

# Interviewing convicted sexual offenders (and the merits of qualitative research)

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# Sexual Offences, Crime and Misconduct Unit

The Sexual Offences, Crime and Misconduct Unit (SOCAMRU) in the Department of Psychology at Nottingham Trent University predominantly conducts research that focuses on sexual crime. This research seeks to understand individuals that have committed, or are likely to commit, sexual offences; focusing on evaluating interventions and exploring protective or risk factors for recidivism and desistance.

We work very closely with Whatton prison (see next slide) in addition to other prisons and secure hospitals (such as Rampton hospital) throughout the UK.

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# HMP Whatton



**Holds approximately 840 adult males convicted of a sexual offence (or where there is a sexual element to their offending).**

**It is one of the largest sex offender prisons in Europe (11k+).**

**Forty-two percent have a sentence of more than four years. Forty-six percent are serving an indeterminate sentence including life sentence.**

**Age ranges from 18 – 85 (mean = 44), range of offences / sentences, range of treatment programmes (mainly psychological, CBT based, some adapted), but also offers pharmacological treatment.**

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# Outline of projects

- **Evaluation of MMSA (medication to manage sexual arousal) with sexually preoccupied individuals serving prison sentences for sexual crime in the UK**
- **Preventing the ‘first’ sexual offence**
- **Understanding religious beliefs and the putative role of religion as protective and/or risk factor for sexual reoffending**

# Introduction (research methods)

Qualitative research (interviewing offenders) is a useful adjunct to quantitative research

The three key qualitative methods we use most frequently are: interpretative phenomenological analysis (IPA), thematic analysis and grounded theory

Each require rich interview data where the participant opens up to you as a researcher. This can cause problems:

- Upsetting and distressing
- Corrosive nature of the material
- Grooming (aka manipulation aka interpersonal effectiveness)
- Over disclosure / confidentiality
- Intellectual disability - suggestibility
- Faking
- Difficult not to 'challenge' opinions of offenders (see next slide)

Data are analysed systematically in an iterative manner – robust, thorough, iterative coding process – but not generalisable. Inductive or deductive analysis may be used (e.g. MMSA example deductive)

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# Excerpt from internet study

Er, the second, um, time I was raided I was accessing what they said were art sites, which to me looked fine. Er, a lot of the kids had really dirty feet which to me indicated they came off the streets and I'd rather see them making a living out of posing naked than starving on the streets, um, a lot of people don't see it like that – they'd rather see the kids dying of starvation, well [shrugs] that's um, that's sicker than I think actually asking kids to pose and paying them money but that's a matter of opinion - I'd rather see a child abused and alive than dead, um, but people obviously don't see it that way and I've had a lot of criticism for that. I mean I, I value life and I think that anybody who can survive in any/ by doing anything should do that in order to survive rather than drop down dead but [laughs] I see them as sicker than anybody, anybody who can see a child die, um, is the sickest person I've ever met...including the government for letting them drop down dead (P7)

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# Research

- **MMSA evaluation**
- **Prevention**
- **Religion (Christianity)**

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# **MMSA evaluation**

- **Does the medication ‘work’?**
- **Is MMSA effective in reducing sexual preoccupation, hypersexuality, strength of sexual urges, deviant fantasies?**



# Evaluation

Sample: 139 + adult men referred for medication

## Demographics

- Mean IQ (assessed by WASI or, where available WAIS) = 83.77 (sd = 14.88; 63-114) (*skewed towards lower IQ*)
- Mean age 45.13 (sd = 14.77; 24-81) (*reflecting 'norm' popn*)
- Age at first conviction = 20.33 (sd = 8.08)
- Nationality: Majority British (*reflecting 'norm' popn*)
- History of abuse: Yes, typically - bullying, s/p abuse
- Static risk (Risk Matrix 2000) scores:
  - Mean score for sexual risk = 3.02 (mode = 4)
    - 34 % high
    - 36% very high
  - Mean for violence risk = 2.07 (mode = 1)

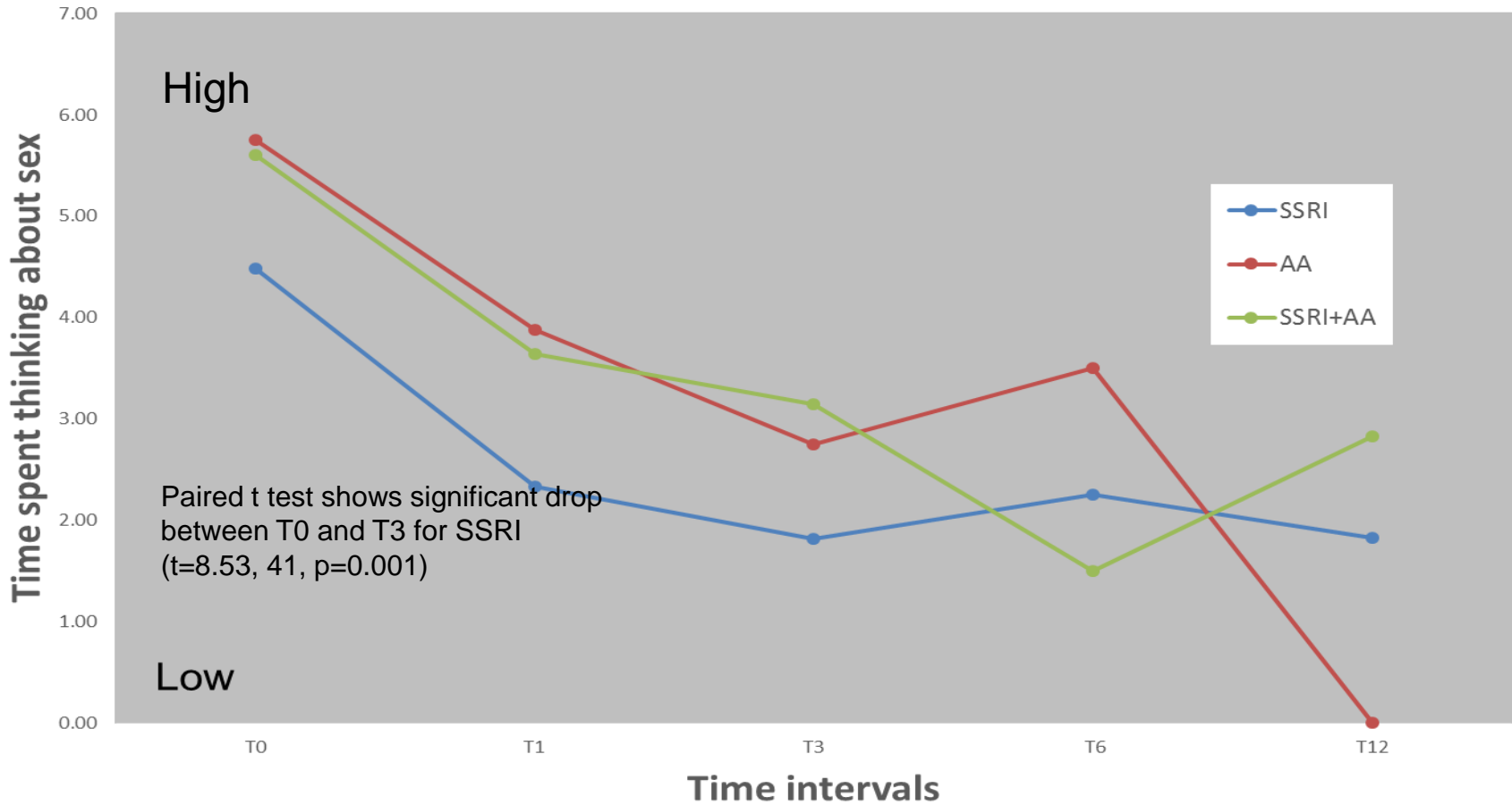
## Measures

- Clinical measures captured by psychiatrist
- Psychometric measures captured by research team

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# Sample Fig: Time spent thinking about sex



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# Qualitative research on MMSA

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# Prisoners' experiences: Medication helped me get this monkey off my back

- **Participants**

- 13 convicted adult male sexual offenders
- White British (12) or White Other (1) with a mean age of 51 (29-73) and an average IQ of 88 (63-108)
- 20 – 60mg Fluoxetine per day

- **Data collection**

- Semi-structured interviews, 1-2 hours each
- 1-3 interviews per participant, (total 23 interviews)
- Thematic analysis of transcripts
- Inductive and deductive themes extracted

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# Research II

- **Using interviews with convicted sex offenders to drive prevention work**
- **Research Aim: To understand the experiences and behaviours of sexually preoccupied sex offenders taking MMSA**

# Service user reports: effects of medication

- **Sexual preoccupation and associated sexual behaviour**
  - Decreased frequency & intensity of sexual thoughts, fantasies and urges
  - Reduction in masturbatory frequency
  - Increased control of sexual thoughts & ability to distract
  - Physical effects
- **Obsessive compulsive behaviour and depressive symptoms**
  - Reduction in symptoms / coping strategies
  - Increased ability to communicate with others and to socialise
- **Impulse and emotional control**
  - Increased ability to recognise inappropriate sexual thoughts
  - Altered nature of fantasies
  - Improved management of emotions.
- **Side effects**
  - Tiredness, drowsiness, nausea, constipation and headaches

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# Resist not desist: The need for a prevention project (Lievesley et al, in prep.)

## Preventative initiatives

- **Stop it Now** - free, anonymous helpline providing information, advice, and guidance to anyone concerned about child sexual abuse.
- Currently no free community treatment available
- **Prevention Project Dunkelfeld:** Nearly half of the 358 participants interviewed had never had sexual contact with a minor *(Beier et al., 2009)*
- Research estimates a time frame of almost a decade **between** onset of sexual fantasies and the time of the first arrest *(Piché, et al., 2016)*

## Reactive not proactive

- Criminal Justice System offer treatment only after an offence has occurred.
- Only for those known to the authorities / CJS

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# Methodology

## Participants

- N = 17 convicted adult male sexual offenders
- Mean age 48 (SD = 7.72; 31 - 57), all White British

## Index Offence

- 10 convicted for sexual offences; 6 violent & sexual; 1 violent
- 10 had committed offences against children; 7 against adults

## Data collection & Analysis

- Semi-structured interviews, with 1-2 interviews per participant
- Thematic analysis – 5 themes emerged; we are focusing on ‘inadequate help’ today

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# 1. Inadequate Help

**This theme summarises the outcome for participants who actively sought help and the restrictive factors for those that did not seek help for their sexual thoughts prior to coming to prison.**

- Participants sought help in different ways – police; drop in centre; parents; doctor (GP); psychologist; Hospital; Counsellor; Spouse.
- Offered either inadequate or no support
- Fed into helplessness and lack of trust.
- Number of barriers to seeking help: fear, shame, denial, uncertainty, regret

# 1. Inadequate Help

“so we sat down, started explaining what these fantasies were like the impact that was having on me life and the fact that I’d get more stressed. Anxiety. Debt. You know those were all triggers. And again she says **I’m sorry Mr Nathan, but until you commit an offence there’s nothing we can do**”

“**All that happened was it was an assessment** [by psychiatrist]. There was no treatment...More time went by, still events were happening, I was still having these thoughts.”

“to have people basically, especially the experts not take it any further I thought then, they can’t believe me. You know, and **do I actually have to do something to prove that I need, I need help.** And it wasn’t long after that, that the attack on the [victim] happened.”

Nathan

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# 1. Inadequate Help

“I went in [drop in centre] and asked if I could speak to somebody.. and one.. I spoke to this female, can't remember what her name was but went into a little room told her all about the thoughts and feelings I was having and then she turned round and said **what do you want me to do..** and I went well that's a lot of help”

“I felt that you know if there's no help for me then **I just might as well carry on** you know just go that next step and... and that was the.. that was the start of the downfall really.”

# 1. Inadequate Help

“I kept going to me doctor umm and I told him when I was grooming and I even told me mum.. and me mum told me dad and **me dad beat me up for it** and so I ended up leaving home”

Kyle

“I feel like if at that point **if early on I’d been able to go to someone and say look I got these feelings**, I got these problematic attractions. Help me. Then, I feel like **I wouldn’t of ended up going down the paths I did subsequently**”

Samuel

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# Safer Living Foundation

- [www.saferlivingfoundation.org](http://www.saferlivingfoundation.org)



- Registered charity
- Collaborative partnership between prison, NTU, police and probation
- Running four projects currently, all of which are being evaluated.
- <http://saferlivingfoundation.org/vacancies/>

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# **A qualitative analysis of the accounts of Christian individuals serving time in custody for a sexual offence**

Nottingham Trent University (SOCAMRU),  
HMP Whatton, & Nottinghamshire Offender Healthcare  
Prof Belinda Winder  
Dr Nicholas Blagden  
Rebecca Lievesley

# Introduction

## **‘What works’**

- **Some data indicating ‘being religious’ reduces the number of correctional infractions**
- **Work continuing on whether religiosity links to reduced recidivism**

## **Something works....**

- **Yet therapists can find religious beliefs difficult to manage (avoidance vs prejudice vs ignorance)**

## **And also....**

- **Scepticism around offenders ‘finding’ religion as a means of faking good (e.g. media response to Myra Hindley’s conversion)**
- **Topalli et al (2013) found that religion can be used in self-serving ways by offenders and can have a criminogenic effect in certain contexts.**
- **Offence supportive beliefs may be bound up with ‘interpreted’ religious beliefs**

# Research Aims & Method

- A qualitative analysis of religiosity amongst sex offenders
- To understand the experiences and accounts of religious (Christian) individuals who have committed a sexual offence
- 12 participants
- All self reported as 'Christians' but not priests or figures of authority, normal Christians
- Interviewed 1.5-3 hrs per person by one of the research team
- Talked about religious beliefs and values, how they reconciled beliefs with offending, feelings and thoughts about religion, hopes and plans for the future
- All adult males, mixture of Christian denominations, and offences

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# Results and Discussion

Superordinate Theme	Subordinate Theme
<b>1: The road to redemption</b>	<b>1.1: The act of forgiveness, the act of contrition</b>
	<b>1.2: Forgiving the self</b>
	<b>1.3: Redemptive self</b>
<b>2: The God effect</b>	<b>2.1: Religion as Coping Mechanism</b>
	<b>2.2: Leading a Good Life</b>
	<b>2.3: Therapeutic Effect of Chapel, Chaplaincy and Faith</b>
<b>3: The shadow side</b>	<b>3.1: Risky Scripts</b>
	<b>3.2: Holier than Thou</b>
	<b>3.3: Losing my religion</b>
<b>4: Religion as point of reorientation</b>	<b>4.1: Religion as signpost</b>
	<b>4.2: Transitions and journeys</b>

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# **Subordinate theme 1.2: *Forgiving the self***

**God forgives so participants could self-forgive; accepted they could not change the past but that it was not helpful to ruminate on it – important for moving on**

“so it was a big help in some ways forgiving myself and moving on from it, urm, while I don't wanna forget the past, spending too much time dwelling on it isn't healthy either...”

**Some reluctance in participants to ‘fully’ forgive themselves, but helped them take ownership of future behaviours.**

“no one, no matter what they've done is beyond repentance and forgiveness.”

**The process of forgiveness and forgiving the self seemed a powerful motivator for change in many participants**

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# Subordinate theme: 3.1 Risky Scripts

**This theme draws upon scripts articulated by participants in which their faith served to underplay their personal accountability, or future risk. ‘God’ was used in some participants’ narratives to rationalise and justify their offending behaviour.**

- you know I'm doing this work for the church, for God, then, he is allowing me into this situation erm you know it must be ok...it seemed as though it was alright because God was letting it happen urm I would pray afterwards that I I hadn't done anythi...any harm and that it, pray that it was alright and you know not really, fully understanding, the situation whether urm you know, if it wasn't alright, why was God letting me be in these situations, urm but if it was wrong then please forgive me
- One of the commandments is to ‘love thy neighbour’

**The extract highlights an almost paradoxical relationship between beliefs about religion and offending behaviour. This participant was able to justify their offending behaviour because ‘God’ was letting it happen and putting the participant in situations where it would happen. It also highlights a clear ambivalent state while offending in that he wanted to repent and pray to ‘God’ if he had caused harm.**

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# Conclusion

- Analysis highlight a number of issues that should be considered in the treatment and management of released sex offenders
- Religion can be a protective factor (e.g. forgiveness, social community) but can also be a risk factor (assuming God knows what they are doing and it is part of a plan, or when a protective factor – such as community integration – tips over into a risk factor)
- Research helps facilitators and chaplains to challenge offence supportive beliefs
- Continuing on to study Buddhists and Muslim groups
- Leading on to a quantitative study

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# Final thoughts

- Qualitative findings can help to plan quantitative studies or to explain findings from quant research (e.g. internet study & collecting behaviour)
- Useful adjunct to quantitative research (e.g. incest research)
- Service user research group very useful
- Especially useful with vulnerable and excluded populations or in understanding behaviour that is 'alien' to any of us
- Had some particular challenges with it....
- But very rewarding
  
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- Please do contact me if you have any questions or would like copies of the presentation or papers outlined here