) is both the originator and the main proponent of this approach. Explanations offered by physiologists, psychologists and sociologists alike have been described as an "inadequate attempt to explain a diverse range of behaviours"(Finkelhor, 1986, p92).

Finkelhor et al(1986) describe a four-factor model of child sexual abuse, which seeks to draw together strands from existing theories and review these in the light of empirical research. The model presented continues to be used by a large number of practitioners working with child sexual abusers in England and Wales(Barker and Morgan, 1993;Proctor & Flaxington 1996). This has formed the basis of the cognitive behavioural treatment approach in work with sex offenders.

In creating this model Finkelhor has drawn together much of the existing research, which he groups under four general headings: Emotional congruence; sexual arousal; blockage and disinhibition. His review of the empirical evidence produced in support of each theoretical stance is exhaustive and worthy of review.

The first set of theories fall under the general heading of “emotional congruence” (1986, p94), these state that abusers are compelled to select children in preference to adults, as a consequence of emotional immaturity and low self esteem coupled with an inability to relate to adults and possible early social deprivation. Sexual relations with children are seen to provide feelings of power and dominance. Finkelhor cites numerous studies around this area such as: Bell and Hall’s (1976) work on the emotional immaturity of abusers; Glancy’s (1983) work addressing power and dominance in the sexual abuse of children and Howells(1979) work which has attempted to substantiate the feminist perspective on child sexual abuse. Later studies do provide some evidence of early social deprivation in sex offender populations(Bagley, 1992 ; Kear-Colwill,1996; Ward and Keenan, 1999). Some have suggested that such early problems contribute to an inability to forge successful adult relationships(Smallbone and Dadds, 1998).

Finkelhor is critical of some of the research that has been conducted on the concepts of self-esteem and immaturity in abusers. The importance of these ideas cannot be overemphasised as they form the core of many community and custody based treatment programmes in the England and Wales(Beckett, 1994: Proctor & Flaxington, 1996: Beech et al, 1998). Clinicians have attempted to investigate such issues via the use of psychometric testing(Cohen et al, 1969: Fitch, 1962) grand claims have been made frequently on the basis of small, clinical samples. Finkelhor states:

“ investigators have often made broad and unwarranted inferences from test data, and we believe that hypothesis is not much advanced beyond the status of clinical inference”(1986,p10).

It is in reality extremely difficult to measure the extent of self esteem a person has, it is even more difficult to establish how far this has changed as a consequence of undergoing a treatment programme. Numbers are often small through necessity, given that researchers must often use convenience samples.

There is however, increasing evidence in support of this view, a number of studies, all of which are admittedly based upon small samples, have found some evidence to suggest that this group of offenders does have low self-esteem. Finkelhor cites Peters(1976) early work, for example; here researchers found that child sexual abusers scored higher on a general health test than did other sex offenders(they had more physical symptoms). This is taken to demonstrate that abusers have a tendency to somatize problems, which is taken to be indicative of low self esteem. Later work conducted by Marshall and Mazucco(1995) and Marshall(1996) does appear to support the contention that abusers have low self esteem and report minor health complaints, as does Beckett et als (1994) Home Office study. The extent to which the tendency to report minor health complaints can be linked to low self-esteem is however, tenuous and can be questioned.

The second group of theories are described as those focusing upon “sexual arousal”, this refers to theories which describe the origins of sexual attraction to children.

The literature here largely draws on behavioural learning theory which emphasises the importance of early critical experience in triggering sexual attraction towards children(Clarke and Hunter, 1989).

Such experiences may centre on abuse and victimisation. Alternatively it is

Howells(1979) view that as children provoke strong feelings in adults, some adults may misinterpret these feelings as sexual and act inappropriately. If this is so, the key question here is why some adults act in this way while others do not, unfortunately no attempt to explain this is made. Finkelhor's review of the empirical evidence concludes that there is support for the view that early experience plays an important role in the development of child sexual abuse and there is increasing evidence to support this claim.

Third, "blockage" refers to a group of theories addressing problems associated with abusers inability to meet their sexual needs in adult relationships . Such theories differentiate "normal" sexual development leading to heterosexual relations from "abnormal" sexual relations leading to any other type of sexual relationship.

As discussed, psychoanalytic theorists have attributed this variously to unsatisfactory resolution of the oedipus complex, leading to unresolved conflicts regarding their mothers leading to an inability to relate to adult women(Gillespie, 1964) and traumatic early experience including abandonment or betrayal by a woman(Kinsey, 1948). Other theorists not adopting such an overtly psychoanalytic perspective but supporting the underlying principles, have characterised abusers as lacking in social skills, inadequate, under assertive, moralistic personality types who are unable to forge and maintain successful adult social and sexual relationships(Langevin, 1990: Smallbone & Dadds, 1996).

Finkelhor's review of the literature in this area of work does indeed provide some evidence to support the view that abusers have difficulty in relating to adult women. He cites Hammer and Glueck's(1957) study of 200 sex offenders in which they found

that child sexual abusers had a fear of heterosexual contact, whilst Panton(1978) found that abusers expected pain and rejection in adult relationships. This finding concurs with Smallbone and Dadds(1996) claim that abusers expect to experience problematic adult relationships on the basis of their childhood experience of relationships .Wilson and Cox's(1983) research suggested that abusers were more likely to be shy, sensitive, lonely and depressed than were non-abusers. More recent work supports this contention; Fisher and Beech in an article describing work jointly undertaken with Beckett et al (1994), suggest that abusers were unable to appreciate 'the perspective of others and (were)ill-equipped to deal with emotional distress'(1999,p252).

Finkelhor states categorically, however, that he could find no evidence to support the claims of psychoanalysts regarding child sexual abuse and the oedipus complex. This would in reality be difficult to support in research terms.

Finally "Disinhibition" refers to theories suggesting why societal norms and taboos do not act to disinhibit abusers from abusing children. Theoretical explanation here has focused upon: Poor impulse control(Knopp,1982); alcoholism (Rada, 1976) and psychosis(Marshall and Norgard, 1983). The contention is that "normal" men are capable of sexually abusing children when their judgment is impaired by substance misuse or mental health problems(Storr, 1965)

Other theories falling within this category point to situational factors such as unemployment, marriage breakdown and the death of a significant other as disinhibitors that may act to provoke "normal" individuals to sexually abuse a child(Gebhard et al , 1967: Swanson,1968). Others would claim that such

'disinhibitors' provide a convenient means of attributing blame for behaviour to internal or external causes(Gudjonsson, 1987,1990).

Finkelhor found little evidence to support poor impulse control theory, citing Gebhard et als (1965) extensive study which found that at least 80% of the acts perpetrated by their sample were meticulously planned. There is however some evidence to suggest that the misuse of alcohol accompanies child sexual abuse, Aarens et als(1978) review of eleven studies conducted in the United States, for example, found that 50% of abusers had histories of alcohol misuse, the use of alcohol prior to the commission of the act may lead to poor impulse control.

Finkelhor's extensive critique of the literature led him to develop a theoretical model of child sexual abuse involving four factors: Firstly there must a motivation to abuse, an offender must be "emotionally congruent" with children, he must also find children sexually arousing and be experiencing "blocking" in attempts to forge socially acceptable adult relationships. The pre-condition is disinhibition, the third the overcoming of external impediments, as a victim must be targeted and isolated before abuse. Finally an offender must overcome the resistance of his victim through coercion or other means.

Treatment approaches arising from theoretical argument are: Firstly from the physiological and biological model the use of surgical procedures designed to disrupt the production of male hormonal agents(Berlin, 1982: Ortmann, 1980); secondly, from feminist theorists the recommendation that women engage in work with male offenders to challenge their attitudes towards children(and women)(Dominelli, 1986); third, psychoanalysts have used social casework and group therapy along with fantasy

reorientation and hypnotherapy(Spanos,1971: Stava, 1984); fourth, behavioural learning therapists have focused upon the attempted association of deviant sexual stimuli(pictures of naked children for example) with aversive physical stimuli(an electric shock for example), this is known as aversion therapy (Maletsky,1980: Quinsey et al 1977);whilst practitioners drawing on the eclectic model have attempted to combine approaches incorporating structural and psychological approaches.

Barker and Morgan(1993) claim that the multi- factorial or eclectic approach has given rise to cognitive behavioural therapies with sex offenders and that this is the most used approach in England and Wales. This contention is supported by Proctor and Flaxington's(1996) later survey of probation service provision for sex offenders and Beech et als(1998) recent evaluation of the prison service's sex offender treatment programme.

In the cognitive behavioural approach the focus is upon confronting distorted thinking about children, developing victim empathy, increasing offender awareness about the harmful long-term consequences of actions upon victims and enabling abusers to control their offending behaviour via behavioural modification techniques (Beckett et al, 1994).

In summary, theoretical approaches addressing child sexual abuse have tended to focus upon: physiological; sociological; structural and psychological factors by way of explanation. Psychology has made by far the greatest contribution to the debate so far. The eclectic approach has the greatest support amongst academics and practitioners, incorporating the central themes of psychoanalytic, behavioural ,

sociological and feminist approaches.

Summary

The sexual abuse of children is a serious social problem, both in terms of the potentially painful, enduring consequences for the victims and in terms of the cost to society. A great deal of research has been published about offenders, who they are , where they come from and what motivates them to offend. Yet little is really known except that offenders tend to be male and possibly that some such offending behaviour may begin during adolescence.

Treatment has evolved from theoretical approaches, and there is increasing research evidence from Europe, North America and Canada to support such work. Much of the research, which has been undertaken, has tended to make extremely limited use of available research methods, focusing upon the use of psychometric testing. There is a clear need for further British research employing a broader methodological base, which seeks to review the effectiveness of the community group work approach with those convicted of sexual offences against children, and which seeks to place this within a broader historical, legislative and political context.

Chapter Two

The Historical, Social And legislative Context Of Treatment Programmes For Child Sexual Abusers In England & Wales

Introduction - The Social Context Of Child Sexual Abuse

Chapter Two seeks to describe the social and legislative context of treatment for child sexual abusers in England and Wales. The last two decades have seen an increase in the number of community and prison based programmes for sex offenders. Research into Probation Service provision for this group was originally conducted in 1993 by Barker and Morgan. Their findings indicated that 63 probation led programmes were in operation, only 3 of which had been operating for more than five years. Later research suggests that such provision has expanded considerably in recent years(Proctor and Flaxington, 1996).

The increase in treatment programmes reflects the concern of the Probation Service that appropriate and effective provision be in place for this group of serious offenders. This concern is partly attributable to increased governmental and public concern regarding the incidence of child sexual abuse and the safety of children. Media coverage of isolated, extremely violent sexual offences which have culminated in the death of children, has fueled the debate and increased public anxiety regarding the placement of abusers within the community and the sentencing of such offenders. The recent media coverage of the Sarah Payne case(a child who was abducted and murdered by an offender with a previous conviction for indecent assault against a child).

The Home Office set up a review of sexual offences(1999), which has drawn upon advice issued by the European Court of Human Rights. Changes to the legislation will probably be made shortly as a consequence .

How far is this concern justified? Whilst the most serious cases involving the abduction and murder of children remain few, the actual incidence of sexual abuse has probably been significantly underestimated. The evidence from victim surveys has been discussed elsewhere .The 1980's and 1990's have seen the development of organisations dedicated to the support of victims of abuse. Organisations such as Childline and the Suzy Lamplugh Trust aim to publicise the extent of abuse and offer advice to victims. Both organizations claim to have received a large number of calls from child victims of sexual abuse on a regular basis. This is supported by the National Society For The Prevention Of Cruelty To Children who reported an increase of 800% in the alleged numbers of child sexual abuse cases on the At Risk Register between 1993 and 1998.

The government(Conservative) demonstrated its concern regarding the protection and standing of children, with the introduction of the Children Act 1989. This act sought to impress upon professionals concerned with the welfare of children, the importance of working in the best interests of children in child protection work. The legislation also sought to give children(aged 7and over) some control over their lives, by requiring that professionals involved in child protection work and civil work, take the child's views into account.

The last decade has seen increased concern on the part of welfare and criminal justice agencies regarding wrongful accusations of child sexual abuse. In the wake of the Cleveland, Rochdale and Orkney inquiries, focus has shifted to the interviewing practices of professionals in child abuse cases. The Butler-Sloss Report(1988) criticised the manner in which social workers and doctors identified sexual abuse on the basis of inconclusive evidence, this claim has indeed been upheld by later commentators who have questioned the basis of the medical evidence in the Cleveland case(Frothingham et al, 1993). Similar criticisms were made of social workers and family doctors following the Orkney accusations of ritualised satanic abuse.

It has been claimed that a 'moral panic' has developed as a consequence of such inquiries. This panic has been fueled by public anxiety and media attention and, it is claimed, has resulted in professionals inability to 'get on with the job'(Neate, 1995, p30). Cohen(1972) has suggested that each moral panic produces its own demons and moral scapegoats. Sex offenders continue to be pilloried by the media and are portrayed as 'monsters' frequenting dark alleys in the hope of luring unsuspecting children to their death. Whilst Neate(1995) suggests that the professionals involved in child protection work are the scapegoats within this particular panic. Nava(1988) in her analysis of the Cleveland Inquiry, points to the way in which the female paediatrician at the centre of the case was criticised more by both the media and the Inquiry, than her male colleague.

Moral panics have been described in largely negative terms as representing misplaced social anxiety (Hall et al 1978); here such anxiety may not be misplaced. Society may

have been forced to acknowledge the possibility that children have been, and continue to be sexually abused, on a scale never before imagined, and frequently within the family, or by trusted friends (Neate, 1995). In the search for monsters and scapegoats it is possible to forget that the sexual abuse of children should give cause for concern. The nature of the 'moral panic' may obscure reality but indifference regarding the issue would be far worse.

It has been suggested that child protection professionals, demoralised by hostile media attention and a series of negative reports, have become increasingly cautious regarding alleged cases of child sexual abuse.

Recent research suggests that evidence presented to the Crown Prosecution Service in child sexual abuse cases, frequently fails to meet the required standards leading to a high rate of discontinuance. The research conducted by Davis et al (1999) and funded by the Home Office, was based upon a sample of 94 child sexual abuse cases across two police force areas. The researchers conclude that the decision to prosecute is based upon the existence of a clear victim account of the alleged abuse. This is particularly problematic where children are unable to provide such an account, *'the police and CPS believe that it is extremely difficult to secure a conviction where the sole evidence is that of an inarticulate child who has not given a clear account of the abuse'* (1999, p3). The researchers go on to state that many such children from 'troubled backgrounds' (p3) made allegations. The CPS believed such child witnesses to lack credibility and many cases were discontinued on this basis. The research also criticised the lack of training and guidance offered to those police officers who interview child victims.

The recent publication of a report entitled 'Lost in Care' written by former High Court Judge Sir Ronald Waterhouse(2/2000) can have done little to restore public confidence in childcare professionals. Recent evidence indicates that large numbers of children within the care of local authorities have been sexually abused by social workers and carers. Claims that up to 650 children were sexually and violently abused over two decades in children's homes in North Wales have been made.

The findings from this report will certainly contribute to public anxiety regarding the extent of child sexual abuse, the irony being that here the perpetrators are those who usually have responsibility for the care and well being of children, and for identifying victims of abuse. The implications of this report are far reaching, the government has announced an immediate overhaul of the care system, along with the introduction of an 'Independent Children's Commissioner'. The impact upon those social workers engaged in the protection of children at all levels, could be considerable as new practice procedures and controls are introduced.

The situation has been exacerbated by the recent investigation into sexual abuse within children's homes in the London borough of Lambeth. One care worker has been imprisoned for the sexual abuse of twelve children. It has been claimed that this investigation has expanded considerably and that Scotland Yard are currently investigating the existence of a nationwide abuser ring which has targeted thousands of victims over the past twenty years. It is claimed that many of the perpetrators have infiltrated children's homes in order to procure children for abuse(Daily Mail, 18/2/2000).

Just as the Cleveland affair became a watershed in child protection work twelve

years ago, simultaneously raising the public consciousness regarding the incidence of abuse and criticising professionals for the use of inadequate abuse identification techniques, the Waterhouse Report constitutes a second watershed; refocusing public attention upon these issues and underlining the view that those professionals who are entrusted with the care of children, are well placed to sexually abuse them. Given the significance of this development it is worth considering the Report's findings in some detail.

The Waterhouse Report: Key Findings And Implications

The Tribunal Of Inquiry Into Child Abuse In North Wales was ordered by both Houses Of Parliament in 1996. Sir Ronald Waterhouse, Margaret Clough and Morris Le Flemming were appointed by William Hague, then the Secretary of State For Wales, to undertake the inquiry.

The aims of the inquiry were fourfold: To explore child abuse of children in care in the former county councils of Gwynedd and Clwyd since 1974; to examine to what extent the responsible agencies could have prevented the abuse; to examine the response of the agencies and to consider if appropriate action was taken.

The Inquiry concluded that widespread sexual abuse of children(mainly boys) occurred in local authority homes, private children's homes and some foster homes in the area between 1974 and 1990(p197). The authors also suggest that the scale of the abuse is under- reported given their inability to investigate further, due to limited resources.

The authors criticised practice and the quality of care provided at every level, such

criticism included the absence of a complaints procedures (for both staff and children in care), *'those who did complain were generally discouraged from pursuing complaints and recording of complaint was grossly defective'* (p201). The report goes on to suggest that complaints of any sort were actively discouraged. It is easy to see how in this environment young children would feel unable to divulge incidents of abuse.

The manner in which staff were recruited was also criticised, *'unsuitable residential care staff'* (p202) were recruited and no police checks were made upon potential employees, including senior employees.

Organisationally the abuse of children was largely facilitated at one level by: negligent recruitment procedures; inadequate staff training opportunities and practice guidance; infrequent visiting by field social workers; poor recording of events (occasionally knowingly falsified) and inadequate care planning. At another level the authors blame the inadequacy of the Social Services Department at the most senior level in the County Council for the absence of *'coherent arrangements'* for the *'management, support and monitoring of the communities homes and for supervision and performance appraisal of residential care staff'* (p203).

The report also criticises the Welsh Office for failing to provide good leadership and guidance at a time when many changes were imposed to the organisation of Social Services over a short period of time. The funding of care was also seen to be lacking, as resources were cut over time.

The report describes a situation in which organisational inadequacies within Social

Services and at local level, gave rise to circumstances in which it was possible for abusers to gain employment and sexually abuse children over a long period of time.

The authors recommendations are in keeping with the Children Act 1989 in stressing that action should always be taken in the child's best interests. The key recommendations include: The appointment of an independent Children's Commissioner for ; the appointment of a Children's Complaints Officer by every social services authority and the introduction of clear 'whistle blowing' procedures enabling care staff to raise complaints and concerns. Other recommendations include: a review of recruitment procedures; a police log of incidents and complaints at each home and appropriate training for staff. These recommendations have influenced the Sexual Offences(Amendment) Act 2000. Included amongst sexual offences for the first time are those cases involving persons of 18 years and over whom enter into a sexual relationship with a person of less than 18 years, where they are in a 'position of trust', this would include children in local authority care (WWW.Open.Gov.UK/query.html.qt=sexualoffences law).

How Many Sex Offenders Are There?

Another facet of social anxiety regarding child sexual abuse, lies in the concern that there are a large number of such offenders, many within the community. A further complication here is that it is difficult to estimate the number of known sexual offenders in the population, the criminal statistics produced by the Home Office are several years out of date and refer only to those who have been convicted or cautioned in a given year.

Marshall's(1997) study undertaken on behalf of the Home Office, sought to establish

how many men in England and Wales had convictions for sexual offences. This research provides the most recent estimate. Marshall undertook an analysis of cohort data provided by the Home Office Offender Index(a comprehensive database of offender convictions since 1963). The study follows cohorts of men born in 1953, 1958, 1963, 1968 and 1973. The data gained from the cohort study was used to estimate the number of sexual offenders in the population, this is likely to be an underestimate given that the work is based upon a convicted sample.

Marshall found that 0.7% of men born in 1953 had a conviction by the age of 40 that clearly involved a sexual offence against a child. This compared to 0.5% born in 1963 who had such a conviction by the age of 30. It is estimated that in 1993 a total of 110,000 men had a conviction for a sexual offence against a child, 100,000 of whom would have had to register under the Sex Offenders Act 1997. The estimated number of men in each age category is as follows: Age 20-24, 4,000; age 25 - 29, 6,000; age 30 - 34 , 9,000; age 35 - 39, 10,000 and above age 40, 79,000.

Marshall notes that these figures may constitute an underestimate as calculations are based upon the principal or most serious offence(the offence that receives the most severe sentence). This practice may conceal some sexual offending, where another offence was considered more serious, the definition also includes range of sexual offences.

Are Children's Accounts reliable?

A question is raised in some of the literature regarding the reliability of children's accounts of sexual abuse. The suggestion is not that children deliberately falsify accounts, but rather that young children are more open to suggestibility than are

adults. There is some legal concern, for example, over the accuracy of children's testimony. Heydan(cited in Bottoms and Goodman, 1996) suggests that children may be led to specific responses by interviewers(unintentionally): the interviewers tone of voice, use of repetitive questioning and manner may lead a child to a certain response. Ceci's(1993, cited in Canter and Alison, 1999), research with children aged 5-7, shows how repetitive questioning will eventually lead a child to a specific answer. The children in the study were repeatedly asked if they had ever caught their finger in a mousetrap (although they hadn't), each week over a period of ten weeks. At the end of the research most of the children confirmed that they had hurt a finger in a such a way and some went on to give detailed accounts of the circumstances. Ceci maintains that the children were not persuaded or deliberately led by the interviewers in any way during the research. Work such as that conducted by Ceci does raise concerns over the reliability of young children's accounts of sexual abuse.

It is often the case that adults make claims about sexual abuse suffered in childhood, some adult victims have vivid memories of such abuse that they have carried with them through life. Others are led to remember through counseling or psychotherapy. This form of therapy has become known as 'recovered memory therapy'.

The British Psychology Society have recognised this phenomenon since 1995, when in a report it was defined as '*where adults come to report memories of childhood events, having previously been in a state of total amnesia*'(cited in Aldridge – Morris, 1999,p105). There has been some criticism about the basis of these claims and the extent to which the memories may have been suggested in therapy. This has led some to claim that it is difficult to disentangle instances of actual abuse, particularly when reported by adults(Aldridge-Morris, 1999).

It is in reality extremely difficult to estimate how many child sexual abusers there are, Finkelhor(1989) has suggested that the incidence of child abuse in Western Societies may have decreased over time, given that society has become much more concerned with the welfare of children and children's rights over the last fifty years. This claim is not supported by research evidence as such, but historical examples of the manner in which children have been treated are cited in support of the claim. Indeed the practice of corporal punishment in schools has been condoned by the state in England and Wales until recently.

The legislative Context: Punishing Abusers

Criminal justice legislation has become increasingly punitive in its treatment of sex offenders and particularly with regard to those who have perpetrated a sexual offence against a child. The Criminal Justice Act 1991(s31) defined a 'sexual offence' as any offence that is included in the Sexual Offences Act 1956; the Indecency With Children Act 1967; the Protection of Children Act 1978 and section 54 of the Criminal Law Act 1977. One of the key principles of the Criminal Justice Act was that the severity of the sentence should be commensurate with the seriousness of the crime. However, section 2(2)(b) allowed a court to pass a sentence longer than that it considered commensurate where the crime committed was of a sexual nature and where the court considered the public to be at risk.

This could be interpreted to suggest that all offences should be subject to the key guiding principle of the act, the concern that the severity of the punishment fit the crime, except in the case of sex offenders(and violent offenders), whom the court

could choose to punish more severely, this clause was an amendment to the original act sponsored by conservative backbenchers. The contradiction would seem to be that whilst permitting courts to adopt a hard line on sex offenders the act also encouraged the use of community penalties for sex offenders by allowing additional requirements in probation orders for sexual offenders(s1), this was achieved by inserting new provisions to Schedule 1A of the Powers of The Criminal Courts Act 1973. It was probably the then Conservative Governments intention that sex offenders who have committed less serious offences (indecent exposure for example)be subject to more cost effective community penalties. It could also have been the intention that offenders benefit from the established therapeutic framework which had existed in the community for some time.

Criminal justice legislation regarding sex offenders introduced by the Labour Government has become increasingly punitive, the number of sex offenders in custody continues to rise at a much higher rate than for other offenders. The most recent research suggests that the number of sex offenders in custody increased by 14% between the beginning of 1997 and the end of 1998, this constitutes the largest increase for any single offender group. The average rate of increase for adult male offenders over the same time period was 7%(White 1999).

Increased social anxiety regarding the placement of 'paedophiles' in the community and concerning the control of sex offenders on release from custody, have culminated in the Sex Offenders Act 1997, which has established a police registration scheme for sex offenders.

The Sex Offenders Act 1997 requires that those convicted of sexual offences remain on a police register for a specified period of time and was specifically designed to facilitate the passing and storage of information regarding known sex offenders:

'An act to require the notification of information to the police by persons who have committed certain sexual offences' (Sex Offenders Act, Chpt 51)

The act requires that convicted and cautioned sex offenders (where there is an admission of guilt at the time of caution) and those found not guilty by reason of insanity, register with the police for a specified period of time. The requirement applies to those leaving custody also. The period of time varies according to the sentence received. The maximum period of registration being 'indefinite' for those subject to a term of imprisonment in excess of 30 months. The 'indefinite' requirement would seem to imply lifetime registration and this applies equally to those serving a life sentence and those serving a sentence of just above the minimum threshold of 30 months. The minimum registration period is 5 years and this would apply, for example, to a person withdrawing an admission and receiving a police caution. The register is currently available only to criminal justice agencies and for child protection purposes (organisations employing adults who will have contact with children in the course of their work), approximately 12,000 offenders have been placed on the register since 1997.

There is increased media and public pressure upon the Government to make this register available to parents following the recent abduction and murder of a child in Sussex (Sarah Payne). Home Office Minister Paul Boateng has stated that

parents will not be granted access to this information but the Government would *'continue to strengthen the law in this area'*, he was however unspecific regarding the manner in which this would be done(David Frost Interview, BBC1, 6/8/00).

The Labour Government are however currently reviewing the legislation and considering making the register public(The Guardian, 26/6/00). Such registers were made public in New Jersey in the early 1990s, this move was deemed unconstitutional following representation by civil rights activists who claimed that offenders were being doubly punished for one offence. Currently 43 states have sex offender registers, 26 of who have a community notification scheme. Such notification schemes were developed following the abduction and murder of a child in the early 1990s(Megan's Law). New York has recently adopted a community notification scheme that operates on the following basis: on leaving custody offenders are assigned to a risk category, information regarding those considered medium to high risk is available to the community via a telephone service, the number of which is advertised to the local community (WWW.Clam.Rutgers.edu/meganslaw.html). Such a move would almost certainly be supported by the public and victim support groups in the wake of the Sarah Payne case.

This legislation implies that all sex offenders pose a continuing risk to the public and should therefore be monitored for long periods of time, but is also intended to be preventative and perhaps to act as a deterrent. The extent to which this is a realistic expectation, given the nature of the offending, is questionable.

The Crime and Disorder Act 1998 also contains a section addressing the treatment of

sex offenders(s37), and creates a new offence specific order for this group. The act allows chief officers of police to apply for a 'sex offender order', such applications to the courts may be made where a person is a known sex offender or where a person *'has acted in such a way as to give reasonable cause to believe that an order under this section is necessary, in order to protect the public from serious harm'* (Crime and Disorder Act, 1998, s37). This latter category is ambiguous but could presumably include those who may be suspected of committing sexual offences and those found not guilty of such offences. The minimal time period for which an order will run is 5 years. At the end of an order the police may make an application to the court to have the order extended.

The 'sex offender order' will prohibit those subject to it from certain behaviour and prevent them frequenting identified places. For example, a person previously convicted for sexual offences against children may be prohibited from living within a specified radius of a local school. The act is clear in stating that any infringement of an order could result in a lengthy custodial sentence, 'for a term not exceeding five years' (Crime and Disorder Act 1998, s37).

The last decade has seen a sustained legislative onslaught against sex offenders and particularly child sexual abusers. The present Government, via the Sex Offenders Act 1997 and the Crime and Disorder Act 1998, have sought to introduce systems whereby those perpetrating and those suspected of perpetrating sexual offences, may be continuously monitored and controlled by the police. Whilst this may be a necessary measure in the case of violent and serial offenders, the vast majority of 'sex offenders' have committed less serious offences (defined here as offences such as

indecent exposure, some non-contact offences, the use of pornographic material for example and some cases categorised as indecent assault; the example from this research of the respondent rubbing against children in a toyshop and being recorded by the shop's CCTV, while the victims remained unaware of the offence) and this legislation will ensure that they will be monitored within the community. This could be seen as an infringement of human rights in some cases, is there research evidence to suggest that this group really constitute such a great threat to children?

As discussed, the Sexual Offences (Amendment) Act 2000 has made changes to the law in this area in a number of ways, most importantly: the minimum age regarding participation in homosexual activity has been lowered from 18 to 16 years in England, Scotland and Wales and a person aged 18 years and over entering into a sexual relationship with a person aged under 18 years, where the former occupies a position of trust, will be liable to prosecution under the Sexual Offenders Act 1997. The position of trust refers here specifically to children in local authority care and other organisations, such as schools and hospitals. This measure has presumably been introduced as a consequence of the Waterhouse Report (2000), but could leave other professionals such as teachers and doctors liable to prosecution (WWW.Open.Gov.UK/query.html.qt=sexualoffences law).

Criminal Justice Provision For Child Sexual Abusers: Treating The Abusers

The Probation Service

The probation service has taken increasing responsibility over the last decade for serious offenders, such as sex offenders. Although sentencers may be more likely, given recent public concern over the community placement and sentencing of such offenders, to impose a custodial sentence upon those convicted of a sexual offence against a child, the probation service will inevitably have some input to their sentence. There are, for example, increasing numbers of sex offenders who are completing the latter element of their sentence in the community.

Two surveys of probation practice with this group of offenders have been undertaken; Barker and Morgan conducted the first on behalf of the Home Office in 1993 . Which had anticipated that s31 of the Criminal Justice Act 1991 which allowed the courts to extend conditions to probation orders for serious offenders, might result in increased numbers of sex offenders subject to supervision by the service. The Home Office concern was to explore how far provision was in place and to evaluate the effectiveness of this provision(stage 2 of this research undertaken by Becket et al, 1994).

The findings from Barker and Morgan's(1993) survey identified 63 probation led programmes for sex offenders(several areas ran two programmes) only three of which had been running for five years or more. Forty-two of the fifty-five areas were running a programme. Twenty-two areas claimed to be referring sex offenders to other treatment programmes such as the Gracewell Clinic(which has since closed).The majority of the programmes were relatively new and had developed following staff interest or concern. The senior management actively supported few groups

in their early stages. There was some evidence that management were becoming increasingly supportive of such work.

The findings from this early research suggest that sex offender work presented the senior management of areas with a dilemma; sex offenders represented only approximately 7-10% of individual areas caseloads, yet the resource utilisation of such projects was disproportionately great. The running of these programmes necessitated the absence of senior members of staff for long periods of time. This placed considerable pressure upon already over-stretched resources . This finding led Barker and Morgan to state that such programmes were dependent for their existence upon the good will and enthusiasm of probation staff. The research identified three centres of excellence in this type of work: Bedfordshire, Surrey and North East London Probation Services.

At this time only 13 services had clear policy statements regarding work with sex offenders. Issues of concern to areas included: the existence of management structures of support; accepted models of practice, assessment of offenders, inter-agency working and the evaluation of programmes.

The findings from this survey indicated that one third of services ran programmes exclusively for perpetrators of sexual offences against children. The vast majority of treatment programmes adopted the cognitive behavioural approach in work with offenders. The structure and extent of treatment received varied greatly from service to service, although service representatives agreed that short programmes were of little use.

A second survey was undertaken by Proctor and Flaxington (1996). The findings from

this research showed services to be much more willing to dedicate resources to work with this offender group. The findings suggest that the number of programmes run by the service have almost doubled since 1993; more than 50 services had specific policies, many of which had set up specialist posts. Proctor and Flaxington found that many areas had concentrated their resourcing on child sexual abusers and many ran specialist groups for such offenders. Approximately 50% of those sex offenders being supervised by the service on a probation order, at the time of the survey, were subject to some form of treatment programme(1,907 of 3,553). The average length of treatment had also increased.

The cognitive behavioural approach continues to be the key method of treatment adopted by the Probation Service in group work with sex offenders and other offenders. In 1996 the Home Office conducted a survey of Probation Services to explore the extent to which the cognitive behavioural approach was used in work with offenders(Hedderman, Sugg & Vennard, 1997). A broad definition was used including any work '*which attempted to reduce reoffending by teaching offenders to analyse and modify their thinking*'(p ix) Forty three areas responded to the survey(a 78% response rate), 39 of whom were running 191 cognitive behavioural programmes. Some of these programmes were designed for work with sex offenders, the majority of which had been built upon evaluative research findings from '*abroad*'(p 1x), presumably North America.

Hedderman et al(1997) go on to state that sex offender programmes were '*well organised(and) run by well-trained staff*'(px) compared to other programmes employing the cognitive behavioural approach

Her Majesty's Inspectorate of Probation undertook an inspection of the work of the probation services with sex offenders in 1998(HMIP, 1998). The work of ten probation areas was reviewed. The report's key findings were: that much of the work undertaken with this group was excellent; sentencers(particularly judges) had a high regard for and much confidence in probation officers undertaking work with sex offenders; that collaborative work between agencies was increasing and communications improving; and finally that there had been a considerable extension in the number of probation programmes focusing upon victim empathy, denial and avoiding risk.

On the basis of these findings a number of recommendations were made: that research be commissioned to compare the results of evaluative studies; that services develop a common framework for the evaluation of sex offender programmes; the findings from this research should be used to inform the development of '*a consistent national set of programmes to be promoted to areas*'(HMIP, p16,1998). It was also recommended that chief probation officers issue 'practice guidance' to staff to ensure consistency between areas. Emphasis was placed upon the issue of risk by the recommendation that a '*realistic risk assessment*'(p17) be produced for each offender and that this be monitored constantly throughout the order.

On the basis of these recommendations and the evaluation by Beckett et al(1994), the Home office will require all probation treatment programmes to become accredited. In order to become accredited a programme must demonstrate its effectiveness with reference to research evidence (Probation Circular PC104, 2001).

The attempt to standardise programmes has been taken a stage further, with the

introduction of a batch of psychometric tests specifically designed for use with sex offenders and available, with comprehensive training, to accredited programmes. The data from the tests will be stored on a central database, but the tests are also intended to aid staff in making assessments about offender progress. It is intended that this data be compared to reconviction data in the long term, and as such it could be a valuable research resource(Probation Circular/PC104, 2001).

There are a number of problems in adopting this approach: First, this research has demonstrated the difficulty of exploring the effectiveness of such programmes: the work was longitudinal and a great deal of time was devoted to the analysis of the considerable data, the author was an experienced researcher with a detailed understanding of methodology. The quick fix approach both in terms of introducing a standardised method and training practitioners in its use, may result in the production of poor quality data, the validity of which may be questioned. A second related point is that it is clear that wholesale reliance upon psychometric testing as a means of exploring effectiveness is misguided. Arguments regarding ‘faking good’ and ‘faking bad’ have been rehearsed extensively in the methodology literature and are discussed in the methodology section(Nastasi, 1992). In this research over half of the sample refused to participate in the testing, claiming that they had undergone such tests before on many occasions and knew the sort of response that was expected. This ‘second guessing’ is highly problematic in research terms, but is even more problematic where practitioners may be using such instruments to guide decisions about offender progress. In this research practitioners own assessments of progress and risk proved to be extremely accurate. Enforcing practitioner use of such scales in important decisions regarding offender progress, may be counter productive.

Practitioners should be warned about the validity issues associated with the use of psychometric testing.

Prison Treatment Programmes For Sexual Offenders

During the late 1980's and early 1990's the Home Office had no central policy regarding the treatment of sex offenders in prison. At a time when probation services were establishing therapeutic programmes, commentators criticised the way in which many sex offenders were able to interact in custody. The introduction of rule 43(now rule 45) allows such offenders to be segregated from other prisoners. It was originally introduced in order to protect sex offenders from violent behaviour on the part of other prisoners.

In 1990 Glaser and Spencer commented *'there is increasing evidence to suggest that the necessary herding of sexual abusers together under Rule 43— offers reinforcement in the form of opportunities for further sexual excitement and sharing of their sexual experiences'* (Glaser & Spencer ,1990, p380). Glaser and Spencer go on to suggest the possibility that child sexual abusers might have taken the opportunity to form 'abuser rings' on release from custody.

In answer to such criticism the Home Office introduced a sex offender treatment programme(SOTP) to selected prisons in 1991. The programme was set up in response to concerns over the then lack of treatment.

The programme was designed for 'serious' sex offenders including rapists of adult women and child sexual abusers.

The programme originally contained a short core element and a longer more intensive element and was based upon the cognitive behavioural model adopted by probation services. The programme originally ran in 14 prisons but has recently been expanded to 25. The core programme has been expanded upon considerably and now contains work addressing victim empathy and relapse prevention(Mann & Thorton, 1998)

The Home Office originally planned that sex offenders committing more serious offences should attend the programme, and those with sentences of 4 years or more were included. Given the expansion of the programme the prison service hopes to be able to provide the programme to all male sexual offenders whose sentences are long enough to allow completion of the programme(the programme runs for two years).

Approximately 500 men per year now attend the programme. Evaluations of the programmes are currently being undertaken, the methodology employed is largely psychometric including pre and post testing(Mann and Thorton, 1998).

The programme was criticised by some at its inception, Ditchfield and Marshall (1991) were amongst the first to question the appropriateness of the prison environment in the provision of effective treatment: *'the confines of a prison are far from ideal for the purpose of altering a person's sexual behaviour, largely because of the absence of contact with others in a normal social setting, which makes it difficult to put into practice the social skills training intended to normalise relationships with others. --- Moreover, changes in motivation and behaviour that have been achieved in a prison context may not be generalisable to real life situations, where the offender is suddenly confronted with a full range of opportunities for further offending. Finally the rigid timescale of prison sentences does not lend its self to effective treatment –*

the treatment may end before the sentence or vice versa, and both circumstances may cause problems(Ditchfield & Marshall , 1991, p24)

The first point made by Ditchfield and Marshall that offenders would not have the opportunity to practice their social skills is undoubtedly true, particularly if they elect to go on rule 43 and therefore become segregated from the remainder of the prison population. The point here is that an absence of treatment during throughcare may be detrimental in that offenders would have no opportunity to put their social skills training into practice.

There are however difficulties in operating a therapeutic programme in a custodial setting. The success of such programmes may, at least in part, be dependent upon the prison regime. Strict regimes such as those run in high security prisons may not be conducive to therapeutic change. A key element in accepting offenders on to such programmes is that they should be motivated to change and that participation should be voluntary, participation in the Sex Offender Treatment Programme is compulsory for many and this may have an impact upon treatment effectiveness.

The findings from this research show the impact that the public labeling and court process has upon child sexual abusers lives, resulting in the loss and breakdown of many close relationships. The biggest difficulty that may be faced by incarcerated offenders is the denial of the opportunity to gradually rebuild their lives and form new relationships. The respondents in this research took several years to form new relationships and recover old relationships. Presumably incarcerated offenders would have to begin this process on release from custody

A recent evaluation undertaken on behalf of the Home Office by Beech et al(1998), explored the effectiveness of twelve programmes in six prisons(96 men were included in the research). The findings were largely positive and the authors report that *'67%(53 out of 77 men) were judged to have shown a 'treatment effect' - there were significant changes in all or some of the main areas targeted'*(Beech et al, 1998, p352). These changes included increasing levels of social competence and developing victim empathy.

Summary

Over the last ten years legislative and policy initiatives have become increasingly punitive seeking both to remove sex offenders from the community for longer periods of time, and to control those suspected and those convicted of sexual offences whilst in the community, a move to publicly label offenders may also be underway. Whilst many would support such a move, it has been argued that the term 'sex offender' has become associated with cases involving the abduction and murder of children; the law must discriminate between such offences and other less serious offences in dealing with offenders, particularly where the offence category may act to conceal the gravity of the offending(indecent assault). The argument that those engaged in less serious offending such as; indecent exposure or the use of pornographic materials involving children, will progress to contact abuse, is alarmist and is not supported by current research. Whilst a minority of sex offenders who sexually abuse children may, for the protection of children, need to be isolated from society indefinitely; the vast majority of this group should be able to resume their lives within the community. Who amongst this group should be subjected to long term police surveillance is debatable.

The move to punish and control has developed alongside a concerted attempt on the part of criminal justice agencies such as the Probation Service and the Prison Service, to provide effective and comprehensive treatment programmes for sex offenders. The nature of such provision has expanded considerably in recent years. This move represents a recognition that it is simply not enough to punish in the absence of therapeutic work(although such work could it self be seen as a punishment) . The treatment of sex offenders in England and Wales has been dominated by the cognitive behavioural approach as originally developed from North American research, such as Finkelhor's(1986).

The development of such work has taken place within the context of increased media attention and social anxiety regarding the issue of child sexual abuse and particularly the placing of abusers in the community. The role of child protection and childcare professionals has been increasingly questioned following the Cleveland and Waterhouse Inquiries. The latter will result in far reaching changes to the manner in which work conducted with children in local authority care is approached.

Chapter Three: The Probation Treatment Programme: Context and Process

Introduction

A large London Probation Service commissioned the research in an effort to explore the 'effectiveness' of the programme. This should be seen in the light of the Audit Commission's (1989) critical report on the Service and increased pressure upon criminal justice agencies, on the part of the then Conservative Government, to demonstrate efficiency, effectiveness and accountability in work undertaken (McLaughlin and Muncie, 1994).

The research aimed partly to explore the impact of a community treatment programme for those convicted of sexual offences against children, the programme adopted the cognitive behavioural approach and Finkelhor's (1986) interpretation of this. The term 'cognitive behavioural' is used as a broad heading to describe a range of work undertaken with offenders. The approach generally involves an attempt to address and redress offending behaviour and to encourage victim empathy (Hedderman, Sugg and Vennard, 1997)

It was necessary at the outset to establish the aims of the programme and the way in which the programme functioned in practice. It can be extremely difficult to agree upon clear and measurable aims with programme operators. Patton (1997) has stated that those who design and run programmes may not necessarily have devised clear, measurable objectives, given that their primary concern rests with operating a successful programme and not with undertaking an evaluation.

At the outset of the research there was no definitive statement regarding the aims of the programme, although the project functioned within the context of the probation service child protection policy, which provided a framework for practice. In order to

understand the manner in which the programme operated in practice semi-structured interviews were undertaken with group leaders, sessions were observed via a video link into the treatment room and videos of previous groups were viewed. The groups permission to use this documentary evidence in conducting the evaluation was sought. Unfortunately whilst group leaders were willing to permit the use of this material to enable the researcher to become familiar with treatment practice, it was not considered appropriate that it be used for research purposes. The anxiety here centred around assurances of confidentiality that had been made to group participants, and the use of confidential treatment records in research.

An interview was also undertaken with the Assistant Chief Probation Officer who had managerial responsibility for work with sex offenders. The assimilation of information regarding context and process was time consuming but was considered a necessary exercise

The Local Policy Context

When undertaking an evaluation it is necessary to consider the context in which programmes operate. When the research began there was no service policy guiding work with sex offenders. Following the recommendation of the Home Office Inspectorates report that services develop a strategic response to work with sex offenders and the criticism of the ad-hoc manner in which provision had been made (HMCIP,1991). The Service began to devise a policy in late 1992, but were unwilling to provide a copy at the time of writing this research.

The Services Child Protection Policy also guided work with offenders convicted of sexual offences against children, focusing upon procedural responsibilities in cases

involving children at risk. Implicit in the Service's Child Protection Policy was the recognition that sex offenders are a serious group of offenders, who deserve particular attention.

The introductory section of the policy highlighted the importance of its role in child protection following the Children Act 1991. Although acknowledgment is given regarding the fact that the probation service plays a 'complimentary role' (1992,p2) to the work of social services departments, the introduction warns against complacency:

'The tasks of the Probation Service in relation to child protection complement the main agencies. This factor can lead to a risk that child protection may receive a lower priority than it requires' (1992,p2).

The policy set out the procedures to be followed in reporting suspected cases of child abuse and those to be followed when a defendant was charged with a sexual offence against a child. Here the probation court duty officer had an obligation to inform the relevant social services department and the local probation manager of the Person's appearance at court.

The policy states that 'unconfirmed officers' or 'students' (1992, p14) should not be assigned cases involving the sexual abuse of children. The policy goes on to state that consideration must be given to the safety of children and other child protection issues throughout the supervision period. The policy also recommend that officers make 'home visits' to offenders on a monthly in order to investigate the possibility that offenders are in close proximity to children

The Treatment Programme

Context And Structure

The programme was set up in 1990 by two senior probation officers and a psychiatrist who had considerable experience in work with the victims of child sexual abuse.

Formally the psychiatrist had joint responsibility with the group in ensuring that the attendees kept to the requirements of the probation order and the treatment element of the sentence. As attendees were subject to a 3 year probation order with a condition of psychiatric treatment, the psychiatrist formally 'held' the orders. In practice the psychiatrist adopted a fairly 'hands off' approach in her work with the group; she was based at the Tavistock Centre. The psychiatrist was usually heavily involved in interviewing potential attendees, during the assessment procedure, and would have considerable influence regarding group intake. She would not usually, unless there were unusual problems, be involved in the group sessions, but would conduct an assessment interview with each man on a monthly basis in order to review his progress. The group would use the results from assessment interviews in order to inform treatment practice with individual men. The psychiatrist met group leaders both individually and as a group, on a regular basis in order to discuss their views regarding members progress and to monitor their role as practitioners. Attendees would be referred to the psychiatrist when problems with treatment arose. The psychiatrist also maintained an active interest in monitoring and evaluating the group.

When group leaders were questioned about their relationship with the psychiatrist during interview, all had a substantial amount of respect for her, particularly given her considerable reputation in the field. The first set of group leaders appeared to have a somewhat 'closer' working relationship with the psychiatrist and frequently met at her home to discuss group matters. These practitioners had set up the group and had

approached the psychiatrist at the outset, so that this relationship may have been based upon shared experience in developing and running the group over an eight year period. The second set of group leaders did not appear to have this type of relationship with the psychiatrist and seemed rather anxious about working with her:

'I know E---, well I know of her. She has done some great work. I do feel a bit nervous about working with her, but I'm sure it will be OK'(R1, Group Leader)

The programme was offered to men convicted of a sexual offence against a child, where a custodial sentence was not deemed necessary. Those attending the programme were subject to a three-year probation order, the maximum period of time for a community penalty under the Criminal Justice Act 1991, with a condition of psychiatric treatment.

The programme was fixed and the group leaders sought to run two small groups per year(of approximately 8-12 men depending upon the number of referrals received).

The Programme was divided into two parts; the first of which was an intensive element, which lasted for one year and required the participant to attend on a weekly basis for several hours.

The second element of the programme consisted of monthly group sessions for the duration of the order, normally a further two years. Groups were led by a male and a female officer, the rationale for which was one of providing gender balance. Whilst undergoing the programme attendees would also attend a weekly appointment with a probation officer, who was not a part of the group.

Field probation officers played an important part in supporting the work of the treatment programme. Group attendees would each be assigned a probation officer

with whom they had to meet on a weekly basis for the duration of the probation order.

The role of the officer here would be to check progress in the group and in some respects to develop themes and issues identified by the group. Following each group session the leaders would compile a report for each man regarding progress and issues to address, this would be forwarded to the individual officer in time for their next meeting with the offender. Joint meetings were often arranged with group leaders in order to discuss progress and where problems had arisen. The field officer would also complete a brief report following their meeting and forward this to the group. Field officers often joined the group on short periods of secondment with a view to becoming a leader in the future, which served as an effective means of training officers. This constant communication between field officers and group leaders enabled the group to monitor progress.

On one occasion the group and the field officer appeared to disagree on the best course of action for an attendee. This attendee continued to deny responsibility for his offending throughout the research and maintained that the group leaders had some sort of personal vendetta against him. His field officer supported his claim (along with his GP) that the group process was detrimental to his health and he was allowed to leave the group on health grounds. He continued to see his field officer on a one to one basis. The group leaders were openly annoyed about this and felt that the officer had 'colluded' with the attendee. This case demonstrates the importance of the relationship between the field officer and the group leaders in contributing to effective treatment.

This communication between field probation officers and group leaders appeared to

work well most of the time, and in retrospect it would have proven useful to interview field probation officers in order to explore the nature of the relationship in greater depth. This was not possible at the time given resource constraints

The relationship between group leaders (there were usually 3 or 4 at any one point in time, and a manager) was central to the functioning of the group. The leaders worked exclusively on the project and did not carry a field caseload, they worked with each other on a daily basis. Each session was carefully planned and leaders took turns in leading exercises or discussions. The group appeared to work well together and had a great deal of respect for each other.

Assessment Procedure

Prior to acceptance onto the programme offenders would undergo an assessment interview with one of the group leaders and the psychiatrist. Several assessment interviews might be undertaken where some concern regarding suitability existed. The purpose of the interview was two fold: first and foremost to establish suitability. Only those offenders who had pleaded guilty were accepted onto the programme.

During the assessment interview practitioners would attempt to establish how motivated potential attendees were to change and how they believed they might respond to an intensive group setting. This issue was considered most important by all of the practitioners interviewed. Indeed research has indicated that treatment is much more successful when there is some motivation to change (Gil, 1996: Jackson & Nuttall, 1997). This did mean that some potential attendees were rejected as unsuitable on the basis of their perceived lack of motivation to change their behaviour.

The second aim during the assessment procedure was to gain an insight into an offenders background and to make some assessment of risk. These issues were explored via a series of questions addressing early family life, the degree of physical and/or sexual abuse suffered, previous offending and attitudes towards victims. The assessment aimed to build a picture regarding the offenders past and his views around the offending. Practitioners stated during interview that informally they used the assessment interview to begin the process of attempting to breakdown denial and establish victim empathy. Strategies used here included encouraging the sharing of 'secrets' and helping offenders to discuss their offending by describing general sex offender behaviour. It was expected at this stage that although offenders would have pleaded guilty to the offence they would be denying of the consequences and would attempt to minimise the consequences of their behaviour.

The following areas were identified by practitioners as those covered during the assessment interview: Individual and sexual history; previous offending; self esteem and social functioning; denial and victim blaming; sexual attitudes and ability to function in a group.

Group leaders also claimed to attempt to make some assessment of the risk of further offending at this stage, this was identified as difficult to predict but rested upon issues such as the amount and seriousness of previous offending and extent of victim empathy. Those considered to be an extremely high risk were rejected.

The assessment process was in effect designed to ensure that only motivated and medium to low risk offenders would be accepted on to the programme . This group

are by definition more likely to be successful attendees.

Programme Content

Practitioners identified the programme aims in the following way:

1. To confront and minimise denial. Denial of the consequences of the behaviour for the victim and denial of responsibility for the offending.
2. To enable the offender to empathise with the victim and to reduce the extent to which the impact of offending upon the victim is minimised.
3. To question and address distorted attitudes towards children
4. To enable offenders to understand their behaviour in order to predict when they may be at risk of offending, and to take steps to prevent this.
5. To offer help in reducing social isolation and low self-esteem.
6. To monitor the physical and mental well being of offenders.

Practitioners agreed during interview upon these aims. Patton(1997) has suggested that one of the problems associated with the evaluation of programmes is that different stakeholder groups have different expectations regarding aims and objectives. Whilst the Chief Officer with managerial responsibility for the group endorsed the treatment aims, his concern was centered around :

‘--evidence of low rates of reconviction , this is so important. It doesn’t matter how well the programme claims to address denial and victim empathy if participants continue to offend’(R4)

The practitioners understood their managers concern and hoped that the programme would impact upon offending behaviour, their concern was s however that they would be held to account for reconvictions and that realistically it may be extremely

difficult to alter entrenched behaviours during the course of three years:

‘ it is of concern that ultimately we(practitioners) are responsible for these men. If they reoffend and are caught during their orders it will be our responsibility. That’s a big responsibility to have given that some of them have been offending for years and we have just three short years to bring about some lasting change’(R2)

Practitioners were reluctant for the programme to be judged solely in terms of reconviction rates and felt that other indicators of effectiveness as detailed in the aims, were equally important.

Practitioners were each asked to explain more about the aims they had identified:

‘ We must have some impact on reoffending, but it’s about fostering an ability to understand and develop insight, to identify the links between fantasy and behaviour. Also we want to enable them to function better socially’(R1)

‘ We are aware that the men are victims as well as perpetrators. We aim to challenge their concepts and their denial, it’s helping them to gain an awareness of the damage they’ve caused’(R3)

‘They’re(the aims) not easy to articulate. First the concern is with child protection and passing information to other agencies. With regard to the work it’s around trying to understand the motivations that underlie offending and breaking denial’(R5)

Whilst the practitioners were in general agreement regarding the broad aims of the

project each one provided a different interpretation and one mentioned the importance of child protection procedures, an issue which is not taken up in the formal statement of aims. The difficulty of clarifying practitioner aims in cognitive behavioural work with offenders, has been raised by Hedderman, Sugg and Vennard(1997) in their research into probation practice. This may arise in part from disagreements with a group regarding the precise objectives of the work, there did appear to be agreement regarding the manner in which the programme was conducted.

The programme aims were based loosely upon the cognitive behavioural approach and Finkelhor's(1986) 'eclectic' work, these approaches have been discussed extensively in the Literature Review. The qualitative element of the research sought first to establish how far the theoretical assumptions underpinning the programme were upheld.

Following the treatment aims the programme focused upon several key areas:

Personal histories and taking responsibility; victim empathy; social functioning and self esteem cycles of offending and relapse prevention. These areas were described by practitioners during interview at the outset of the research, although practitioners were extremely willing to cooperate with the research their descriptions could not provide a sense of how the work was conducted. They were asked to describe how the project operated in practice, the following description is typical:

'We encourage the perpetrator to put themselves in the place of the victim and give them space to talk. Q. What techniques do you use? Role-plays, this must be at the right point in treatment , not too soon; genograms to identify family histories; Wolf's cycle of abuse'(R2)

In order to understand the group process and to have some first hand experience of practice, observations of sessions via video link and video recordings of past groups were viewed. It was important to establish that the programme operated in practice as described by the practitioners, and to have some understanding of group processes. Unfortunately the video material could not be used in evaluating the programme, due to ethical concerns raised by the Group Leaders. As discussed, the concern was that sessions were conducted in strict confidence and that permission had not been sought from attendees to use the material for research purposes.

During the group work attendees were seated in a large circle facing the two group leaders. Participants were asked to sit in the same seats each week, practitioners were asked what function this fulfilled:

‘It’s really about giving the men a sense of security, so that they know what to expect each week, knowing where to sit is a part of this’(R1)

Leaders would introduce a subject for discussion and each man around the circle was expected to contribute to the discussion, where participants provided short or what were seen as inaccurate responses, other group members were invited to comment and question. Where this was the case group leaders would openly challenge participants and ask them to reconsider their response. It was the group philosophy too ensure that each attendee contributed to each session.

‘They’re here for a purpose, it isn’t acceptable that one sits and allows the others to do all the work. They have to participate’(R2)

The question and answer approach formed a central role in the programme,

participants were asked to describe the offence circumstances and to discuss feelings for their victims in an attempt to identify denial and minimisation. Here, for example, practitioners would seek to challenge any references to victim behaviour and dress by way of explanation for offending behaviour.

Work on developing victim empathy aimed to enable participants to understand how their actions had affected both the victim and the victim's family. Work here centered around the use of role-play exercises, where group members would each take a turn at playing a victim and abuser, where participants were initially hesitant when playing a victim a group leader would prompt them until they were able to take over the part.. Other group members would watch the role-play and comment afterwards.

Participants were also required to write letters to their victims(which were not delivered) explaining their feelings and apologising for their behaviour. Letters were read out during group sessions and other group members were invited to comment. A variation on this role-play included that of the victim informing a parent or teacher (played by another group member) about their sexual abuse and their feelings on this issue.

The group addressed interpersonal skills and relationships by exploring past and present relationships, both sexual and non-sexual. Attention was paid to participants role in the relationships and the way in which these had been managed. In later groups emphasis was upon building more successful relationships. Here, for example, participants were asked to list positive and negative features of previous relationships and to consider the role they played. They were asked to identify those features that made for a successful relationship and to think about how this might be put into

practice, what practical steps might be taken to foster good relationships. In an effort to address isolation, the programme also included a section on 'filling spare time', here participants were asked how much free time they had and the sorts of activities they undertook. The group leaders encouraged active participation in hobbies, interests and social clubs. Each participant was afforded the opportunity to prepare a short presentation on an interest

A genogram was completed for each participant, this exercise aimed to explore participants family histories and relationships, incidents of physical, emotional and sexual abuse were noted and explored. The exercise appeared problematic where participants appeared to have difficulty in recalling the detail of their family histories

The 'cycle of offending behaviour' was thought by practitioners to be an extremely important issue. Exercises here attempted to enable participants to recognise the steps that precede offending, in doing so it was hoped that this might be put into practice and participants were encouraged to actively think of strategies to interrupt the offending cycle. This element of the work was based upon Wolf's(1983) theory regarding the manner in which certain stimuli, both external and internal, serve to prompt and fuel offending. A great deal of time was devoted to identifying and drawing(on a board) each participants 'cycle of sexual offending'. The elements of the cycle as identified by Wolf(1983) are as follows:

1. feelings of low self esteem, boredom and loneliness.
2. such feelings give way to fantasies of sexual abuse ;
3. pro offending thinking, the offender begins to consider strategies to turn fantasies into reality;

4. internal inhibitors continue to function , such reasoning about the possibility of being caught, until-
5. a trigger is found. This is identified by Woolfe as an excuse to turn fantasy into reality. this usually takes the form of a justification such as 'this is the last time'
6. a target is found
7. the victim is 'groomed' - prepared for the abuse by the use of play and 'softened' to prevent later disclosure. Here the abuser dose some preparatory work on the victim prior to abuse, perhaps offering friendship and help.
8. Sexual offending takes place, the plan is put into action.
9. this reinforces and fuels fantasy
10. offender feels guilt for their behaviour and a fear of being caught
11. victims are bribed or threatened not to talk
12. guilt is pushed away and the cycle begins again.

Each participant would be required to provide a detailed account of the way in which their offending cycle occurred. They would be asked to describe triggers and sexual fantasies. An attempt would then be made to enable participants to interrupt their cycles by changing their lifestyle and patterns of behaviour, for example. Here the participants would be encouraged to develop strategies for avoiding circumstances under which they might abuse, such as being alone with a child. The group attendees were also encouraged to pursue the company of adults rather than children.

It was not apparent from the observations of group sessions and videos how offender physical and mental well being was monitored. Each participant was asked how they were feeling and what sort of week they had had at the outset of each group but few took the opportunity to discuss their health and other problems, as they did during the research interviews. Practitioners claimed that probation officers in individual

sessions explored these issue and passed the information to them on a weekly basis. They claimed that this proved to be an effective means of monitoring the participants.

Practitioners Experience and Training

All of those probation officers who were involved in leading the groups had at least some experience in work with sex offenders or on child protection issues. The extent of experience ranged from 3.5 years to 15 years, the mean here was 6 years. All of those interviewed attended training courses regularly and had a regular input as trainers to service induction programmes for new officers. Two of the most senior members of the group acted as consultants on sex offender treatment both to this probation service and to other probation services.

This finding concurs with Hedderman, Sugg and Vennard's(1997) recent exploration of probation practice, which suggested that probation staff involved in the delivery of sex offender treatment programmes tended to be '*well-trained*'(px). Although practitioners did claim that training and development should be ongoing.

Summary

Experienced, senior members of staff originated the treatment programme, at a time when there was little information to guide such work and little real organisational support in the form of policy guidance or resources. This particular programme was based, like many others, on Finkelhor's model and adopted the cognitive behavioural approach to work with child sexual abusers. The programme was recognised as a centre of excellence by the service although no evaluation had been undertaken at this time.

As the project evolved and different members of staff became involved in its delivery, the aims remained broadly the same in that staff appeared to be working to the same end. These aims were however articulated in different ways by different people. The practices that were used in treatment groups mirrored those employed elsewhere with this offender group(Becker, et al, 1994). All staff involved in the project were specialists in the subject and brought a great deal of relevant experience to bear on the work.

Literature Review And Context Of Offender Treatment: Summary

This chapter has sought to provide the backdrop to this research, by first considering the problems associated with defining sexual abuse, and by reviewing the inconclusive evidence provided by research regarding the scale of this problem. Here evidence from victim accounts was taken to be indicative of the serious consequences suffered by some who experience sexual abuse. This part of the review concluded that the sexual abuse of children is a serious problem, the extent of which is difficult to measure, but which is probably underestimated by government statistics.

Evidence presented here suggests that relatively little is known about male offenders and less is known about female offenders. Recent treatment initiatives in England and Wales have generally adopted the cognitive behavioural approach and have relied heavily upon the theoretical model developed by Finkelhor(1986). Much of the existing research in this area has addressed this approach and has relied almost exclusively upon attitudinal testing as a methodological technique.

It has been argued that legislation concerning this offender group has become increasingly punitive over the last decade, seeking to simultaneously punish and control child sexual abusers both in custody and in the community. The debate has been fueled by public anxiety over a number of highly publicised cases involving the abduction and murder of young children. Public concern has also been raised following the recent publication of the Waterhouse Report(2000) which claimed that carers in Welsh Children's Homes had abused over 600 children.

It would seem that professionals are increasingly likely to look for indicators of abuse

in children, this has led to a number of inquiries regarding false accusations of abuse and to the publication of the Butler Sloss Report(1988). As a consequence of this some have claimed that professionals are now less likely to report every suspicion of abuse.

The probation service has developed central and local policies that guide work with sex offenders, many services now run cognitive behavioural treatment groups specifically for child sexual abusers. The service has been called upon to demonstrate the effectiveness of the work it conducts with this high-risk group. The prison service developed a treatment programme for sex offenders during the early 1990's in response to criticism regarding the use of rule 43(now rule 45) and the lack of therapeutic work conducted with sex offenders in custody. The work of both agencies with this group of offenders has recently been evaluated by the Home Office.

This research seeks at one level to review the theoretical basis on which work with this offender group is conducted and to evaluate the work of a Probation Service Treatment Programme for those convicted of a sexual offence against a child.

Section Two: Research Design and Methodology

Chapter Four: Research Aims And Introduction To Methodology

The research aimed to explore the theoretical context of community treatment programmes, adopting the cognitive behavioural approach, for those convicted of sexual offences against children in England and Wales. The aim was also to explore the application of this theoretical framework to one such programme run by a probation service. This broad aim was broken down as follows:

1. to explore the extent to which a community based treatment programme achieved its stated aims and objectives in work with those convicted of a sexual offence against a child, emphasis here was upon the extent to which offenders appeared to acknowledge and understand the key messages of the treatment programme;
2. to review the theoretical context within which such cognitive behavioural treatment programmes operate within England and Wales;
3. to gather qualitative and quantitative information regarding offender characteristics and background, in order to explore early life history events.

The broad research questions were:

1. What is the historical and legislative context of work with this offender group in England and Wales?
2. How far is the theoretical basis that underpins many cognitive

behavioural treatment programmes supported by this and other research ?

3. How far did one such programme achieve its stated aims in work with a group of convicted child sexual abusers? Did attendees respond favourably to the programme?
4. What can offenders accounts of their lives add to existing knowledge?

Social research enables us to explore and discover, to test existing theoretical assumption and to add to existing theoretical debate, it is concerned in broad sense, with the establishment of social knowledge and with convincing others that a particular interpretation is the correct interpretation.

Social phenomena may be investigated in a number of different ways . Some have claimed that technique(the specific operations employed) is "*dictated by research strategy*"(Bulmer, 1984,p5),which is in turn constrained by those techniques which are available and feasible(Denzin, 1970: Silverman, 1998). The choice of technique should however, primarily be dictated by the subject or problem under investigation (Strauss & Corbin, 1994) and will undoubtedly be influenced by a researchers familiarity with and preference for different types of methodology and/or their theoretical stance(Gilbert, 1995).

The methodology selected reflects the multi-faceted nature of the research problem, and theoretical assumption underpinning the treatment of sex offenders during the 1990's. The belief that sexual offending may be explained with reference to both

structural and individual factors and that this belief should be incorporated to treatment programmes is now widespread (Morrison et al 1994). This is what Jupp(1989) has referred to as '*theoretical triangulation*'(1989, p83) within criminological thought. The bringing together of traditionally opposed theoretical argument in an attempt to proffer a more holistic explanation for certain types of behaviour:

"For certain types of crime, such as rape and other sexual offences, there is a strong possibility that the explanations lie within individual dispositions----- however, the individual dispositions to sexual crimes are likely to be channeled in particular directions in social structures that are organised around inequality between sexes. In short this argues for the bringing together of concepts and propositions from a number of theoretical approaches which populate criminology"(Jupp, 1989, p83)

As discussed in the Literature Review, this view is indeed shared by psychologists such as Finkelhor(1983) who advocate an 'eclectic' approach to working with offenders, an approach that incorporates both sociological and psychological thought. This eclecticism is reflected in the methodological design which incorporates research techniques from psychology , from sociology and from history.

Combining Methodologies

A very important strategy in increasing validity or credibility is the use of triangulation.

This provides a way of checking either the integrity of the data or the integrity of the interpretation by looking at the same issue from different angles. This can apply in several ways (Denzin, 1970).

The use of research teams rather than lone researchers or the use of a data audit is a form of triangulation because it involves the use of multiple researchers, each bringing their own assumptions and perspectives to bear. Triangulation can also include the use of more than one theoretical perspective, more than one method or more than one data source, which could include multiple sites or cases as well as multiple sources relating to a single case. All of these forms of triangulation may be used in one study: they are not mutually exclusive.

An example of research with this offender group, using different methods and data Sources, is Scully's (1990) work with convicted rapists(of adult women). She sought to explore the meanings rapists attached to acts of rape through depth interviews, but also examined the accounts of their offences described in prison records. As a result she found that invariably the rapists had minimised the impact of their actions, and this affected the way she analysed and interpreted their accounts.

The methodology adopted here follows, loosely, what Denzin(1970), following Webb et al (1956), has referred to as a "*cross method - triangulated design*"(cited in Denzin, 1970, p471). This refers to the use of both qualitative and quantitative techniques to investigate or explore the same social phenomena. The term 'triangulation' was borrowed by Denzin from military strategy, the concept is based upon the belief that any bias inherent in one method of data collection will be counterbalanced when used in conjunction with other methods, the concept arises in

Denzin's discussion of the advantages and disadvantages of participant observation.

The strengths of one method, it is suggested, may compensate for the weaknesses of another and the validity of the study may, subsequently, be improved.

There are many recent examples of research studies that have attempted to combine methodological approaches, Gogolin and Swartz(1992) in their literature review of studies adopting a triangulated approach, for example, cite combinations ranging from experimentation and ethnography to survey and depth interviewing.

Research addressing sexual offending against both adults and children has however, tended to adopt a rather narrow methodological focus concentrating almost exclusively upon psychological methods, such as psychometric or attitudinal testing of convicted offenders. This would seem to contradict the apparent general agreement that exists amongst those involved in the treatment and ongoing research of sexual offending, that such offending has both structural and individual origins and should therefore be treated in an 'eclectic' fashion(Erroga & Beckett, 1994; Finkelhor, 1989). The logical conclusion to draw is that research undertaken should be designed to incorporate this approach and should draw upon the methodological techniques that best address the problem, regardless of the discipline from which they originate(La Fontaine, 1988). This bias in reality reflects the background of those who have been involved in this area of work. Many are clinical psychologists and psychiatrists, the predominant methodological techniques within these disciplines are experimentation and attitudinal testing. Some have questioned the value of experimental research and the use of control groups in criminal justice settings, (Matthews and Pitts, 2000)problems arise in that true experimentation is reliant upon randomisation of subjects between experimental and control groups. In prison and

probation settings it is extremely difficult to randomise subjects in this way, given that factors such as risk and need form the basis of sentencing decisions.

What then are the advantages of combining methodological techniques? One proponent of this approach (Patton, 1990) identifies a number of advantages including improved reliability and the complementary nature of such work. Clearly different facets of the same phenomena may emerge, this has been likened to peeling the layers off an onion .

Other advantages cited by Patton include: The development of the research, in that early methods may be used to inform the latter methods; contradictions and fresh perspectives may be allowed to emerge and the use of mixed methods in expanding, adding scope and breadth to a study.

This view is largely supported by Warwick (1983) who claims that the greatest advantage of "*methodological marriages*" (cited in Bulmer, 1984) is the extent to which the weaknesses of one approach might be weighed against the strengths of another.

Criticisms made of this approach have centred on the extent to which knowledge produced by widely different and often opposed means can be valid. Methodological purists adopting an entirely positivist or interpretivist stance would perhaps argue that choice of research problem and methodology reflect a theoretical orientation, and techniques should not therefore be combined, across paradigms (Silverman, 1993; Hammersley & Atkinson, 1995).

Indeed, Silverman (1993) has argued that problems arise when data produced by

different techniques yield contradictory information. This in reality may tell us more about the problems associated with the techniques in use rather than shed any light upon the research problem. A good example of this is La Pierres(1934) famous study of the social position of Chinese immigrants within American society(in Denzin, 1970). Here a covert participant observation study was triangulated with a survey , the research focused upon hotels reception of Chinese guests. Researchers traveled the United States with several Chinese couples, noting direct and indirect discrimination on the part of hotels. A structured questionnaire was also administered to hotel staff regarding their attitudes to Chinese guests.

The data gained from each technique yielded contradictory information, leading la Pierre to conclude that clearly a survey is not the most appropriate means of exploring discrimination. The findings are interesting and may, however, reflect two dimensions of the same research problem, it was clearly the policy of hotels not to discriminate on the grounds of race and staff reflected this in their response the questionnaire, the practice of staff was however quite different.

Claims such as that made by Silverman that "*we should not simply aggregate data in order to arrive at an overall truth*"(1993, p157) and Hammersley and Atkinson who dismiss the belief that a more complete picture will be achieved through the combination of techniques as being "*naively optimistic*" (1995, p199), appear to miss the point. Pragmatists such as Denzin(1970) and later Bulmer(1984) intended that research adopting a triangulated methodology, approach the same phenomena from different angles, and have argued indirectly that a false dichotomy exists between quantitative and qualitative research methods. It is claimed that both

paradigms should be used to understand the social world where their application is appropriate and justifiable in research:

"No single method is always superior. Each has its own special strengths and weaknesses. It is time for sociologists to recognise this fact and to move on to a position that permits them to approach their problems with all relevant and appropriate methods to the strategy of methodological triangulation"(Denzin, 1970, P471).

This debate originates from early sociological disagreements regarding the role of sociological method between proponents of the interactionist and positivist schools of thought. Early positivists, such as Emile Durkheim, believed that the quantitative methods of the natural sciences should be applied to sociological work, whilst early action theorists such as Max Weber advocated the search for meaning, adopting methods from early anthropological studies of small, primitive communities. Here the use of depth methods with small groups was favoured. The debate regarding the virtue of each approach continues within sociology, most applied social research now makes use of techniques which are both feasible within limited budgets and appropriate to research aims.

Frequently research problems are complex and multi-dimensional, particularly those addressing human behaviour and attitude and none more so than sexual offending against children. It could therefore be argued that a multi-dimensional research approach is needed.

This research follows what Patton(1990) has referred to as 'the two-phase design'. As each research aim is quite distinct and requires a different methodological approach.

Here it was intended that qualitative and quantitative methods be employed at two quite separate stages of the research, the advantage being that data triangulation across paradigms is minimal.

Patton(1990) claims that the disadvantage of the 'two-phase design' arises in that drawing a connection between the two phases can be problematic. An example of a study employing this approach is Vidich and Shapiro's(1955) early study of a small community in the United States. The first phase include a survey regarding attitudes towards community life, the second stage sought to research the community through a small participant observation study.

The study undertaken by Vidich and Shapiro demonstrates the manner in which the 'two-phase design' can be applied successfully. Similarly the data gathered during this study was analysed and is presented separately, each section constituting two dimensions of a single research study. A final section draws together and summarises key findings.

Research Process And Techniques

The first phase of this research aimed to explore the literature relating to the historical and legislative context of work with those convicted of a sexual offence against a child, in an attempt to look at the effect of recent government policy concerning this group. Other issues considered here were the extent of sexual abuse and, the theoretical basis of treatment programmes in England and Wales. It was considered important to explore the nature of the criminal justice context in which community based treatment programmes operate and ultimately , given recent policy and

legislation, to explore the role of such programmes. Here a review of the current research literature was undertaken along with an analysis of relevant legislation. The research literature forming the basis of theoretical approaches to treatment was also reviewed.

The aims of the second phase of the research were twofold: first to explore the way in which a probation led, community based treatment programme for child sexual abusers conducted its work. This in effect constituted a further exploration of the extent to which the theoretical basis underpinning such programmes could be said to operate effectively in practice. The second aim was to gather information regarding offenders early life history, with a view to increasing understanding about this group. Other research has not attempted to gain such information over time in this way. Most of this information was sought via qualitative techniques.

As this element of the research aimed to explore the attitudes and beliefs of convicted child sexual abusers, in a depth manner, a more qualitative approach was deemed necessary. In order to improve the validity of this part of the research, offender accounts of events were compared with victim statements over time and the views of those working with the offenders regarding progress sought.

The research also originally aimed to capture demographic information from all child sexual abusers who came into contact with this particular probation Service. A questionnaire was designed to be administered by probation officers conducting pre sentence report interviews with such offenders(Appendix One). This information would also have allowed for a comparison of reconviction rates for those groups receiving a custodial sentence and those receiving a community penalty. This

element of the research collapsed and the data are unavailable. The Probation Service failed to update and maintain the database(as agreed) and have 'lost' the original version following a computer information systems change from MS DOS to Windows. An incomplete hard copy of some information is in tact and reconviction data has been sought from the Home Office Offenders Index, this request has been approved but unfortunately the information was not available prior to the submission of this thesis. Further research on reconviction is planned on the basis of this information.

Documentary Research And Social Survey Of Offenders

Documentary Research

This stage of the research sought to address aims one to three, regarding the historical and legislative context of work with child sexual abusers; the theoretical basis of treatment and the effectiveness of the programme under investigation in terms of rates of reconviction.

The literature reviewed was drawn from a variety of sources including: existing research into treatment approaches and theoretical context drawn mainly from England and Wales and the United States, some European and Canadian work is also included.

Government documents and legislation were reviewed, as was relevant information from newspapers and autobiographical accounts of child abusers. Findings from Home Office publications based upon the Offenders Index are cited along with findings from victim surveys in an attempt to shed some light on the incidence of

sexual offending against children. Victim statements were compared to offender accounts of offence circumstance throughout the research and other documentary evidence in the form of court records was used where available and appropriate.

The use of documents has a long history within social research. Documents that may have been produced by researchers for research purposes, and those produced by individuals or organisations for purposes other than research, are included here. When analysing documents it is important to consider how far the researcher's arguments can be supported by the extracts of data provided. This is what Rose(1983) has referred to as 'internal validity'. Another important factor to consider, is whether the document or documents can be authenticated. This may not be as important when obtaining a government report directly from a government stationer as was usually the case here. The information contained in such reports can always be questioned given that it has been collected by another researcher, there is no control over the data collection process, for another purpose(Hindess, 1973).

These concerns centre around the 'credibility' of the research, was the research conducted in a systematic and credible manner? And the 'typicality', or representativeness, of the documents(Levitas & Guy, 1996). We could however argue here, that untypical or unusual documents can provide as much of an insight as typical documents in certain circumstances.

The offender Survey

The inclusion of a social survey of offenders was thought necessary to enable the collection of detailed demographic information on a large number of respondents in order to add to the qualitative information gained on life history and to compare

reconviction rates of groups receiving different sentences. A database established for the purposes of the research at the outset and was held by the Probation Service. This was originally established in 1992 on SPSSpc+ and contained the sentencing and demographic details of all known offenders, appearing in one of the five magistrates courts, or the crown court, that served this area of London charged with a sexual offence against a child.

Detailed demographic information was sought on all offenders via a survey in order to explore sentencing practice within the North East London area and to complement the life history information gathered via qualitative interview.

The term 'social survey' is broad and refers to a range of methods and styles of investigation. Surveys may be undertaken to elicit descriptive information or to explore cause - effect relationships. A precise definition is however difficult to provide, Moser in an early edition of the classic survey text 'Survey Methods in Social Investigation' (1958) suggested that

"The only factor common to surveys is that they are concerned with the demographic characteristics, the social environment, the activities or opinions and attitudes of some group of people"(1958, p1).

The survey approach employed was untypical and is difficult to categorise, it certainly could not, for example, be described as a 'panel' survey in which information is collected at two or more points in time(De Vaus,1990) or indeed as a 'simple survey' in which a large representative random sample is selected and surveyed at one point in time(Marsh,1982). The survey was 'longitudinal' in that the information was sought

over time, but differed to other studies employing this approach in that usually one sample of respondents is surveyed over time, whilst here individuals were surveyed on one occasion, over a 4 year period on first encounter with a Probation/ Court Duty Officer.

The survey approach is undoubtedly the most appropriate when descriptive information is required from a large, geographically dispersed population (Moser, 1958. Marsh, 1982). The unpredictability of precisely where and when an offender might appear in court added to the difficulty of tracking down respondents. For this reason Probation and Court Duty Officers (Probation Officers assigned to magistrates and crown courts) were asked to administer the survey, via semi-structured interview, to offenders.

The advantages of using interviewers, particularly those accustomed to working with the perpetrators of sexual abuse, are: First, the interviewer can clarify questions and explain the aims and objectives of the research and most importantly, particularly given the sensitive nature of the research, the interviewer can encourage participation (Marsh, 1982).

The problems associated with the use of the survey approach as employed in this study, must however be addressed. The interviewers, although trained to an extent, were probation practitioners who were generally unaccustomed to conducting research interviews, this factor alongside other more common sources of interviewer error (the personality, beliefs and attitudes of the interviewer for example) may have affected the data. The interviewee effect (Sapsford & Jupp, 1996) may clearly have produced some substantial error, as interviewees were interviewed in a probation

office or court, would recently have experienced the criminal justice process and would almost certainly wish to provide responses that they perceived as 'correct' (Jupp,1989). Much of the information sought was however of a descriptive, factual nature and possibly unthreatening. Some of the factual information was corroborated by documentary evidence held in offender case files and provided by the Crown Prosecution Service, the police and the court.

Some criminologists have criticised the determinist nature of the survey approach and underlying positivist assumptions(Cohen,1981).Such criticisms centre around the manner in which crime is conceptualised as an objective fact and individualised. The criticism also seems to focus around the concept of causality and determinism(Cohen, 1981). Such criticisms should not however lead to the abandonment of the survey approach which undoubtedly has some value in descriptive criminological research(Jupp, 1989).

The survey instrument(Appendix one) included 54 items and sought to elicit descriptive factual and demographic information regarding the nature of the present offence, sentence passed and an account of previous convictions, as well as information pertaining to a personal history and victim choice. The original schedule was piloted on two occasions in 1992 in two Petty Sessional Areas and some minor modifications were made as a consequence of this, the third and final version of the survey was produced in 1993.

The survey interviews were administered to the entire working population(all those charged with a sexual offence against a child appearing at a North East London Court) and as such no sample was drawn. Although N(500) is fairly large(Erikson &

Nosanschuck, 1979)and certainly adequate to produce some meaningful statistical analysis, as has been discussed elsewhere there are many reasons why offences are unrecorded. It is also clear from victim surveys that many more offences are perpetrated than convictions made(Kelly,1991, NSPCC, 1997). Given that the working population is comprised entirely of convicted offenders, those who have been caught, convicted and who may well be accustomed the criminal justice system, both the external validity and the generalizability of the work to other such offenders outside the system, must be questioned.

All participating Officers were trained in the conduct of structured interviews and choose to participate in the research.

The survey interview was structured in two parts, the first part sought basic factual information regarding first and subsequent court appearances. The information sheet was completed in court by a Court Duty Officer and returned to the Research Department, where the information was entered to SPSS(pc+). An Officer was then asked to complete the 'child sexual abuse questionnaire' the information was once again returned and input to SPSS. The computer record was anonymised and each case was assigned a research number.

The 'Child sexual abuse questionnaire' was divided into two parts, the first of which sought general information about the offender, including employment details, marital status, previous offending history for example. The second section sought general information about victims, including the number and gender of victims and the offenders relationship to their victims.

The inclusion of questions regarding victim choice seemed particularly important,

enabling exploration of this issue and the nature of the relationship between victims and perpetrators.

In January 1995 the database contained information on approximately 500 individuals some of the data were missing and an effort to recover this from offender case files was made. A preliminary analysis of the data had been undertaken the previous year on cases where information was sufficient. During this year I left the probation service in order to take up another post, I was able to take the interview data and other materials amassed but was unable to take a copy of the database, given concerns over the Data Protection Act 1983. The Probation Service agreed to update the database regularly and provide analyses, which should be specified by myself. In return for this I undertook to produce a series of interim reports on the basis of the quantitative data.

I contacted the Service the following year having reached the stage in the research when the data were required. After lengthy correspondence I discovered in 1997 that the Service had failed to maintain the database and on my departure had transferred it to Dataease, the original format of the questionnaire had been changed and its purpose was now to act as a tracking system for those attending the sex offender group.

The original database had been lost when the Service's systems were changed from MS Dos to Windows. I also discovered that the Sex Offender Group had not maintained the new version of the database. It took a considerable amount of time and effort to set up both the survey and the database, the Service then recognised the value of maintaining such data over time. The failure to maintain the database and the

unusable nature of the data was extremely damaging to the research and personally disappointing (correspondence can be seen at Appendix 2). The initial survey findings are included in the Findings Chapter, these relate to approximately 100 offenders only. This information was extracted from an interim report produced for the Service prior to my departure in 1995, it is based upon cases where information was most complete.

Evaluation Of The Treatment Programme - Depth Interviews and Psychometric Testing

Phase Two of the research sought to address aims one and three regarding the extent to which a community based treatment programme attained its stated aims and objectives in work conducted with those convicted of a sexual offence against a child. The research also sought offender's views about the programme they had experienced, and sought to gather information regarding offender's background in order to explore early life history events.

This stage of the research sought both to explore the manner in which a community based treatment programme working exclusively with male perpetrators of child sexual abuse strove to achieve its aims, and to build a picture of the respondents childhood .

The research that has been undertaken with perpetrators has relied, almost entirely, on the use of psychometric or attitudinal testing (Beckett, Beech, Fisher and Fordham, 1994). This is largely because, as the term 'treatment' would suggest, the area of offending that has become known as 'child sexual abuse', has been most strongly associated with psychiatry and more recently clinical psychology (Salter, 1988). As

discussed, the research methodologies most strongly associated with these disciplines are experimentation and psychometric or attitudinal testing(Kidder & Judd, 1991). Both the British Psychological Society and the British Medical Association have for a long time endorsed the use of such methodological approaches and virtually denied the existence of other approaches most strongly associated with social science research(BPS Bulletin, 5/1994).

The 1990's have seen a shift in this view , the British Psychological Society now require the inclusion of other methodologies(social surveys and qualitative research) in recognised degree programmes(BPS Bulletin, 7/1996) and the British Medical Journal have advocated the use of qualitative methodology in medical research (The Guardian, 7/1997).

A consequence of this theoretical and methodological dogmatism is that those working and researching in the area of sexual offending, have relied heavily upon a narrow methodological approach. The methodological approach adopted here combined qualitative interviewing, attitudinal testing and content analysis of victim statements over time.

The Qualitative Interviews

The sensitivity of the subject under investigation seemed to necessitate the use of a qualitative approach. As Strauss and Corbin(1990) have stated;

"Some areas of study naturally lend themselves more to qualitative types of research, for instance, research that attempts to uncover the nature of persons experiences-----. Also, qualitative methods can

give the intricate details of phenomena that are difficult to convey with quantitative methods" (1990, p19).

All research designs, whether quantitative or qualitative, need to be geared to the research aims. Traditionally a qualitative approach has been associated with exploratory research, but Hammersley(1990) has argued that qualitative studies are compatible with a variety of aims, which can be; descriptive; evaluative; explanatory or predictive. Here the aims were both explanatory and evaluative. Some have stated that there is a need for evaluative work conducted in criminal justice settings to adopt a more depth, qualitative approach in order to seek the views of those who experience programmes: *'it is not enough to rely on purely quantitative data which concentrates on correlations and the patterning of variables; evaluation also needs to include more qualitative and intensive data gained from discussion with those who have actually participated in the programme(Sayer, 1992. Cited in Matthews and Pitt, 2000).* An attempt to do this was made here.

Qualitative interviewing is typically open-ended. It therefore enables us to gain information from the perspective of the research participants rather than the responses being pre-determined by the researcher. It enables topics to be explored in more depth and issues raised by the participants to be followed up. Thus it also allows for the generation of new descriptive and theoretical concepts that have not necessarily been previously anticipated by the researcher. In this sense it falls more at the inductive end of the research spectrum and can therefore also be used for the generation of theoretical explanations grounded in the interview data itself (Glaser and Strauss 1967).

Certain concepts formed the theoretical framework of the research at the outset, these

were largely contained within the treatment programme ethos and included denial and self esteem for example. Other concepts emerged during the conduct of the interviews and these were explored in later interviews.

The experiences, beliefs and attitudes of those convicted of sexual offences against Children were sought largely via in-depth, one-to-one interviewing. The treatment programme sought both to monitor and to bring about change in offenders views around significant issues(such as denial of the offence).

Researching attitude is notoriously difficult(Kidder and Judd, 1991), particularly when this involves the exploration of sensitive issues. No issue could be more sensitive than attitudes and beliefs regarding offending of those sexually abusing children. It would have been a great deal easier to administer self-completion questionnaires or to conduct documentary analysis of case file reports, in order to elicit information. This would seem to be evading the issue, much has been written about 'sex offenders' but rarely are they afforded the opportunity to openly express a view(Beckett et al, 1994- did conduct a small number of structured interviews with perpetrators).

Establishing Rapport

The aim in qualitative interviewing is *'to get the person being interviewed to talk about (their) experiences, feelings, opinions and knowledge'* (Patton, 1990 p.297). In order to do this, a relationship has to be established with interviewees. Here there were several obstacles to establishing such a relationship with interviewees: First, there was some hesitance on the part of the researcher regarding conducting interviews of such a sensitive nature with this offender group; second although interviewees had volunteered

to participate they may have felt obliged to do so given their position; third, by necessity interviews took place in probation offices, this may have had an adverse impact upon the quality of the data.

Hammersley and Atkinson (1995) describe both the interviewer and interviewee as 'participant observers' in the interview process. The skills involved in qualitative interviewing therefore include what is described as establishing rapport in the interview situation. This includes enabling the interviewee to feel at ease or comfortable with the interview and demonstrating interest in what the interviewee has to say, as well as establishing some level of trust, depending on the kinds of issues the researcher wishes to explore. These issues were particularly important here. At the outset of the research respondents (or participants) had recently experienced the humiliation of being arrested, convicted and in some cases publicly labelled as a 'sex offender', it proved extremely difficult for some to discuss their experiences during the first interview. The longitudinal nature of the research helped to build trust, respondents gradually confided more as time went on. Assurances were also made about ethical concerns, particularly relating to anonymity and confidentiality (there was an exception here and this is discussed later in the section on ethical concerns). Attempts to build rapport and gain trust were also aided by not reacting judgementally about what the research participant had to say.

Some have suggested that interviewers should give of themselves and answer respondent's questions during interview (Oakley, 1983) in order to gain trust. However, the question is really about how much information the interviewer should offer about themselves and their own interests, because of the risk that this may affect the responses

of interviewees. For example, Jane Ribbens suggests:

'It does seem to me that to talk about yourself completely openly in an interview situation might significantly shift what is said to you, in fairly unpredictable ways. We need more work on the advantages and disadvantages of different approaches. Perhaps what we should be sensitive to, that is to take our cue from, the person being interviewed'
(Ribbens, 1989, p 584).

Feminist researcher, Diane Scully (1990) adopted a similar approach to interviewing convicted rapists in prison, where her aim was to elicit the meanings and understandings rapists attributed to the act of rape. She describes how she had to retain a 'non-judgmental demeanour' and conceal the abhorrence she felt during the interviews, otherwise she would have elicited little relevant information.

Similarly here no information regarding the interviewer's personal life or beliefs was divulged to respondents during the research.

Reactivity In Qualitative Interviewing

Because research participants bring their own interpretations and perceptions to the interview situation, it is clearly impossible for issues of reactivity to be eliminated. Rather these need to be recognised and taken account of in the research process, and in the interpretations and claims made for the study.

Researchers personal characteristics such as their age, gender, class and ethnicity may affect the interview situation, and the kinds of information that may or may not be elicited because of this. These issues relate to the kinds of research questions being

asked, as well as the population or setting being investigated. There are clearly issues here about the use of a female interviewer with an all male group. Female interviewers may elicit different kinds of information when interviewing men, particularly those convicted for sexual offences against children. Differences in ethnicity between the interviewer and interviewees may also affect the interview process in complex ways.

The Interview Process

In - depth qualitative interviews were conducted with a small sample of 21 men attending a probation community programme over a period of three years. Following Patton (1990) the 'interview guide' approach was adopted, whereby broad issues and themes are identified and ordered at the outset of the interview affording some structure. The interview is however conducted in a flexible manner allowing the interviewer freedom of movement within the guide.

The purpose of the interview was: to explore the manner in which treatment aims were translated into practice; to explore how far the group appeared to have acknowledged and understood the key messages of the treatment programme; to seek respondents views regarding their own progress and the manner in which the programme was conducted and finally to explore the life histories of offenders. It is acknowledged that there cannot be any certainty regarding the true impact of any such programme upon this offender group.

Each interview lasted between one and two hours, the interviews were video taped (with the respondents consent) and written up immediately afterwards. Each interview was analysed following transcription in order to identify recurrent themes and emergent concepts (Schatzman & Strauss, 1973). The interviews were structured

around the following areas(see Appendix Three for interview guide) and were based upon the aims of the treatment programme, which may be summarised as follows:

1. To confront and reduce denial(of the offence and of the consequences for the victim);
2. To build self esteem and reduce isolation;
3. To confront distorted attitudes regarding children
4. To monitor offender well being and progress.

The same interviewer conducted all interviews over time, in order to maintain consistency(Robson,1994) and in order that a relationship might be built between interviewer and interviewee, as discussed . As a consequence of the longitudinal nature of the work, second and subsequent interviews had to be personalised and, whilst maintaining the same broad areas of questioning, adapted in the light of what respondents had previously said. For example, a full family history was taken in the first interview, in second and subsequent interviews family names(when previously given) were included. This enabled the interviewer to speak in a more informal, 'conversational' way with respondents who appeared to warm to the fact that the interviewer had apparently remembered (with the aid of extensive notes and some revision prior to each interview) what had previously been said. This also aided the development of rapport and trust.

The interviews could not really be categorised as 'ethnographic' in the sense that Burgess(1982) and others such as Spradley(1984) intended, in that a loose structure was adopted, there were no key informants and the researcher did not really enter the Respondent's world. Indeed Burgess(1982)would criticise the superficiality of an

interview situation in which respondents, by virtue of the circumstances in which they find themselves, appear to have little choice but to participate in the research. It could however be argued that the interviews, particularly the later interviews where some rapport had been established, took on an ethnographic flavour and were fairly conversational. It was via such an approach that a great deal of original information regarding the life, times, attitudes and beliefs of a group of men convicted of sexual offences against children were gained.

The interview was structured loosely as follows, each section contained a number of prompts:

1. Introduction and research overview

The research aims were reiterated along with respondent anonymity and confidentiality, the research process and expectations were outlined. Participants were informed that they had the right not to participate and could refuse to answer any question or to terminate the interview at any time. This was reiterated at each interview as voluntary participation and the respondent's informed consent were considered to be important issues.

Only one person attending Group 2 refused to participate and on two occasions a respondent refused to answer a question. At no point did an interviewee terminate an interview.

2. Family background

A general family history was sought including information regarding

the nature of family relationships and general quality of life. This section was intended to be exploratory, it seemed particularly important to know something about the childhood experiences of the respondents, particularly given the lack of good qualitative research evidence in this area.

The treatment programme Leaders assumed that those attending would usually have experienced some form of abuse.

3. Education and employment

A descriptive account was sought from each respondent regarding the nature of employment and qualifications gained. The underlying purpose of this questioning was also to gauge attitudes towards and experiences of formal education. The literature has suggested that abusers tend to lack self-confidence, to have been isolated children who had few friends and who were frequently bullied (Salter, 1988; Smallbone and Dadds, 1996). The approach adopted in interview allowed respondents to describe childhood experiences of school and adult experiences of work, with few interruptions. It was the assumption of the treatment programme that the majority of those attending would have had similar negative experiences of school.

4. General health

Research has suggested that abusers tend to report a large number of

minor ailments (Mrazek, 1981). The concern was to monitor both the physical and mental health of those attending , and that feelings of self esteem and self-confidence should increase. Questioning here focused upon respondents physical health and feelings of well being.

Descriptive information regarding a medical history, drug taking and mental well being were sought throughout the programme.

5. General Interests and Hobbies

Following the treatment programmes assumption that abusers are generally isolated individuals who tend to lack self confidence, this section sought to gain information regarding social contacts and interactions. How leisure time was spent and to explore the nature of pass times/hobbies. One of the aims of the programme was to encourage the development of non-child orientated interests and pass times, where these were lacking. The treatment programme sought to foster more positive attitudes towards children.

6. Adult Relationships ;

This component sought to address the respondent's attitudes towards women and the nature of past and previous adult relationships .

Research has suggested that abusers are drawn to children because of an inability to build and maintain long term sexual relationships with adult women(Finkelhor, 1987 and 1989).

The treatment programme proceeded with its work on this basis. The respondents were asked to describe, in a very unstructured way, key relationships with women and other adult relationships, recounting any negative or positive aspects. This approach worked extremely well and respondents spoke at length.

7. Offending(past and present)

A sensitive area that proved the most difficult to explore, particularly during early interviews. This section was fairly long and deliberately placed at the end of the interview in order to allow the respondent time to settle in to the interview and warm to the interviewer(Berg, 1995).

The express purpose of this section was to explore in the initial interview, the existence and extent of denial. The purpose of subsequent interviews was to explore interviews was to explore the extent to which respondents were more or less denying of responsibility for their offending behaviour.

This proved a difficult and highly sensitive area to broach with respondents, who up to this point in interview had spoken freely and easily about apparently uncontentious issues. In order to gauge attitudes to the offence/s, during each interview respondents were simply asked to describe the offence circumstances and how they came to know the victim/s, with very little questioning or prompting from

the interviewer. This highly unstructured approach proved extremely successful, as full accounts including attitudes, feelings and beliefs were given. This provided a great deal of information regarding the Respondent's attitudes towards both their offending and their victim/s which could not have been gained so successfully via a more structured approach.

8. Attitudes towards children.

Following the assumption made by the treatment programme that abusers have 'distorted' attitudes towards children, show a tendency to objectify children and prefer their company to that of adults (following Mrazek, 1981 and Morrison et al, 1994). The initial interview sought evidence to support this claim and subsequent interviews sought to address how far such attitudes had changed. This section included exploratory questions regarding relationships with children (non - sexual) and offender attitudes towards children compared to attitudes towards adults.

Although the broad categories that comprise the interview guide were structured to elicit specific information, a common feature of such qualitative interviewing is that the categories should not be mutually exclusive. Recurrent themes, such as isolation, the quality of relationships with others and attitudes towards women and children, arose at many different points during interview. Such digression, where relevant, was encouraged and provided an important insight. Respondents frequently

spoke freely regarding some extremely sensitive issues, far more so than had been anticipated.

It has been suggested that in qualitative interviewing researchers often expect respondents to withhold information when questioned on sensitive issues, such as sexuality (Glaser and Strauss, 1973). Some have claimed that the key to encouraging participation appears to be the attitude adopted by the interviewer, this should be non-judgmental and encouraging (Berg, 1995). In work with offenders it also seems particularly important to create a setting in which respondents feel both able and willing to discuss the details of their lives, assurances regarding anonymity and confidentiality certainly aided this process (Homan, 1990).

The interview was pre - tested in order to assess any inaccuracies in question wording or general design; clearly the schedule could not be administered on a pilot basis given the sensitive nature of the subject matter and given that all those available offenders were included in the research. Alternatively the schedule was critically examined by a panel of two Probation Practitioners and a Psychiatrist, all of whom were experienced in work with abusers, and two senior criminological researchers. Some changes to question wording/prompts and sequence were made as a consequence of this exercise. The panels, following Patton (1990), were asked to view the schedule with regard to the following broad questions:

1. Will the questions/areas included succeed in covering all of the intended issues?
2. Will the questions/areas elicit the types of response required? e.g. will asking offenders to describe offence circumstance really tell us anything about

3. Will the language used be meaningful to the respondents?
4. Considering structure and design, will the interview guide motivate respondents to participate fully?

(adapted from Patton, 1990).

The feedback received from the panel was largely positive and this important exercise helped to frame the final version of the interview guide.

The interviews (and the psychometric tests) were administered over time to two groups attending the programme, in the following way:

Group 1	interview 1 (prior to group)	interview 2 (6 months into group)	interview 3 (1 year into group)
	interview 4 (2 years into group)	interview 5 (post group - end of year 3)	
Group 2	interview 1 (prior to group)	interview 2 (6 months into group)	interview 3 (1 year into group)
	interview 4 (2 years into group)		

Only 10 of the respondents agreed to participate in the psychometric testing.

Initial interviews were conducted prior to the commencement of the treatment programme in order to gather baseline data and to test the assumptions held by the group. The respondents were then interviewed twice during the second year and on completion of the programme. 'Group 1' was followed over a period of three years in total, whilst 'Group 2' was followed over a two year period(as they commenced the programme one year later).

Validity, Reliability and Generalisability In Qualitative Research

This question of generalisability refers to how far the claims made for the study can be generalised to other settings, situations or populations. Whilst there are theoretical debates about whether generalisability is an appropriate criterion for evaluating qualitative inquiry, it is often relevant in applied research, although it may be more or less important depending on the aims of the study.

Sometimes qualitative studies do aim to make generalisation claims, but this can be problematic since qualitative research is sometimes concerned with unique or unusual cases from which it is difficult to generalise. It is also concerned with the detailed complexities and contingencies of particular cases.

Lincoln and Guba (1985) suggest that transferability may be a more relevant concept than generalisability in qualitative studies. The question is not whether the findings can be generalised across a whole population, as is often the case in quantitative research,

but whether findings can usefully be transferred to another similar setting. One answer rests on the relationship between theory and data. The more clearly the data are placed in a theoretical and conceptual framework, the easier it will be to draw inferences about what is general and what is specific to the particular study. Here, in order to address this issue the theoretical framework of treatment approaches was reviewed, with reference to existing research and the findings from the evaluation used to contribute to existing knowledge.

Reliability refers to whether the findings of a particular study can be replicated, if the same or similar methods were followed and the same or similar situations or contexts explored.

Many qualitative research methodologists argue that reliability is not relevant or even possible in qualitative studies, since the findings are so contextually based, in terms of the particular research participants as well as in terms of time and space.

For this reason, Lincoln & Guba (1985) prefer the concept of dependability to that of reliability. The test is not so much about whether the same findings could be produced, the focus is rather upon gaining an understanding of what is different, this involves a sensitivity to processes of change.

The advantages of adopting an 'open', longitudinal, qualitative approach in work of this nature are clear and have been discussed at length, to summarise these are: First, and most importantly, to explore in some depth, attitudes, beliefs and feelings around a sensitive issue; second, to go over inconsistencies and fill in missing information over time. It would have been extremely difficult for respondents to maintain a lie over such an extended period of time; third, to establish a relationship with

respondents over time, that might encourage full participation (Bryman, 1994; Burgess,

1983, : Fielding & Fielding, 1992).

An unexpected positive consequence of the interviews was a 'therapeutic effect', respondents were asked to comment on the research process at the end of the project, all interviewees stated that they had found the interviews helpful in that they were given an opportunity to speak freely in a comparatively 'safe' context and had not felt 'judged'. Some respondents requested an opportunity to participate in further interviews.

The validity and reliability of any research addressing social behaviour, attitudes and feelings must be questioned regardless of the methodological approach adopted. As discussed, reliability "*refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions*" (Hammersley, 1991, p67). This would point to the importance of systematic process and rigor in the conduct of social research. Whilst validity is described by Hammersley as "*truth: Interpreted as the extent to which an account accurately represents the social phenomena to which it refers*" (1991, p57). How correct is our interpretation, as social researchers, of the phenomena under study?

Research may then be reliable in that rigor and systematic processes are employed but may not be valid in that an incorrect interpretation is provided. Some positivist writers have claimed that only researchers following the qualitative tradition should be concerned with issues concerning validity and reliability (Marshall and Rossman, 1989). The argument forwarded by Marshall and Rossman regarding reliability, rests

upon the positivist assumption that there exists "*an underlying universe where inquiry could, quite logically, be replicated*"(1989, p147) and the "*assumption of an unchanging social world is in direct contrast to the qualitative/interpretivist assumption that the social world is always changing and the concept of replication is self problematic*"(p147). The notion that the social world, in a similar way to the natural world, is stable and unchanging is problematic, human behaviour, attitudes and beliefs have been shown to fluctuate over time. If we then accept that the social world is in a constant state of flux no method can claim to systematically and reliably measure social phenomenon.

It is not really possible for social researchers to claim that a view expressed to them is a 'truth' or that respondents views will remain constant over time. It would seem that the best social research, given the nature of the subject under investigation, can do is to state that research techniques, both qualitative and quantitative, were applied in a systematic way and procedural points were documented.

Two central issues regarding the validity of interview accounts are raised by Silverman(1993):

"Are such accounts: True or false representations of such features as attitudes and behaviour? (or) simply 'accounts', whose main interest lies in how they are constructed rather than their accuracy?"(1993, p15).

The problem to which Silverman is alluding, centres around the extent to which respondents can be relied upon to provide an honest response. This applies particularly

to sexual offending behaviour that has been strongly linked to denial. And the extent to which respondents are able to accurately recall events, asking retrospective questions may be problematic particularly surrounding events that occurred some time ago. Other issues that may affect the validity of research are well documented in standard methodological texts and include: The interviewer/interviewee effect (Robson, 1994), this refers to the extent to which the interview is affected by the presence, attitudes and beliefs of the interviewer and the extent to which the interviewee produces responses that are perceived to be 'desired' responses, what Hammersley has referred to as the "halo effect"(1990, p80) .

It has been suggested that the triangulation of methodologies might improve upon the validity of work undertaken(Denzin, 1970). The use of respondent validation, where respondents verify findings, is also seen to improve validity(Silverman,1993). This however, proves difficult in research that seeks to evaluate changes in respondent attitude over time and relies to an extent, upon respondents being unaware of this process.

A more sophisticated account of the manner in which qualitative work might address validity is provided by Silverman(1993), who points to three methods for validating qualitative research (p159 -166), which have proven useful in validating the approach adopted in this research.

The three issues highlighted by Silverman are referred as 'representativeness'(p160), 'testing hypotheses'(p160) and 'counting procedures'(p166). Here representativeness refers to the fact that many qualitative studies are based upon a few cases, that will not have been drawn following a random sampling technique, how then can we be

certain that our research findings may be generalised beyond those studied? Three methods are suggested, two of which are applicable here: First, findings may be validated with reference to what we know of the wider research population, what, for example does the existing research literature tell us about the treatment approach employed? And second, the use of survey research on a random sample of cases may reinforce information gained from a few cases. Here a large scale social survey of offenders originally aimed to seek some complementary information(adapted by Silverman from Hammersley, 1990).

A related point made by Silverman is that in field research, generalisation should refer to the extent to which findings might be generalised to theoretical propositions rather than to populations. It is not then a question of whether one treatment programme is typical, what is important is whether the experiences and responses of those attending the programme are typical. Subsequent research would then focus upon the extent to which the theoretical proposition was true of other similar situations. For example, if the theoretical proposition were that long term treatment(adopting a similar approach) will have a positive impact upon the extent to which attendees attribute blame, this statement might be explored in different contexts and with reference to other research.

The second issue raised by Silverman(opp cit) is that of 'testing hypotheses'(p160), this in quantitative research refers to the statistical testing of associations in order to establish the existence of relationships between two or more variables(Clegg,1989). In qualitative research, and following in the grounded theory tradition(Glaser and Strauss, 1973), this refers to the search for negative cases, or those cases that disprove the proposition. The hypothesis is constantly reviewed and revised until all the data

fit. In this way the data is constantly and systematically analysed throughout the research process and negative cases removed. This is what Fielding has referred to as 'analytic induction(AI)'(1982, p7). The method employed here was not wholly inductive as a general framework was set by the nature of the treatment programme and assumptions therein. Many concepts, such as that of 'denial', were implicit in the programme and were therefore incorporated to the research, once it had been established that the concept was valid.

The third and final issue raised by Silverman is that of 'counting in qualitative research'(p162). This refers to the adoption of simple counting procedures in qualitative techniques, where corroborative information is available. This a simple but effective process whereby validity might be improved, in this study, for example, respondents versions of events were compared to case file records regarding the number of offences and victims. The number of occasions on which supporting data was found for concepts was also noted. The Issue of corroboration raised by Silverman was extended beyond 'counting' in this study to include :

1. where available, the use of documentary evidence as contained in case files, regarding the offender and the offence/s, victim and witness statements proved to be a particularly important means of judging the honesty and accuracy of respondent accounts of offence circumstances;
2. the views of those probation officers working with the respondents, regarding their progress during the treatment programme, were sought at the end of the

Three-year period via interview.

Data Analysis

The analysis of the qualitative interview data followed several key stages and preparation began prior to interviewing.

Stage One - Identifying key concepts

Key concepts centred on those implicit in the treatment programme and those which the interviews sought to explore, each concept was assigned a colour with a highlighter pen.

Stage Two - Developing A Filing System

A system developed by Schatzman and Strauss(1973) for ordering qualitative data gathered via ethnographic fieldwork(this is taken to refer to participant observation studies), was adapted for use with data arising from qualitative interviews. The system devised by Schatzman and Strauss is based upon the belief that the reliability of qualitative work might be improved if attention is paid to the manner in which the data is collected and stored(filed in a sense) . Of equal importance is the early and ongoing analysis of data(1973: Ch.6). The filing system approach to qualitative data collection revolves around three central concerns or recommendations, these are: First, 'observational notes' or 'ON'(1973, p100) should be taken. In field research these constitute an attempt at description with no interpretation: "*an ON is the Who, What, When, Where and How of human activity*"(1973, p100). In this research the interview transcripts were taken to be the descriptive 'ON'. Second 'theoretical notes' constitute an attempt to derive meaning from the 'ON', here following each interview transcripts

were reviewed and highlighted to provide evidence pertaining to existing concepts and emergent concepts were identified. Links were also made between existing and new concepts.

The third and final category identified by Schatzman and Strauss as important, is the taking of 'methodological notes' or 'MN'(1973, p101). These constitute methodological reminders to ones self regarding next steps and problems encountered.

The use of 'MN's here helped to provide a small methodological critique of each interview in this longitudinal research, and consequently notes regarding interview style and the handling of sensitive information, for example, proved useful in preparation for future interviews.

The analysis of the interview data was therefore an ongoing process, the importance of this in ensuring the reliability of qualitative work has also been emphasised by Spradley(1979). On completion of all the interviews the transcripts were content analysed again and initial analyses verified or rejected. A count of evidence supporting each concept was also made.

Attitudinal Testing

Two attitude tests were employed in this research, the Gudjonsson Blame Attribution Inventory, developed by Gisli Gudjonsson(1991) and the Great Ormond Street Self Image Scale developed by Elizabeth Monck(1992). A description of the tests is included in a later discussion.

It was hoped that the inclusion of two tests on areas identified as being of key importance by the treatment programme and within the literature (the attribution of blame and self esteem), would improve upon the validity of the data gained regarding these issues during the interviews. This technique was seen as a means of approaching the same issues in a different manner, in the hope that complimentary or corroborative data might be gained. The tests were administered over time at the same points in time as the interviews. Given the small sample size ($N=10$) the tests were analysed manually, standard deviations and means were calculated.

Attitudinal testing has a long history in psychological research, the origins of testing can be traced back to the exploration of intelligence, Binet and Simon are thought to have developed the first attitudinal test in 1905, This scale included 30 items and sought to measure intelligence (cited in Anastasi and Urbina, 1997).

The purpose of such testing is usually to assess or measure an individual's attitude towards a given subject. Such tests are usually standardised prior to use. Scales usually include a number of positive and negative statements with which the respondent is invited to agree or disagree. Often respondents are asked to indicate the precise nature of their view by selecting a point on a sliding scale, which may range from 1-5 (where '1' might indicate agreement and '5' disagreement).

Clinical psychologists and psychiatrists have long used a range of attitudinal testing with their clients in an effort to monitor their progress on treatment programmes. In this context the tests were employed in an attempt to assess, initially, how far respondents attributed blame for their offending behaviour and assuming this was

upheld, how far they continued to do so throughout the programme. The aim was also to monitor self esteem. At the outset of the research relatively few tests were available that had been designed for work with child sexual abusers and which addressed the key areas. The Blame Attribution Inventory had been standardised and means developed, the Self Image Profile had not but has since been standardised.

The validity of such testing can be questioned on the grounds that respondents may provide an expected response rather than an accurate response. This issue is particularly pertinent when such scales are employed with a group of offenders who are known to attempt to minimise and distort accounts of their offending. Some tests incorporate measures to overcome the possibility of such bias, by asking the same questions in a different way for example. In reality respondents, particularly those accustomed to completing such tests, may see through them. This issue is referred to as 'faking good' by Anastasi(1996), where respondents attempt to create a more favourable image of themselves. Another problem attributed to offender populations is the tendency to 'fake bad', here respondents attempt to create a poor image of themselves to continue in treatment or to sabotage test results(Anastasi, 1996) .

Another criticism of such testing is that it may simply provide a snapshot of current, transitory attitudes which may be linked to the respondents feelings at the time the test was administered. Although some tests attempt to overcome this with reference to general feelings and by asking respondents to compare past and present feelings (Sapsford & Jupp, 1996).

The Attitude Tests Employed

The Great Ormond Street Self Image Profile was developed by Monck et al (1992)(Appendix 6). This test aims to explore respondent's feelings of self worth at a given point in time. It was considered useful in attempting both to gauge fluctuations in self-esteem and to monitor respondent well being during the course of the programme. The test was designed for use with child sexual abusers, but could be used on other populations.

The test includes 50 positive and negative statements regarding attitudes towards others and self. Respondents are asked to respond on a 4 point scale including two positive and two negative categories: 'very true for me', 'quite true for me', 'not very true for me' and 'not at all true for me'. the advantage of such an approach is it allows a respondent to select the response that best reflects their view and to indicate the strength of that view.

The number of categories on a scale can adversely affect the response. Some have suggested that there is a tendency for respondents who do not wish to commit themselves to a positive or negative response, to opt for the mid point(Dawes, 1972,in Kidder & Judd).

The statements address respondent satisfaction with aspects of their lives, including relations with others, work and family issues(Monck et al, 1996).

The Blame Attribution Inventory was developed by Gisli Gudjonsson(1991) (Appendix 7) and was designed for use with perpetrators of sexual offending. The scale is based upon attribution theory , which explores the manner in which

individuals come to construct explanations for their behaviour. It is claimed that offenders are likely to attribute blame in two ways: externally and internally. External attribution involves placing blame upon circumstances and upon others, whilst internal attribution involves apportioning blame to ones own characteristics, motivations, beliefs or mental state for example. The scale seeks to measure the extent to which blame is attributed to each element, a strong tendency to deny responsibility is associated with external attribution. The more a respondent selects external attribution statements the greater their denial is taken to be (Gudjonsson and Petursson, 1991).

The scale incorporates 42 statements which respondents select as either 'true' or false', the categories are fixed and do not allow for a strength of response to be recorded, this is one disadvantage associated with this instrument. The statements are arranged around three elements: 'guilt', 'external' and 'mental element' (internal attribution). The 'guilt' statements aim to measure feelings of remorse for the offence committed and the extent to which respondents wish to 'make amends for the crime committed' (1991, p350). Statements addressing the two remaining elements aim to measure the extent to which blame is attributed both internally and externally.

The scale has been used with a sample of 139 British offenders and 98 Icelandic offenders, the purpose of this research was to explore the extent to which different offender groups from different cultures attributed blame to the different elements. Respondents in both samples who had committed sexual offences appeared more remorseful than did other offenders. The findings from Gudjonsson's (1991) research is compared to the findings from this research in the Findings Chapter.

Ethical Considerations

In any research, quantitative or qualitative, it is most important that ethical issues are addressed from the beginning. Given the often sensitive, some might say intrusive, nature of qualitative research, it is particularly important to take into account ethical considerations both in the design and conduct of such work.

Given the depth nature of qualitative research, some studies have been criticised for invading the privacy of respondents. Lofland and Lejeune(1960), for example, used undergraduate students to covertly observe meetings of Alcoholics Anonymous, an organisation that has a strict confidentiality code. This study has been criticised extensively on ethical grounds (see Davis. 1970, for a critique of Lofland & Lejeune).

Care should also be taken when publishing qualitative findings. The difficulty here is that although every attempt may be made to maintain respondent anonymity given that studies are often small scale using small samples, individuals may be recognisable from accounts.

Ethical considerations in the conduct of social research are of great importance.

Research is generally conducted for the benefit of those researching, some benefits may arise as a consequence of the dissemination of research findings, but these are unlikely to aid those individuals who willingly give of their time and themselves for no return. Social research is then generally a one -way -process, a relationship in which the respondent gives and the researcher takes. All social research, regardless of the methodology employed, constitutes an invasion of respondents privacy.

It is therefore the responsibility of those conducting research to ensure that respondents and the information they impart, is treated with respect. The last twenty five years has seen an attempt to codify professional standards in research, organisations such as the British Sociological Association(BSA), the Social Research Association(SRA) and the British Psychological Society(BPS), publish guidelines on minimal ethical standards in the conduct of research(BSA,1999 :SRA,1998 :BPS,1998). The guidelines focus upon three central areas: professional integrity; responsibility towards research subjects and responsibility towards colleagues.

The respondents participating in this research were subject to a sentence for a criminal offence, whilst every effort was made to ensure that participation was voluntary, some may have felt compelled to participate, given their circumstances. Within this context, the following measures were taken:

Informed Consent

1. An attempt was made at the outset of the research to gain respondents "informed consent"(Homan, 1990). This refers to the extent to which respondents understand the implications of their participation. All respondents were seen individually prior to the commencement of the research, the aims and objectives were explained fully and questions invited. It was emphasised that participation was not compulsory and that the decision to participate or to decline would have no bearing upon their sentence.

Potential respondents were given some written information regarding the

research and invited to contact the researcher should they wish to. Upon agreeing to participate respondents signed a consent form and agreed to having interviews tape recorded(Appendix 4). Respondents were informed that they might withdraw from the research at any time, may refuse to respond to a question or may terminate a research interview.

Anonymity And Confidentiality

2. Respondents were assured of anonymity and confidentiality. These issues were extremely important in encouraging individuals to participate. It was agreed that all transcripts would be anonymised and assigned a research number immediately following each interview, that videos would be viewed only by the researcher and would be destroyed on completion of the research.

Assurances regarding confidentiality were somewhat compounded by the existence of a 'Child Protection Policy'(1992) within the organisation, the policy required that any information divulged by offenders regarding the commission of unconvicted offences against children, be passed to the Metropolitan Police. Respondents were made aware of this at the outset. This may have affected the quality and nature of information given regarding previous offending behaviour.

All survey information entered to the database was anonymised and each case

assigned a research number. Probation Officers were sent a copy of the ethical guidelines issued by the Social Research Association, to guide the conduct of offender research interviews. Otherwise the researcher had little direct control over the manner in which the survey data was collected.

Although steps were taken to ensure that the research was conducted in an ethical fashion and key principles, such as informed consent, were addressed. The extent to which any social research can completely conform to the many ethical standards set out by the key organisations (BSA, SRA and the BPS) is questionable. Roth(1962) has argued, for example, that it is impossible to gain the informed consent of respondents, given that research evolves over time and no researcher will be fully aware of what they wish to study at the outset, or of the implications of their findings. It is therefore difficult to fully inform respondents at the outset of a project regarding its direction and purpose. In a similar way this research sought to explore attitudes and subtle shifts in these attitudes over time, had respondents been made fully aware of this purpose, their response may have been biased.

On occasion it is then necessary to not fully inform respondents regarding the purpose of the research. Indeed experimental research conducted by social psychologists is frequently reliant upon respondents having no or little knowledge regarding the true nature of the research(Kidder and Judd, 1989).

Publishing Qualitative Research

Another difficulty arises in the reporting of qualitative findings, whilst it is always

good practice to give assurances regarding respondent anonymity and confidentiality, and these assurances should be upheld, as such research focuses upon a small sample of individuals who may be recognisable to those who know them. Three types of damage that can be done to respondents in work of this nature, are identified by Fitcher and Kolb(1953): Secrets may be revealed, privacy may be violated or someone's reputation may be harmed.

These issues are particularly important given the sensitive nature of the research and given that fact that respondents were living in the community and clearly wished to remain anonymous. Every attempt was made to anonymise the findings, how far this was fully achieved is questionable.

Any published research can have a negative effect, Becker(1964) has stated that it is almost impossible not to offend when publishing and Brofenbrenner has stated that *"the only safe to avoid violating the principles of professional practice is to refrain from doing social research altogether"*(1952, p453). Ethical considerations within this study have been guided by common sense, guidelines produced by organisations such as the BSA and SRA and the comments of colleagues.

Victim Statements And Offender Records

Permission to use victim and police statements in this research was sought from the Probation Service , this sensitive information was anonymised prior to use. It was not possible to gain victims consent .

Section Three: Findings

Chapter Five: Findings From Interviews One And Two And Analysis Of Victim Statements (exploring the theoretical basis of the treatment programme)

Introduction

This element of the research sought to explore the extent to which a community treatment programme attained its stated aims and objectives in work conducted with those convicted of a sexual offence against a child, and to gather information regarding offender characteristics and background in order to explore early life history. The aim was also to explore theoretical assumptions underpinning the treatment programme. The findings have a wider application given that the majority of work conducted with child sexual abusers in England and Wales, adopts a similar model. There is also little evidence regarding the early lives of this offender group.

A combination of depth interviewing and psychometric or attitudinal testing was employed with two small groups of male respondents over a period of three years (N=21). Documentary analysis of victim statements was also undertaken (where statements were available) and these were compared to offender accounts of offence circumstances over a period of time. The aim here was to explore the extent to which respondent and victim accounts were congruent over a period of time.

The treatment programme sought to bring about change in offenders views towards issues identified as significant (by those delivering the programme). The programme was based loosely upon Finkelhor's (1986) Multi-factoral model, but combines theoretical tenets from other research (Wolf, 1983)

The treatment programme aimed to:

1. Confront and reduce denial (of the offence and of the serious consequences for the victim). The programme assumed that offenders attending the programme (who would have pleaded guilty to the offence/s) would however, be unable to accept full responsibility for their actions and would have sought to blame the victim and/or others for their behaviour. The programme sought to address this issue. This concept is supported by existing research, which indicates that an inability to place one's self in the role of the victim is a significant problem in work with perpetrators of sexual offences (Becker, 1994; Mrazek, 1981). Some have suggested that an ability to empathise may prevent further offending (Salter, 1990). Although this claim is largely unsubstantiated by existing research.

2. The programme aimed to build self-esteem and reduce isolation. Recent British and North American research indicates that offenders (convicted populations) tend to be socially isolated individuals who have difficulty in building and maintaining adult relationships and who, as a consequence, prefer the company of children. Finkelhor (1986) has referred to this under the general heading of 'emotional congruence' (p 22), for example, offenders appear to be more emotionally congruent with children than with adults.

As discussed in the Literature Review, this concept is supported by the work of Others (Glancy, 1986). A related claim is that offenders have a tendency to somatize problems, which is taken to be indicative of low self-esteem (Abel & Becker, 1984; Beckett, 1994; Marshall, 1996; Beech, 1998). A further related point is that offenders tend to have very conservative views regarding the societal roles of men and women (Sampson, 1994). The programme assumed that attendees would lack self

esteem and be socially isolated individuals who have difficulty in building and maintaining successful adult relationships.

3. The programme also sought to confront distorted attitudes towards children. A related issue arising from the belief that the inability to forge successful adult sexual relationships leads abusers to misinterpret feelings of love for children, who consequently become objects of sexual desire (Knopp, 1982; Marshall and Norgard, 1983).

These inappropriate feelings are directly attributed to early childhood and sexual experience. Finkelhor (1986) suggests that the experience of sexual abuse as a child will have a profound effect and may result in the later commission of such acts. The programme assumed that such distorted attitudes (i.e. the tendency to view children as sexual objects) would exist and sought to address this with those in treatment.

Respondent Characteristics

There were 21 men in the study group (which is not in reality a sample, as it represented the total number of men to be sentenced in the North East London area to a three year probation order, during the first six months of 1993, with a condition to attend the programme). 14 of who attended the first group and 7 of whom attended group two. Two of the respondents identified themselves as black.

The mean age of the group was 34. Five of the respondents had been convicted for sexual offences against children in the past, two had previously been subject to probation orders. None of the respondents had experienced group work in respect

of their offending behaviour before.

Sixteen of the respondents were in full time or part time employment at interview one. Eighteen of the respondents had recently been, or were presently involved in heterosexual adult relationships at the outset of the research.

Eighteen of the group had been convicted for indecent assault. In reality, this offence category included behaviour that ranged in seriousness from enforced oral sex to touching children in passing in a public place.

Interview One

Given the detail of the data gained via interview this section is divided into several chapters.

The initial interviews sought to test the assumptions of the treatment programme as discussed. The principal purpose of interview one was to establish how far the concepts of 'denial' and 'victim blaming' identified by the treatment approach, could be said to be evident in the respondent's accounts. As discussed in the Methodology Chapter, the qualitative data was analysed using Schatzman and Strauss's(1973) technique.

When reviewing Qualitative data the objective is always to establish '*the main story*'(Strauss & Corbin, 1995 p35). To explore the main themes and the extent to which these support the theoretical framework that underpinned the treatment programme. Offender's accounts of offence circumstances were compared to available victim statements in an effort to make comparisons over time. Semi-structured interviews with practitioners were incorporated to seek views regarding the

treatment process and the progress of attendees.

One psychometric test was used to explore the concept of denial; Gudjonsson's (1991) Blame Attribution Inventory seeks to measure the extent to which individuals attempt to attribute blame both externally and internally. The findings from this test are reported with the data collected at interview five.

Exploring Accounts Of Offence Circumstance - Denial And Blame Attribution

How far did offenders deny responsibility for their offending and attempt to lay blame elsewhere prior to entry to the treatment programme? Gudjonsson(1988) has claimed that sex offenders tend to blame society; the offence circumstances and the victim for their offending behaviour. The issue regarding the extent to which victims were harmed by the behaviour and chose to participate also arose.

Interview one sought to directly address these concepts and focused upon previous offending behaviour, comparisons were later made with victim's accounts. Each offender and victim were assigned a research number in order to maintain anonymity. Respondents were simply asked to describe the present offence and offence circumstances (for which a conviction had been made) and previous offending. Given the qualitative, open nature of the interviews other relevant information arose at various points. Following Silverman(1995) qualitative counts are reported where appropriate.

Respondents tended to blame the offence circumstances and the victim for what were often described as momentary lapses of control. In general when asked directly about feelings regarding their behaviour the majority (18) expressed remorse and shame:

'I feel pretty disgusted really. I always liked kids and liked being around kids'(G1.5)

'I know it was wrong, nothing like that should have happened'.
(G1.14)

' Ashamed more than anything, I should have known because she's a child she wouldn't understand what was wrong (G1.4)'.

However, when a more open approach was taken and respondents were first asked to describe events a somewhat different picture emerges. The respondent's versions of events are compared to the statements of their victims where available. Statement extracts have been anonymised and for ethical reasons every effort has been made to protect the identity of victims, through the exclusion of detailed explanation cited in statements.

The Treatment programme functioned on the basis that on joining the group sessions , attendees would deny responsibility for their behaviour and seek to attribute blame.

The early survey data from this research does support this contention. Of 119 offenders responding to the interview administered survey, 71% of those pleading guilty blamed either the victim, their partner or circumstances for their behaviour. Evidence from the qualitative element of the research supports this finding.

Respondent G1.1 had been convicted for two sexual offences against children, aged 7 and 6. There were also allegations of sexual abuse against a third child (aged 1) which were not proven. The respondent had pleaded guilty to two counts of indecent assault and had been sentenced to a three year probation order with a psychiatric condition

to attend for group treatment. All offences had been perpetrated whilst baby-sitting for neighbours and friends.

The respondent described in some detail, the events leading up to the offending. The manner in which the events are described suggests that the respondent had little control over these and that the offending arose by chance:

‘I became very friendly with the mother(victims mother), there was a promise of a sexual relationship with the mother, but this was a false promise. It never developed into anything. She had a daughter, she was 7 or 8 I think, I spent a lot of time there baby-sitting. I was baby-sitting a lot. Q. How often? Several times per week. The girls mother was married she often worked nights, she was divorced and her husband wasn't interested(in the children). So I said don't worry if you cannot get a baby-sitter I will do it. She wasn't the type to ask so I volunteered, I wanted to help out (G1.1).

The respondent describes a situation in which a single mother in need of childcare support was offered help, it may have been his contention at this point that the offending was unplanned and arose spontaneously and that the original intention had been to offer help and support. In later interviews the respondent stated that he had selected and targeted the victim as the circumstances appeared ideal to perpetrate abuse.

This is consistent with other research, which has suggested that offenders spend a considerable amount of time planning offences and

targeting vulnerable victims(Salter,1990).

The respondent was asked directly if he had planned the abuse:

'I don't recall having fantasies or thinking about it. This is the problem I'm having--- the way it comes back to me-----my memory is bad-----um! well it seemed like a good idea at the time, so I went along with what was happening. My memory is so bad----Q.How long ago was it? About a year. I cannot remember the feeling and it bugs me in a way that I've got no clear indication of why or what I've done.(G1.1)

The sudden memory loss regarding offending details was reported frequently in initial interviews, respondents appeared to recall more as the research progressed. Respondents appeared to have little difficulty in recounting detailed accounts of their childhood's but were often unable to recall relatively recent events. The memory loss may have been real, Wyatt and Powell(1988) have suggested that traumatic events can be blocked from short-term memory by perpetrators of sexual abuse. The manner in which responsibility is apparently denied and blame shifted in this instance to circumstances and perhaps to the mother who refused to enter into a sexual relationship with the respondent is clear. The respondent went on to comment:

'I almost feel as if I put myself into that situation, as if I just let it happen at the time. She(the victim) seemed to allow it to

happen. Thinking back ----- I don't want to get mixed up with any noble feelings I've had since. Q. What do you mean? well, she didn't object, when I first touched her I asked her if she liked it and she said yes. It sounds like I'm trying to shift blame but I'm not. Well, I always had a fascination for her behind and I would just rest my hand there, she used to lay there and not move and I used to think it was a come on. Q. What do you think now? I don't know.(G1.1)

In this paragraph the respondent suggests that the child's behaviour was in some way provocative and that she incited a sexual response. The victim contradicts the suggestion that she was given any element of choice in participating the acts stating that :

'X (abuser) never said anything to me and I never asked him anything, I was scared of him(VG1.1, 1991,p2)' .

The respondent also appears to believe that the victim enjoyed the abuse perpetrated, the victim statement contradicts this, the victim reports feeling extremely scared of the respondent when the abuse was occurring, she also states that the abuse caused her pain. The victim goes on to describe the abuse as 'horrible' and as 'making me feel sick'. In describing the offences the victim stated that:

' X (offender) would then pick me up out of bed and put me on the floor on my back. I felt scared of X when

this happened'(VG1.1 1991, p2).

This finding is consistent with research, which suggests that perpetrators of sexual offences against children justify offending behaviour with reference to feelings of love towards children and by claiming that children are sexually responsive, provocative beings. Abel and Becker in their 1984 study of abusers attending a treatment programme in North America, claim that offenders typically believed that a demonstration of affection towards an adult on the part of a child, indicates that the child wishes to have sex with that adult and that sexually abusing children was a demonstration of love for the child on their part. Some respondents believed that their behaviour would not damage the children concerned.

'I didn't think I was doing any wrong'(G1.1).

Coupled with this was the belief that the behaviour was acceptable.

Victim statements contradict this contention, it is clear here that the victim was actively encouraged to conceal the relationship from her mother and that some form of threat was used:

'----- would tell me not to tell anyone because my mother would not believe me and it was our secret. I would feel frightened when he would say it to me(p3)'.

and

' The reason I didn't tell mum was because I was scared

of what might happen'(p4)

Had the perpetrator believed the acts to be acceptable he would not have encouraged the child to conceal the truth. The view that the behaviour was acceptable largely because children are not harmed was expressed by the majority of those interviewed during the first interview. This is indeed the contention of the Paedophile Information Exchange(PIE 1990). Such arguments take no account of the considerable evidence provided by victim surveys which have demonstrated that abuse usually results in long term emotional damage(Roberts, 1983: Nash & West, 1985:Kelly, 1991: NSPCC, 1997: Waterhouse Report, 2000). This victim described her feelings one year after the offences:

‘If I go to my Nan’s I can put what happened to the back of my mind. If I saw him(abuser) or watched a television programme about the same thing(abuse), it would bring it all back to me and it would be on my mind a lot. I feel angry towards X (offender) for what he has done to me(VG1.1,91,p4).

This respondent appears to blame the victim’s behaviour at interview one, he had been convicted of indecently assaulting his 6 year old niece:

‘She(the victim) was always close to me anyway. We were alone upstairs her room, she was playing about and jumping around. She only had on a skirt and nothing underneath. It just happened(referring to the

asked if their victims had any choice but to participate, 16 believed that they didn't at interview one:

'she(victim) wasn't unhappy or resistant. All she had to do was get up and go , I wouldn't have stopped her'(G1.6).

'I didn't force her, she seemed to enjoy it'(G1.12).

Here the relevant victim statements convey a different picture. One 4-year-old victim when questioned by the police, stated that :

'He(abuser) had done a bad thing and I was hurt'(VG1.6,92,p1).

Whilst an older victim stated that:

'I felt really scared because I thought he(abuser) might try to do it to me every time I went round to him'(VG1.12,91,p1).

One 18 year old victim brought a case against her step father eight years after the abuse occurred:

'There were lots of reasons why I didn't say anything to anyone. I was frightened of X, for myself, and for mum and for my sisters. I was worried my mum would believe him rather than me, I just couldn't tell anyone'(VG2.2, 93,p1).

The view that victims did have some choice and could have ended the abuse was expressed by the majority of the respondents(16). One did however state of his three-year-old victim:

abuse because she was playing around and she had no skirt on(G1.4).

Sixteen other respondents provided similar evidence.

clearly here the child's clothing and behaviour, which are interpreted as sexual, are blamed for evoking a sexual response over which the perpetrator had no control.

Victims Role In The Offending

Linked to this is the view that the child has some control over the situation and must have enjoyed the abuse, had this not been the case they would have removed themselves from the situation(PIE,1990).

The statement made by the victim's father in this case(the victim was 6), who discovered the respondent and the victim whilst the abuse was being perpetrated, states that the child was extremely tearful and scared after the act and when questioned about the abuse:

'She(victim) was very tearful as she told me and my wife and I had to reassure her that she was not in trouble'
(VG1.4,1991,p6).

Here victim statements suggest that, rather than willing accomplices to abuse, children were in fear of perpetrators and disturbed by their behaviour .This is validated by victim studies, the results of which have been discussed extensively in the Literature Review (Roberts 1993, Maker et al 1998). On this theme, respondents were

‘No, she didn’t have any choice at that age’(G1.10).

Research has demonstrated that the loss of control in sexually abusive relationships with adults and fear of being harmed by the perpetrator, frequently prevents children from responding to the abuse at the time and from reporting abuse(Summit, 1988) .

This is reinforced by victim statements where victims appear to be submissive during the perpetration of the acts due to fear for their personal safety or to the fear of upsetting adults. Most respondents believed that they posed no threat to children and were unlikely to reoffend at interview one (19).

Causes Of Offending

Respondents were asked to think about why they had offended against the last victim, this proved an effective means of exploring the manner in which the circumstances were held to account for their behaviour.

A respondent who had been convicted of systematically abusing his granddaughter over a 7 year period, stated that a number of external influences had caused him to offend:

‘ Why did it start?(repeats Question posed). Just seeing something on TV, in the papers, feeling bored and frustrated at the time. Q- Do you recall what you saw ? no, not really. Just feeling bored ‘(G1.7).

This victim had been simultaneously abused by her father and brothers over a period of 4 years. The respondent(the victims grandfather) claimed that this abuse occurred at the victims home and that he was unaware of it prior to the court case:

‘the right hand didn’t know what the left hand was doing and anyway their offences(father and brothers) were much worse than mine, I didn’t know about this until Xmas’(G1.7)

It seems highly unlikely that one victim could be abused by different members of the same family, where the individuals concerned were unaware of the others abuse. It seems more likely that the individuals planned and executed the abuse together, and this is indeed the contention of the victim.

The respondent was asked how he came to know of the abuse perpetrated by the victims father and brothers, the response is worth exploring in some detail:

‘Q. So you had no knowledge about what was happening? No none at all. Q. How did this all come to light? Well something must have happened.....and I was dragged into it. Q. How? Well they started to ask her(the victim) questions about who did it and she said me. On Christmas Eve or Christmas Day they(the police) took me to ----- Police Station. The solicitors didn’t like it but I was going to plead guilty straightway. Q. So her father and brothers had no knowledge about you at the time? No, but something..... I don’t know if you’re going to find this amusing, the DI(Detective Inspector) said why didn’t you tell us before(about the father and brothers abuse), and she put her head on one side(victim) and said I was never asked. Now that is the sort of family they are’(G1.7).

The respondent went on to say that he had later learnt from the police, that a fifth person had been involved in the abuse:

‘Q. So she(victim) was being abused by five men? So I believe..... Q. Do you know when the abuse began? No... No I don’t. Q. They (other 4) may have been abusing her first? Yes or about the same time as me’.

It appears probable that the victim was abused by a group of men which included the respondent, 4 of who were close family members.

Another respondent when asked to recall why the offending began stated that he believed his behaviour was a consequence of the abuse he suffered whilst a child, both on the part of a man unknown to him and by his elder brother. Gudjonsson(1988, 1991) would claim that this respondent was seeking to attribute blame internally for his behaviour. This respondent had experienced probation before and was familiar with the ‘cycle of abuse’ concept’.

A respondent convicted of systematically abusing his stepdaughter stated that his daughters physical maturity(he claimed that she was 11 when the abuse commenced) provoked his behaviour:

‘It started(the offending) from walking into the bathroom one day and being really surprised, because we never had a lock on the door, how developed she was and she wasn't disturbed when I walked in’(G1.2).

This would seem to imply that the child being undisturbed may have in some way incited a sexual response.

The findings from this research would appear to support the contention that circumstances are often held to account for offending behaviour(18 directly attributed blame). A respondent when asked why the offending began, pointed directly to both circumstances and the behaviour of his victims. This respondent had been convicted for 8 counts of indecent assault upon male children aged between 8 and 11, the offences had occurred on his milk round where a number of young boys had been employed(by the respondent) to assist. The respondent was also a train-spotting enthusiast who had invited a number of young boys on such excursions, where he had perpetrated sexual offences against them. This respondent said very little during the section on offending behaviour during the initial interview, the little that is said does however support the contentions of other respondents regarding reasons for commencing the offending:

‘I would rather not describe the offence circumstances.

Q. Why did it(the offence) happen?

I don’t know, if I knew that I would have stopped it.

Q. Are you saying it was beyond your control?

Yes, completely. It was not my fault.

Q. Whose fault was it?

It was just the way things happened.

Q. Who started it?

Normally me,--- although not always

Q. Are you saying that sometimes the boys(victims) started it?

Yes

Q. How did you meet them(the victims)

They worked on the float(milk float) with me, some went train spotting.

Q. Did they have a choice, were they willing participants?

Yes, -----I don't honestly know'.(G1. 3)

Although very little detail was given regarding the offence circumstances, as with other respondents, responsibility for the offence was denied (not my fault) and the victims were seen as willing participants. This respondent was the only one interviewed who directly blamed the victims for his behaviour and showed no remorse during the first and subsequent interviews.

This respondent was convicted of further sexual offences against children whilst attending the treatment programme. The offence circumstances were similar. The respondent had secured employment as a mini-cab driver, he had been asked to 'do the school run'. As a consequence a number of children were sexually abused. the respondent had not informed the company of his previous conviction.

Further support for the extent of denial was provided by respondent G1. 4. This respondent had been convicted of indecent assault against his niece, aged 7. During interview the respondent claimed that the abuse had occurred on one occasion whilst playing with the child. This respondent spoke freely regarding the circumstances surrounding the offence. The respondent seems to imply that the child was sexually provocative and that circumstances were largely to blame for his behaviour:

' She wanted to play hide and seek, she wanted to hide from her father who was downstairs. We were hiding under the bed Q. Whose suggestion was it to hide under the bed? Mine. --- I just leaned over and started kissing her, we'd done it before but not the way it was then. Q. What was the difference? More intimate I suppose. Then she just turned her head away and didn't really say much.----- Q. Did she seem surprised? Not really cos. I mean we'd kissed and that before. She just turned away. Q. what do you mean by Kissed and that? Um--- just kissed really . Q. Why do you think it happened? Because we were upstairs and there was nobody around, we were close under the bed in a confined area. I'd thought about it before, it was just that day because she was jumping about and energetic and no one was going to come up(*long pause* -----)as her father was doing tea downstairs, I just leaned over and put my hands on

the front of her. She didn't say anything she just moved away, she looked shocked' G1.3).

This respondent also seems to suggest that circumstances and the victims behaviour prompted him to abuse, an element of planning is suggested in that he had thought about abusing the child before. Here the blame appears to be placed with both the victim and the offence circumstances, the respondent does however seem to recognise that the experience was not an enjoyable one for the child, stating that she looked away and appeared shocked. The respondent went on to say:

'Being a child she Wouldn't have known it was wrong, she probably Didn't think it was as bad as all that----- she probably Didn't think it was anything'(G1.3).

These comments would seem to indicate that either the abuse was justified, in that the seriousness and consequences for the child were minimal. The interpretation could, however, be that the perpetrator had betrayed the child's trust, the child having no sexual knowledge.

In the light of the admission of wrongdoing the latter explanation may be more accurate.

The Impact And Frequency Of The Abuse

Research indicates that child sexual abusers frequently do not recognise the extent to which victims can be harmed by abuse. This

research sought to establish how far this was the case at interview one. Only 4 of the 21 respondents stated that their victims could have been harmed as a consequence of their behaviour. The majority attempted to minimise their behaviour. An example is provided by a respondent who was convicted of indecently assaulting his stepdaughter he stated that:

‘I always thought that she was asleep. I never tried
inside her clothes, she pretended to be asleep’(G1.2)

This would imply that the offending was less serious given that the victim was asleep and therefore not aware of the abuse, the seriousness is also apparently lessened by the fact that no attempt was made to touch her underneath her clothes. The contradictory statement that she pretended to be asleep places the blame with the victim, but may also reflect the possibility that the respondent had later discovered this to be the case. Respondents repeatedly claimed that they had underestimated the impact of their abuse upon their victims, the same offender describes the way in which the offences were discovered and in doing so contradicts his claim that the victim pretended to be asleep:

‘The last time Tried she (victim) was in bed. I saw that
she was awake and grabbed her hand to reassure her,
that was all. She pulled away thinking she was going to
do something else. That's the way I've understood it
since. I left her and had a bad night, as soon as I got up

Sunday morning she was sitting downstairs, she looked up at me and I ended up saying I'm going to tell your mum . When I said this she wanted to tell her first, it was a nightmare when I told her(victims mother) , it wasn't how I'd expected' (G1.2).

At this point the account differs considerably from the victims as evidenced by the victim statement. The victim claimed that the respondent restrained her by holding her arm and that at this point she knew that she had to tell her mother. The respondent was then asked what response he had expected.

'well I didn't realise I'd put her(victim) in such a spot. I don't know why I missed it----- but I didn't realise how much it (the abuse) was worrying her (victim).' (G1.2)

The victim states that the abuse she experienced was ongoing and that the respondent was repeatedly asked to cease. This statement again minimises the impact of the abusive behaviour upon the victim.

There were contradictions between the claims of respondents and victim statements regarding the frequency of the abuse. This respondent claims to have sexually abused one of his four stepdaughters on two occasions. Three of his stepdaughters claim to have been sexually abused by him over a period of time, the oldest of the three victims stated that:

‘It must have happened (the abuse) a couple of times a week over a three year period’ (VG2.2b.93,p3)

This respondent described the sexual abuse perpetrated against his 13 year old Granddaughter (who was 7 when the abuse commenced) as ‘just one of those things that happens’(G1.7), this would imply that he had little control over his actions. This respondent was asked if he felt that the victim chose to participate in the offending:

‘Definitely, all she had to do was get up and go, I wouldn’t have stopped her, she wasn’t unhappy or resistant. So I suppose the blame is partly hers’.

The Role Of Alcohol In The Offending

The use of alcohol as a stimulant prior to the commission of sexually abusive acts against children is well documented. Most of those who have explored the relationship between the sexual abuse of children and the use of alcohol have stated that stimulants such as alcohol are used by offenders deliberately as disinhibitors (Warwick, 1991: Marshall et al , 1997). An early review of the literature by Aarens et al(1978), found that 45 -50% of abusers in the reviewed research had histories of alcohol abuse.

The survey data from this research indicates that 44%(of 119) claimed to have used alcohol prior to the commission of the offence, the interview data indicates that 7 of the respondents used alcohol in this way:

‘Well it was New Years Eve and I 'd had a lot to

drink'(G2.1).

'it wasn't planned , I came home that day and the girl
was there, I don't know what made me----- I mean
the thoughts of doing what I done wasn't in my head----
- Of course you know when you're doing wrong.
When you're full of drink you think you can get away
with murder'(G1.6)

This respondent was very frank and he attempts to explain his
behaviour to himself, he at times appeared remorseful for his actions.
He had been an alcoholic and claimed to be no longer dependent upon
alcohol, he did however, 'indulge in heavy drinking sessions' all of
which tended, by his own admission, to precede his offending. This
may suggest an element of offence planning. The final remark
regarding the possibility of getting away with murder is interesting and
this was pursued :

'Q. Would you wish to murder? I'm not saying that-----well
I Do not know anything is possible when you've drunk
that much'.

The implication here could be that the respondent wished to harm his
victims, although this is not explicitly stated. What is clear is the view
that the consumption of a large amount of alcohol led to a complete
loss of control. And whilst this respondent did appear to accept some

responsibility, recognising that the alcohol did not actually cause him to commit the offence, the implication would seem to be that the effects of alcohol and the subsequent loss of control, absolved him from responsibility for his actions:

‘I know I keep blaming drink, I know it doesn't frame your thoughts but it makes you not consider the consequences’ (G1.16).

Another respondent who had a history of alcohol misuse, was more likely to sexually abuse his step daughters whilst sober, but became physically abusive when under the influence of alcohol. His 18-year-old stepdaughter in a statement to the police regarding the abuse she had suffered as a child claimed that:

‘The excuse of drink isn’t true either because, though he no longer demolished the house, when he stopped drinking, the mental, sexual abuse started. But the physical abuse was less severe(VG2.2a,93 ,p5)

Summary Of Key Findings

How Far Did Respondents Attribute Blame Pre Treatment?

The evidence presented suggests that prior to attending the treatment programme, when describing the offence circumstances, offenders had a strong tendency to blame both the circumstances and the victim for their offending behaviour(17 directly attributed blame), as such the assumptions made by the treatment programme appear to be upheld.

This contention is also supported by the survey data(71% of respondents directly attributed blame elsewhere at the pre court stage). The majority did not believe themselves to pose a threat to children at this stage.

On some occasions the inability of young children to comprehend the acts was recognised. At this stage offenders also clearly demonstrated a tendency to minimise the consequences of the behaviour upon their victims and their families. As discussed this finding is validated by existing research. Mezey(1981, cited in Prins 1995) has claimed that such denial is typical of sex offenders, she has identified six aspects of denial : Denial of the child as a victim and as a person, this would seem to refer to Finkelhor's(1983) suggestion that abusers are able to justify their actions by objectifying children; denial of the act, denial of adult responsibility, denial of the consequences for both the child and the offender. This denial presumably results in the attempt to attribute blame.

The findings from the first qualitative interview indicated that offenders were denying of the consequences of their behaviour for the victim, and to an extent their own responsibility in perpetrating the acts, prior to attending the treatment programme. The test used to explore this concept during treatment was developed by Gudjonsson (1991). The Blame Attribution Inventory is based upon attribution theory (Gudjonsson, 91,p349), this explores the extent to which individuals seek to attribute their behaviour to other external

or internal causes, the findings from this test are discussed along with the final interview findings.

Exploring Self Esteem And Social Isolation

The programme also assumed that offenders would lack self-esteem and be socially isolated individuals, unable to maintain successful adult sexual relationships. These issues were explored initially in the pre treatment interview and via a psychometric test: the Great Ormond Street Self Image Profile (Monck et al, 1992). Formally the programme incorporated social skills in order to address this problem, informally the issue was addressed through role-play and discussion.

The concept of 'self esteem' or 'self worth' is a difficult one to address in the context of an interview. The issue was addressed indirectly during the course of the interview. There was some evidence to support this concept, but not as much as the concept of 'denial'. This may be more to do with the methodological technique employed, rather than being indicative of the validity of the concept its self.

Low self-esteem has been identified as characteristic of sex offenders in the literature, Pithers (1999) states that 61% of child sexual abusers in his research (the sample size is not given), had low self esteem, Marshall (1996) also suggests that low self esteem was characteristic of his sample of sex offenders. Whilst Wolf (1984) describes the way in which low self esteem contributes to the 'cycle of offending' in sex offenders. He suggests that offenders seek to compensate for this through sexual contact with children. Many such studies have relied upon psychometric testing to measure the

concept, questionnaires used have included statements with which offenders must agree or disagree. The test used here was the Great Ormond Street Self Image Profile (Monck et al , 1992) a 50-point scale including a range of statements(Appendix 6). It was hoped that the findings from the test might validate the interview data. The findings from this test are reported along with the findings from interview five.

The difficulty of decompartmentalising concepts became clear during the analysis of the data; where isolation was a significant element of adult lives it frequently accompanied feelings of low self-esteem and low self worth. The difficult relations experienced by some at school often mirrored the dysfunctional family life experienced in childhood, this in turn appeared to feed into problematic adult relationships later in life. What emerges is a picture of individuals who have experienced problematic and painful relations with others, adults and children, from a very early point in their lives.

Self Esteem In Early Lives: Experiences At Home And At School

Early life history data is only reported at interview one, this given the considerable amount of information collected and the need to include other data.

The findings from the interviews indicate that the majority (18) of respondents did describe feelings of inadequacy at school coupled with low feelings of self worth and a general lack of confidence in their academic ability :

‘I wasn’t too good at school, I learnt more when I left. I felt a bit thick you know’(G2.6)

‘I never felt I was academic, I still feel I was stupid and thick. *Q.* Why did you feel that way? I remember phrases, words you know. I just felt stupid, maybe because my sister was way ahead’(G1.1)

How far such experiences are characteristic of child sexual abuser populations is questionable and cannot be fully addressed within the context of this research. These respondents did however, recount descriptions of school bullying and peer abuse, which were associated with feelings of low self worth and hopelessness:

‘*Q.* Why were you truanting? Well, the usual thing, bullying. There was a gang of around six, they would wait for me after school, they would pick on me if I was in the way. They would often beat me up, I used to have cuts and bruises. *Q.* Did you tell your parents? They knew, but they didn’t pay much attention, Dad said I should just get on with it and stand up to them’(G1.7)

The respondent was 68 at the time of the interview, he stated that he would never forget the abuse he suffered at school. The parent’s lack of concern is also of interest here, as is the father’s suggestion that he should have stood up to the bullies.

Q. How did you feel about the bullying? ‘ I didn’t want to go to school, no one cared so I didn’t go, I got behind with things and I couldn’t catch up. I just felt stupid. Now I feel like I really missed out’(G1.7).

Other respondents described feelings of inadequacy at school:

‘ I never felt that I could keep up with any one else. I seemed to be unfairly treated, I did make friends and I was quite intelligent, but I never had any confidence. My mother used to tell people that I was a bit backwards -

backwards kids to me were Downs Syndrome- I thought I was like that'(G1.1)

This respondent attributed feelings of worthlessness in childhood to his experiences both at school and at home. He describes a home environment in which he was both physically and frequently emotionally abused by his mother. He was asked to describe what kind of child he was:

' I don't know (long pause), unhappy I suppose. *Q.* What made you unhappy? If anyone walked into a classroom I knew that they would blame me, I knew that they would blame me for something. If anyone spoke to me I would blush. I was shy, my mother said that if a smaller kid shit on me I would stand there and take it'. *Q.* Do you think that's true? ' yes, that's the kind of kid I was.'(G1.1)

This would seem to indicate that the respondent did have very low self esteem as a child, which he appears to attribute to both his experiences at home and at school. It is interesting that he sites his mother and in this instance agrees with her description of him.

In later interviews this respondent was asked to further describe his relationship with his mother:

'*Q* Did you feel wanted as a child? I don't know that's what I'm trying to find out. Mother said I was her favorite but I was always the one who got hit. Me Father wasn't around much but he remembers me being hit. It was only ever one slap, but she was very strong and athletic, so there was quite a lot of force.

But you know just bang and finished with. I use to be puzzled why I got it, I think because I was too slow doing things. *Q* you weren't fast enough for her?. No. You know doing household chores. *Q* How often did she hit you? It's difficult to say really--- probably most days. It was always round the face, that still rankles with me, I feel really angry when I see that'(G1.1)

As the research progressed it became more apparent that this respondent had experienced quite severe, systematic physical abuse on the part of his mother. He felt more able to discuss this in later interviews. He was frequently moved to tears when recounting childhood experiences.

There is very little qualitative research addressing the family histories of child sexual abusers, although many writers have pointed to the importance of childhood experience in the development of a sexual attraction to children. Some have described the negative influence of living with a dysfunctional family(Graves et al, 1996: Smallbone and Dadds, 1998).

Others have described the negative effect of frequent, inconsistent and severe punishment on the part of parents ,as contributing to the development of emotionally immature individuals , who may sexually abuse children(Rada,1978). This research lends weight to such work and the early life histories of the respondents reveals a high level of both physical and emotional abuse. There seems to be little doubt that many of the respondents experienced difficult, and at times painful childhoods. The question does however remain: why do others have similar experiences and yet not go on to sexually abuse children? On the basis of this research and indeed other cited research, there does seem to be evidence to suggest that child sexual abusers

experience a significant amount of emotionally and physically abusive behaviour in their early lives(17 stated that this was the case), this may be one of many causal factors.

Recent research that has explored the family histories of sex offenders has pointed to the problems associated with attempting to make causal links. Graves et al(1996) in their study of the parental characteristics of juvenile sex offenders concluded that *‘ thus the overall findings suggest that whereas the majority of sex offenders come from homes employing pathological interaction, there were some who came from homes coded as ‘healthy’*’(p310). If we were seeking to establish a causal link between a poor, early home environment and sexual offending, it would be difficult to account for the minority of sex offenders in Graves’s (1996) study who came from secure family backgrounds(where there was no evidence of emotional or physical abuse and no evidence of parental addiction to drugs or alcohol).

Other research has been equally cautious in suggesting a link, Smallbone and Dadds (1998) in their study of early attachment to parental figures, have stated tentatively that *‘early insecure attachment experiences may place some men at risk of later (sexual) offending’*(p571). The research evidence here is increasing.

This research also suggests that such experiences within the nuclear family were compounded by experiences at school, these factors were seen as contributing to feelings of low self-esteem and self worth. There is little direct research addressing the school experiences of sex offenders. Some writers have however suggested that child sexual abusers are likely to have experienced insecure childhood attachments, as a consequence of which they may build insecure adult relationships(Ward et

al,1995). These insecure attachments have been attributed largely to poor relations with parents or primary carers, these relations have been characterised as being unresponsive, rejecting and physically abusing of children(Smallbone and Dadds,1998).

A large amount of research into the family backgrounds of juvenile sex offenders, has been undertaken by psychologists. Findings indicate that: parents or carers tended to be distant or inaccessible(Smith and Israel, 1987), families displayed high levels of mental illness and instability(Bagley, 1992), a large proportion of parents had suffered considerable physical or sexual abuse as children : Lankester and Meyer(1986) report that 64% of parents of their sample of 153 juvenile sex offenders had such experiences.

It is possible that these insecure attachments extended to school and relationships with peers also, although there is little research evidence to suggest that this is the case. This respondent described the way in which he was bullied at school:

‘I was bullied, usually by younger kids. I never fought back’(G1.9)

This theme was highlighted by even the most reticent interviewees. One respondent who had denied that he had any sexual attraction to children (he had been charged with indecent assault on eight boys). He had been recorded on the security camera of a large toyshop touching young boys(aged 8-13) legs and buttocks, he had at first stated that his childhood was a happy one and that he enjoyed school, later in the interview he claimed that:

‘I didn’t like school, I just wasn’t a quick learner. Most people are good at

something, I wasn't good at anything. I was picked on by the other kids too'(G2.1)

Other respondents described similar experiences of school.

Many of the respondents(20) spoke of feelings of depression and fear following the discovery of the offending. This appeared to be related to feelings of low self worth and physical illness;

'I've been feeling pretty rough over the last few weeks. I don't know if it's just stress. I felt really depressed while the court case was going on.

Backwards and forwards to court all the time. I suppose its probably connected to it--- but the depression has got worse since the court case has been resolved' Q. In what way have you been feeling unwell? 'I have been feeling sort of sick, it comes on every now and then. I also had a pain in my back, sort of about there(*points to place*). I put it down to stress'.(G1.5)

Exploring Depression And Health

It is difficult to establish how far feelings of low self worth and depression are characteristic of this group of offenders. Existing research, which describes such characteristics in sex offender populations does indicate that abusers tend to have low self esteem compared to the wider population(Marshall 1987, 1996). It is however unclear whether the depression and feelings of ill health described by offenders are attributable to their offending behaviour or to the position in which they find themselves .

This validity issue is difficult to resolve, as research here is, by necessity, based upon convicted populations. Where respondents identified feelings of low self worth and depression during interview, the extent of this and the point in time at which such feelings emerged was explored. There was some evidence that offenders were indeed experiencing depression as a consequence of their arrest and subsequent conviction, or possibly as a consequence of attending a treatment programme:

Q. Can you recall when the feelings of depression began? 'I haven't really been depressed in the past, I have only really been depressed since I was arrested'(G1.15).

In order to test the validity of existing research with convicted populations and those in treatment, it would be necessary to measure the self esteem of those offenders who have never encountered the criminal justice system and this would prove extremely difficult.

Further evidence for this concept was sought in subsequent interviews, although evidence exists, it is difficult to state with any certainty on the basis of the interview data that all of the respondents demonstrated extremely low self esteem, however, evidence from the psychometric test suggested that self-esteem was generally low for the group at this point . As discussed it could be that this is a transient concept, which may be more attributable to offender's circumstances. Further evidence to support this concept was sought from offender accounts of childhood, in an attempt to explore the extent to which low self-esteem was an enduring aspect of the respondents lives.

Isolation and The Quality of Adult Relationships

The group treatment was based upon the assumption that all attendees would be socially isolated individuals incapable of maintaining successful adult relationships. This concept is based upon Finkelhor's (1986) assertion that abusers are more emotionally and sexually congruent with children than with adults. No psychometric tests were used here; respondents were asked during interview to describe the nature and frequency of their social interactions with others. Respondents were also asked to describe past and present relationships with adults. These concepts proved relatively easy to explore and, as with the accounts of early life history, the respondents did not appear to object to recounting the detail of their lives.

The literature here suggests that child sexual abusers may be characterised as socially incompetent as a group, having difficulty in forming the most basic of adult relationships (Groth et al, 1982; Marshall & Norgard, 1986). This research supports the findings of other work in this area, in that the majority of the respondents (18) did describe considerable ongoing relationship problems that were compounded by the discovery of their offending. The difficulty lies in attempting to describe precisely which social skills offenders seem to be missing. The skills training offered by the group tended to focus upon assertiveness and the appropriate expression of emotions. This may be inappropriate for some. Some commentators have expressed the concern that inappropriate skills training may better equip some offenders to plan and conduct offences (Bagley, 1992). There is no evidence of that here, but attention should be paid to the appropriateness of general skills training for all child sexual abusers.

Social Contact And Isolation

Under a general heading entitled 'Hobbies and Interests' respondents were

asked about the nature and frequency of their social contacts . Other references to isolation were made at various point during interview one.

The majority of those interviewed had relatively few friends and only 5 were able to identify one 'close' friend, defined here as someone with whom they maintained regular, frequent contact and in whom they might confide. Age appeared to be an important variable in that younger respondents appeared to have more social contacts than did older respondents. One 68-year-old respondent described his interests:

'Yes, I'm trying to sort out the dog at the moment. I'm trying to do some gardening but I'm not able to do the jobs I used to do--- I'm trying to find out what's going on in the local area, you know clubs and things. Pubs are no good because I don't like drinking' *Q*. Do you have many friends? There are a few here and there, I see my son-in law's father occasionally. *Q* How often do you see your friends? Not very often, I've got a lot of spare time on my hands. I just can't be bothered'(G1.7)

This respondent appeared to be extremely isolated and relied upon his small dog for companionship. He had lived this way for the previous 10 years but had some contact with his family prior to conviction. Others appeared to be similarly alone:

'I like old cars and motor bikes, --- lots of spare time now, I live in my workshop-- just work really. I've got no real friends, I go over the pub for my dinner and the landlord speaks to me, but I just avoid people really. I get lonely ---- *Q*. How long have you felt this way? A long time, I was with my family before but not really with them *Q*. what do you mean? It was like I was

separate because of my problem(referring to persistent sexual offending)'(G1.12)

This respondent had a history of sexual offending beginning when he was 15 years old, when he indecently exposed himself to younger school children. He was 52 at the time of interview. He had been married on two occasions, the second marriage had been to a 17 year old (he was 36), he had begun a sexual relationship whilst his second wife was still at school. The offending had persisted through both marriages and had escalated from indecent exposure to indecent assault. He attributed his feeling of isolation directly to his offending and actively avoided making social contacts. It is interesting that this respondent reports a feeling of isolation whilst with his family.

A younger respondent(aged 26) described his interests:

'I like motor sports, I go and watch with two friends. *Q.* How often do you go? Now and then, not very often. I don't see these friends very often, I've got another friend in London who is married, I used to live with him. *Q.* Do you see a lot of him? No, it's a bit of a distance you know. We go down the pub some times, I haven't told him about this(offending) --- don't know what he'd say, he's not that good a friend. *Q.* Is there any one you would describe as a 'good' friend? No--- not really, no one I could really talk to'(G1.4)

A further problem here is social desirability response(Robson, 1994). Some of the younger respondents appeared at first to have many social contacts, on further questioning, as in this case , it became clear that they had few regular contacts and there was an absence of what they would describe as 'good' friends. The extent of

their isolation did become more apparent over time as the interviews progressed. This throws doubt on the validity of some early interview data. Asking respondents to describe a typical week did help to overcome this in some cases:

‘I don’t go out most evenings, I just stay in, I’m always tired after work anyway. I just watch TV. I go out sometimes at weekends with my friend. *Q* When did you last go out with him? (long pause) About three weeks ago, I see him about once a month, he(friend) belongs to a gun club, its not something I would be interested in, I’d probably be a bit dangerous with a gun *Q*. Why? I don’t know, I know how to shoot I was in the air cadets’(G1.4)

Further questioning here shows that in reality the respondent has few social contacts. The reference to the gun is an interesting aside and no explanation was offered .

Other(5) respondents appeared to have a number of interests and social contacts:

‘I used to play football, but I smoke too much now. I do go ten-pin bowling and like reading, mainly horror books like Stephen King. I socialise quite a lot and I’ve got a few close friends. Two of my friends know about the offences. *Q*. You told them? Well one found out from the uncle of the boy involved and told the other one. He was very surprised when I told him, as you would be. One doesn’t want to know anymore but the other one still comes around. I thought I would be an outcast but I’m not’(G1.5).

The initial interview was conducted shortly after sentence was passed and before the respondents commenced the treatment programme. This respondent spoke a great deal

in later interviews, describing how virtually all of his original circle of friends gradually isolated him over period of time as a consequence of his offending(although he was not convicted of subsequent offences), there was a point during the programme that this respondent seriously contemplated suicide as a consequence of his social isolation. An other respondent had lost a good friend as a consequence of his offending:

‘Q. Can you tell me about your friends? There’s a group of 5 of us, we have known each other since school. We meet about once a week, I haven’t told them about the conviction. One of my friends found out about it and hasn’t phoned since, I’ve no control over who finds out. Q. Would you say that these are close friends? No.... not close I can’t tell them. Anyway only school children confide in each other, we just discuss normal things’(G2.1)

The response to the last question is interesting as this respondent at first appears, with some regret, to be unable to confide in any of his friends. he later appears unwilling to confide noting that this constitutes childish behaviour.

Isolation And Self Esteem In Childhood

The difficulty here arises in identifying how far sex offenders are social isolates, who lack self esteem, from an early age and how far their arrest, subsequent conviction and labeling cause them to be isolated from the rest of society, ‘social outcasts’ in the words of one respondent. In order to address this issue, evidence of isolation and low Self-esteem was sought in early life histories .

As discussed, there is evidence here to suggest that respondents frequently had

difficult relations with peers at school and suffered some bullying. There is also evidence that respondents felt isolated and alone at this early stage in their lives(17 reported that this was the case). Respondents were asked to describe the nature and quality of early peer relationships at school:

‘I was an average child. *Q*. What do you mean? Just like any other child.

Troublesome, me mum would say I was always under her feet. I knew lots of children at school. But I was quiet mostly. *Q*. Did you have many friends? I knew lots of children *Q*. Did you make friends easily?(long pause) No, no not really the other children didn’t speak to me or play with me’(G1.14)

The implication here is clear although the respondent knew many children, he finally describes his lack of peer interaction, this theme recurs throughout respondents accounts of their early lives:

‘ My school days were lonely, I didn’t really have friends, apart from my cousin who lived over the road’(G2.6).

‘*Q*. How would you describe your childhood? Unhappy, I think I was a very quiet child, not many friends really. *Q*. Did you have any close friends? No, no close friends. I didn’t mind being on my own’(G1.5)

‘*Q*. How would you describe your schooldays? Hated every bit of it, don’t know why, I just didn’t want to be there. I found it difficult to talk in large groups. *Q*. did you have friends? No, I was always playing on my own and when I went home I used to play in the garden on my own (G1.2)

The absence of good peer relationships is apparent from these accounts, the last respondent also describes the manner in which the isolation he experienced extended from school to home. This respondent was more evasive regarding his experiences :

‘I don’t remember much about my childhood, I’ve always been so active. I take life as it comes, live it from day to day. *Q.* So you don’t have any recollections about your childhood? It was happy. *Q.* what kind of child were you? quiet, I kept myself to myself. *Q.* Did you have many friends? I got on with other kids OK, didn’t have that many friends, most didn’t like my hobby - railways and trains and I told them pretty bluntly where to get off’(G1.3)

There is evidence to suggest that respondents experienced more isolation in their childhood than later in adult life. There is a sense in which the majority appeared ‘lonely’, whilst some may have had a number of friends with whom they could socialise, few had ‘close’ friends and only two had a friend in whom they could confide. The concept of ‘loneliness’ is taken to be qualitatively different to that of ‘isolation’. Loneliness has been defined by Peplau and Perlman(1982) as the subjective view that ones existing relationships lack depth and meaning. A person may have many social contacts but no meaningful relationships. Attachment theorists such as Bowlby(1973) and Rook(1985) have suggested that people wish to have relationships with those who they perceive will offer comfort and security . Individuals are seen to function best when they know that they have reliable others, who provide consistent support in difficult times. Seen in these terms there was a distinct absence of such significant others in the lives of the respondents, as discussed, for some this was characteristic of their childhood years also.

Finkelhor(1986) attributes sexual offending, in part, to the claim that abusers are said to be more emotionally congruent with children, the evidence from this research would suggest that, as children, respondents were not emotionally congruent with their peers and frequently experienced difficult relations with adults.

Adult Relationships

The nature of past and present adult, sexual relationships were also explored . The purpose here was to investigate the assumption unpinning the treatment programme that offenders would be incapable of maintaining successful intimate adult relationships. Eighteen of the twenty one respondents had been or were currently involved in a sexual relationship with an adult woman. Two remained in a stable relationship following their arrest and conviction. Eight of the respondents had children . The survey data indicates that 66%(of 119) had been or were married or cohabiting, whilst 65% had children.

Respondents were reminded of the right to refuse to answer questions again at this point during the interviews. Some were reticent in imparting information around this issue during interview one, the quality of the data improved considerably over the course of the interviews as respondents became more relaxed.

This respondent aged 26 stated that he had had a number of 'one night stands' and had 'gone out' with a woman for 3 years:

Q. Can you tell me about that relationship? I knew her from school, we have finished now-- I use to get down and she thought it was her--- *Q.* Why were you down? Lost my temper a lot, I use to shout a lot---*Q.* At her? Yes

sometimes. She was messing about with someone else, her brother told me and I hit him, I finished it then. *Q.* Why did you hit him? Because I hated him'(G1.4)

The respondent seemed annoyed at the thought of his girlfriends infidelity and the manner in which her brother had described this in some detail to him. He was unwilling to describe the nature of his relationship at this point, but hinted at problems caused by his loss of temper. He was questioned about other relationships:

'I've had a few one night stands, but not seeing anyone now, women burn a hole in your pocket. Women are more independent now, it's all about what they want now they don't have time for relationships'(G1. 4).

Other respondents(2) claimed to have insufficient time and financial resources at present to build relationships:

'No partner at present, for the simple reason I've no spare cash! My money is always spoken for every week, and I've got not time. Anyway I want to be single.*Q.* Why do you want to be single? Stay single and your time's your own. No one to worry about you 'oh he's not home yet' . I like my freedom'(G13)

Perhaps it is the case that some people prefer to be single, this respondent was 30 years old, it could be assumed that having reached this age he might have some sexual and relationship experience:

' *Q.* Can you tell about any past adult, sexual or intimate relationships? yeah, haven't had none. *Q.* They don't have to be sexual, perhaps where you have

had a close, or intimate relationship. I know what you mean, I haven't had none. Well only with people on the CB. *Q.* Citizens band radio? Yeah, not actually proper relationships, chatted with them you know. I haven't been interested in relationships. *Q.* Why is that? Just not interested my whole life revolves round me, the more money I can earn the more I can buy'(G1.3)

It was extremely difficult to establish a rapport with this respondent over the three year research period. The validity of this data can be questioned on the basis that he was avoiding the questioning. He did however maintain for the duration of the research that he had no previous or present interest in any form of intimate or sexual adult relationship, he was unusual in this sense. All of the other respondents without exception wished for and often actively sought stable and satisfying, both emotionally and sexually , relationships with other adults. This respondent had forged relationships with people via his citizens band radio, where he was able to remain anonymous. Unlike the other respondents, he denied having any sexual attraction to children for the duration of the research, and refused to discuss his offending in any detail. This respondent was the only one who was convicted of further sexual offences against children during the probation order.

Another respondent aged 24 had recently embarked upon a relationship with a woman he had met through his circle of friends. He stated that he had experienced a lot of short term relationships and was asked why:

'Q. Why do you think that your relationships have been short term? I think its because I tend to keep my emotions in check. I find it very difficult to show my emotions. This could be part of the reason why they were short term. I'd

like to find someone I could really talk to'(G1. 8)

This appears to lend support to the 'loneliness' theory, the difficulty of finding 'someone to talk to' is once again clear. This respondent spoke of his new relationship:

' I haven't told her(girlfriend) about it(the offending).----- I don't want to cos the relationship is going really well at the moment and I don't really want to lose her'(G1.5)

This relationship broke down when the respondent told the woman of his conviction and sexual attraction to young boys. Towards the end of the three year probation order this respondent was charged with the attempted rape of this woman, the case was discontinued by the Crown Prosecution Service.

Whilst many had experienced problematic relationships(16 stated that this was the case) in the past , their arrest and subsequent conviction for sexual offences against children continued to have an adverse effect upon new relationships. It was frequently the case that respondents withheld information regarding their conviction from friends and family, for as long as possible and in the hope that no one would discover the truth. Given that the majority of the respondents had already experienced a great deal of 'loneliness' in their lives, this appeared to compound the situation and made some unwilling to confide in anyone:

'Q. Do you have someone in whom you can confide? No... not at all, I just don't confide, it's just too awful for people to understand. I tend to just keep things to myself(G1.12)'

Where the respondents had been married or cohabiting at the time of the offending, in almost all cases this resulted in the breakdown of their relationship(in 16 cases). There was also a tendency on the part of some(6) to directly blame the partner for the breakdown:

‘Q. Can you tell me about your first marriage? . We met when I was 14, she was 13. We were married for nine years, we broke up because of my indecent exposure. The problem was we lived in a little village and everyone knew. I don’t blame her but I feel let down. Q. Why do you feel let down? Although they (police) twist and change it I said what was going on , I thought she (wife) could take it and we could carry on. She went mad it’s not what I expected’ (G1.2)

Here the respondent had been honest with his wife regarding his offending and he expected their relationship to remain as it was. The respondent had remarried, this relationship had subsequently broken down as a consequence of his latest offending against his stepdaughter, the respondent again states that he was honest regarding his sexual attraction to young girls and that therefore his second wife was being unreasonable:

‘I knew ‘D’ when I was married to wife number one, she lived in the village she was 15, I was 30 and I use to watch her she thought I was strange. I started to see her about 9 years later, she knew about my offending from the start. I didn’t go out (exposing) for the first year I was married to her, then I did and I got caught. ‘D’ helped me a lot after that, by just going out with me, spending time together, it got me out of the habit you know, it was like a habit. She

knew what I was like, I use to call myself the 'schoolgirl pervert' - she left me and I don't know what went wrong' (G1. 2)

This respondent was unusual in that he had openly discussed his sexual attraction to children with his partners. His second marriage had survived a conviction for indecent exposure, but had broken down as a consequence of his persistent offending against his stepdaughter. His wife was unaware of this until her daughter informed her. Here there appeared to be an unwillingness to accept that the breakdown of both relationships was in any way attributable to his behaviour, coupled with a feeling of rejection. The manner in which the respondent describes his offending behaviour as habitual and identifies himself as a 'schoolgirl pervert' is also of interest, this may be indicative of some recognition on his part regarding the problematic nature of his offending.

Others (16) spoke of rejection on the part of women and the way in which they found it difficult to form relationships. This respondent had recently met and married a woman from Mauritius, who spoke very little English, he was 28 years old:

'I met 'M' when I had been arrested and served six months in prison for the second offence (Indecent Assault) . She started to write to me, she wanted to stay and doesn't have a British passport. It all happened (offending) before I met 'M', I never had a sexual relationship with a woman before I met her. I never had a girlfriend, girls at school just weren't interested in me. Q. Why do you think that was? They thought I was ugly, but 'M' likes me, I cannot talk to her much because of the language, but she likes me. We didn't know each other well but our relationship developed quickly' (G1.1).

This respondent spoke at length in subsequent interviews about the rejection he experienced on the part of women, prior to his marriage. He saw the marriage as one of convenience originally but believed that both parties were content as time progressed, it is interesting that he saw himself as the 'dominant' one in the relationship:

'I tend to come across as the dominant one in the relationship as my wife comes from Mauritius and she doesn't always understand things'(G1.1)

It could be argued that the desire to dominate extended from the offending to his first sexual relationship with a woman.

This respondent had also experienced more problematic relationships. The oldest respondent in the sample was 68, He had been married on two occasions, His marriage was described as 'happy' and preceded his offending, He described this relationship as His 'first and last serious relationship'(G1.7) despite having been married a second time. When his first wife died he married her sister. He describes a difficult relationship, with little communication:

' She was always going out, she shouldn't have got married. We were incompatible, the split was a mutual decision, there were a lot of arguments before, but there was no spite when we split'(G1.7)

Another respondent describes his troubled marriage:

'We never shared anything, we never talked. We used to drink a lot all the time and then shout, you know argue. I had a girlfriend and she found out,

then we separated, we were going through a bad patch anyway. Didn't last with the girlfriend either, it never does. *Q*. Do you know why? It's me I just can't hold it together' (G1. 6)

Many of the respondents who were willing to discuss their relationships during interview one, described difficult adult sexual relationships (16), others spoke of feelings of rejection and in some cases the offending clearly contributed to the breakdown of relationships (16).

This finding is confirmed by other research which has suggested that sex offenders are unable to build and maintain successful, intimate adult relationships (Ward et al, 1996). The literature also suggests that child sexual abusers have difficulty in relating to adult women. In an early study Hammer and Glueck (1957) found that male offenders had a fear of sexual contact with women. Panton (1978) found that abusers tended to be insecure individuals who expected isolation and rejection in their heterosexual contact with others. Where offenders have been in stable sexual relationships with adult women, research has suggested that they offend during times of stress in the relationship. This issue was explored in this research and several of the respondents (5) did state that they were less likely to offend when they were in an adult sexual relationship (where single), or when their stable relationship was unfulfilling. This is supported by some early literature (Peters, 1976).

Recent research conducted by Smallbone and Dadds (1998) into the attachments of sex offenders, has explored the nature of child sexual abusers relationships with parents or carers and later with adults. They suggest that poor, frequently abusive early relations with parents or carers (and this research would

suggest peers also), serve to shape expectations regarding intimate adult relations:

‘these offenders may bring with them to their adult intimate relationships, expectations that their partner will be unloving, unresponsive, inconsistent and rejecting’(Smallbone & Dadds, 1998, p569).

The findings from Interview One suggest that many respondents experienced difficult relations with peers at school and that many were bullied by other children. It is also clear that the majority experienced difficult home environments. Many of those respondents willing to discuss their adult sexual relationships described troubled partnerships. It is worth exploring relationships with parents and carers at this point, were these relationships also characterised by abuse and rejection?

The Nature Of Relationships With Parents And Carers

The majority of respondents spoke frankly about their relationships with parents and carers. This respondent was asked to describe his relationship with his father:

‘I don’t remember having a relationship with him. He was at work, working shifts and when he was there, there was no time for me. My brother and sister were the apple of his eye and got everything they wanted’

This respondent felt rejected by both parents:

‘When we went out I was there because I was supposed to be, not because they (parents) wanted me’(G1.1)

The validity of respondent’s accounts can be questioned in interview. How far the comments reflect reality is always questionable. It was clear however that the respondents certainly perceived their accounts to be truthful. All of the respondents

were interviewed on at least three occasions, many were interviewed on five occasions at length. Their accounts of their early lives proved consistent and greater detail emerged over time. Some of the respondents were also moved to tears by their experiences .

This respondent was questioned further regarding his relationship with his mother:

‘ She’s my mother and I love her. *Q.* But how would you describe your relationship? Well I certainly didn’t take it to heart because she’s heavy handed. You know as a child I’d get a slap around the ear hole. *Q.* Was she violent? no--- just a hard slap around the face or head, it was quite regular but dad never touched us’(G1.1)

This respondent describes a childhood in which he had a poor relationship with his father and was abused by his mother. He was asked to describe his parents relationship:

‘ Not a good marriage, they got married to get a flat. Mother had a boyfriend who used to take us out, dad knew but didn’t care, he knew what she was like. *Q.* What was she like? She liked other men. He(father) didn’t seem jealous, all through my childhood I can remember questions, If I left your dad would you live with me?’(G1.1).

Other respondents(14) spoke of the distance between themselves and their fathers in childhood, it was often the case that these fathers spent long periods of time away from home at work and had little time for their children when at home:

‘ My father was a waiter on an ocean liner, I didn’t see much of him he was away most of the time. He didn’t take me out, when he wasn’t away he’d come in and get drunk and go to sleep in the chair. I had a lot of contact with him when my mother died last year, we had a relationship in the end, but it was too late’(G1.6)

This respondent described his early childhood with sadness, he was asked how he felt about his father as a child:

‘I hated him(father) as a child. *Q.* Why? Because of the life my mother had. She had a hard time, she got up at 4am to do a cleaning job to keep us and he never sent money home. She died at 55 when she was just starting to enjoy life, she separated from him three years before’(G1.6)

This respondent did however describe a good relationship with his mother. Despite the fact that she had no time for him, but was ‘fully occupied with work, the home and the children’. He described in later interviews the way in which the relative calm of the household would be shattered when his father was on leave , his father would drink and argue violently with his mother. He would absent himself from the situation until his father had returned to work. Another respondent described his distant relationship with his father and the way in which he had no one to talk to following the death of his mother:

‘Mum died when I was 13 unexpectedly on holiday, she died from heart failure. That left dad to look after us. He was a quiet man, didn’t show us any affection ,I couldn’t talk to him like I did with mum. I didn’t have anyone to talk to when she died, I couldn’t talk to dad-----, I felt I needed mum then---

(G2.1)

The theme of separation from a parent in childhood runs throughout several of the Respondent's accounts, in many cases if fathers were not physically absent for long periods of time they were emotionally detached from the family situation, rarely fully participating in family life (14 respondents stated that this was the case), indeed a number of the respondents (6) were fearful of their violent fathers as children. The quality of paternal relationships amongst sex offender populations, is an area which has been neglected, there has been a great deal of focus within the psychoanalytic literature upon relations with mothers and mother figures (Kline, 1987). These studies have been based upon attitudinal testing and little case study or life history research has been undertaken.

This respondent experienced direct abuse in his relationships with his father:

'He (father) had a split personality, Jekyll & Hyde. You would be doing a specific thing and he would see you doing it and thump you ten minutes later. It depended on his mood. Instead of coming over, like you or any other parent would, and saying 'now don't do that anymore' he would just thump you. He beat me with a strap when he found out I was truanting from school, because of the bullying' (G1. 7)

This respondent experienced considerable ongoing, abuse from his father and described in later interviews how he learnt to avoid and placate his father in order to escape the violence.

He was questioned about his relationship with his mother:

‘Q. What sort of relationship did you have with your mother? Reasonable.

Not much that you could really talk about. She used to -----, I used to go round to make sure she was OK, when she was old. Q. Would you describe her as a loving mother? Well they were always at work (parents), you know having their own business, there was no time for me really. Q. Who took care of you? My gran, she was always there. Q. Did you have a close relationship with gran? Well she would speak when spoken to’ (G1.7)

This respondent was reticent regarding his relationship with both his grandmother and his mother at first. Neither of these relationships was characterised by the abuse he suffered on the part of his father. He would not describe either relationship as loving or nurturing in any way in later interviews.

Other respondents were less willing to discuss the detail of their early family life at this stage in the research. And some (2) spoke of the positive aspects of their relationships with parents. One respondent’s father had recently died and he felt unable to discuss their relationship, he became emotional at the mention of his father and stated that they ‘got on well’ and that he had ‘to identify the body’ (G1.4). This respondent spoke more about his relationship with his father as the research progressed. When asked about his relationship with his mother he stated that they were not as close but that it was ‘OK’ (G1.4).

Another reticent respondent who had admitted to having an unhappy childhood, stated that he disliked his stepfather when he was a child, but was unwilling to explain at this stage of the research:

‘We (stepfather) get on OK. *Q.* Have you always got on well? No-- no not really, I don’t think I really liked him much when I was younger. *Q.* Why? I just didn’t.’(G1. 5)

This respondent described a good relationship with his father who had died 8 years ago, he was the only one to describe a close relationship with his father and he maintained that this was the case throughout the research:

‘ I miss him, he worked at the gas works for 25 years, we had a good relationship, I could talk to him. He was at work a lot though’(G1. 2)

In interview two the same respondent said of his father:

‘He wasn’t really nasty to me. He was sometimes violent, he had a bad temper’(G1.2)

The respondent’s relationship with his mother was described as difficult:

‘She couldn’t hear me she was deaf, I think we got on OK, don’t remember her talking to me much. We had a difficult relationship sometimes, she wasn’t at all loving, but she was there and she took care of us. I always got on better with my father really’(G1.2)

Some respondents also experienced problematic relationships with mothers(13).

This respondent, whose mother had left the family when he was a small child, and who was brought by his stepmother and father, spoke at length regarding the violence he witnessed before his natural mother left and the emotional abuse he suffered on the part of his stepmother:

‘ My mother left when I was small because of my fathers behaviour, he’d go out drinking, come back and destroy our home. He would be really violent towards her(mother) for really silly things. *Q* What sort of things? Cos she did the potatoes the wrong way or didn’t iron a shirt. I used to hide until it was over’(G2.3)

‘My step mother hated me, if someone knocked at the door she’d lock me in a room so she wouldn’t have to explain who I was and that I wasn’t her child. She never done me any physical harm, but she’d give her son an ice cream and ignore me. I was always excluded’ (G2.3).

This respondent had three previous convictions, two for grievous bodily harm and one for indecent assault against a child. He had married a divorced women with four daughters and had been convicted of sexually abusing two of his stepdaughters. The abuse occurred when the girls were aged 10 and 12 , the case was brought against him initially by the eldest victim some 8 years later. Statements were made to the police by three of his step daughters, one had since died, and their mother(his ex-wife) These victim statements are extremely comprehensive given the age of the victims at the time of writing, and provide a detailed account of the violence and mental cruelty perpetrated by the respondent. Parallels may be drawn with the respondents own accounts of his childhood experiences. During interview one the respondent had denied abusing more than one daughter and stated that his abuse of the second daughter was limited to one or two occasions. The respondent made some reference to his violent behaviour whilst living with this family:

‘I liked being in charge of the family, although I never knew how to behave

really. It was me who was no good, I behaved like a demon. I was just being like my grandfather and my father, plait your hair, wear sensible shoes--- Q. You said you were like a demon, were you violent? I could have been(*long silence*). They always loved me , they had this respect for me'(G2.3)

The victim statements revealed the extent of the sexual, violent and emotional abuse endured:

'At first the problems of violence arose after his drinking sessions.-----we were all made to get out of bed and he would put the music on. Because we were all half asleep and not in the mood he wanted us to be in then he would start--- he would pull us up and start to hit us. Of course my mum would intervene with all her might but he would either strangle her against the wall until she passed out or the neighbours would call the police. As domestics were treated differently that time they (the police) would merely calm the situation down and leave'(VG2.3,93,p2)

'Even with only one hit from his thick rubber soled slipper, I was still left with bruising or welts on my thighs or backside where he hit with such force. The pain was so bad I would have to lay on my side or stomach and cry with my hand over my mouth'(VG2.3a,93,p5)

The victims contended that the respondent had been abusing both of them and abusing one over a period of time, the victim's description of the police role is also of interest:

' I lay there all night crying. I felt dead or just wanted to be. The morning came and I called my mum into my bedroom and told her (about the sexual

abuse). I told A my eldest sister too. This was when A then let it out that it had been happening to her too, and for quite a while. My mum took me and A to X police station to try and press charges. I was considered too young and as A was told she would have to face him in court, she was too scared. He was actually charged but for physical abuse and not sexual abuse, sentenced to three months and served just four weeks' (VG2.3,93,p7)

These events had occurred prior to the Criminal Justice Act 1991 in 1985, when no protection was afforded child victims, who were often forced to testify in open court and in the presence of the perpetrator. It is interesting that the original charge of sexual abuse was changed to physical abuse in the process.

The extent of the emotional abuse perpetrated by this respondent was also apparent from the victim statements:

'He would make all four of us girls go into the garden, himself standing in front of the door so we couldn't get back in and then turn the garden hose on us. He would soak us through to the skin with freezing cold water--- when he thought we were wet enough he would go in and lock us out until we dried. This was in winter'(VG2.3b,93,p8)

' Also he bought loads of chicks and ducks to put in the garden and he would cut the heads of the chickens(alive) in front of us. Make us watch as the bodies carried on moving for a while with the blood everywhere, then nail them by the feet to the fence for us to have to pluck---the worst thing of this routine was that he would flop the dead chicken on top of the side and make us gut

them. I used to feel physically sick and sob and sob saying I couldn't do it, he would state in no uncertain terms that I had no choice(VG2.3b,93,p8)

The respondent was more open regarding the extent and nature of the abuse perpetrated in subsequent interviews. His intimidation and bullying of his step daughters did appear to mirror his descriptions of his own childhood experiences with his stepmother.

This research supports the contention of Smallbone and Dadds(1998) that abusers are likely to experience problematic relations with parents.

The suggestion that abusers may experience a lifetime of problematic relations with others, from early childhood into adulthood, constitutes an important finding. This may offer some explanation, it is possible to see how, following a lifetime of rejection and problematic relations with peers , offenders come to associate with children and to feel happier in their company.

Other cited research has explored elements of abusers lives, usually focusing upon childhood. Much has been written for example, about the cycle of abuse(Marshall, 1975, 1996 & Wolfe, 1984) the way in which abuse experienced as a child may be replicated by the victim in adulthood. No other research has sought to explore the nature and quality of relationships from childhood, including family and peer relations, to adulthood.

The programme incorporated the belief that offenders would have adult relationship problems and may have experienced abuse as a child, the finding that these relationship problems appear to begin in childhood and continue throughout many

respondents lives, was not anticipated and therefore not directly addressed in the treatment programme. There may be a need to focus upon life and relationship experience on a one to one basis, alongside the group work.

The Cycle Of Abuse: Childhood Experience Of Sexual Abuse

The treatment worked on the basis that the abusers would have been sexually abused at some point in their childhood. This follows the contention of many that a 'cycle' of abuse exists and that abusers go on to replicate their experiences in later life (Marshall & Barbaree, 1990: Groth et al , 1982). Approximately half (10) of the sample recounted experiences of sexual abuse as children, all respondents were asked again at each interview, it is possible that a larger proportion had experienced sexual abuse and were unwilling to discuss their experiences, but this remains unproved. The severity of the abuse experienced varied, three of the respondents stated that they were sexually abused by a member of their own family(an older brother and two older cousins).

Four of the respondents had been sexually abused by different adults as children:

'I was exposed to when I was a child, I was with my friends. Then when I was eight I was got by a workman, he was 19 or 20, I didn't tell anyone at the time. *Q.* What do you mean by 'got'? You don't have to discuss this if you don't want to. I was buggered. Then there were things with my older brother, he used to get me to muck around with him. He's probably a person who could give me a lot of advice'(G1.2)

This respondent had begun indecently exposing at 16, in subsequent interviews he

admitted to have been exposing himself to young girls over a period of 24 years and to abusing his stepdaughter over a 5 year period . He had been sexually abused by four different people: Two cousins who were 16 and 15 when he was 9, his brother on many occasions from the age of 8(there was 6 year age gap between them) and on one occasion he was buggered by a workman and had been exposed to at the age of 9.

Assuming that half of the respondents had not been sexually abused as children, this theory alone cannot explain their adult behaviour, neither can we assume that these respondents have in fact been abused and are either unwilling to discuss the abuse or have blocked the experience in an attempt to save themselves from further trauma. To treat all group attendees on the basis that they will have experienced sexual abuse at some point during their childhood is problematic. That having been said, there would appear to be a strong correlation between the experience of abuse in childhood and the commission of abusive acts in adulthood.

Attitudes Towards Children

The assumption was that abusers would have 'distorted' attitudes towards children, in that children are seen as responsible for the behaviour of the perpetrator. Research suggests that abusers often claim that children are not harmed by the abuse and can benefit (Abel et al 1983: Morrison et al , 1994). There is little evidence here, however to support the claim that abusers overtly believed the abuse to be beneficial to the victim, even during the pre-treatment interview.

It is clear that abusers attempt to minimise the impact of the offending upon the

victim and that they often attempt to blame either the victim or circumstances and do actually believe that no harm was done. According to Morrison et al (1994) this behaviour may be attributable to the abusers own childhood experiences of sexual abuse. Here the abuser learnt that sexual behaviour between adults and children is acceptable. What of those who did not, as discussed we cannot assume that all did, experience sexual abuse as a child? What is the cause of their distortions? This seems to be rather a simplistic and convenient argument, in the absence of alternative explanation. The minority of respondents who claimed to have been sexually abused as children in this research, spoke with pain regarding their experiences, they did not seem to be able, at this early stage of the research, to associate the pain they experienced as victims with that inflicted upon their victims. They were unable to put themselves in the role of their victim or victims and had, in a sense, objectified them .

This issue was explored in greater depth as the research progressed. It seemed important, having explored issues of denial and victim blaming, to ask the respondents directly what they liked about children and if they preferred their company to the company of adults. The respondents were asked this series of questions at each interview in an attempt to explore how 'emotionally congruent' they were with children.

The majority of the respondents (20) stated that they liked children, when asked directly and some(11) felt better able to relate to children than to adults:

'I really do prefer children to adults. Q. What do you like about children?

Their innocence of the world, there's nothing to worry about, I couldn't hate children'(G1.12)

'I like them more(than adults). They say funny things, they're a lot of fun.

Adults aren't fun'.(G1.10)

'I do like their company. their innocence and playfulness. They do fun things'(G2.1)

'I like kids, I get on with them. they're quite a laugh, I've got a lot of young relatives, I get them to wind other people up and they don't know whose done it and the kids get the blame for it. It's really funny'(G1.3)

Where respondents stated that they preferred the company of adults they all stated that they liked children and identified similar qualities:

'I prefer adults, but I've no problem with children. Kids always want to play. I've been with children before you know playing football and stuff. They (children) want to know why grown ups do everything, because they don't know the only way for them to find out is to ask a grown up'(G1,4)

All except one of the respondents stated that they liked children, the qualities identified consistently were innocence, playfulness and the responsibility of adults to teach and pass on knowledge. It is striking that respondents always spoke of children and their behaviour with affection, only one of those interviewed expressed openly negative attitudes towards children . Most (20) were able to identify childlike behaviour, which they admired and with which they, as adults, associated . It could be that respondents were concealing the truth, their actions and thoughts would often demonstrate disregard and on occasions contempt for their victims. This appeared to be a contradiction throughout the research, respondents would speak of children and

their behaviour with warmth and affection and then proceed to describe the abuse they had inflicted upon their victims.

Those who had experienced sexual abuse as children, began to talk about the impact of the act/s upon their adult lives and began to think about the impact of their abuse upon their victims.

Some respondents (6) also stated that, unlike adults, children had the capacity to have 'fun'. One respondent stated that he found this 'reassuring':

' I like to see kids enjoying themselves and laughing---- it's reassuring. Q.

Why do you find it reassuring? Because I hardly ever laughed when I was a kid'(G1.7)

This respondent drew a direct comparison with his childhood. It has been suggested that by perpetrating abuse on abusers are attempting to compensate for an unhappy childhood (Finkelhor 1986). This, it is suggested, enables abusers to exact some form of revenge.

Interview One: Summary Of Key Findings

The first interview sought to test the theoretical assumptions underpinning the treatment programme.

How far did respondents seek to attribute blame?

Respondents had a tendency to deny responsibility for their offending and to blame both the victim and the offence circumstances for their behaviour, this is supported by existing research and by the survey findings. Respondents did not express the view that victims would benefit from the abuse, but did attempt to minimise the consequences of the abuse.

Several respondents used alcohol as a disinhibitor prior to the commission of the offences. A substantial proportion of survey respondents also claimed to have used alcohol prior to the commission of the offence.

Did respondents have low self-esteem and were they socially isolated?

Some evidence of social isolation was found at interview one. This frequently accompanied feelings of low self-esteem and self worth. More evidence to support this concept emerged in subsequent interviews and this was supported by data from the psychometric test. There was evidence to suggest that respondents experienced isolation and extremely low self esteem in their childhoods.

What do we know about early lives ?

The majority of respondents recounted negative experiences of school and many were bullied by peers.

Approximately half the sample had experienced sexual abuse as children, these respondents were unable to associate their painful feelings as a victim with those of their victims at this stage in the research.

Respondents Health

Some respondents reported feelings of depression and minor health complaints which appeared to be associated with their arrest and subsequent conviction. The majority stated that they did not usually experience ongoing depression.

Did respondents experience relationship problems?

Respondents described ongoing adult sexual relationship problems that were compounded by the discovery of their offending behaviour.

Respondents experienced problematic relationships with others from an early age . Difficult relations with peers experienced at school often mirrored a dysfunctional family life characterised by emotional and /or physical abuse, which in turn appeared to fuel problematic adult relationships in later life. The theme of parental separation also recurs, several respondents described fathers who were either physically absent, emotionally detached or abusive. Relations with mothers were also difficult and on some occasions abusive.

Did respondents appear to be 'emotionally congruent' with children?

Respondents appeared to be 'emotionally congruent' with children, in that many felt a strong sense of identity with them. Respondents admired children for their innocence and playfulness.

How far are is the theoretical context of the treatment programme supported by the data from interview one and existing research?

The evidence from interview one indicated that the theoretical assumptions upon which the treatment programme was based were largely supported in the majority of cases.

Respondents did attempt to blame both victims and circumstances for their behaviour. There was evidence of low self-esteem and isolation, the extent to which this was due to respondents circumstances was questioned. Respondents reported negative experiences of school and many recounted detailed descriptions of the emotional and physical suffering they endured as children within their families. Relationship problems extended from childhood into adulthood exacerbated by arrest and conviction for sexual offences.

Half of the sample claimed to have been sexually abused as children and respondents described children and childlike traits with warmth and affection. The contrast between such descriptions and accounts of the pain inflicted upon child victims became apparent as the research progressed. These findings are strongly supported by existing research, which has been referred to throughout.

Interview Two(Six Months Into Treatment) : Findings

Introduction

Interview One had largely sought to establish how far the theoretical assumptions underpinning the treatment programme could be substantiated. One key area of work undertaken by the programme was to focus upon the issue of denial and victim blaming.

Role-plays and group exercises were used to try and enable offenders to experience the victim's perspective.

Interview two was undertaken six months after the treatment programme had commenced. The literature suggests that this is the point at which attendees may come to understand the impact of their actions upon victims and as a consequence suffer from depression. Two attendees had committed suicide at this point in previous years. The aim of interview two was: first to pick up upon any family history issues that were raised and not followed up during interview one; to check contradictions and possible inaccuracies and to explore the nature of respondents early family lives in more detail. It was hoped that this would be possible, given that respondents had met the interviewer before and may feel more comfortable on the second occasion. The second aim was to once again check accounts of offence circumstances for denial and victim blaming. Following the aims of the treatment programme the extent of social isolation, self esteem and depression were explored, along with attitudes towards children.

Interview guides were personalised prior to the interview and the interviewer studied interview one transcripts in advance.

Respondents Experience Of The Treatment Programme

Findings from interview one and the survey suggested that respondents, whilst pleading guilty to the offences, attempted to blame both the victim and offence circumstances for their behaviour. By way of introduction to this section respondents were asked to reflect on their experiences in the group before recounting offence circumstances again.

Most respondents (17) appeared more able to recognise that their behaviour was problematic and some (5) now saw themselves as a danger to children. It could be the case that respondents had learnt a given response from the group, but many were emotional and remorseful at this point. Whilst respondents remained largely denying of responsibility for their offending, it was clear that the majority had come to question their actions and the consequences of these upon their victims.

‘Well I wasn’t really seeing it(offending) as a problem last time, I felt I had it beat. *Q.* You felt it was a part of your past? Well it is part of my past, but um-- I don’t want it to come back again. I don’t want it be part of my future. *Q* You see it as a problem now? I’m realising what a problem it is now, how big it is----- I’m aware that it’s big now-----, I’m facing things that I haven’t faced before. Facing things I haven’t makes it dangerous, but I’ve buried things every now and then something comes out with quite a bit of emotion. *Q.* Why is it dangerous? Because I’m finding things out about me I don’t like---
(interviewee began crying at this point, offered opportunity to terminate interview. Continued so line of questioning altered).

This discourse would suggest that the respondent had started to think about

and question his behaviour , this appears to be a step forward given that the respondent would not acknowledge that his behaviour was in any way problematic in the previous interview. Later in the interview this respondent began to reflect upon the reason for his offending and the group work he had experienced:

‘It’s really a question of getting buried things out, I feel like I’m on a tightrope. I don’t want excuses for what I’ve done, I’ve made enough! I’m looking for a reason, a trigger and I don’t know what it is. *Q.* Why are questioning now? Because of the group. When you’re in the group and something is said, it doesn’t hit you at the time but comes back to you later and you see the relevance to you and to your situation. It’s like when you sit there and you give someone else advice in the group, you’re really giving yourself that advice but it’s safer. *Q.* Why is safer? Because it’s at a distance’(G1.1)

The group appeared to have caused the respondents to reflect at length on their past and their behaviour, most of the respondents (16 stated that this was the case) had found this to be a painful experience and several cried openly during interview two. Some had been looking for the cause of their behaviour :

‘ *Q.* Why have you been rethinking the past? Don’t know really(*long silence-interviewee stares out of window*) just thinking about other peoples upbringing, they have a worse time than me but don’t do what I’ve done. Maybe I got something wrong a long time ago. *Q.* what do you mean? Thinking why really---I worked really hard trying to think. That’s why I lost

interest in the group. I cannot find a reason'(G2.8).

One respondent who had stated that his childhood was 'normal' had rethought his childhood experiences as a consequence of his involvement in the group:

'I've had a chance to think back since then, things weren't right. I wasn't really loved or highly regarded'(G1.6) *Q.* Well I do seem to recall that you described a problematic relationship with your father when we spoke last. Yes, but it's not just that'(G1.6).

All the respondents who spoke at length during interview one regarding their childhood experiences appeared confident regarding the accuracy of their accounts. Six months later at interview two, some of the respondents (5) stated that they had 'rethought' their pasts as a consequence of the group and many were searching, often in vain, for a cause or a trigger to their offending behaviour. Given that one of the group aims was to enable reflection, this would seem to be a positive finding. It is, however, of concern if group attendees were changing accounts of their lives in order to satisfy the group ethos. For example, the group supported the cycle of abuse theory(Wolfe,1984), therefore if respondents had no real recollection of experiencing sexual abuse as a child, it was assumed that they had blocked this experience or were concealing it from the group. This issue was explored in subsequent interviews.

Other respondents (9) felt that the group gave them the opportunity to openly discuss their problem and that other group members helped them to face the truth:

'It has helped(the group). It's easy to talk honestly when you know others have the same problem as you. It's been of benefit to me, I had probation before

with an officer but it wasn't so good.. It makes you face your problem. You make excuses to yourself but the other men see right through you' (G1.6).

This respondent commented on the manner in which any attempt to deceive in the group setting was usually challenged by the other offenders, if not the group leaders.

The respondent stated that this largely accounted for the success of the group in helping participants to 'examine their lives and their excuses' (G1.6)

Other respondents claimed that they also felt able to talk openly in the group setting:

Q. How are you finding the group? OK, I was really apprehensive at first. I've said a lot a things openly that I wouldn't normally have. The other men and the group give advice which is good cos they (group attendees) are in the same boat as you' (G1.5)

'I always volunteer in the group, the only way is to be open. It's given me the opportunity to discuss and think about my behaviour. I never saw myself as an abuser before, I didn't see it as wrong and I didn't appreciate her (victim) feelings' (G2.3)

This respondent went on to state that he found the group to be hard and a 'powerful experience', particularly the role play exercises in which group members were asked to play the role of their victim:

'I had to play the victim, I got into this part , I was really disturbed, shaking. I felt the fear of being let down by someone you trust and it was awful. I felt really bad for 3 to 4 days afterwards. I'm living in the house where the abuse took place and going back there was hard. I felt I was losing it, cracking up but

I got over it. I'm feeling sorry for myself, I feel it would be easier to go to prison compared to this' (G2.3)

Another respondent who had previously received a custodial sentence for sexual offences against children, stated that he preferred the group option:

'It's a bit stiff going in every week, sometimes it can get hard. It's a better option than prison. In prison you're still the same as you were when you come out. Come out of prison and do it again, think well it's not that bad, didn't have to pay for nothing. It (group) gives you the chance to show you're not as bad as they think you are and that you're not as bad as you think you are yourself' (G1. 4)

A large proportion (10) of respondents were concerned that whilst they attempted to be truthful, where their accounts did not meet with the expectations of the group leaders they were disbelieved:

'The group keep telling me I must have fantasies about children, but I know I don't and I keep telling them that. I don't know maybe I've buried it, there are so many things I've buried (*respondent crying, interviewer breaks for a while*). It would be so much easier to sit in the group and say I had fantasies, but I can't make them up. *Q*. Why would you want to make them up? Well you know, I'd get a pat on the back for that *Q*. What do you mean? Well they congratulate you when you say, but there's no point in lying' (G1.1).

It is of concern that some group members felt so compelled to follow the expectations

of group leaders that they may be prepared to lie in order to receive a 'pat on the back'. Many of the respondents criticised this element of the group work and others stated that they refused to lie in order to satisfy the group leaders. This respondent had just discovered that his girlfriend was pregnant with his child, the group leaders had stated that they believed that he would sexually abuse his own child:

'I just can't lie, I don't think I could abuse my own child. It's no good saying that as I'm a risk to all children. *Q.* Is that what you believe? No, it's what the group leaders and my probation officer says. Also I'm not sexually attracted to young girls, but they won't believe me, they think I'm a risk to both sexes. I'm trying to be honest but now I don't bother putting the point across any more. According to them all abusers are attracted to all children. As I've said from the start I'm only attracted to young boys. Where does that leave me cos I can't admit to something I haven't done or felt? They just won't believe what I say' (G1.5)

This respondent had two previous convictions for sexual offences against young boys and had stated clearly during interview one that his sexual preference was for young boys. Although he refused to lie within the group setting, he felt unable to contribute honestly, 'I don't bother putting the point across any more'.

Another respondent claimed that the group leaders sometimes led attendees to a response:

'*Q.* How are you finding the group? Well there are problems with a group leader, they phrase things awkwardly and if you like, you're led to a certain

answer. You say what they want to hear rather than what you really want to say *Q*. How often does that happen? Not often, occasionally. Other group members feel the same. Sometimes there's no logical answer to the question being posed, so you say what X & X (group leaders) want to hear' (G1.3)

The majority of respondents (15) expressed similar views and this is of concern. One respondent had been returned to court for not attending the group, he had diabetes which had worsened since his involvement with the treatment programme. His GP supported his request to transfer from group work to one to one supervision with a probation officer and a psychiatrist, he was allowed to continue in this way and remained a part of the research , completing five interviews over a three-year period. He spoke at length regarding his experiences in the group:

Q. So you're not getting on in the group? I don't think I am it's the stress of sort of being in one room and not being able to come across with the right answers. *Q*. What, you mean what they perceive to be the right answers? Yes, well that's what I'm assuming. Sometimes I do get a pat on the back and they say that's a good answer, but I think to myself what are they on about, well the answers I used to give , well they've already got. I used to just come across as saying the same as the rest of them. *Q*. The truth? Not usually (G1.7)

The respondent was asked to give an example of the line of questioning:

'A question might be put and we would all have to give an answer. A question might be what do you think Mr. X should do? And they'd go around and by the time it comes to me I answer I gave would have been given by others and of course the leaders would say we want your opinion not someone else's, but

that was my opinion(*indicates that he was the last to be questioned given where he was made to sit during each session*) (G1.7)

Another respondent stated that:

‘It’s hard, very intensive. It’s six months now but I try to be bold and not hold back. Sometimes the probation officers ask you the same questions over and over, in the end you give them an answer just to get them off your back’
(G2.1)

This respondent did however go on to say that he found the programme ‘beneficial overall’:

‘Q. what do you discuss? Everything, the offences, our thought processes, fantasies, childhood, our own abuse. Yes it’s beneficial overall, I have revealed things that happened twenty-five years ago that I haven’t revealed to anyone else--- I feel free enough to speak’(G2.1)

This respondent acknowledged that the group had caused him to examine his life and his actions, but stated clearly that the group made him feel ‘worthless’. This is of concern given that the group aimed to address low self-esteem and self worth:

‘Q. How are you getting on in the group? Well, I went from bad to worse to bad again. I just keep getting annoyed(*long silence*).Q. Why? I mean like they(group leaders) do well it just doesn’t seem to suit me, I suppose I felt like I wasn’t getting anywhere. It’s made me look at things I wouldn’t have, but it’s also made me feel useless, worthless. I feel like everything I’ve ever done was a waste of time’(G1.3)

Other respondents(5) felt more confident as a consequence of attending:

‘I feel more confident since I joined the group, I f I disagree now I say so. I wouldn’t have before’ (G1.6)

‘It’s helpful, it’s made me think why. If I’d have been put inside it wouldn’t have made me think about it. The other group members are good, they challenge you which helps (G2.6)

‘ I feel myself doing better now, I can see small progress’ (G1.14)

The Risk Of Further Offending

At this early stage many respondents were speaking frankly about their fears regarding their offending and the risk of future offending:

‘I’m digging up little bits and pieces about myself all the time. I used to think it (offending) was isolated that it wouldn’t happen again, but I realised that it didn’t really matter where the child was from or who the parents were, if I could get them (child) in a certain set of circumstances I would abuse them, I was going to abuse any child. For a lot of years you lie to yourself you make excuses because it’s comfortable, you turn it so you’re a victim of circumstance, but of course you make your own circumstances (G1.1).

Another respondent spoke equally frankly regarding the risk of further offending. He described a friendship he had recently forged with a couple, whose neighbour had a

small child. He had discussed his offending with his friends who had agreed to ensure that the neighbour's child was not at their house when he visited:

‘ Q. Would she be in danger? It’s not a question I can really answer positively. I know I would like to think no, but if you’re there by yourself you can never be sure. Q. Six months ago you would have said that you did not pose a threat! That’s then, that’s lying to myself, but now it’s facing that. If you put that opportunity in the way the possibility is high that you might do something. ----- if somebody said you can put me with children now they’d probably be telling the biggest lie to themselves not to everybody else’ (G1.4)

This respondent did appear to have progressed in that he recognised that he might, under the right circumstances, be a risk to children and had actively taken steps to try and avoid a potentially difficult situation.

The Extent Of Blame Attribution And Denial

Accounts of offence circumstances here contain many contradictions regarding the Respondent’s role in the abuse. Respondent’s accounts were again compared to victim statements where available. This respondent whilst recognising that he instigated the abuse, continues to blame the circumstances to an extent:

‘The family came to trust me and I turned the situation into an abuse thing, it was originally a nice friendship with her(victim) parents. But I didn’t plan it, not from the start. It eventually came to the situation where I was manipulating her and her brother(victims). The situation just arose and I manipulated

it' (G1.1)

In this case the victim statement suggests that the abuse began at the outset of the Offender's relationship with the victim's parents. This could suggest an element of planning on the respondent's part, although he denies that this was the case. The quote does however suggest that the respondent recognises the way in which he manipulated the situation. He was questioned regarding a third victim:

'Q. Can you describe the circumstances leading up to the offending?

Her(victim) father was into snooker and we got friendly. It didn't take long for it to happen , it was obvious from early on that there was a possibility of abusing -- , because they weren't really a family. Q. what do you mean? Well they didn't really care where she went or what she did. Q. Did you plan the abuse? Oh no, the opportunity for baby-sitting was there, it was an abusers dream it was all handed there on a plate' (G1.1)

This quote would seem to suggest that the respondent carefully selected a family that was seen to be neglectful, it was therefore comparatively easy to both befriend them and to gain access to their child.

As the interviews progressed other respondents (8) described the way in which they had planned their offences:

'Q. Did you plan the offences? Well I worked up to it. There was a particular girl I use to see each night when I came home from work So I started exposing to her, I don't know if she could see at first. But I knew what time she would be there and I made sure I was too. I exposed to other girls as well Q. Where,

any particular places? In the street, parks anywhere I knew I could do it. *Q.*
Specific places? Yeah, usually on my way home from work, I'd detour,
sometimes I covered 20 miles just to get to a certain place' (G1.2)

Other respondents (5) claimed not to have planned their abuse:

'*Q.* Was it planned? Oh no, the situation arose and I took the
opportunity' (G1.10)

Another respondent appeared to be more truthful regarding the sexual abuse of his
Stepdaughter. He had previously maintained that he had abused her on only one
occasion, when she was age 13. :

'I had, something I didn't admit to before, made attempts to expose to her
before. That was really the beginning. She was 10 then or maybe 9. I only did
it on a few occasions over those years , I never got a chance' (G1.3)

The respondent did acknowledge that his abuse of his stepdaughter was perpetrated
on more than one occasion, but he denies that the abuse was systematic. This account
differs from the victim statement, where it is claimed that the abuse was a regular
occurrence. The respondent describes the last incident and his account is compared to
the victim's account:

'I can remember her(victim) being a bit upset on one occasion and I promised
her I wouldn't do it again. *Q.* What happened? I think she realised what I was
doing, I was touching her through her clothes, I thought she was asleep, she
objected and I got hold of her hand to reassure her and then I realised this was
enough, I told D(victim's mother) the next day' (G1.3)

‘About two Sundays ago dad came into my room for the last time, he lifted up my nightdress and started to touch me. I told him not to. and started to struggle to get away. He held my hand down so I couldn’t move. When I started to cry he stopped. The following morning I decided that I had to tell mum’ (VG1.3,91,p3)

The two accounts differ considerably, the respondent claims to have been trying to comfort his victim by holding her hand, she claims to have been held down. The respondent implies that he decided to end the abuse, whilst the victim claims to have informed her mother (this was corroborated by the victims mother in her statement to the police).

This respondent had been removed from his family following the discovery of his offending, he complained about this at length and appeared to believe that an unnecessary ‘fuss’ had been made:

‘I’m the one who brought it (the abuse) to light, she(victim) kept quiet about it and I told. I didn’t want a fuss, I just felt I wanted help within the family. I didn’t expect to be cut off from them completely. I can see they(social services) have got worries about it but its a bit overdone. Q. Why do you think T (victim) kept quiet about it? Coz she didn’t mind.’ (G1.3.)

At this stage in the treatment programme, this respondent is still clearly minimising the seriousness of his abuse and indirectly attempting to blame the victim for his arrest and subsequent conviction.

Another respondent had recognised that he had a ‘problem’ (referring to his sexual attraction to young children), but continued to blame alcohol for his behaviour. He describes his abuse of his 10 year old niece:

‘ I’d been drinking that day, it was the drink (*long silence*). *Q*. What do you mean? Well the drink made me do it. I mean I wouldn’t have done it if it wasn’t for the drink. *Q* What did you do? I put my hand on her legs and moved up towards her front. I didn’t think she’d reject me as I knew her so well, but she told her parents. I only did it once, I’d thought of it before but not done it. *Q*. Was it planned? No, usually I can control myself, because I’d been drinking---- you lose reality and you don’t think of the consequences’
(G1.6)

The respondent claimed not to have abused the child before but stated that he had had sexual ‘thoughts’ about her over several years ‘ and use to baby-sit for her. The victim statement for this incident was unavailable, a brief statement was available concerning the respondent’s second victim. The second conviction involved a neighbours grandchild who was aged 4 at the time of the offence:

‘I don’t know why I did it, she used to run around not wearing much. I had been drinking all Saturday and Sunday. On Sunday I see her on the street, I was on a real downer that day, fed up. She was sitting on the doorstep. I hadn’t planned it or had any thoughts about it before. I mean at that age!’ (G1.6)

The respondent blames his use of alcohol again here and appears to imply that the victim’s clothing was in part responsible for his behaviour. The court report

corroborates the respondents claim to have been drinking, ‘ according to the Crown it appeared from evidence that X was in fact under the influence of drink at the time of the incident with the child’ (3/7/1992). The victim statement is short and lacks detail, this given the child’s age. The child did however describe an ongoing relationship(not necessarily sexual) with the respondent and claimed to have visited his house on several occasions. The child was able to describe the respondent’s bedroom in some detail. This could indicate that some planning was involved on the respondent’s part and that he may have abused her on several occasions. The respondent went on to say:

‘ I don’t know what made me do it, sometimes I think I did it to get caught, so I could get help.. I felt a certain relief, a great relief when I was caught although I was terrified for the future’ (G1.6)

The contradiction here is clear, the respondent whilst recognising that he had a ‘problem’, continued to blame his use of alcohol and the victim’s mode of dress for his behaviour. Further he offended not because he had a ‘ sexual attraction to children’(G1.6) but because he wanted to be caught.

Another respondent who had stated clearly at the beginning of interview two that he posed a risk to children and described how he had taken steps to ensure that he was not alone with a friends, neighbours child, admitted to having ‘sexual thoughts about his niece for approximately 2 years before the offending occurred. At interview one he had claimed never to have had sexual thoughts about her prior to the offending. He maintained that he had abused her on one occasion, he describes the circumstances:

‘ Then D wanted to go upstairs as her toys were upstairs.--- We went upstairs,

she was jumping about, jumping on the bed ----- She said to hid under the bed, she was wearing a little skirt, so we got under the bed and that's when I abused her. *Q*. Who started it? I did. *Q*. Did she have a choice? Not really. She could have got up from under the bed--- I think she was more shocked and scared really' (G1.4)

The respondent accepts more responsibility for his actions and recognises that the victim may have been scared in this account. The victims behaviour and dress is still described by way of explanation.

There is no evidence to suggest that the respondent had perpetrated the abuse on more than one occasion, it is however clear that he had been visiting the family concerned for some time and regularly played alone with the child in her bedroom. The child's father stated that '*since autumn 1988 (3 years) X has been a regular visitor to our family home, he would always ring before he called and would stay for weekends or even weeks at a time*' (VG1.4. 91,p5) When describing the events preceding the offending he went on to say '*after a while the(respondent and victim) went upstairs to play, there is nothing unusual in this as D keeps her toys in her room and X usually ended up playing in there with her*' (VG1.4, 91, p5). This may indicate that the abuse had been ongoing for some time, although the victim did not inform her parents about other occasions.

Another respondent who had been convicted for sexually offending his two-step daughters, several years after the offending occurred. Had denied the full extent of the physical and mental abuse he had perpetrated on his family and had failed to acknowledge his previous conviction for violence (2 convictions for grievous bodily

harm). This respondent discussed the extent of his violent behaviour at interview two:

‘ She(wife) was totally in love with me and I took it for granted and I behaved like a lunatic. I was often physically violent to her, from pushing to punching her in front of the kids, they would say ‘*leave my mum alone*’. It was only when I’d been drinking, they lived in fear of me’ (G2.3)

The respondent appeared to be blaming his use of alcohol for his loss of control and he was questioned directly about this:

‘Were the offences linked to your drinking? No, nothing to do with it at all. It’s an excuse it was me’ (G2.3)

The respondent does appear to accept responsibility to a greater extent here, but may have been led to an answer by the line of questioning. He admitted sexually abusing both of his step-daughters during interview two and was more honest regarding the extent of the abuse:

‘Q. when did you first become attracted to A? I can pinpoint it to a time when I first went upstairs and A was putting on a bra, I felt aroused. She was around 12 at the time, the door was open. I masturbated about it later. That was the trigger and then I thought about her in a sexual way. I couldn’t say this before’ (G2.3)

Although the respondent does make some acknowledgment regarding the extent of his abuse he maintains that the victim’s behaviour acted as a ‘trigger’. The respondent denies the full extent of his abuse and denies planning his actions:

‘ It was over a few years(the abuse), but not many times. Q. How many would

you say? About 3 or 4 against A and 2 against M' (G2.3)

At this point in the research the victim's statements continued to differ significantly:

'The first time I became wary of X sexually was when I became aware that he was spying on me. I remember when I first got some bras, I tried them on and looked at myself in the bathroom mirror. The next day X made some comment about it and I realised that he had seen me but I didn't know how. Then after a while C(sister) told me that she had seen him spying on me whilst I was in the bath. C showed me what he did, he would open the bathroom window and then close the curtains leaving just a small gap. Then by looking in the bedroom window he could see the reflection in the mirror of whoever was in the bath'(VG2.3, 93, p13)

It is clear from the victim's account that the respondent had planned the most effective means of spying on her. The victim states that the respondent began to sexually abuse her when she was 12 years old, shortly after marrying her mother and continued to do so ' a couple of times a week'(p13) . She goes to state that ' the sexual abuse continued until M(sister) told my mum that X was touching her. I was about 15 years old then'(P14)

This respondent stated that he was responsible for instigating the abuse perpetrated against his eight year old victim, but when asked to recount the offence circumstances attempts to blame the victims behaviour for 'triggering' the abuse:

'D(victim) had a habit of grabbing your nuts and that's where it started from. I enjoyed it. He gave me the trigger and I followed through'(G1.5)

This respondent continued to minimise the consequences of his behaviour by claiming that the victim appeared unharmed and that possibly he had been abused previously by someone else:

'Q. How did he(victim) respond at the time? Um--- in the pool he tried to shove me away. After the second time, there were two times I'm told but I can't remember the first, I didn't see any difference in him, he wanted me to stay and play football and didn't seem bothered. I was wondering you know, if someone else had done it to him(abused him)'G1.5

Unfortunately no victim statement was available regarding this conviction and a comparison not therefore possible.

One respondent was reconvicted for further sexual offences against children during the treatment programme, he had not been convicted at this point in the research . This respondent was the only one who did not acknowledge that he had any sexual attraction to children and continued to minimise the consequences of the abuse throughout the research:

'Q. Had you ever thought about abusing a child before? No never at all, this is why I don't understand it. I'm not attracted to kids I just get on with them.

Q. How did the children respond at the time? They weren't really worried about it. They weren't bothered. Q. Were they willing? Yeah--- we always got on well, if they didn't want me to do it they could have stopped me at the time(G1.3).

He had found employment as a cab driver and was planning to buy a mini bus in order to transport groups, he could have been planning to abuse children at this stage in the programme, as he was later convicted for sexual offences against school children on his mini bus.

Another respondent left the group after six months and transferred to one to one supervision with a psychiatrist and a probation officer. He has absented himself from many of the sessions on the grounds of ill health and was supported in this by his GP. Whilst admitting to 'having sexual thoughts' about children at interview two, this respondent was unwilling to discuss his offending in any detail and continued to lay blame elsewhere:

'Q. Had you thought about committing an offence before? Um, that's funny can't remember really. I may have done but I'd probably been able to control myself. Q. I'm sorry are you saying that you had considered abusing her(his Granddaughter) before you did? I'd probably just thought about it end of story. Q. So how long would you say that you had been thinking about it? Well I suppose it really all started when my divorce came through from my second wife.. Q. Why was that do you think? Just wanted some company really. Q. How long ago was that? About 6 years or so(G1.7)

The respondent appears to evade the question set initially and goes on to blame his marital situation for the onset of his abusive thoughts regarding his victim He went on to qualify what he had say by stating that his 'thoughts' had in fact been restricted to women of 18 and older. This respondent was also unusual in that he continued to overtly blame the victim for her failure to end the abuse:

‘Q So do you think that S(victim) had any choice at all? Um, well I suppose she could have got up and walked out of the room or kicked or something like that but she didn’t, not with me anyway. I think It’s one of those things which just happen.(G1.7)

This victim had been simultaneously sexually abused by the respondent(her grandfather), her two brothers and her father. The respondent claimed throughout the research that he had no knowledge of the other abuse. He continually attempted to minimise the seriousness of his offending with reference to the greater seriousness of the other abuse:

‘ I said to the other side of the family oh forget it’ because what I’ve heard that they’ve done is a darn sight worse than what I’ve done, yet I’ve been treated worse for it. Q What have they done? well I’ve heard according to the judge, it was rape. I must admit I was not surprised of course. Q Why not? Well just wasn’t(G1.7)

The respondent’s accounts place the victim with her brothers in his home at the time of offending , it would seem that the family formed a ring the members of which regularly abused the victim, this was never confirmed by the respondent and the victim statement makes no reference to the other perpetrators:

‘Q. So she(victim) would come round to you every weekend. yes but she wouldn’t stay. there used to be a couple of them, her and M and D(brothers). Sometimes it would happen between S(victim) and myself when the boys were downstairs. Then he’d say well I’m going now and she would go

to'.(G1.7).

These two respondents(G1.7 and G1.3) appeared to have made the least progress in terms of continued minimising of their offending and blame attribution. They were also the least willing to discuss their offending behaviour during the course of the research and took every opportunity to evade questions set. Neither respondent successfully completed the treatment programme and as stated one was convicted for further sexual offences against children.

Were respondents less likely to attribute blame at interview two(6 months into the treatment programme)?

The findings from this section of interview two would suggest that although respondents appeared to have made some progress in that the majority(17), when asked directly, recognised the seriousness of their offending and the danger they posed to children.

Accounts of offence circumstances continued to differ considerably to victim statements and respondents continued to blame external factors for their behaviour(this was clearly the case in 17 accounts). This might suggest that respondents had successfully learned the group expectations and repeated these during the interview. Many respondents did however appear emotional and remorseful at this stage of the research and did appear to be at least be questioning their behaviour(14).

The belief that group leaders led attendees to a specific response that fitted the group ethos, is a point that was raised by the majority of respondents and this is of concern(15).

Research undertaken by Becket et al(1994) and funded by the Home Office, has suggested that the 'atmosphere'(p253) of a group is linked with the extent of change in attendee's behaviour: *'A successful group was highly cohesive, well organized and well led , encouraged the open expression of feelings, produced a sense of group responsibility and instilled a sense of hope in members'* (Fisher and Beech, 1999, p253). At this stage in the research some respondents appeared to have gained from the programme, while others had not. The extent to which attendees felt able to express views honestly is also questionable. Individual progress is of course linked to variables other than the success of the programme: offending history; age and experience of the criminal justice system, but also to individual personality and belief systems. Letterman, Sung and Kennard(1997) in their review of the use of the cognitive behavioral approach by the probation service, suggest that a much greater understanding of such individual differences is necessary in evaluating such programmes, given that individual response can be so varied.

Self Esteem ,Isolation And Adult Relationships

The treatment programme aimed to increase self-esteem and to encourage social interaction in an effort to reduce isolation. There appeared to be some basis to the claim that child sexual abusers typically have low self esteem and tend to be social isolates.

The question was raised regarding the extent to which the latter might be attributable to the circumstances in which the respondents found themselves following their arrest and subsequent conviction. At interview two the families and friends of many of the respondents had been informed about their offending. The consequence of this

discovery and the withdrawal of friendship was discussed. Given current public and government concern, as evidenced by recent legislation(Sex Offenders Act 1997), regarding the registration of abusers , the aim to decrease social isolation and raise Self-esteem via a short treatment programme may be unrealistic.

As discussed, self esteem is an extremely difficult concept to measure, it was not possible to conclude at interview one, with any certainty that low self esteem was an enduring feature of respondent's lives. This was compounded by the fact that feelings of worthlessness may have been more attributable to respondent's circumstances accounts of childhood experience given by the respondents did seem to indicate that the majority experienced low self worth as children. The inconclusive finding from interview one made it difficult to explore this concept over time. One respondent reported feeling 'worthless'(G1.2) as a consequence of attending the programme, whilst some reported increased levels of confidence(5)

At interview two the majority of respondents(18), attributed feelings of low self worth to a breakdown in relationships following the discovery of the abuse. This was often accompanied by ill health and depression. A number of respondents who had retained their social contacts at interview one had become isolated six months later(4). This respondent had lost his job, his relationship had broken down and his few close friends no longer wished to meet him:

Q. Last time we spoke you were working at a warehouse, are you still there?

No, I got the sack *Q.* Why? Cos I wanted time out to come here for the group.

I didn't tell him what my offence was. One Monday I got back after the group and the bloke in the warehouse sacked me. *Q.* So what do you do with your

time now? Moping basically, I've been on the computer a lot, it's my way of escaping'(G1.5)

The respondent went on to state that the 'pressure' of being a 'sex offender' had caused his relationship to break down and his friends to ostracize him:

'Q. So the relationship ended due to pressure? Yes from friends, her family, social services and now I've got no one to talk to. V is the only person I will talk to about this -- she's my lifeline. They're taking my lifeline away. Q. Are you in contact with your friends? No, since they've all found out about it they've all deserted me, I don't know how they all found out. Q. Do you go out at all? No, I've no where to go'(G1.5)

Another respondent had lost his friends as a consequence of his conviction, the majority of respondents(20) reported a lack of social contacts and appeared to spend a lot of time alone:

' Q. What are you doing in your spare time? We used to go out to the pub around the corner, but I haven't been for a while. Q. Why? Well I feel that since my friends dumped me everyone knows. I don't want to go. I work on Saturday morning, come home do the shopping, stick the washing in and tidy up. Sunday I'll go and do shopping, just lounge around(G1. 4)

'I don't really go out at all, except to work. I rarely speak to anyone. I think I've spoken to about three people, other than my mother, in the last five months.. I do talk to my mother but not much'(G1.8)

'I just stay here at the hostel, no one really talks to me. except D my Probation Officer. he said I should go to a club to make friends but I can't be bothered. Q. How do you fill the day? Just watch TV really'(G2. 4)

' Well I take the dog out three times a day and I tinker around indoors. My main attraction is with the dog, you may think that's wrong. Q. Not at all if that's what you choose to do. Do you see anyone during the week? No not now, my probation officer said I should go and have a look and see if there's any clubs, I must go down to Leisure Services at the town hall and see what they've got going in there'(G1.7)

It would appear that the majority of the respondents had few social contacts. Two respondents stated that the probation officer from whom they were receiving individual supervision, was encouraging them to join a club or at least to explore this possibility. Many respondents felt uncertain about forming any sort of relationship with an adult given their circumstances:

'I'd like someone to talk to but it's worrying about them finding out about what you've done---- you want to start a relationship but you don't want the person to find out. Everybody has secrets and it's always the thing that they will think you're not safe with children'(G1.4)

A respondent who had lived in a small village community before moving to London, told of how he had gone back to visit some of his friends and was violently assaulted in the toilets of the village pub. The assailants were known to him and informed him that the beating was deserved given his offending, he did not inform the police. He had a cut to the side of his face and was missing a tooth at interview two:

Q. What happened to your face? I was beaten up in the toilet of my old village pub. There were a couple of them I didn't see it coming, knew them from the village . I got kicked and punched they called me a pervert. I managed to get away and into a cubicle. I lost a tooth. Then I got banned from the pub'(G1.2)

Other respondents stated that they did not have the will to attempt to embark upon other relationships at this point in the research(17), this respondent's wife had recently divorced him following the discovery of his sexual abuse against her daughters:

I'm burnt out, no feelings or desire to meet anyone. I'm single by choice at the moment. I see people I find attractive but don't need any other problems
Q. Do you get out much? No, not now just watch TV. I went to the pub once recently and saw my uncles , but they don't know yet'(G2.3)

One respondent maintained that he preferred to stay single and didn't have the inclination to socialise:

I just believe in working and pubs aren't my scene. I'm not paying £1.70 for a pint of beer. It's not worth it there's not many women who will put up with their other half working all the hours and having no time for the family. I'd rather stay single.'(G1. 3)

Other respondents had begun to reflect on previous relationships and appeared to accept greater responsibility for problems encountered(7). This respondent had been addicted to alcohol and had frequently physically abused his ex-wife(who was also

addicted to alcohol). He reflected at length on his role in the relationship at interview two:

‘ It’s(group) made me realise a lot of things with regard to my marriage. It’s made me realise how much of a pig I must have been. I didn’t realise at the time, but I realise it now. It’s made me realise how much pressure I must have put on my wife, an awful lot of pressure. *Q*. She had a drink problem didn’t she? I think that was caused by me and I didn’t know it. --- I’m going to write her a letter. Just explain to her how I feel now, realising what I’ve done to her’.(G1.6)

The respondent went on to describe his fear that the abuse he perpetrated against his wife might have culminated in her serious injury or death:

‘I was watching a programme about some woman , her man had beat her up and all the rest of it. But she’d stayed because he kept saying ‘it’ll not happen again’ and she’d believe him and on and on. So eventually she ended up shooting photographs of what he did to her. Me and the wife we had fights but it was never really violent, more like pushing and aggression. It could have gone further. I mean I never throttled her, I could have very easily, because she was drunk, could have killed her at that time. I don’t know if it was me who was angry or if it was her’.(G1.6)

The contradiction here is clear, whilst the respondent implies that the relationship between himself and his wife was not a violent one he states that he might have killed her under the right circumstances. The respondent went on to state his experience

with his wife had made him wary of beginning any new relationships '*that's why I'm afraid of making another relationship, just doing the same as what I did with my wife*'.

Another respondent blamed the group practice of forwarding meeting transcripts to partners for the recent breakdown in communication with his wife:

' Things were OK up to three weeks ago, but we haven't spoken for three weeks. That was D's decision, she sent me a letter. I'm still hopeful , we saw each other regularly before what upset her. *Q*. What did upset her? The main thing----- in the years I was on my own, about um-----, after my first wife left I had some pretty nasty fantasies, violent , sadistic I suppose. I told the group and it was taken like it was current, not in the past. D was upset by what she read. *Q* How do you feel about the group passing on the information? I've always said they don't want me around, they don't want me and D to communicate, they want an easy life. By giving the information to D they use it as a weapon against me. I thought we'd survive but I've got my doubts now'(G1.2)

It was the group practice to pass this information to all partners/spouses, the ethos being that these individuals had the right to know about the offending behaviour of their partner. The group attendees were informed about this practice at the outset of the treatment programme. This respondent blamed both the group and his wife for the subsequent breakdown in his marriage, he does however, acknowledge that some fault might lie with him:

'I can see now she's(wife) not as strong and brave as I thought she was. Funny

thing really she always used to say 'I don't care what anyone thinks, but now she does. I've made a mess of her really'(G1.2)

Two of the respondents were happy with their life circumstances at this point in the research, one of whom reported increased confidence as a consequence of his involvement in the group:

' Whereas before when people were talking I would have sat back and said something for the sake of saying it, that maybe suited the purpose, rather than saying what I meant or what I felt. Now if I disagree with something I disagree and that's it. Rather than just sitting and letting something go over your head and it's going to bug you later on . So now instead of wishing I'd said it , I say it and if the person doesn't like it , well that's tough for him'(G1.6)

The findings indicate that many respondents were experiencing loneliness and unhappiness at this stage in the programme(19 seemed to be in this position), the breakdown of relationships as a consequence of their conviction certainly contributed to this. Some were however, reflecting upon past failed relationships.

Respondents Health

The treatment programme aimed to monitor the physical and mental well being of attendees. The theoretical framework of the programme suggested that abusers would tend to over- emphasise minor health complaints and would be experiencing depression after six months in the group. The respondents did appear to be generally unwell and the majority(18)felt 'depressed', 4 had sought their doctors advice for

depression, a number of the group were taking anti-depressants(12)¹ and two had contemplated suicide, '*I feel depressed, in fact I got to the point a couple of times of committing suicide*'(G1.7). Two respondents had lost a considerable amount of weight and the skin condition of a third had deteriorated considerably.

This respondent had visibly lost a considerable amount of weight after six months, he was questioned about his health:

'Q. How are you feeling? Not too good, I'm not eating, I've lost weight. Q. How much weight? About one stone possibly more. I used to be a big eater but now I eat very little. Q. Why? just not hungry. I did go to the doctor about my weightless, tiredness and constant headache. I had some blood tests but haven't had the results yet. I think it's because I'm depressed. (G1.5)

The respondent stated that he had contemplated suicide(this was communicated to his probation officer with his permission), became emotional at points during the interview and reported consuming a large amount of alcohol '*I'm happy when I'm drunk*'.

Another respondent had told the group leaders that he felt suicidal:

' I told them, I said I felt depressed. they said 'well how depressed?' I said 'well to the point of committing suicide' and I think Mr. A was most surprised he said 'we treat that very seriously' and I thought ' well why don't you back off a little bit' I didn't say that'.(G1.7)

¹ It wasn't clear how some of the respondents had come by the medication and I neglected to ask during the interviews, it may have been prescribed by the Group Psychiatrist

The majority of respondents(18) reported feeling depressed at this point in the research, as discussed some felt unwell and had sought treatment from their doctor:

‘I’m on medication for depression, I take anti-depressants, Diazepam three times a day, I don’t take it on a Friday in honor of the group. I’m depressed with myself really and having difficulty sleeping. *Q* Why do you feel depressed? The whole situation, no one cares for me and cos of what I did’(G2.5)

One respondent had severe eczema, which became worse when he became stressed, his condition had visibly deteriorated considerably since the last interview six months previous:

‘*Q*. How is your skin allergy? It’s worse. *Q*. Why do you think that is? Well when you’re run down, a bit depressed then it does tend to get a bit worse. *Q*. Are you feeling depressed.? Yeah, I’d say so. Because of everything you know’.(G1.4)

Only two respondents reported feeling able to cope with the depression they experienced as a consequence of the group:

‘ The group can be a bit depressing, there’s a lot of thinking to do afterwards but I don’t let it really drag me down, I don’t think that would be healthy. My family are still supportive I haven’t lost contact with any of them’(G2.1)

‘It’s(the group) depressing but I think I’m keeping up with it really well’(G2.8)

Both of these respondents described a supportive family network and discussed the importance of this. This was absent from the lives of many of the respondents.

Interview Two : Summary Of Findings - The Impact Of The Programme After Six Months

Respondents were generally more willing to discuss their experiences and beliefs at interview two, six months into the treatment programme. The majority appeared to offer open , honest accounts and were extremely emotional at points during the interview.

These interviews took considerably longer given the number of breaks taken in order to allow respondents to compose themselves. All respondents were asked when distressed if they wished to terminate the interview and none chose to. The change in willingness to discuss sensitive issues may have been attributable to the treatment programme, or possibly to increased familiarity and rapport with the interviewer.

Sufficient evidence existed to explore the extent of denial and victim blaming, aided by continual reference to available victim statements. However as the research progressed it became increasingly difficult to separate other key concepts. The health of respondents , their levels of depression and self esteem, the impact of their offending upon their relationships with friends and family all became inter-linked as respondents recounted their experiences and feelings. It is for this reason that these concepts are described together . Contradictions also became clear, several of the respondents reported increased levels of self-confidence as a consequence of attending the group, the same respondents had sought their doctor's advice for depression

Respondents Views Regarding Their Behaviour

One of the initial aims of the programme was to make attendees aware of their sexual

attraction to children and aware of the consequences of their actions upon their victim. The majority of the respondents believed themselves to be sexually attracted to children and recognised this to be problematic, two claimed to have had a problem but to be 'cured'.

The majority of the respondents now saw themselves as a 'danger' to children and a small number were actively thinking about strategies to avoid being alone with children.

The majority stated that the programme had caused them to explore and 'rethink their pasts'. Some were searching for a 'trigger' to their offending behaviour, usually inconclusively.

Respondents Views Regarding The Treatment Programme

Some found the opportunity to openly discuss their problem with other group members to be helpful. This offered an opportunity to 'examine their lives and their excuses'.

Several respondents who had experienced custody found the treatment programme to be more challenging and difficult.

The majority criticised the way in which they felt encouraged to provide answers that fitted the group leaders expectations. Many did so in order to receive a 'pat on the back'. Some felt inhibited from speaking truthfully.

How Far Did Respondents Continue To Attribute Blame?

Although when asked directly respondents were more accepting of responsibility

for their offences, their accounts of offence circumstances showed a strong tendency to continue to blame the victim and offence circumstances for their behaviour. Respondent's accounts continued to differ considerably to those of their victims.

The majority of respondents appeared to have some empathy for victims but continued to minimise the consequences of their offending behaviour.

Social Isolation And Self Esteem?

The majority had become increasingly distant from their family and friends, many of whom had ostracized them as a consequence of their behaviour. The increasing isolation and depression described by many reflected this to an extent. It is extremely difficult to know how far the programme had impacted upon these issues.

The Quality Of Adult Relationships

Some had begun to reflect upon their role in the breakdown of previous adult relationships, and this would appear to be a positive finding. The majority expressed a reluctance to embark upon any further adult relationships given their life circumstances, at this stage in the research. Here the group would have sought to encourage the formation of adult relationships and develop social skills, there was little evidence that this was the case at this stage.

Respondents Health

The majority reported minor health complaints and some had sought advice from their doctor for depression, two had seriously contemplated suicide. The

respondents attributed their depression to their life circumstances and to the nature of the work undertaken by the group. The group sought to monitor the health of attendees, there was an expectation that respondents would report feelings of depression following six months on the programme. This is well documented by other research(Finkelhor, 1986), which suggests that at this point in time group members come to recognise the enormity of their problem and to understand the impact of their actions upon their victims. This research however, indicates that respondents continued to attribute blame and to minimise their actions after six months. This is also the point at which respondents here became isolated from family and friends, the majority of whom had become aware of their conviction. This may have had a greater impact upon them than the programme.

Summary: Did The Programme Appear To Have Made An Impact Upon The Respondents Following Six Months?

In reality it is always difficult to state with any certainty that an intervention has made an impact upon its recipients. When asked directly the majority of respondents did state that they were sexually attracted to children and that they considered themselves to be a danger to children. Only two considered themselves to be 'cured' at this stage. This would seem to indicate a degree of honesty on the respondent's part, which was absent in interview one. It could be the case that respondents had learned the key messages of the programme.

When asked directly respondents were less openly blaming of victims and circumstances, but did still continue to attribute blame and there remained a difference between victim and offender accounts of circumstances.

There was more evidence of low self-esteem, depression and isolation at interview two. Here the circumstances of respondents were such that many had been ostracised by family and friends , on discovery of their offending. The programme would have encouraged the formation of new adult relationships and would be teaching social skills, the impact of this work was not apparent here. In defence of the programme little effective work could have been undertaken in a six-month period.

Chapter Six: Interviews Three - Five, Analysis Of Victim Statements, Psychometric Testing And Offender Survey

Interview Three

Introduction

The group leaders expected that by this stage in the treatment programme, participants should have progressed in terms of their tendency to lay blame elsewhere; should have greater empathy with their victim/s ; higher self esteem and improved health

Respondents Experiences Of The Group

Respondents were asked at the beginning of each interview to describe their experiences of the treatment process and were encouraged to speak freely regarding its effectiveness. Most of the respondents had attended the group for at least one year at this stage in the research. The majority of the respondents(16) praised the way in which the group had enabled them to explore their past and face their offending.

‘At the start of the group I really struggled, but I got a lot out of it. I feel more in contact with who I was as a child. I feel a much stronger person, more in control I don’t panic like I used to. I was afraid of failing but it raised issues for me and I dealt with them’(G1.1)

‘ I feel good, I feel quite positive. I take it personally when someone in the group doesn’t want to move forward’(G1.13)

‘ It’s helped(the group), it makes you more aware about yourself, I’m more responsible’(G1.6)

‘ The beginning was hard, intensive it was totally new and un-nerving. It helped me, it brought me out, I had to come out of my shell and it helped me to do that’(G2.1)

This respondent had stated at interview two that the group had made him feel ‘worthless’, six months later he said:

‘I’m sorry it’s finished, something will be missing. I really settled down towards the end and found it useful. *Q*. last time we spoke you said the group had made you feel worthless, how do you feel now?. Much better about myself, more able to cope with things’(G1.2)

The respondent who was reconvicted for further sexual offences against children had stated that he ‘told the group what they wanted to hear’(G1.3) during interview two. He was asked for his views on the group at interview three:

‘ It was OK I found it useful, I didn’t realise that so many had the same problem, it’s helped me to think about it. *Q*. Have you been more honest in the group? Not really still tell them what they want to hear’(G1.3)

This respondent was the only one who claimed to still be deceiving the group leaders at this stage in the research. Others stated that they had begun to answer questions set honestly.

Some respondents spoke of their fears upon joining the group:

‘I was scared that I would open doors and find things there that I wouldn’t

know how to cope with. This wasn't the case at all, I've been able to deal with it all so far and I'm confident that I can deal with other things I've buried for thirty years'(G1.8)

The Risk Of Further Offending

At this stage of the research respondents were asked if they considered themselves to be a danger to children(14 stated that they were compared to 5 at interview two):

‘ Unless I take the way I live my life seriously I will be. It's not all behind me, if I believe myself to be a danger I can take precautions I am a potential sex offender, this is very important'(G1.1)

This respondent had claimed emphatically at interview one that he was not a sex offender and presented no danger to children. Other respondents recognised the danger and were taking steps to avoid difficult situations:

‘Q. Do you trust yourself with children? Well there's that % when you're in the situation, will I , wont I. I wouldn't put myself in the situation to be alone with kids.’(G1.4)

‘ If I let myself get into a situation yes. But at the moment I'm keeping myself out, although part of me wants to test this'(G1.5)

‘ It was wrong I can't undo it. I'm stuck with it for life, it's at the back of your mind that it might happen again, you always have to be on your guard. The group's helped'(G2.4)

Two respondents claimed that they were no longer a danger to children. One of whom (G1.3) was convicted for further sexual offences against children following the treatment programme, whilst completing his probation order:

‘Q. Do you consider yourself to be a danger to children? No I don’t, others might. I was but I’m not know. Q. what’s changed? Don’t know, apart from the group that helped me to understand. I wouldn’t take the chance I wouldn’t want a repeat performance’(G1.3)

‘ No, not now. I was in the past , there was always that risk’(G1.6).

This respondent went on to describe the steps he would take in order to avoid children:

‘I’d get out of the situation. My previous offence would be on my mind, having more respect, thinking of the long-term damage you could inflict’(G1.6)

Attitudes Towards Victims

Some respondents appeared more realistic regarding the cause of their behaviour at interview three. This respondent had been seeking a ‘trigger’ for his behaviour at interview two:

‘There never was a trigger, lots of little things caused it, they added up. I never wanted to excuse it. Q. What sort of things? Things during childhood, not being able to communicate, lack of understanding of situations’(G1.1)

Some respondents(14) appeared to have greater empathy for their victims at this stage

in the research:

‘I can’t believe the damage I’ve done to children’(G1.1)

‘ I don’ think he(victim) liked it very much. I suppose he was quite scared.

I made him do it’(G1.5)

‘ I’ve been thinking about my victims and the hurt---- I thought about the damage to myself only’(G1.7)

This respondent regretted the harm he had done to his step daughter but spoke of the disturbing fantasies he continued to have regarding young girls:

‘ I feel she was special and I don’t like to feel I’ve done her damage. It hurts. I still fantasize about other young girls as a result of my experiences of flashing. They get worried and scared and that’s where the excitement comes from because they’re scared it gives me a buzz’.(G1.2)

This respondent appeared to have developed some empathy for his step daughter, but this did not extend to the subjects of his fantasy. Another respondent had some empathy for his victim, believing him to have been ‘scared’, but described disturbing fantasies involving rent boys:

‘ I have this fantasy about rent boys in their early teens it involves two boys going into a park. It’s safer with them as they’re there to sell their bodies, they’re not innocent victims’(G1.5)

The Extent Of Blame Attribution And Denial

Although most of the respondents apparently believed themselves to be a danger to

children(14), their accounts of offence circumstance continued to demonstrate denial of some responsibility for their behaviour:

‘ The opportunity to abuse arose, she(the victims mother) had enough trust in me and the opportunity was there for me to abuse. I didn’t think about it before it happened when the opportunity arose I took it’(G1.1)

Although this respondent states that he abused the situation the victims statement suggests that rather than opportunistic behaviour, the respondent manipulated the situation by befriending the victim’s mother and offering to baby-sit for the victim. this would suggest an element of planning on his part:

‘ X was friendly with mum he would help her out with shopping and stuff. Then he said he would baby-sit. He baby-sat every weekend while mum went out and it happened(the abuse) every time he baby-sat’(VG1.1, 91,p4)

This respondent appears to blame his ex-wife for his offending behaviour:

‘She(wife) knew what I was like in the first place, I couldn’t talk to her about it, so I moved in on my stepdaughter. Q. What do you mean/ well, she(wife) knew I liked young girls and she wouldn’t listen so I turned to T(step daughter)’.(G1.2)

This respondent acknowledges that he abused the trust of his niece when he sexually abused her , but states that he did not how the abuse began:

‘ A was always there, she was very fond of me she trusted me. How it came about I don’t know. I had sexual thoughts about her for about a year. She used

to always sit with me, I was under the impression that she knew what she was doing and in the car I started to touch her. She was scared and told her mum' (G1.6)

Although the respondent does make reference to the victims behaviour and does imply that she understood his behaviour, the respondent had been unwilling to discuss the details of this previous offence during interviews one and two. He maintained that the child did have a choice about participating in sexual acts, but states that he was 'wrong':

'I realise now it was just child's play. She was 10 or 11, I was wrong. Q. Did she have a choice? She did but she didn't know what was happening, she trusted me'(G1.6)

When describing the circumstances surrounding his latest offence the respondent continued to blame his use of alcohol for his behaviour:

'I never looked at her in a sexual way(victim), I was very drunk. she was sitting on the porch it wasn't planned'(G1.6)

The victim here was four years old, she stated when questioned that she had been in the respondent's home on several occasions and that he often invited her inside with other children(VG.1.6. 92, p1). This might suggest an element of planning on his part. Case file notes did indicate that the respondent was under the influence of alcohol at the time of the offending, ' according to the Crown it appeared from evidence that X was in fact under the influence of drink at the time of the incident with the child'(VG.1.6.92, p2).

This respondent had indecently assaulted five young boys in a large London toyshop. In the early stage of the research he denied feeling any sexual attraction for the boys, at interview three he stated:

‘ I suppose there was some sexual attraction’(G2.1)

He continued to maintain that the offences were not planned:

‘ Q. Why did you choose X shop? It was on my route home, I always used to go in. just to look at the toys, it was a comforting place a happy place full of laughter, it made me feel good but I abused those children. Q. Had you abused children there before? No, hadn’t even thought about it’(G2.1)

It could be that the respondent had planned to commit the offences in the toy shop and had made regular visits to the shop in the past for this purpose. Unfortunately no victim statements were available for this case.

Some respondents appeared to be more honest, than they had been at interviews one and two, regarding the extent of their offending(this was clear in 8 cases). This respondent had previously claimed that he did not begin to abuse his stepdaughter until she was 12, she maintained in her victim statement that he had been abusing her for several years, at interview three he stated:

‘Q. How long had you been abusing her? From about two or three years into the marriage, T (victim) was about 7 or 8 at the time’(G1.2)

This respondent’s account of his offending did match that given by his victim, the use of the word ‘just’ could imply that the respondent did not believe his offending to

be too serious. Extracts from the respondent's account and the victim statement are compared below:

'I'd just rest my hand on her backside or breast over her clothes when she was asleep, then I'd masturbate'(G1.2)

'From that third occasion dad started coming into the bed room regularly, about every fortnight. He only ever touched my breasts and bottom through my clothes. He never asked me to touch him.'(VG1.2, 1991, p3)

This respondent had denied planning the abuse of his niece at interviews one and two, he was asked again if he had planned to abuse her:

' Q. Was it planned? yes it's not something you just do, there's always some planning. I'd wanted to do it before but I didn't feel that the time was right' (G1.4)

The respondents account of his offending is less blaming of the victim but could imply that the circumstances and the victim's behaviour were partly responsible. The respondent does however go on to state that his victim had no choice but to comply :

' She(victim) wanted to play upstairs I wouldn't have minded staying downstairs, she was jumping about and excited, she wanted to hide, we hid under the bed. I started to kiss her, she didn't resist at first but she turned away' Q. Did she have any choice? No, not really she was a child she didn't know what was happening(G1.4)

The degree of honesty demonstrated by some respondents was in itself cause for concern. Whilst the group aimed to encourage honesty and openness, the extent of

respondents problems became clear at interview three:

‘Q. Are you a danger to children? Probably, but I ‘ve talked to my probation officer about it and if I find myself in the situation I’m not sure I could walk away. It’s a worry really. I suppose there have been times when I’ve been out for a walk when I could have exposed but I’ve walked away. If I forget about it I’ll make a mistake. I’ll never change really’(G1.2)

This respondent remained unwilling to describe the circumstances surrounding his behaviour throughout the research. He provided less detail at interview three than he had at interview two. He demonstrated little victim empathy and continued to blame the victims for his behaviour, the discourse between interviewer and respondent follows:

‘Q. Did you plan the offences before you committed them?

R. No

Q. Have you felt attracted to children in the past?

R. No

Q. Can you tell me about the circumstances surrounding this offence?

R. I don’t know it just happened.

Q. How many boys were involved?

R. 5 or 6.

Q. Who started it?

R. Don’t remember how it started----- it’s my fault that it’s happened, I’ve committed the offences, but I don’t recall any sexual thoughts.

Q. Did the boys have any choice?

R. Don't know. Well they could have walked away and said I don't want to know you.(G1.3)

This respondent was reconvicted for further sexual offences against children during his probation order. He was the only one in this small group of men who appeared to have made little progress with the group, although he did state that the offending was his 'fault'.

Respondents continued to attribute blame at interview 3(this was apparent in 14 cases), there did seem to be greater congruence between victim and offender accounts of offence circumstances in some cases(8).

Self Esteem Isolation And Adult Relationships

Respondents continued to be extremely socially isolated at this point in the research with few social contacts(18 felt isolated), a greater number than for interview one, several were now unemployed. Others still felt unable or unwilling to embark on new adult relationships:

'I'm not in a relationship cos I haven't had the time. I work 7 nights a week. I don't think I could cos of the work it would unfair. If I had more time I would like to be but who would want me? Q. Have you got friends that you meet regularly? No don't really have the time, I see people at work you know but I don't socialise with them.'(G1.3)

' I ' very dubious about another relationship, too many problems to work through at the moment. best off on my own. Q. Do you go out with your friends? Well I don't really see them any more, I work full time during the

week and part time at weekends. I haven't got any spare time really. I just watch TV when I get home.(G1.15)

' I don't want to get too close to anybody in case they find out. --- I don't really go out a lot I tend to avoid people'(G1.5)

This respondent had been accused of raping his girlfriend. He had served 1.5 months in custody and had been acquitted when the Crown Prosecution Service dropped the case due to insufficient evidence. He had rejoined the group upon leaving custody, his experience had made him wary of commencing a new relationship:

'I'm not really turned off women but I keep thinking will she scream rape again. I've been thinking of contacting a prostitute. I'm just not very good at getting close to people, I don't think I really want an emotional relationship, I'm frightened of getting hurt'(G1.5)

The majority of the respondents(17) continued to experience relationship problems as a consequence of their behaviour, at interview three respondents appeared less likely to blame this upon the group, or on their partner and more likely to recognise the role they had played in the breakdown of the relationship:

' I've split up with D(wife) she's divorced me. I speak to her occasionally. We split up four months ago. I could see it coming.'(G1.2)

This respondent had to leave the family home at the start of his sentence as he had sexually abused his stepdaughter. He had claimed at interviews one and two that the Probation Service and Social Services were attempting to separate him from his wife

deliberately. He also claimed that the group practice of forwarding notes to partners had driven his wife away. At interview three he stated:

‘She(wife) sees all the notes from the group. Q. How do you feel about that?
It’s my fault I tried to keep the worst of it a secret from her, later on I was
honest. It’s my fault’(G1.2)

Although the respondent’s wife was seeking a divorce he did feel that their relationship had improved in certain respects as a consequence of his honesty:

‘We’re getting on better than six months ago, it’s like old times when we go
out, normally on a Saturday. Sometimes she turns up when I don’t expect her
at work’(G1.2)

This respondent had attempted to contact his ex-wife in order to apologise for his behaviour, he had written several letters to her, to which she had not responded:

‘ I wish I’d been more open. I kept everything to myself. I took her for
granted. I was violent a couple of times, I nearly choked her. I hate myself for
it--- I felt like I was strangling myself. I made her like she was. I was too thick
to see it’(G1.6)

This respondent was more open regarding the extent of his violent behaviour than he had been at interview two, where he had claimed that the relationship was characterised by ‘*aggression*’ rather than ‘*violence*’.

One respondent had remained with his partner during the treatment programme, he described the difficulties they had encountered:

‘It’s been rough for her and me , but she’s stayed with me, she seems to have accepted it. We discussed the offending t the beginning there were lots of arguments and recriminations. We just don’t discuss it now. I don’t go through the group issues with her, I go back to work after the group, I take all the memories to work, I can’t really talk to anyone there.(G2.6)

At this point in the research it became clear that the group had ceased sending group notes to partners and this respondent confirmed that this was the case. This appeared to be a deliberate policy on the part of the group and group leaders were asked about this issue at interview.

Respondents Health

Respondents appeared to be healthier at interview three and were generally feeling better about themselves, they were less emotional and more relaxed . Those who had reported feeling depressed (18)and who had sought medical advice stated that they felt more able to work through their depression(9 stated that this was the case):

‘I’m OK if I feel down, it doesn’t seem to last long. I feel depressed sometimes but not as bad. *Q.* Have you been to your GP regarding this recently?. No, not for three or four months. I’m OK.(G1.2)

‘ I feel OK. Better. My skin allergy is better now, it’s stress related so I must feel better. As I’ve got more understanding I feel better. *Q.* Are you still feeling depressed? No I’m happy at the moment, I never really get depressed now, just a bit down sometimes, but I can cope with it.’(G1.4)

‘I was smoking heavily cos I felt depressed. I feel better now and I’ve cut down to 20 to 30 a day. I’m trying to cut down more’(G1.6)

‘ I was depressed at the start of the group. I don’t feel that the group’s depressing anymore, I can see the good parts and the aims, I think it succeeded. It changed my attitude towards kids, I see them as people with feelings, not just noise machines. I didn’t think they had feelings and I’d forgotten my feelings as a child.(G2.6)

The two respondents who had contemplated suicide appeared less depressed at interview three:

‘I don’t feel so depressed now and I’m not taking anti-depressants any more. I have put the stone back on that I lost. I’m not drinking as much as I was. Yes I feel much better’(G1.5)

Respondents generally appeared healthier and less depressed at interview three.

Interview Three: Summary Of Key Findings

Respondents continued to speak frankly and at length, they had at this point in the research established a rapport with the interviewer and the majority felt able to discuss their feelings freely. The accounts of current and previous offending became extremely frank and in some ways rather disturbing².

As stated it is particularly difficult to know with any certainty how far the programme truly impacted upon the attitudes and behaviour of this group of men. It is even more difficult to ascertain how far reaching the effects of the programme were. It could be that the respondents were good students who had rehearsed and learnt their lines well and who would continue to actively seek out children for the purposes of abuse. However, the respondents appeared more self confident, healthier, less depressed and generally happier at interview three. Notably none of the respondents became emotional to the point of tears as many had done at interview two.

Respondents Views Regarding Their Behaviour

A greater number of respondents(14) now claimed that they were a 'danger' to children, and spoke of strategies to avoid being alone with children. Two continued to claim that they were 'cured'. Respondents appeared to have more empathy with their victims, on several occasions this empathy did not extend to children about whom they fantasised.

² The degree of honesty with which respondents began to speak was unexpected, faced with graphic accounts of violent fantasies involving the often brutal abduction and abuse of children, the impact upon the researcher was great and counseling was funded by the Probation Service.

Respondents Experiences Of The Treatment Programme

The majority of respondents praised the work of the group and stated that they had benefited. Those who had been most critical at interview two also now praised the programme. Only one respondent claimed to be still actively deceiving the group leaders, this respondent was later convicted for further sexual offences against children.

There was some concern regarding the change of group leaders and the subsequent impact upon group cohesion.

How Far Did Respondents Continue To Attribute Blame?

Although there was greater congruence between respondents accounts of offence circumstance and their victims, key differences remained and many continued to blame their victim, offence circumstances or their use of alcohol for their behaviour.

Social Isolation, Self Esteem And Adult Relationships?

Respondents arrest and subsequent conviction had had an enormous impact upon their lives. The majority found themselves socially isolated and ostracized, several had lost their jobs and relationships with partners and friends had broken down. As a consequence many were unwilling to contemplate new friendships. The programme had made little if any impact upon the difficult circumstances in which many respondents found themselves, it may be unrealistic to hope to change such circumstances in the short term. However it would seem that the programme had caused respondents to reflect upon past relationships and some were attempting to renew previously uncertain relationships. This would appear to be a positive

finding.

Respondents Health

Respondents had reported a great deal of depression at interview two and appeared to be physically unwell, with many seeking anti-depressant drugs from their doctor. By interview three respondents general physical and mental health appeared improved and they reported feeling less depressed and more able to cope with life. They were more able to discuss emotive issues during interview and less likely to become emotional. It could be that after one year respondents had come to terms with their situation.

Summary: Did The Programme Appear To Have Made An Impact Upon The Respondents Following One Year?

Respondents praised the programme and believed that it had helped them to reflect upon their behaviour. The majority now recognised that they posed a danger to children and some were developing strategies for avoiding situations in which they might be tempted to abuse. Two respondents continued to maintain that they were no longer a danger to children.

There was some similarity between offender and victim accounts at interview three, although little discernible difference between accounts offered here and during the previous interview. The majority continued to attribute blame.

Respondents remained isolated and lonely as a consequence of the departure of family and friends. Many were now reflecting upon their role in difficult past relationships and some were seeking to regain contact with partners. Respondents appeared less

depressed and healthier, perhaps having come to terms with their predicament.

Findings From Interviews Four, Five(Two - Three Years Into Treatment) and Psychometric Tests

Introduction

The first group of respondents were interviewed on five occasions(G1), whilst the majority of the second group were interviewed on four occasions³ , having commenced the programme one year later. At this point both groups had completed the intensive one-year treatment programme but had yet to complete their three-year probation order. The group met at three monthly intervals in order to discuss progress, the respondents were supervised by their probation officer for the remainder of the time. Members of both group one and two attended the three monthly meetings and some group leaders had changed.

Respondents commented on a difference in approach between the old and the new leaders, this issue is explored in greater depth later on . The same interview style was adopted and respondents were asked to reflect upon the programme.

Findings from psychometric tests are reported here and compared with interview findings.

Respondents Reflections On The Treatment Programme

Respondents were asked to reflect upon their time in the treatment programme:

‘It allowed me to understand more about the problem. My mum died last

³ One respondent did not attend interview four

December and it allowed me to get to know her. I'm not sure I enjoyed it but a lot of positive things came out of it'(G1.1, interview 4)

'The group was like an antibiotic, a nasty medicine. It was very painful and very hard but so beneficial. I'm a different person now, my feelings were on hold before it's allowed me to get in touch with my feelings again'(G1.1, interview 5)

' It definitely got me thinking, I think twice about things. I've been in a position where I could have offended but didn't----- there were some things that were said in the group that stop me'(G1.2, interview four)

'It helped me a hell of a lot to face the problem, now I'm aware there is a problem. I didn't see it as a problem before, I didn't want to admit that it was there'(G1.4, interview 4)

'The group was very helpful, I put a lot into it and got a great deal from it. I was upset after six months cos I was getting to know the truth about myself. The truth is that I am a valued person, I am a worthy person and I feel more Self-confident. The risk is always there, but if I get down in the future I know there are people who will help and I would ask for help, I wouldn't be embarrassed'(G1.4, interview5)

' The role play was the most memorable part of the group, I played a victim and a relative and it felt real. That was the most important session and the other men seemed moved as well'(G1.5, interview 5)

‘It’s been of great benefit, it’s helped me to face the problem and handle it better. It was a relief to share my problem. I’ll miss the help but I feel prepared to handle it myself’(G1.10, interview 5)

These comments reflect the majority view that the group had proven beneficial but had been extremely demanding(18 stated this).

Several(5) commented that they had difficulty in adjusting to the move from weekly sessions to three monthly sessions and that this had a negative impact upon group cohesion, the first established group was now mixed with the newer group, this respondent describes the impact the group had upon his ‘justifications’:

‘ The three monthly sessions aren’t as structured, people don’t seem to be at the same level, particularly from the other group. It makes it hard. I feel that I’ve been aware of my problem longer, I’ve left my justifications behind. *Q.* what justifications were they? I used to excuse my abuse by talking about the relationship in a different way, I said children were like small adults and that made it OK.--- These justifications were broken down in the group, this was very painful, especially after about six months’(G1.1, interview 4)

This respondent claimed that some other group members had not ‘moved’ at all in terms of their views, he was asked to reflect upon why this might be the case:

‘There are some in the group who haven’t moved at all. *Q.* So , what makes the difference? You start at different points, I didn’t come by choice, but just to avoid custody. I didn’t know what to expect. If I’d have gone into custody I’d have been back where I was before, I would have slipped back, I would

have lied to myself and said I'd got it under control but I don't accept those lies from myself anymore. *Q.* Why haven't some other group members moved? They've got too many excuses, they see things as out of their control. they see the group only as a means of keeping out of custody, they don't give thought to what the group means. Prison is a cop out. *Q.* What do you mean? It's easier to go into prison than to face what you've done.(G1.1.interview four)

The respondent was asked to identify the group members whom he felt had not made any progress, he identified the one respondent who was later reconvicted during the programme(G1.3) and the respondent(G1.7) who left the programme due to ill health, supported by his doctor. He was asked to explain why he thought the former would reoffend:

‘ His attitude, he slouched in the room, always sighing and checking his watch, never interested , never gave anything. He didn't give a shit about anything’(G1.1, interview 5)

The respondent who had left the group due to ill health, continued to see his probation officer on a weekly basis and he continued to participate in the research, he was asked to reflect upon his experiences:

‘ I get on better with P(probation officer) than with the group. (in the group) I would ask a question and by the time it came to me the answer had been given and I had nothing to add. I was criticised, looked down on for not commenting. One of the group leaders was a very hard man’(G1.7, interview5)

Some respondents clearly believed that the treatment programme was more difficult than serving a prison a prison sentence(6). This respondent went on to say at interview five that after a few months in the group he contemplated telling his probation officer that he would rather go into custody:

‘I went into the group to avoid custody, I went in willing to learn. My depression was brought on by the group. I was often disbelieved at first. I felt like telling my Probation Officer I’d rather go to prison than attend the group I was so depressed. But now I’ve got a better idea of the things that shaped me, the group was a good way to exorcise it. --- I shed many tears in that group, it’s years since I’ve been able to cry properly’(G1.10, interview 5)

Respondents from group one spoke of the different style of group leaders and it became clear that is an important issue:

‘ The old group leaders were very tough, you couldn’t get away with anything with X and X. They wouldn’t let you off the hook , there was never an easy week with them. The new leaders are more lighthearted, you feel more like an adult, allowed to take on some responsibility, a softer approach. Q. Which was more effective? The original approach, it’s too easy to ignore the harm you’ve caused, you’re allowed to forget with the softer approach. A couple of people in that group couldn’t give a damn, if someone’s on your case week after week it’s difficult to ignore. The group was much more honest with the old leaders’(G1.12, interview five)

Other respondents emphasized the necessity for strong group leadership:

‘ I don’t trust them(the new group leaders), the original group leaders have gone, I’m left not being able to share----. the change of leaders spoilt it. Q Why? The one’s now don’t seem so nasty. Not so pushy. I got angry a lot in the first group more often and I’m more likely to say things then’(G1.2, interview 5)

This respondent believed there to be positive and negative aspects regarding the two different approaches adopted by both sets of group leaders:

‘ This group(the new one) seems easier, the original group was more confrontational. it’s easier because you’re not under pressure all the time, the leaders have a different style. It worked better than this group, but there are some good points. The new group is more relaxed, I’m not afraid of this group. You need somewhere between the two, it’s not so difficult to come to, I’m more willing to talk but they lack that edge’(G1.8, interview 4).

Some of the respondents(5) preferred the style of the new group leaders:

‘The last group in December was the best I’ve experienced, there was no holding back. I felt the previous group didn’t always understand what I said, but I’m more thoughtful about what I say now’(G1.4, interview 5)

The importance of this issue cannot be overemphasized, this was raised in the recent Home Office funded research into five treatment programmes employing the cognitive behavioural approach. One of the conclusions here was that the style and strength of group leadership is of paramount importance in promoting group

effectiveness and cohesion(Beckett et al, 1994)

The majority of respondents(18) believed the individual work of their probation officer to be helpful and encouraging. One respondent did criticise his officer for her attempt to stereotype him:

‘ I don’t get on well with M. She applied the textbook theory and this is not necessarily true. *Q.* Can you give me an example? well, that I would be unable to have a relationship with a woman. the assumptions they make are not necessarily true. They don’t always believe what we say. We must conform to their idea of what a pervert should be. I don’t bother arguing, I wont agree with their version, it’s a bit like brainwashing. *Q.* Is this true of the group also? To an extent yes.(G1.5, interview 5).

This comment is of concern and reflects respondents views as expressed at interview two: that there was a great deal of pressure to produce responses that were deemed to be correct by the group leaders. Presumably such responses would reflect the theoretical ethos of the programme. The respondent went on to say:

‘ I said all along that I was only interested in boys but I wasn’t listened to, the old group leaders and my probation officer said the potential to abuse girls is still there and that girls ‘*look the same from behind*’ . I’m suspected that’s good enough for them. I n the group we’re not really believed, we’re supposed to be these expert liars, but it’s not about lying but about conceding the truth. I don’t say some things until I feel comfortable.’(G1.5, interview 5)

One other respondent maintained throughout the research that his attraction was for

young girls only and was persistently told by the group that he had the potential to abuse boys also:

‘ I’ve shouted and walked out, they(group leaders) maintain that I’m a risk to boys also and that makes me annoyed. They never fully believe me. They do try to show me why, like ‘*would you trust any of the men with your son?*’(G1. 2, interview 5).

These views were not expressed by any of the other respondents at this stage in the research, but do give cause for concern.

The respondent who was reconvicted for sexual offences against children during the probation programme, was the only one who continued to have an entirely negative view of the group throughout the research:

‘It still hasn’t shed any light , I’ve had some thoughts , I was under so much stress and so much pressure worrying at the time about work.--- I keep things under control. I wont offend again I believe that. I’m certain I wont’(G1.3, interview 4)

At interview 5 this respondent had just been arrested and charged with indecent assault against a child, he was bailed to appear before the court in several weeks. Having been unwilling to discuss his thoughts and behaviour during the course of the research(over three years), he suddenly began to talk at length. He denied that he had sexually abused a child, his account is worth exploring in some depth:

‘ Q. I can see that you are agitated today is something wrong? Yes I’ve been done again. I got this minibus and was transporting kids but with an escort.

The problem is that I asked this kids mum if he would go train spotting with me, but I didn't turn up. *Q.* Why did you ask? The kid wanted to be friends, just to keep him happy, I had no intention of turning up. The child's mum phoned the cab office and I was fired. Other allegations were made, the kid kept phoning me. *Q.* What allegations? Well, the cab office were trying to fit me up, they want to be shot of me. I haven't done anything wrong I just like young company, we were just friends that's all. *Q.* Can you tell me about the other allegations? They were made by the cab company, they said I was taking a kid to Scotland with me. *Q.* A different child? Yeah---the kid came out on Sundays with me, but always with his father. I don't know if M(his Probation Officer) believes me, I've done nothing wrong. M thinks I was planning the offence. I find it easier to talk to you than them you believe me. The cab company are fabricating things to get me put away'(G1.3)

The respondent was later found guilty of indecent assault and sentenced to several years in custody, he stated at interview five that his family disbelieved him regarding the offending and that he '*wished he was dead*'. It would appear that the respondent had been abusing , or planning to abuse children over a period of time and whilst attending the programme. It is of interest that he was the only one in this small group of men who did not appear to fully participate in either the programme or the research.

The Extent Of Blame Attribution And Denial

In accounts of offence circumstance, respondents appeared to be much more

accepting of responsibility and more likely to provide a similar version of events to that of their victim. Evidence of attribution was found in 5 cases compare to 17 cases in interview one. Extracts from first and final interviews are compared.

This respondent had denied planning his offending up to this point:

‘ I started to talk to her(victim) mother on the stairs. She invited me round and I was baby-sitting within weeks. I planned it. She(mother) was saying I was a cousin. It was easy to abuse M, it was an abusers dream’ (G1.1, interview 5)

This compared to the respondents version of events at interview one:

‘I said don’t worry if you cannot get a baby-sitter I will do it. She wasn’t the type to ask so I volunteered, I wanted to help out’(G1.1)

This respondent’s account of the offence circumstances appears less blaming of his Victim’s behaviour and dress:

‘ I was visiting regularly, I baby-sat also. G(father) was downstairs we were upstairs playing. Playing in her bedroom. --- She said lets hide under the bed, then I started to kiss her, I put her hand down my trousers and I put my hand between her legs. She turned away , then her father came up. She could have run but she was shocked’(G1.4, interview 4) and ‘ I put the blame on myself I started the abuse not her’(G1.4, interview 5)

This compared to the brief account provided at interview one:

‘ We were alone upstairs in her room, she was playing about and jumping around. She only had on a skirt and nothing underneath. It just happened

because she was playing around and she had no skirt on.’(G1.4, interview 1)

The difference between the two accounts is clear, the respondent appears to be less blaming of the victim at interview four and openly admits to having caused the abuse at interview five. Also a fuller account is provided.

Respondents were also more frank about the extent and nature of their offending during the final stages of the research. This respondent describes his offences against a neighbour’s child, his account is compared to the account given at interview one:

‘Can you describe the offence circumstances? I used to get K to perform oral sex with me, I never forced her to have intercourse, I used these photos I had. She started pointing to them and I got her to copy. I used to leave them lying around for her to see. I was manipulating her to get what I wanted’(G1.1, interview 5)

Extract from interview one:

‘ Can you describe the offence circumstances? This is the problem I’m having---- the way it comes back to me--- my memory is bad-----um! Well it seemed like a good idea at the time, so I went along with what was happening-----it bugs me in a way that I’ve got no clear indication of why or what I’ve done(G1.1, interview 1)

The difference between these two accounts is apparent, the respondent had difficulty in recalling his actions at interview one, but several years later recalls the details accurately.

At interview one he suggested that the circumstances led to him to abuse, whilst at interview five he states that he deliberately planned and manipulated the situation for the purposes of abuse. The victim statement confirms the account given at interview five:

This respondent appeared more truthful about the length of time he had been abusing his step daughter and about the way in which the abuse escalated:

‘There were incidents over a few years. They escalated towards the end. Over the last six weeks I suppose I could have been hovering around at least once a week. *Q.* How did it start? It was like exposing, I let her see me, I was seeing what would happen, if she’d say anything. *Q.* How old was she when it started? About 9.’(G1.2, interview 5)

This account contradicts the respondents version of how the offending began and the victims age at the start of the abuse, at interview one:

‘ *Q.* How did the offending begin? It started from walking into the bathroom one day and being really surprised, because we never had a lock on the door, how developed she was and she wasn’t disturbed when I walked in. *Q.* How old was she then? About 11.’ (G1.2, interview one)

The account given at interview concurs with the victim’s version of events as evidenced by her statement to the police.

This respondent’s account of the sexual abuse perpetrated against his stepdaughter and his mental abuse of his other step children appears much more detailed at

interview five and concurs with the victims accounts. Extracts from his account are compared to extracts from the victim statements:

‘ A(victim) was taking her top off, it excited me, I kept seeing the image. I found myself trying to catch glimpses, peering into the bathroom. Would go to the bathroom first and arrange the curtain so that I could see her’(G2.3)

The victim stated that:

‘ I can remember sitting in the bath and having this terrible feeling of being watched.----- Myself and my eldest sister ‘A; were getting these feelings,--- my youngest sister ‘C’ saw him(respondent) spying on A through the window above the bathroom door. --- The next trick of his was to get into the bathroom before we were about to have a bath and open the top window. As it was small and faced the side of next doors wall it didn’t occur to me as a problem. That only came to me when he told me I had to stay in my room for the day. I did as I was told. My bedroom window was at a right angle with the bathroom windows. The only thing for me to do in that room was to sit at the window and look out into the gardens---.Now I know that he knew that’s what I’d do. As I got to the bedroom window and looked out, the bathroom window was open, on the wall above the bath were mirrored tiles. There he stood naked. Looking directly at me throughout the mirrors’(V, G2.3, 93, p6)

The victim provides a much more precise account of events but the two versions do agree. The respondent stated that he had abused only victim on two occasions at interview one, but admitted to continuously sexually abusing his two eldest step-daughters over a period of years at interview 4. At interview one this respondent

stated that contrary to the victim statements, he had never physically or mentally abused his stepdaughters. He was asked the same question at interview 4:

‘ Q. Did you ever hurt the children? Yes, with a slipper and the mental abuse. Got them horrible shoes so they wouldn’t wear out, I put nail bite stuff on them, I cut the end off rubber gloves and made them wear them(to prevent them from biting their nails) . Then the chicken thing. Their mother had all the time in the world for them and I was jealous I wanted to destroy the family unit’(G2.3, interview 4).

The account provided by the respondent at interview four, echoes that given by the victims, but no detail is provided . The victims described the same events in the following way:

‘ There were always occasions of getting hit with a slipper for minor reasons, well for any reason at all.----- if we spoke or cried too loud the hit we got would turn into a beating. --- Even with only one hit from his rubber soled slipper I was left with bruising or welts on my thighs and backside where he hit with such force. The pain was so bad I would have to lay on my side or stomach and cry with my hand over my mouth.(Va.G2.3, 93, p6)

The respondents second victim describes the ‘nail biting’ and chicken’ incidents, alluded to in the respondents account:

‘ I bit my nails ----- he bought a pair of washing up gloves, bright pink and cut the fingertips off them. The tips he cut off he then put the tops on my fingers and sellotaped them right down to my knuckles, so tight I couldn’t

bend my fingers.. He then marked across the join with a pen so he would be able to tell if I had taken them off. That happened for a week. Then he bought three bottles of liquid you're meant to paint on your nails and because of the strong, foul taste it's supposed to prevent you from putting your nails near your mouth. --- It was just brushed onto my tongue, then poured in my mouth. ----- Also he bought loads of chicks and ducks to put I the garden, he would cut the heads off the chickens(alive) in front of you. Make us watch as the bodies carried on moving for a while with the blood everywhere, and then nail them by the feet to the fence. --- I used to feel physically sick and sob and sob saying I couldn't and he would state in no uncertain terms that I had no choice'(Vb, G2.3,93, p8)

Although the respondent admits to these incidents no real detail is provided and the extent of the physical abuse perpetrated is concealed.

In his account of offence circumstances at interview four this respondent appears to accept more responsibility for his actions:

' I had known the family since I was 11. The daughter had two children, I spent time with the kids. D(victim) was the boy, I took him to football. He used to hit me in the groin and I enjoyed it, I twisted it round to my needs, I used to touch him. Q. How long did it go on for? quite a few months'(G1.5, interview 4)

This compared to the respondents account at interview one:

' I used to take D to the football, they(the children) stayed with their dad during the week and nearly every weekend I used to go round and stay with

K(children's mother). *Q.* How long did it(abuse) go on for? Only a little while, only a few weeks I think. *Q.* How did he respond to the abuse? Just used to push me away.'(G1.5, interview 1)

There is a difference between the two accounts given; the length of time is increased at interview five and the respondent states that he manipulated the situation to suit his own needs.

This respondent appeared to be more honest regarding his behaviour at the final interview than he had throughout the research:

' *Q.* Had you thought about abusing her before you did? I'd been thinking about doing it but not had the opportunity, if I'd had the opportunity I would have. My thoughts about children go back to age 19 or 20. I used to feel different--- I felt different from a young age. I had this skin problem from age 15, I felt unattractive and different, children wouldn't understand that my skin was any different, they're innocent they wouldn't judge me(G1.4, interview 5)

The response to a similar question asked at interview one was as follows:

'*Q.* Have you felt sexually attracted to children before? No, never, I've always had lots of children around me and never felt that way. *Q.* Did you think about abusing her before you did? No, never.(G1.4, interview 1)

Here the respondent acknowledges that he has had a sexual attraction to children for several years and describes the difficulty he faced growing up with a skin complaint. The manner in which this is raised here may suggest that the respondent is attempting

to blame his appearance for his behaviour, alternatively he may be seeking an explanation.

This respondent provides more detail regarding his offending behaviour at interview five but continues to blame the victim and his consumption of alcohol for his behaviour:

‘ I went on a drinking spree on the Saturday and the Sunday. My wife and K(daughter) had left me 2 weeks before. L(Victim) was sitting on my porch, she just had little pants on, I opened the door , she wanted to look through the peep hole in the door, I held her and was getting aroused with her pressing against me, I coaxed her into the room, took her pants down and had simulated sex with her’(G1.6, interview 5)

The respondent described the offence circumstances in the following way at interview one:

‘ It wasn’t planned I came home that day and the girl was there, I don’t know what made me ----- I mean the thoughts of doing what I did wasn’t in my head. Of course you know when you are doing wrong.’(G1.6, interview 1)

A much fuller account of the circumstances and the respondents intentions are given at interview five.

Two respondents did not appear to have made any progress in terms of the way in which they recounted the offence circumstances. Both continued to deny full responsibility and appear unwilling to recount events. One respondent was the only one to be reconvicted for sexual offences against children during the

programme(G1.3) and the other one left the programme at an early stage due to ill health(G1.7). Accounts of offence circumstance are compared from interviews one and five:

Q. Did you plan the offences?

A. No, there was no planning it just happened.

Q. Have you felt attracted to children in the past?

A. No, I just like young company, but I'm not attracted

Q. Can you tell me about the offence circumstances?

A. It was so long ago I don't want to say

(G1.3, interview 5)

Extract from interview one:

Q. Can you describe the offence circumstances?

A. I would rather not describe the offence circumstances

Q. Why did it happen?

A. I don't know, If I knew that I'd have stopped it

Q. Are you saying it was beyond your control?

A. Yes, completely it was not my fault.

Q. Whose fault was it?

A. It was just the way things happened.

(G1.3, interview 1)

It is apparent that the respondent was as unwilling to accept any responsibility for his actions or to describe his behaviour, at interview five as he was at interview one, following three years on the treatment programme.

This respondent had left the treatment programme after approximately six months on the grounds of ill health. With the support of his doctor he had argued successfully that the programme was too stressful and was causing his diabetes to worsen. He was forced to return to court to argue this and the condition to attend the treatment programme was removed from his probation order. The judge apparently commented that he was 'no more of a danger' himself (G1.7, interview 5). Although this has not been validated as the court records were unavailable. The respondent was as guarded regarding his behaviour at interview five as he had been at interview one:

'I'm trying to fathom it out, why it happened. I don't know why it happened at all. She(granddaughter & victim) was visiting me over a period of a few years, The abuse was over a short time. *Q.* How long? I don't remember. I thought about it for a while but nothing happened. She was being abused by her brothers and father as well. That was a surprise to me, that we were all involved. I see them occasionally we never discuss it though, I would prefer to let sleeping dogs lie'(G1.7, interview 5)

When asked to describe the circumstances at interview one the respondent had stated:

' *Q.* Can you tell me about the circumstances? Difficult to remember. *Q.* Why did it start? Just seeing something on TV, in the papers, feeling bored and frustrated at the time. ---- The right hand didn't know what the left hand was doing and anyway their offences(father and brothers) were much worse than mine'(G1.7, interview 1)

The difference between the victim's account and the respondents remains substantial,

the victim claims that the respondent was sexually abusing her on a regular basis from the age of 7-8 years old to 12 years old(VG1.7, 91, p2-3).

The programme had aimed to reduce the extent to which attendees attributed blame, there was a marked difference between respondent's accounts of offence circumstance during the last interviews, there was also greater congruence with victim accounts. the majority of the respondents now acknowledged that they were ' a danger to children'(17 compare to 2 at the outset of the research).

Blame Attribution: Findings From Psychometric Testing

Two psychometric tests were administered along with the interview Schedule (the Great Ormond Street Self Image Profile and the Blame Attribution Inventory). Gisli Gudjonsson(1990) developed the test used to measure the extent of denial in sex offenders. The Blame Attribution Inventory was originally developed to assess the extent to which different groups of offenders attribute blame for their behaviour. The test was thought to be particularly suitable for sex offenders as it explores the extent of guilt and attribution in two areas; internal and external: the extent to which behaviour is attributed to one's state of mind and well being; and the extent it is attributed to external causes such as the victim and circumstances. The test has been used with child sexual abusers in the past and the means from Gudjonsson's research were compared to data collected . The test has also been standardised on 'normal' populations. Unfortunately only 10 of the 21⁴ respondents agreed to participate in the psychometric testing, given the small N only means and standard deviations have been calculated.

⁴ Some had experienced such tests in the past and were unwilling to participate again.

The interview data indicated that the respondents had a tendency to blame both the victim and circumstances for their offending, particularly at the outset of the programme. This appeared to diminish over time and there was greater congruence between respondent and victim accounts. Gudjonsson(1991) states that the sex offenders in his sample(N is comparatively small here also at 12), had high guilt scores and were more likely to attribute blame to internal causes, such as their mental well being, than to external causes. Unfortunately no longitudinal data is available for this test.

The psychometric findings from this research would appear to support this (table1). The guilt scores for this sample started higher than those of Gudjonsson's sample, at 13.5 for test one. The guilt scores decreased steadily over the course of the research to 9.4 at interview 4. There was a slight increase in the mean score at interview three to 11.9 from 11.5 at interview two, however the standard deviation was greater at interview three and given the small N, the mean may have been affected by the sample variance. This downward trend was typical of the majority of the respondents. Generally the standard deviation was low here indicating that the mean was not unduly distorted by outlying cases.

An increase in guilt scores could indicate that respondents became more complacent regarding their offending over time. Gudjonsson(1991), however asserts that a relationship exists between guilt and denial . Denying offenders, it is claimed, have high guilt scores. Although logically it would seem that decreased denial should result in increased guilt, as offenders come to contemplate the impact of their behaviour. It could be that as self esteem increased, along with respondents general sense of well

being, feelings of guilt diminished as did the tendency to attribute blame.

Table One
Blame Attribution Inventory: Comparison Of Mean Scores

Test Number	N	Guilt Score	Mental Element Score	External Element Score
		Mean SD	Mean SD	Mean SD*
One	10	13.5 2.3	4.3 1.9	0.83
Two	10	11.5 2.6	3.5 2.3	0.66
Three	10	11.9 3.1	2.6 1.9	0.5
Four	10	9.4 2.6	2.6 2.6	0
Gudjonsson's Data(sex offenders)	12	11.9 4.3	5.5 2.9	2.1 3.0

* SD not calculated for External Element Scores as negligible, SD's calculated manually

The tendency to blame both internal and external factors appears low for this sample, but both decreased over time. The mean mental element score fell from 4.3 at interview one to 2.6 at interview 4, whilst the mean external element score fell from 0.83 at interview 1 to 0 at interview 4. This could indicate that respondents were less likely to attribute blame at the end of the research. This compared to Gudjonsson's mean score of 5.5 for mental element and 2.1 for external element. Gudjonsson's work does indicate that sex offenders are likely to have low scores for both areas.

This finding appears to contradict the findings from the interviews, in that respondents were found to be extremely blaming of both the victim, circumstances and their state of mind, particularly at the outset of the research. This finding may reflect more upon the validity of the instrument used rather than the efficacy of the

programme. Some of the statements asked respondents directly if they believed their behaviour to be attributable to external and internal causes, respondents may have provided an 'expected' response. The interviews did demonstrate the extent to which the direct approach often fails in eliciting a truthful response from this group of offenders.

Indeed earlier research conducted by Gudjonsson(1989) explored the extent of 'self deception' and 'other deception'(1989,p221) demonstrated by sex offenders. The research suggests that sex offenders and violent offenders had the highest 'other deception' scores when compared to other groups of offenders(N was larger here at 109).

Gudjonsson states *'it is tempting to speculate that these two offender groups , who had committed assaults against others , had elevated ODQ(other deception)scores because they were attempting to give the impression that they were basically considerate people irrespective of what their alleged offence might suggest'*(1989, p223). The extent to which respondents produced an honest response can therefore be questioned.

Whilst generally the interview and psychometric data show a reduction in blame attribution over time, it could be argued that the interview data indicates that respondents appeared more likely to attribute blame internally and less likely to attribute blame externally and this is contradicted by the psychometric test findings.

However, internal attribution here is taken to refer to the tendency to blame internal factors beyond an individuals control (the use of alcohol for example, as a disinhibitor

or mental health problems), it could be argued that respondents were accepting greater responsibility for their offending behaviour in a manner in which they had not done at the outset of the research, claiming to have deliberately manipulated circumstances in order to abuse for example. Seen in this light the findings from the interviews and the psychometric test would not appear to be contradictory.

Guilt scores from the psychometric tests did decrease over time and this needs some considered explanation. Gudjonssen (1990) maintains that decreased guilt scores are synonymous with decreased denial in sex offender populations, but logically it would seem that as respondents came to realise the enormity of their problem, that their guilt should steadily increase. Why was this not the case? It is difficult to answer this question with any certainty, it could be that the recognition that they have a problem and the acceptance of the harm they may have inflicted, may serve to ease a guilty conscience, a problem shared and here worked through in a therapeutic environment may really have resulted in a 'problem halved'. This would appear to be Gudjonssen's contention, that therapy should enable offenders to feel better about themselves and to feel as if they are able to control their problem, this in turn may impact upon feelings of guilt. This is of course conjecture, however the findings taken together paint a picture of individuals who have more control, higher self esteem and greater confidence and this would appear to be an extremely positive finding.

It is interesting that the guilt scores of the respondent who was reconvicted gradually increased toward the end of the research as did his mental attribute score. This Respondent's individual scores can be seen at table 2. No conclusion regarding the significance of this finding can be made given that only one such case appears in the group.

Table Two
Blame Attribution Inventory Scores Of Reconvicted Respondent

Test Number	Guilt	Mental Element	External Element
One	10	6	3
Two	10	5	0
Three	11	4	1
Four	13	7	0
Group Mean(test 4)	9.4	2.6	0

The extent to which respondents attributed blame to internal and external factors appeared to decrease over time, taken alone this finding could indicate that respondents became more adept at ‘second guessing’ correct responses. However, the findings from the interviews do appear to validate the contention that respondents were less blaming of victims and circumstances at the end of the research.

Accounts Of Previous Offending

Respondents appeared to be much more open regarding the extent and nature of their previous offending at interviews four and five. This respondent described his ongoing sexual attraction to young girls:

‘ I was exposing for eight years before I was convicted at a rate of at least one per week up to age 32. They were always young girls aged 10 - 15. I suppose they were the same age as me to start with . Q. Why did you stop at 32? I did give in on occasions But I made an effort. It was a difficult thing to get rid of . it was like a drug I was hooked on it’(G1.14)

This respondent believed that whilst he was in an adult relationship that he wouldn't sexually abuse children, at interview three he stated that he planned to 'go to a prostitute', he was asked if he had:

'No, never had the bottle to do it. It's just that adult sex seems to interrupt the abuse and so I figured that with a prostitute it would have a similar effect'(G1.5, interview 4)

This respondent stated of his offending:

'I don't know if I'll ever control my problem, But I'll try it depends on the situation'(G1.12 interview 4)

This respondent admitted being sexually attracted to children from age twenty at interview five, he had been unwilling to discuss this at previous interviews:

'I can remember having thoughts about children from a young age, in my early twenties. I remember seeing a young girl doing handstands and her skirt going up, I found it exciting, this was the first time really. I still have thoughts about children about feel I've got it under control now. I try to blank it out, I feel that's a result of the group. It's made me more aware of the harm it can do. It's a domino effect, it effects everybody. I didn't have any concern before

I was very selfish. I don't want to hurt or disappoint anyone'(G2.6, interview 4)

Self Esteem, Isolation And Adult Relationships

Several respondents reported that their lives and their relationships had improved at this stage(5). Generally respondents did appear to have greater control over their lives. One respondent stated that his relationship with his partner '*couldn't be any stronger*', he was looking forward to returning home having been required to stay away from his young daughter for the duration of the probation order. Another respondent had developed more social contacts and was seeing friends regularly. He had confided his problems to an old friend, who had tried to help him and offered support:

' I have told J , he was generally quite understanding and offered to help me, I see J quite a lot now and we go out together.(G1.4, interview 4)

Although the majority(16) continued to be extremely socially isolated and unwilling to embark upon new adult relationships. This respondent kept in touch with his ex-wife but had few social contacts:

' I keep in touch with her by phone, she's interested in how I'm doing. I'd like to get back with her but there's no chance. *Q*. Do you got out much? Not really. Every now and then, I've been going to car boot sales. *Q*. Do you see any friends? No, haven't got any really. I don't get on with many men, the conversation might get round to a particular subject and I might get thumped in the head. Even if he wants to do it himself he will object to me doing it, all bloody hypocrites. *Q*. Are you talking about anyone in particular? No just men in general.(G2.3, interview 4)

Some respondents were reluctant to embark upon a new relationship:

‘I don’t have time for relationships. I could end up lonely, it worries me. I want to keep the family name going. Me mum said she’d tell anyone I brought home about me problems’(G1.3, interview 4)

‘ I’ve been going to a nightclub about once a week, don’t really meet anyone it’s just for a laugh. I couldn’t handle a relationship at the moment’(G1.4, interview 4)

This respondent was still unemployed and was having difficulty finding work:

‘ I do the odd job here and there, I’m not really looking it’s difficult with a criminal record. I flit between things during the day, get bored and move on to something else. I need a means of escaping really, I do try and escape. *Q*. How? By going on my computer or reading a book.’(G1.5)

This respondent had started a relationship with a woman since the last interview, he claimed to have told her about his previous offending. He spent much of his time in the evenings and at weekends with her. He stated that he felt much happier as a consequence of this new relationship:

‘ I feel happier now because of E(girlfriend) , I’ve been seeing her for two months. I tell her about the group. *Q*. How did she respond? She wanted the details and she was cool about it, we discussed my motives. I told her I was a convicted child molester. I told her about my attraction to young boys. we were just friends at the time. We started going out several weeks afterwards’(G1.5, interview 5)

The second respondent to have contemplated suicide after six months into the programme, was now visiting a club for the elderly twice a week and was having more regular contact with his family:

‘ I go to the --- Center a couple of times a week, there are other retired people there. I do a lot of gardening and I look after the dog. I’m seeing my son and my nieces more’(G1.7, interview 4)

This respondent was planning to sell his flat and move closer to his son.

Another respondent who was unemployed at interview three, as a consequence of his Sister’s shop closing down , had since found employment with a printing company. He was undertaking menial work and doing a lot of night shifts. He had since made contact after some time, with his ex-wife and daughter, who now phoned him ‘regularly’ to ‘update’ him. He had met up with his daughter for her 16th birthday, he had cleared this with his Probation Officer first . He, having moved from Scotland shortly after the offending, had made some new friends and joined a snooker club. This respondent appeared much happier that he had at previous interviews.

Self Esteem: Findings From Psychometric Testing

The psychometric test used here was developed by Elizabeth Monck et al (1993) and aims to measure self-esteem through a series of positive and negative statements to which respondents reply on a Likert type scale.

Such scales have been criticised on the basis that they explore current feelings and thoughts, which may be transitory. In order to overcome this Monck et al included questions regarding general feelings and behaviour. The validity of this scale and

others like it, must continue to be questioned on the basis that respondents responses reflect their thoughts at a given point in time and may not necessarily be indicative of their general self esteem.

The tests were administered along with the interviews, the pre-programme scores vary considerably from respondent to respondent. Assuming that the scores are valid, it would not be possible to say that each respondent began the programme with low self esteem. The interview data does however indicate that they did.

The highest possible score was 150, the highest recorded score at interview one was 116 and the lowest 58, with a group mean score of 85.3(see table 3). The group mean scores for each interview do gradually increase over time from 85.3 for test one, to 92 for test 4, with a slump to 79.3 at test 2.

Table 3
The Great Ormond St Self Image Profile - Group Mean Scores

Test Number	Group Mean Scores	SD
One	85.3	18.5
Two	79.3	11.9
Three	88.1	20.9
Four	92	18.4
N=10		

This gradual increase in group means would seem to indicate that the groups self esteem did rise over time and the slump at test 2, six months into the programme, this finding is consistent with the interview data regarding the degree of depression and poor health experienced by respondents at this stage. The problem remains that the standard deviation scores are extremely high, even when outlying scores are subtracted (see table 4). The standard deviation allows for degrees of dispersal around

the mean, this score has probably been distorted by several extreme values and a small sample(N=10).The upward pattern of the means does however remain when the extreme values are removed and this is a positive finding (table 4), and could indicate that the scores are accurate.

Table 4
The Great Ormond Street Self Image Profile - Group Mean Scores Excluding Extreme Values

Test Number	Group Mean Scores	SD
One	84.8	14.2
Two	73.1	10.1
Three	86	13.3
Four	93.6	14.3
N=8		

Two respondents had extreme scores, the respondent who was reconvicted had consistently high scores which dropped towards the end of the programme when he had begun to reoffend(respondent A). The responses provided by this respondent contradict the information gained at interview . The lowest scores were provided by the respondent who left the programme after several months due to ill health(Respondent B)(see table 5).

Table 5
Great Ormond St. Self Image Profile - Extreme Values

Test Number	Group Mean	Respondent A	Respondent B
One	85.3	116	58
Two	79.3	130	78
Three	88.1	132	61
Four	92	113	58

The findings from the test do show a rise in self-esteem over time, the validity of

these scores is however questionable given the problems discussed. However, this finding is largely supported by the interview data. Monck et al originally planned to administer the test to the child sexual abusers attending their family treatment therapy. This was not possible given the low rate of referral to the programme. Tests were administered to a group of 25 mothers of abused children pre and post treatment. Sixteen of the women reported higher scores at the end of the programme, no information is provided regarding standard deviation scores (Monck et al, 1996).

The question of self-esteem is a difficult one, when the interview and test data are considered together it would appear that self esteem is generally low for this group and is an enduring feature of such offender's lives. This data shows a steady rise in self esteem over the course of the treatment programme (although standard deviations were high for the test data), and this would seem to be supported by the general findings; the tendency to accept more responsibility for behaviour, not to attribute blame and to be more honest about the nature of the offending, would appear to be in keeping with increased confidence and self-esteem and perhaps with less guilt!

Morrison (1994) suggests that programmes may not have an impact upon offenders lives and their confidence until the end. It certainly was the case that respondents appeared happier and more in control of their lives at this point in the programme.

Respondents Health

Respondents generally continued to feel healthier and less depressed during the latter stage of the research (17 stated that this was the case). This respondent had been taking anti-depressants during the early stages of the research:

‘ I feel much better about myself I’m not taking the medicine anymore. I Just feel happier generally. I’m looking forward to the future’(G1.2, interview five)

This respondents skin allergy was considerably better at both interviews four and five, it had worsened considerably after six months on the programme at interview two:

‘My allergy is much better, I’ve got the same tablets but I can do without them. I feel better and I’m going out more, I’m much better really’(G1.4, interview 4)

Another of the respondents who had contemplated suicide at interview two stated that he felt ‘ much happier’ and had visibly gained some weight, he spoke about his feelings after six months into the research compared to his present feelings:

‘ I feel much better I’m back up to 12.5 stone, which is right for me, I’ m hardly smoking and I’m exercising. Eighteen months ago I nearly topped myself, I really nearly did it. But I’m OK now. Q. What brought to that then? Just thinking about it all and what I’d done you know. I’ve just found a way forward’(G1.5, interview 4)

The other respondent who had contemplated suicide was still having problems with his diabetes but was generally ‘much better’. He also reported that he was ‘*sleeping better*’. He had left the group after approximately 6 months due to ill health.(G1.7)

One respondent had continuously blamed his use of alcohol for his offending behaviour, throughout the research. At interview five he stated that although he was still smoking heavily, he had stopped drinking and felt ‘ *in good spirits*’(G1.6,

interview 5)

Reconviction Rates

British Research

The validity of reconviction data as an indicator of further offending in sex offender populations, has been discussed elsewhere (Methodology Chapter). The extent to which the rate of reconviction is indicative of levels of offending is always questionable. It could be that treated sex offenders become more adept at evading detection, for example. Mair (2000) has questioned the wisdom of over reliance upon such indicators and claims that Home Office funded research has tended to do this in recent years.

It was thought that the absence of up to date information from the database would make comparison of reconviction between treatment and non-treatment groups impossible, information has been sought from the Home Office Offenders Index, unfortunately this was unavailable at the time of publishing (but will be available in future). Information regarding reconviction within the treatment group suggests that four of the twenty one respondents (20%, although the group is probably too small to calculate percentages), have been reconvicted for sexual offences against children over six years, this includes the respondent who left the programme at an early stage and who should therefore be excluded from the calculation. This finding would concur with Taylor's (1999) work, which suggests, on the basis of data relating to 23,000 sexual and violent offenders listed on the Home Office Offenders Index, that reconviction rates for these groups are approximately 20% .

Other recent research suggests conclusively that reconviction rates for untreated sex

offenders are considerably higher than those for treated offenders.

Research undertaken by Hedderman and Sugg(1996) indicates that child sexual abusers attending a probation treatment programme, were '*less likely to be reconvicted for a sexual offence*' 5% of the treated group were reconvicted over a Two-year period, compared with 9% of the untreated group. A lower rate of reconviction than this research but over a much shorter period of time. Matthews and Pitts(2000) point to the importance of following reconviction over a long period time, as they suggest that the impact of such programmes may diminish over time and the likelihood of reoffending increase. In practical terms it may, however, be difficult to follow groups over long time periods.

The research was a part of the three-stage sex offender treatment evaluation developed by the Home Office(of which Beckett et als earlier work formed a part, - Phase Two). This part of the research aimed to explore reconviction rates two, five and ten years after completion of treatment. The study was based upon documentary evidence from the programmes participating in Phase Two of the research and information drawn from the Home office Offender Index. The research also sought to explore how far the rates of reconviction reflected Beckett's findings regarding attitudinal change.

Hedderman and Sugg report that none of the original sample (N=24) whom Beckett et al believed to have responded favourably to treatment, had been reconvicted during a two-year period. Although the limitations of the research should be acknowledged (and are discussed by the Authors), the small sample and short period of time, this is a positive finding.

The manner in which this Home Office Study was conducted has been criticised along with other similar studies. The criticism revolves around the time elapsed between the publication of the initial evaluation and the subsequent reconviction study(Mair, 2000). The time elapse is however necessary in measuring reconviction in sex offender populations.

Proctor's (1996) research conducted for Oxfordshire Probation Service suggests that untreated sex offenders(the majority of whom were child sexual abusers) were three times more likely to be reconvicted over a five-year period. Proctor compared two groups of offenders: one undergoing a probation treatment programme and the other receiving a probation order with no treatment. The 'post test only control group design' (1996, p5) was used, although in reality the ordinary probationers comprised a comparison group rather than a control group(as subjects were not randomly assigned to groups but, rightly, had been assigned on the basis of risk and need). Proctor did attempt to match both groups by key variables such as: age, number of previous; type of offence; victim age and victim gender.

There were 54 offenders in the treatment group and 54 offenders in the control or comparison group. Proctor states that following Marques et al(1993), he used the statistical technique of 'survival analysis'(p9) in analysing the data. This technique seeks to measure offender's ability to 'survive' before reconviction. The interval between two events is calculated and based upon this the probability that a further offence will be committed. Proctor measured the length of time between first and second conviction and suggests that '*untreated offenders were reconvicted at three times the rate of their treated counterparts*'(p11). Proctor does however go on to

state that the limitations of the study had a significant impact upon the findings. these included: the small sample sizes, untreated offenders were observed over a longer period of time which would increase the possibility of reconviction, finally the number of reconvictions were very low(the base rate).

Little research has been conducted in England and Wales addressing differences in rates of recidivism between treated and untreated sex offenders, that which has been conducted, has, by necessity, focused upon small, non-random samples of convicted offenders. Given the considerable, practical constraints within which such researchers operate, this is clearly the best that can be achieved. Rather than dismissing such work on the basis of its limitations, the weight of research evidence from such studies should be pieced together to form a picture about the efficacy of treatment, as proctor states: *'Despite the failure of this study to record statistically significant results, small-scale research projects such as this are still important. each study should be seen to represent a small piece in a large jigsaw puzzle that forms over time as more data becomes available'* (1996, p14).

Canadian Research & North American Research

The small amount of British research that has been conducted would suggest that cognitive behavioural treatment programmes for sex offenders appear effective in producing low rates of reconviction. Research into this issue has been conducted at the Sex Offender Regional Treatment Centre(RTC) in Ontario since 1979. The first such study was conducted by Davidson(1979, 1984. Cited in Looman, 2000) who found that offenders in the treatment group were less likely to be convicted of a new sexual offence, but more likely to be arrested. This is attributed to the probability that

the police were more likely to include them in investigations given their previous history. A later study conducted at the RTC, was undertaken by Quinsey et al (1998). They followed one group of men receiving treatment (N=213) and one group not receiving treatment (N=183), all of whom were assessed or treated between 1976 and 1989 and who were released before 1992. The evidence here indicates that the untreated group were less likely to reoffend. However, Quinsey points out that the untreated group were comparatively low risk. The researchers attempted to control for risk through the use of regression analysis, the treated group were still reconvicted at a significantly higher rate than the untreated group. Quinsey et al took this to indicate that treatment has a negative effect upon offender's recidivism. The findings from this study do contradict other research, it could be that the regression technique employed did not redress the risk differential between the groups effectively. Although Proctor's sample was small, he had carefully matched his comparison and treatment groups in terms of key variables, a measure that was not taken by Quinsey et al. It seems clear that a group who are considered not to be in need of treatment given their low risk of reoffending would compare favourably to those considered to be in need of treatment and high risk.

Other Canadian studies have achieved somewhat different results using matched control and comparison groups. Research conducted by Nicholaichuk et al (1998) (in Looman, 2000) suggests that the severity and frequency of offending is reduced compared to non-treated offenders. In this research 283 untreated offenders were compared to 296 treated offenders, following release from custody, for an average of six years. In more recent research, Looman et al (2000) sought to replicate this research using data from the RTC. There were 89 offenders in the treatment and

89 offenders in the comparison group, who were matched in terms of key variables such as number of previous convictions and severity of offence. The findings suggest that over a ten-year period, 23.6% of the treated group had been reconvicted compared to 51.7% of the untreated group.

There is a growing body of Canadian research addressing reconviction rates amongst treated and untreated sex offenders. Such work has been conducted with larger samples and over a longer period of time, than much of the British research. The evidence from such studies, with some exceptions, suggests that cognitive behavioural treatment programmes may have some positive effect upon the reconviction rates of sex offenders.

There are relatively few comprehensive North American reconviction studies for this offence type. Abel and Becker's (1987) study of recidivism (self reported reoffending amongst 561 child sexual abusers) is probably the most comprehensive to date (this was discussed in some detail in the Literature Review). A longitudinal evaluation conducted by Marques (1994) of the Californian Sex Offender Treatment Evaluation Programme (a programme employing the cognitive behavioural approach), suggests that sex offenders who underwent the treatment programme had fewer convictions than those who did not.

Risk Of Reoffending

Great emphasis has recently been placed upon attempting to identify factors that are indicative of an increased risk of reoffending in sex offender populations. Such work has been completed in an attempt to quantify and predict risk. The difficulty of relying upon reconviction rates as a valid indicator of levels of reoffending amongst child

sexual abusers has been discussed elsewhere. Here the emphasis is upon making predictions about the likelihood of reoffending, on the basis of existing information regarding sex offender behaviour.

Risk indicators have been identified variously as: previous convictions for similar offences; history of custody; length of time offending (Quinsey, et al., 1995). It would also seem important, given the findings of this research, to monitor risk on an ongoing basis during treatment programmes. A case could be made for incorporating resistance to the treatment programme and lack of progress, as key risk indicators for those undergoing treatment.

It is claimed that previous history of sexual offending, is one of the best indicators of recidivism in sex offenders. Grubin(1998) cites Hanson and Bussiere's study, here from a very large sample of sex offenders (29,000), only 5% of offenders with one conviction were reconvicted over a five year period, compared to 30% of offenders with more than one conviction. This is an important study as it involves such a large sample, but can this finding really be cited as evidence regarding risk of recidivism? Logically it would seem that recidivist sexual offenders are more likely to go on offending, given their past behaviour. However it could be that once convicted and placed upon the police register, there is a much higher probability that offending will result in conviction. This may be due for example, to police monitoring and targeting of such offenders.

Grubin (1998) describes two risk of offending scales, the 'Rapid Risk Assessment For Sex Offence Recidivism' (RRASOR) and the 'Structured Anchored Clinical Judgement' (SACJ) scale (p17-18). The RRASOR was developed in Canada and has

been tested on a sample of male sex offenders in England and Wales, all of who were released from custody in 1979 and traced over a 16-year period. The scoring system allocates points according to a number of specific criteria: relationship to victim; sex of victim; number of previous convictions for sexual offences (or charges). The scores range from '0' (unlikely to reoffend), to '5' (very likely to reoffend). The scale was tested on a sample of 2592 sex offenders and compared to reconviction rates at five and ten years(Hanson, cited in Grubin 1998). Rates of reconviction for those scoring '0' (N=527) was 4% after five years and 7% after ten years. This compared to reconviction rates of 50% after five years and 73% after 10 years for those scoring '5'. The N here was considerably smaller at 52, this may have affected the validity of the data, but this is a remarkable finding.

The second scale, SACJ was devised in the United Kingdom by Thornton(cited in Grubin, 1998), on the basis of his involvement with the Sex Offender Treatment Programme (SOTP) in the prison system. The main difference between the two scales is that SACJ allows the risk score to be adjusted on the basis of any new information that may come to light about an offender, in this sense it has greater flexibility. The system is based on three steps; the first includes similar information to RRASOR, the second incorporates aggravating factors such as 'substance abuse and 'deviant sexual arousal'. The third stage is based, as suggested here, on progress in treatment. This scale has been tested on a smaller sample of sex offenders(N=533). The findings are similar, after 16 years 9% of those scoring 'level 1' had been reconvicted compared to a reconviction rate of 46% for those scoring at the highest level.

There clearly is a place for such scales in attempting to determine risk of reoffending amongst sex offenders. It is tempting to speculate that those with the most entrenched

offending behaviour, who have been offending over a long period of time are most likely to reoffend, data from the scales would seem to support this contention

Interviews four, five & Psychometric Tests: Summary Of Key Findings

The majority of interviewees clearly felt more able to discuss their thoughts and behaviour with the interviewer by this stage in the research. Interviews were consequently longer and more conversational than they had been on previous occasions. There was less data from group 2 respondents here given that the majority of this group had completed only four interviews. Here offence accounts were compared to accounts given at interview one and to victim statements where appropriate.

What follows is a count of categories identified by respondents at each stage of the research, whilst the numbers are not held to be significant, the information is presented in order that comparisons might be made between interviews.

Table A - Explorations Of key Concepts Over Time
Qualitative Count

	Attributes Blame	Acknowledges 'danger' to children*	Socially Isolated*	Depression/ minor health complaint*
	N	N	N	N
Interview One	17	2	16	10
Interview Two	17	5	20	18
Interview Three	14	14	18	9
Interviews Four and Five	5	17	16	4

***Respondents self report**

Interviews 1-3 N=21; Interviews 4&5 N=20

Respondent Views Regarding Their Behaviour

Respondents generally appeared more willing to acknowledge the extent of their problem and described candidly their previous offending, their violent fantasies regarding children and their fears in attempting to control their behaviour following the programme. The extent to which respondents began to acknowledge that their behaviour constituted a 'danger' to children is evidenced by Table A. Seventeen respondents stated that this was the case compared to two at the outset of the research

How Far Did Respondents Continue To Attribute Blame?

A comparison of respondents accounts of offence circumstances at the final interview and at interview one, showed that respondents were more likely to take responsibility for their behaviour and were less likely to blame either the victim or the offence circumstances. There was clear evidence of blame attribution in five accounts at final interview, compared to seventeen cases at interview one (Table A). Respondents generally appeared to have more empathy for the victims. Respondent's accounts also appeared to be more congruent with victim's accounts at this stage.

The Gudjonssen Blame Attribution Inventory data indicated that respondent's guilt decreased over time, this may be attributed to decreased denial or to increased complacency on the part of the respondents. The extent to which respondents continued to attribute blame to both internal and external factors, appeared to decrease over time.

Two respondents had left the programme. One had been arrested for further sexual offences against children and was later convicted. One respondent was transferred to a probation order without a condition to attend the programme on the grounds of ill health. Both of these two respondents continued to deny responsibility and to lay blame for their behaviour elsewhere. They were also the least willing to divulge the detail of their behaviour at interview. These respondents were identified by another group member as the two most likely to reoffend.

Social Isolation And Self Esteem

Whilst there can be no doubt that respondents were on the whole lonely and isolated, it proved difficult to have any real sense of how the extent of social isolation varied between interviews. Many respondents appeared to be picking up the pieces of their lives and some had established new relationships. Others remained isolated fearful of becoming involved in any way with others. There was some evidence that probation officers had been encouraging respondents to join (appropriate) social clubs, and this advice had been followed by some. The majority remained isolated throughout the research, many were isolated from family and friends as a consequence of their arrest and conviction (Table A), it is fair to say that many had begun to take control of their lives and form new relationships by the end of the research.

Respondents Reflections Upon The Programme

The majority of respondents praised the work of the group and stated that, although difficult, the programme had enabled them to face their problem and to consider strategies for coping.

Two respondents continued to state that the group leaders theoretical assumptions regarding the behaviour of abusers had been forced upon them and that these constituted an inaccurate description of their behaviour and sexual preference.

The importance of strong group leadership and group cohesion was emphasised. The majority of the respondents preferred the stronger, more confrontational style of the original group leaders. This group was described as more difficult but more effective. Respondents stated that they were less likely to attempt to deceive in this context.

Respondents Health & Self Esteem

Respondents appeared to be healthier and reported less depression at this stage (Table A -4 at final interview compared to 10 at interview one), and as such it could be said that they had greater self-esteem, indeed some claimed to be more confident as a consequence of the programme. The data from the Great Ormond Street Self Image Profile indicated that the group mean self esteem scores did gradually increase over time, this test did not indicate that all respondents began the programme with very low self-esteem, this finding was however, contradicted by the interview data.

Summary: Did The Programme Appear To Have Made An Impact Upon The Respondents After Two - Three Years?

At the conclusion of the research the respondents appeared much less likely to attribute blame and more accepting of the harm caused to victims, most now recognised that they were a danger to children. some had begun to build new

relationships but many remained isolated by family and friends. Respondents appeared to be in better health and the majority claimed to have benefited from the programme and this is a positive finding.

The extent to which the respondents had successfully learned the key messages of the programme and were skilled at repeating these must always be questioned. Four of the twenty-one respondents have been convicted for further sexual offending against children over a six-year period(1993-1999).

Offender Survey Findings

These findings were produced in 1992 from the survey of offenders, the data were then stored on SPSSpc+ . The survey was administered, via interview, during pre sentence report interviews by probation officers to all defendants charged with a sexual offence against a child. Data collected over a 6-month period during the latter part of 1992 relates to 118 such cases.

Sentencing

Information pertaining to sentence outcome was available in 78 cases, 35 (45%) of offenders received a custodial sentence, 22 of who(28%) attended the Sex Offenders Group, and 8(10%) received a conventional probation order. Where a custodial sentence was given this tended to be for longer than six months. The Sex Offenders Group is known to have assessed 36 of the 118 cases(31%).

Those offenders who received a custodial sentence did not appear to differ significantly from many of those receiving a community penalty in terms of : number of previous convictions; plea; the extent of serious physical injury to the victim and

the number of victims(table 6).The local crown court was much more likely to recommend the sex offenders group than were the local magistrates courts.

Table Six
Type Of Sentence By Offence/Offender Characteristics

	Community Sentence %	Custodial Sentence %
Guilty Plea	88	70
No previous convictions for sexual offences	76	68
No serious physical injury to victim	93	78
One victim	66	53

Offender Characteristics

Most perpetrators were aged between 31 and 40 with a mean average age of 36. This accords with much of the research literature on convicted populations (Nash and West, 1985 calculated a mean age of 34 and Finkelhor, 1984, 27.9). The majority of offenders were male(96%). Approximately half the group were employed in non-manual or skilled occupations(49%), The remainder were either unemployed(25%) or engaged in unskilled employment(26%). This would seem to support the contention that there is no strong link between child sexual abuse and social class(La Fontaine, 1988). In 21% of cases the offender's employment clearly involved close proximity to children. This may suggest that some were actively targeting children via their work.

The majority(66%) were or had been married or cohabiting at some point, whilst 42% were married or cohabiting in a heterosexual relationship and with children at the time of the offence. Although the majority had children of their own(65%) , a minority of offenders claimed never to have been involved in an adult sexual

relationship(34%).

A clear majority had no previous convictions for sexual offences (69%) or other offences(68%). Some 18% of offenders claimed to have been actively involved in an abuser ring.

In 44% of cases alcohol was identified as a contributory factor, perpetrators claimed that they drink a substantial amount prior to offending. whilst there is certainly some evidence to support this contention both from the existing literature(Aarens, 1978) and from the qualitative findings, it could be, following Gudjonsson, that offenders were seeking to attribute blame internally at this stage in the court process.

In the majority of cases(76%) the offence occurred either in the perpetrators home or in the victims home(or both where incest was committed). The qualitative research demonstrated that many offenders are unwilling to take responsibility for their actions, even where a guilty plea is entered. Probation officers asked respondents who or what they felt was to blame for their behaviour. 71% of those pleading guilty did not accept any responsibility and blamed their partner, the victim or both for their behaviour.

The findings from the survey are brief and inconclusive given the absence of current information.

Summary And Discussion Of Findings

This research sought to explore the extent to which a community treatment programme attained its stated aims and objectives in work conducted with perpetrators of sexual offences against children. The programme is typical of many community based approaches run by the Probation Service in England and Wales, the programme was based loosely upon Finkelhor's Multi-factoral model and the cognitive behavioural approach. Two groups of men numbering 21 in total participated in the research.

Qualitative interviews were conducted over a period of 3 years along with two psychometric tests. A total of 97 depth interviews were undertaken, most respondents participated in either four or five such interviews. Unfortunately it was not possible to conduct post treatment interviews with respondents, many of whom left the area on completion of their probation order. One respondent was reconvicted during the treatment programme and one left on the grounds of ill health, although he continued to participate in the research. The findings from this research are compared to Beckett et al's(1994) evaluation of 7 UK treatment programmes, which adopted a similar approach. Other research is referred to where appropriate.

Treatment Programme Evaluation

The first interview was conducted pre treatment and aimed to test the theoretical

assumptions of the treatment programme. The programme was structured around specific theoretical argument regarding the behaviour of abusers, it was therefore important to establish that such argument was upheld. The assumptions were: that abusers would have a tendency to deny responsibility for their actions and to lay blame elsewhere; would have little empathy for their victims; would be social isolates who had difficulty in building and maintaining adult relationships; would have low self esteem and who would have distorted attitudes towards children. Some of these concepts proved extremely difficult to measure over time. The programme did however, appear to have made a positive impact upon self esteem.

Two psychometric tests, the Blame Attribution Inventory(Gudjonsson, 1991) and the Great Ormond Street Self Image Profile(Monck, 1992),were used consistently over the three-year period and the results have been reported here.

Four of the twenty-one respondents were reconvicted for sexual offences against children over a six-year period, one of who had left the programme at an early stage. This constitutes a reconviction rate of approximately 20%(although this figure should be treated with caution given the small sample size). Taylor(1999) suggests on the basis of his analysis of data from the Home Office Offenders Index, that reconviction rates for such groups are approximately 20%, and tend to be lower than rates for those not receiving treatment. Other research found lower reconviction rates for treated offenders; only 5% of Beckett et als(1994) original treated sample were reconvicted over a two-year period(although this may have risen since) and the sample was small here also(Hedderman and Sugg, 1996)

A discussion of each aim and conclusions from the interview and psychometric test

data follows:

1. Group Structure, Process And Leadership: Respondents Views

Respondents openly discussed the impact of the treatment upon their lives at interview two and at subsequent interviews. The majority of respondents appeared extremely depressed at interview two, six months into the treatment programme. Many became emotional and two were suicidal. Several of the respondents had sought the advice of their doctor for depression and had been prescribed anti-depressant drugs (this was verified by documentation in the respondents case files).

Most of the respondents claimed that the treatment had caused them to 'rethink' their pasts and to question their behaviour. Most respondents now claimed to have a 'problem' and stated that they believed themselves to be danger to children.

Respondents were suffering minor health complaints at interview two, one had lost a considerable amount of weight and one respondents skin complaint had visibly worsened.

All of the respondents stated that the group was extremely difficult and some believed it to be more difficult than prison.

**Table 7 Respondents Experiences Of The Group
(qualitative count)**

	N
Programme was beneficial(final interview)	18
Caused to reflect	16
Had ‘rethought’ their past(interviews 2&3)	5
Were able to openly discuss problems	9
Disbelieved by group leaders(interview 2)	10
Experienced leading questioning(interviews 2&3)	15
Greater confidence as a consequence	5

Programme Effectiveness And Process

Respondents spoke of the effectiveness of the group setting, stating that other group members served both to challenge and support. Both groups appeared to be extremely cohesive. Some respondents stated that the role-play exercises used were an effective way of allowing them to experience the victims perspective.

A key concern raised by respondents, to a greater extent at the beginning of the research, was that group members felt compelled to provide responses that met with the expectations of the group leaders regarding their thoughts and behaviour. At interview two several respondents stated that they had lied on occasion in order to satisfy the group leaders. At interview three only one respondent claimed to be dishonest in the group setting, this respondent was reconvicted during his probation

order. The problem here remains that as group sex offenders are characterised as 'dishonest' and research evidence to support this claim does exist (Salter, 1990). This research has indeed demonstrated the manner in which inconsistencies appear in accounts of offence circumstances over time. The difficulty for group leaders is in attempting to distinguish fact from fiction in the group setting.

At interview three respondents were more positive regarding their experiences in the group. Many praised the manner in which the group had allowed them to explore their past and to face their offending. Respondents were still claiming to be a danger to children and a number had begun to think about strategies for avoiding the risk of offending.

Group work appears to have become the accepted medium for work with child sexual abusers in the USA and in the UK. Current literature suggests that this method constitutes an effective means of approaching the problem. Barker's (1993) survey of Probation Service provision in the UK, suggested that the majority of work undertaken is group work based (Barker and Morgan, 1993).

Respondents in this research commented upon the way in which the group allowed them to share their problems. Glaser and Frosh (1998, in Morrison et al) assert that the collective nature of group work works in contrast to the isolated and secretive nature of sexual offending. This form of work is said to offer offenders an opportunity to explore hitherto kept secrets. Here many respondents spoke of group cohesion and the importance of feeling able to discuss intimate issues. Jackson and Nuttall (1997) believe group cohesion to be the single most important factor in effective treatment. Here a secure environment is provided and offenders are amongst others who share

their problem.

At interview four and five the majority believed the group to be beneficial and extremely demanding. Several respondents stated that they had difficulty in adjusting to the move from weekly to three monthly sessions and that this had a negative impact upon group cohesion. Some respondents continued to state that the programme was more demanding than a prison sentence.

Group Leadership

The issue of group leadership is an important one and was raised on several occasions by most of the respondents. There had been a change of group leaders during the research, it was the policy to rotate officers on a regular basis, the original leaders had adopted a more confrontational style, which most respondents found to be difficult but more effective. One respondent felt 'in fear' of the original group leaders. Several respondents preferred the style of the new leaders and felt more able to talk freely. As discussed, there is little recent research in the UK into the impact of such treatment programmes, one similar study funded by the Home Office and undertaken by Beckett et al(1994), has suggested that an over controlling leadership style is detrimental in such treatment programmes. The respondent's views were however divided regarding the styles of the two groups and they did appear to benefit from the extremely challenging style adopted by the first group. It could be that the style was not 'overly challenging'. In a later summary of Beckett et al's research it is claimed that *'helpful and supportive leadership style was found to be important in creating an atmosphere in which creative therapy could take place'* (Fisher and Beech, 1999,p253).

This contention is supported by this research, in later interviews respondents were overwhelmingly positive regarding their experiences in the group and the subsequent impact upon their lives.

It should be recognised that practitioners involved in such work can be subject to considerable stress. They may have negative feelings towards the group attendees because of the nature of their offending, these feelings may be covertly expressed in work with sex offenders. Practitioners must learn to balance these feelings with that of their role as a professional whose job it is to offer help and support. Erooga states that practitioners face stress ‘*at two levels: the uncomfortable feelings they have and the discomfort caused by the conflict of being a helping professional and having these feelings*’ (1994,p10, in Morrison et al). This claim is supported by Jackson and Nuttall(1997) who believe that such work is often conducted at great personal cost to practitioners. Finding a balance in terms of leadership style may therefore sometimes be difficult.

At the outset of the research some of the respondents reported feeling intimidated by the Group Leaders. Sheath(1990) asserts that personal negative feelings towards sex offenders may result in group leaders becoming unintentionally persecutory. It is not the suggestion that this was the case here, but the fact that the personal feelings of practitioners must impact upon the work conducted is inescapable. Some have suggested that leadership style is unimportant as long as group work is effective(Kear-Colwell, 1996). This research suggests that leadership style is of importance to group work recipients and contributes to successful group work.

Provision For Ongoing Professional Support

The majority of the respondents were concerned that there appeared to be no further professional support for them following the treatment programme. They believed that they had achieved a great deal in recognising that they were sexually attracted to children and that this constituted a problem. Many believed themselves to be a 'danger' to children and feared circumstances in which opportunities to abuse might arise. They were incredulous that having reached this point they would be left with no professional support on termination of their probation order. Respondents stated that they would welcome the opportunity for ongoing help.

2. Denial, Blame Attribution And Victim Empathy

The concept of denial is covered extensively in the literature on sexual offending and has been discussed in some detail throughout. The argument is that in order to protect themselves and to justify their actions, abusers seek to lay blame for their offending behaviour elsewhere. Most commonly the victim or circumstances are blamed. The psychometric test used here was developed by Gudjonsson(1991), the Blame Attribution Inventory purports to measure how far respondents seek to attribute their behaviour to either external or internal causes, and as such is based upon attribution theory.

The findings from this test indicated that respondents 'guilt' scores dropped over time. Gudjonsson(1991) states that low guilt scores are associated with low denial(although no empirical evidence is presented in support of this contention). This would concur with the interview findings which suggest that denial diminished over time. Similarly both the tendency to attribute blame to external and internal causes appeared to fall over time, this would validate the data gathered at interview, which

suggested that respondents were less likely to blame victims and circumstances for their behaviour. The actual number completing the tests was low(N=10) given that eleven respondents refused to participate in this element of the research(they had some experience of completing such tests and believed that they constituted an attempt to ‘trick’ respondents) some doubt is cast upon the validity of the psychometric findings.

In order to address the concept of blame attribution during interview respondents were asked to recount the offence circumstances in their own words, at each interview, accounts were later compared with victim statements(where available).

This proved an extremely effective means of exploring the extent to which respondents continued to deny responsibility for their actions.

**Table 8 Blame Attribution
(Qualitative Count) Interviews One to Final Interview**

Interview	Evidence of Blame Attribution(N)
One	17
Two	17
Three	14
Four & Five	5

The findings from interview one suggested that respondents were extremely likely to blame the victim, offence circumstances and other external factors such as their use of alcohol prior to the commission of the offence. There was a great deal of difference between the respondents accounts of offence circumstances and the victims at the pre treatment interview, accounts typically disagreed in respect of the time period over which the offences were perpetrated, the nature and frequency of the abuse .

Respondents tended to describe victims behaviour and clothing by way of explanation and denied planning their offences. The data from interview one did appear to support the contention that offenders are likely to attribute blame for their offending elsewhere. This finding is supported by Beckett et al's(1994) research and other research(Gudjonssen,1988, 1991: Marshall, 1996, 1997) . Prior to treatment abusers in Beckett et als sample '*characteristically denied or minimised the extent of their sexual offending and problems*'(Fisher and Beech, 1999, p252). Fisher and Beech(who were part of the original research team) go on to state that abusers typically minimised the impact of their offending upon their victims and had little victim empathy prior to entering the treatment programmes.

The findings from Beckett et al's study (1994) are consistent with this research on this point, at interview one respondents had little victim empathy. Respondents did not, however, express the view that victims had benefited form the abuse, but did attempt to minimise the consequences of the abuse for the victim . Recent research has highlighted the importance of attempting to develop victim empathy in sex offenders. Pithers(1999) has suggested that developing empathy may be the key to preventing further offending . Abusers are said to have victim empathy when they have an understanding of the harm done to victims and are able to demonstrate remorse.

The assumption was that respondents would have distorted attitudes towards children, in that children would be seen as responsible for their behaviour. Existing research suggests that abusers believe children to be unharmed by the abuse and believe the abuse to be beneficial(Abel & Becker, 1984: Morrison, 1996). This research supports this contention to an extent, the section addressing the concept of denial at interview

one presents evidence in support of blame attribution to victims. There is also evidence to suggest that respondents minimized the consequences of the offending for the victim. There is no evidence to suggest that respondents believed the abuse to be beneficial to victims. The research undertaken by Beckett et al(1994) suggests that abusers do typically have this view, his sample of respondents believed that their victims would not be harmed by their abuse and that it may be beneficial to them. The contention that abusers are drawn to children and childlike qualities such as 'innocence' and playfulness' is supported by this research.

At interview two the majority of respondents appeared to have made some progress in that they had some understanding of the seriousness of their behaviour and had some empathy for their victims. Respondents were also stating that they believed themselves to be a danger to children, the majority were also more willing to discuss their offending at this point..

Respondent accounts of offence circumstances continued to differ considerably to victim accounts at this stage, respondents continued to attribute blame and to minimise the consequences of their behaviour. As discussed elsewhere, this might indicate that respondents had made some real progress in terms of their understanding of their behaviour. It could however indicate that respondents had learnt the treatment messages successfully and rehearsed these when questioned directly, whilst inwardly continuing to deny responsibility.

Many respondents were openly emotional and cried frequently during interview two, which would suggest that they had been considering their behaviour and that this was a painful process.

Respondents were less emotional at interview three and appeared more relaxed during interview. The majority of respondents appeared to have greater victim empathy and spoke of the harm they had done. Many seemed to be more honest regarding the extent of their previous offending and their deviant sexual fantasies involving young children.

There was greater agreement between respondent's accounts of offence circumstances and victim statements at this stage, some denial and victim blaming was still apparent in accounts given, but generally words were chosen with more care and respondents appeared to recognise the risk they posed.

In accounts of offence circumstances at interviews four and five, respondents appeared to be much more accepting of responsibility and tended to provide a similar account of offence circumstances to that of their victims. There was greater agreement here regarding the length of time over which the abuse occurred, the nature of the abuse and regarding their role as instigator. Respondents were less likely to describe their victim's behaviour and clothing by way of explanation for their offending.

Research conducted by Beech et al(1998) evaluated the effectiveness of twelve sex offender treatment group following the cognitive behavioural approach, operating in six UK prisons. The evaluation relied heavily upon the use of psychometric tests. The conclusions validate the findings of this research. The programmes were generally effective in increasing the extent to which the offenders would discuss and admit to their offending behaviour; levels of denial were reduced and respondents appeared to have greater victim empathy. Beech et al state that levels of social competence were raised. Long-term treatment(of approximately 160 hours) was shown to be more

effective than short-term treatment.

These findings concur with Beckett et al's (1994) study, where *'programmes were found to have a significant effect on offenders willingness to admit their offences and sexual problems----- programmes significantly reduced the extent to which offenders justified their offending'* (Fisher and Beech, 1999, p253). The question here is how far the willingness to accept responsibility and heightened victim empathy, are linked to a reduction in offending behaviour.

Whilst generally the interview and psychometric data show a reduction in blame attribution over time, it could be argued that the interview data indicates that respondents appeared more likely to attribute blame internally and less likely to attribute blame externally and this is contradicted by the psychometric test findings. However, internal attribution here is taken to refer to the tendency to blame internal factors beyond an individuals control (the use of alcohol for example, as a disinhibitor or mental health problems), it could be argued that respondents were accepting greater responsibility for their offending behaviour in a manner in which they had not done at the outset of the research; claiming to have deliberately manipulated circumstances in order to abuse for example. Seen in this light the findings from the interviews and the psychometric test would not appear to be contradictory.

Guilt scores from the psychometric tests did decrease over time and this needs some considered explanation. Gudjonssen (1990) maintains that decreased guilt scores are synonymous with decreased denial in sex offender populations, but logically it would seem that as respondents came to realise the enormity of their problem, that their guilt should steadily increase. Why was this not the case? It is difficult to answer this

question with any certainty, it could be that the recognition that they have a problem and the acceptance of the harm they may have inflicted, may serve to ease a guilty conscience, a problem shared and here worked through in a therapeutic environment may really have resulted in a 'problem halved'. This would appear to be Gudjonssen's contention, that therapy should enable offenders to feel better about themselves and to feel as if they are able to control their problem, this in turn may impact upon feelings of guilt. This is of course conjecture, however the findings taken together paint a picture of individuals who have more control, higher self esteem and greater confidence and this would appear to be an extremely positive finding.

3. Self Esteem, Isolation & Adult Relationships

Self Esteem

Research has suggested that child sexual abusers are more likely to have low self esteem and to be socially isolated, than are other offenders (Marshall, 1996. Marshall and Mazzucco, 1995). The concept of self-esteem proved a difficult one to address in the context of an interview.

Much existing research has relied upon psychometric testing here (Pithers, 1999: Wolf, 1984), but the validity of such testing may also be questioned on the grounds that respondents may provide what is perceived to be an acceptable response⁵.

A psychometric test was used in an attempt to validate the interview findings. The Great Ormond Street Self Image profile was developed by Monck et al (1992) and seeks to establish how respondents rate their feelings of self worth. The findings from this test indicated that the groups self esteem had increased over the duration of

⁵ Referred to as 'faking good' (Anastasi & Urbina, 1997) in the Methodology Chapter

the programme. The group mean scores showed a gradual increase over time, with a slump at interview two, six months into the programme. These findings are largely consistent with the interview findings which identified a similar low point. The standard deviation scores were extremely high casting doubt upon the validity of the means scores, this was possibly attributable to several extreme values and the small sample size. The test findings appear positive but their validity must be questioned on the basis of the problems discussed.

The difficulty here was in establishing how far the depression and low self esteem which respondents described at the outset of the research was an enduring feature of their lives and how far this might be attributable to their circumstances. The research group were drawn from a convicted population. Each one had recently experienced the trauma of arrest and subsequent conviction for an offence of which society has little tolerance and understanding. The question remains, did respondents have enduring low self esteem or did their current circumstances produce depressed and lonely individuals? In order to address this issue the accounts of early childhood provided by the respondents were explored. There was evidence to suggest that respondents did suffer low self esteem as children, this was particularly apparent in accounts of school experience. Although the majority of respondents were articulate, literate adults who were able to express themselves well during interview, many underachieved academically and disliked school.

The programme did appear to have made a positive impact upon self esteem.

Social Isolation & Loneliness

The extent of social isolation experienced during childhood was also significant, many were lonely, isolated children, some of whom frequently experienced bullying on the part of their peers. The findings from interview one, and indeed subsequent interviews, would appear to support the contention that low self esteem is an enduring problem for this group of offenders, which is doubtless exacerbated by arrest, subsequent conviction and public labeling as 'sex offender'. The findings from Beckett et al's research(1994) would appear to support this, their sample of abusers were characterised as '*emotionally isolated individuals lacking self-confidence. They were under assertive, poor at appreciating the perspective of others and ill-equipped to deal with emotional distress*' (Fisher and beech, 1999, p252) prior to entering a treatment programme.

**Table 9 Social Isolation - Respondents Self Report
(Qualitative Count)Interviews One To Five**

Interview	Number Experiencing Isolation
One	16
Two	20
Three	18
Four & Five	16

Social isolation proved easier to explore and respondents were asked a series of questions regarding their daily lives and the nature and frequency of social contact. The literature characterises sex offenders as social isolates, with few social contacts. As discussed the difficulty of decompartmentalising concepts became clear as the research progressed, where social isolation was a significant element of respondents lives this often accompanied feelings of low self worth The extent of isolation experienced was addressed via exploration of the nature and frequency of respondents

contacts. The data from interview one indicated that some of the respondents had a relatively large number of social contacts and busy lives.

The research also sought to explore the concept of 'loneliness', which is taken to be qualitatively different to social isolation. An individual might have social contacts but remain lonely. Peplau and Perlman(1982) have suggested that individuals with many social contacts might feel isolated and lonely, where those relationships lack depth and meaning. They point to the importance of having significant others to whom we can turn in difficult times and who offer support. In order to accommodate this concept respondents were asked if they felt there was anyone in whom they could confide their problems. Only two of the respondents throughout the research felt that they had such a significant other.

Some of the respondents were socially isolated at interview one, the extent of such isolation became worse for many as friends and family discovered the nature of their offending. The majority of the respondents appeared to be lonely individuals who had no significant others with whom to share their problems.

It proved difficult throughout the research to establish how far the self esteem of offenders had altered from one interview to the next. At interview two the majority of respondents were extremely depressed and many felt ostracised by family and friends who had recently learned of their conviction. It could be said that respondents did appear to have extremely low self esteem and were socially isolated at this point in the research.

By interview three some respondents appeared to have rebuilt their lives and

developed new social contacts and this appeared to have impacted positively upon their self esteem , whilst some remained isolated not wishing to socialise with others. Respondents had certainly been encouraged to join social clubs by their probation officers. This remained true at interviews four and five, although here respondents generally felt more confident and able to get on in life.

The majority of respondents continued to state throughout the research that they felt unable to confide in any one beside the group and their probation officer, regarding their sexual and other problems. This might indicate that respondents continued to experience loneliness.

An attempt to explore other aspects of the lives of those respondents who appeared to be socially isolated throughout the research was made(a core of 15 respondents fell into this category).

Table 9a **Social Isolation Compared To Other Key Characteristics**

	Physically Abused By Father	Poor Relationship With both Parents	Socially Isolated as a child	Difficulty In Forming adult Relationships
Socially isolated throughout research (N=15)	12	13	14	14

This exercise proved interesting, it is however difficult to draw any conclusions given the limitations of the data. It is worth noting that fourteen of fifteen of those remaining socially isolated throughout the research, experienced isolation in

childhood. Such isolation had been an enduring feature of their lives.

As discussed it is extremely difficult to explore ambiguous concepts such as self esteem , to attribute any increase in levels of confidence to the treatment programme is problematic. Respondents may have become more confident and , in some cases, less socially isolated as a consequence of the passage of time. If abusers are characteristically social isolates with low self-esteem, and evidence from respondents childhood's presented here does suggest that this may be so, perhaps it is unrealistic for a comparatively short treatment programme to impact significantly upon abusers confidence and social circumstances. The only treatment programme in Beckett et al's(1994) study to significantly impact upon abuser self esteem was that run by the Gracewell Clinic in Birmingham(which has since closed). This residential programme offered 462 hours of intensive therapy to attendees on a daily basis. The length of the programme, the residential nature and the intensity of the programme are identified as key ingredients for success in this area. The findings from this research regarding the impact of the programme remain inconclusive.

Adult Relationships

The assumption underpinning the treatment programme was that abusers would experience difficulty in building and maintaining adult relationships. Work with the group was conducted on this basis.

At interview one 18 of the 21 respondents claimed to have been, or were currently involved in a sexual relationship with an adult woman, 12 had been married or co-habiting at some point in their lives, 2 remained in a long term relationship following their conviction.

**Table 10 Adult Relationships - Respondents Self Report
(Qualitative Count)**

	N
experienced long term heterosexual relationship	18
experienced problematic adult sexual relations	16
relationship breakdown a consequence of conviction	17(interview 3)
difficulty in forming adult relationships	16
less likely to offend whilst in an adult sexual relationship	5

Respondents discussed their adult relationships freely at interview one, they frequently described ongoing problems and feelings of rejection. In some cases the offending had clearly contributed to a breakdown in their relationship. This finding would seem to support the treatment programme ethos and can be validated with reference to other existing research discussed elsewhere. This research has shown that: abusers have difficulty in relating to adult women(Hammer and Glueck, 1957) and abusers expect isolation and rejection in their sexual adult relationships (Smallbone and Dadds, 1998).

Many respondents continued to experience relationship problems, which were reported at subsequent interviews, several respondents had split up with partners as a consequence of their offending and their continuing sexual attraction to children. Several actively avoided any intimate adult contact, for fear of rejection. Respondents were however noticeably more able to discuss and analyse previous relationships. Several respondents appeared more honest regarding the role they played in the

destruction of previous relationships. Some respondents openly admitted to the extent of their violent behaviour in past relationships. Although respondents circumstances remained largely unchanged, they had a much greater understanding of the problems they had encountered and of their role in previous relationships. At interviews four and five respondents seemed much more honest regarding this area of their lives.

4. Respondents Early Lives

The theory underpinning the programme stressed the importance of exploring abusers early lives. The emphasis here was upon the significance of early relationships and the possibility that abusers may themselves have been sexually abused children.

Respondents gave detailed accounts of their childhood experience during the research.

There were few inconsistencies over time in the accounts provided. This would suggest that respondents believed their accounts to be truthful, although the validity of such accounts must always be questioned on the basis of the accuracy of respondent recall. The pain experienced in recounting childhood memories was apparent, many respondents became emotional and cried openly during interview one and subsequent interviews.

**Table 11 Early Lives - Respondent Self Report
(Qualitative count)**

Category	N
Physically abused by mother	3
Physically abused by father	14
Poor relationship with mother	13
Poor relationship with father	14
Isolated as a child	17
Bullied at school	12
Dislike of school	18
Unhappy childhood	17
Experience of sexual abuse	10

At interview one and later interviews accounts of early childhood revealed a significant amount of emotional and physical abuse on the part of parents and carers. Many respondents recounted difficult, unhappy childhoods. Many respondents described relations with both parents often characterised by abusive behaviour. Where fathers were present in the respondent's young lives they tended to be either emotionally or physically detached(sometimes for long periods of time) from the family unit. Here fathers were violent, uninterested or both. Relations with mothers were often strained, leaving respondents feeling unloved. Research conducted during

the 1980's found that the parents or carers of a sample of juvenile sex offenders were typically distant and inaccessible, leaving the abusers feeling unloved and uncared for as children (Smith and Israel, 198). Similarly Bagley (1992) found high levels of parental instability in his sample of convicted child sexual abusers. More recently Kear- Colwell (1996) asserts that '*most sex offenders come from seriously maladaptive social and family backgrounds and are significantly damaged individuals*' (p262, 1996)

In this research several respondents reported physically abusive behaviour on the part of their mothers. It is also interesting to note here that some research has suggested that high levels of physical and sexual abuse can be found in the family histories of child sexual abusers' parents (Lankester & Meyer, 1986). Respondents also experienced difficult relations with peers. Many were isolated, lonely children with few friends, who were systematically bullied and ridiculed by other children.

The evidence from interviews suggested that respondents experienced problematic relations with others from early childhood to adulthood. It is difficult to validate this finding with reference to other research, given that there has been no thorough attempt to document the life histories of abusers, although Yalom (1975) has suggested, on the basis of his experience as a practitioner, that the origin of relationship problems from this group may lie in experiences of early family life. Recent research undertaken by Smallbone and Dadds (1998), which is based upon small sample of convicted male child sexual abusers, does suggest that poor, abusive relations with parents or carers serve to create problems experienced in adult relationships. The suggestion here is that abusers expect their adult partners to

behave in a similar way to their childhood carers, the expectation is that partners will be ‘ *unloving, unresponsive, inconsistent and rejecting*’(1998, p569). These findings have been supported by other recent research(Ward and Keenan, 1999).

In order to explore the claim that an emotionally deprived childhood might be linked to an inability to form successful adult relationships, an attempt was made to explore how far those respondents experiencing problematic relations with parents or carers, claimed to have experienced problematic relations in adulthood. No real inference can be drawn regarding a positive association between these two issues, given the small number of respondents in the group and the qualitative nature of the data.

**Table 11a Respondents Early Relationships With Parents
And Adult Relationships**

	Experienced difficult adult sexual relations	Experienced difficulty in forming adult relations
Respondents experiencing poor relationships with both parents (N=15)	13	14

Of the fifteen respondents claiming to experienced problematic relations with both parents, thirteen appeared to have experienced difficult adult relations and 14 had experienced difficulty in building successful adult relationships. This finding would seem to support the work of Smallbone and Dadds(1998) and Ward and Keenan(1999), but should be treated with caution given the limitations discussed.

At interview one less than half of the respondents claimed to have been sexually

abused as children. The programme leaders , following Wolfe(1984), expected that attendees would have experienced sexual abuse at some point during their childhood. As the research progressed two respondents claimed to have ‘recalled’ being sexually abused as children. To work on the basis that all attendees will have experienced some form of sexual abuse as children is clearly problematic when a proportion claimed not to have.

5. Respondents Health

Health was taken here to refer to physical and mental well-being. Respondents reported feelings of depression and minor health complaints at interview one. The majority stated that they did not usually suffer from depression. Several of the respondents used alcohol and stated that this was often used as a disinhibitor prior to their offending.

**Table 12 Respondents Health - Respondent Self Report
(Qualitative Count)**

Interview	Reported Depression/Minor Health Complaints(N)
One	10
Two	18
Three	9
Four &Five	4

The treatment programme aimed to monitor the physical and mental well being of attendees. On the basis of their experience group leaders predicted that attendees would become increasingly depressed during the first six months of the programme, as they began to examine the consequences of their actions. it was also thought that respondents would report a large number of minor health complaints at this point. The group ethos suggested that respondents should begin to recover from this point. At

interview two, six months into the programme, respondents appeared extremely depressed and as discussed two had seriously contemplated suicide⁶. Many respondents were visibly unwell and unhappy at this stage in the research. Two had lost a considerable amount of weight, another had been drinking heavily, another's skin complaint had deteriorated considerably since the previous interview, another had increased the amount of cigarettes smoked in a day. Several respondents were taking anti-depressants prescribed by their doctor and one left the group due to ill health. Respondents cried openly and frequently during this interview and expressed negative feelings about the treatment programme.

It certainly was the case that respondents hit a low at this point, the treatment philosophy would seem to be that attendees must experience the pain that realisation regarding the consequences of their behaviour brings, in order to move forward. What is of concern, is that attendees be provided with adequate support and that probation staff be aware of the potential risk. The manner in which the well being of respondents was monitored was unclear. Although group leaders did appear to be aware that two of the respondents were contemplating suicide.

In subsequent interviews respondents appeared less depressed and healthier, they were more able to conduct their lives and were less emotional during interview. The health complaints became less and respondents appeared healthier. Some claimed to be more confident as a consequence of the programme.

⁶ This was of concern given that two members of a previous group had committed suicide at this point in the programme. The information was passed back to the Group leaders.

6. Relapse Prevention And 'High Risk' Offenders

The term 'relapse prevention' is referred to widely in the literature on treatment approaches with sex offenders. This involves enabling the offender to recognise when he/she is at risk of offending and developing strategies to avoid such risk.

Marshall(1999) states that relapse prevention has many facets including: the ability to recognise the beginning of the 'offence cycle'(1999,p233) and the risk situations. In this research there appeared to be no formal training on relapse prevention, in that no sessions or tasks were clearly dedicated to this purpose. This point is consistent with Beckett et als(1994) findings, here one of the main criticisms made of the programmes evaluated focused upon the failure to provide such training.

Respondents in this research did however begin to recognise the risk they posed and some were actively devising strategies to avoid such situations. This would suggest that such issues were addressed by the group informally. Respondents also requested further professional support in helping them to reduce risk on completion of their probation orders.

The findings from this research have been compared to Beckett et als study. In this large scale study the researchers distinguished between ' highly deviant' and 'deviant' offenders'(Fisher & Beech,1999, p252). The former had a considerable history of sexual offences, had been abused as children and had committed offences against both girls and boys. Beckett et al stated that this group was most at risk of further offending and was the most difficult to treat. No comparison is possible here given the smaller sample size. It would be extremely difficult to categorise this group of men in this way. One of the two respondents reconvicted could be said to meet some of the criteria, in that this respondent had abused children over a number of years, he

did not however, claim to have been abused as a child and his offences were committed against boys only.

Beckett's et als findings appear conclusive but further reading of their research reveals that the sample size of the 'highly deviant' group was only 26, further research is needed here and findings must remain inconclusive.

7. Practitioners Assessment Of Respondent Progress

It has been claimed that those who operate treatment programmes for child sexual abusers, can frequently provide an accurate assessment of each individuals progress and are often adept at recognising which attendees are at risk of further offending(Marshall. 1999)

Semi-structured interviews were held with those involved in conducting the programme for several reasons. First to gather information regarding their training, knowledge and experience in this area of work(these findings are reported in Section Three of the Literature Review). Second to expand upon the written material provided regarding the groups aims and objectives and third to seek views regarding the progress of group attendees(the interview schedule may be found at Appendix Seven).

Interviews were conducted prior to the commencement of the fieldwork and shortly before interview four, interviews were undertaken with seven practitioners and the Senior Manager with responsibility for the Sex Offenders Group.

All group leaders interviewed had made a professional assessment of each man at

this stage in the research. All spoke of the risk that one respondent continued to pose(the respondent who was later reconvicted):

‘He complied on practical issues at all times, but he had an inability to use the treatment programme, it felt it to be persecutory. He is attending but otherwise has made little progress, I have the sense that he hasn’t taken responsibility, he would emulate what the others say in the group. I feel he’s a risk’(respondent 1)

Another respondent commented that:

‘He hasn’t responded well, he feels angry and got at by the process. He isn’t open at all, there is little positive movement. I think he could reoffend’(respondent 4)

These comments are typical of those made by practitioners regarding this respondent. It cannot be concluded with any certainty on the basis of five short interviews, that practitioners are always adept at recognising those who are at risk of further offending, although this evidence would indicate that this was the case in this rather limited situation.

Blame Attribution, Self Esteem, Health And Relationships: The Therapeutic Context And for Implications For Treatment Practice

In attempting to isolate and define the theoretical constructs which underpin the programme, it is possible to lose sight of their inter-relatedness. An attempt has been made to remedy this throughout the general 'Findings' and 'Summary Of Findings' sections. This issue is addressed below directly.

There is a sense in which clearly these constructs are inter-related and this very issue may be of paramount importance in understanding the way in which such offenders function. Evidence has been presented which would suggest that offenders do have an inability to forge successful relationships, which in turn may result, or exacerbate, feelings of low self-esteem and general confidence, and which would presumably impact upon any future relationship.

The early interview data demonstrated that some such offenders would rather remain isolated than face the world. It could be argued that prior to entering the treatment programme many respondents had endured a lifetime of isolation and rejection in adult relationships, and had frequently experienced emotional and physical abuse on the part of their parents. Such feelings of isolation and rejection were exacerbated by their arrest, conviction and subsequent public labeling as a 'child abuser'. They entered the programme as depressed and isolated individuals. It would be fair to say that the majority left with greater confidence, more control over their lives and with more willingness to accept some responsibility for their actions and this is a positive finding.

It is worth examining the therapeutic context in which this change occurred, although little research exists which documents offender's progress at different stages on such treatment programmes. The process of change through which offenders go is proposed by Clark & Erooga (1996, cited in Morrison et al) on the basis of their experience as practitioners. Their model would seem to concur in key respects with the findings from this research.

The model is based upon one originally developed by Prochaska and Di Clemente (1982, cited in Erooga & Clark) on work with long-term smokers. It is suggested that smokers who sought help with their addiction, go through four stages in therapy: the first is known as 'contemplation'(p123), here the smoker recognises that their behaviour is problematic and wishes to change(this stage is preceded by 'pre-contemplation' typically characterised by resistance to change, denial and blame attribution). The second stage is referred to as 'action'(p124), during this stage the smokers decide to start taking control of their lives and are encouraged to develop new strategies for understanding and controlling their behaviour. The third stage is known as 'maintenance'(p124), here smokers should begin to internalize and maintain new patterns of behaviour that deter them from smoking. The final stage is known as 'relapse'(p125), where towards the end of the programme, given certain circumstances the smoker may return to their old behaviour, or could seek further therapy. This model anticipates some form of relapse and builds in some provision for this. Clark and Erooga(1994) , in their adaptation of this model, identify five stages of change in sex offenders undergoing treatment. The claim is that change can only occur when offenders recognise that they have a problem and are motivated to address

that problem, much like Prochaska and Di Clemente's smokers who were able to begin to give up when they recognised that their behaviour was problematic.

An extremely important point in the context of this research is that the majority of the respondents were more likely to recognise that their behaviour was problematic as the programme progressed. They were also less likely to attribute blame, both internally and externally.

Two respondents never accepted that their behaviour was problematic and refused to cooperate with the treatment programme they were exceptions. It is of course unwise to draw inferences on the basis of two cases, but this is an interesting point and it is tempting to speculate that these respondents had little motivation to change and to seriously address their problem. One of these respondents was reconvicted during the treatment programme. The key issue is that motivation to change and recognition that behaviour is problematic, may be key indicators in predicting successful treatment outcomes with this group. These variables may also be important in predicting risk of reoffending, but quantifying them may prove problematic.

During the first stage of the model, '*denial and resistance*' (p123), although attendees will have pleaded guilty they will deny and minimise their behaviour, this coincides with the 'pre-contemplation' stage identified by Prochaska and Di Clemente. Denial here may focus upon the extent and nature of the abuse, offenders may behave in this way in order to deny that they have any sexual attraction to children and present themselves as responsible members of society. At interview one respondents typically denied responsibility for their behaviour and concealed the nature and extent of their actions. They also sought to attribute

blame both internally and externally to victims, offence circumstances and disinhibitors such as alcohol. Respondents did not recognise that their behaviour was problematic. At this point in the treatment programme group leaders would be seeking to establish 'anti-offending' norms (Morrison, 1996, p117). At this stage the focus would be upon the group participants and attendees would find the work hard. During the early stages of this research respondents typically complained about the group practice and how they felt inhibited from speaking. They also claimed that a mistake had been made or that their offending was an isolated incident. The general belief was that such treatment might be appropriate for sex offenders but not for them.

It is clear that such offenders may be accustomed to explaining and justifying their actions both to themselves and to others, particularly if they have been convicted before. The contention here is that the inability to forge successful relationships is an ongoing feature of such offenders lives, and is coupled with social isolation and low self esteem. At this point in the research, the data indicated that denial and self-esteem were low. General health began to deteriorate. This category could be usefully expanded to include these important issues.

The implications for treatment practice at this stage are that; a successful treatment outcome is much more likely where an abuser is motivated to change and where there is at least some recognition that their offending behaviour is problematic. Early treatment, whilst seeking to challenge denial and attribution, should recognise that offender's self-esteem is very low and should seek to closely monitor general health. The impact that conviction will have upon existing and new relationships and the extent to which this will exacerbate feelings of isolation, should be recognised and addressed in treatment.

Interestingly, the second phase ‘ *guilt and false motivation* ’(Prochaska and Di Clemente’s ‘contemplation’ stage) is characterised outwardly by expressions of shame and remorse, here there is a preoccupation with the loss of relationships and public shame. This is described as false motivation as inwardly offenders continue to deny responsibility. In this research at interview two respondents spoke of their shame and remorse at having committed the offences but their accounts of offence circumstances continued to contradict victim accounts, and they continued to deny responsibility as evidenced by their descriptions of events. At this stage in the process, group leaders would be attempting to build group cohesion and encourage group challenges. Self esteem was very low here and respondent’s health had deteriorated considerably, sometimes visibly. Some of the group were seriously contemplating suicide, some had been prescribed antidepressants. It would be tempting to speculate that the poor general physical and mental health of the group contributed to the low self esteem score evidenced in the psychometric test and feelings of helplessness expressed during interview.

The pre-occupation with a loss of relationships and public shame, identified by Clark and Erooga as characteristic of this stage, was evident at interview two and must have added to what was experienced as an already intolerable burden to many of the respondents. Here the respondents were at their lowest, they had begun to acknowledge the enormity of their actions, they had been publicly labeled and many had lost the few fragile relationships they had. They were unwell and had little confidence in their ability to move forward from this point. Clark and Erooga’s stage two could usefully be adapted to reflect the consequences of relationship loss and

public shame for a group of offenders whose self esteem is low and who are likely to have difficulty in forming successful relationships anyway.

In terms of treatment practice it should be recognised that attendees will experience depression, will probably become even more isolated and may become unwell at this point in treatment. The question here is, with this knowledge can practitioners provide support and guidance in anticipation of attendee's adverse response to treatment and to their life circumstances. What can be done prior to this point in order to lessen the risk of illness, and suicide in extreme cases? This is a difficult issue but one which must be addressed.

Erooga and Clark go on to state that during phase three('awareness and compliant resistance', p123) offenders begin to become intellectually aware of the problem, but underlying this is a tendency to 'parrot'(p124) the key messages of treatment in order to convince the group leaders of their progress. This research suggests that by interview three there was greater congruence between victim and offender accounts, and that when questioned directly, respondents were more accepting of their role in the offences. However, indirect questioning regarding offence circumstances indicated that many continued to attribute blame. Erooga and Clark suggest that although attendees have begun to learn key treatment messages, that there is an *'absence of comprehensive or detailed understanding of the issues, or genuine acceptance of personal responsibility'* (p124). On a more positive note they go on to say that the recognition of the treatment messages, coupled with the desire to change form the basis for lasting change. It could also be argued that this desire to change promotes higher self-esteem and general confidence, better health and a desire to form new relationships and this would seem to be supported by the data.

During the fourth stage 'awareness and internalisation' (p124), offenders become intellectually aware of the scale of their problem and begin to recognise the steps they must take in order to address it. Clark and Erooga claim that this stage is difficult to reach and that 'slippage' (p124) can occur. This is the point at which real change in attitude and behaviour occurs (although quite how a change in behaviour could be monitored is not made clear).

In this research respondents showed greater victim empathy, were less denying and some had begun to recognise the steps they must take in order to prevent further offending. They reflected more upon their behaviour and upon their destructive role in past relationships. Not only were respondents coming to acknowledge the scale of their problem, it seems that they were re-assessing their lives. Here self-esteem was rising steadily and although still isolated, many were beginning to consider forging new relationships. General health had improved and the majority appeared to have gained in confidence. It is tempting to suggest that some attitudinal change had occurred as a consequence of their experience in the treatment programme, but to draw a correlation with behavioural change would be speculative.

This would seem to be the stage at which successful attendees begin to learn the messages of treatment and gain confidence. Presumably the majority progress to this stage, although two respondents in this research clearly did not, the important question for treatment is who progresses beyond this and at what point. In Clark and Erooga's terms who progresses from 'awareness and compliant resistance' to 'awareness and internalisation stage' (p124)? It would seem that 'awareness' in its self is an important step on the road to rehabilitation, but 'internalisation' is preferable to

‘compliant resistance’. At the end of this research, the majority of respondents were more truthful (there was much greater congruence between their accounts and victim accounts of offence circumstances) about the frequency and severity of their offending ; about their violent sexual fantasies and about the age of their victim. This would seem to be indicative of decreased denial and blame attribution, the important question is how far does the increased tendency to be truthful represent a shift from ‘compliant resistance’ to ‘internalisation’? Perhaps this could represent such a shift.

At phase five ‘awareness and responsibility’ (p124) an offender should be ‘*actively taking responsibility for being aware of his own cycle and triggers and for alerting professionals if he feels at risk of further offending*’ (p124). There should be a fundamental change in belief systems. This research would seem to indicate that such a change can only occur in the context of increased self esteem and confidence in the ability to build successful relationships. The change in self esteem over a relatively short period of time was really quite remarkable, the programme appeared to have enabled the respondents to plan and be hopeful regarding their future. At the end of the research many believed that they had reason to go on. The important question is how far this was sustained beyond the programme. The group cohesiveness may also have facilitated increased confidence; Morrison (1994) suggests that as successful treatment groups develop, participants become less dependent upon the leaders and more dependent upon each other for support. Group participants should become more able to question and challenge each other, it was noticeable that during interview, the respondents became more likely to criticise and question the claims of their co-participants.

The programme must be given credit for bringing about this extraordinary change in respondent's outlook on life. The physical appearance of respondents also changed over time, many gained weight and no longer complained about minor ailments. At this stage there should also be recognition that ongoing work is needed. In this research, whilst the extent to which respondents had such awareness is questionable, there was an expressed desire to continue with treatment and increased recognition regarding the problematic nature of their behaviour. This recognition is taken to be indicative of effective treatment in the literature (Beckett, 1994)

In terms of treatment it would seem to be important that practitioners monitor the stage at which group attendees should be at certain points in the programme (this and other cited research has provided enough information to enable this), and compare this to individual progress. It was clear, for example, from an early stage in the research that two members of the group did not really progress beyond the first stage (denial and resistance). The group leaders were aware of this, as evidenced by the practitioner interview data, but nothing was really done to address this during the treatment. If we are able through practice and research to identify those who are not progressing, treatment needs to be flexible enough to respond to such attendees 'non-response'. This is a real challenge, as often these men are seen as 'untreatable'. One of these respondents had continued to sexually abuse children during the programme, he was the most resistant attendee and did not accept any responsibility for his offending. The importance of this issue for treatment practice cannot be overemphasised, those who do not progress and actively resist treatment are probably the most likely to continue offending and pose the biggest risk to children.

Treatment programmes should pro-actively and rigorously monitor progress and

should ensure that practice incorporates measures to address non-progress and 'slippage' (p124). This level of monitoring was largely absent from the programme. It may be that such offenders require work of a different, perhaps more intensive nature. They should not be allowed to fall by the way side!

Findings : Concluding Remarks

This research has sought to explore the theoretical context of work with child sexual abusers in England and Wales and the practical application of such thought to the work of one probation service.

The work adopted a longitudinal, qualitative approach. Evidence was found to support the theoretical basis of such work regarding blame attribution; victim empathy and denial. There was evidence to support the claim that abusers typically have enduring low self-esteem and experience social isolation from an early point in their lives. Respondents experienced problematic relations with adults and found children easier to relate to.

The findings suggest that some respondent's early lives were characterised by emotional, physical and sexual abuse on the part of parents and sometimes on the part of peers. Other recent research has suggested that such experience contributes to an inability to build and maintain successful adult relationships (Smallbone & Dadds, 1998).

The programme appeared to successfully address blame attribution, respondents were less likely to attribute blame following three years. There was also greater congruence between victim accounts and offender accounts of offence circumstances at the end of

the research, this would suggest that respondents were providing a more honest account of their behaviour.

Respondents appeared more confident and demonstrated an understanding of their sexual attraction to children, they were more willing to acknowledge that this constituted a problem. The Great Ormond Street Self Image profile showed a steady increase in self-esteem scores and respondents appeared more confident and positive about their lives, credit for this change should be given to the programme.

Overview And Conclusion

Introduction: Research Context And Aims

This research has sought to explore the theoretical context of cognitive behavioural community treatment programmes for those convicted of sexual offences against children in England and Wales, within the historical and legislative context of work with this offender group.

This research has also sought to examine the application of theory to a probation led treatment programme for such offenders. In recognising the limitations of the findings from this element of the research, an attempt to compare findings from other similar British and North American research was made. This research also produced a great deal of depth data regarding the early lives of respondents, this was sought in an attempt to build a picture of respondent's childhood experiences.

Working Definition Of Child Sexual Abuse

This research was conducted within the context of criminal justice work in England and Wales in that all respondents had been convicted under the Sexual Offences Act 1956, of committing a sexual offence against a child. Consequently it was necessary to adopt the legal definition of sexual abuse. Sixteen is the age at which a person can give informed consent to sexual activity and in law ceases to be a child. It was however noted that, the Criminal Justice Act 1991 supersedes the Sexual Offences Act 1956 and has raised the age of consent in cases concerning the sexual abuse of a child from under 17 to under 18 in the England and Wales(Criminal Justice Act 1991).

The manner in which sexual offences come to be categorised has also been criticised in this research. It has been argued that the category of 'indecent assault', for example, serves to conceal a range of sexual offences some of which are more serious than others; the way in which offences come to be defined has consequences for the way in which perpetrators are treated with the criminal justice system and for the manner in which official statistics are interpreted. The majority of the offenders in this research had been convicted for indecent assault against a child, in reality their offences ranged from systematic, enforced oral sex to pressing against children in passing, in a public place.

Ashworth(1999) has suggested that the indecent assault category be separated into two distinct categories; one encompassing less serious offences and one encompassing more serious offences. A comparison between two cases was used here; the first involved a man convicted for rubbing against children in a toy shop and caught by the shop's CCTV, the victims were unaware that the offending had occurred. The second case involved a man who had forced a neighbour's child to have oral sex on a sustained basis. Clearly there is a great deal of difference between the two offences in terms of their severity and their probable impact upon the victims. However both were categorised as indecent assault.

In defining sexual abuse this research has also sought to incorporate the victims perspective, drawing upon self report studies and research into the long and short term impact of abuse upon victims. On the basis of this and other research, it is the contention here that victims can suffer long term emotional and adult relationship problems as a consequence of their experiences, but that this will depend

upon the nature and severity of the abuse experienced. The definition sought to include reference to the potentially exploitative and harmful nature of such sexual abuse.

The Extent Of Child sexual Abuse

In exploring this problem it was considered necessary to describe the scale of the problem. Self-report victim surveys have suggested that child sexual abuse is largely underestimated by official statistics. Estimates from self-report studies have varied from 3% of the population (Childwatch, 1988) to 50% (Women Against Rape, 1982). This variance might in part be due to the effect that different conceptual definitions regarding the nature and extent of the abuse are adopted by different researchers. Some research has, for example, included comparatively minor incidents along with more serious incidents (Kelly, 1991, NSPCC, 1997 & 1999).

It is almost impossible to estimate the scale of such offending, given the hidden nature of sexual offences. Victims may be more likely to report abuse following recent media focus and the establishment of organisations such as Childline, but victim surveys still reveal a hesitance upon the part of victims to report abuse (NSPCC, 1997, 1999). There may be good reasons for the non-reporting of abuse; research has demonstrated that child victims are very likely to be abused by perpetrators known to them (Gomez and Schwarz, 1990; Morris et al, 1997), it may be extremely difficult for children to report family members or friends. Whilst it is difficult to estimate the scale of offending, research would seem to indicate that the problem is much more widespread than official estimates suggest.

The Historical And Legislative Context Of Treatment

The last fifteen years has seen increasing concern on the part of the government and criminal justice agencies regarding child sexual abuse. This concern has been prompted by a series of events including cases inviting media attention and involving the abduction, sexual abuse and murder of young children. Government concern has also centered on wrongful accusations of sexual abuse made by practitioners and the consequences of these following the Cleveland and Orkney inquiries and the Butler Sloss report(1988). It is suggested that partly as a consequence of these events, the Crown Prosecution Service treats such accusations with caution, now requiring a clear statement regarding the abuse from child victims. Such a statement may be difficult to obtain, particularly where victims are very young Davis (1999),on the basis of his research, has suggested that this reluctance probably results in the discontinuance of many such cases.

This follows the latest in a long line of allegations regarding the sexual abuse of children in local authority care, which has recently culminated in the publication of the Waterhouse Report(2/00). This report estimated that approximately 600 children had been abused in Welsh local authority care, over a period of twenty years.

The Labour Government's response to this wave of child sexual abuse revelation, has been to introduce increasingly punitive legislation regarding the punishment and control of sex offenders, both in custody and in the community. Recent legislation has sought to establish a long term register of offenders and to endow the police with the power to track and monitor those known, or believed, to have committed sexual offences against children. Considerable media and public pressure to make information from the register available to parents, has been placed upon the

Government following the abduction and murder of eight year old Sarah Payne.

There are no current plans to make the register public but the Government may review this position in the face of continuing public pressure.

The move to simultaneously punish and control this offender group has developed alongside an effort on the part of criminal justice agencies such as the Prison Service and the Probation Service, to provide effective treatment programmes. Such programmes are comparatively new and seek to enable attendees to become less blaming of victims and to recognise that they are sexually attracted to children. The majority of such programmes employ the cognitive behavioural approach.

The Theoretical Context Of Treatment And Its Practical Application

This research suggests that the majority of treatment programmes for child sexual abusers in England and Wales, employ the cognitive behavioural approach (Barker and Morgan, 1993; Proctor & Flaxington, 1996). The term cognitive behavioural is used here to describe a broad approach incorporating central themes. The approach has been adapted for use by Finkelhor (1983), but incorporates tenets from other literature (Wolf, 1984 for example). The approach focuses upon; the extent to which offenders seek to attribute blame to their victims, others and offence circumstances, rather than accept their role in the commission of the offences. The theory has been developed further by Gudjonsson (1987, 1990, 1991), who traces its origins to early attribution theorists such as psychologist John Bowlby⁸.

Treatment here has sought to enable offenders to accept responsibility for their own

⁸ Bowlby attracted much criticism for his post war controversial views, regarding the detrimental effects of separation from mothers upon children. This approach was seen by some feminist commentators as an attempt to force women to relinquish industrial jobs, following the return of men from the second world war.

behaviour and to understand the impact that their behaviour has had upon their victim.

Practical work involves the challenging of offender accounts of offending, which are held to be inaccurate or misleading, comparisons are made here with victims versions of events. Offenders must also participate in role plays in which they adopt the role of their victim and their victim's relative (where appropriate).

This approach also rests upon the assumption that offenders will have low self esteem and be socially isolated individuals incapable of maintaining successful adult relationships. In practice, programmes seek to teach social skills, to raise confidence and to cause offenders to reflect upon the negative and positive aspects of past relationships. programme also aim to encourage the development of adult social activities.

It is assumed that offenders have distorted attitudes towards children, in that children are viewed as sexual objects. This distortion is fueled by the offender's lack of victim empathy and a tendency to fantasise sexually regarding the commission of deviant behaviour, the fantasising is often seen as a trigger to offending. Here deviant sexual fantasies regarding children are turned into reality when offenders act upon their thoughts.

This element of treatment is often addressed via the completion of fantasy cycles . These are designed to enable offenders to recognise their own cycle and to attempt to take steps to prevent its escalation into abuse. This may be by taking action to avoid situations involving close proximity to children for example, or by seeking to

end the fantasy in a different, less destructive way. Some programmes employ behavioural modification techniques here, such as the use of audio cassettes specially designed to interrupt the escalation of the fantasy. Some form of behavioural Beckett has identified modification as important in programme effectiveness et al(1994). In reality the extent to which this truly prevents further offending is unproven.

Programmes would also seek to explore the early lives of offenders often via a genogram and to monitor their mental and physical well being whilst in treatment.

The Probation Service has been criticised for its continued use of the cognitive behavioural approach, and for promoting the belief that this constitutes the most effective treatment method(Mair, 2000). Whilst this may be so, the absence of other proven treatment approaches in both England and Wales and the United States, suggests that the Service has little choice at present. It could also be argued that there is increasing research evidence to support this approach.

Methodological Approach

The research employed a combination of research instruments. During the first stage of the research, a structured interview schedule was devised to be administered by probation officers to all defendants charged with a sexual offence against a child, during the pre sentence report interview(Appendix One). The data was stored in an analysis package(SPSSpc+). Data was collected on 300 such offenders over a period of 2 years. The database was not maintained, as agreed, by the funding Probation Service (correspondence may be seen at Appendix 8)and some of the existing data transferred to an inappropriate spreadsheet database (DATAEASE). Descriptive

information pertaining to approximately 100 respondents had been analysed prior to this and is reported here.

The methodological approach employed during stage two reflected the need to seek depth, detailed information from two small groups of men attending the treatment programme. Here a combination of psychometric testing and depth interviewing were employed, throughout the duration of the probation order, over a period of four years .

A total of 97 interviews were conducted with 21 respondents. Victim's accounts of offence circumstances were compared to offenders accounts over time, increased congruence was taken to be indicative of a decreased tendency to conceal the truth and attribute blame. The extent to which victims are able to recall events and provide honest accounts could have impacted upon the validity of this approach. The fact that there was greater agreement between victims and offenders versions of events at the conclusion of the research would however suggest that victims were providing accurate accounts of circumstances.

A small number of semi-structured interviews were undertaken with practitioners responsible for the development and delivery of the treatment programme. The first interviews were undertaken at the outset of the research and sought to gain an understanding of the aims and general ethos of the programme. No definitive, written statement existed at this time and it was important to establish what the programme sought to accomplish in practice, and to explore the process by which this was achieved.

In order to become familiar with the programme, a number of group sessions were

viewed on video cassette and observed via the programmes two way video link to an adjoining room. A considerable amount of time was spent in exploring the nature of the programme and the cognitive behavioural approach before the research commenced.

Later staff interviews sought to explore views regarding the progress of individual men in each of the groups, the aim here was to establish how far staff was able to identify those men who did not appear to be responding to the programme. These interviews were conducted in year three.

The findings from this research have been compared to those from other similar studies conducted largely in North America and England and Wales, such work has often by necessity been based upon small samples, and has been conducted by practitioners within limited budgets. The findings from this research regarding the impact of such treatment is largely validated by such existing research. This research has been compared to that conducted by Beckett et al(1994) on behalf of the Home Office, where appropriate.

Research Findings

Treatment Aims

The treatment programme followed the cognitive behavioural approach and Finkelhor's model of practice. The programme had been established for eight years when the research commenced and was run by senior probation staff and a psychiatrist.

In keeping with this approach the programme aimed to ; confront and reduce offender

denial regarding the consequences of the abuse for the victim, and in doing so encourage victim empathy; to build self esteem and address social isolation; to encourage the building of adult relationships; to address distorted attitudes towards children generally and victims; to explore offenders early lives and to monitor well being. These aims were agreed by the practitioners responsible for the project, who also stated that ultimately they were attempting to prevent further offending. There was recognition that given the offender group, this may be a difficult goal to attain.

Evaluating The Theoretical Context of Treatment

The research also aimed to evaluate the theoretical context of the treatment programme, this aspect of the work has implications for the theoretical basis of work adopting a similar approach in England and Wales. The initial depth interview was conducted pre programme and sought to establish how far the theoretical assumptions underpinning the programme was upheld. Reference was also made to existing research both in the Findings Chapter and in the Literature Review, in an attempt to validate the findings.

The pre-programme findings indicated that although respondents had pleaded guilty, this was a pre-requisite of entry to the programme, they were extremely likely to attribute blame for their offending, to both offence circumstances and to their victim. There was also a strong tendency to minimise the consequences of the impact of their behaviour upon their victims, this was particularly evident in accounts of offence circumstance and sexual fantasies. There was little congruence between offenders and their victim's accounts of offence circumstance at this point. The initial test results from the Blame Attribution Inventory(Gudjonsson, 1991) demonstrate a

tendency to apportion blame. This finding is supported by existing research(Salter, 1990: Bekett et al 1994:Marshall, 1996: Beech et al 1998).

The early findings suggested that some respondents experienced problematic relationships throughout their lives, from childhood to adulthood. There was evidence of physical and emotional abuse on the part of parents and carers.

Some earlier research had suggested that parental abuse characterised abusers childhood's(Smith and Isreal, 1986; Lankester and Meyer, 1987)and there is increasing evidence form North American research that this is the case. Smallbone and Dadds(1998) work, for example , has suggested that abusive early relations with parents and carers serve to shape expectations regarding the nature of relationships in adulthood. Whilst Graves et als (1996) work with juvenile sex offenders has suggested that family relations were often emotionally and physically abusive.

The pattern emerging from recent research would suggest that abusers early relationships are often difficult and sometimes characterised by emotional, physical or sexual abuse. Some of the respondents in this research had reached adulthood without experiencing any form of stable, loving relationship. Whilst this alone might not cause individuals to sexually abuse children, it may be a contributory factor.

It proved extremely difficult at first to establish how far the low self esteem and depression described by respondents was indicative of an enduring characteristic, as suggested in the literature(Abel & Becker, 1984: Marshall & Mazzucco, 1995: Marshall, 1997), and how far this might be attributable to the difficult circumstances in which they found themselves.

Evidence for low self worth was sought from accounts of childhood and it was apparent that respondents had experienced isolation and general unhappiness as children. Many disliked school and underachieved academically, some were bullied by peers. It would seem from the evidence here that this group did have low self esteem as children. The findings from this research are clearly limited given the group size and the difficulty is that no existing research has attempted to explore this issue in a systematic way.

The extent of social isolation amongst this group was considerable and was undoubtedly exacerbated by their arrest and conviction. Many were ostracised by family and friends who gradually discovered for what they had been convicted. Relationships broke down and many were reluctant to embark upon new relationships as a consequence. It was important here to try and establish how the isolated position in which respondents found themselves was entirely attributable to their circumstances, or rather, to some inability to forge relationships. The life history information regarding early lives proved extremely useful here again in allowing an evaluation of how far isolation had been an enduring feature of respondents lives. There was evidence of isolation and 'loneliness', which was taken here, following Peplau and Perlman(1982) to refer to an absence of close, meaningful relationships or significant others, from an early age. Respondents had few childhood friends and generally felt alone and unloved. The contradiction was that a large proportion claimed to have had long term successful heterosexual relationships, further questioning regarding this issue revealed problematic relationships, sometimes characterised by violence and alcohol abuse.

The findings from this research would suggest that low self esteem and social isolation are enduring features in the lives of these offenders, exacerbated by their conviction and labeling as 'child molester'. Given public and media concern over this issue and increasingly controlling legislation, it is in reality increasingly difficult for these offenders to ever conduct an ordinary daily existence in society. The tension is here between the importance of providing a safe environment for children and protecting the civil liberties of this group, many of whom, unlike any other groups of offenders, will be tracked and publicly identified long after they have completed their custodial or community sentence. There are no simple solutions to this problem.

Group Structure, Process And Leadership: Respondents Views

At the end of the research respondents stated that they had found the programme demanding but beneficial. The programme was seen to provide a safe environment in which to discuss a problem that could not easily be discussed with others.

Respondents welcomed the opportunity to discuss difficult issues with others sharing their problem .

Respondents generally became more able to talk about their offending and their thoughts as the research progressed. Some spoke of the way in which other group members would recognise and confront lies, having used similar 'excuse' themselves in the past.

Respondents were concerned having reached the end of the programme, that no further professional help would be available , they were concerned that they may wish to discuss problems with people who understood and could advise them accordingly. This could be seen as a dependence upon the programme and its staff, it could

however be borne of a genuine recognition that they posed a danger to children and felt in need of ongoing support in order to try and control this problem. Having reached the point after four years that respondents were claiming to be 'dangerous' and were requesting further help, to return them to the community without support could prove problematic. The tracking, control and policing of this group may be of importance but so too is the provision of ongoing therapeutic support.

Respondents were more negative regarding their experiences at earlier stages of the research. At the first interview, six months into the programme, some respondents had claimed that they felt 'disbelieved' by the group leaders and 'led' to a certain response.

It could be argued that challenging the offender's version of events serves to break down denial, the difficulty for practitioners here is distinguishing between what constitutes an accurate account as opposed to an inaccurate account. This could be done with reference to victim evidence, where appropriate. Issues such as sexual preference are more difficult to corroborate, and here several of the respondents remained annoyed at being disbelieved. It would seem important to concede some issues in order to maintain trust and group cohesion.

The issue of group leadership was raised on several occasions by respondents some of Who had experienced two different sets of group leaders. The leadership style varied greatly between the two sets, one was taking a very challenging, confrontational stance.

The respondents found this to be more difficult but more effective, in that they felt

unable to withhold information. One respondent did feel 'in fear' of these practitioners. Beckett et al (1994) believe an over controlling leadership style to be detrimental to the development of group cohesion. The group did, however, seem to benefit and appeared to be cohesive. Others preferred the softer, more believing approach of the second set of leaders. There is little doubt that the respondents benefited generally from the programme, so the leadership style must have been effective in some way, there was however, as discussed, some discontent regarding group practice early in the research.

Respondents found the use of the fantasy cycle helpful in enabling them to identify when they might be building towards abusive behaviour. At the end of the research some claimed to have taken steps to ensure that they avoided situations involving close proximity to children. Respondents also found the role play exercises effective in helping them to understand the victim's perspective.

Respondents Early Lives

The programme aimed to explore offender's early lives in order to address experiences of abuse. The assumption was that group participants would have experienced some form of sexual abuse as children. Techniques employed included a genogram and the construction of a cycle of abuse chart, plotting childhood instances of sexual abuse. This following Wolf's (1984) 'cycle of abuse' theory, which suggests that sexually abused children are likely to commit acts of sexual abuse in adulthood.

The research aim was to explore the extent to which respondents experienced sexual abuse, but also to gather detailed information in order to construct a picture of

their early lives. Questioning focused upon experiences with parents and careers, experiences at school and with peers. A detailed account was provided over time and there were few inconsistencies from one interview to the next. Many respondents recounted painful childhood experience. Respondents described a significant amount of emotional abuse on the part of parents and a number of respondents were physically abused. The majority stated with certainty that their childhood was unhappy.

Approximately half of the group had experienced sexual abuse as children and clearly found discussing this to be painful.

Some of the respondents experienced difficult relations with parents and fathers were frequently emotionally or physically detached from the family unit. as discussed this finding is supported by research which has suggested that the parents of a sample of juvenile sex offenders were typically distant and inaccessible, leaving the offenders feeling unloved as children(Kear-Colwill, 1996). Other research has found high levels of abuse in the family histories of child sexual abusers(Lankester and Meyer, 1986: Graves et al, 1996: Smallbone and Dadds, 1998, Ward and Keenan, 1999).

Respondents school experiences were equally difficult, many felt isolated as a child and peers systematically bullied approximately half of the sample. Virtually all of the respondents disliked school and underachieved academically.

The evidence presented here suggests that respondents experienced troubled Childhoods. Many were emotionally and physically abused by those closest to them, the same respondents were often those bullied at school. Respondents described their isolation and rejection by peers as young children. Half of the respondents had been

sexually abused as children. This research supports the claim that many abusers come from difficult family backgrounds and are likely to have encountered physical or emotional abuse.

Blame Attribution, Denial And Victim Empathy

The programme aimed to address denial and to encourage victim empathy. This concept is covered extensively in the literature and refers to the belief that in order to protect themselves and to justify their actions, abusers seek to lay blame for their offending elsewhere, typically the victim and the offence circumstances are held to account.

This was identified as a difficult issue to address in an interview, direct questioning with this respondent group indicated that they would seek to conceal their true thoughts. When asked directly respondents would acknowledge that the offence was their 'fault'. A more open approach was taken and respondents were asked to describe offence circumstances, with few interruptions. Respondent's accounts were then compared to victims accounts and any other corroborative documentary evidence from court files, where available. This proved an effective means of searching for evidence of denial and blame attribution. Respondents were asked to describe the offence circumstance at each interview and did begin to question why this was necessary towards the end of the research.

The psychometric test used here was developed by Gudjonsson(1991). The Blame Attribution Inventory seeks to measure how far respondents attribute their behaviour to either external or internal causes. The test findings revealed that respondents 'guilt' scores dropped over time. Low guilt scores are associated with low denial (although

Gudjonsson presents no empirical evidence in support of this contention). This would validate the interview findings, which show a drop in the tendency to deny between the first and last interviews. There was a great deal of difference between the accounts of offence circumstance provided at interview one compared to interviews four and five and greater congruence with victim statements over time. Although logically it would seem that decreased denial should result in increased guilt, as offenders come to contemplate the impact of their behaviour. It could be that as self esteem increased, along with respondents general sense of well being, feelings of guilt diminished as did the tendency to attribute blame.

When questioned directly regarding attitudes towards children respondents spoke with warmth and affection about childlike qualities such as 'playfulness' and 'innocence', the majority liked the company of children but claimed not to prefer the company of children to adults. The same warmth and compassion was not evident when respondents recounted offence circumstances or fantasies involving the sexual abuse of children. some claimed to be having such fantasies at the end of the programme. A rather contradictory finding was that respondents did appear to have more empathy with their victims and with what they had suffered. At the end of the research several drew a parallel between their experiences as victims of sexual abuse in childhood and their victim's experiences.

These findings are supported by Beckett et als(1994) research which suggests that respondents in their sample were much less likely to deny responsibility for their behaviour at the end of programmes and had greater victim empathy

Self Esteem, Social Isolation And Adult Relationships

The programme sought to address low self esteem, isolation and relationships with group attendees, and to make some improvements in these areas of their lives.

The concept of self esteem proved a difficult one to address, evidence was sought from accounts of childhood, adult relationships and offending. The psychometric test used here was the Great Ormond Street Self Image Profile developed by Monck et al(1992), this seeks to measure how respondents rate their self worth. The findings from this test indicated that the groups self esteem did increase over the duration of the programme (standard deviations were however very high and no comparative data was available).

Research does suggest that abusers are more likely to have low self esteem and to be more socially isolated than are other offenders(Marshall, 1997: Quinsey, 1998) . The question raised by this research is how far low self esteem is characteristic of this group of offenders and how far reported low self esteem is attributable to life circumstances. Research has been conducted with those convicted of sexual offences against children in the criminal justice system. These individuals have been publicly labeled as ‘child molesters’, this research has demonstrated that often family and friends ostracise and isolate these offenders as a consequence. This clearly contributed to their depression particularly during the early stages of the research.

In order to explore how far low self esteem was an enduring feature of respondents lives, evidence was sought from accounts of early lives. Respondents, as discussed , did appear to have low self worth as children and to be socially isolated as a group. This could indicate that both low self esteem and social isolation are enduring features for this group.

Respondents appeared more confident and demonstrated an understanding of their sexual attraction to children, they were more willing to acknowledge that this constituted a problem. The Great Ormond Street Self Image profile showed a steady increase in self esteem scores and respondents appeared more in control of and positive about their lives.

The programme appeared to have made little impact upon the social isolation experienced by the majority of respondents, who remained as isolated at the end of the research as they were at the beginning. The majority remained 'lonely' having no significant other with whom to share their problems. It may be unrealistic for a treatment programme to seek to impact upon the social circumstances of this group over a comparatively short period of time.

Beckett's(1994) study suggests that the only programme to impact significantly upon self esteem was that run by the former Gracewell Clinic in Birmingham. The residential programme offered a great deal of intensive treatment to attendees. The programme length and intensity are identified as key ingredients for success in this area. The findings from this research regarding the programmes impact upon self esteem and isolation remain inconclusive.

The programme aimed to enable attendees to establish successful adult relationships. The assumption being that abusers would be unable to build and maintain successful relationships.

The majority of respondents had experienced long term heterosexual relationships and

reported having difficulty in forming new relationships. The majority claimed to have experienced the breakdown of important relationships as a consequence of their offending and conviction. Following Smallbone and Dadds(1998), it could be argued that respondents had come to expect rejection in relationships on the basis of previous experience. At one level the programme had not succeeded given that the majority remained isolated and reluctant to embark upon new relationships. It had however , caused respondents to reflect upon past relationships and to recognise their often destructive role in these. Some were attempting to make amends with ex partners. perhaps in reality this is the best that can be achieved given the enormity of the problem.

Reconviction Data

One of the main aims of any treatment programme must be to prevent further offending. The extent to which a programme has achieved this goal is usually measured with reference to reconviction data. The validity of this indicator has been discussed at length, the extent to which the rate of reconviction is indicative of levels of offending is questionable. It could be that treated sex offenders become more socially skilled and able to avoid detection than untreated offenders.

Research indicates that reconviction rates for untreated sex offenders are considerably higher than for treated sex offenders. Hedderman and Sugg(1996) found that offenders receiving an ordinary probation order were five times more likely to be reconvicted over a six year period, than offenders attending a probation treatment programme, whilst Proctor & Flaxington(1997) have suggested that untreated sex offenders were three times more likely to be reconvicted over a five year period.

It was originally the intention to seek reconviction information on all offenders stored on the SPSS database. Some identifying information is available from an early printout and reconviction information has been sought from the Home Office Offender Index, it was not available prior to the publication of this thesis. The information would have allowed a comparison of reconviction rates for three distinct groups of abusers; those receiving a custodial sentence(some of who may have received treatment in custody); those attending a probation treatment programme and those receiving an ordinary probation order.

Information has been sought regarding the twenty one respondents attending the group. This is a comparatively small group and the significance of these findings must be questioned; one was reconvicted during the programme and has been identified in the research ; one was reconvicted one year later and two have recently been reconvicted. Four offenders of twenty one have been reconvicted for sexual offences against children during an eight year time period. This appears low but is fairly meaningless in the absence of comparative data for untreated offenders.

Implications For Treatment Practice

The key messages for treatment practice with child sexual abusers, have been discussed at length throughout the Findings Chapter(a summary can be found on p356). These may be summarised as follows:

The motivation to change and recognition that behaviour is problematic may be key indicators in predicting successful treatment outcomes with this group. These variables may also be important in predicting risk of reoffending, but quantifying

them may prove problematic. The challenge for practitioners is in working with those who show no such motivation.

There is increasing evidence from this and other research to suggest that sexual abuse in childhood perpetrated within the victims home, often accompanies physical and emotional abuse. Underlying such experience is an inability to forge and maintain successful relationships, this often results in social isolation which is exacerbated by arrest , conviction and public labeling as ‘abuser’. Practitioners need to address these issues in treatment in order to build self esteem and increase levels of confidence.

Offenders have to believe that they can make a worthwhile contribution to society, if such fundamental issues are to be addressed effectively. This may not be a popular sentiment, but individuals who have relationships with significant others and who are not isolated and alienated from society, may just be less likely to sexually abuse children. This is not to infer that there is a direct correlation between the two, but to suggest that the absence of self worth is a fundamental issue in understanding such offending behaviour. The impact that conviction will have upon existing and new relationships should also be addressed in treatment.

In terms of treatment practice it should be recognised that attendees will experience depression, will probably become even more isolated and may become unwell, particularly during the early stages of treatment. Practitioners should provide support and guidance in anticipation of attendees adverse response to treatment and to their life circumstances. It is a question of what can be done prior to this point in order to lessen the risk of illness and suicide in extreme cases. This is a difficult issue but one which should be addressed.

In terms of treatment it would seem to be important that practitioners monitor the stage at which group attendees should be at certain points in the programme (this and other cited research has provided enough information to enable this), and compare this to individual progress. It was clear, for example, from an early stage in the research, that two members of the group did not really progress beyond the first stage (denial and resistance). The group leaders were aware of this, as evidenced by the practitioner interview data, but nothing was really done to address this during the treatment. If we are able through practice and research to identify those who are not progressing, treatment needs to be flexible enough to respond to such attendees 'non-response'. This is a real challenge, as often these men are seen as 'untreatable'. One of these respondents had continued to sexually abuse children during the programme, he was the most resistant attendee and did not accept any responsibility for his offending. The importance of this issue for treatment practice cannot be overemphasised, as those who do not progress and actively resist treatment are probably the most likely to continue offending and pose the biggest risk to children.

Treatment programmes should pro-actively and rigorously monitor progress and should ensure that practice incorporates measures to address non-progress and resistance. This level of monitoring was largely absent from the programme. It may be that such offenders require work of a different, more intensive nature.

Ongoing evaluation of treatment technique and the collection of demographic data are an essential element of practice. This work should not be viewed as an expensive luxury, but as a means of constantly monitoring programme process and effectiveness. Given the risk posed by this offender group, there can be no excuse for

complacency. Each probation run sex offenders group (and custody group) should be able to produce **meaningful** research information on request pertaining to : group demographics (numbers sentenced, sentencing court, reconviction during programme) and individual progress (perhaps ascertained by psychometric testing). The collection and maintenance of this data should be the responsibility of individual services, the analysis and interpretation of the data should be undertaken by someone who is trained in research methodology (design, collection and analysis). This information should be used to judge the effectiveness of programmes, but should also be used in a formative way to inform treatment practice.

Concluding Remarks

This research has sought to evaluate the theoretical context of community treatment programmes adopting the cognitive behavioural approach with those convicted of sexual offences against children in England and Wales. The research has also sought to evaluate the practical application of this approach within the limited context of one such probation run programme.

The research broadly supports the theoretical context upon which such work is based; evidence from other research is cited in order to validate the claims made here. This research suggests that the programme evaluated was probably successful in confronting and reducing offender denial and blame attribution over a period of three years. The evidence regarding the extent to which the programme impacted upon self esteem appeared positive.

This research supports recent research which suggested that child sexual abusers experience problematic and often abusive relationships in childhood, which may

serve to shape expectations regarding adult relationships.

Other important issues raised by this research include; the observation that the extent of child sexual abuse is concealed by official estimates; the claim that government legislation regarding this offender group has become increasingly punitive, seeking simultaneously to monitor and control, with no provision for therapeutic work on termination of a probation or custodial sentence; the suggestion that broad offence categories pertaining to the sexual abuse of children, such as indecent assault, serve to conceal a range of sexual offences that differ considerably in seriousness.

Bibliography

- | | | |
|---|--------|--|
| Aarens, M. et al | (1978) | "Alcohol, causalities and crime", Berkely: Research Group. |
| Abel, G.C.
& Becker, J.V. | (1984) | "The treatment of child molesters"
Treatment Manual, unpublished. |
| | (1987) | "Self reported sex crimes of non-incarcerated paraphiliacs", Journal Of Interpersonal Violence, Vol.2(6), pp3-25. |
| Abel, G.C.,
Cunningham-Rathner, J,
Becker, J.V. & McHugh, J | (1983) | "Motivating sex offenders for treatment".
Cited in Finkelhor(Ed) 'A sourcebook on child sexual abuse' California: Sage |
| | (1988) | "The nature and extent of sexual assault" in Marshall W.L.(eds) "Handbook of sexual assault" pp9-20, New York: Plenum. |
| ACOP | (1995) | "The management of work with sex offenders" Sex Offenders Working Group Paper. |
| Allam, J.M., &
Browne, K.D. | (1998) | "Evaluating community based treatment programmes for men who sexually abuse children" Child Abuse Review, Vol 7, pp13-29 |
| Aldredge-Morris, R. | (1999) | "False allegations of child sexual abuse" in Canter, D., & Alison, L "Profiling in policy and practice" Aldershot: Ashgate Dartmouth |

Ayres, M.	(2000)	"Cautions, court proceedings and sentencing England and Wales" Home Office, Issue 19/00
American Humane Association	(1981)	"National study on child neglect & abuse reporting" Denver Colorado, Sage.
Anastasi, A & Urbina, S	(1997)	"Psychological testing" 7th edition, New Jersey: Prentice Hall
Ashworth, A.	(1999)	"Principles of criminal law" 3rd edition New York: Oxford University Press
Audit Commission	(1989)	"The Probation Service: Promoting value for money". London:HMSO.
Bagley, C.	(1992)	"Characteristics of 60 children and adolescents with a history of sexual assault against others: Evidence from a comparative study" Jnl of Forensic Psychiatry, Vol 3, No 2, pp 212 -220
Baker, A. & Duncan, S.	(1985)	"Child sexual abuse: a study of prevalence in Great Britain". Child Abuse and Neglect, 9, pp.457 - 467.
Barker, M & Morgan R.	(1993)	"Sex offenders: a framework for the evaluation of community based treatment" . London: Home Office.
Barnett,S.	(1989)	"Group treatment for women sex offenders", Practice 3: PP148-59.
BBC Television	(1986)	"Childwatch Survey"

- Becker, J.V., & Kaplan, L. (1988) "The assessment of adolescent sex offenders" *Advances in Behavioural Assessment of Children and Families*. Vol 4, pp97-118
- Becker, H. (1964) "Problems in the publication of field studies" in Vidich, A.J.(eds) *'Reflections On Community Studies'* New York: Harper & Row
- Becker, H. (1982) in Downes, D. & Rock, P "Understanding deviance. A guide to the sociology of crime and rule breaking". Oxford: Clarendon.
- Beckett, R.C., Beech, A., Fisher, D. & Fordham, A.S. (1994) "Community based treatment for Sex offenders: an evaluation of seven treatment programmes' London: Home
- Beech, A. Fisher, D., Beckett, R & Fordham, A.S. (1998) "An evaluation of the prison sex offender treatment programme" *Research Findings No 79: Home Office Office*.
- Bell, V. (1993) "Interrogating incest: Feminism, Foucault and the law" London: Routledge
- Bentovin, A. Boston, P & Elburg, A. (1987) "Child sexual abuse - children and families referred to a treatment project and the effects of intervention" *British medical Journal*, Vol 295, pp1435 - 1457
- Berlin, F.S. & Hopkins (1981) "Sexual deviation syndromes". *John Medical Coyle, G.S. Journal*, 149 119-125.

- Berg, B.L. (1995) "Qualitative research methods for the social sciences" London: Allyn & Bacon
- Berlin, F.S. (1982) "Sex offenders: A biomedical perspective" in Greer, Stewart, I "Sexual aggression current perspectives on treatment". New York: Van Nostrand Reinhold.
- Briere, J., & Runtz, M. (1986) "Suicidal thoughts and behaviour in sexual Abuse survivors" Canadian Journal Of Behavioural sciences" Vol 18, pp413-423
- (1990-) "Symptomology associated with childhood sexual abuse" Child Abuse & Neglect, Vol 12, pp51-59
- Bottomley, K., & Pease, K. (1986) "Crime and punishment" London: Routledge
- Bottoms, B.L & Goodman, G.S. (1996) "International perspectives on child abuse and children's testimony' Thousand Oaks: Sage
- Bowlby, J. (1973) "Attachment and loss"(Vol 2) New York: Basic Books
- Brown, L & Holder, W (1980) "The nature and extent of child abuse in contemporary American Society" in Holder, W.(ed) "Sexual abuse of children" Colorado: AHA.
- Bryman, A., & Burgess, R.G.(eds) (1994) "Analysing qualitative data" London: Routledge

- | | | |
|-----------------------|--------|---|
| Bulmer, M. | (1984) | "Sociological research methods: An introduction" London:MacMillan |
| Burgess, R.G. | (1982) | " Field research: a sourcebook and field manual"London:Allen & Unwin |
| Burnham, A. | (1985) | "Personal communication concerning the Los Angeles Epidemiological Area study". Unpublished paper |
| Butler-Sloss, E. | (1988) | "Report of the inquiry into child abuse in Cleveland in 1997" London: HMSO |
| Carter, B.J. | (1999) | "Who's to blame? Child sexual abuse and non-offending mothers" Toronto: University Of Toronto Press |
| Canter,D., & Alison,L | (1999) | "Profiling in policy and practice" Dartmouth: Ashgate |
| Chambliss, W. | (1979) | in Bottomley " Criminology in focus". London: Hienneman. |
| Clark, R.W. | (1982) | "Freud the man and the cause". London: Granada. |
| The Children Act | (1991) | London: HMSO |
| Clarke,D & Hunter, B. | (1989) | "Sex offenders in the community". New York: Sage |
| Clegg, P. | (1989) | "Simple statistics" London: Routledge |

- Cohen, A. (1968) "Modern social theory"
London: MacMillan
- The Crime and Disorder Act 1998 London: HMSO
- The Criminal Justice Act 1991 London: HMSO
- Cobley, C. (1995) "Child abuse and the law"
London: Cavendish
- Cohen, M., Seghorne, T. & Calmas, W. (1969) "Sociometric study of sex: The offender"
Jnl of Abnormal Psychiatry, Vol 74, No2, pp249 -255
- Coleman, L. (1986) "Therapists are the culprits in child abuse cases" Oakland: CA
- Coulborn-Fuller, K. (1993) "Sex offenders and their victims", NSPCC conference proceedings .
- Davis, G. (1999) "The admissability and sufficiency of evidence in child abuse prosecutions"
Research Findings No 100: Home Office
- Davis, F. (1970) "Comment on initial interaction of newcomers in Alcoholics Anonymous"
in Filstead "Qualitative Methodology"
- Dawes, R.M. (1972) "Fundamentals of attitude measurement"
New York: Wiley

- | | | |
|--------------------------------|--------|--|
| Denzin, N.K. | (1970) | "Sociological methods". London: Butterworths. |
| DeLora, J., & Warren, C. | (1977) | "Understanding sexual interactions" Boston: Houghton, Mifflin. |
| DeYoung, M. | (1982) | "Sexual victimisation of children', New York: McFarland. |
| De Vaus, D.A. | (1990) | "Surveys in social research" London: UCL Press |
| Ditchfield, J., & Marshall, B. | (1991) | "A recent review of literature evaluating treatments for sex offenders in prisons and comparable institutional settings" Prison Service Jnl, Vol 81, pp24-35 |
| Dominelli, L. | (1986) | "Gender, sex offenders and probation practice" Norwich: Novata Press. |
| Douglas, J.D. | (1976) | "Investigative social research" California: Sage |
| Downes, D. & Rock, P. | (1998) | "Understanding deviance: a guide to sociology of crime and rule breaking". Oxford: Oxford University Press. |
| Doyle –Peters, S. | (1988) | "Child sexual abuse and later psychological Problems" in Wyatt, G.E. & Powell, G.J. (Eds) 'Lasting effects of child sexual abuse' London: Sage |
| Elliot, M. | (1993) | "The ultimate taboo", London: Longman. |

- Fagin, J., & Wexler, S. (1988) "Explanations of sexual assault amongst violent delinquents" Jnl of adolescent Research , Vol 3, No 2, pp363 - 385
- Faller, K.C. (1990) "Understanding child sexual maltreatment" California: Sage
- Fielding, N. (1982) "Observational research on the national front" in Bulmer, 1982
- Finkelhor, D. (1979) "Sexually victimised children", New York: Free press.
- (1984) "Child sexual abuse: new theory and research" , New York: Free Press.
- (1984) "Four conditions: A model" Child Sexual Abuse: New Theories and Research. New York: The Free Press
- (1985) "The traumatic impact of child sexual abuse: A conceptualization" American Jnl of Orthopsychiatry, Vol 55, pp530-541
- Finkelhor, D., Araji, S., Baron, L., Browne, A., Doyle Peters, S., & Wyatt, G.E. (1986) "A sourcebook on child sexual abuse" , California : Sage.
- Finkelhor, D., & Korbin, J (1988) " Child abuse as an international issue" Child Abuse and Neglect, Vol 12, pp3-23

- | | | |
|-------------------------|--------|--|
| Fisher,D. | (1994) | "Sex offenders, who are they, why are they?" in Morrison et al (eds) " Sexual offenders against children: practice management and policy". |
| Fisher, D., & Mair, G. | (1998) | "A review of classifictaions systems for sex offenders" Research Findings No 78, Home Office. |
| Fitch, J.H. | (1962) | "Men convicted of sexual offences against children: A follow up study" British Jnl of Criminology, Vol 3, No1, pp18 -37 |
| Fitcher, K., & Kolb, J. | (1953) | "Ethicall limitations on sociological reporting" American Sociological Review, Vol 18, No2, pp544 - 550 |
| Fordham,A.S. | (1992) | "Evaluating sex offender treatment programmes", paper given at British Psychological Society Conference. |
| Fraser, B.G. | (1981) | "Sexual child abuse: legislation and law in the US" in Mrazek, P.B. & Kempe, C.(eds) Sexually abused children and their families". Oxford: Pergamon. |
| Freud, S. | (1952) | "Introductory lectures on psycho-analysis" 9th edition(originally published 1922), London: Allen & Unwin |
| Fromouth,M.E | (1983) | "The longterm psychological impact of childhood sexual abuse" unpublished paper |

- Froth, T.E., Barnet, R.A.M., (1993)
Hobbs, C.J., & Wynne, J.M " Child sexual abuse in leeds before and after Cleveland" Child Abuse Review
Vol 2, pp23 - 24
- Gebhard, P., Gagnon, J., (1965)
Pomeroy, W., &
Christenson, C. "Sex offenders: An analysis of types",
New York: Harper Row.
- General Household (1994)
Survey Vols 14-18, London: OPCS.
- Gil, E. (1996) "Systemic treatment of families who abuse"
California: Jossey-Bass
- Gilbert, N. (1995) "Researching social life"
London: Sage
- Gillespie, W.H. (1964) "The psycho-analytic theory of sexual
deviation" in Rosen, I.(ed) " The
psychology and treatment of deviation".
New York: Oxford University Press.
- Glancy, C. (1986) in Finkelhor, D "A sourcebook on child
sexual abuse".
- Glaser, B (1967) "The discovery of grounded theory"
& Strauss, A Chicago: Aldine Press
- Glaser, D., & (1990) "Sentencing, children's evidence and
Spencer, J. trauma" Criminal Law Review, Vol 3, pp
380-395
- Gogolin, L., & (1992) "A quantitative and qualitative inquiry into
Swartz, F. the attitudes towards science of non-science

- college students" *Journal of Research in Teaching*, Vol 29, pp 568-570
- Gorry, P.J. (1986) "Incest: the offence and police investigation" in La Fontaine "Child sexual abuse", ESRC Research Briefing, 1/88.
- Graves, R. B. (1996) "Demographic and parental characteristics of youthful sex offenders", *International Jnl of Offender Therapy and Comparative Criminology*, Vol 40, No 4, pp 300 - 317
- Openshaw, K., Ascione, F., & Ericksen, S.
- Greater Manchester Probation Service (1994) "A strategic paper on work with sex offenders".
- Groth, N. A. (1979) "Men who rape: the psychology of the offender", New York: Plenum.
- Groth, N.A., Longo, R.E., & McFadin, J.B. (1982) "Undetected recidivism in rapists and child molesters", *Crime & Delinquency* 28: pp 450-8.
- Grubin, D. (1998) 'Sex offending against children: Understanding the risk' Home Office Police Research Series, Paper 99: London HMSO
- (1999) "Actuarial and clinical risk of sex offenders" *Jnl Interpersonal Violence*, Vol 14, No 3, pp 331 - 343
- Gudjonsson, G. & Singh, K. (1988) "Attribution of blame for criminal acts and its relationship with type of offence" *Medical Science Law*, Vol 28, No 4, pp 301 - 303

- Gudjonsson, G. (1987) "The revised Gudjonsson blame attribution inventory" *Personal Individual Differences*, Vol 10, No 1, pp 67 - 70
- (1990) "Self deception and other deception in forensic assessment" *Personal Individual Differences*, Vol 11, No 3, pp 219 - 225
- (1991) "The attribution of blame and type of crime committed: Transcultural validation" *Jnl of Forensic Science Society*, Vol 31, No 3, pp 349 - 352
- Hall, S., Critcher, C., T, Jefferson., J, Clark., & B, Roberts (1978) "Policing the crisis: Mugging, the state and law and order" MacMillan: London
- Hammersley, M (1991) "Reading ethnographic research: A critical guide" London: Routledge
- Hammersley, M & Atkinson, P (1995) 'Ethnography: principles in practice' 2nd edition, London: Routledge
- Hammer,R.F. & Gleucks,B.C. (1957) "Psycho-dynamic patterns in sex offenders: a four factor theory", *Psychiatric Quarterly*, 31, pp325-345.
- Hedderman, C., & Sugg, D. (1996) "Does treating sex offenders reduce reoffending?" *Research Findings No 45*, Home Office.
- Hedderman, C., Sugg, D. Vennard, J. (1997) "Changing offenders attitudes and & behaviour: what works?" London: Home Office

- Herman, J.L. (1991) "Sex offenders: a feminist perspective", in Marshall, W.L. , Laws, D.R. & Barbaree, H.E. Handbook of sexual assault: issues theories and treatment of the offender", New York: Plenum.
- Herman, J. & Herschman, L. (1977) "Father and daughter incest", Journal of Women , Culture & Society, 2, pp735-756.
- Hiedensohn, F. (1985) "Women and crime", London: MacMillan
- Hindess, B. (1973) "The use of official statistics in sociology: A critique of positivism and ethnomethodology" London: MacMillan
- Hitschmann, E. (1921) "Freud's theories of the neuroses" London: Kegan Paul
- Holder, W. (1980) "Sexual abuse of children", Colorado: AHA..
- Homan, R. (1991) " The ethics of social research" London: Longman
- Home Office (1988) "British Crime Survey". London: HMSO.
- (1990-2000) "Criminal statistics in England & Wales", London: HMSO.
- (2000) "Cautions, court proceedings and sentencing England & Wales" Issue 19/00
- (2001) "Recorded crime: England & Wales, 12 months to 3/2001" Statistical Bulletin

- Howard league (1985) "Unlawful sex, the report of a Howard League working Party", London: Waterlow.
- Howells,K. (1979) "Some meanings of children for paedophiles'in Cook, M & Wilson, F(eds) "Love and attraction", London: Pergamon.
- Hucker, S.J & Bain, J. (1990) "Androgenic hormones and sexual assault", in Marshall, W.L. , Laws, D.R. and Barbaree,(eds) 'Handbook of sexual assault", New York: Plenum.
- Hudson, S. M., Ward, T., McCormack, J.C. (1999) "Offense pathways in sexual offenders" Jnl of Interpersonal Violence, Vol 14, No 8, pp 779 - 798
- Jackson, H & Nuttall, R. (1997) " Childhood abuse: Effects on clinicians personal and professional lives' London: Sage
- Jupp, V. (1995) "Methods of criminological research" London: Routledge
- Kear - Colwil, J. (1996) "Guest editorial: A personal position on the treatment of individuals who commit sexual offences" International Jnl of Offender Therapy and Comparative Criminology, Vol 40, No 4, pp 259 - 262

- Kaplan, M.S. (1985) "The impact of parolees' perceptions of confidentiality on the reporting of their urges to interact sexually with children" in Morrison, T. et al (eds) "Sexual offending against children", London: Routledge.
- Kelly, G. (1955) "The psychology of personal constructs", New York: Norton.
- Kelly, L. (1988) "Surviving sexual violence", Oxford: Blackwell.
- Kelly, L., Regan, L. & Burton, S. (1991) "An exploratory study of the prevalence of et al sexual abuse in a sample of 16-31 year olds", North London University, Child Abuse studies Unit. London: PNL.
- Kercher, G. & McShane, M. (1984) "The prevalence of child sexual abuse victimization in an adult sample of Texas residents", Child Abuse & Neglect, 8, pp495-502.
- Kershaw, C., Goodman, J., & White, S. (1999) "Reconvictions of offenders sentenced or discharged from prison in 1995, England and Wales. Issue 19/99, HMSO.
- Kidder, L.H. & Judd, C.M. (1986) "Research methods in social relations", New York: CBS College Publishing.
- Kilsby, P. (1999) 'Aspects of crime: Children as victims' Home Office Research Paper, HMSO.
- Kinsey, A.C., Pomeroy, C., & Martin, W.B. (1948) "Sexual behaviour in the human male", Philadelphia: Saunders.

- Kline, P. (1987) "Psychoanalysis and crime" in McGurk, B. et al "Applying psychology to imprisonment: theory and practice". London:HMSO.
- Knopp, F.H. (1982) "Remedial intervention in adolescent sex offenders: Nine programme descriptions", New York: Safer Society Press.
- La Fontaine,J. (1988) 'Child sexual abuse', an ESRC Research Briefing.
- Lankester, D., & Meyer, B. (1986) "Relationship of family structure to sex offender behaviour" Unpublished paper
- Langevin, R. (1990) "Sexual anomalies and the brain" in Marshall, Laws and Barbaree opp.cit.
- Lanyon, R.L. (1991) "Theories of sex offending", in Howells, CR (ed) " Clinical approaches to sex offenders and their victims", Chichester: J.Wiley and Sons.
- La Pierre, R.T. (1934) "Attitudes vs actions" in Denzin, 1973.
- Laws,D.R. & Marshall, W.L. (1990) "A conditioning theory of the etiology and maintenance of deviant sexual preference and behaviour", in Marshall, Laws and Barbaree opp. cit.

- Lewis,D (1985) "The offenders story" London: Pergamon.
- Levitas, R., & Guy, W. (1996) "Interpreting official statistics" London: Routledge
- Lincoln, Y.S., & Guba, E. (1985) "Naturalistic inquiry" California: Sage
- Lofland, J., & Lejeune, R.A. (1960) "Initial intercation of newcomers in Alcoholics Anonymous" Social Problems, Vol 8, No 2, pp1102-111
- Looman, J., Abracen, J. & Nicholaichuk. T. (2000) " Recidivism among treated sexual offenders and matched controls" Jnl of Interpersonal Violence, Vol 15, No 3, pp 279 - 290.
- Madenm, C & Wrench, D. (1977) "Significant findings in child abuse research" Victimology, 2, pp196-224.
- Magistrates Association (1993) "A guide to sentencing", London: HMSO.
- Mair, G. (2000) "Research on community penalties" in King, R. & Wincup, E(Eds) "Doing research on crime and justice". Oxford: Oxford University Press
- Maletzky, B.M. (1980) "Treating the sexual offender", California: Sage
- Maker,A.H., Kemmelmeier, M., & Peterson, C (1998) "Long term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood" Jnl Interpersonal Violence, Vol 13, No 5, pp 575 - 589

- Marques, J. (1994) "Effectiveness of cognitive behavioural treatment on sex offenders recidivism: Preliminary results of a longitudinal study" *Criminal Justice & Behaviour*, Vol 21, pp28-54.
- Marsh, L. (1982) "The survey method: the contribution of surveys to sociological method" London : Allen & Unwin
- Marshall, C., & Rossman, G.B. (1989) "Designing qualitative research" London: Sage
- Marshall, P. (1997) "The prevalence of convictions for sexual offending", *Research Findings No 55: Home Office*
- Marshall, W.L. & Barbaree, H.E. (1990) "An integrated theory of the etiology of sexual offending" in Marshall, Laws and Barbaree *op cit.*
- Marshall, W.L., & Mazzucco, A. (1995) "Self esteem and parental attachments in child molesters" *Sexual Abuse: A Journal of Research And Treatment*, Vol 7, pp279 - 285
- Marshall, W.L., & Norgard, K.E. (1983) "Child abuse and neglect: Sharing responsibility", New York: J . Wiley.
- Marshall, W.L. (1996) " Assessment, treatment and theorizing about sex offenders: developments over the last twenty years and future directions" *Criminal Justice and Behaviour*, Vol 23. pp 162 - 199

- (1997) "The relationship between self esteem and deviant sexual arousal in non-familial child sexual molesters" Behaviour Modification, Vol 21, pp 86 -96
- (1999) "Current status of North American assessment and treatment programs for sexual offenders", Jnl Interpersonal Violence, Vol 14, No 3, pp221 -239
- Matthews, R. (1989) "Female sexual offenders: An exploratory study", Orwell, VT: Safer Society Press.
- Matthews, R & Pitts (2000) "Rehabilitation, recidivism and realism: evaluating violence reduction programmes in prison" in 'Doing criminological research' Jupp, V. Davies, P. & Francis P(eds).
- McLaughlin, E. & Muncie,J (1994) "Managing the criminal justice system" in Clark, A., Cochrane, E, & McLaughlin, E. (Eds) "Managing social policy". London: Sage.
- Monck, E., Bentovim, A., Goodall, G., Hyde, C., Lwin, R., Sharland, E., & Elton, A. (1996) "Child sexual abuse : A descriptive and treatment study", Studies in Child Protection London: HMSO.
- MORI (1984) "Survey of child sexual abuse", MORI, 2548.
- (1988) "Survey of child sexual abuse", MORI, 3942.

- Morris, I., Scott, I.,
Mortimer, R., &
Barker, D. (1997) "Physical and sexual abuse of children in the
West Midlands" Child Abuse and Neglect,
Vol 21, No 3, pp285 - 293
- Morrison, T.,
Erooga, M. &
Beckett, R. (1994) "Sexual offending against children", London:
Routledge.
- Moser, C.A. (1958) "Survey methods in social investigation"
Glasgow: The University Press
- Moser, C.A. &
Kalton, G. (1972) "Survey methods in social investigation",
3rd edition, New York: Basic Books.
- Mrazek, P.B., &
Kemp, C.H. (1981) "Sexually abused children and their
families", Oxford: Pergamon.
- Nash, C.L. &
West, D.J. (1985) "Sexual molestation of young girls: a
retrospective study", in West, D.J. (ed)
"Sexual Victimization".
- National Centre on
Child Abuse & Neglect (1981) "Study of national incidence and prevalence
and incidence of child abuse and neglect",
Washington DC: US Department of Health
and Human Services.
- National Society For The
Prevention Of Cruelty To
Children (1997) "The incidence of childhood abuse"
- Nava, M (1988) "Cleveland and the press: Outrage and
anxiety in the reporting of child sexual
abuse" Feminist Review, 28.

- | | | |
|-------------------------------------|--------|---|
| Neate, P | (1995) | "Child abuse: Scare in the community, Britain in a moral panic" Reed Business Publishing: London |
| Neumann, D. | (1996) | "The long term sequelae of childhood sexual abuse in women: A meta analytical review" Child Maltreatment, Vol 1, No 1, pp17 - 24 |
| North East London Probation Service | (1992) | "Child protection policy" |
| Northern Ireland Research Team | (1991) | "Child sexual abuse in Northern Ireland", Belfast, Geystone. |
| Oakley, A. | (1981) | " Interviewing women", in Roberts, H. "Doing feminist research". London: Routledge, Keegan and Paul |
| O' Callaghan,D & Print, B. | (1994) | "Adolescent sexual abusers: research assessment and treatment", in Morrison et al "Sexual offending against children", London: Routledge. |
| Oliver,D. | (1993) | "A comparison of the personality characteristics of adolescent sex offenders and other adolescent offenders", California: sage. |
| Ortmann,S
York: | (1985) | "Women and child sexual abuse" New free Press. |
| Oxford Dictionary | (1941) | London: Oxford Press |

- Paedophile Information Exchange (1990) "Understanding paedophilia", Magazine, 9/90
- Panton, J.H. (1978) "personality differences appearing between rapists of adults, rapists of children and non-violent sexual molesters of children" Research Communications in Psychology, Vol 3, No 4, pp385-393
- Patton, M.Q. (1990) "Qualitative evaluation and research methods", 2nd edition. London:Sage
- (1997) "Utilization -focused evaluation: The new century text" Third Edition, Thousand Oaks: Sage
- Peplau,L.A., & Perlman, D. (1982) "Loneliness: A sourcebook of current theory, research and therapy" New York: John Wiley
- Peters, S.D. (1984) "The relationship between childhood sexual victimisation and depression amongst Afro-American and white women " In Wyatt, G. Powell, G. " Lasting effects of child sexual abuse", London: Sage.
- Peters, J.J. (1976) "Children who are the victims of sexual assault and the psychology of offenders", American Journal of Psychotherapy, 3, pp395-421.
- Pithers, W.D. (1999) "Empathy: definition, enhancement, and relevance to the treatment of sexual abusers", Jnl of Interpersonal Violence, Vol 14, No 3, pp 257 -284

- Plummer, K. (1981) "Paedophilia: Constructing a sociological baseline", in Cook, M. & Howells, K. (eds) "Adult sexual interest in children", London: Academic Press.
- Prins, H. (1995) "Offenders, deviants or patients" 2nd edition, London: Routledge
- Proctor, E (1996) "A five year outcome study of a community based treatment programme for convicted sexual offenders run by the probation service" Jnl of Sexual Agression, Vol 2, No1, pp3-16
- Proctor, E & Flaxington, F. (1996) "Community based interventions with sex offenders organised by the Probation Service. London: Association Of Chief Officers Of Probation
- Quinney, L. (1979) In Bottomley "Criminology in focus".
- Quinsey, V.L. (1977) "The assessment and treatment of child molesters: A review", Canadian Psychological Review, 18(3). pp204-220.
- (1998) "A retrospective evaluation of the Regional Treatment Centre Sex Offender Treatment program", Jnl Interpersonal Violence, Vol 13, No 5, pp 621- 644
- Rada, R. (1978) "Clinical aspects of the rapist" New York: Grune & Stratton
- Rada, R., Laws, D., & Kellner, R. (1976) "Plasma testosterone levels in the rapist Psychosomatic Medicine, 38(4), pp257-268.

- Roberts, C. (1994) "Real world research', Oxford: Blackwell
- Roberts, J. (1993) "Sexually abused children and young people speak out" in Waterhouse, L. "child abuse and child abusers", California: Sage.
- Romans, S., Martin, J (1997) "Childhood sexual abuse and later psychological problems: Neither necessary, sufficient nor acting alone", Criminal Behaviour and Mental Health 7, pp 327 - 328
- Rook, K.S. (1985) "The functions of social bonds: Perspectives on research from social support, loneliness and social isolation" in Sarason, I.G., & Sarason, B.R.(Eds) . "Social Support, Theory, Research and Applications". Holland: Martines, Nijhoff
- Rose, G. (1983) "Deciphering sociological research" London: MacMillan
- Roth, J.A. (1962) "Comments on secret observation" Social Problems, Vol 9, No 3, pp283- 290
- Rush, F. (1974) "The sexual abuse of children: the feminist point of view", in Connell, N & Wilson, C "Rape: the first sourcebook for women", London: Plume.

- Russell,D. (1983) "The incidence and prevalence of intra-familial and extra-familial sexual abuse of female children", Child Abuse And Neglect, 7. pp133-46.
- (1984) "The secret trauma: incest in the lives of girls and women" , New York: Basil Books.
- Sampson,A. (1994) "Acts of abuse: Sex offenders and the criminal justice system" London:Routledge.
- Salter, A. (1988) "Treating child sex offenders and victims: a practical guide", California : Sage.
- Sapsford, R and Jupp, V. (1996) " Data collection and analysis" London: Sage
- Schatzman, L., & Strauss, A.L (1973) "Field research strategies for a natural sociology" Englewood Cliffs:Prentice Hall
- Scully, D. (1990) "Understanding sexual violence: A study of convicted rapists". Boston: Unwin Hienneman
- Sexual Offences Act 1956 London:HMSO
- Sex Offenders Act 1997 London: HMSO
- Sexual Offences(Ammendment) Act 2000 London :HMSO
(WWW.Open.Gov.UK/query.html.qt=sexualoffences law).
- Sheath, M. (1990) " Confrontative work with sex offenders: legitimised nonce bashing?" Probation Jnl, Vol 37, p4.

- Smallbone , S.W. and Dadds, M.R. (1998) " Childhood attachment and adult attachment in incarcerated adult male sex offenders" Jnl of Interpersonal Violence, Vol 13, No 5, pp 555 - 573
- Smith, H., & Israel, E. (1987) " Sibling incest: A study of the dynamics of 25 cases" Child Abuse and Neglect, Vol 2. pp 98 - 110
- Smith, W.R. (1988) "Delinquency and abuse amongst juvenile sex offenders" Jnl of Interpersonal Violence, Vol 3, No4, pp379-390
- Silverman, D (1993) "Interpreting qualitative data: Methods for analysing talk, text and interaction" London: Sage
- (1998) " Doing qualitative research" London: Sage
- Smith, K. (1988) "Inside time", London:Harrap.
- Soble, R & Johnson,J. (1994) "Blood brothers: The inside story of the Menendez murders", London:Headline.
- Spradley, J.P (1979) "The ethnographic interview" New York: Hole, Reinhart & Winston
- (1980) "Participant observation" New York: Holt, Rienhart and Winston
- Spanos, N. (1971) " Goal directed fantasy and the performance of hypnotic suggestion" Psychiatry, Vol 34, pp 385-396

- Sparks, C. (1982) "The discovery of animal behaviour"
London:Macmillan
- Stava, L. (1984) "The use of hypnotic uncovering techniques
in the treatment of paedophilia: a brief
communication" International Jnl of Clinical
and Expeimental Hypnosis, Vol 34 pp678-
689
- Stern, A. (1981) " The impact of the media upon children" In
Gleitman . H. "Psychology", New York:
W.W.Norton.
- Storr, A. (1965) "Sexual devitaion", London: Heinemann.
- Strauss, A., & Corbin, J (1990) "Basics of qualitative research"
California:Sage
- Summit, R.C. (1988) "Hidden victims, hidden pain"
in Wyatt, G., & Powell, G.
"Lasting effects of child sexual abuse"
California: Sage
- Swanson, D.W. (1968) "Adult sexual abuse of children: the man
and circumstances", Diseases Of The
Nervous System, 29, pp677-683.
- Taylor, R. (1999) 'Predicting reconvictions for sexual and
violent offences using the revised offender
group reconviction scale', Research
Findings No 104, Home Office

- Vidich, J., & Gilbert, S. (1955) "A comparison of participant observation and survey data" *American Sociological review*, Vol 20, No 1, pp28-33
- Waldby, C., Clancy, A., Emetchi, J., & Summerfield, C. (1989) "Theoretical perspectives on father-daughter incest" in Driver, E et al(eds) "Child sexual abuse", London : McMillan.
- Walters, D.R. (1975) "Physical and sexual abuse of children: causes and treatment" Bloomington: Indiana Press
- Waterhouse, L. (1983) "Child abuse and child abusers" California: Sage
- Waterhouse, R. (2000) "Report of the Tribunal of Inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974; Lost in care" Norwich: HMS
- Ward, T., & Keenan, T. (1999) "Child molesters: Implicit theories" *Jnl Interpersonal Violence*, Vol 14, No 8, pp 821-838.
- Warwick, L. (1991) "Probation work with sex offenders: An overview of current practice", Probation Monographs 104. UEA.
- Weinberg, S.K (1955) "Incest behaviour" New York: Citadel Press

- | | | |
|---------------------------|--------|---|
| White, P. | (1999) | "The prison population in 1998: A statistical review", research Findings No 94: Home Office |
| Wilson, G.D & Cox, D.N. | (1983) | "Personality of paedophile club members", Personality and Individual differences, 4, pp 323-329. |
| Weinrot, M.R & Saylor, M. | (1991) | "Self report of crimes committed by sex offenders", Journal of Interpersonal Violence, 6(3), pp286-300. |
| Weldon, E.V. | (1988) | "Mother, madonna, whore : the idealisation and denegration of motherhood", London: free Association Press. |
| West, D. | (1987) | "sexual crimes and confrontations" Cambridge Studies in Criminology, Aldershot, Gower. |
| Wolf, S.C. | (1984) | "A multi-factor model of deviant sexuality" in Morrison, T., Erooga, M. and Beckett, R. "sexual offending against children", London: Routledge. |
| Woolfe Report | (1991) | "The sentencing of sex offenders: report of an interdisciplinary conference". London: Suzy Lamplugh Trust |
| Women Against Rape | (1982) | "Ask any woman" London: Women Against Rape |
| Wright, R. | (1984) | "Rape and physical violence" in West, D.J (Ed) "Sex offenders in the criminal justice system" Cambridge: Cambridge Institute of Criminology |

- Wyatt, G. & Powell, G. (1988) "Lasting effects of child sexual abuse", New York: Sage.
- Yalom, I. (1975) "The theory and practice of group psychotherapy" (2nd edition) New York; Basic Books.

Vol 2 Appendices

The Context And Practice Of Community Treatment Programmes For Child Sexual Abusers In England And Wales

PhD In Social Policy

Julia C. Davidson

2002

**The London School Of Economics
And Political Science**

Vol 1 - Appendices

THESES

The Control And Practice Of Communism
Treatment Programmes For Child
Sexual Abusers In England And Wales

F

8022/2

Julian C. Davidson

2002

The London School Of Economics
And Political Science

946038

Table Of **Contents**

- Appendix One - Offender Questionnaire**
- Appendix Two - Database Correspondence***
- Appendix Three – Interview Guide**
- Appendix Four - Interview Consent Form**
- Appendix Five - Extracts From Interview
Transcripts & Victim Statements***
- Appendix Six - Great Ormond Street Self
Image Profile & Scoring
Sheet**
- Appendix Seven - Gudjonsson Blame Attribution
Inventory & Scoring Sheet**
- Appendix Eight - Attitude Tests(rough calculations)***

*** Information anonymised or withheld due to confidentiality**

Appendix One - Offender Questionnaire

NORTH EAST LONDON PROBATION SERVICE

**CHILD SEXUAL ABUSE INFORMATION SHEET
THE SEX OFFENDERS PROJECT**

To be completed by Court Duty Officer/PSA

Please complete the following form as fully as possible on behalf of the Sex Offenders Project & the Research & Information Department and return it as soon as possible. One form should be completed each time a person appears at court charged with a sexual offence\sexual offences against a child.

Please circle answer where appropriate

Name Of Officer providing information? -----

1. Defendants\offenders Name (in full)?

2. (a)Date of birth?
(b)Age?

3. Gender?

4. Address? Home Bail

5. Name of Court?

6. Date of present appearance?

7. Offence(s)?

8. Any Co-defendants?

1 = Yes

2 = No

Please provide name/s where applicable

NORTH EAST LONDON PROBATION SERVICE

CHILD SEXUAL ABUSE QUESTIONNAIRE

(To be completed by Probation Officers)

Please complete the attached questionnaire during/after PSR interview, which has been prepared by the Sex Offenders Project and the Research and Information Department. The information requested is essential and will enable us to gain some understanding as to the extent and nature of this type of offending in North East London.

Please then return the completed questionnaire to **The Sex Offenders Project**, as soon as possible. Thank you for your cooperation.

STAGE TWO PSR Author - Please complete the following during or after your PSR interview (Circle relevant answers).

PSR Author?

Offenders Name?

1. Offender Details

34. (a) Employment/occupation (at time of current offence/s)?

(b) Does this clearly involve proximity to children(CSA's only)?

1 = Yes

2 = No

(c) Employment status?

1 = Full time education(16+)

2 = Full time employment

3 = Part time employment

4 = Part time education(FE/HE)

5 = Part time employment & P/T education

6 = Economically active & unemployed

7 = Not economically active & unemployed eg.house person

8 = Not Known

9 = Other(please specify) -----

35. (a) Marital Status

1 = Married/cohabiting without children

2 = Married/cohabiting with children

3 = Single parent

4 = Single

5 = Widowed

6 = Divorced/Separated

(b) Number of children

- 1 = 1
- 2 = 2
- 3 = 3
- 4 = 4
- 5 = 5 +
- 6 = None

(c) Gender of children

- 1 = Male
- 2 = Female
- 3 = Both Male & Female

(d) Ages of Children at present(circle where relevant)

- 1 = 0 - 6 months
- 2 = 7 months - under 1 Year
- 3 = 1 - 3 Years
- 4 = 4 - 6 Years
- 5 = 7 - 10 Years
- 6 = 11 Years & Over

(e) Who was responsible for the early care of the offender?

- 1 = both parents
- 2 = father only
- 3 = mother only
- 4 = other carer(s)
- 5 = institution

36. History of sexual abuse (against offender)?

- 1 = No
- 2 = Yes
- 3 = possible
- 4 = no enquiry made

If yes please specify:-

(a) Who was the abuser?

- | | |
|-------------------------|---------------------------|
| 1 = Father | 6 = Step Mother |
| 2 = Step Father | 7 = Other Female relative |
| 3 = Other Male relative | 8 = Male Stranger |
| 4 = Friend of Family | 9 = Female Stranger |
| 5 = Mother | 10 = Peer |

(b) Was the abuser male or female?

- 1 = Female
- 2 = Male

37. Previous adult sexual relationships?

- 1 = Yes
- 2 = No
- 3 = Not known

38. Sexual orientation of offender (as defined by client)?

- 1 = Heterosexual
- 2 = Homosexual
- 3 = Bisexual
- 4 = Unsure/confused
- 5 = Not known

39(a). History of physical abuse (against offender)?

- 1 = No
- 2 = Yes
- 3 = Possible
- 4 = Not known

(b). Who was the abuser?

40. History of psychiatric treatment

- 1 = None
- 2 = GP/drugs
- 3 = Out patients psychiatric clinic
- 4 = In patients psychiatric clinic
- 5 = Not known

2. Details of current offence and offending history

41. Length of time abusing children?

- 1 = Single occurrence
- 2 = Over days
- 3 = Over weeks
- 4 = Over years
- 5 = Not known
- 6 = Over months

42. Alcohol/drugs involved? (current offence)

- 1 = Alcohol
- 2 = Drugs
- 3 = Both
- 4 = Not known

- (a) Place current offence/s occurred?
- 1 = Open space e.g. woodland, parks
 - 2 = Victims home
 - 3 = Offenders home
 - 4 = Victims and offenders home
 - 5 = Other (please specify)
- (b) Does offender accept responsibility for current offence?
- 1 = Yes
 - 2 = No
- (c) Who is blamed for the current offence?
- 1 = Victim
 - 2 = Partner
 - 3 = Both victim and partner
 - 4 = Other (please specify)
 - 5 = Co-defendant

43. (a) Are there previous convictions for sexual offences?

- 1 = Yes
- 2 = No - (move to Q31)
- 3 = Not known

(b) If yes, now many?

- 1 = 1 only
- 2 = 2-3
- 3 = 4-6
- 4 = 7-9
- 5 = 10+

44. (a) What did the offences involve?

- 1 = Rape on one occasion
- 2 = Rape on more than one occasion
- 3 = Gross indecency on one occasion
- 4 = Gross indecency on more than one occasion
- 5 = Buggery on one occasion
- 6 = Buggery on more than one occasion
- 7 = Indecent assault on one occasion
- 8 = Indecent assault on more than one occasion
- 9 = USI over 13 years on one occasion
- 10 = USI over 13 years on more than one occasion
- 11 = USI under 13 years on one occasion
- 12 = USI under 13 years on more than one occasion
- 13 = Incest on one occasion
- 14 = Incest on more than one occasion
- 15 = Indecent exposure on one occasion
- 16 = Indecent exposure on more than one occasion
- 17 = Other
- 18 = Any combination of the above (please specify)

(b) Did the offences involve children (under 18 years)?

1 = Yes

2 = No

45. (a) Are there previous convictions for non-sexual offences?

1 = Yes

2 = No -(Move to Q32)

If yes, how many?

1 = one only

2 = 2-3

3 = 4-6

4 = 7-9

5 = 10+

(b) What did the offences involve?

1 = Violence on one occasion

2 = Violence on more than one occasion

3 = Burglary/theft on one occasion

4 = Burglary/theft on more than one occasion

5 = Other

6 = Not known

46. Is there any known contact with networks of paedophiles?

1 = yes

2 = no

3 = not known

47. Any known contact with persons/shops distributing/selling pornographic material?

1 = yes

2 = no

3 = not known

48. 609 Available?

1 = yes

2 = no

3. Victim(s) Details

49. Number of victims?

- 1 = one
2 = two
3 = three
4 = four or more

50. Relationship of offender to victim (please tick where appropriate)

* Where there are more than 4 victims - please provide details on 4 only.

VICTIMS

1 2 3 4

- 1 = father/step father
2 = other male relative
3 = friend of family/acquaintance
4 = Mother/step mother
5 = Female relative
6 = Stranger

51. (a) Physical injury to victim

- 1 = none
2 = present, no hospital care
3 = requiring out-patient care
4 = requiring in-patient care
5 = not known

(b) Victims medical report:-

- 1 available
2 not available

52. Gender of victim?

- 1 = male
2 = female

53. Age of victim at time of offence?

- 1 = 0 - 5 years
2 = 6 - 11 years
3 = 12 - 15 years
4 = 16 - 18 years

54. Availability of victim information?

- 1 = written Police statement
2 = videoed interview with victim
3 = verbal transcript of 2
4 = other relevant information about victim

Thank you for completing this questionnaire. Would you return it to ----,The

Appendix Two - Database Correspondence
(Unavailable)

Appendix Three – Interview Guide

Julia C. Davidson 4/1992

INTERVIEW SCHEDULE (child abusers)

I'd like to talk to you in some depth about yourself and your offending, for the purposes of research. I realise that you may have difficulty in answering some of the questions which are very personal but would encourage you to be as frank and as open as possible.

I'm going to ask you some questions around the following issues;

1. Your self
2. Your history
3. The offence
4. General attitudes

You will have a chance to comment on your involvement in the research at a later date and I would value any such comments.

The interview schedule will follow(loosely) 4 broad areas;

- 1.THE OFFENDER
- 2.OFFENDING HISTORY AND VICTIMS
- 3.THE CURRENT OFFENCE
- 4.ATTITUDES TOWARDS CHILDREN

notes to interview

Within each category a large number of questions will be asked/prompts given pertaining to;

- 1.Blame attribution(self, victim, other)
- 2.General health and depression/other addictions/stimulants
- 3.Self esteem(low - high)
- 4.Attitudes towards women/racist attitudes
- 5.Attitudes towards children/victim empathy/dominance
- 6.Personal/family relations-past and present;
 - a)isolation
 - b)rejection/security
 - c)history of abuse(physical/sexual)
 - d)strained family relations
 - e)ability to undertake/maintain relationships
- 7)Self as victim
- 8)Self as helpful/problem solver(positive image)

Interview transcripts will then be content analysed and emergent themes identified. The researcher will conduct the interviews at the same points in treatment as the psychometric tests and compare data gained from both sources.

INTERVIEW SCHEDULE AND NOTES TO INTERVIEWER

1. Your Self (the offender)

Family Background

Do you come from a large family?

Was your childhood a happy one? (explore - why/why not, abused?).

What kind of child were you?

What did you think of other children?

Did you/do you have a good relationship with your father?

Did you/do you have a good relationship with your mother?

Did your parents have a good relationship (explore)?

Do you have any children of your own? How old?

Employment History & Finance

Are you working at present?

(if yes) can you tell me about your work? (nature, where etc).

Do you enjoy your work?

(if no) Have you worked in the past? Can you tell me about past jobs? (nature, where).

(if unemployed) Are you seeking work? What sort of work?

Do you feel financially secure?
(explore)

Social Interests(isolation)

Do you have any hobbies/interests?

How long have you been interested in -----?(questions re.interest)

or

Well what do you do in your spare time?

Do you have many friends? Do you see them frequently? How frequently?

Do you have any 'close' friends?(friends you would confide in?)

Do you see them regularly? How regularly?

Do you go out a lot?

Do you consider yourself to be a popular person?
Why/why not?

Do you have any adult female friends?

General Health

Are you well at present?

How is your health at present?

Are you taking any medication? What for?

How are you feeling at the moment?

Are you sleeping well?

Do you like a drink?(explore)

How much do you drink per day/week?

Do you take drugs?(explore)

Relationships & Attitudes Towards Women

Do you have an adult sexual partner at present?

Are you married/co-habiting/single?

Married/Co-habiting

Are you happy with your present partner?

Do you share your problems with your partner?

What do you share?

What don't you share?

How long have you been together?

Divorced/separated/single

Have you had long term relationships of this kind? Why did it end?

Were you happy with your partner?

What did you share?

What didn't you share?

Have you had any short term relationships of this kind? Could you say how many?

Have you ever had more than one adult sexual partner at any one time?

Are women different to men (other than physically). In what ways?

Do you believe that women are equal to men? (please explain).

What do you like/dislike about women
(physically, sexually, emotionally)?

What do you like/dislike about men?

What do you think of working mothers?

Describe one important relationship that you've had with a woman in the past.

2. Offending History And Victims

Is this the first time you've committed an offence?

(yes) Have you ever thought about committing an offence before?

What sort of offence (against children)?

(no) What sort of offences have you committed in the past?

Over how long? How frequently?

(involving abuse) How many children were involved?

Male or female?

How do you feel about these offences now?

Can you remember when you began offending? Why do you think you began to offend?

Where did the offences occur?

Did you know the child/children? How did you come to know them?

How do you think the child/children feel now about the offences?

How do you think the child/children felt at the time?

3. The Current Offence

Tell me about this offence/s.

Where? How many children?

Can you describe the child/children to me?

Why do you think you did it?

How do you feel about what you did at the moment?

How did you feel immediately after the act/s?

Who started it?

Did the child/children respond at the time?

Do you know the child/children? How did you come to meet?

How do you think the child/children feel now?

Had you thought of abusing them before you actually did?

Did the child have any choice?

Children

Do you like children? What do you like about children?
(physically, sexually and emotionally).

Do you prefer children to adults? In what way/s?

Is it OK to do what you did?

Why is it wrong/right?

Do you consider yourself to be a danger to children?

CHILD SEXUAL ABUSE RESEARCH

Group Worker Interview Schedule

1. Introduction & Warm Up
 1. Reiterate aim of interview.
 2. Confidentiality.
 3. Time(30 - 60 mins approx).

Interview One - Staff and Group Aims

2. About Your self

Aiming to document staff background & experience.

1. How long have you worked for the Probation Service?
2. How long have you worked for the Sex Offenders Project?
3. Any experience of working with child sexual abusers prior to this?

-How has past experience prepared you for this work?

2. Group Aims

1. What are the broad aims of the Sex Offenders Project?
2. How does the project strive to achieve these aims? Via what methods or techniques?
3. Would you say that the SOP follows any particular approach to work with CSAs? (eg cognitive behavioural).

Probe - Can you explain this approach to me? What is implied?

Interview Two - Group Progress

3. Progress(2nd interview)

I want to ask you for your view re. the progress of individual men who have undergone all or part of the treatment programme. I will not refer to them by name in the research report I will ask you the same questions about each man.

1. Mr

1. General Progress?

Prompt - specific areas of progress.

2. Areas needing further work?

3. Generally satisfied with progress?

Why/Why not?

Appendix Four - Interview Consent Form

Research Consent Form

This research seeks to explore your attitudes and beliefs, and to evaluate the Sex Offenders Project. Your Probation Officer should have discussed participation in the project with you. Anonymity and confidentiality are assured.

This form seeks your consent both to participate in the research and to be video taped during research interviews. If you have any questions regarding the research please contact:

**Julia Davidson
Research Officer
Research & Information Unit**

I do/do not consent to participate in the research interviews

I do/do not consent to participate in the attitude tests

I do/do not consent to being videotaped during the research interviews

Name Signature

Please return the completed slip to your Probation Officer

**Appendix Five - Extracts From Interview
Transcripts & Victim
Statements**

Interview One

'I feel pretty disgusted really. I always liked kids and liked being around kids'(G1.5)

'I know it was wrong, nothing like that should have happened'. (G1.14)

' Ashamed more than anything, I should have known because she's a child she wouldn't understand what was wrong (G1.4)'.

'I became very friendly with the mother(victims mother), there was a promise of a sexual relationship with the mother, but this was a false promise. It never developed into anything. She had a daughter, she was 7 or 8 I think, I spent a lot of time there baby-sitting. I was baby-sitting a lot. Q. How often? Several times per week. The girls mother was married she often worked nights, she was divorced and her husband wasn't interested(in the children). So I said don't worry if you cannot get a baby-sitter I will do it. She wasn't the type to ask so I volunteered, I wanted to help out (G1.1).

The girls mother was married she often worked nights, she was divorced and her husband wasn't interested(in the children). So I said don't worry if you cannot get a baby-sitter I will do it. She wasn't the type to ask so I volunteered, I wanted to help out (G1.1).

Interview Two

‘ My mother left when I was small because of my fathers behaviour, he’d go out drinking, come back and destroy our home. He would be really violent towards her(mother) for really silly things. *Q* What sort of things? Cos she did the potatoes the wrong way or didn’t iron a shirt. I used to hide until it was over’(G2.3)

‘I really do prefer children to adults. *Q*. What do you like about children? Their innocence of the world, there’s nothing to worry about, I couldn’t hate children’(G1.12)

‘I like them more(than adults). They say funny things, they’re a lot of fun. Adults aren’t fun’.(G1.10)

‘I do like their company. their innocence and playfulness. They do fun things’(G2.1)

‘I like kids, I get on with them. they’re quite a laugh, I’ve got a lot of young relatives, I get them to wind other people up and they don’t know whose done it and the kids get the blame for it. It’s really funny’(G1.3)

‘I prefer adults, but I’ve no problem with children. Kids always want to play. I’ve been with children before you know playing football and stuff. They (children) want to know why grown ups do everything, because they don’t know the only way for them to find out is to ask a grown up’(G1,4)

Interviews 3 & 4

‘At the start of the group I really struggled, but I got a lot out of it. I feel more in contact with who I was as a child. I feel a much stronger person, more in control I don’t panic like I used to. I was afraid of failing but it raised issues for me and I dealt with them’(G1.1)

‘ I feel good, I feel quite positive. I take it personally when someone in the group doesn’t want to move forward’(G1.13)

‘ It’s helped(the group), it makes you more aware about yourself, I’m more responsible’(G1.6)

‘ The beginning was hard, intensive it was totally new and un-nerving. It helped me, it brought me out, I had to come out of my shell and it helped me to do that’(G2.1)

There are some in the group who haven’t moved at all. *Q.* So , what makes the difference? You start at different points, I didn’t come by choice, but just to avoid custody. I didn’t know what to expect. If I’d have gone into custody I’d have been back where I was before, I would have slipped back, I would have lied to myself and said I’d got it under control but I don’t accept those lies from myself anymore. *Q.* Why haven’t some other group members moved? They’ve got too many excuses, they see things as out of their control.’

Interview Five

'I feel pretty disgusted really. I always liked kids and liked being around kids'(G1.5)

'I know it was wrong, nothing like that should have happened'.
(G1.14)

∴
'Ashamed more than anything, I should have known because she's a child she wouldn't understand what was wrong (G1.4)'.

'Being a child she Wouldn't have known it was wrong, she probably Didn't think it was as bad as all that----- she probably Didn't think it was anything'(G1.3).

Extracts From Victim Statements

‘X (abuser) never said anything to me and I never asked him anything, I was scared of him(VG1.1, 1991,p2)’ .

‘ X (offender) would then pick me up out of bed and put me on the floor on my back. I felt scared of X when this happened’(VG1.1 1991, p2).

‘I didn't think I was doing any wrong’(G1.1).

‘----- would tell me not to tell anyone because my mother would not believe me and it was our secret. I would feel frightened when he would say it to me(p3)’.

‘ The reason I didn't tell mum was because I was scared of what might happen’(p4)

‘If I go to my Nan's I can put what happened to the back of my mind. If I saw him(abuser) or watched a television programme about the same thing(abuse), it would bring it all back to me and it would be on my mind a lot. I feel angry towards X (offender) for what he has done to me(VG1.1,91,p4).

C = 8

U = 1

E = 0

M. M

(4)

Date.....

B.A. INVENTORY

Below are a number of questions related to the crime(s) you committed. Please read each item carefully and decide whether the statement is TRUE or FALSE as it applies to you personally. If the statement is true as applied to you then circle T; and if it is false as applied to you then circle F.

- | | TRUE | FALSE |
|--|---------|-------|
| 0 1. I feel very ashamed of the crime(s) I committed. | T | (F) |
| 0 2. I am entirely to blame for my crime(s). | (T) | F |
| 0 3. I did not deserve to get caught for the crime(s) I committed. | T | (F) |
| 4. I am <u>constantly</u> troubled by my conscience for the crimes I committed. | (T) ish | F |
| 0 5. I will never forgive myself for the crime(s) I committed. | T | (F) |
| 6. I feel no remorse or guilt for the crime(s) I committed. | T | (F) |
| 0 7. I am responsible for my criminal act(s). | (T) | F |
| 0 8. It is definitely not in my nature to commit crimes. | T | (F) |
| 0 9. I should not blame myself for the crime(s) I committed. | T | (F) |
| 2 0 10. At the time of the crime(s) I was fully aware of what I was doing. | (T) | F |
| 0 11. I would not have committed the crime(s) I did if I had not lost control of myself. | T | (F) |
| 0 12. I should not blame other people for my crime(s). | (T) | F |

B.A. Inventory cont.

- | | | |
|--|----------------|-----|
| 0 13. The crime(s) I committed was very much out of character. | T | (F) |
| 0 14. I hate myself for the crime(s) I committed. | T | (F) |
| 0 15. Society is to blame for the crime(s) I committed. | T | (F) |
| 0 16. I should not be punished for what I did. | T | (F) |
| 0 17. I was feeling no different to usual at the time of the crime(s). | (T) | (F) |
| 0 18. In my case the victim(s) was largely to blame for my crime(s). | T | (F) |
| 0 19. I would not have committed any crime(s) if I had not been seriously provoked by the victim(s) / society. | T | (F) |
| 0 20. What I did was beyond my control. | T | (F) |
| 0 21. I deserved to be caught for what I did. | (T) | F |
| 0 22. I would have been better off if I had not been caught. | (T) <i>ist</i> | F |
| 0 23. I <u>constantly</u> have the urge to punish myself for the crime(s) I committed. | T | (F) |
| / 24. I fear that people will never accept me because of the crime(s) I committed. | (T) | F |
| 0 25. I was very depressed when I committed the crime(s). | T | (F) |
| 0 26. I was in no way provoked into committing a crime. | (T) | F |
| / 27. I have no need to feel ashamed of what I did. | T | (F) |
| / 28. I feel annoyed that I was caught. | T | (F) |
| / 29. I must have been crazy to commit the crime(s) I did. | (T) | F |

B.A. Inventory cont.

- | | | | |
|---|--|-----|-----|
| 0 | 30. There is no such thing as an innocent victim in my case. | (T) | F |
| 0 | 31. Other people are to blame for my crime(s). | T | (F) |
| 0 | 32. I could have avoided getting into trouble. | (T) | F |
| 0 | 33. I had very good reasons for committing the crime(s) I did. | T | (F) |
| 0 | 34. I should not punish myself for what I did. | (T) | F |
| | 35. I deserve to be severely punished for the crime(s) I committed. | (T) | F |
| 0 | 36. I would certainly not have committed the crime(s) I did if I had been mentally well. | T | (F) |
| | 37. I have no serious regrets about what I did. | T | (F) |
| 0 | 38. I was under a great deal of stress / pressure when I committed the crime(s). | T | (F) |
| | 39. I would very much like to make amends for what I did. | (T) | F |
| 0 | 40. I sometimes have nightmares about the crime(s) I committed. | T | (F) |
| 0 | 41. I was in full control of my actions. | (T) | F |
| 0 | 42. I have no excuse for the crime(s) I committed. | (T) | F |

$$C = 9$$

$$M = 0$$

$$E = .1 \quad MM$$

3

Date.....9/93.....

B.A. INVENTORY

Below are a number of questions related to the crime(s) you committed. Please read each item carefully and decide whether the statement is TRUE or FALSE as it applies to you personally. If the statement is true as applied to you then circle T; and if it is false as applied to you then circle F.

- | | | TRUE | FALSE |
|---|--|------|-------|
| / | 1. I feel very ashamed of the crime(s) I committed. | (T) | F |
| 0 | 2. I am entirely to blame for my crime(s). | (T) | F |
| 0 | 3. I did not deserve to get caught for the crime(s) I committed. | T | (F) |
| 0 | 4. I am constantly troubled by my conscience for the crimes I committed. | T | (F) |
| 0 | 5. I will never forgive myself for the crime(s) I committed. | T | (F) |
| / | 6. I feel no remorse or guilt for the crime(s) I committed. | T | (F) |
| 0 | 7. I am responsible for my criminal act(s). | (T) | F |
| 0 | 8. It is definitely not in my nature to commit crimes. | T | (F) |
| 0 | 9. I should not blame myself for the crime(s) I committed. | T | (F) |
| 0 | 10. At the time of the crime(s) I was fully aware of what I was doing. | (T) | F |
| 0 | 11. I would not have committed the crime(s) I did if I had not lost control of myself. | T | (F) |
| 0 | 12. I should not blame other people for my crime(s). | (T) | F |

B.A. Inventory cont.

- | | | | |
|---|--|-----|-----|
| 0 | 13. The crime(s) I committed was very much out of character. | T | (F) |
| 0 | 14. I hate myself for the crime(s) I committed. | T | (F) |
| 0 | 15. Society is to blame for the crime(s) I committed. | T | (F) |
| 0 | 16. I should not be punished for what I did. | T | (F) |
| 0 | 17. I was feeling no different to usual at the time of the crime(s). | (T) | F |
| 0 | 18. In my case the victim(s) was largely to blame for my crime(s). | T | (F) |
| 0 | 19. I would not have committed any crime(s) if I had not been seriously provoked by the victim(s) / society. | T | (F) |
| 0 | 20. What I did was beyond my control. | T | (F) |
| 0 | 21. I deserved to be caught for what I did. | (T) | F |
| 0 | 22. I would have been better off if I had not been caught. | (T) | F |
| 0 | 23. I constantly have the urge to punish myself for the crime(s) I committed. | T | (F) |
| 0 | 24. I fear that people will never accept me because of the crime(s) I committed. | T | (F) |
| 0 | 25. I was very depressed when I committed the crime(s). | T | (F) |
| 0 | 26. I was in no way provoked into committing a crime. | (T) | F |
| | 27. I have no need to feel ashamed of what I did. | T | (F) |
| | 28. I feel annoyed that I was caught. | T | (F) |
| 0 | 29. I must have been crazy to commit the crime(s) I did. | T | (F) |

B.A. Inventory cont.

- | | | |
|--|-----|-----|
| 30. There is no such thing as an innocent victim in my case. | T | (F) |
| 0 31. Other people are to blame for my crime(s). | T | (F) |
| 0 32. I could have avoided getting into trouble. | (T) | F |
| 33. I had very good reasons for committing the crime(s) I did. | (T) | F |
| 0 34. I should not punish myself for what I did. | (T) | F |
| 35. I deserve to be severely punished for the crime(s) I committed. | (T) | F |
| 0 36. I would certainly not have committed the crime(s) I did if I had been mentally well. | (T) | F |
| 37. I have no serious regrets about what I did. | T | (F) |
| 0 38. I was under a great deal of stress / pressure when I committed the crime(s). | T | (F) |
| 39. I would very much like to make amends for what I did. | (T) | F |
| 40. I sometimes have nightmares about the crime(s) I committed. | (T) | F |
| 0 41. I was in full control of my actions. | (T) | F |
| 0 42. I have no excuse for the crime(s) I committed. | (T) | F |

M M (Scale 2)

G = 10
M = 1
E = 0

Date...19/3/93

B.A. INVENTORY

Below are a number of questions related to the crime(s) you committed. Please read each item carefully and decide whether the statement is TRUE or FALSE as it applies to you personally. If the statement is true as applied to you then circle T; and if it is false as applied to you then circle F.

- | | | TRUE | FALSE |
|---|--|------|-------|
| 1 | 1. I feel very ashamed of the crime(s) I committed. | (T) | F |
| 0 | 2. I am entirely to blame for my crime(s). | (T) | F |
| 0 | 3. I did not deserve to get caught for the crime(s) I committed. | T | (F) |
| 1 | 4. I am constantly troubled by my conscience for the crimes I committed. | (T) | F |
| 0 | 5. I will never forgive myself for the crime(s) I committed. | T | (F) |
| 1 | 6. I feel no remorse or guilt for the crime(s) I committed. | T | (F) |
| 0 | 7. I am responsible for my criminal act(s). | (T) | F |
| 0 | 8. It is definitely not in my nature to commit crimes. | T | (F) |
| 0 | 9. I should not blame myself for the crime(s) I committed. | T | (F) |
| 0 | 10. At the time of the crime(s) I was fully aware of what I was doing. | (T) | F |
| 0 | 11. I would not have committed the crime(s) I did if I had not lost control of myself. | T | (F) |
| 0 | 12. I should not blame other people for my crime(s). | (T) | F |

B.A. Inventory cont.

- | | | | |
|---|--|-----|-----|
| 0 | 13. The crime(s) I committed was very much out of character. | T | (F) |
| 0 | 14. I hate myself for the crime(s) I committed. | T | (F) |
| 0 | 15. Society is to blame for the crime(s) I committed. | T | (F) |
| 0 | 16. I should not be punished for what I did. | T | (F) |
| 0 | 17. I was feeling no different to usual at the time of the crime(s). | (T) | F |
| 0 | 18. In my case the victim(s) was largely to blame for my crime(s). | T | (F) |
| 0 | 19. I would not have committed any crime(s) if I had not been seriously provoked by the victim(s) / society. | T | (F) |
| 0 | 20. What I did was beyond my control. | T | (F) |
| | 21. I deserved to be caught for what I did. | (T) | F |
| 0 | 22. I would have been better off if I had not been caught. | (T) | F |
| 0 | 23. I constantly have the urge to punish myself for the crime(s) I committed. | T | (F) |
| | 24. I fear that people will never accept me because of the crime(s) I committed. | (T) | F |
| 0 | 25. I was very depressed when I committed the crime(s). | T | (F) |
| 0 | 26. I was in no way provoked into committing a crime. | (T) | F |
| | 27. I have no need to feel ashamed of what I did. | T | (F) |
| | 28. I feel annoyed that I was caught. | T | (F) |
| / | 29. I must have been crazy to commit the crime(s) I did. | (T) | F |

B.A. Inventory cont.

- | | | |
|--|-----|-----|
| 30. There is no such thing as an innocent victim in my case. | T | (F) |
| (31. Other people are to blame for my crime(s). | T | (F) |
| (32. I could have avoided getting into trouble. | (T) | F |
| (33. I had very good reasons for committing the crime(s) I did. | T | (F) |
| (34. I should not punish myself for what I did. | (T) | F |
| 35. I deserve to be severely punished for the crime(s) I committed. | (T) | F |
| (36. I would certainly not have committed the crime(s) I did if I had been mentally well. | T | (F) |
| 37. I have no serious regrets about what I did. | T | (F) |
| (38. I was under a great deal of stress / pressure when I committed the crime(s). | T | (F) |
| 39. I would very much like to make amends for what I did. | (T) | F |
| (40. I sometimes have nightmares about the crime(s) I committed. | T | (F) |
| (41. I was in full control of my actions. | (T) | F |
| (42. I have no excuse for the crime(s) I committed. | (T) | F |

M

M

(1)

C = 11

M = 2

E = 1

Date... 25/9/92 -

B.A. INVENTORY

Below are a number of questions related to the crime(s) you committed. Please read each item carefully and decide whether the statement is TRUE or FALSE as it applies to you personally. If the statement is true as applied to you then circle T; and if it is false as applied to you then circle F.

- | | | TRUE | FALSE |
|---|--|------|-------|
| 1 | 1. I feel very ashamed of the crime(s) I committed. | (T) | F |
| 0 | 2. I am entirely to blame for my crime(s). | (T) | F |
| 0 | 3. I did not deserve to get caught for the crime(s) I committed. | T | (F) |
| 1 | 4. I am constantly troubled by my conscience for the crimes I committed. | (T) | F |
| 1 | 5. I will never forgive myself for the crime(s) I committed. | (T) | F |
| 4 | 6. I feel no remorse or guilt for the crime(s) I committed. | T | (F) |
| 0 | 7. I am responsible for my criminal act(s). | (T) | F |
| 0 | 8. It is definitely not in my nature to commit crimes. | T | (F) |
| 0 | 9. I should not blame myself for the crime(s) I committed. | T | (F) |
| 0 | 10. At the time of the crime(s) I was fully aware of what I was doing. | (T) | F |
| 1 | 11. I would not have committed the crime(s) I did if I had not lost control of myself. | (T) | F |
| 0 | 12. I should not blame other people for my crime(s). | (T) | F |

B.A. Inventory cont.

- | | | | |
|------------------------------------|--|-------------------------|-------------------------|
| <input type="radio"/> | 13. The crime(s) I committed was very much out of character. | T | <input type="radio"/> F |
| <input type="radio"/> | 14. I hate myself for the crime(s) I committed. | T | <input type="radio"/> F |
| <input type="radio"/> | 15. Society is to blame for the crime(s) I committed. | T | <input type="radio"/> F |
| <input type="radio"/> | 16. I should not be punished for what I did. | T | <input type="radio"/> F |
| / | 17. I was feeling no different to usual at the time of the crime(s). | T | <input type="radio"/> F |
| <input type="radio"/> | 18. In my case the victim(s) was largely to blame for my crime(s). | T | <input type="radio"/> F |
| <input type="radio"/> | 19. I would not have committed any crime(s) if I had not been seriously provoked by the victim(s) / society. | T | <input type="radio"/> F |
| <input type="radio"/> | 20. What I did was beyond my control. | T | <input type="radio"/> F |
| / <input checked="" type="radio"/> | 21. I deserved to be caught for what I did. | <input type="radio"/> T | F |
| <input type="radio"/> | 22. I would have been better off if I had not been caught. | <input type="radio"/> T | F |
| <input type="radio"/> | 23. I constantly have the urge to punish myself for the crime(s) I committed. | T | <input type="radio"/> F |
| / | 24. I fear that people will never accept me because of the crime(s) I committed. | <input type="radio"/> T | F |
| <input type="radio"/> | 25. I was very depressed when I committed the crime(s). | T | <input type="radio"/> F |
| <input type="radio"/> | 26. I was in no way provoked into committing a crime. | <input type="radio"/> T | F |
| / | 27. I have no need to feel ashamed of what I did. | T | <input type="radio"/> F |
| <input type="radio"/> | 28. I feel annoyed that I was caught. | <input type="radio"/> T | F |
| <input type="radio"/> | 29. I must have been crazy to commit the crime(s) I did. | T | <input type="radio"/> F |

B.A. Inventory cont.

- | | | | | |
|---|---|--|------------------------------------|------------------------------------|
| | | 30. There is no such thing as an innocent victim in my case. | T | <input checked="" type="radio"/> F |
| | 0 | 31. Other people are to blame for my crime(s). | T | <input checked="" type="radio"/> F |
| | 0 | 32. I could have avoided getting into trouble. | <input checked="" type="radio"/> T | F |
| | 0 | 33. I had very good reasons for committing the crime(s) I did. | T | <input checked="" type="radio"/> F |
| | 0 | 34. I should not punish myself for what I did. | <input checked="" type="radio"/> T | F |
| | | 35. I deserve to be severely punished for the crime(s) I committed. | <input checked="" type="radio"/> T | F |
| | 0 | 36. I would certainly not have committed the crime(s) I did if I had been mentally well. | T | <input checked="" type="radio"/> F |
| | | 37. I have no serious regrets about what I did. | T | <input checked="" type="radio"/> F |
| | 0 | 38. I was under a great deal of stress / pressure when I committed the crime(s). | T | <input checked="" type="radio"/> F |
| 3 | | 39. I would very much like to make amends for what I did. | <input checked="" type="radio"/> T | F |
| | | 40. I sometimes have nightmares about the crime(s) I committed. | <input checked="" type="radio"/> T | F |
| | 0 | 41. I was in full control of my actions. | <input checked="" type="radio"/> T | F |
| | 0 | 42. I have no excuse for the crime(s) I committed. | <input checked="" type="radio"/> T | F |

M.M. (4)
GREAT ORMOND STREET SELF IMAGE PROFILE

Adult Version

We are interested in finding out how you feel about yourself at the moment.

What follows is a set of questions which have no right or wrong answers, but which give you a chance to say how you feel about your life.

The first item is for practice.

Very true for me	Quite true for me	Not very true for me	Not at all true for me
---------------------	----------------------	----------------------------	---------------------------

I am very tall	/--\ --/	/--\ --/	/--X --/	/--\ --/
----------------	-------------	-------------	-------------	-------------

So if you are six foot five inches, we would expect you to tick the first box. If you are three foot, then you would probably have ticked box four, with the other two for heights in between.

That one was straightforward because everyone can see how tall you are. The rest of the questions are related more to how you feel and so may take a little longer.

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
--	---------------------	----------------------	-------------------------	---------------------------

1. I like the way I lead my life	/--\ --/	/--\ --/	/--X --/	/--\ --/ 1
2. People like being with me	/--\ --/	/--\ --/	/--X --/	/--\ --/ 1
3. I am not satisfied with the way I do my work.	/--\ --/	/--\ --/	/--\ --/	/--X --/ 3
4. Looking after others is important to me.	/--X --/	/--\ --/	/--\ --/	/--\ --/ 3
5. I prefer to watch sport even if I could play.	/--\ --/	/--X --/	/--\ --/	/--\ --/ 1

9

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
6. I am happy with the way I look	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 2
7. I cannot support myself and others financially	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 3
8. I live up to my own moral standards	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 2
9. Generally I am content with the way I am.	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 2
10. I am bad at organising household tasks.	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 1

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
11. I am good at developing good relationships with others	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 1
12. If I don't understand something, I feel stupid.	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 1
13. I can easily see the funny side of what I do.	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 2
14. Meeting new people makes me feel uncomfortable.	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 1
15. I am good at my job.	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 3
16. I enjoy helping others to get on	/--\ /--\	/--\ /--\	/--\ /--\	/--\ /--\ 2

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
17. Sometimes I don't think too much of myself.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2
18. I can take on any new sport and do it well.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 1
19. I am not very good looking.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2
20. I am satisfied with how I provide for people who are important to me.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 2
21. I would like to be a more moral person.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
22. I can keep my household running smoothly.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 2
23. It is hard to make close relationships with others.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 1
24. I feel that I am intelligent.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 2
25. I am a disappointment to myself.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2
26. It is hard for me to be lighthearted with friends and people at work.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2
27. I feel at ease with other people.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 1

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
28. I am not very productive at work.	/--\	/--\	/--\	/--\ 3
29. I am good at looking after other people.	/--\	/--\	/--\	/--\ 2
30. I am no good at games.	/--\	/--\	/--\	/--\ 2
31. I like the way I look.	/--\	/--\	/--\	/--\ 2
32. I cannot provide for my own basic needs.	/--\	/--\	/--\	/--\ 3
33. I am not satisfied with myself.	/--\	/--\	/--\	/--\ 3
	Very true for me	Quite true for me	Not very true for me	Not at true for me
34. Generally I do what is right.	/--\	/--\	/--\	/--\ 2
35. I am not very efficient at managing activities at home.	/--\	/--\	/--\	/--\ 2
36. I seek out close relationships.	/--\	/--\	/--\	/--\ 1
37. I am clever.	/--\	/--\	/--\	/--\ 2
38. I have a good sense of humour.	/--\	/--\	/--\	/--\ 2
39. I am not very sociable.	/--\	/--\	/--\	/--\ 0
40. I am proud of my work.	/--\	/--\	/--\	/--\ 3

27

U.U

③

GREAT ORMOND STREET SELF IMAGE PROFILE

Adult Version

We are interested in finding out how you feel about yourself at the moment.

What follows is a set of questions which have no right or wrong answers, but which give you a chance to say how you feel about your life.

The first item is for practice.

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
I am very tall	/--\ \--/	/--\ \--/	/--X \X/	/--\ \--/

So if you are six foot five inches, we would expect you to tick the first box. If you are three foot, then you would probably have ticked box four, with the other two for heights in between.

That one was straightforward because everyone can see how tall you are. The rest of the questions are related more to how you feel and so may take a little longer.

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
1. I like the way I lead my life	/--\ \--/	/--\ \--/	/--X \X/	/--\ \--/ 1
2. People like being with me	/--\ \--/	/--X \X/	/--\ \--/	/--\ \--/ 2
3. I am not satisfied with the way I do my work.	/--\ \--/	/--\ \--/	/--\ \--/	/--X \X/ 3
4. Looking after others is important to me.	/--X \X/	/--\ \--/	/--\ \--/	/--\ \--/ 3
5. I prefer to watch sport even if I could play.	/--\ \--/	/--\ \--/	/--X \X/	/--\ \--/ 2

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
6. I am happy with the way I look	/--\ /--/	/--X /--/	/--\ /--/	/--\ /--/ 2
7. I cannot support myself and others financially	/--\ /--/	/--\ /--/	/--\ /--/	/--X /--/ 3
8. I live up to my own moral standards	/--\ /--/	/--\ /--/	/--X /--/	/--\ /--/ 1
9. Generally I am content with the way I am.	/--\ /--/	/--X /--/	/--\ /--/	/--\ /--/ 2
10. I am bad at organising household tasks.	/--\ /--/	/--\ /--/	/--X /--/	/--\ /--/ 2

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
11. I am good at developing good relationships with others	/--\ /--/	/--\ /--/	/--X /--/	/--\ /--/ 1
12. If I don't understand something, I feel stupid.	/--X /--/	/--\ /--/	/--\ /--/	/--\ /--/ 0
13. I can easily see the funny side of what I do.	/--\ /--/	/--X /--/	/--\ /--/	/--\ /--/ 2
14. Meeting new people makes me feel uncomfortable.	/--\ /--/	/--X /--/	/--\ /--/	/--\ /--/ 1
15. I am good at my job.	/--X /--/	/--\ /--/	/--\ /--/	/--\ /--/ 3
16. I enjoy helping others to get on	/--\ /--/	/--X /--/	/--\ /--/	/--\ /--/ 2

19

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
17. Sometimes I don't think too much of myself.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 1
18. I can take on any new sport and do it well.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 1
19. I am not very good looking.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 1
20. I am satisfied with how I provide for people who are important to me.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 2
21. I would like to be a more moral person.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 1

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
22. I can keep my household running smoothly.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 2
23. It is hard to make close relationships with others.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 1
24. I feel that I am intelligent.	/--\ \--/	/--X \--/	/--\ \--/	/--\ \--/ 2
25. I am a disappointment to myself.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2
26. It is hard for me to be lighthearted with friends and people at work.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 2
27. I feel at ease with other people.	/--\ \--/	/--\ \--/	/--X \--/	/--\ \--/ 1

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
28. I am not very productive at work.	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/ 3
29. I am good at looking after other people.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 2
30. I am no good at games.	/--\ \--/	/--\ \--/	/--\ \--/ ✓	/--\ \--/ 2
31. I like the way I look.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 2
32. I cannot provide for my own basic needs.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 3
33. I am not satisfied with myself.	/--\ \--/	/--\ \--/	/--\ \--/ ✓	/--\ \--/ 2
	Very true for me	Quite true for me	Not very true for me	Not at true for me
34. Generally I do what is right.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 2
35. I am not very efficient at managing activities at home.	/--\ \--/	/--\ \--/	/--\ \--/ ✓	/--\ \--/ 2
36. I seek out close relationships.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 2
37. I am clever.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 2
38. I have a good sense of humour.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 2
39. I am not very sociable.	/--\ \--/	/--\ \--/ ✓	/--\ \--/	/--\ \--/ 1
40. I am proud of my work.	/--\ \--/ ✓	/--\ \--/	/--\ \--/	/--\ \--/ 3

28.

**Appendix Six - Great Ormond Street Self
Image Profile & Scoring
Sheet**

Ref "Child Sexual Abuse; a descriptive
and treatment structure" E Monck,

A. Bentham, E. Goddall,

GREAT ORMOND STREET SELF IMAGE PROFILE

Adult Version

C. Hide, R. Lwin,

E. Sharland. 1992

(in press)

We are interested in finding out how you feel about yourself at the moment.

What follows is a set of questions which have no right or wrong answers, but which give you a chance to say how you feel about your life.

The first item is for practice.

Scoring template.

Very true for me	Quite true for me	Not very true for me	Not at all true for me
---------------------	----------------------	----------------------------	---------------------------

I am very tall	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/
----------------	--------------	--------------	--------------	--------------

So if you are six foot five inches, we would expect you to tick the first box. If you are three foot, then you would probably have ticked box four, with the other two for heights in between.

That one was straightforward because everyone can see how tall you are. The rest of the questions are related more to how you feel and so may take a little longer.

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
1. I like the way I lead my life	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/
2. People like being with me	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/
3. I am not satisfied with the way I do my work.	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/
4. Looking after others is important to me.	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/
5. I prefer to watch sport even if I could play.	/--\ \--/	/--\ \--/	/--\ \--/	/--\ \--/

GREAT ORMOND STREET SELF IMAGE PROFILE

Scoring
sheet.

150.

Adult Version

0-3.

We are interested in finding out how you feel about yourself at the moment.

What follows is a set of questions which have no right or wrong answers, but which give you a chance to say how you feel about your life.

The first item is for practice.

Very true for me	Quite true for me	Not very true for me	Not at all true for me
---------------------	----------------------	----------------------------	---------------------------

I am very tall	$\begin{smallmatrix} /--\backslash \\ \backslash--/ \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash--/ \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash--/ \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash--/ \end{smallmatrix}$
----------------	--	--	--	--

So if you are six foot five inches, we would expect you to tick the first box. If you are three foot, then you would probably have ticked box four, with the other two for heights in between.

That one was straightforward because everyone can see how tall you are. The rest of the questions are related more to how you feel and so may take a little longer.

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
1. I like the way I lead my life	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{3} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{2} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{1} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{0} / \end{smallmatrix}$
2. People like being with me	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{3} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{2} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{1} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{0} / \end{smallmatrix}$
3. I am not satisfied with the way I do my work.	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{0} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{1} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{2} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{3} / \end{smallmatrix}$
4. Looking after others is important to me.	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{3} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{2} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{1} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{0} / \end{smallmatrix}$
5. I prefer to watch sport even if I could play.	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{0} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{1} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{2} / \end{smallmatrix}$	$\begin{smallmatrix} /--\backslash \\ \backslash \underline{3} / \end{smallmatrix}$

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
6. I am happy with the way I look	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
7. I cannot support myself and others financially	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
8. I live up to my own moral standards	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
9. Generally I am content with the way I am.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
10. I am bad at organising household tasks.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
11. I am good at developing good relationships with others	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
12. If I don't understand something, I feel stupid.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
13. I can easily see the funny side of what I do.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
14. Meeting new people makes me feel uncomfortable.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
15. I am good at my job.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
16. I enjoy helping others to get on	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
17. Sometimes I don't think too much of myself.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$ 0
18. I can take on any new sport and do it well.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$ 1
19. I am not very good looking.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$ 2
20. I am satisfied with how I provide for people who are important to me.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$ 2
21. I would like to be a more moral person.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$ 1

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
22. I can keep my household running smoothly.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
23. It is hard to make close relationships with others.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
24. I feel that I am intelligent.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
25. I am a disappointment to myself.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
26. It is hard for me to be lighthearted with friends and people at work.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
27. I feel at ease with other people.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
28. I am not very productive at work.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
29. I am good at looking after other people.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
30. I am no good at games.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
31. I like the way I look.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
32. I cannot provide for my own basic needs.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
33. I am not satisfied with myself.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
	Very true for me	Quite true for me	Not very true for me	Not at true for me
34. Generally I do what is right.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$ 7
35. I am not very efficient at managing activities at home.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
36. I seek out close relationships.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
37. I am clever.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
38. I have a good sense of humour.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
39. I am not very sociable.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
40. I am proud of my work.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$

	Very true for me	Quite true for me	Not very true for me	Not at all true for me
41. I like being the kind of person I am.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
42. I do not enjoy looking after others much.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
43. I am better than most people of my age at games.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
44. I am not satisfied with my face or hair.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
45. I can provide adequately for the people who are important to me.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
	Very true for me	Quite true for me	Not very true for me	Not at all true for me
46. I often think that I am not behaving in a moral way.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$
47. I use my time spent on household activities very well.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
48. It is easy to communicate openly with people who are close to me.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
49. I am just as clever as other people.	$\langle \overline{3} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{0} \rangle$
50. I often take life too seriously.	$\langle \overline{0} \rangle$	$\langle \overline{1} \rangle$	$\langle \overline{2} \rangle$	$\langle \overline{3} \rangle$

Some people have a skill of ability which is very important to them.

Listed below are a number of talents which you may feel are important to you.

Please tick the box that shows HOW important things are to you.

	very true for me	not very true for me	not at all true for me	
It is important to me to do well at work	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>
It is important to do well at sport	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>
Having a lot of friends is important to me	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>
How I look is important to me	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>
My care of the household is important to me	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>
Having a good marriage/ partnership is important to me	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>
Having a close friend is important to me	/--\ \--/	/--\ \--/	/--\ \--/	<input type="checkbox"/>

**Appendix Seven -Gudjonsson Blame Attribution
Inventory & Scoring Sheet**

N

18 G. Guilt

9 M - mental element -

15 E - External attribution.

Sample
Template.

Scoring

Date.....

Response indicative of about C.B.A. INVENTORY

Below are a number of questions related to the crime(s) you committed. Please read each item carefully and decide whether the statement is TRUE or FALSE as it applies to you personally. If the statement is true as applied to you then circle T; and if it is false as applied to you then circle F.

Answer
near response
T/F = Score 1

	TRUE	FALSE
G 1. I feel very ashamed of the crime(s) I committed.	(T)	F
E 2. I am entirely to blame for my crime(s).	(T)	F
E 3. I did not deserve to get caught for the crime(s) I committed.	T	(F)
G 4. I am constantly troubled by my conscience for the crimes I committed.	(T)	F
E 5. I will never forgive myself for the crime(s) I committed.	(T)	F
G 6. I feel no remorse or guilt for the crime(s) I committed.	T	(F)
E 7. I am responsible for my criminal act(s).	(T)	F
G 8. It is definitely not in my nature to commit crimes.	(T)	F
E 9. I should not blame myself for the crime(s) I committed.	T	(F)
M 10. At the time of the crime(s) I was fully aware of what I was doing.	T	(F)
M 11. I would not have committed the crime(s) I did if I had not lost control of myself.	(T)	F
E 12. I should not blame other people for my crime(s).	(T)	F

G = 1, 4, 5, 6, 8, 13, 14, 22, 23, 24, 27, 28, 30, 36, 35, 37, 39, 40.

M = 10, 11, 17, 20, 25, 29, 36, 38, 41.

E = 7, 9, 12, 15, 16, 18, 19, 21, 26, 31, 32, 33, 42

B.A. Inventory cont.

- T
T
T
T
F
T
- | | | | |
|---|--|-----|-----|
| G | 13. The crime(s) I committed was very much out of character. | (T) | F |
| G | 14. I hate myself for the crime(s) I committed. | (T) | F |
| E | 15. Society is to blame for the crime(s) I committed. | T | (F) |
| E | 16. I should not be punished for what I did. | T | (F) |
| M | 17. I was feeling no different to usual at the time of the crime(s). | (T) | F |
| E | 18. In my case the victim(s) was largely to blame for my crime(s). | T | (F) |
| E | 19. I would not have committed any crime(s) if I had not been seriously provoked by the victim(s) / society. | T | (F) |
| M | 20. What I did was beyond my control. | (T) | F |
| E | 21. I deserved to be caught for what I did. | (T) | F |
| G | 22. I would have been better off if I had not been caught. | (F) | F |
| G | 23. I constantly have the urge to punish myself for the crime(s) I committed. | T | (F) |
| G | 24. I fear that people will never accept me because of the crime(s) I committed. | T | (F) |
| M | 25. I was very depressed when I committed the crime(s). | T | (F) |
| E | 26. I was in no way provoked into committing a crime. | (T) | F |
| G | 27. I have no need to feel ashamed of what I did. | T | (F) |
| G | 28. I feel annoyed that I was caught. | T | (F) |
| M | 29. I must have been crazy to commit the crime(s) I did. | (T) | F |

B.A. Inventory cont.

- F
 T
 F
 T
 F
- | | | | |
|---|--|-----|-----|
| G | 30. There is no such thing as an innocent victim in my case. | T | (F) |
| E | 31. Other people are to blame for my crime(s). | T | (F) |
| E | 32. I could have avoided getting into trouble. | (T) | F |
| E | 33. I had very good reasons for committing the crime(s) I did. | T | (F) |
| G | 34. I should not punish myself for what I did. | T | (F) |
| G | 35. I deserve to be severely punished for the crime(s) I committed. | T | (F) |
| M | 36. I would certainly not have committed the crime(s) I did if I had been mentally well. | T | (F) |
| G | 37. I have no serious regrets about what I did. | T | (F) |
| M | 38. I was under a great deal of stress / pressure when I committed the crime(s). | T | (F) |
| G | 39. I would very much like to make amends for what I did. | (T) | F |
| G | 40. I sometimes have nightmares about the crime(s) I committed. | T | (F) |
| M | 41. I was in full control of my actions. | T | (F) |
| E | 42. I have no excuse for the crime(s) I committed. | (T) | F |

B.A. Inventory cont.

13. The crime(s) I committed was very much out of character.	T	F
14. I hate myself for the crime(s) I committed.	T	F
15. Society is to blame for the crime(s) I committed.	T	F
16. I should not be punished for what I did.	T	F
17. I was feeling no different to usual at the time of the crime(s).	T	F
18. In my case the victim(s) was largely to blame for my crime(s).	T	F
19. I would not have committed any crime(s) if I had not been seriously provoked by the victim(s) / society.	T	F
20. What I did was beyond my control.	T	F
21. I deserved to be caught for what I did.	T	F
22. I would have been better off if I had not been caught.	T	F
23. I constantly have the urge to punish myself for the crime(s) I committed.	T	F
24. I fear that people will never accept me because of the crime(s) I committed.	T	F
25. I was very depressed when I committed the crime(s).	T	F
26. I was in no way provoked into committing a crime.	T	F
27. I have no need to feel ashamed of what I did.	T	F
28. I feel annoyed that I was caught.	T	F
29. I must have been crazy to commit the crime(s) I did.	T	F

B.A. Inventory cont.

30. There is no such thing as an innocent victim in my case.	T	F
31. Other people are to blame for my crime(s).	T	F
32. I could have avoided getting into trouble.	T	F
33. I had very good reasons for committing the crime(s) I did.	T	F
34. I should not punish myself for what I did.	T	F
35. I deserve to be severely punished for the crime(s) I committed.	T	F
36. I would certainly not have committed the crime(s) I did if I had been mentally well.	T	F
37. I have no serious regrets about what I did.	T	F
38. I was under a great deal of stress / pressure when I committed the crime(s).	T	F
39. I would very much like to make amends for what I did.	T	F
40. I sometimes have nightmares about the crime(s) I committed.	T	F
41. I was in full control of my actions.	T	F
42. I have no excuse for the crime(s) I committed.	T	F

Date.....

B.A. INVENTORY

Below are a number of questions related to the crime(s) you committed. Please read each item carefully and decide whether the statement is TRUE or FALSE as it applies to you personally. If the statement is true as applied to you then circle T; and if it is false as applied to you then circle F.

	TRUE	FALSE
1. I feel very ashamed of the crime(s) I committed.	T	F
2. I am entirely to blame for my crime(s).	T	F
3. I did not deserve to get caught for the crime(s) I committed.	T	F
4. I am constantly troubled by my conscience for the crimes I committed.	T	F
5. I will never forgive myself for the crime(s) I committed.	T	F
6. I feel no remorse or guilt for the crime(s) I committed.	T	F
7. I am responsible for my criminal act(s).	T	F
8. It is definitely not in my nature to commit crimes.	T	F
9. I should not blame myself for the crime(s) I committed.	T	F
10. At the time of the crime(s) I was fully aware of what I was doing.	T	F
11. I would not have committed the crime(s) I did if I had not lost control of myself.	T	F
12. I should not blame other people for my crime(s).	T	F