

## DOCTORAL THESIS

### Counselling Psychologists' Experiences of the Therapeutic Relationship when Working with Sex-offenders

Kitson, Kirsten M.

*Award date:*  
2012

*Awarding institution:*  
University of Roehampton

#### **General rights**

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

#### **Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

**Counselling Psychologists' Experiences  
of the Therapeutic Relationship when  
Working with Sex-offenders**

**by**

**Kirsten M. Kitson BA, BSc**

*A thesis submitted in partial fulfilment of the requirements  
for the degree of PsychD*

**Department of Psychology**

**Roehampton University**

**2011**

## ABSTRACT

*Regardless of therapeutic orientation, the therapeutic relationship has been consistently shown as central to the therapeutic process. However, research has also shown that this can be difficult to achieve when working with sex-offenders. Less is known about the experience of this relationship and little qualitative research has been conducted in this area. This current study therefore aimed to provide valuable insight into the first-hand accounts of therapists directly working with this client group through exploring their experience of the therapeutic relationship, using a qualitative approach. The study focused upon the experiences of eight Counselling Psychologists, in order to keep the sample homogenous, and explored the differences the therapists may have experienced compared to other client groups. Additionally, it aimed to highlight what difficulties, if any, have arisen in the therapeutic relationships and potentially how these have been experienced, managed, overcome and addressed. Semi-structured interviews were carried out with eight counselling psychologists who have worked therapeutically with sex-offenders. Verbatim transcripts of the interviews were then analysed using Interpretative Phenomenological Analysis (IPA). The analysis illustrated four master themes: i) Forming a relationship- negotiating the degree of intimacy; ii) overcoming barriers to the relationship- contending with the context; iii) establishing a relationship- feeling a reaction yet managing a response; iv) reaping the rewards of the relationship- out of the darkness and into the light. A description of these master themes and the related subordinate themes were presented. The results of the analysis were considered in light of existing theory and their clinical implications.*

# TABLE OF CONTENTS 1

## ABSTRACT

	Page No.
1. <b>ACKNOWLEDGEMENTS</b>	7
2. <b>INTRODUCTION</b>	8
2.1 OVERVIEW	8
2.2 THE THERAPEUTIC RELATIONSHIP AND ITS IMPORTANCE	8
2.2.1 <i>The importance of the therapeutic relationship with sex-offenders</i>	10
2.3 THE POTENTIAL DIFFICULTY IN ESTABLISHING A THERAPEUTIC RELATIONSHIP WITH A SEX-OFFENDER	12
2.3.1 <i>Sex-offender characteristics</i>	12
2.3.2 <i>Sex-offender's approach to the therapeutic relationship</i>	14
2.3.3 <i>Therapists' exposure to contextual perceptions of sex-offenders</i>	16
2.3.4 <i>Therapist prejudices</i>	18
2.3.5 <i>Therapist reaction to material brought</i>	19
2.3.6 <i>The impact on the actual therapy and the therapeutic relationship</i>	21
2.4 THE RELATION OF THIS RESEARCH TO OTHER WORK IN THE FIELD	24
2.5 THE RATIONALE FOR THIS STUDY	27
2.6 THE AIMS AND OBJECTIVES OF THIS RESEARCH	28
2.7 THE RESEARCH QUESTION	28
3. <b>METHODOLOGY</b>	30

3.1	QUALITATIVE PARADIGM	30
	<i>3.1.1 Why a qualitative paradigm in this specific study?</i>	30
3.2	INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS	31
	<i>3.2.1 Rationale</i>	31
	<i>3.2.2 Alternative methodologies</i>	34
3.3	METHOD	35
	<i>3.3.1 Participant recruitment</i>	35
	<i>3.3.2 Recruitment procedure</i>	35
	<i>3.3.3 Inclusion/ exclusion criteria</i>	36
	<i>3.3.4 Sample</i>	36
3.4	ETHICS	38
	<i>3.4.1 Informed consent</i>	38
	<i>3.4.2 Confidentiality</i>	39
	<i>3.4.3 Potential distress</i>	39
3.5	DESIGN	40
	<i>3.5.1 Semi-structured interview</i>	40
	<i>3.5.2 Interview schedule</i>	40
	<i>3.5.3 Pilot</i>	41
	<i>3.5.4 Interview procedure</i>	41
	<i>3.5.5 Transcription process</i>	42
3.6	DATA ANALYSIS	43
	<i>3.6.1 Reading and re-reading</i>	43
	<i>3.6.2 Initial noting</i>	43
	<i>3.6.3 Individual case analysis</i>	43
	<i>3.6.4 Cross-case analysis</i>	44
3.7	VALIDITY/ QUALITY	45
	<i>3.7.1 Sensitivity to context</i>	45
	<i>3.7.2 Commitment and rigour</i>	45

3.7.3	<i>Transparency and coherence</i>	46
3.7.4	<i>Impact and importance</i>	47
3.7.5	<i>Reflexivity</i>	47
3.7.6	<i>Researcher characteristics</i>	48
3.7.7	<i>Statement of position</i>	49
4.	<b>RESULTS</b>	52
4.1	<b>FORMING A RELATIONSHIP: NEGOTIATING THE DEGREE OF INTIMACY</b>	53
4.1.1	<i>Feeling drawn in by the sex-offender</i>	54
4.1.2	<i>Feeling invaded by the sex-offender</i>	56
4.1.3	<i>Feeling repelled by the sex-offender</i>	58
4.1.4	<i>Feeling tested by the sex-offender</i>	61
4.2	<b>OVERCOMING BARRIERS TO THE RELATIONSHIP: CONTENDING WITH THE CONTEXT</b>	64
4.2.1	<i>Battling with victimization created by prison and society</i>	65
4.2.2	<i>Feeling elevated to a position of power</i>	69
4.2.3	<i>Assuming a position of power to manage the anxiety</i>	73
4.2.4	<i>Counteracting the power-dynamic</i>	77
4.3	<b>ESTABLISHING A RELATIONSHIP: FEELING A REACTION YET MANAGING A RESPONSE</b>	79
4.3.1	<i>Protecting the self and other from the therapist's reaction</i>	80
4.3.2	<i>Bracketing the bad to cope with the good</i>	83
4.3.3	<i>Finding the human through understanding the sex-offender</i>	86
4.3.4	<i>Finding resolution through supervision</i>	89
4.4	<b>REAPING THE REWARDS OF THE RELATIONSHIP: OUT OF THE DARKNESS AND INTO THE LIGHT</b>	92
4.4.1	<i>Enjoying the challenge</i>	92
4.4.2	<i>Evolving through the process</i>	95

4.4.3	<i>Achieving an attachment: Facilitating change</i>	97
5.	<b>DISCUSSION</b>	101
5.1	OVERVIEW	101
5.2	SUMMARY OF RESULTS	101
5.3	WHAT DO THESE FINDINGS TELL US?	102
5.3.1	<i>Instruments of the state</i>	102
5.3.2	<i>The loss of identity</i>	104
5.3.3	<i>Client compliance</i>	109
5.3.4	<i>Care versus control</i>	113
5.3.5	<i>Controlling the client</i>	115
5.3.6	<i>Caring for the client?</i>	118
5.3.7	<i>An ethical minefield</i>	122
5.4	IMPLICATIONS FOR TRAINING AND PRACTICE	124
5.5	METHODOLOGICAL CONSIDERATIONS	125
5.5.1	<i>Methodology</i>	125
5.6	CONCLUSION	126
6.	<b>REFERENCES</b>	129
7.	<b>APPENDICES</b>	136
7.1	MINISTRY OF JUSTICE ETHICAL APPROVAL	136
7.2	UNIVERSITY OF ROEHAMPTON ETHICAL APPROVAL	138
7.3	PARTICIPANT INFORMATION SHEET	139
7.4	PARTICIPANT CONSENT FORM	142
7.5	PARTICIPANT DEBRIEFING INFORMATION SHEET	144
7.6	PARTICIPANT DEMOGRAPHIC SHEET	146
7.7	INTERVIEW SCHEDULE	148
7.8	ANALYSED TRANSCRIPT: PARTICIPANT 5	149
7.9	TABLE OF THEMES: PARTICIPANT 5	164
7.10	LETTER WITH THEMES: PARTICIPANT 5	177

## **1. ACKNOWLEDGMENTS**

I would like to thank all the people who have supported me through the process of this research. Thank you to my Director of Studies, Dr Paul Dickerson and especially to my research supervisor, Dr Rosemary Rizq whose on-going support, direction and belief in my potential pushed me to achieve standards I did not think possible of myself.

Thank you to my friends and family for their support and patience. Particular thanks goes to my mother (a budding psychologist) for her enthusiasm, financial assistance and practical help and to Matt for being infinitely encouraging and positive. Finally, I would also like to thank the eight psychologists who generously agreed to participate.



## **2. INTRODUCTION**

### **2.1 OVERVIEW**

The current study is an Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) of Counselling Psychologists' experiences of the therapeutic relationship when working with sex-offenders. This introduction is set out in order to provide background information about the therapeutic relationship and its importance before considering the potential difficulties in establishing this relationship with sex-offenders. For this purpose, existing literature will be explored with a view to highlighting the characteristics and common perceptions of sex-offenders that may have an influence on the therapeutic relationship. Finally, the rationale and aims of the current study are discussed.

### **2.2 THE THERAPEUTIC RELATIONSHIP AND ITS IMPORTANCE**

The concept of the therapeutic relationship has evolved over time, however, its importance has remained largely unchallenged, (Marziali and Alexander, 1991). For example, in terms of the therapeutic relationship in psychodynamic approaches, Strupp (1982) highlights how some psychoanalytic theorists have named the client-therapist relationship as the significant therapeutic force, Greenson, 1967, Langs, 1973 and Menninger & Holtzman, 1973. Within psychodynamic practice, transference is an integral element to this relationship, (Spurling, 2004). Transference can be seen as repetition of past patterns of relating that can be addressed within the therapeutic relationship. Research supporting this emphasis on the therapeutic relationship in psychodynamic work indicates a strong connection between the therapeutic alliance and outcome, (Krupnick et al 1996, cited in

Lemma, 2003; Horvath and Symonds, 1991; Roth and Fonagy, 1996 and Kernberg et al, 1972, as cited in Lemma, 2003).

Humanists have advocated the importance of the therapeutic relationship further, with Rogers (1951) claiming it to be directly healing. He stated that the provision of the core conditions (empathy, congruence and unconditional positive regard) were sufficient in releasing the client's healing process and thus directly responsible for the effectiveness of therapy. Rogers (1961) deemed these three conditions as essential to the promotion of the natural tendency for self-actualization (the growth or personal development within the client). Evidence supporting Rogers' emphasis on the therapeutic relationship and therapeutic outcome can be witnessed across vast areas of research. For example, levels of therapist empathy have been associated with success rates (Miller, Taylor, & Cisneros West, 1980), outcome (Harris and Lichtenstein, 1971, as cited in Marshall et al, 2003 and Morris & Suckermann, 1974) and reductions in depression levels (Persons and Burns, 1985). Similarly, unconditional positive regard has been associated positively with outcome research (Farber & Lane, 2001 and Truax, 1963) and congruence with patient improvement or outcome (Truax, 1963; Nurco et al, 1988 and Kolden, Klein, Wang, & Austin, 2011).

Similarly, when considering Cognitive Behavioural Therapy (CBT), the importance of the therapeutic relationship has been increasingly acknowledged, with a particular emphasis on the role of collaboration. Raue and Goldfried (1994) note for example, how both parties work together to identify maladaptive beliefs, evaluate them against evidence supporting and contradicting them, setting experiments to test them and deciding on more helpful ways of behaving. Again, the importance of this relationship in CBT has also been

associated with outcome research. For example, the need for collaboration in discussing and agreeing the aims of therapy was found to improve engagement and return for further sessions, Tryon (2002, cited in Hardy, 2010). Similarly, aspects of the relationship such as empathy have been found to account for between 7% and 10% of the variance in CBT outcome, (Bohart et al, 2002, cited in Hardy, 2010).

Regardless of the therapeutic approach, it is evident that significant claims have been made in relation to the importance of the therapeutic relationship with research supporting this.

As highlighted by Hardy et al (2010), there are a variety of terms to conceptualize the therapeutic relationship including: working relationship, alliance, therapeutic alliance, therapeutic bond and working alliance. For the purposes of this research, the term therapeutic relationship will be used for ease but all components identified above will be considered. In line with IPA there will be no assumption made by the researcher in relation to what this term means to the participant. Considering the above research, it is probable that the participants' own approach to therapy may have quite a bearing on their descriptions and experiences of a therapeutic relationship when working with sex-offenders. It is hoped again that the participants' own subjective meanings will emerge through the course of the interview.

### **2.2.1. The importance of the therapeutic relationship with sex-offenders**

In terms of research specifically referring to sex-offenders, the significance of the therapeutic relationship within therapy continues to be widely illustrated. For example, research has indicated that the relationship is instrumental in enhancing the clients' involvement in treatment. For example, Marshall et al (2003) discuss findings by Morgan et al (1982), which highlight that the quality of the therapeutic relationship accounted for

around 25% of the variance in the treatment effectiveness of sex-offenders. Poor quality alliances were actually identified as directly increasing the number of drop-outs which is of particular concern to sex-offender treatment where drop-out rates are typically higher anyway, Samstag (1998, as cited in Marshall et al, 2003). Similarly, an increase in drop-out rates was identified where the sex-offenders felt that their therapist did not respect them, Serran, Fernandez, & Marshall (2003). This research stressed the need to distinguish between the bad behaviour and the individual, as this then motivates change rather than promoting shame, which can stifle change. Furthermore, it was emphasized how a lack of warmth, empathy, genuineness and low levels of interest in the client can result in more damage to the client. In support of these findings, McLeod (1990, cited in Marshall et al, 2003) found that sex-offender client feedback emphasized the value of having someone who understands them, who is interested in them and who offers encouragement. Given the sensitive nature of what sex-offenders may need to disclose, there is maybe greater emphasis on the need to feel comfortable enough to do so without fear of being judged or rejected, McLeod (1990).

With regard to outcome, again this emphasis on warmth and the provision of support can be demonstrated. When the change in sex-offenders' offence distorted beliefs was compared between sex-offenders working with hostile or confrontational therapists and warm and supportive therapists, a significant change was seen when working with the latter, Thornton, Mann, & Williams, (2000). Additionally, other treatment targets were more readily addressed in this condition such as a mistrust of women, sexual entitlement, social adequacy, personal distress, rumination and impulsiveness. Similarly, research by Marshall et al (2003) adds to the empirical evidence supporting the fact that certain therapist variables, including empathy and warmth, account for a direct increase in

treatment effectiveness. Whilst a therapeutic relationship can be seen as hugely significant to the therapy of sex-offenders, research also indicates that this might be difficult to achieve. The following section will now turn to explore these potential barriers.

## **2.3 THE POTENTIAL DIFFICULTY IN ESTABLISHING A THERAPEUTIC RELATIONSHIP WITH A SEX-OFFENDER**

### **2.3.1. Sex-offender characteristics**

When considering the aforementioned components to a positive therapeutic relationship, the extent to which these can be achieved with this client group comes into question when sex-offender characteristics are considered. Indeed, various factors would indicate a significant number of barriers to the therapeutic relationship. For example, Whitaker and Wodarski (1988) identified how two main themes arise in comparison with other types of criminals: that most sex-offenders are mild and submissive and that they are least likely to repeat their offence. Considering the emphasis on collaboration within CBT in particular, these qualities could be said to pose a threat to the two-way mutual involvement of a relationship. Furthermore, they discuss research indicating relationship difficulties in this group. Whitaker and Wodarski (1988) explain that an average of sixty-eight per-cent of exhibitionists were either married or formerly married although the marriages were not described as being fruitful, (Gebhard et al, 1965; Radzenowich, 1968; Mohr et al, 1964). The term ‘fruitful’ suggests that it is common for sex-offenders’ relationships not to be productive or rewarding which might indicate that counselling psychologists run the risk of potentially experiencing the therapeutic relationship as frustrating or stagnant. This research also noted that there were fewer marriages among rapists; namely forty-eight per-cent, Radzenowich (1968, cited in Whitaker & Wodarski, 1988) and that many sex-

offenders feel dominated by women, Kopp (1962, cited in Whitaker & Wodarski, 1988). Therefore, it could be suggested that there is an avoidance of intimacy or a relational skill deficit, which could pose the therapist with a significant challenge when trying to engage the client in a relationship. There is also a sense that they may have to contend with resistance or potentially anxiety or anger where the therapist is female.

In a comparison between sex-offenders and non sex-offender inmates, Foobert et al (1958, cited in Whitaker & Wodarski, 1988) found that child molesters were often strongly religious, dissatisfied sexually, felt inadequate in their interpersonal relations and felt very sensitive to others' evaluations. These latter two points in particular hold possible relevance to the therapeutic relationship. It raises questions about the dynamics of the therapeutic relationship and may indicate possible difficulties for a therapist in giving psychodynamic interpretations or CBT feedback on homework for example.

Differences between sex-offender groups have also been identified. Ellis and Brancale (1956, cited in Whitaker & Wodarski, 1988) found a higher frequency of pathology in the exhibitionist group. Furthermore, six per-cent were diagnosed with psychopathic personalities and 3.4% were considered to be mentally deficient compared to just 2.2% in the general population. Arieff and Rotman (1942, cited in Whitaker & Wodarski, 1988) claimed that twenty-six per-cent of their sample were compulsive neurotics and that fourteen per-cent were 'mentally retarded'. This research highlights the level of complexity that the counselling psychologists may face when working with this population. Finally, Greane (1977, cited in Whitaker & Wodarski, 1988) found that non-violent sex-offenders were more withdrawn and more likely to re-offend compared to violent sex-offenders who were less likely to re-offend but were more hostile. Ellis and Brancale (1956, cited in

Whitaker & Wodarski, 1988) also found this latter group abused alcohol and hate or resist authority. To conclude, it is likely that the sex-offender therapists may have to contend with clients who are inactive in sessions or aggressive towards the therapist, particularly if they perceive the therapist as being in a position of authority. This research into the characteristics of sex-offenders gives some idea of the presentations that the participants within this study may encounter in their work. There is also the indication that there are many traits, which are characteristic of sex-offenders which may differentiate the therapeutic relationship with a sex-offender from a non sex-offender.

### **2.3.2. Sex-offender's approach to the therapeutic relationship**

Throughout the literature on sex-offender treatment and therapy, truth-telling is consistently highlighted as an obstacle, (Crawley, 2004; Salter, 1988; Steen, 2001, cited in Flora et al, 2008). Crawley (2004) explains that truth-telling can often be experienced as embarrassing and painful for the sex-offender. She notes that in the context of the Sex-Offender Treatment Programme (SOTP), participants can often fear that any disclosure of information may be misused against them and feel unsure that they will still be treated as human beings. Crawley (2004) explains how this can create a significant problem for the programme tutors as a tension is created between maintaining professional stance and their emotional reactions. Whilst this programme is largely facilitated within the prison service and probation service and therefore has punitive associations, these same fears are likely to apply to sex-offender therapy with a counselling psychologist who has the same codes to follow with regard to breaking confidentiality.

Denial has also been highlighted as a fundamental obstacle within therapy, Salter (1988). It has been found that sex-offenders typically only expose a fraction of the problem initially.

For example an offender might admit to having intercourse with his daughter over a six month period viewing this as less objectionable than the actual five years. Furthermore, offences such as fondling hold lesser penalties than penetration, which can lead to being more open about certain offences and not others. Salter (1988) draws on her own experience to highlight the significance of this denial, noting how one offender accepted imprisonment rather than confess the full charges. She adds that even where it is considered that there is nothing to lose by telling the truth, or where the offender has agreed to parts of the victim's account, it should not be assumed by the therapist that the offender is telling the truth. Salter identifies six aspects to denial: 1) the acts themselves, 2) planning and fantasy, 3) responsibility, 4) seriousness of the offence, 5) guilt and 6) difficulty in addressing these behaviours.

In addition to contending with a lack of openness, the therapist may have to contend with the offender displacing the blame or locating it in the victim. For example, some child sex-offenders may state that they were educating the children or offering them affection or friendship. Additionally, they may refer to the nightgown the child was wearing, the fact that they sat on the offender's lap or that they ran around the house nude after a bath, Salter (1988). Russell (1984, cited in Salter, 1988) relates this to adult rapists who may feel that the rape is justified because they perceive women as believing that they are on a pedestal and that the rape teaches the female that she is no better than anyone else. Additionally, Salter (1988) adds that the offender may actually feel that they have suffered more than the victim given the possible consequences to the sex-offender's social standing, freedom, employment and family. It could be suggested that this level of denial and lack of empathy could be very difficult for the counselling psychologist to both hear and manage. This notion is supported by Salter (1988), who notes how difficult it is to respect individuals



who frequently lie, con, deny and minimize behaviour that is extremely harmful. This appears to pose a threat to the therapist's provision of unconditional positive regard and as Salter (1988) discusses, the therapist may need to be wary of colluding with the client's denial, or at least agreeing that the offence was not as traumatic or extensive as the victim reports for example. As noted above, openness, collaboration, unconditional positive regard and empathy are considered key to the therapeutic relationship, yet this research indicates that with sex-offenders, these factors can be considerably undermined.

### **2.3.3. Therapists' exposure to contextual perceptions of sex-offenders**

Cowburn and Dominelli (2001) discuss how medico-legal definitions of sex-offenders have had a significant influence on both professional and lay public perceptions of sex-offenders. They attribute this to the powerful role that they have played in the social construction of 'the paedophile' which has been conveyed through the media and continue to influence professional responses to treatment. When considering sex-offenders as a whole, Kitzinger (1999, cited in Cowburn & Dominelli, 2001) describes how the media representation has been that of a threatening stranger from whom the public must be protected. It is then noted that through establishing the sex-offender as an external threat, a moral panic is created. Cowburn and Dominelli (2001) add that the medico-legal definitions can also prove unhelpful in maintaining this division between the good and the bad. They highlight how sex-offenders are identified as abnormal through the emphasis on psychological or psychiatric classifications which in turn fails to acknowledge the complex social context within which the offending has occurred. This raises questions regarding the extent to which a therapist may be able to hold a humanistic stance given the emphasis on viewing the person as inherently good.

Public perceptions of sex-offenders can be traced back to 1894, where Jenkins (1998, cited in Zgoba, 2004) notes the earliest panic over child molestation having been recorded. The result was vast legislation aimed at increasing the age of sexual consent. Over the 20<sup>th</sup> century, concern over child abduction and sexual molestation has fluctuated. Just twenty years ago, for example, child sex-offenders were viewed as confused individuals with little chance of re-offending, (Jenkins, 1998, cited in Zgoba, 2004). More recently, Zgoba (2004) highlights the revival of sexual psychopath legislation following the disappearance of Jacob Wetterling, the abduction and murder of Polly Klaas and sexual molestation and murder of Megan Kanka. A similar trend can be seen in the UK with the recent debate around the sex-offender disclosure scheme (Haveyoursay, 2010), the questioning of the life time anonymity of criminals following the Bulger case and Soham murders (Telegraph, 2010) and the creation of Sarah's Law following the murder of Sarah Payne, (Gavin, 2005). This suggests that the current climate is especially sensitive given the hysteria and fear which has been crafted by the media, (Fox, 2002, cited in Zgoba, 2004).

As members of society, therapists are exposed to the language used by the media, describing sex-offenders as 'predatory monsters' that need to be 'hunted down', (Jenkins, 1998). Jenkins (1998) describes how these labels are ever increasing, noting how the term 'sexual predator' never appeared in major newspapers in either 1985 or 1986, made an appearance each year between 1987-89 a handful of times, yet appeared on average around 140 times each year between 1990-1992 and scaled to 924 references in 1995. Whilst the above literature has emphasised attitudes towards child sex-offenders, Cowburn and Dominelli (2001) also identify how the social construction of the sex-offender has shifted by using the word 'paedophile' to reinforce the 'stranger danger' myth. They note that previously the greatest threat had been 'the rapist'. This suggests that many of the above

attitudes may be attributed to sex-offenders in general, regardless of their offence. Rather than being seen as a pathetic individual who cannot manage his harmless sexual urges (Kinsey et al, 1948, cited in Cowburn & Dominelli, 2001), the sex-offender has come to be seen as dangerous, calculating and ruthless with the public needing protection from him, Kitzinger, (1999 cited in Cowburn & Dominelli, 2001). Gavin (2005) found that the media was identified as the most influential factor in the participant's perceptions of sex-offenders. Given this current perception of sex-offenders, it is suggested that therapists are also likely to struggle with feelings of fear, which again raises interesting questions about the extent to which a sex-offender therapist can be open to forming a therapeutic relationship with this client group.

#### **2.3.4 Therapist prejudices**

Research supports the view that even before any contact with the sex-offender, some very significant prejudices may be instilled in the therapist as a result of this social influence. Hogue (1995) illustrates how this bias has the potential to impact considerably on the therapy with work by O'Connell et al (1990). The research shows just how damaging the therapist's views can be to the therapeutic relationship and as Blanchard (1998) describes, there are many influences within the society shaping or influencing the views of therapists. For example, the influence that the media has in creating shock and repulsion in the coverage of sex-offenders influences the labelling and stereo-typing of all sex-offenders. This has the potential to result in attitudes of vengeance, retaliation and in support of punishment, Blanchard (1998). Blanchard (1998) exemplifies this with an article written by Dan Warrensford in 'USA Today', which describes sex-offenders as 'vermin' and 'maggots' and promotes the use of confinement, neutering and lobotomies. These stereotypes lead to the behaviour of a sex-offender also being labelled, as indicated by

Wodarski and Whitaker (1988), who stress how very differently and far more negatively this behaviour is viewed when compared to the behaviour of other clients in mental health settings. They feel that the offender becomes identified with their crime on a highly negative and emotionally charged level.

Additionally, victim empathy can further promote these desires for revenge, Streat and Freeman (1993, as cited in Blanchard 1998). When Weekes et al (1995, cited in Craig 2005) researched the attitudes of 82 Correctional Officers he found that the attitudes towards sex-offenders were significantly more negative than the attitudes towards non sex-offenders. He explained that sex-offenders were perceived to be more dangerous, harmful, violent, unpredictable, unchangeable, irrational and weak. Similarly they were judged as being more immoral and mentally ill, particularly where their offences were against children. This research would infer that therapists could well be affected in the same way. Craig (2005) researched into whether training may help to address these attitudes, however it was found that even following the training, female participants continued to express more negative beliefs about the sex-offenders' ability to change and concern over their safety during this work when compared to their male counterparts. Prior to the training, the research showed that females felt less confident about their ability to work with sex-offenders, raising questions about therapists who have not had any specific training in this area.

### **2.3.5. Therapist reaction to material brought**

Further difficulties within the therapeutic relationship are also shown as a result of the nature of the client group and the material that sex-offenders may bring to therapy. For example, when working with sex-offenders, the therapist must directly manage issues,

which are sexual and at times gruesome or repulsive, Hogue (1995). Furthermore, the therapist must balance these difficulties with the belief in the therapeutic intervention. When considering the consequences of this not being achieved, Crawley (2004) describes an inner conflict, which can arise in the therapist; between the desire to reform the sex-offender and the feelings of revulsion or fear. She notes that officers delivering the SOTP reported often experiencing negative emotions such as anger, frustration, revulsion and disgust. Furthermore, some had felt particularly distressed where they had identified with the victim, for example, where offences were committed against children of a similar age to the staff member's own. One experienced tutor explained that whilst the aim is to treat everyone with the same level of professionalism it is not always easy. Another tutor described having wanted to punch a sex-offender on hearing what they had done. They noted that they had managed to "keep it together" but added that it was a struggle (p.215). Crawley (2004) highlights the fact that the tutor's emotions can be in turmoil and stated that there had been reports that the staff had felt "ecstatic", "gutted" or "shell shocked" at the end of a session (p.215). Should the counselling psychologist hear similar accounts of offences within the sessions, it is likely that they would also experience such responses. A further finding reflected that the therapist can often fear a moral contamination after contact with sex-offenders, who worry that their own perceptions, attitudes and behaviour may become tainted. This can lead to the therapist questioning their own sexuality, affect their sexual behaviour with partners, how they touch their own children, hence they can become more alert to their own behaviour which could be judged as abuse by others.

Crawley (2004) adds that literature on psychological trauma has shown that therapeutic work with sex-offenders has posed some risks to the therapist's health. She highlights the risk of trauma which can present itself through nightmares and invasive thoughts which

she states are commonly experienced. This was supported by Rosenberg et al (2000) who found that therapists who are frequently exposed to very detailed descriptions of abusive sexual behaviours, the associated supportive attitudes towards these behaviours and the indicated harm to victims over long periods of time, can consequently experience vicarious or secondary trauma and professional burnout. Further struggles were found in relation to therapists who have worked with sex-offenders over a long period of time who can become discouraged about the possibility of change, experience emotional hardening and experience an increase in anger and suspicion, Farrenkopf (1992, cited in Craig, 2005). These feelings of hostility towards the sex-offender were researched by Garland and Dougher (1991) who explored confrontational styles in therapists in depth and discovered them to actually be both degrading and abusive to the client. This highlights the value of research into the therapeutic relationship, in light of considerable doubt as to whether it can realistically be offered when the therapist is so affected by this work.

### **2.3.6. The impact on the actual therapy and the therapeutic relationship**

Despite research stressing the need for a strong therapeutic relationship, as indicated above, there are numerous difficulties for the therapists to manage including their perceptions of the sex-offenders and their reactions to the sex-offender. The consequences of this for both the therapist and the client are again evidenced throughout research. For example, Rosenberg et al (2000) illustrated how even the most experienced and talented therapists can become repulsed and angry towards the offender, ultimately becoming unable to maintain the unconditional human kindness and subsequently effectively assist the client. Similarly, research has found that a quarter of professionals and paraprofessionals felt that their negative stereotypical views of sex-offenders actually had impacted detrimentally on their clinical practice, Lea, Auburn, & Kibblewhite (1999). This

confrontation and expression of anger and rejection can negatively affect treatment outcome as illustrated by Yalom and Liebermann (1971). They stress how this can be especially damaging in relation to sex-offenders entering therapy who are often in the pre-contemplation stage of Di-Clemente's (1991, as cited in Marshall et al, 2003) cycle of change model. Within this stage, the individual is not even contemplating change. They suggest that a harsh and confrontational manner would be incredibly damaging at this stage as opposed to the supportive and encouraging approach required, which moves the individual forward to the contemplating change and ultimately the action stage. Not only is treatment outcome affected, but also the client's mental health and their actual offending levels.

Blanchard (1998) suggests a further consequence, noting how client resistance can evolve into non-compliance. Should the therapist interpret this as a personal affront, then counter-transference can occur through the therapist's subsequent resistance resulting in a significant power struggle. Additionally, this level of self-disdain commonly fuels numerous unhealthy compensating behaviours including sex crimes. Salter (1988) also highlights that with this client group, drop-out rates can be high. She explains that the sex-offender may seek premature termination of therapy and discusses how difficult it can be when sex-offenders do not fully grapple with the issues for therapy, instead believing that they are 'cured'. She notes how this false sense of confidence may lead to the sex-offender being less vigilant of possible offence supportive behaviours. This would possibly require the therapist to take a very direct role within the therapeutic relationship. Given the emphasis described above on the need for collaboration and encouragement it could be argued that a directive approach could significantly undermine the therapeutic relationship.

As a result of the denial, low-levels of motivation and poor co-operation, sex-offenders are often considered to be unresponsive to psychotherapy, Crawford, (1981, cited in Salter, 1988). Salter (1988) adds that a great deal of research including Crawford (1981), Field and Williams (1970), Golla and Hodge (1949) and Sturup (1972) have found insight-orientated psychotherapy with sex-offenders to have disappointing results. This is largely attributed to the belief that the therapy of sex-offenders should be the same as for any other client, Salter (1988). However, it is highlighted that there is a need for not only the therapeutic principles to be different, but also the nature of the client/therapist relationship. For example, the relationship needs to include more controls given the levels of mistrust and Salter (1988) discusses how more behavioural techniques may be required as used by drug and alcohol counsellors treating addiction. She adds that within the negotiation of treatment goals, the therapist may need to override or prioritize the client's wishes as the sex-offender may be more frightened of being without the addiction than of continuing it. This may go against the traditional non-judgmental stance of the therapeutic relationship.

Seeing the world from the client's perspective, siding with the client and exploring what they want for their lives has been fundamental in the distinction between therapy and advice. However, within this relationship with a sex-offender client, the therapist is likely to have to make a value statement such as the therapist not believing the offence to be acceptable, that he/she has no intention of colluding with the offender, that the victim is a reliable reporter of the offence and that the offence was harmful to the victim, Salter, (1988). It was also highlighted that with other client groups, it is considered that the client is the best source of information and authority of their experience. It is rare that the therapist may feel that the client is lying, unless there are psychopathic tendencies present. Salter (1988) acknowledges that where there is a good therapeutic relationship the chances



of lying are again reduced. However, she highlights the fact that even in the event that there is considerable evidence supporting the offenders' accounts, it is rare that the therapist may not wonder whether their client is telling the truth given how convincing offenders can be when claiming their innocence. Given the possible attempts to seduce and collude with the therapist, it is inferred that the therapist may need a greater reflective stance within the therapeutic relationship with a sex-offender than with other clients. Whilst the manipulation should be transparent, weaknesses such as unresolved narcissism may be exploited by the sex-offender, Salter (1988). This research raises an interesting potential conflict for the therapist between the need to be non-judgmental and open and the need to be almost guarded and wary of seduction. These latter qualities are in stark contrast to the traditional pre-requisites of a therapeutic relationship.

## **2.4 THE RELATION OF THIS RESEARCH TO OTHER WORK IN THE FIELD**

As indicated above, previous research has predominantly concentrated on defining the therapeutic relationship and highlighting its importance. For example, the use of quantitative measures to identify the facets of a therapeutic relationship has received significant attention, as described by Marziali and Alexander (1991). They highlight a number of studies in the area, all drawing on observer ratings and various scales (Barrett-Leonard, 1962; Saunders et al, 1989; Strupp et al, 1974; Connors et al, 1997). These quantitative measures have been designed to access client perceptions of the relationship in relation to factors such as change or treatment participation for example. Similarly, Marziali and Alexander (1991) indicate how a large volume of research in this area has concentrated on outcome (Gomes-Schwartz, 1978; Luborsky et al, 1988). This research for example, has highlighted the importance of client involvement and the client perceiving

therapy as a collaborative process, rather than merely the therapist's responsibility. Similarly, a significant volume of research has stressed the importance of the therapeutic relationship to outcome (Persons & Burns, 1985; Truax, 1966; Eaton, Abeles, & Gutfreund, 1988; Lambert & Barley, 2001; Dalenberg, 2004; Keijsers, Schaap, & Hoogduin, 2000; Meier, Barrowclough, & Donmall, 2004; Rogers, 1965). Meta-analytic reviews of the therapeutic alliance have actually found it to be one of the most predictive facets of treatment outcomes as evidenced by Horvath and Symonds (1991) and Martin, et al (2000). This body of earlier research reflects the previous focus on the explanation of the relationship in terms of concrete cause and effect. Little attention is paid to exploring the processes involved in the relationship.

Turning now to the research into sex-offender therapy, this same emphasis on quantitative research is evident. Whilst there is some investigation into therapists' accounts, the quantitative focus gives restricted data, with an emphasis on the attitudes towards sex-offenders and the impact of working therapeutically with sex-offenders. For example, research into therapists' attitudes towards sex-offenders has measured a reduction in negative attitudes towards sex-offenders (Hogue, 1995; Nelson, Herlihy, & Oescher, 2002) and an increased confidence in working with sex-offenders (Craig, 2005) following a given training programme. However this sheds little light on the origin of these views, how they manifest in the relationship and the impact of these views on the therapeutic relationship, especially where the therapist has not accessed this specific training or where significant time has passed since completing similar training. Farrenkopf (1992, cited in Craig, 2005) actually does touch on the therapist's experience of working with sex-offenders in identifying their shift in perspective, discouragement, emotional hardening and rising anger. However, this research focuses on the personal impact as opposed to the therapists'

experiences within the therapeutic relationship and is again quantitative in its approach. What is clear in this research is the way in which specific variables are again the focus. This closed approach to researching therapists' attitudes gives no room for the therapists' own voices and subjective experiences to emerge.

Where research does explore the therapeutic relationship in sex-offender treatment, the focus is again predominantly on outcome. For example, the importance of trust and rapport has been associated with therapeutic process (Marshall & Serran, 2004) as has acceptance, client support, moderate therapist self-disclosure, display of interest, therapist confidence and directional or motivational qualities to outcome (Seligman, 1990, cited in Marshall & Serran, 2003). Similarly, empathy and warmth were found to be strong predictors of therapeutic benefits in the treatment of sex-offenders (Marshall et al, 2002). Further outcome research into working with sex-offenders includes: Beech and Hamilton-Giachritsis (2005) who explore group atmosphere, Friendship, Mann, & Beech, (2003) who correlate treatment with reconviction rates and Marshall et al (2005) who explore the relationship between confrontational therapeutic encounters, lack of rapport and treatment effects.

Marshall et al (2003), comment on the gap in sex-offender research. They highlight how various aspects of the therapeutic relationship have been explored but with little attention given specifically to the sex-offender therapists. They also acknowledge the lack of qualitative research in this area and the bias towards outcome research. They argue that research contributing to this gap would have significant relevance to the client group, noting that only Beech and Forham (1997) have made a link between process variables and sex-offenders. However, their research was again quantitative in measuring treatment,

group environment and treatment change. The actual experience of the relationship and what it means to those involved has been largely overlooked, despite the aforementioned research indicating that the therapeutic relationship with sex-offenders is deeply complex, challenging and at times even traumatising for the therapist. This suggests that there are in fact multiple layers to this phenomenon which previous approaches to research have been unable to access.

## **2.5 THE RATIONALE FOR THIS STUDY**

As evidenced above, there is a clear gap in existing research in this area. Forensic Psychologists have largely been the main contributors to sex-offender research with the aim of primarily improving treatment efficacy and outcome. Participants in these studies have predominantly been therapists of the Sex-Offender Treatment Programme, a more eclectic sample, which can be made up of forensic psychologists, probation officers and prison officers, (Beech & Hamilton-Giachritsis, 2005; Crawley, 2004; Marshall et al, 2003; Marshall et al, 2002; Hogue, 1995). Furthermore, this research has been principally quantitative in nature, aiming to investigate specific target variables such as attitudes towards sex-offenders and the impact of working with sex-offenders. Where the therapeutic relationship has been investigated, the aim has often been to quantify the therapeutic relationship and validate the relationship again through outcome research.

Little has been highlighted about the processes that occur *within* the therapeutic relationship and how the therapists involved in this inter-subjective experience make sense of their experiences. With the phenomenological underpinnings to the approach in this research, an ‘insiders’ perspective will be contributed, allowing for ‘thick descriptions’ that may help illuminate human experience. Through giving voice to the concerns of

Counselling Psychologists the interpretative element to IPA can then help to make sense of these descriptive accounts in the hope of accessing a detailed examination of the experiences of therapists working with a very challenging client group.

## **2.6. THE AIMS AND OBJECTIVES OF THIS RESEARCH**

This research aims to provide a contribution to the gap within existing research in this area through firstly, adopting a qualitative approach. Secondly, through the use of IPA, it is hoped that the study will provide valuable insight into the first-hand accounts of therapists directly working with this client group through exploring their experience of the therapeutic relationship. This in-depth understanding of Counselling Psychologists' experiences is achieved through the investigation into perceptions and views of the therapeutic relationship with sex-offenders. The phenomenological and interpretive nature of IPA will allow for an exploration of these therapists' involvement within the relationship, their orientation towards this phenomenon and how they make sense of this.

This research may therefore identify what differences the therapists may have experienced compared to other client groups. Additionally, it may highlight what difficulties, if any, have arisen in the therapeutic relationships and potentially how these have been experienced, managed, overcome and addressed. This may have some bearing on how treatment efficacy can be increased and possibly indicate any extra training needs or support required by the therapists working with sex-offenders.

## **2.7 THE RESEARCH QUESTION**

In line with the research aims to provide an 'insider' perspective on this under-researched topic, the research question for this study is:

**How do therapists working with sex-offenders experience the therapeutic relationship?**

The next chapter outlines the methodology used to explore the above question.

## **3. METHODOLOGY**

### **3.1 QUALITATIVE PARADIGM**

This qualitative study is concerned with examine in depth how therapists describe and make sense of their experiences of the therapeutic relationship when working with sex-offenders and to explore the meaning of this in the context of working in a forensic setting. Barkham (2003) describes quantitative research as being concerned with the measurement and analysis of variables through the use of tests, questionnaires and scales. He adds that these are then analysed statistically. Conversely, when McLeod (2003) explains qualitative research, he stresses the emphasis on the collection and analysis of accounts or stories offered by people about their experience. Instead, the qualitative aim is to explore the meanings of social situations and actions with the view to providing understanding rather than an explanation. In line with this study, Morrow (2007) notes how qualitative research is the most useful way of understanding the meanings that people make of their experiences.

#### **3.1.1 Why a qualitative paradigm in this specific study?**

A qualitative approach has the potential to facilitate the emergence of unanticipated findings (Barker, Pistrang & Elliott, 2002) which in turn may help to detect barriers and facilitators to change, in addition to identifying the reasons for the successes or failures of interventions (Starks & Brown Trinidad, 2007). The value of qualitative research has been highlighted by Morrow (2007) who notes how qualitative research is the most useful way of understanding the meanings that people make of their experiences and adds that Hill (2005) and Hill et al (1997) believe that it is ideal for understanding psychotherapy processes. Morrow (2007) highlights that the qualitative approach is actually more

congruent with counselling psychology given the emphasis on narrative. To date, research into sex-offender treatment has been predominantly quantitative with a clear focus on process variables and outcome (Seligman, 1990; Beech & Forham, 1997; Beech & Hamilton-Giachritsis, 2005; Marshall et al, 2005; Marshall et al, 2003; Marshall et al, 2002). Similarly, there has been significant quantitative research into the attitudes towards sex-offenders (Hogue, 1995; Nelson et al, 2002; Craig, 2005) but little research has explored the experiences of working therapeutically with sex-offenders. Marshall et al (2003) stress the need for more research examining process issues in the treatment of sex-offenders. Instead of quantifying the outcome results of specific variables it is hoped that a qualitative approach will allow for a more exploratory approach into the therapeutic relationship. Therefore, a qualitative approach was considered firstly to make a new contribution to research in this area. Secondly, it was deemed the most suitable approach to the exploration of the Counselling Psychologists' experiences of the therapeutic relationship when working with sex-offenders.

## **3.2 INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

### **3.2.1 Rationale**

Interpretative Phenomenological Analysis (IPA) was the chosen qualitative approach within this study for the following reasons:

Firstly, the phenomenological underpinnings within IPA enable an exploration of personal experience and the participant's personal perception or account of this, Smith and Osborn (2003). This approach seeks to explore what it means to be in the world through studying the phenomena in the world and their structure. By staying loyal to the individual's experience it becomes possible to investigate peoples' involvement and orientation towards



the world and how they make sense of it. IPA's theoretical underpinnings stem from Husserl's (1927/1970/1982, cited in Smith et al, 2009) understandings of transcendental phenomenology. The researcher aims to 'bracket' the taken-for-granted-world (our assumptions or preconceptions) in order to truly attend to a given phenomenon, (Smith et al, 2009) Therefore, I aimed to take a reflective stance throughout the process. However, Heidegger did not feel that this reduction is possible as all observations are made through our own position which means that interpretation is the closest that can be aimed for, Shaw and Flowers (2010). Heidegger's concept of Dasein suggests that it is not possible to detach from people and objects, language and culture when making sense of the world given that we exist in a reciprocal interdependence between self, others and objects, (Conroy, 2003). Reflexivity is subsequently used by the researcher in IPA, in an attempt to examine lived experience in detail, whilst acknowledging the role of inter-subjectivity and his relatedness to the world from which he cannot separate in his attempts to understand another individual, Heidegger (1962/1927, cited in Smith et al, 2009).

Secondly, with an emphasis on idiography, IPA achieves a level of depth when providing insight into the perspectives of a specific group of people in a specific context. This was considered important given that this research is interested specifically in the experiences of counselling psychologists and that previous research had largely neglected this group of professionals. Smith et al (2009) note the emphasis on the particular rather than the generalising of findings to larger populations. Examination begins with a single case until a level of closure is achieved before moving on to a further detailed analysis of the second case and later cross-case analysis, Smith (2004). Therefore, whilst IPA explores themes emerging, there is also great emphasis on the individual's narrative and their life-world. Smith (2004) also highlights the inductive feature of IPA. As with this research question,

there is no hypothesis which is being proved or disproved. Instead the emphasis is on exploring what emerges during analysis which enables an expansive range of data to be gathered. In line with the aims of this study, this depth was perceived as necessary in order to generate a wealth of data instead of constraining results to specific variables as with previous quantitative research in this area. It was hoped that as a consequence, unanticipated findings may emerge.

Thirdly, IPA acknowledges that it is never truly possible to wholly gain an insider's perspective as the researcher is twice removed from the experience. Smith and Osborn (2003) describe this as a double hermeneutic, noting how the researcher attempts to interpret how the participant interprets their world. However, through the use of interpretation within IPA, an attempt can be made to access this, (Biggerstaff & Thomson, 2008). Within IPA, the systematic and detailed analysis of the text will achieve this through the connections which emerge from the greater data set in addition to the discussion with psychological theory, Smith et al (2009). Additionally, a balance is sought between what Smith and Osborn (2003) refer to as 'empathic hermeneutics' and 'questioning hermeneutics'. They explain that in providing this balance, the researcher aims to provide a true account of a given phenomenon from the participant's perspective whilst analysing the text both critically and interpretively. Therefore, as explained by Smith et al (2009), this means that the analysis within IPA can subsequently offer meaningful insights which go beyond, whilst incorporating, the explicit claims made by the participants. This was perceived to be important in achieving the research aim: to provide valuable insight into the first-hand accounts of therapists.

### **3.2.2 Alternative methodologies**

When exploring other methodologies during the developmental phase of the research, thematic analysis and grounded theory were considered.

With regard to thematic analysis it might be argued that similar data may have been produced. However as Marks and Yardley (2004) explain, thematic analysis is concerned simply with identifying patterns within data. The theme can either refer to manifest content within the data (such as the repetition of certain words) or latent content (where something may be referred to more implicitly). However, this research is more theoretically bounded given the interest in exploring the meanings present in the therapist's descriptions of their experience of the phenomenon in question (the therapeutic relationship when working with sex-offenders). This will require a more interpretative stance in addition to the emphasis on phenomenology which can be found in IPA as opposed to thematic analysis, Braun and Clarke (2006).

Grounded theory examines: context, causes, contingencies, consequences, co-variances and conditions in order to understand the patterns and relationships between these elements, Strauss and Corbin (1998, cited in Starks & Brown Trinidad, 2007). However, this study is concerned with the exploration of Counselling Psychologists' experience as opposed to explaining and describing basic social processes within the environment in which they are studied, Glaser and Strauss (1967, cited in Starks & Brown Trinidad, 2007). Furthermore, IPA seemed more appropriate given its emphasis on ideography rather than a wider conceptual explanation, Smith et al (2009). Given this approach in grounded theory, Starks and Brown Trinidad (2007) highlight that the aim is to produce a specific theory as the end product. However this study, in line with IPA, aims to focus more on exploring how an individual makes sense of their own experience, Brocki and Werden

(2004). Logistical difficulties were also acknowledged given the number of participants required for grounded theory to reach saturation.

### **3.3 METHOD**

#### **3.3.1 Participant recruitment**

A purposive sample was primarily recruited from the CoPiFS (Counselling Psychologists in Forensic Settings) group. CoPiFS is a self-established group, founded by Counselling Psychologists working in the prison setting. The aim of the group is to share ideas for best practice and to offer peer support and continual professional development opportunities. Further participants were recruited as a result of opportunity and snowballing from the CoPiFS members and existing contacts.

#### **3.3.2 Recruitment procedure**

Once ethical approval had been granted by Roehampton University (appendix 6.1) and the Ministry of Justice (appendix 6.2) and permission to recruit from CoPiFS given, participants were emailed directly. The email stated the research title, indicated the participant requirements (in relation to experience, qualification and the fact that involvement in the semi-structured interview would last no more than one hour) and enquired as to whether they might be interested in taking part. It was noted that further information about the research would then be sent if they were interested. In this event the information form (appendix 6.3) was sent to the participant in a second email. Additional emails then focused on the arrangements (date, time and suitable location etc).

### **3.3.3 Inclusion/ exclusion criteria**

As is consistent with sampling in IPA (Smith et al, 2009), the sample was fairly homogenous, with the sample focusing on Counselling Psychologists with up to ten years post qualification experience. The decision not to include trainees was informed by research by O’Byrne, Clark, & Malakuti, (1997), Skovholt and Ronnestad (1992), Bottrill, Pistrang, Barker, & Worrell, (2009) and Skovholt and Ronnestad (1996, cited in Donati & Watts, 2005) which all noted significant differences in experiences between trainees and qualified practitioners. A distinction between post qualification experience up to ten years and post ten years was largely determined by practical limitations whilst also being highlighted in research by Londoño-McConnell and Matthews (2010). Each participant also needed to have experience of working therapeutically with sex-offenders. As identified by Wertz (2005), this sample is therefore in line with the research aims as the participants all have a ‘revelatory relationship’ with the experience of working with sex-offenders within a therapeutic relationship.

### **3.3.4 Sample**

In terms of sample size, Smith et al (2009) note that smaller sample sizes are more in line with IPA given the focus on the representation of a perspective rather than a population. Smith and Osborn (2003) note that there is no ‘right’ sample size and agree that smaller sizes are more in line with the ideographic nature of IPA. They add that a small sample size can provide a sufficient perspective. Smith (2004) explains that IPA studies usually use between 5 and 10 participants. However, given the emphasis on idiography and the pragmatic restrictions of availability and access to counselling psychologists (as it is predominantly forensic psychologists who work specifically with this client group) a maximum of 8 participants was used in this study.

Participants were aged between thirty-three and fifty-seven. They had up to ten years post-qualification experience and between two and fifteen years involvement in sex-offender therapy. Therapeutic orientation was predominantly integrative, with two therapists using CBT, one psychodynamic therapist and one adopting a person centred approach. Four of the participants were based in prisons and four in community forensic settings. They had a variety of previous work experience apart from one participant who had always worked within the prison service. Previous research has indicated that therapists' reactions to sex-offenders can be particularly influenced by whether they are a parent or not (Weekes et al (1995, cited in Craig 2005; Crawley, 2004). Participants in this study were therefore asked if they were a parent so that this could be considered in the interpretation stages if appropriate. Of the eight participants, five had children. The table below illustrates this information further:

Table 1: Participant demographics -

Pseudo-nym	Age	No. Years post qualification experience	No. years involved in sex-offender therapy	Therapeutic orientation	Places of work at time of interview	Prior work experience	Parent
Alison	33	3	2	CBT	Learning disability team	Prison/ children/ adolescents/ alcohol users	No
Rhiannon	37	10	6	Integrative	Prison	-	No
Jean	40s	5	15	Integrative	Secure hospitals/ private practice	Prisons/ rape crisis center	Yes
Josh	52	1	2	Person centred	Prison/ combat stress	CMHT	Yes
Mel	41	5	5	Integrative	Prison/ Private practice	Substance misuse/ learning difficulties	No
Georgina	39	5	8	Psycho-dynamic	Hospital	Substantial	Yes
Nick	57	3	2	Integrative relational	Prison	Primary care/ couples therapy/ play therapy/ private practice	Yes
Simon	44	10	7	CBT	Hospital/ Private practice	Hospital/ outpatient addiction treatment	Yes

### 3.4 ETHICS

#### 3.4.1 Informed consent

Following the initial email to participants that ascertained interest levels, the information form (appendix 6.3) was sent to those requesting further information or expressing the desire to partake. The information form was designed to educate the individual to the nature and purpose of the research and factors to consider prior to taking part such as the withdrawal process and the potential for distress. The consent form (appendix 6.4) reiterated these points in addition to highlighting the fact that participation is voluntary,

that the individual could refuse to take part and can withdraw themselves and their contribution from this study at any time. They were also informed that participation would take no longer than one hour and that they were under no obligation to answer questions that are private or upsetting.

### **3.4.2 Confidentiality**

When issued the consent form (appendix 6.4) participants were made aware that: all information provided would be used with sensitivity and discretion throughout the reporting of this work, which may be published or used for presentation purposes; the interview will take place privately, at a convenient time and place; the interview will be audio recorded for transcription purposes to ensure an accurate account and understanding of that discussed; data would be stored separately from any identifiers on a personal laptop in order to maintain anonymity at all times; pseudonyms will be used when referring to names of the participants, and other identifying remarks will be omitted; participants were made aware that they would be offered copies of their interview transcript for verification and at a later stage, invited to comment on a draft analysis of the interview. Participants were given the opportunity to ask any questions prior to signing the consent form (appendix 6.4).

### **3.4.3 Potential distress**

The information form (appendix 6.3) highlighted the fact that talking about work with clients who describe traumatic experiences could lead to reflection on distressing or difficult experiences. It was also noted that this could lead to the participant re-evaluating their present practice in terms of how their subjective responses influence their therapeutic work. Participants were advised that if this was of substantial concern to them, then it was



advisable for them to think seriously before participating in this research project. Both the information form (appendix 6.3) and consent form (appendix 6.4) explained that a debriefing process would follow the interview and that further time would be available to them, which would provide them with an opportunity to discuss any issues that arose and ask any questions that they may have. Participants were also provided with a list of sources of support on the debriefing form (appendix 6.5).

## **3.5 DESIGN**

### **3.5.1 Semi-Structured Interview**

In order to obtain rich subjective data, the semi-structured interview is considered effective in eliciting participants' accounts about a target phenomenon, Smith et al (2009). In line with the ideographic nature of IPA, the interview aims to access a first-person account of the individual's experience and allows for minimal probing and prompting to allow the participant to speak openly and reflectively in some depth, Smith et al (2009). Given the research interest in the specific phenomenon of the therapeutic relationship when working with sex-offenders; a reflective diary or journal, whilst a possible option, may not have been illuminative to the same extent as a semi-structured interview. Furthermore, the reflective journal is commonly used by trainees as part of their training portfolios and therefore private in nature and not in line with the sample requirements of this research.

### **3.5.2 Interview schedule**

The interview schedule was constructed in line with guidelines from Smith et al (2009). Questions prepared were open-ended in order to encourage the participant to provide a detailed account of their experience. A funnel approach was used, starting initially with a general question about how they came to work in that area in order to ease the participant

into the interview. Prompts were developed for each question aimed at encouraging the participant to expand on their response.

### **3.5.3 Pilot**

The initial draft of the interview schedule used in the pilot identified problems with the wording and ordering of questions. Following amendments in these areas the final draft (appendix 6.7) was created. A demographics questionnaire was also created to provide basic information about the participants' characteristics. The literature review had identified factors which can impact on an individual's experience of working with sex-offenders such as professional background and length of experience. These were subsequently included in the demographics questionnaire.

### **3.5.4 Interview procedure**

As indicated in the information form (appendix 6.3), I started off by asking participants to give informed consent (appendix 6.4) prior to taking part in the interview. This is in line with the British Psychological Society's ethical guidelines, (BPS, 2006). The consent form provided participants with information regarding ethics, the interview procedure, debriefing and the withdrawal process. Participants were then asked to complete the demographics sheet (appendix 6.6). Participants were then invited to ask any questions that they might have before taking part prior to the dictaphone being turned on. I followed the order of the questions as illustrated in appendix 6.7, using the prompts and additional open questions to probe answers where greater expansion was deemed appropriate. The final question gave the participants the opportunity to add anything to their answers. Before turning off the dictaphone, I gave a brief summary of my understanding from the participant's answers and invited the participant to confirm whether they were happy with

this or wanted to provide clarification. The participant was then provided with the debrief form (appendix 6.5) which provided details of their participant ID number (to be used in the event of withdrawal from the study), data analysis, contact details and further support. I then provided space for any questions or thoughts to be raised if the participant so wished prior to informing them about the next stage. This highlighted the fact that the transcripts would be made available to the participant for them to identify anything that they wanted omitted and to check accuracy. They were also informed that the initial themes would later be made available to them for them to comment again about accuracy and whether they felt that the themes were realistic, made sense and were supported by enough evidence.

### **3.5.5 Transcription process**

Once the audio had been downloaded to the laptop, the file was converted via Switch Sound File Converter to a WAV file so that it was compatible with Express Scribe software. This enabled me to control the play-back of the audio whilst in Microsoft Word. As recommended by Biggerstaff and Thompson (2008), I attempted to account for details including pauses, mis-hearings, noticeable mistakes and even significant speech dynamics in order to achieve a high level of accuracy. Therefore, non-verbal utterances (such as laughter, significant pauses and hesitations) were recorded within brackets in capitals. In line with recommendations by Smith et al (2009), the transcript was line-numbered and large margins were created to provide space for analysis. During this process, the data was stored separately from any identifiers on my personal laptop in order to maintain anonymity at all times. Following the completion of the analysis the audio files were deleted for the purposes of maintaining confidentiality.

## **3.6 DATA ANALYSIS**

### **3.6.1 Reading and re-reading**

The initial stage of the data analysis involved reading and rereading each individual transcript in order to fully immerse in the data. This can be helpful to bracket off powerful recollections and striking observations temporarily in order to focus on the participant, Smith et al (2009). In this stage, I noted initial observations, judgments and deductions in order to avoid bringing in my own assumptions and experience.

### **3.6.2 Initial noting**

At this point the researcher continues to build familiarity with the transcript, in order to begin identifying meaning units and attributing a comment to each unit. Within this study I aimed to maintain an open mind in order to access how the participant thinks about, talks about and understands an issue. Detailed notes and comments were made to the left-hand side margin and paid close attention to the phenomenology in order to stay true to the participant's subjective experience. In line with guidelines by Smith et al (2009), firstly, I aimed to make descriptive comments which highlighted what seemed to be of importance to the participant. Secondly, linguistic comments were made to illustrate and explore the possible meaning associated with factors such as repetition, tone, pauses, laughter and fluency and thirdly, conceptual comments were used to illuminate the participant's overarching understandings. At this stage possible meanings were merely explored through summaries and associations.

### **3.6.3 Individual case analysis**

Again in line with the recommendations of Smith et al (2009), this next stage aimed to identify emerging themes by way of mapping connections and patterns in the notes. I made

notes in the right-hand side margin (appendix 6.8), maintaining a close connection to the original data whilst attempting to identify more meaningful statements which revealed the overall meaning within a particular section. In order to increase validity I was mindful to note evidence within the original data which confirmed or discounted the themes in order to avoid any possible bias.

Emerging themes were then clustered and checked against the transcript to ensure accurate reflection of the primary material source as suggested by Smith and Osborn (2003). On a separate piece of paper, I made a note of the themes and attempted to identify links and list them in a more analytical or theoretical order. In line with Smith et al (1999), at this point, I started to identify sub-themes which clustered together and identify overarching themes which helped to explain the sub-themes. The themes were then illustrated in a table (appendix 6.9) in order to evidence the themes. The associated quotes were each referenced to indicate its location within the transcript.

#### **3.6.4 Cross-case analysis**

As described by Smith et al (2009), this process was then repeated for the other transcripts. I aimed to bracket the previous ideas in order to attend fully to the new case and remain true to the idiographic component within IPA. Finally, patterns across the cases were then explored. I not only drew on the individual case tables but also returned to the transcripts in order to fully investigate the connections across cases. Not only was attention paid to the similarities between cases but also the differences. This was again illustrated in the form of a table (table 2). I was mindful to illuminate themes which reflected the experiences of the participants and subsequently drew on the interpretative element of IPA for this.

### **3.7 VALIDITY/ QUALITY**

The validity of qualitative research is a contestable notion and particularly so when the usual criteria for judging validity in quantitative research would be inappropriate. However, guidelines have been developed with a view to increasing validity more generally. The validity standards proposed by Yardley (2000) are particularly comprehensive. It is for this reason that this research will draw on the recommendations suggested by Yardley (2000).

#### **3.7.1 Sensitivity to context**

Within the participant selection, I aimed to sample purposefully in order to ensure that participants did share a specific lived experience. Given the few counselling psychologists working in the prison service, recruitment was required to involve therapists working in the community. Therefore, recruitment was extended to forensic services. Whilst this may be a limitation given the contextual differences, it was considered important to increase the participant pool in this way rather than recruit forensic psychologists whose discipline is so very different. Furthermore, focusing on forensic services rather than the community as a whole aimed to promote the adherence to ideography.

#### **3.7.2 Commitment and rigour**

Throughout the interview process, I attempted to attend fully to the participant in order to take great care in the analysis of each transcript so that the interpretations and theme identification were as true as possible to the participant's descriptions of their experience of the phenomenon. Throughout the study there was a commitment to thoroughness which can be exemplified in the decision making detailed above regarding the appropriateness of the sample, the thorough and systematic nature of the analysis process and the

interpretative nature of the analysis. I also attended an IPA workshop in order to gain a greater understanding of how to conduct IPA and to hone interview and analysis skills through role play and practice case examples. The pilot interview also aided in achieving these factors although it is acknowledged that as a novice to IPA research, there are inevitably areas to enhance commitment and rigour in the future.

Furthermore, once the interviews were transcribed each transcript was returned to the participant. This enabled the participants to check the transcripts for accuracy and remove anything they wished for the purposes of confidentiality. Additionally, Lincoln and Guba (1985, as cited in, Creswell & Miller, 2000) highlight how ‘member checking’ was the most crucial means for establishing credibility. Therefore, in order to achieve ‘testimonial validity’ as described by Stiles (1999), I sent a draft of the initial individual case analysis to each individual to enable participants to comment on whether they could relate to the accounts of their experience and whether they felt that this perspective was justifiable (appendix 6.10). Of the four participants who replied, all felt that the themes accurately reflected their experiences. However, one participant (Simon), highlighted the fact that he did not feel that the master theme relating to ‘Intellectualising’ was solely a defence mechanism but also a necessary aspect of working as a psychologist within a scientist/practitioner frame. Finally, in commitment to the IPA aims of attempting to reflect the experiences of the participants, I also took steps to achieve a level of reflexivity throughout the study as detailed below.

### **3.7.3 Transparency and coherence**

In line with recommendations by Yardley (2000), I attempted to clearly describe participant selection, the construction of the interview schedule, the interview itself and

how the material was analysed. An audit trail is available for inspection which also includes the appendices and a research journal. All relevant paperwork, including all communication with participants, has been stored in order to be available on request. Additionally, the use of an external auditor (a fellow student) has been helpful to examine process, product and trustworthiness of the findings. Stiles (1999), refers to this as 'consensus replication'. Creswell and Miller, (2000) also discuss how credibility of the account can be verified with an individual external to the study. With this in mind, the initial themes arising from each participant were peer reviewed in order to provide support, play devil's advocate, push the methodology to the next step and to challenge my personal assumptions and question method and interpretations. This was also achieved through my attendance at Roehampton University's research module groups, where peer review takes a primary role within each class.

### **3.7.4 Impact and importance**

Yardley (2000), comments on the need for impact and importance, suggesting that in order to be true to IPA, the research needs to offer something of interest to the reader. This was considered during the review of existing research and establishing the gaps within this. Additionally, future recommendations have been considered within the discussion.

### **3.7.5 Reflexivity**

The need for self-reflection within qualitative research is consistently highlighted, (Smith et al, 2009, Brocki & Wearden, 2004 and Stiles, 1999). Therefore, self-reflection notes were made throughout the research project given the centrality of the researcher's interpretation to this research. The self-reflection notes also involved me in recording my own responses to the interview schedule. This allowed for an exploration of any pre-



conceptions, judgments or attitudes in IPA in order to meet good practice recommendations. Banister, Burman, Parker, Taylor, & Tindall (2003) for example, stress the importance of this within qualitative research. They agree that the exploration of the researcher's subjectivity is important in identifying the position of the researcher with regard to the definition of the problem and the way in which the researcher goes on to interact with and make sense of the material. This then enables the researcher to get as close as possible to the objective account of the phenomenon in question. A reflection of my position and characteristics can be read below. Qualitative researchers are required to own their own perspectives, (Elliot, Fischer, & Rennie, (1999). This accounts for the use of the first person to allow for transparency.

### **3.7.6 Researcher characteristics**

I have had seven years' experience of working in a prison setting. Initially this was in the role of assistant psychologist for the Sex-Offender Treatment Programme. This role did not involve the provision of treatment or therapy, however I did complete various assessments with sex-offenders prior to them engaging in the programme. Later roles within the prison primarily revolved around drug rehabilitation and then in the latter three years, counselling psychology. These roles did include the direct treatment or therapy of sex-offenders. I am a female and at the time of the interviews was a trainee counselling psychologist aged twenty-eight years of age and without children. My therapeutic orientation was in line with course requirements and influenced by the relational emphasis of the University of Roehampton Counselling Psychology Doctorate. Given the shared prison context between myself and many of the participants, I was aware of shared assumptions especially in relation to the issue of power in the prison setting. For example, voicing concerns about prisoner behaviour in a multi-disciplinary setting was the norm rather than the enactment

of a power dynamic. Similarly, the forensic setting can influence one's interpretation of events. For example, it is very easy to perceive natural attachment behaviours as offending behaviours and something more sinister. It was important for me to take a critical stance and bracket my judgments in order to not impose this on the participants' accounts of their experience. This self-reflection was a particular focus during the early stages of the research, which Creswell and Miller (2000) view as particularly important, in order to allow readers to understand the researcher's position and for the researcher to suspend these biases as the study proceeds.

Through on-going reflection of internal processes, which Stiles (1999) identifies as good practice, I worked hard to maintain the validity of this study. At the time of the analysis of this research, job cuts were affecting me and other counselling psychology departments within the Prison Service. I was aware of the potential impact that this could have on my interpretation and future recommendations so again worked hard to stay with the participants' accounts to avoid the temptation to use the data to in some way crusade for the future of counselling psychology in prisons. Similarly, during the analysis I was aware that at times I slipped into a more descriptive than analytical role. I was experiencing a tension between wanting to voice my interpretations and a fear that participants reading the final thesis might disagree with these.

### **3.7.7 Statement of position**

My experiences through counselling psychology training and employment in addition to my personal values and experience have led me to favour contextual constructionist ideas in this research. As a Counselling Psychologist I place significant emphasis on the client's subjective experience as opposed to assuming any one truth which might be more in line

with a more positivist medical model view of the individual's experiencing. Whilst acknowledging the role of social systems on the way that we make sense of the world, unlike social constructionism, I identify more with the contextual constructionist stance that emphasises the individual as a conscious being with a capacity to interpret and act in the world around them within networks of cultural meaning, (Giorgi, 1995, as cited in Madill, Jordan, & Shirley, 2000). Having worked in the prison setting for some time, I am particularly aware of the integral role that a context can play upon our actions, (Jaeger & Rosnow, 1988).

Within this research, I do not claim that the findings are representative of all counselling psychologists but instead acknowledge the variance between different contexts such as the prison and community, in taking the view that knowledge is provisional, local and situation dependent, Jaeger and Rosnow (1988). This means that all accounts are subjective and cannot be invalidated by alternative perspectives, Madill et al (2000). However, as noted by Tindall, (1994, as cited in Madill et al, 2000), contextual constructionism attempts to find some grounding for results through the researcher presenting the participants' perspectives through basing findings on their actual descriptions. This is again supportive of the IPA presentation of analysis through the use of verbatim extracts. This epistemological positioning has been consistent throughout this study as seen in my approach to reflexivity. Here, I recognised the inevitability of my own interpretations having some bearing on the data and attempted to minimize this. For example, the use of triangulation invited participants to voice whether they could recognise themselves in the initial themes rather than expecting the themes to provide an absolute representation. The aim is to stay true to the accounts at that time so the researcher does not send the initial

themes back to the participant in the hope of a consensus but rather the aim is to retain truly novel perspectives, Madill et al (2000).

Moving from this explanation of the methodology, we shall now turn to explore the results which emerged as a result of this aforementioned approach to the data.

## 4. RESULTS

This chapter presents the findings from the Interpretative Phenomenological Analysis of eight counselling psychologists' experiences of the therapeutic relationship when working with sex-offenders. The eight semi-structured interviews resulted in the emergence of four master themes:

- Forming a relationship- *negotiating the degree of intimacy*
- Overcoming barriers to the relationship- *contending with the context*
- Establishing a relationship- *feeling a reaction yet managing a response*
- Reaping the rewards of the relationship- *out of the darkness and into the light*

Exploration of these master themes and their associated sub themes will form the basis of this chapter. Verbatim extracts from the transcripts will be used to illustrate each theme. To aid in the readability of each quote some have been edited. For example, utterances such as 'um', repetitions and minor hesitations have been removed. Dotted lines indicate where material is missing and square brackets illustrate where material has been added for explanatory purposes. Where italics previously indicated emphasis on a word, this will now be illustrated by the word being underlined. Pseudonyms have been used to maintain the confidentiality of participants. References are provided which locate quotes to the original transcripts.

It is acknowledged that these findings represent just one possible interpretation of the counselling psychologists' experiences of the therapeutic relationship with this client group and do not reflect all experiences possible. Themes were developed in line with this

particular research question and alternative findings may have emerged with a different researcher.

Table 2 below illustrates the master themes and their sub-themes for this research:

Master Themes			
FORMING A RELATIONSHIP: <i>NEGOTIATING THE DEGREE OF INTIMACY</i>	OVERCOMING BARRIERS TO THE RELATIONSHIP: <i>CONTENDING WITH THE CONTEXT</i>	ESTABLISHING A RELATIONSHIP: <i>FEELING A REACTION YET MANAGING A RESPONSE</i>	REAPING THE REWARDS OF THE RELATIONSHIP: <i>OUT OF THE DARKNESS AND INTO THE LIGHT</i>
Sub-themes			
Feeling drawn in by the sex-offender	Battling with victimization created by prison and society	Protecting the self and other from the therapist's reaction	Enjoying the challenge
Feeling invaded by the sex-offender	Feeling elevated to a position of power	Bracketing the bad to cope with the good	Evolving through the process
Feeling repelled by the sex-offender	Assuming a position of power to manage the anxiety	Finding the human through understanding the sex-offender	Achieving an attachment: facilitating change
Feeling tested by the sex-offender	Counteracting the power-dynamic	Finding resolution through supervision	

#### **4.1 FORMING A RELATIONSHIP: *NEGOTIATING THE DEGREE OF INTIMACY***

This master theme aims to capture the idea that when trying to initially connect with the sex-offender, therapists struggled to establish an appropriate level of intimacy with their client. The degree of intimacy seemed to be largely controlled by the sex-offender which left the therapists in a power struggle within the therapeutic relationship. It comes across as a process of negotiation with the ultimate goal being to form a positive relationship that can be sustained throughout the therapy.

### **4.1.1 Feeling drawn in by the sex-offender**

This sub-theme reflects the experiences of seven of the eight participants who all referred to the sex-offender inviting some degree of emotional contact. For example, Simon highlighted his client's persistence in asking for "more and more" therapy and Mel described how her client made attempts to address a rupture in an early encounter. Five of the therapists reported how the sex-offender attempted to facilitate this connection through making efforts to be seen in a favourable light. Alison was particularly specific in her description of this:

*"...generally they were quite compliant and eager to please, which was kind of reflected on in sessions (...) in terms of (...). It felt like 'am I your best client?'(...) they really wanted affirmation..."* (Alison, 7, 334-336).

Alison feels a need to give affirmation to her clients and makes sense of this by noting the sex-offenders' high levels of compliance and eagerness to please. Her experience is indicative of several of the other therapists' experiences, who all felt that the sex-offender wanted to be seen as 'good' or 'special' in some way. Participants inferred that their clients wanted to show them that there was more to them than the sex-offence, that there was some good inside them. For some of the therapists this did not seem to be anything out of the ordinary:

*"...it's very similar to the kind of (...) relationship process you get in all walks of life, people come in and try to please you.(...)People try (...) to (...) get on your side, as it were..."* (Nick, 9, 405-407).

Nick normalises his experiences of his clients' efforts to please him, referring to how this is seen in "all walks of life". He views the behaviour as a normal human response; where an individual is keen to be accepted by others. However, several of the participants spoke

about the way their clients' compliance also posed a difficult psychological dilemma for them, as Alison goes on to discuss:

*"... he was always ready for sessions, I mean very compliant, but I knew there was some undertone kind of going on there."* (Alison, 5, 204-206).

In this extract, Alison is clearly suspicious of the sex-offender's compliance. Her reference to an 'undertone' appears to suggest that she is making a judgment that the sex-offender has some sort of motive or agenda behind his compliance. Earlier in the transcript, when discussing the notion of compliance again, Alison describes having been told to 'be careful with sex-offenders' and notes that she was "guarded outwardly" with them. This gives the impression that she feels wary of the compliance and the attempts to please her. She appears concerned that she may be drawn into something unless she remains guarded. This seems to present a significant tension for the therapists when attempting to undertake genuine, empathic therapeutic work:

*"...you've got to draw a balance between (...) accepting on in your own head, that this is something that is going to be really difficult for them (...) and being quite sensitive to that (...) but at the same time not being (...) drawn into anything that would be sort of colluding..."* (Rhiannon, 3, 119-123).

Rhiannon makes specific reference to this tension. She fears being drawn into something negative by her client which would put her in a position where she is colluding with the sex-offender. I sense that Rhiannon fears losing her sense of autonomy, or perhaps even her morals. Maybe she is anxious to avoid being sucked into conspiring with the sex-offender's agenda. More generally, participants' accounts showed that therapists are concerned that by being empathic or sensitive they place themselves in a vulnerable position where they run the risk of being manipulated by the sex-offender. This sub-theme



illustrates a significant dilemma for the therapists who on the one hand, appear to want to normalise these responses by their clients in order to access a non-judgmental and empathic stance. However, on the other hand, they find it difficult to let go of the suspicion and cautiousness that emerges when it is the sex-offender facilitating a degree of intimacy.

#### **4.1.2 Feeling invaded by the sex-offender**

The feeling of being invaded by the sex-offender emerged in six of the eight transcripts. This sub-theme aims to indicate the abusive and at times traumatising experience that seemed to manifest for the therapists with this degree of intimacy. Therapists reported feeling attacked by their clients, as indicated by Simon's use of the words "another one's leapt on, landed on me", and battling with the sense of being 'invaded'.

For example, Rhiannon described feeling as if the sex-offender had somehow managed to get under her skin. Her account suggests that the sex-offender's demeanour, his persona or indeed the descriptions of his offence had the potential to gnaw away at the therapists and bed within them. The therapists battled to protect themselves from this during the session, as clearly indicated by Georgina:

*"...I at times can get obsessive and literally feeling invaded or the trying to battle within the session to not be invaded (...), kind of an emotional rape rather than physical rape (...) I've never felt emotionally abused by other clients..."* (Georgina, 4, 144-152).

This extract gives a sense of just how difficult Georgina found the inter-personal dynamics of her therapeutic relationship with a sex-offender. Her reference to 'invasion, battle, rape' and 'abuse' conjures images of war. It is as though she fears the advancement of enemy lines and feels that she is at increasing risk. The enemy appears to, at times, successfully attack and penetrate the home territories yet her reference to the word 'obsessive' creates the image of an ongoing fanatical fight against this onslaught, possibly involving the

erection of defences. There is a strong sense that she feels vulnerable to her client's advances, that she feels he wants to take something personal and private from her and that her feelings about this are of no concern to him. Georgina seems to battle hard to maintain the boundary that she has erected between them both and fears his attempts to cross this. This image of a battle field is reflected in other participants' accounts:

*"I was probably in some ways quite saturated with so many victims... it was the horror of the victim mode,"* (Jean, 8, 361-362).

It is as if Jean is left shell shocked as she describes feeling left to carry emotionally distressing images in her mind together with a residual sense of horror. Her reference to 'saturation' infers that she felt flooded with horrifying images of victims to the point that she could hold no more. The traumatic nature of this war-like encounter is also illustrated by Mel:

*"I had a problem with my partner touching me (...) I had a problem with sex because I couldn't get things out of my head. Um, so personally it affected me."* (Mel, 9, 430-432).

It is evident from these extracts that developing a therapeutic relationship with the sex-offender affects the therapists deeply. Similar to the experiences of the other therapists, Mel describes how the experience of a therapeutic relationship with sex-offenders had initially altered her in a very personal way. It seems to me that the experience was truly invasive for Mel as she refers to things having been put into her head. It is as if these thoughts or images are continually going around in her mind because she is unable to eliminate them. Consequently, her relationship with her partner appears to have been jeopardised as she struggled to distinguish between the thoughts or images that her client had left with her and what she deemed to be normal within a loving relationship. Of course, another interpretation could be that she projects the image of the sex-offender onto

her partner which in her mind places her in the position of his victim. She appears to have found it difficult to enjoy the intimacy that would normally form part of her physical relationship with her partner. Within the transcript she goes on to describe how ‘normal sex-offenders are’:

*“I could meet this person in a club and very happily start a relationship with them (...) and I think the scariest thing is that you just wouldn’t know...”* (Mel, 11, 485-493).

This frightened Mel as she realised that she could have ‘met this person in a club and very happily start a relationship with them’ and that she ‘wouldn’t have known’. This seems to be the fundamental issue with regard to her partner. The fact that sex-offenders are ‘normal’ seems to leave Mel feeling hugely vulnerable as she realises that there are no warning signs and that her partner could also have a secret life. It seems that the additional vulnerability required in order to be intimate with her partner feels too much for Mel as she describes struggling to allow her partner to get close to her. It is as if Mel is left feeling exposed to a perceived threat which leaves her guarded and untrusting of those around her. It is quite ironic that the therapist must be open to the relationship and risk abuse in order to help the abuser.

### **4.1.3 Feeling repelled by the sex-offender**

In this sub-theme, five of the therapists described how they felt as if the sex-offender was pushing them away and trying to prevent them from establishing any sort of relationship with them. This appeared to take on an indirect approach where the therapist felt an aversion to the sex-offender’s presentation for example, and a direct approach where the sex-offender took a more active stance in rejecting the therapist; much like the way in which magnets exert control over objects, pushing them back or away.

Regarding the more indirect nature of this experience, some participants found their client's physical presentation disgusting or off-putting. Unlike the previous sub-theme where the therapists seemed to feel tainted or dirty as a result of the perceived invasion or violation by their clients (which for Mel, led her to reject her partner). However, in this sub-theme, it is the client who is felt to be dirty, making it difficult for the therapist to forge a connection, as Georgina describes:

*"I don't work particularly well with people who smell (SMALL PAUSE) physically smell (...) their physical presentation (...) has been more overtly physically unattractive (...) not sexually unattractive but physically unattractive so unwashed unkempt (...) really dirty clothes, (...) a physicalness (...) that that's been physically kind of quite difficult..."*  
(Georgina, 4, 166-175).

Georgina describes a common theme in the presentation of her sex-offender clients, namely how unattractive she finds them. Her reference to physical smell (which can prompt nausea) could perhaps be interpreted as a metaphor for the sickening revulsion that she feels for the offence. Similarly, the dirtiness of the sex-offender's presentation is perhaps symbolic of the dirty nature of his crimes. There is a strong indication that Georgina feels repulsed by this client group which was also indicated by other therapists who referred to feeling 'disgusted' and being 'sickened' by what they heard. It is as if the therapists, at times, have to fight some strong instincts which would perhaps otherwise leave them feeling deterred from being with this person. Jean also refers to the physical presentation of her client as something which makes her want to keep her distance from the client.

*“There was something quite psychopathic about her as well with her eyes and it was really quite chilling um and I felt I couldn’t work with her...”* (Jean, 1, 43-45).

Jean’s reference to psychopathy indicates that she perceived this client as having an abnormal lack of empathy which is supported by her use of the word ‘chilling’, suggesting that she found her quite menacing. She hints at the fact that the woman made her feel intimidated and consequently, Jean found it particularly hard to want to make a connection with her. She could not bear to entertain the notion of entering into a relationship with this individual. Prior to this extract, Jean discusses how horrible and disgusting she found the sex-offender’s behaviour in terms of ‘picking on the very vulnerable’, ‘the helpless’ and ‘primarily children’. It seems that the client’s presentation can make it very difficult for the therapists to challenge their judgments about sex-offenders and consequently for Jean, she did not feel that she could bear the feelings that this evoked in her.

With regard to the direct nature of this experience, participants described a feeling of being cast aside when they failed to live up to the sex-offender’s expectations. For example, as reflected in 4.1.4, Rhiannon discusses the risk of “banishment” (Rhiannon, 4, 181) If she was “flawed” (Rhiannon, 4, 178) and Nick discusses how some clients have become aggressive or have wanted to end sessions when he has not colluded with their avoidance. Simon discusses a similar experience:

*“...if they can’t seduce you, they’ll sack you. (...) they won’t change. They won’t stop doing what they enjoy.”* (Simon, 12, 558-560).

Simon refers to being ‘sacked’ by his clients when he does not give in to the client’s seduction. There is a sense that the therapists, can at times, feel that the sex-offender wants the therapist to collude with his offence (as also highlighted in 4.1.1) and where the therapist resists this, they run the risk of being rejected. This presents the therapist with yet another dilemma between the desire to challenge and change this behaviour whilst sustaining a therapeutic relationship with the sex-offender. For Simon this clash of agendas seems to present the relationship with a significant rupture which feels difficult to overcome, resulting in the termination of the interaction.

#### **4.1.4 Feeling tested by the sex-offender**

This sub-theme reflects a level of progression from the previous sub-theme where the therapist is being given an opportunity to connect with the sex-offender under certain conditions. The therapists seem caught in some sort of psychological negotiation, involving the experience of being invaded or repelled and are now presented with tests that offer a way out. The therapists appear under pressure to meet the needs or demands placed upon them by their clients. They reported feeling as though they needed to meet these demands in order to ‘pass the test’ which determined whether the sex-offender would be open to establishing a therapeutic relationship with them. Whilst only three participants referred to feeling tested, this did seem significant to their experience and was discussed by each of them at some length. Accounts suggested that the sex-offenders long for a connection yet their approach to the relationship risks pushing the therapist away. The therapist has to then negotiate this conflict. Whilst Mel discusses the tests in relation to her need to maintain boundaries, both Alison and Rhiannon emphasise the nature of the tests. The therapists seem to feel as if they are almost expected to perform in some way in order to pass the test and be allowed in.

There is a general sense that a number of the therapists experienced a sexualised element to the therapeutic relationship with sex-offenders, which they must negotiate. It feels as though this dynamic might be significant in many of the sex-offenders' experiences of intimacy and the therapist is tested by the sex-offender to see if they too will fit into this template of a relationship. The therapist is placed in a position where they have to almost teach the sex-offender how to relate in a platonic manner:

*"I felt, he tested me quite a lot kind of saying that all women are whores and they all deserve to die..."* (Alison, 4, 180-181).

*"...it felt like he was going 'what are you going to do with that now, you know, I've just shown you how angry I can get, what are you going to do..."* (Alison, 7, 290-292).

In these extracts, Alison appears to be feeling under significant threat, and provoked. This, I imagine, would evoke feelings of fury and fear in Alison. The sex-offender is sexualising the relationship, and belittling her by viewing her, as he perhaps does all women, as an object. There is a sense that she perceives her client to be a predator and feels hugely vulnerable. It is as though she feels presented with a test where she must prove that unlike all other women she is not a whore and has something else to offer. Whilst one might imagine a strong inclination to terminate the session in order to escape the situation, Alison instead appears to rise to the challenge in an almost confrontational manner herself:

*“...I’m going well screw you, I’m not gonna be scared of you, you know. You don’t have that, you’re not going to intimidate me like you intimidate kind of other people and that doesn’t scare me off.”* (Alison, 5, 227-229).

Alison is seen to respond to the sex-offender in the same way as he did her; similarly, drawing upon sexualised language with her words ‘screw you’. It’s almost as though she is repositioning the ‘screwing’ by saying ‘screw you not me’. There is a sense that she wants to give a clear message that she will not be ‘screwed over’ by him. She instead seems to be counteracting his attempts to have power over her, positioning herself on a more equal level; noting that she will not be intimidated or scared off by him. She appears to be communicating with him on his level, in order to reach him with the message that he cannot push her away and that she is there for him. It seems to me that this experience is similar to some sort of endurance test whereas for Rhiannon it seems more like an initiation test. Whilst Rhiannon’s experience of the test may be less sexualised, again there is a strong indication that Rhiannon also has to model and facilitate the experience of an appropriate and positive relationship:

*“...it’s that testing stuff you know, it’s about kind of testing (...)whether you’re gonna be there for them, whether you’re gonna be competent, whether you know what you’re doing whether you’re gonna, (...)be able to understand them all of those issues are tested out in in that relationship either through not not co-operating or not engaging or being quite angry...”* (Rhiannon, 9, 432-437).

Rhiannon describes various ways in which she feels that the sex-offender is testing her. She seems to consider that she is under pressure to prove to the sex-offender that she will



be there for him, competent enough for the job and that she'll understand him. Rhiannon appears to be under severe scrutiny by the sex-offender as she is faced with this test. The test is to interpret the client's challenging behaviours in order to decipher what is being communicated. This seems to make the job incredibly difficult as she tries to understand why he is not co-operating, why he is not engaging and why he is angry. In making sense of his behaviour, she has to understand that he is testing her commitment, competence and capacity to understand him; a test that she must pass with flying colours. The competencies being tested are discussed in absolute terms. There is no margin for error which means that the therapist cannot fail because to do so means that she fails her client and possibly herself. This, of course, must place an onerous burden on the therapists which must in turn heighten their anxiety and force them to draw on all of their resources. I get the impression that Rhiannon feels as though she is almost defusing a bomb as she delicately digs into sensitive ground, trying to uncover the problem whilst avoiding an explosive reaction that could rupture the relationship entirely. Later in the transcript she describes feeling as though she is placed on a pedestal by the sex-offender who wants her to be able to "read his mind" and that it is "difficult to be flawed as a therapist" because if she doesn't pass the tests she will be "banished". She seems to experience these tests as almost impossible tasks yet feels a pressure to be perfect if she stands any chance of making a connection and establishing a therapeutic relationship.

## **4.2 OVERCOMING BARRIERS TO THE RELATIONSHIP: *CONTENDING WITH THE CONTEXT***

This second master theme reflects a level of progression in the therapeutic relationship. The social and political context of offending behaviour emerged as a significant feature in most participants' accounts. Power dynamics within the dyad were seen to be heavily

influenced by the prison and society as a whole. There is a sense that this almost acted as a wedge between the two individuals who, in this instance, are attempting to connect.

#### **4.2.1 Battling with victimization created by prison and society**

This first sub-theme was prevalent in seven of the therapists' experiences. It seemed that society and the prison hold very firm views as to what a sex-offender is and what should be done to them. For example, Mel notes how sex-offenders are viewed as "scum of the earth" (Mel, 9, 393-394) and Alison refers to society's philosophy which suggests that society should "lock them up and throw away the key" (Alison, 12, 551). Both Rhiannon and Georgina deliberate over the effect that this has on the individual who, when marginalized, is almost pushed underground. Alison also highlights the ill-treatment of sex-offenders in the prison environment stating that she has witnessed officers "rag" (Alison, 9, 414) the sex-offenders and "treat them very badly" (Alison, 9, 414-415). Many of the therapists implied how exposure to these views and the treatment of sex-offenders was a constant battle within their role: firstly, in terms of managing the conflict with the Counselling Psychology philosophy and secondly, in managing the impact that the victimization has on the client.

Overall, it appears that the context in which the therapist works and the views of society have the potential to shape the therapist's perception of and approach to the sex-offender. Therapists described a range of language and labels used in the media and by staff in forensic settings when referring to sex-offenders. Examples included: 'grooming', 'manipulative', 'monsters' and 'scum'. They stress the need to 'challenge' this 'witch hunt' or become 'defensive' towards it, which indicates their opposition to this view of their clients. It seems vital for them to resist this in order to access an alternative

perspective of their client which is perhaps supported by 4.3.2. Whilst holding such judgmental views of the client, arguably the therapeutic work might be impossible. However, there is a sense that at times the therapists can actually fall into this judgmental position themselves. For example, Mel describes how sex-offenders are “not really that different. (...) they could be your next door neighbour (...) they’re just humans like us at the end of the day” (Mel, 1, 45-47) and at a later point describes them as “more likely to be manipulative (...) try and groom you, (...) try to get you to collude with them” (Mel, 4, 180-181). Similarly, Alison notes how she “would still treat them the same as everyone else” (Alison, 10, 438) and later notes how she was “guarded outwardly” (Alison, 3, 129) when working with prisoners. Participants described a constant, sustained attempt to battle against this judgmental stance in order to maintain a therapeutic approach. Nick described how prison regime restrictions and the preparatory training he received about ‘grooming’ all have the potential to distort one’s professional identity. Nick’s experience is reflective of several of the therapists’ accounts who describe a battle to maintain their sense professional identity in order to avoid colluding with the victimization of their client:

*“...all the other things you have to be aware of which can distort, if you’re not careful, can distort your (PAUSE) personal, or professional identity rather, (...) in that, you know it’s a kind of am I am I a therapist, am I a psychologist, am I a policeman (...) am I protecting, am I assessing risk, am I offering somebody help...”* (Nick, 2, 103-106).

Nick appears to be alluding to a real struggle to avoid falling into a variety of forensic roles characteristic of the prison setting which have the potential to influence his role as a psychologist; to monitor risk and police his clients. These demands appear to confuse him given his continual repetition of the words ‘am I?’, as if he is unsure of his role and

identity as a psychologist working in a prison. Perhaps this mirrors the ambivalence between society's desire to punish, rehabilitate and contain. He seems to take great care in maintaining his awareness of these demands which pose a threat to his professional boundaries and identity. For example, later in the transcript he describes an incident with a client where he became suspicious of the client's requests to see a female therapist. On reflection, he concluded that had he not been working in a prison he would not have assumed that there was anything strange about this. Similarly, other therapists spoke of their involvement in various acts which may not be traditionally associated with Counselling Psychology, such as Mel's reporting of a client who had breached a prison rule.

Rhiannon reflects the experiences of the five other therapists who all described the impact that this victimization actually had on the client. The effect of this on the sex-offender appeared to bring yet another dimension to contend with in the work:

*“If you've committed a sexual offence and then you're segregated and you worry not only because of what's going to happen to you but about fear of how it's going to be perceived by other people, it adds all those extra elements of distress and so the level of self-harm is actually more severe in a lot of cases (...) and the problem was a lot more complicated...”*  
(Rhiannon, 2, 71-75).

Rhiannon describes how she has to contend with high levels of self-harm, distress and fear. She seems to make sense of this in terms of the victimization that the client is subjected to by society and in the prison. For example, she refers to the worry that her client has about how he is perceived by others and what will happen to him within the prison context and

ultimately outside. This was also highlighted by Josh who noted that “the way they are portrayed on TV or in the media” leads to the sex-offenders having concerns about “what’s going to happen to them when they go out” (Josh, 13, 603-605). There is a sense that the prisoner is victimized by fellow inmates and fears society’s retribution. This makes the therapist’s work with sex-offenders far more complicated than other offending groups as they bring more than their presenting problem to the therapy. Additionally, Rhiannon’s reference to the client’s fear of how he is going to be perceived suggests that she may also have to contend with his fear of her perception of him. Throughout the interview, Rhiannon makes significant reference to the initial lack of trust in her clients as indicated in 4.4.3. I get the impression that some of the challenge and difficulty that the therapists experience within the therapeutic relationship may be the struggle to prove that they can be trusted, that they will not victimise or judge the sex-offender as others do. It feels almost like a juggling act as they try to attend to the multiple areas of the work within the therapeutic relationship.

This concern about the victimization by society, not only in terms of the individual and his distress, but also the potential increase in risk that this might pose was seen across many of the therapists’ accounts:

*“...stigma and pop, psycho-pop psychology (...) that goes (..) around sex-offenders. There’s a lot of myths that are held within the newspapers (...) and within culture (...) that I think needs to be challenged and (...) looked at. (...) I think there’s a lot of dangerous practice that that the media have got to be accounted for actually...”* (Georgina, 16, 738-744).

Georgina seems to attribute the victimization of sex-offenders to myths within the media and that have emerged within our culture overtime. Her reference to “dangerous practice” suggests that she believes that the ‘stigma’ placed on the sex-offender has the potential to cause great damage which she discusses later in the transcript. She notes the impact that this can have on the individual in terms of shame and discusses how this “witch hunt” (Georgina, 16, 748) creates a “culture of suspicion” (Georgina, 16, 756) and an anxiety within society. There is a sense that the offender is subsequently at risk from vigilantes, for example, and is at greater risk of not integrating within society. This was discussed by several of the therapists. For example, Rhiannon describes how “sex-offenders are shunned from society” (Rhiannon, 12, 545) and raises concerns that “if we continue to demonise them and turn them into monsters we perpetuate this idea that they can’t be with society, they are not good enough for society and push them underground” (Rhiannon, 12, 547-550). Mel was reflective of a number of the therapists when she said “I kind of get defensive for them” (Mel, 9, 413). This gives the impression that the therapists feel the need to assume the role of advocate which places yet another demand upon them.

#### **4.2.2 Feeling elevated to a position of power**

Six of the eight counselling psychologists reported the notion that the sex-offenders placed them in a position of power. This position seemed imposed upon them by virtue of the prison environment. For example, Josh refers to the expectation within the prison that prisoners should be ‘obedient’ and that prison officers should assume an authoritative position. Simon also discusses the power held by external agencies over the client which ‘impels’ the client to engage in therapy. The therapists seem to struggle with their client, seeing them as part of this authoritative collective. Given that the therapists are not working independently of these organisations and regardless of whether this setting is in

the community or a prison, the sex-offenders are subject to a variety of restrictions serving to limit their autonomy for example: imprisonment, the sex-offender register, sex-offender orders (that bar offenders from certain activities and areas), surveillance (which can include electronic tagging), licence conditions and supervision from probation. Subsequently, the therapists face a significant conflict and perhaps an impossible task in adhering to their own professional practice guidelines which emphasise the need to “recognise social contexts and discrimination and to work always in ways that empower rather than control” (BPS, 2005, p.2) and “know empathically and to respect first person accounts as valid in their own terms” (BPS, 2005, p.1). Two participants discussed the impact of this dynamic on the way in which the sex-offender would initially relate to them:

*“...because of the way they are expected to be in there, (...)they were looking up to you and (...)had to be obedient and do what they were told (...)for quite a while to call me actually sir, (...) that felt a bit odd at first but (...)as I (...) started to work with them and the relationship grew, that that tended to change a bit but that’s how it was as if they were looking up as me as an authoritative figure...”* (Josh, 5, 209-215).

As previously mentioned, Josh describes how the context imposes a set of expectations on the sex-offender as to how they are to behave. He describes feeling as though his clients look up to him and expect him to tell them what they have to do. This appears to create a real struggle for the therapists who do not see themselves in this position yet ultimately are not prisoners and do hold keys which restricts the individual’s liberty. Whilst this may change over time as seen in 4.2.4, it is as if the therapists must redefine themselves to enable the relationship to work. Josh describes how this “us and them” (Josh, 5, 205-206) situation “felt a bit odd at first” (Josh, 5, 212) but noted that as the therapeutic relationship

grew it developed in to something that was on “more of an equal footing” (Josh, 5, 192). Josh experiences a level of discomfort at being related to as though he is in a position of power over the client. He seems to value the therapeutic relationship as a tool to address this and I sense that this is very important to him given his later point in the transcript: “he grew to know me the way I wanted him to as um more of an equal” (Josh, 5, 205). This dynamic can be seen to change over time and it is apparent that Josh feels more comfortable with this transition. Being seen as an authority figure was also reported by Nick:

*“Their attitude is sometimes distorted because we’re seen as part of the establishment, I could get called “boss”, I get called “gov”, um, people call me “sir” and step back and let me through doors first...”* (Nick,7, 289-291).

Nick appears to see himself as separate from the establishment, given his reference to the sex-offender’s attitude being distorted. He describes how the clients see him as being in a position of authority, stepping back to allow him through a door first rather than viewing him as an equal. This second BPS guideline (mentioned above) might be particularly difficult for the therapists to meet, given what Nick goes on to say in his transcript and Simon’s extract below. Nick highlights that “it would be very easy to fall into the trap of directing a session” given the client’s level of “compliance” (Nick, 7, 317-319). It feels that this compliance could make it very difficult for the therapists to respect what the client is saying when they sense an underlying agenda. This may subsequently leave the therapist unsure as to whether therapy is working or not. On the face of it therapy might appear to be going well, yet to challenge the compliance means questioning the efficacy of the treatment which must pose the therapist with a dilemma. This may also indicate a further



power struggle between the therapist and client, where the compliance actually positions the client with the power, leaving the therapist in a position of uncertainty and essentially handicapped. Arguably, the findings of 4.3.2 may support this, given that the offence is rarely mentioned or discussed in therapy. This might suggest that the therapist adopts a passive role in relation to challenging the offence leaving the sex-offender to, almost control the direction of the sessions. Whilst the therapist makes overt efforts to give the sex-offender a sense of power, this is perhaps superficial given that it might well be the sex-offender holding the power. This difficulty in reading the sex-offender is discussed by Simon in relation to his struggles with his client viewing him as an authority figure:

*“...how much can you rely on (...) what you’ve got in the session (...) you’re treating them because they’re in some way impelled, (...) to attend sessions (...) and impelled to do that by some external agency and usually ‘cause of the court (...) so (...) their enlightened self-interest is to convince you that they’re not doing it.”* (Simon, 6, 250-259).

In contrast to the other therapists, and specifically the extracts above, Simon does not appear to experience any transition from this dilemma. He speaks very much in the present tense, describing how he feels as though the sex-offender is not being open with him and instead, trying to tell Simon that he is not offending. He seems suspicious of what the client says in sessions, and very uncertain of the client’s agenda. Simon finds meaning in acknowledging the client’s lack of autonomy, highlighting how they are impelled to attend sessions. There is a sense that the sex-offender perceives Simon to be in a position of power in line with the courts which impacts significantly on the therapeutic relationship. It is as if Simon views this as an inevitable and inescapable dynamic unlike the other therapists who assume clients have the ability to manage or overcome it. Thus the therapy

becomes more onerous for the client, which he perceives as a means to an end. The client is therefore engaging in therapy because it is required, not because he particularly wants to. External forces are impacting on the therapy rather than the client's own desire to engage which provides a particular challenge for the therapist who has to convince the client of the true value of the therapy.

### **4.2.3 Assuming a position of power to manage the anxiety**

In contrast to 4.2.2, where the sex-offender responded to the therapist as if they were in a position of power, here the therapists actively took on a position of power over the sex-offender. This sub-theme was reflected in six of the participants' accounts and illustrates how the nature of the work can provoke great anxiety in the therapist and consequently the therapist may in some way take on a position of power over the sex-offender. Most participants at some point described an anxiety about the risk they perceived their client posed. References were made to risk indicators, risk assessment documents, risk training, high-risk strategies, and levels of risk. Georgina actually made twenty-seven references to 'risk' during her interview, noting the pressure on getting this work right. Similarly, Mel spoke about how hard it was to let go and Simon highlighted how it was easier going home knowing where his client was and how fences [custody] make the work easier. Similarly, Jean referred to a "fear factor" in the work (Jean, 7, 291); Alison described feeling "weirded out" (Alison, 5, 225) by one of her clients and Rhiannon discussed the need to keep herself "safe" (Rhiannon, 2, 86) and be more "aware" (Rhiannon, 2, 84) when working with sex-offenders. The way they responded to this anxiety seemed to draw on their position of power. For example, Mel found the prospect of her client's release "quite scary" (Mel, 4, 159) given his thoughts related to future offending and went on to describe her liaison with various departments to ensure his release to a high security hostel.

Similarly, Georgina described having instigated a client's admission to hospital. This particular extract illustrates her experience of this struggle with the power dynamic:

*“I think probably the movement from er treatment more to (...) risk management he will have encountered as punishing (...) and I think that no matter how I'd negotiated that with him, discussed that with with him, talked about that with him, he still would experience that as as quite punishing.”* (Georgina, 10, 433-436).

Georgina describes how she actively directed the therapy sessions away from a treatment model to a risk management approach where she assessed, monitored and made judgments about the level of risk that her client posed. I get the impression that Georgina felt very anxious about the risk that this individual posed as she later described how it was “incredibly hard to just sit with not knowing with him” (Georgina, 11, 479). Sitting with this uncertainty seemed to be too anxiety provoking for her and this appears to have driven her to adopt a risk management approach with this client instead. Adopting a more powerful stance in the work seems to have helped ease her uncertainty and anxiety, and Georgina subsequently described a greater sense of direction and certainty in her clinical work with this individual. Therapists acknowledge how, at times, their client may experience them as punishing yet for some, this does not seem to alter their approach in anyway. It is as if the client is perhaps being punished for not being a good client and making the required changes to his behaviour. When the client actually recognizes this as punishing, it reinforces the fact that the therapist is very much in control of the sessions and the focus of the sessions. For example, Mel discussed her use of this control when referring to her client, stating that “he got quite angry (...) so I had to put a stop (...) to the interview” (Mel, 4, 155-156). This gives the impression that she also controlled what could

be explored, based perhaps on what she felt anxious to address or sit with. Rhiannon describes how “you almost had to be a bit more multi-disciplinary working with that group than you would with other offenders” (Rhiannon, 2, 90-91) which is again suggestive of a power imbalance, as though she needs ‘backup’.

These individual experiences are reflective of a more general dilemma facing all of the therapists. In order to manage their anxiety and the risk posed by the individual, at some point they perhaps *have* to adopt a position of power. This significantly conflicts with the aforementioned BPS Professional Practice Guidelines (2005) which stress the need to “empower rather than control” and the person-centered emphasis on the centrality of the therapeutic relationship. This power struggle raises complex questions regarding the validity of therapy within forensic settings. For example, as noted in the earlier literature review, it is the relationship which is deemed to be directly healing and facilitative of change (pp. 9). A relationship which involves one party imposing power over the other could be argued as abusive rather than therapeutic. Arguably, therapy within this context may cause more harm than good. This extract from Georgina may well support this, given how punishing she believes the client experienced her. Simon describes how he feels that it is the psychologist who is responsible for the level of risk posed by offender and how other professionals expect him to bring about change to the client’s behaviours. Like Georgina, he also refers to his experience of anxiety in some depth:

*“...That leaves me feeling... what’s that (...) Dutch story about the kid, little boy finds a hole in the dyke, sticks his finger in there (...) so (...) he stops the town from being flooded, but he can’t take his finger out the dyke to go and warn the town...”* (Simon, 8, 347-351).

In this extract, Simon draws on a well-known folk story as a metaphor for his feelings of being stuck, as if he alone is the one responsible for stemming the flow of danger to the community. Interestingly, Simon emphasises the fact that the boy is both a “kid” and “little” which is in direct contrast to both the large dyke and the potential catastrophe of the town being flooded. The boy’s dilemma is whether to stop the flow of water or alert the town. Either way there is no obvious solution to the problem. This suggests that Simon feels as if he is in a similar situation. He has only his limited skills to avert a potentially horrific offence while his client is in the community, so that there is no obvious solution to his problem either. This metaphor suggests that Simon has little confidence in his ability to prevent something unfortunate happening, just as the little Dutch boy had little hope of resolving his dilemma satisfactorily. Both the little Dutch boy and Simon feel the full weight of this responsibility firmly upon their shoulders. There is a strong feeling of helplessness as they temporarily restrict the risk rather than stopping it entirely. This dilemma is reflective of Mel’s experiences where she describes the difficulty she has in “letting go” (Mel, 4, 168), knowing that her client will one day be released from prison. There is the sense that the therapists can sometimes feel as though their efforts are just a drop in the ocean, that ultimately it will not change anything but simply delay the inevitable. Towards the end of the interview, Simon describes viewing things more in terms of “management and control” now. It appears that he resorts to using all of his available power to reduce the level risk, in order to manage the intensity of his own anxiety.

As indicated in 4.3.2, this tension does not seem as apparent in the majority of other participants’ comments who instead generally discuss the fact that their service remit does not stretch to addressing the offending; unlike that of a forensic psychologist. Perhaps this

ability to sit with the risk posed is easier for those participants given that they all work in prisons where the risk becomes minimal. This may account for their detailed reflection on the therapeutic relationship and the absence of this in Simon's accounts, where potentially the preoccupation with risk means that anxiety is instead his overriding concern. The legal framework is insufficient as it stands to protect the public against the possibility of this client offending. One can only imagine Simon's frustration with the system's inability to protect a potential victim. It is for this reason that Simon later describes in the transcript that "the outpatient work is *much* more difficult" noting that it was "much easier to go home knowing where Johnny was and that's behind a ten metre fence" (Simon, 4, 148-150). The weight of this responsibility appears to affect him deeply to the point that it interrupts his home life in some way. It can be seen that imposing power and control over the sex-offender leaves the therapist feeling a lot more comfortable perhaps because it diminishes his sense of responsibility somewhat.

#### **4.2.4 Counteracting the power-dynamic**

Whilst at times finding that the client responds to them as though they are in a position of power, the attempts made by the therapists to counteract this proved to be significant in four of the transcripts. This can be seen throughout Mel's transcript as she continually refers to words such as 'we' and 'working *with* them', indicating a collaborative and mutually involved interaction. Similarly, Jean describes being almost sociable with her client outside of the therapy session which gives the impression that she feels it important to refrain from adopting a remote and overly professional image. Nick and Josh demonstrate this notion particularly well:

*“...I actively sometimes resist that by letting the man go first and sometimes by inviting him to walk through the door first, to counteract that white coat institutionalised image...”*  
(Nick, 7, 293-295).

Nick’s use of the word ‘resist’ infers that he has to make a conscious effort to avoid a dynamic which he might otherwise automatically adopt. His reference to the ‘white coat institutionalised image’ is almost derisory, setting aside the traditional notion of a doctor who seeks to elevate his position above others by sporting the white coat. By inviting the client to walk through the door first, Nick challenges traditional social conventions and at the same time shows respect to the client. Nick discusses at some length in the interview, his efforts to diminish his client’s sense of subordination by actively attempting to give them this sense of power. Given that Nick is also a relational practitioner I get the feeling that he places a great emphasis on the healing power of the relationship itself. It is as if an unequal power dynamic would act as a barrier or obstacle to this and subsequently he works hard to put the relationship on an equal footing. Attempts to counteract the power imbalance were also discussed by Josh:

*“...not force them to do it but discourage them from doing it (taking a subservient role) and giving them the opportunity to (...) show more of what they wanted or what they were looking for (...) rather than what I wanted them to do.”* (Josh, 6, 248-252).

Similarly, Josh describes trying to promote a sense of autonomy through encouraging the sex-offenders to express their will rather than his own. It feels important for him to give something back to his clients, namely the opportunity for them to direct the sessions. He

seems very client led and person centred in his approach with the client which could be explained by his humanistic approach to therapy.

It is as if the therapists are very aware of the dilemmas surrounding power dynamics and the subsequent effectiveness of the therapeutic relationship. Participants' accounts suggest that all therapists worked hard to resist the assumption that they are directing or controlling the interaction which seems to be an implicit belief in the client as a result of the setting. They appear committed to endorsing the belief that it is an equal two-way relationship, yet the extent to which this can be enough strikes me as questionable, given discussions in 4.2.3. Therapists are presented with an almost uphill battle as they contend with the power imbalance that is automatically imposed by the setting and their own level of professionalism. They work hard to stay true to the counselling psychology philosophy with regards to client power but appear to find it difficult to diminish this aforementioned power imbalance entirely and resist aligning themselves with the institutional power during times of great anxiety regarding risk, for example. Despite their efforts, it seems impossible for the therapists to divorce themselves completely from an institutional body of power which might account for some of the 'testing' in 4.1.4 and lack of trust held by the sex-offender in 4.4.3.

### **4.3 ESTABLISHING A RELATIONSHIP: *FEELING A REACTION YET MANAGING A RESPONSE***

This master theme aims to encapsulate the emotional struggle faced by the therapist when attempting to establish a relationship with the sex-offender. Accounts of this experience seem to suggest some movement from the previous master theme to a stage where both the sex-offender and therapist are both making efforts to establish a relationship. Participants



seemed to experience strong hostile reactions at times towards the sex-offender and worked hard to find more helpful ways to respond.

#### **4.3.1 Protecting the self and other from the therapist's reaction**

A number of the participants seem to experience a reaction to the sex-offender which they perceive as unhelpful or destructive in some way. For example, Georgina emphasises how this is “utterly counter-therapeutic” (Georgina, 6, 263) and Mel highlights how she feels that certain reactions can make the work impossible. This must present a challenge for all therapists but Mel brings this sharply into focus when she says that ultimately it would have meant her giving up her career had she not been able to find a way to manage her reaction. Participants were concerned that their reactions had the potential to make the sex-offender feel as though he is being punished or impede a successful therapeutic outcome. This sub-theme illustrates the various ways in which participants tried to protect him or herself and the client from this reaction:

*“...unless you can do things like um intellectualisation, unless you can do things like sublimation, you're not going to be able to do the work. You're gonna kill 'em. (...) So in the end, (...) you need really good ego defences...”* (Simon, 5, 215-217).

For example, Simon describes a significant struggle with his reaction to the sex-offender, battling with almost murderous impulses. His reference to wanting to “kill ‘em” demonstrates the extent to which the work has so deeply affected him, which is also illustrated in 4.2.3. His choice of wording ‘you’re gonna kill ‘em’ really gives a depth of feeling, suggestive of the severity of his struggle. Whilst Simon highlighted in his feedback to the letter of themes, that he did not feel intellectualisation was solely a defence but also

an integral element within the scientist/ practitioner stance, there did seem to be an emphasis in his account on the need for defences. As interviewer, I was struck by a feeling that Simon was almost drowning, desperately grasping at the various defences that he could use to protect himself and the client. He reels them off: ‘sublimation’, ‘intellectualisation’ and finishes by emphasising his point, ‘really good ego defences’. He appears significantly troubled by the work, unable to access compassion or hope which seems to give rise to the desire to just get rid of the sex-offender. It is as if he is demonstrating signs of burn-out. He is left struggling with intense emotions towards the sex-offender which he has to turn into thoughts or constructive acts in order to manage. Using the intense feelings evoked by their clients was important to a number of the therapists. For example, Georgina describes how her reaction gave her insight into how vulnerable her client was and stopped her “taking for granted the level of risk that that individual would pose”. Similarly, Jean refers to this “counter-transference” (Jean, 5, 204) again indicating a level of insight gained from this experience. Returning to Simon’s extract, there is a real sense that in the face of his inability to demonstrate congruence and empathy he must instead implement defences by cutting himself off from his emotional reaction to protect himself and the client from the consequences of acting on his impulses. Like Mel, he is afraid that if he does not succeed in managing his reactions, he would not be able to do the work. This need for protection is also identified by Nick:

*“...you still have to guard and protect against them getting a hook into you and falling for it, getting sucked into that, pulled into that kind (...) of game (...) where you find yourself rejecting your client, or actively avoiding or resisting...”* (Nick,18, 812-816).

Nick also appears to be describing the use of defences firstly, to protect himself from the sex-offender and secondly, to protect his client from his subsequent response. There is a sense that he appears to feel vulnerable as he reports not wanting to ‘fall for it’ which indicates that he is almost suspicious of the sex-offender; as if his client is going to trick him some way. His use of the word ‘hook’ is also very powerful. This creates an image of him feeling as though the sex-offender can catch him and reel him in almost like a fish. The sense of getting ‘sucked’ or ‘pulled’ in, is suggestive of Nick feeling as though he is perhaps floundering in deep waters. This again implies a feeling of powerlessness or helplessness which is similar to 4.1.2. However, the emphasis of this extract appears to be on the struggle not to reject, avoid or resist his clients; a reaction, I imagine he feels would be harmful to the client.

This seems to present all of the therapists with quite a conflict as they indicate this strong impulse to almost shut themselves down in order to “guard against” the sex-offender as opposed to remaining exposed, open and relational. It is as if they sometimes need great control to manage their responses towards the sex-offender in order to protect the client and safeguard the open nature of the relationship. An extract from Georgina vividly illustrates her need to protect the client from her reactions:

*“...what you don’t want to do is let that fury out within the counter-transference, which is very very easy to do (...) it would be incredibly punishing of me to punish somebody (...) I have to be shocked. (...) I have to be angry, (...) but (...) it’s not helpful for that individual to experience (...) rawness of that (...) what my task is to do is to process that, not only for me, but for also the individual (...) to maintain the (...) positive therapeutic (...) outcome...”* (Georgina, 6, 262-287).

Georgina's use of the word "fury" suggests that she is enraged, at times, by the crimes committed by her clients and struggles to keep this to herself. She seems to work hard to harness this reaction and avoid it being unleashed, in a very punishing way, onto the client.

Therapists made references to various ways in which they would attempt to manage their reactions to their clients. Their descriptions create an image of an inner vault which enables the therapists to contain or hold the emotions within; as illustrated in Georgina's reference to not letting the fury out and Rhiannon's use of her 'solid core' (Rhiannon, 7, 329). Similarly, in their discussions about supervision, therapists describe how they 'process' the emotion as indicated in 4.3.4. The term 'process' infers that at some point the therapists are able to expel these feelings and that they do not want to be left with them after they have served their purpose. This again supports the notion that the therapists also need to protect themselves from the intensity of their reactions. Whilst it feels that it is important to the therapists that they protect both themselves and the client from the destructive nature of their emotions, several therapists also discussed the value of these emotions. For example several therapists discussed the risk of becoming 'hardened' or 'desensitized' which risks the therapist colluding or appearing accepting of her client's behaviour, as highlighted in 4.1.1. It must be difficult for the therapists to find a balance between expelling the emotion for both the therapist's and client's protection and holding on to the emotion to inform their practice.

### **4.3.2 Bracketing the bad to cope with the good**

This second sub-theme, emerging in a number of transcripts, reflects another possible defence. This is an important theme illustrating the fact that a sex-offender therapist might

not actually want to look at the sex-offence. It is a reasonable assumption to make that the sex-offence would enter the therapeutic relationship at some stage yet participants' accounts suggest that they made significant efforts to either ignore it altogether or actively keep it out. Hearing about the offending and the offence proved particularly difficult for the therapists as previously illustrated in 4.1.1. Here references were made to the sexual offending leaving the therapists feeling as though the client had got under their skin, in their head or saturated by them. Whilst in some instances, avoiding a discussion about the offence appeared to be in some way in line with their 'service remit' it certainly seems as if it felt easier to establish a relationship when offence related material was removed from the therapeutic relationship:

*"...because the remit of my service was around self-harm and managing distress (...) at some level I could sort of distance myself from the offending (...) the (...) sexual offending is almost the elephant in the room..."* (Rhiannon, 2, 58-63).

Rhiannon's metaphor of the elephant in the room suggests that the sexual offence itself, despite being the very reason offenders were receiving treatment, was paradoxically rarely mentioned in therapeutic work. Whilst Rhiannon comments that this distance from the offence was somewhat as a result of the remit, the fact that she says 'I could' indicates some level of intent or desire to avoid the offence. Her reference to the offending as an 'elephant in the room' suggests that Rhiannon experienced it as an obvious truth which she tried to ignore and that went unaddressed. Yet the associations that go with an elephant suggest that for Rhiannon, the offending was massive, obtrusive and will not be forgotten. The impression that she wanted to forget it, and to not confront it, is supported in another section of the transcript:

*“...when you hear about what it is that they were in for and what the kind of nature of... you didn't want the detail, you didn't actually want the detail...”* (Rhiannon, 11, 489-491).

Other therapists also discuss active efforts to avoid finding out what the sex-offender's offence was. For example, Josh highlights how he “didn't look to see what the offence was” (Josh, 2, 82-83) before working with them and Alison highlights how she “tried to not look at the offending behaviour before meeting the client” (Alison, 9, 425) and “tried to put the sex offending part of it to the side” (Alison, 9, 430). This suggests that they also did not want the ‘detail’. It might be suggested that the therapists were concerned that having that information prior to meeting the client would prejudice their view of the client. It feels to me that the pre-conceptions or judgments that might arise in a therapist, who is privy to that information, would be very difficult to manage. Given the importance of seeing their client as ‘human’ (as indicated in 4.3.3) it is hardly surprising that the therapists feel the need to ‘bracket’, ‘avoid’ or ‘distance’ themselves from the offence. For example, Mel vividly describes her wish to avoid offence-related material in the work:

*“...I did avoid certain (...) topics when I was working with a client. So if they went into (...) something that was causing them concern that was offence related I might steer them away from that (...) obviously that's not good for a client if that's what they want to explore...”* (Mel, 12, 529-532).

It can be seen that Mel struggled to listen to the offence related material and subsequently directed the session away from this to protect herself, despite perceiving this to be

detrimental to the client. This is supported later in the transcript where Mel described the need to initially bracket the offence in order for it not to bother her as much and noted that early on in her career she considered having to possibly leave the job as a result of the impact that it was having on her. Participants' accounts in general suggest that bracketing issues relating to the offence made the work possible. Therapists experienced the offence related material as significantly distressing and traumatising, and the use of defences enabled the therapist to avoid pre-conceptions and manage an appropriate response.

### **4.3.3 Finding the human through understanding the sex-offender**

This sub-theme reflects the sense that at times it was difficult to see the sex-offender as human. Every single counselling psychologist directly used the term 'human' at some point during their interview. It felt really important for the therapists to access this view of the sex-offender as human in order to establish a relationship with them. Whilst therapists at times appeared to struggle with their own negative judgments towards the sex-offender, using words such as 'wicked' and 'damaged', it felt that accessing an understanding of their client helped to overcome this and subsequently aided the therapist in establishing the relationship. Georgina is a particularly good example of this dilemma:

*"...challenging my sense of humanity (...) there's (...) been times where (...) it's been hard to maintain (...) me being able to see this person as a human being (...) rather than (...) just wanting to, (...) wipe this person away and not want this person to be in the world (...) because of (...) what they've done, (...) that personally has been really quite tough, (...) it's incredibly tough..."* (Georgina, 14, 666-673).

Georgina explicitly describes how hard she has found it to maintain the view that the sex-offender is human. This experience was shared by many of the therapists. For example, Simon questions “if you’re human how do you manage to do that” (Simon, 4, 169-170) and Jean refers to the struggle to see him as a “human being and not a product of what he’s done” (Jean, 3, 133-134). Georgina also notes that this has challenged her sense of humanity. This implies that where she has struggled to see the sex-offender as human, she has lost the quality of being humane, and also lost her sense of empathy or compassion. It is as if she might have to see them as human in order to maintain her own sense of being human. Therefore, by seeing the sex-offender as human the therapist might be defending against the possibility that they too are capable of these acts. This may also explain the prevalence of this reference to ‘the sex-offenders as human’ throughout all the transcripts. The prevalence of this reference throughout the transcripts almost loses the credibility of the statement. The therapists’ claims almost become too elaborate, too insistent. Arguably, these claims serve the purpose of indirectly defending the therapists’ own sense of humanity. In order to find the ‘human’ in the sex-offender, it appears that many of the therapists worked hard to find some way in which to understand the sex-offender’s behaviour in order to conceptualize it perhaps as a ‘normal human response’ to a certain condition:

*“...sex-offending could be seen as (...) a re-enactment of an offence that’s happened against the individual, (...) unless (...) I have that understanding I wouldn’t have been able to work with some people who sexually offend because it is an abhorrent act without a certain doubt...”* (Georgina, 2, 85-97).



Georgina emphasises the value of understanding the sex offending as a re-enactment in order to make the work at all possible. There is the sense that she just could not do the work without an understanding. It seems that the abhorrence of the offending overshadows the offender and that the therapist really struggles to see beyond this. Whilst several therapists mused over varying theories to find an understanding for the offending, the idea that the sex-offender was in some way a victim himself did seem to predominate:

*“...hearing their story and seeing them for for what they’ve brought in terms of, if they’ve been a victim themselves that’s played quite a big role. It’s certainly helped in the focus and the maintaining of the professional boundary (...) but it’s very easy to slip into that (...) judgmental phase (...) of oh well, you tried to rape your own mother what the hell are you doing expecting to be treated (...) any differently,”* (Nick, 21,980-990).

Nick appears really quite angry towards the end of this extract in response to the notion that his client may have raped his own mother. These intense feelings of anger seemingly threaten to rupture the relationship, as indicated by his reference to the professional boundary. It is as if Nick’s emotions put him at risk of disregarding the behaviours deemed professional. However, through finding a level of understanding via his client’s ‘story’ and recognising that his client has been a ‘victim’, Nick seems to subsequently find a way of managing his reaction. This was most apparent when he stated that he doesn’t “see the abuser, I see the abused” (Nick, 4, 169). Viewing the sex-offenders as victims themselves seems particularly important to a number of the therapists. Given the prevalence of the reference to their clients being victims, the therapists perhaps found this particularly helpful in enabling them to access an understanding of how a human could commit such an inhumane act, which subsequently assisted them in viewing their client as human.

Alternative approaches referred to the need to see the bigger picture and again emphasised the struggles or difficulties that the sex-offender fell victim to. Jean for example, describes the need to not just see the offence but instead, “the *whole* history of that person (...) their environment and everything that affects them” (Jean, 8, 372-373). Mel also notes how “they are a human being who has committed a sex-offence but there’s more to them than the sex-offence” (Mel, 10, 473-474), Nick refers to his clients as “human beings in pain” and adds “they have problems (...) issues” (Nick, 17, 769-772) and Rhiannon stresses the need to “think about what was going on for them, what led them to do kind of process things in the way” (Rhiannon, 12, 565-566). Conceptualising the sex-offender as a ‘victim’ or in a victim-like role enabled participants to regain access to their humanity, to their sense of compassion. Rather than giving way to feelings of disgust and anger, this strategy served to help them manage their hostile reactions and allowed them to provide a more measured ‘professional’ ‘response’ to offenders.

#### **4.3.4 Finding resolution through supervision**

This sub-theme illustrates the way in which many of the participants spoke about supervision as a ‘helpful’ forum in which to ‘think about it more’, as an ‘opportunity to explore’, to ‘resolve’ and ‘to process’ and ‘move on’. It appears that supervision provided a safe place for therapists to name their reactions towards sex-offenders and come to terms with their feelings:

*“...it was horrible actually, you feel quite disgusted and I think that’s where supervision is so important ‘cause you can take it to supervision and say this is actually how it affects me, this is how I felt...”* (Jean, 8, 339-341).

Jean discusses feeling a strong sense of repugnance towards the sex-offender and stresses the importance of supervision in being able to voice that reaction. This appears to be experienced as some sort of inner conflict which she feels the need to address. On the one hand, as a therapist she is experiencing a strong physical reaction to the client whilst on the other hand, as a therapist she is trying to give a warm response. Her emphasis in the extract on the need to 'say how it affects her' suggests that voicing this incongruence perhaps has an almost cathartic element to it. Like Jean, other participants' accounts suggest that they too were concerned about their negative feelings and reactions becoming obvious to their clients. For example, Mel spoke of the need to not be judgmental or show shock or surprise when you hear what the client brings. Similarly, Georgina explained how she couldn't entertain the thought of maintaining "therapeutic self" (Georgina, 12, 563) when working with sex-offenders following the birth of her daughter, which she had to "work through" in supervision in order to change her attitudes and Nick stated "I'm constantly sort of monitoring myself to (...) make sure there's no reaction to that"(Nick, 17, 794-795). Simon also highlights intensely difficult reactions towards the sex-offenders as illustrated in his question: "if we're not actually going to kill them then (...) what are we going to do instead?" (Simon, 2, 57-58). He discusses how this is a question he might take to supervision. It appears that supervision provides the therapists with an outlet for these emotions in order to minimise the risk of them being exposed in the therapeutic relationship. Rhiannon also emphasises the need to voice her reaction:

*"...I think it's just being able to say it (...) amongst professionals in supervision and with your colleagues that you are able to say well actually I felt quite disgusted by it or I was*

*quite (...) shocked by it or it made me feel really horrible, (...) you have to be able to communicate honestly about it...*” (Rhiannon, 11, 507-511).

Like Jean, Rhiannon values supervision because it provides her with a place to express her emotions so that they have less chance of uncontrollably manifesting in the therapeutic relationship. In the extract, she places great emphasis on being ‘able’ to say this and communicating it ‘honestly’. Supervision seems to allow her the opportunity to do this. Her use of the word ‘honestly’ suggests that she does not necessarily feel able to be honest about her emotional reaction outside of supervision. This suggests that she might feel a need to hide these feelings in the therapeutic relationship. Supervision appears to provide Rhiannon with support so that she does not feel so isolated by her negative feelings. In the interview, she goes on to describe how “dangerous” it is “if you put that those kind of very legitimate feelings aside” and if you say “I can’t have those feelings, I have to be professional” because “I have to kind of deal with it and talking about it helps”. There is an impression that Rhiannon experiences others as communicating that it is not professional to have feelings of revulsion which she strongly disagrees with. Instead, it is as if she views it as unprofessional to ignore these emotions given their potential to cause some sort of harm as discussed in 4.3.1. Returning to the interview, Rhiannon explains that “once you are able to vocalise, verbalise your own thoughts and feelings about something, you’re able to process them and move on” (Rhiannon, 11, 520-522). Rhiannon finds resolution in supervision to her initial feelings, noting how she can ‘process them and move on’. This sense of progression from the use of supervision was again reflected in many of the therapists’ experiences. Mel discussed how supervision enables her to resolve issues such as not wanting to work with certain clients and Steve referred to how he had thoughts “turning over and over” in his head following a session which he could take to supervision

in order to “work with” it. Likewise, Alison mentioned how supervision gave her “an opportunity to explore” (Alison, 8, 550-551) things. It could be seen that supervision is instrumental in enabling the therapists to demonstrate the qualities of warmth and non-judgment which are synonymous with the establishment of a therapeutic relationship.

#### **4.4 REAPING THE REWARDS OF THE RELATIONSHIP: *OUT OF THE DARKNESS AND INTO THE LIGHT***

This master theme aims to illustrate the transition from the previous stages of the therapeutic relationship. Within the aforementioned master themes there has been a real sense of this work being quite heavy and at times, dark. When describing the relationship as more established and formed, therapists seemed to speak of their experiences differently. At this stage the experience seemed lighter as reflected in the enjoyment experienced by the therapists and growth of both parties.

##### **4.4.1 Enjoying the challenge**

This sub-theme represents the sense of enjoyment that comes with the challenges posed by this work. Participants seem to thrive on the complexity and variety that working with sex-offenders involves. For example, Mel describes not knowing “what client you’re gonna get next” (Mel, 12, 555) or how “complex” (Mel, 12, 555) that client is going to be. Nick also emphasises how rewarding this “challenge” (Nick, 2, 65) and “variation” (Nick, 5, 214) can be and Josh shares this desire for a challenge which makes him “think a little bit” (Josh, 1, 44). Not only does the experience appear to almost keep the therapists on their toes there is also a sense of fascination which Georgina specifically refers to in relation to working with rapists. Nick further elaborated on his experience of the challenge at another point in the transcript:

*“...I also thought this is possibly one of the most challenging client groups that a therapist can ever be faced with (...) it was a bit of a personal test for me as well, I think. (...) so it attracted me from that respect....”* (Nick, 1, 47-50).

This enjoyment of a personal test was reflected in a number of the therapists' accounts. For example, Alison reflected on how people told her the work would be “scary and hard” (Alison, 12, 570) and how she wanted to “take on a challenge” (Alison, 12, 569). Equally, Josh discussed how he was attracted to the work because he has a “thing about choosing to do things that are a challenge and unusual” (Josh, 1, 38-39). The nature of this “personal test” for Nick is described by his later reference to being a father with strong views about “the duty of the male to protect the female” (Nick, 2, 70-71). It seems that for many of the therapists, a significant part of the challenge is whether they are able to sit in front of the sex-offender without judging them. Therapists' references to the sex-offenders' offences included words such as ‘wrong’, ‘bad’ and ‘immoral’ which indicate that they have strong views about what they deem to be right and wrong. I get the impression that at times, their values will strongly conflict with those of a sex-offender's which must challenge their ability to show warmth or respect to their clients. Furthermore, when holding such contrasting values to the sex-offender, it would be understandable that the therapist may want to reject the client and close themselves off from him/her, as indicated in 4.3.1, rather than foster a level of intimacy. Nick describes how this then presents the therapists with the problematic task of “being able to connect and use self in that setting” (Nick, 2, 82) which he explains involves “being open to that other person, to that relationship and allowing it to develop” (Nick, 2, 85-86). This negotiation seems to be hugely difficult, yet there is a

sense that many of the therapists would perhaps not be satisfied with a job that doesn't stretch them professionally. Mel illustrates this point particularly well:

*“...it's a challenge, it's a real challenge because you meet something new every time (...) sounds really awful but it stops me from getting bored (...) challenges me intellectually (...) it also keeps me on my toes. (...) I love training anyway (...) but it keeps me kind of in that cycle of training and kinda thinking actually can I do this better or can I do it differently. (...) Really do enjoy it,”* (Mel, 12, 570-578).

Mel seems to summarize the benefits that the majority of therapists get from this work. Professional development seems hugely important to Mel as she values uncovering new issues which mean that she has to continually evolve as a practitioner to meet her clients' needs and resolve these issues. Her expression of her love for training supports this. Mel does not want to get stuck doing the same old thing but instead wants to be continually stimulated by her work. Training appears to give her the opportunity to explore different ways in which she can do her work in addition to improving her skill set. Mel comes across as hugely passionate about her work and it is as if her work with sex-offenders meets all of her needs. The challenge of the complexity and variation that comes with sex-offender therapy was highlighted by a number of the therapists. For Rhiannon she felt that this is what therapists enjoy because “it's not dull” (Rhiannon, 4, 190-191) and Nick discussed how the challenge of “complex co-morbidities” (Nick, 2, 65) not only gave him variation, but he also found it rewarding. Whilst the work presents the therapists with enormous practical and emotional difficulties, overall, the therapists enjoy how this stretches them. I get the impression that on the whole, the therapists must overcome the majority of the

challenges, dilemmas and struggles in order to actually enjoy them. This is perhaps supported by the following two sub-themes.

#### **4.4.2 Evolving through the process**

The idea that the counselling psychologist evolves through working with sex-offenders seemed significant to five of the eight participants, although mentioned in varying degrees in the remaining three. Several of the therapists refer to an increase in knowledge base. For example, Jean discusses how she now has a much greater understanding of where sex-offenders are “coming from” (Jean, 9, 429). Georgina also highlights how the experience has given her greater “insight into her working practice” through “exposing flaws” (Georgina, 17, 726-727). It is as if she has maybe made more mistakes when working with this client group but that this has prompted a greater reflection of her work. Skill development was also indicated as an area which therapists felt was enhanced through working with sex-offenders. In particular, Jean describes feeling more congruent and a number of therapists describe an increase in compassion and empathy towards this client group. This sub-theme aims to capture this sense of growth and development:

*“I’m a stronger person. (...) I think psychologically definitely, a lot more confident, (...), less judgmental, more empathic, (...). So I think I have grown as a person and again as far as um my opinion changing around sex-offenders, that’s definitely changed...”* (Mel, 12, 539-543).

Mel describes a greater sense of empathy, confidence and a more non-judgmental stance towards sex-offenders than she felt when she first started working in this field. Mel came into the work with some pre-conceived judgments about sex-offenders which the



experience has helped to challenge. This is supported elsewhere in the transcript where she describes not having placed them in the “normal bracket” prior to working with them. It is as if she had initially perceived sex-offenders as abnormal in some way, which is why she found it so frightening to experience them as ‘normal’ as indicated in 4.1.2. I sense that over time being able to see the sex-offender as ‘normal’ and as ‘human’ (4.3.3.) has enabled Mel to relate to the sex-offender and see beyond the offence which, in turn, has developed her ability to empathise with her clients. Alison was another therapist who emphasized this particular point, discussing how having heard sex-offenders’ ‘stories’ she had grown more empathic towards them. Mel appears to have also moved from a pre-occupation with the offence and her feelings of vulnerability to a more secure position. In line with 4.3.4, throughout her interview, Mel emphasised the role of supervision in allowing her to resolve these issues in addition to her use of personal therapy. There is a sense that the therapists grew on a personal level, having worked through these issues. Mel’s increase in confidence is just one example of this personal growth and was shared by other therapists, including Georgina and Alison. Alison described the increase in confidence in relation to how she was able to “face that challenge and go through it” (Alison, 13, 582). This movement from a position of judgment is also reflected in Rhiannon’s experience:

*“...it probably (...) made me more compassionate at some level (...) It made me feel kind of professionally a lot more sort of competent. (...) if you can work with certain groups of people who are particularly challenging, (...) you feel (...) I can do it (...) more consciously competent of your skills...”* (Rhiannon, 12, 573-579).

In this extract she reports a sense of increased compassion. Rhiannon seemed to struggle initially when working with sex-offenders as indicated in 4.1.3 where she felt tested by the sex-offender and questioned her competence. However, having managed to sit with that initial discomfort to enable their relationship to evolve from what she refers to in the interview as ‘testing to a trusting relationship’, I get the impression that this transition gave her a sense of competence. There is an indication within the transcript that her compassion grew as a result of being able to access an understanding of the sex-offender as indicated in 4.3.3. This was again highlighted by many of the therapists with Nick describing how he had become more open-minded having found understanding of how “their experience is related” (Nick, 19, 898). Towards the end of the interview, Rhiannon mentions a book that she read which relates how sex-offenders as people who are not particularly socially gifted, who have been shunned from society for various reasons and for that reason have found that being around children or vulnerable people makes them feel a lot safer. Rhiannon goes on to say that she tries to hold that view whenever she feels her compassion going, in order to help her put certain judgments aside. As also illustrated with Mel and Nick, this growth in the therapist’s compassion was derived from an increase in knowledge and from the experience of the therapeutic relationship which challenged pre-conceptions and enabled them to see the individual beyond the offence.

#### **4.4.3 Achieving an attachment: facilitating change**

Seven of the eight participants refer to having developed a relationship with their clients and the positive changes that occurred as a result. For example, Mel described having a “really good relationship” (Mel, 6, 262) “ninety-five per-cent of the time” (Mel, 6, 261-262). Other terms used by the therapists included; a “really good therapeutic relationship” (Josh, 7, 301-302), a “strong alliance” (Jean, 6, 260), a “definite attachment” (Rhiannon, 5,

237) and “a warm positive attachment” (Nick, 15, 691). Three of the therapists discussed how the relationship facilitated the development of “remorse” in the sex-offender and prompted the client to take “responsibility for their offending behaviour” and speak “honestly and openly”. Josh and Nick also discussed a sense of moving on through the process of self-discovery and working through things. Alison also highlighted the fact that some clients “stopped self-harming” (Alison, 2, 77). Rhiannon spoke in some depth about the changes she saw as a result of achieving an attachment:

*“...there was definite attachment there which is a good thing, (...) I think the quality of it changed (...), he was responsive (...) he spoke honestly and openly, he valued the contact (...) whereas before it was kind of a little bit hit and miss it’s not testing stuff that was going on in the early stages and it felt a lot more trusting towards the end.” (Rhiannon, 5, 237-244).*

It appears that initially Rhiannon and her client found it difficult to connect with each other given how she found it ‘a little bit hit and miss’. However, she describes the fact that the quality of the relationship changed, highlighting the development of an attachment by increased responsiveness, honesty and openness, a valuing of the relationship and the presence of trust. In her transcript, Rhiannon adds that the role of the therapeutic relationship is to change those schemas. Rhiannon perhaps feels that the client has been able to challenge schemas about relationships and others letting him down by modelling an alternative experience of a relationship and achieving an attachment. It is as if Rhiannon sees the sex-offender as expecting to be let down by her in some way. Through being consistent and reliable she is able to offer him a positive experience of a relationship which could be seen as an attempt to facilitate a corrective emotional experience. Other therapists

spoke of the relationship in similar terms, like Mel, who spoke about: “giving them a relationship that they might have not of had previously” (Mel, 6, 274-275). Many of the other therapists emphasised how the relationship as a bond built on trust and openness which allowed for subsequent change. They seem to place great value on the ‘reparative’ quality of the relationship and as a collective, appeared to believe in the notion of a ‘corrective emotional experience’. For example, Josh discussed how the openness, trust and honesty between him and his client enabled the client to “work his way through it and (...) admit that what he did was wrong” (Josh, 15, 710-711). Similarly, Jean described how close she and her client became within the therapeutic relationship which she attributed to “treating him very warmly etc (...) and using all the core conditions”. She continued to note how this enabled him to show “genuine remorse”. Nick however, appears to conceive the attachment with his client in a slightly different way:

*“...I would describe it, as a warm um positive attachment experience, for him, and for me, because as much as he needed the father figure attachment...”* (Nick, 15, 691-693).

Nick refers to the therapeutic relationship as akin to a reparative parent-child relationship. This is a step further than the descriptions offered by the other therapists above who simply want to give their clients a ‘good template’. Whilst it appears that he also shares the view that the relationship might meet certain needs that were perhaps not previously met in other relationships, there seems to be a greater sense of intimacy as he relates to the client as though the sex-offender is his child. He appears to invest a great deal of himself in the interaction and seems to infer that this is what is healing.

This view of the relationship was also reflected in other therapists’ accounts. For example,

Georgina described her relationship with a client, discussing her role as a “nurturing mother figure” (Georgina, 10, 469) where she gives him “the space to *just* talk about how he’s feeling” (Georgina, 11, 519). She adds that “there are times actually when (...) he will see me as protecting” (Georgina, 11, 524). These examples from Georgina and Nick infer that some therapists were able to identify a deficit in their clients which they themselves tried to fill; such as a father figure, a need to feel heard or the need to feel safe and protected. Unlike the aforementioned approach which aimed to create an open forum in which target areas could be worked upon, these participants are describing something slightly different. Their accounts create an image of a jigsaw puzzle with one piece missing. Their role is to instead, take on the position of this missing piece in order to heal the client in a different way.

The following chapter will explore these results in relation to relevant theory.

## **5. DISCUSSION**

### **5.1 OVERVIEW**

The aim of this study was to provide insight into the first-hand accounts of therapists directly working with sex-offenders by exploring their experience of the therapeutic relationship. This was carried out by analysing semi-structured interviews using an Interpretative Phenomenological Analysis (IPA). Research into sex offender treatment has traditionally been quantitative and has largely neglected the role of the therapeutic relationship. It was therefore hoped that the current study would add to existing knowledge in this area. The main research question was:

**How do therapists working with sex-offenders experience the therapeutic relationship?**

The results of this research help to illuminate some of the challenges and difficulties faced by therapists working with this population. The results also indicate to some extent, how these have been experienced, managed, overcome and addressed.

### **5.2 SUMMARY OF RESULTS**

What appears to be particularly significant within the results is the role of power which will be addressed in some depth within this discussion. The therapists reported a power dynamic that is imposed on both themselves and their client by society and the context in which they work. Both the way in which the therapist conceptualises and responds to their client seems to be influenced by this greater power. The therapists describe labels which are attributed to the sex-offender and from which they have trouble divorcing themselves. This contextually influenced perception appears to present a dilemma between the need to control and punish versus the therapist's desire to care. Consequently, the client is seen to

adopt a submissive role, becoming compliant and perhaps ‘playing the game’. It might be suggested that where this compliance is not noticed, the therapist then assumes greater power and control over the client in order to manage or address the risk they perceive their client may pose to society. The client seems mistrusting of the therapist, seeking a collusion of sorts whilst the therapist wants to modify the client’s way of relating in some way. There is great emphasis on the therapists’ use of the therapeutic relationship to facilitate this change and in this sense, the relationship could be seen as a powerful tool possessed by the therapist for the modification of the client.

### **5.3 WHAT DO THESE FINDINGS TELL US?**

This section of the thesis will discuss the way in which the goals of the state are reflected in the Counselling Psychologists’ experiences of the therapeutic relationship and the implications this has for their professional identity and approach to therapy. I shall draw on the work of Foucault (1977), amongst others, to assist in the contextualisation of these issues and to help clarify the participants’ experiences. It is important to acknowledge that my beliefs, assumptions and personal experience of working with this client group and working within this context will have inevitably influenced my interpretation of the material. It is for this reason that I have been interchangeable in my use of the first and third person, as I account for my reflexive practice within this study.

#### **5.3.1 Instruments of the state**

Power was a significant element within the results of this research. There was a great sense that the therapists were in a position of power and aligned with a governing body despite attempts to counteract that particular dynamic in the therapeutic relationship. The therapists themselves acknowledged this in relation to the way in which they felt they were

perceived by the sex-offenders. However, it seemed that at times the way they conceptualised their clients and their actions would reflect a philosophy that was perhaps more aligned with the state than Counselling Psychology. The sub-theme 'feeling elevated to a position of power' illustrates this first point. Here, the therapists reported how the sex-offenders themselves struggled to see the therapists as separate from the context in which they worked. Therapists described the expectations within the forensic setting, noting the subordinate role of the prisoners who should be 'obedient' and the authoritative positions held by prison officers and the external agencies who 'impel' the client to engage in therapy. A number of therapists referred to the way in which the prisoners viewed the therapists as 'part of the establishment', might look up to them, view them as an authoritative figure and adopt a submissive role within the therapeutic relationship. There is a sense that the therapists are embroiled within their context and perceived as a representative of the state by the subordinate sex-offender who is acted on by these various agencies.

The way in which the therapists feel perceived to be part of the establishment can perhaps be understood in relation to Foucault's notion of 'docile bodies'. He considers the role that discipline plays in creating these 'docile bodies' for the purposes of the new economics, politics and warfare of the modern industrial age and gives specific examples of the function that these bodies serve in factories, military regiments and school classrooms. Foucault describes how the body loses its identity as we know it in order to occupy a space and take on a position within the overall 'machine'. The body is subjected to a functional reduction thus becoming simply a cog in the wheel. Traditionally, the association with this concept and prisons may have focused on the prisoner as a commodity for economic gain. However, when considering the psychologists as the docile bodies, we might recognise how they are just one of many parts within a machine, collectively all serving a different



function in the process of reform. This split care approach was highlighted by several therapists in this study as indicated by Rhiannon's account. Participants noted that they did not look at the offending as it was not part of their service remit. For example, the Prison Service refers to its 'pathways' to reducing re-offending: accommodation, education and employment & training, health, drugs and alcohol, finance, benefit and debt, children and families, attitudes, thinking and behaviour, support for women: abused, raped or victims of domestic violence and support for women involved in prostitution, (HM Prison Service, 2010). Each pathway is represented by a specific team aiming to address that particular target variable within the offender. Whilst I am aware that I make specific reference to prisons here, it should be recognised that this notion of the psychologists as docile bodies within an overall machine will be recognisable in other institutions and organisations and thus applicable to all participants in this study. In each of these settings a hierarchical structure is imposed on the psychologist. The psychologist is positioned with a level of power that enables them to act upon the subordinate offender with the intention of reforming, correcting and managing the individual for the good of society. Their role, and subsequently their identity, is largely influenced by the goals of the machine as opposed to their professional philosophy.

### **5.3.2 The loss of identity**

Through aligning themselves with the goals of 'the machine', it seemed that for several of the therapists, their therapeutic identity became marred in some way. We heard how Georgina felt she had adopted a punishing role at times and Mel who had reported her client for having breached a prison rule. Similarly, Nick spoke about the regime restrictions in the prison and the preparatory training he received about 'grooming', which he felt held the potential to distort his identity if he was not careful. The extent to which

the therapists' role and identity can be shaped by the 'machine' is indicated by Haley (2010) who notes how various factors, such as the therapist carrying keys, can serve to rupture the therapeutic relationship. Escorting a prisoner back to their cell and even locking them in can be common expectations of a psychologist working in a prison, especially in the face of short-staffing. As indicated above, the way in which they might also have to reinforce the correctional rules is highlighted by Holmes (2002). On a personal level, I was expected to challenge prisoners smoking in certain areas or bringing cups from their landing to group. Similarly, unlike other services, the forensic setting imposes additional guidelines regarding the limits to confidentiality within therapy. For example, there are often specific demands for multi-disciplinary working which blurs the boundaries of confidentiality between the therapist and the client. The therapist may be expected to share certain information about their client in meetings, handovers, reports, Assessment Care in Custody Teamwork (ACCT) documents, prison wing files and NHS patient files. Smedley (2010, cited in Harvey & Smedley, 2010) also adds family services, MAPPA (Multi-agency Public Protection Arrangements) and prison security to this list, noting how this can affect engagement when the individual would prefer that this information is kept confidential. Haley (2010) notes the consequences of this involvement of a third party as it potentially impinges on what the individual feels comfortable bringing to the session and complicates the therapeutic alliance. As the therapist seems to adopt these roles and meet the expectations of the governing body, they have to negotiate a compromise with their own practice guidelines and philosophies.

The psychologists' loss of identity and possible alignment with this governing philosophy can perhaps account for the ways in which the therapists conceptualised their clients in these forensic settings. The influence of the 'machine' may explain the struggle in the

therapists' accounts between holding a non-judgmental stance and at times finding themselves adopting the very opposite view. The sub-theme 'battling with victimization created by prison and society' sees the therapists challenge society's attitude towards and treatment of sex-offenders. A number of the accounts indicated that many of the therapists felt as though sex-offenders are in some ways ostracised from society via some sort of 'witch hunt'. As previously highlighted, one therapist described how she feels "sex-offenders are shunned from society" and stressed the risk that "if we continue to demonise them and turn them into monsters we perpetuate this idea that they can't be with society, that they are not good enough for society and push them underground". They described various labels which are attributed to sex-offenders such as 'monsters' and 'scum' and indicated that the overall wish of society is to 'lock them up and throw away the key'. There is a strong sense that the therapists view themselves as separate from this doctrine yet it might be suggested in other accounts that they are inextricably linked.

In stark contrast to the views above, the sub-theme 'battling with victimization created by prison and society' also indicates the therapists' possible alignment with the views held by this governing body. For example, one therapist discussed how sex-offenders are "more likely to be manipulative (...) try and groom you, (...) try to get you to collude with them". Many appeared to struggle to avoid slipping into this judgmental stance as they spoke of how difficult they found it to see the sex-offender as human as opposed to 'a victim', 'a product of what he's done' or 'wicked'. These labels and judgments award power to the therapist, distinguishing the client from themselves as abnormal and inhumane as opposed to normal and humane. The notion of difference becomes salient to the therapy, giving the therapist the potentially impossible task of trying to be non-judgmental whilst holding the many stereotypes that are associated with the sex-offender label. This contextually influenced approach to offenders perhaps makes it difficult for the therapist to see the

individual as they categorise their client by the offence that he has committed and subject him to practices in line with the goals of the 'machine'. Their therapeutic identity as Counselling Psychologists appears almost tainted as they instead become a reflection of the stance taken by the machine and those who govern it.

When considering what purpose this victimization might serve to the governing body and why it might be in the interests of the State for the therapists to adopt this stance, it might be helpful to again turn to Foucault and his notion of 'the contract'. This, he describes, is the assumption that the citizen has accepted the laws of society. By committing a crime, the individual has 'broken the pact' and subsequently becomes an 'enemy of society as a whole'. The individual becomes conceptualised in such a way that he is marginalised from society and in opposition to the forces, power and rights. Coming from a position within society, unlike an enemy, the offender becomes identified as a 'traitor', a 'monster'. This subsequently establishes the right for punishment, justifying the power that society assumes over him. This justification is perceived no longer in relation to the retribution of the sovereign, but rather a method of protecting society. The crime is therefore not simply against the victim but against society. Society subsequently, takes its role in the punishment of the offender by shaming the individual through the use of labels, the media coverage or the presence of the spectator gallery during the court case. As in the days of stocks and executions, punishment remains a spectacle, serving the very important function of instilling an intolerance of and aversion to crime, and those who commit it, in the general public.

This view of the offender is illustrated in the accounts in this study. Several of the therapists reported struggling at times to see their clients as 'human' and used terms such as 'wicked' and 'damaged', arguably objectifying the client. The consequence of this was perhaps reflected in the way therapists discussed assessing, monitoring and making

judgments about their clients' risk levels. Other therapists described how they had written reports, completed assessments or liaised with certain agencies which were all instrumental in restricting their client's liberty in some way. Conceptualising the offender in this way therefore plays a fundamental role in the state's approach to punishment:

"...he [the criminal] will belong to a scientific objectification and to the 'treatment' that is correlative to it". (Foucault, 1977, p.101).

Foucault describes how the criminal is seen as a 'villain', 'a madman' and perhaps 'sick' and 'abnormal'. The individual is positioned in a subordinate position to the examiner who holds the power to objectify the client. The individual becomes a 'case' who may be "described, judged, measured, compared with others" (Foucault, 1977, p.191) and later "trained, corrected, classified, normalized, excluded" (Foucault, 1977, p.191). The psychologist as an instrument of the State, is arguably the one who is positioned in this role with the power to monitor, supervise, assess and refer the offender to treatment which they deem appropriate to him, firmly positioned amongst the power of the Big-Brother State, Orwell (1949). Through the use of the examination or assessment, the therapist deploys a level of force over the individual to extract knowledge and increase the clients' visibility with a view to 'qualify', 'classify' and 'punish'. As indicated above, this objectification of the offender and the subsequent 'punishment' can be reflected in the findings of this study.

Rose (1998) agrees how this concept is very much alive today, referencing a comment by Bluglass in 1990, which discusses the role of psychiatry as being the assessment and treatment of mentally abnormal offenders. The use of the word 'abnormal' clearly sets the offender apart from society. This new discourse identifies what Rose (1998) refers to as "a new class of monsters" (p. 191): sex-offenders, paedophiles, madmen, drug dealers, violent children, serial killers etc. They are all characterised as 'predators' who are depicted not

only as 'abnormal' but as individuals who prey on the vulnerabilities of the innocent. He notes how they are seen not only as a deviation from the norm but as drastically different in both nature and pathology to the point of being 'evil'. The call for justice and control is then framed in terms of the protection of and the rights of the general public, the innocent victim, (Rose, 1998). 'Governing through madness' refers to the way in which Rose (1998) suggests the contemporary politics of mental health have been structured to enable the state to control, by way of the sensationalism associated with this threat to society. This threat, as previously noted, comes from the excluded, outcast, permanently marginal and predominantly unreformable sector who are in need of on-going management. Rose (1998) continues to explain how new regimes, aimed at the control of these abnormal individuals, leaves the mental health professional directed by the demands and objectives of non-clinical authorities. In line with Foucault's perspective detailed above, doctors (and arguably psychologists) become subordinate to expert systems of risk management and to those who direct them, Ericson and Haggerty (1997, cited in Rose 1998).

### **5.3.3 Client compliance**

The consequence of this power dynamic was highlighted by several therapists who noted a level of compliance in their clients and several therapists noted how their client appeared submissive. Considering this power dynamic perhaps helps to distinguish existing research where the therapists reported their clients as often being submissive and at times avoidant of intimacy as indicated by Whitaker and Wodarski (1998). For example, one therapist in this study discussed how he felt as though his clients look up to him and expect him to tell them what they have to do. Simon was particularly clear in his association of this with the power dynamic, questioning the extent to which the therapists can rely on what the sex-offender says in the session given that they are "impelled" (Simon, 6, 255) to attend sessions by external agencies such as the courts. He went on to stress that the sex-offender

has a vested interest in portraying himself in a certain way as it is only then that the restrictions on his liberty might be reduced. Suspicion and uncertainty are then naturally rife in the relationship as the therapist is left questioning the sex-offender's agendas. As mentioned in the results, the implication of this power dynamic is stark given that the client's compliance makes it very difficult for the therapists to respect what the client is saying when they sense an underlying agenda. This leaves the therapist in the dark as they become unsure as to whether or not the therapy is working.

Of course it is perhaps no wonder that this compliance would ensue within the relationship given the emphasis on conformity within Foucault's view on punishment. If punishment functions on a gratification-punishment system, then there is a great deal to be gained by conforming. The offender, for example, may have greater liberty during his sentence or on release if he is seen to be compliant. Indeed, this indicates how the reward of acceptance, non-judgment and empathy could be corrective in itself. The penalty creates a constant pressure to conform and as illustrated by the therapists' accounts, those who do not 'conform' may be discharged from the service or find the session ended by the therapist. The wider implications of not conforming might see the offender stigmatised and ostracised from society on a more permanent basis. Perhaps like the Prison Service or Probation Service we, as therapists, communicate that the offender must do it 'our way' or face the consequences. The problem, of course, is how the therapists are left questioning whether their clients may be simply playing the game and whether they can ever really know if the therapy is 'working.'

As indicated above, a number of the therapists discussed how the sex-offenders tended to be more compliant. Nick, for example had discussed how he sensed his clients wanted to please him and Alison spoke at some length, describing how her sex-offender clients tended to be more "compliant and eager to please" (Alison, 7, 334). The concept of

treatment compliance within sex-offender populations is not a new one and research has indicated that the compliance is associated with the offenders' criminal history, age, education, and marital status, Clegg, Fremouw, Horacek, Cole, & Schwartz, (2011), Seto and Barbaree (2009), Hunter and Jose (1999) and Langevin (2006). Interestingly, research has also indicated that the attraction of parole, admit status and attitudes of denial at the time of referral are significant variables. For example, Clegg et al (2011) found that there were no significant differences between these three groups on the demographic variables. However, he found that those who had refused treatment had more time remaining until they were eligible for parole than those who were noncompliant with treatment, and that those who were compliant with treatment were more likely to have accepted a guilty plea than those who were noncompliant with treatment. Similarly, Langevin (2006) found that age, marital status, and education had little impact on treatment acceptance and compliance. However, those on probation or parole and those not charged when apprehended were the most likely to complete treatment.

Langevin (2006) also reported historical trends in treatment compliance, suggesting that there has been a decline in the expressed wish for treatment, participation in and completion of treatment programmes from the 1960s to the 2000s. He proposes that in Canada this may be related to the introduction of laws requiring mental health professionals to report any child who had been physically or sexually abused, and the sexual predator laws in the United States which inevitably changed therapist-client privilege. These results suggest that where an alignment is present between the therapist and the governing body, as indicated in the results of this study, the therapeutic relationship is likely to be significantly compromised. As noted by Glaser (2003) there is perhaps an expectation on the offender to adopt new attitudes, values and behaviours with the risk of further punishment in the event of his non-compliance. Similarly, there is an



expectation of openness in therapy which poses a risk to the offender who may unwittingly incriminate himself.

The consequence of this compliance was highlighted by a number of therapists. Alison spoke of how she could sense an “undertone” going on (Alison, 5, 15) and seemed to feel suspicious. Furthermore, Rhiannon had discussed her concerns about being “drawn in” to something (Rhiannon, 3, 122). For many therapists, there appeared to be a concern that their client had some sort of agenda or that they might risk being manipulated, which left them suspicious and cautious. This then presented them with a significant challenge when trying to balance these fears with an empathic and non-judgmental stance and encouraging the client to be open and honest. This insight into the challenges faced in therapy regarding openness and compliance, can potentially complement existing research which indicates the role of truth-telling and suspicion in therapy with sex-offenders, Crawley (2004), Salter (1988) and Steen (2001, cited in Flora et al, 2008). Perhaps this study questions whether some of these factors are actually ‘offending behaviours’ or a natural consequence of the power dynamic that the state imposes onto the therapeutic relationship. Certainly, my personal reflection would have me acknowledge how my own interpretation of therapy interfering behaviours was initially very much associated with the offending. I too referred to terms such as boundaries, collusion and grooming within my reflexive notes. Perhaps this indicates the way in which my perceptions have also been influenced by those held within society and the forensic contexts in which I have worked. On reflection, this may be unsurprising given the security training that I received on my induction into the Prison Service which understandably highlighted the risks of the role, the behaviours that I needed to be mindful of and the appropriate way in which to report this.

The assumption that it would be the sex-offender who would play the greatest role in any ruptures in the relationship, I think must have influenced the analysis to some extent. I

found myself often being drawn towards focussing on the offenders' experiences rather than that of the therapists which I had to continually negotiate throughout the process. This stance also indicates how naive I was to the influence that the therapist has on the relationship and even more so, the role of the context. I had assumed that it was possible to achieve an equal relationship, counter-act any power imbalance and manage challenging responses through supervision and 'bracketing'. However, I now find myself questioning the extent to which this is possible. Certainly, the power dynamic in particular seems inescapable and implicit within the therapeutic relationship. Whilst these forensic settings continue to put the therapist in the position of an instrument of the state, influencing the way in which the therapist conceptualises, approaches and 'acts on' the sex-offender, then perhaps it is to be expected that the therapeutic relationship becomes fraught with conflicts regarding non-judgment, empathy, openness, motivation and trust.

#### **5.3.4 Care versus Control**

When considering the way in which the agenda of the governing body is reflected in the therapists' interventions and approach to therapy with sex-offenders, what becomes clear is a significant tension faced by the therapists, between the desire to care and the need to control. In the sub-theme 'assuming a position of power to manage the anxiety', a number of the therapists spoke about the responsibility they felt in managing the sex-offenders' risk to society. This role created anxiety in the therapists as they reported moving away from treatment to a risk management approach despite them sensing that their client would experience this as punishing. This alternative approach involved assessing, monitoring and judging the level of risk posed by the client. The expectation that the therapist should assume this responsibility caused significant anxiety for many of the therapists which, in turn, reinforced the need to implement these strategies of control. For example, references were made to their role in securing a release to a bail hostel or hospital admission. It also

appeared that the anxiety was more significant in the accounts by therapists working in the community, as opposed to prisons, where seemingly the level of control is reduced. In addition to the pressures discussed above, for many of the therapists, these conflicting roles appeared to create further confusion about their identity as therapeutic practitioners. Nick's account of this was especially reflective of the impact that this had on his professional identity as he questioned his role as a psychologist in the face of demands to police, protect, assess risk and help.

These accounts may reflect a wider dilemma faced by a number of mental health professionals, as indicated by Rose (1998). He discusses this pressure on mental health staff to assess risk as a response to the State's need for control as previously discussed above. This administrative decision-making is aimed at locating the individual on a continuum with a view to predicting future acts but also implies an ongoing day-to-day management of the individual, (Steadman et al 1993, cited in Rose, 1998). Rose (1998) explains that the individual is labeled with a level of risk (low, medium or high), is rarely identified as no risk and subjected to the implications of that throughout their everyday life. The use of these categories and labels is then enforced by the Mental Health (Patients in the community) Act (1996) and the Care Programme Approach (1991). This role as risk assessor was previously expected of only a small number of forensic psychiatrists who actually specialized in the assessment and treatment of mentally abnormal offenders. However, today there appears to be a preoccupation with risk assessment and risk management throughout all mental health disciplines. This can be evidenced by the direction of increased resources into training, strategies, facilities and inter-agency collaboration in addition to the surge in literature on the topic which has increased by a factor of fifty since 1974, (Rose, 1998). Given that the mental health system now extends

into the community, beyond the hospital walls, there is potentially a greater emphasis on the need to control future conduct.

### **5.3.5 Controlling the client**

This expectation that the offender needs to be controlled, perhaps indicates why the therapists in this study did not question the conflict between risk-assessment and their own professional values. The sense of responsibility that seemed to drive this preoccupation with risk was evident in many of their accounts. Participants spoke of the need to know you've done everything you possibly can and feeling the full weight of responsibility. There is a strong indication in these experiences that risk-assessment is not something that the therapists feel comfortable with. It seems that this is imposed on them and that they feel, in some way, accountable for the offender's actions.

When considering the way in which the therapists find themselves adopting these roles it is maybe helpful to reflect on Foucault's notion of surveillance and the Panopticon. This constant supervision gives rise to fear leaving the individual unsure as to whether he is being watched. This in turn creates an automatic functioning of power. This constant pressure acts on the individual before the offence or mistake has even been committed. The individual becomes caught in this power dynamic which they themselves come to implement, almost internalising the observer. Vaz and Bruno (2003) discuss this concept further in relation to 'self-surveillance'. In response to this on-going supervision, the individual complies with the power through 'anticipatory compliance'. Potentially accounting for some of the experiences reported in this study, the individual internalises the values held by the governing power despite the individual actually opposing these. Similarly, the expectations placed on the individual become conformed to because of the awareness that their actions are possibly being observed. Vaz and Bruno (2003) go on to

describe how the individual then becomes distanced from their behaviours as they are seen through the power's eye.

We have seen how the state's goals to control the offender are adopted by the therapists. In Georgina's discussion of the pressure of getting the work right, it seems that she feels accountable for her client's risk. She goes on to discuss her role within the Multi-Disciplinary Team, the amount of pressure that she feels is put on her with regard to risk and her subsequent heightened state of anxiety. It is indicated that she conforms to these risk-management procedures as a result of this pressure placed on her. The anxiety indicates that she perceives some sort of negative consequence should she not conform or fail to manage the risk. This preoccupation with risk was evident in a number of the therapists' accounts in this study. For example, references were made to: risk indicators, risk assessment documents, high risk strategies, levels of risk and the pressure in getting this work right. One participant actually made twenty-seven references to 'risk' during her interview. This indicates just how central the role of risk assessment and risk management is to her experience of working with sex-offenders. The anxiety associated with risk was also apparent in many of the accounts. Individuals spoke about how hard it was to let go, how it was easier going home knowing where the offender was and how fences [custody] make the work easier. Rose (1998) explores the anxiety that is associated with risk assessment, noting how some claim that we now live in a 'risk society' where we are preoccupied with the level of risk attached to any act. He gives the examples of how consumers are encouraged to consider the risk associated with unhealthy foods, the need for a burglar alarm, sexual intercourse, routes to work and personal insurance. It seems all consuming as it drives a culture of fear and insecurity. Reflecting on my aforementioned experiences as a therapist in the Prison Service, I am aware of how I was encouraged to

highlight potential risks in the wing observation book or the ACCT document. There was a sense that this was, at times, simply designed to ‘cover my back’ in case something happened. It took no account of the fact that I may have thought it highly unlikely. Just like the therapists in this study, it seems that this was perhaps driven by my own anxiety regarding the potential consequences; namely the level of responsibility that I felt was placed upon me with regard to my client’s actions and my concerns regarding my own accountability.

This anxiety is perhaps the consequence of the ‘scapegoating’ that is present in today’s society as identified in research by Heyman, Shaw, Davies, Godin, & Reynolds (2004). This qualitative study explored health professionals’ views of risk management, noting how one individual stated that their frontline role left them vulnerable to scapegoating when adverse events occurred. It was noted how this raises questions regarding the difference between acceptable risk and negligence. Not only does it seem that the state is placing this responsibility onto mental health professionals to meet its agenda of control but when inevitably unable to control all potential risks, it is then the professional who is deemed negligent thus letting the state ‘off the hook’. It seems that the identity of the professional holds little meaning, as the responsibilities of all mental health practitioners become centred on the assessment of risk. Participants in this study also acknowledged how this focus on risk was not necessarily in line with their professional identity as we have seen in Nick’s account above. Similarly, Georgina discussed her attendance at a training event for the Risk of Sexual Violence Protocol (RSVP) which she noted, as a Counselling Psychologist, she wouldn’t necessarily subscribe to undertaking (Georgina, 5, 228). In line with points raised by Rose (1998), for me risk assessment could indeed at times feel like an administrative act rather than one of any great therapeutic value. I too

was left questioning my professional identity and the value placed on my subjective professional judgment, as opposed to my ability to compile a comprehensive audit trail. I was left wondering at what point we give the client responsibility for his/her own actions and how we can possibly promote autonomy by taking it away. As noted by Rose (1998) this approach seems to be exasperating and fueling those very feelings of anxiety and fear that it seeks to limit.

### **5.3.6 Caring for the client?**

If we turn to the notion of the therapeutic relationship and its connection with healing or change, it is indicated how this might be viewed as the therapist's tool within their role in the state's modification of the individual. As illustrated in the sub-theme 'Achieving an attachment: facilitating change' a clear association was made by the therapists between the therapeutic relationship and the notion of 'change' and more specifically, the importance of the relationship in facilitating that change. The relationship seems to serve a significant function for the therapists in making the modifications to the offender as required by the disciplinary power. The therapeutic relationship thus becomes of significant importance within the therapy as it equips the therapist with the ability to access the mind and soul of the offender and make the modifications required of them within their position of power. The emphasis in their accounts on the 'corrective emotional experience' seems akin to Foucault's notion of the corrective dimension to punishment. This is illustrated in the therapists' reflections of their clients' progress through therapy. They reported seeing increased honesty and openness, remorse and the offender taking responsibility for their offending. It seems strange that such emphasis should be placed on the reformation of the sex-offender when so many noted that the offending was not part of their remit. However, this possibly indicates how the state's overall goal of 'correction' does seem to seep into

the therapeutic relationship. It seems that the State's aims of control and punishment permeate not only the practical tasks carried out by the therapist, and subsequently their identity, but also taints the whole concept of therapy with offenders.

Turning again to Foucault's discussions of punishment, it becomes clearer how it could be suggested that the therapists' work is actually engineered to control the offender. Given this emphasis on gaining control over the behaviours of this enemy to society who poses a risk to the equilibrium, modification of the offender became an important component within punishment. Therefore, in order to protect society, it might be suggested that it is the psychologist who is positioned not only to take part in the surveillance of the offender but to also modify or correct the individual. Perhaps therapy within a forensic setting actually reflects the aims of the State to alter the offender psychologically and emotionally:

“Work on the prisoner's soul must be carried out as often as possible. The prison, though an administrative apparatus, will at the same time be a machine for altering minds.”  
(Foucault, 1977, p.125)

Rather than the body being altered via methods of torture, the mind and soul became the focus of the alteration in modern punishment, in a bid to 'reform'. For example, Foucault discusses the role of shaming and ridicule in order to target the vanity behind the crime. The subsequent aims are to revive the righteous respect for property, life, liberty and wealth which is lost through crime and re-establishing the malicious part of mankind to virtue and happiness. The emphasis developed into the 'transformation' and 'correction' of the offender and it is with this connection to the mind and soul that the punishing power gains control over the individual. He adds that reformation acts as remuneration and enables the offender to “improve his lot during and after detention”. Furthermore, in



discussion of the Rasphuis of Amsterdam model of punishment, Foucault highlights the role of various complex methods, each aiming to “draw towards good” and “turn away from evil”. For example, as previously highlighted above, the prospect of a reduced sentence in response to either satisfactory behaviour or the modification of behaviour is on-going today. The offender seems coerced into purposeful activity through the use of sentence plans, release plans, attendance in therapy, group programmes, education and work. The aim of all this might be explained by Foucault in terms of the avoidance of “idleness” and the emphasis on correction.

When the therapeutic intervention itself does not draw the offender towards good, it seems that it is at this point that the therapists’ anxiety increases and subsequently this preoccupation with risk. Georgina for example, spoke in depth about a variety of therapeutic interventions that she used prior to adopting a risk-management approach. This seemed to give her a greater sense of clarity and direction within the therapeutic relationship despite her client experiencing this as punishing. Likewise, Simon discussed in his interview how he was now less optimistic about facilitating change in his client and how he consequently sees his work more as management and control (Simon, 11, 485). Glaser (2003) supports this notion, highlighting how the dividing-line between treatment and punishment of offenders has always been poorly defined. He notes how Butler (1872) portrayed crime as a sickness which deserved sympathy, support and care rather than moral censure. A stark contrast to the post-war correctional reformers just a century later, who hoped for an obliteration of the formal distinction between hospital and prison. With the emphasis on the protection of the community, rather than the welfare of the offender, the boundaries between treatment and punishment become increasingly blurred. Glaser (2003) adds that the principle measure of treatment success is that of the protection of society as

opposed to the alleviation of the offender's suffering. He explains that treatment effectiveness is generally measured against recidivism rates, delays in onset of re-offending, decreases in the violence and intrusiveness of behaviours of those who do re-offend, and/or decreased cost to the community and victims.

The way in which therapy is measured against recidivism rates was also seen in the therapists' accounts. As mentioned above, the therapists often discussed the concept of change in their client in relation to their risk of re-offending. Simon, in particular, discussed how it is the psychologist who holds the risk and is expected by other professionals to change the offenders' behaviours. Smedley (2010, cited in Harvey & Smedley, 2010) discusses this conflict specifically in relation to practitioners providing personal therapy. Not only does she acknowledge how complex the therapy becomes, given the dual role in addressing the therapy goals and the task of public protection, she also highlights how complicated the evaluation of therapeutic interventions also becomes. She states that in the traditional health care setting, therapy goals are collaboratively established between the therapist and client at the start of therapy and reviewed throughout the intervention. However, with the emphasis on public protection, prison staff, for example, may evaluate the progress of therapy against the individual's behaviour towards staff or number of adjudications despite these factors not necessarily being the targeted goals for therapy. Whilst this was not specifically mentioned in the therapists' accounts in this study, on a personal level I certainly experienced demands from prison staff who felt that it was my role to address an individual's behaviour on the wing, the way in which my client approached staff or their constant breach of prison rules, despite this not necessarily being at all related to the goals that my client had for therapy.

### **5.3.7 An ethical minefield**

The ethical dilemmas that this conflict between care and control creates were seen throughout the results chapter. We have heard how therapists were perceived as being in a position of authority before even engaging with the client and how the expectations placed upon them to manage risk forces them to adopt a position of power. Therefore, it seems almost impossible to “empower rather than control” (BPS, 2005, p.2) when the context in which you work places so much emphasis on the control of the offender. Equally, we have seen how the consequences of this power dynamic, namely compliance and suspicion, conflict with the guideline: to “know empathically and to respect first person accounts as valid in their own terms” (BPS, 2005, p.1). Glaser (2003) raises some interesting points in relation to this dual role of the therapist and the subsequent ethical dilemmas that ensue within therapy in forensic settings. He notes how therapists working with sex-offenders are often expected to violate the principles of traditional ethical codes, yet acknowledges that alternative guidance is rarely provided to address these demands. The codes of ethics and conduct for Counselling Psychologists (BPS, 2006), as for many mental health professionals is aligned with the basic principles of: respect for autonomy (ensuring that the client is not subjected to external constraints and promoting self-determination), non-maleficence (doing no harm to the client), beneficence (prioritising the client’s welfare as the primary goal of treatment), and justice (ensuring that the patient is treated fairly and justifiably in line with their rights), Beauchamp & Childress, 1994, cited in Glaser, 2003.

The findings in this research question the extent to which therapists working in forensic settings are supported in achieving these conditions. As discussed above, the power dynamic that both the therapist and client appear embroiled in immediately questions the extent that autonomy and non-maleficence can be achieved. For example, Adshead (2000)

draws particular attention to the way in which risk assessments contravene these ethical principles, given the way in which they restrict liberty. Similarly, Perlin (1991) questions how morally justified it is for mental health professionals to use skills designed to help individuals to derive information from clients which may ultimately hurt them. It might be suggested for example, that the development of trust within the therapeutic relationship creates a false sense of security which encourages disclosure. This debate between care and control has also indicated how public protection has actually become the primary goal of treatment thus questioning the extent that beneficence and justice are met. With this emphasis on social control, Adshead (2000) argues that more discussion needs to take place about the clinicians' duty of care to their patients.

Glaser (2003) proposes the use of therapeutic jurisprudence, not necessarily as the answer but rather as a way of managing this dilemma. He explains how this would involve the application of procedural fairness, proportionate treatment interventions and a minimisation of breaches on clients' rights through therapists acknowledging that they are indeed inflicting pain but that they do so as fairly and as sparingly as possible. Perhaps, as Glaser (2005) notes in a later paper, this would allow the therapist greater transparency and congruence, but what does this mean for counselling psychology? Whilst Glaser (2003) acknowledges that this may not fit the image of a perfect therapist, he notes how this might at least maintain a level of professional integrity and honour. However, this seems like a considerable sacrifice for the identity and future of counselling psychology in forensic settings.

## **5.4 IMPLICATIONS FOR TRAINING AND PRACTICE**

Throughout this discussion there is an emphasis on the role that the state has in shaping the identity of therapists in forensic settings and the ways, in which they approach therapy with sex-offenders. Therefore, various possibilities for further consideration and research are presented. Firstly, given that this was a phenomenological study with a focus on experience, this research offers insight to the strains, conflicts, ethical dilemmas and contextual challenges that a Counselling Psychologist can face when working therapeutically with sex-offenders. Not only might this awareness be beneficial to future professionals working in this area but also in informing the training of these individuals so that they might be better equipped to manage these issues in the first instance.

Secondly, perhaps it would be helpful for therapists working in these settings to clarify their service remit and the expectations of their role not only with their clients but with those governing the setting. This might assist in the avoidance of collusion with alternative agendas such as the 'correction' of the offender or public protection. Furthermore, it might be suggested that consideration needs to be given to the question of limiting the therapists' involvement in tasks which require them to represent the interests of the setting or set further limits to confidentiality outside of the normal therapeutic norms.

Thirdly, we saw how the split care approach can actually serve to reduce the therapists' sense of power. By not challenging the offence and naming the associated factors which enter the relationship, the therapist is placed in a position where they are almost in collusion with the offence. It might be suggested that freeing the therapist to be open in this way would avoid the offending becoming the 'elephant in the room' and promote trust within the relationship.

Fourthly, the value of discussing the limitations to confidentiality with the client from the outset is clear, but might it be helpful to name the power dynamic and explore this notion

of difference with the client? At the very least, it might be recommended for trainees to question and critique their own socio-political attitudes, and explore their own stance on the conflicts between care and control.

Finally, it might be beneficial to investigate the ways in which forensic settings can support the promotion of a therapeutic experience in these settings. This will involve exploring dilemmas such as the need for therapists to escort prisoners in order to facilitate attendance in therapy due to short staffing. Considering the potential impact this could have upon the therapy itself might also be fruitful. Furthermore, perhaps it would be beneficial to educate staff in these settings as to the goals of the therapy in order to diminish the conflicting expectations that are currently placed upon the therapist and the therapy.

## **5.5 METHODOLOGICAL CONSIDERATIONS**

### **5.5.1 Methodology**

The methodology for this study was selected for its appropriateness to the research aims, in providing a rich, complex and valuable insight into the subjective experiences of counselling psychologists with sex-offenders. It should be reiterated that given the ideographic nature of IPA, these findings are reflective of the perspectives of a specific group of people in a specific context and are not generalisable to the experiences of all counselling psychologists working in this field. Whilst other therapists may share similar experiences, it should be noted that these findings reflect the experiences of just eight counselling psychologists working within the specific context of a forensic service. However, it is hoped that these findings do contribute to increasing the understanding of psychotherapy processes with this particular client group, Hill et al (1997). Throughout the analysis I have endeavoured to maintain a high level of transparency and coherence.

However, it is acknowledged that due to the double hermeneutic within IPA, different interpretations of the experiences may have emerged for others.

Despite the aims of this research being to explore the experience of the therapeutic relationship with sex-offenders, some clinicians may have had concerns that the research was in some way evaluating their therapeutic skills. This may have influenced the therapists' selection of material to reflect on. However, it should be noted that given the prevalence within the therapists' accounts of the challenges faced in therapy it might be suggested that this was not the case.

## **5.6 CONCLUSION**

This study has provided new insights into Counselling Psychologists' experiences of the therapeutic relationship when working with sex-offenders. The use of IPA has facilitated the development of a rich account of the experiences which would otherwise have been missed with the predominance of quantitative research in this field. The findings are consistent with existing research into attitudes towards sex-offenders and the challenges of working with this client group. However, these findings contribute a greater understanding of the way in which these factors are experienced. Furthermore, other challenges to the work have been highlighted and in particular the influence that the context has on the therapy. This research has illuminated the therapeutic process with this complex client group, in addition to demonstrating how the therapists respond to, manage and address these factors. This, in turn, has highlighted some areas where therapy might be improved by further research into the therapists' experiences.

The key findings for this research indicate that sex-offender therapists are faced with significant challenges when facilitating the development of a therapeutic relationship. Contextual influences from both society and the judicial system appear to have a

significant bearing on the way in which therapists conceptualise sex-offenders and the therapists' approach to the therapeutic relationship which consequentially can be unhelpful and counter-therapeutic at times. This in turn has implications for the therapists' identity as Counselling Psychologists and raises ethical dilemmas within their practice. The therapists work hard to counter-act the power imbalance and report developing a therapeutic relationship and facilitating change. However, it might be helpful for us to consider how we might address some of these issues in order to support the work of Counselling Psychologists who are working therapeutically with sex-offenders.

On a personal note, this research has driven my reflective practice to far greater depths. I have become more aware of the role that the context has had on my own interventions. As a result, I recognised just how embroiled in the context I was not to have seen the extent of these power dynamics before. Until very recently, I had only ever worked in the prison environment which perhaps played some role in shaping my perception. Locking clients in their cells, challenging breaches to prison rules and handing over issues of risk to other professionals were all considered the norm. Whilst I acknowledged the resultant power imbalance, I had felt that my attempts to counteract this were successful. By discussing my role, the clients' experiences of the power dynamic and the limits to confidentiality with the client, in addition to promoting their autonomy where possible, I had believed it conceivable to establish an equal therapeutic relationship. However, I now find myself questioning just how achievable this is. As we have seen, the power dynamic does not just involve the therapist and client. There is a third party within the therapeutic relationship; the state.

It may be naive to consider it possible to fully separate this third party from the relationship. However, this should not mean that attempts to do so are not made. I now feel I have an awareness which enables me to critically evaluate the state's influence on my



own professional practice. By considering its role within my ethical decision making, I am now in a position where I can make consciously informed decisions. Questioning the limitations placed on me by the environment, the duties I am expected to perform and staying true to my professional philosophy enables me to resist automatically adopting the states agenda. Through being aware of the states' influence and the subsequent power dynamics I hope to minimise its effect so that I can endeavour to negate the influence where possible.

## 6. REFERENCES

- Adshead, A. (2000). Care or custody? Ethical dilemmas in forensic psychiatry. *Journal of Medical Ethics*, 26, 302-304.
- Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (2003). *Qualitative methods in psychology: A research guide*. Maidenhead: Open University Press.
- Barker, C., Pistrang, N. & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners*. Chichester: John Wiley & Sons Ltd.
- Barkham, M. (2003). Quantitative research on psychotherapeutic interventions: Methods and findings across four research generations. In Woolfe, R., Dryden, W. & Strawbridge, S. (Ed.), *Handbook of counselling psychology* (pp. 25-73). London: Sage.
- Beech, A. & Forham, A.S. (1997). Therapeutic climate of sexual offender treatment programmes. *Sexual Abuse: A Journal of Research and Treatment*, 9, 219-237.
- Beech, A.R. & Hamilton-Giachritsis, C.E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment*, 17, 127-140.
- Biggerstaff, D. & Thompson, A.R. (2008). Interpretive Phenomenological Analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, 5, 214-224.
- Blanchard, G.T. (1998). *The difficult connection: The therapeutic relationship in sex-offender treatment*. Brandon, Vermont: Safer Society Press.
- Bottrill, S., Pistrang, N., Barker, C. & Worrell, M. (2009). The use of therapist self-disclosure: clinical psychology trainees' experiences. *Psychotherapy Research*, 1, 1-16.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.
- British Psychological Society. (2006). *Code of ethics and conduct*. Leicester: BPS.
- British Psychological Society. (2005). *Division of counselling psychology professional practice guidelines for counselling psychology*. Leicester: BPS.
- Brocki, J.M. & Wearden, A.J. (2004). A critical evaluation of the use of Interpretive Phenomenological Analysis (IPA) in health. *Psychology and Health*, 21, 87-108.
- Cartwright, R.D. & Lerner, B. (1963). Empathy, need to change, and improvement with psychotherapy. *Journal of Consulting Psychology*, 27, 138-144.
- Clegg, C., Fremouw, W., Horacek, T., Cole, A. & Schwartz, R. (2011). Factors associated with treatment acceptance and compliance among incarcerated male sex-offenders. *International Journal of Offender Therapy and Comparative Criminology* 55(6), 880– 897.

- Conroy, S.H. (2003). A pathway for interpretative phenomenology. *International Journal of Qualitative Methods*, 2 (3), 1-43.
- Cowburn, M. & Dominelli, L. (2001). Masking hegemonic masculinity: Reconstructing the paedophile as the dangerous stranger. *British Journal of Social Work*, 31(3), 399-415.
- Craig, L. A. (2005). The impact of training on attitudes towards sex-offenders. *Journal of Sexual Aggression*, 11, 197-207.
- Crawley, E. (2004). *Doing prison work: the public and private lives of prison officers*. Devon: Willan Publishing.
- Creswell, J.W. & Miller, D.L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39 (3), 124-130.
- Dalenberg, C.J. (2004). Maintaining the safe and effective therapeutic relationship in the context of distrust and anger: Countertransference and complex trauma. *Psychotherapy, Theory, Research, Practice, Training*, 41, 438-447.
- Donati, M. & Watts, M. (2005). Personal development in counsellor training: Towards a clarification of interrelated concepts. *British Journal of Guidance & Counselling*, 33 (4), 475-484.
- Eaton, T.T., Abeles, N., & Gutfreund, M.J. (1988). Therapeutic alliance and outcome: Impact of treatment length and pre-treatment symptomatology. *Psychotherapy Research*, 25, 536-542.
- Elliot, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Farber, B. A. & Lane, J.S. (2001). Positive regard. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 390-395.
- Fiedler, F.E. (1950). The concept of an ideal therapeutic relationship. *Journal of Consulting Psychology*, 14, 239-245.
- Flora, R., Duehl, J.T., Fisher, W., Halsey, S., Keohane, M., Maberry, B.L., et al. *Sex-offender therapy: A 'how to' workbook for therapists treating sexually aggressive adults, adolescents and children*. New York: The Haworth Press, Taylor & Francis Group.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. London: Penguin Books.
- Friendship, C., Mann, R.E. & Beech, A.R. (2003). Evaluation of a national prison-based treatment program for sexual offenders in England and Wales. *Journal of Interpersonal Violence*, 18, 744-759.

Garland, R.J. & Dougher, M.J. (1991). Motivational interventions in the treatment of sex-offenders. In Miller, W.R. & Rollnick, M.S (Eds.), *Motivational interviewing: Preparing people to change addictive behavior*, (pp. 303–313). New York: Guilford Press.

Glaser, B. (2003). Therapeutic jurisprudence: an ethical paradigm for therapists in sex offender treatment programs. *Western Criminology Review* 4(2), 143-154.

Haley, M. (2010). Attachment-based psychodynamic psychotherapy. In J. Harvey & K. Smedley (Eds.), *Psychological therapy in prisons and other secure settings* (pp. 48-70). Oxford, UK: Willan Publishing.

Hardy, G., Cahill, J. & Barkham, M. (2010). Active ingredients of the therapeutic relationship that promote client change: A research perspective. In Gilbert, P. & Leahy, R.L. (Eds.), *The therapeutic relationship in the cognitive behavioural psychotherapies*. East Sussex: Routledge.

Harvey, J. & Smedley, K. (2010). *Psychological therapy in prisons and other secure settings*. Oxford, UK: Willan Publishing.

Have Your Say. (2010, March 3). Is the sex-offenders disclosure scheme a good idea? Message posted to [http://www.bbc.co.uk/blogs/haveyoursay/2010/03/is\\_the\\_sex\\_offenders\\_disclosur.html](http://www.bbc.co.uk/blogs/haveyoursay/2010/03/is_the_sex_offenders_disclosur.html)

Her Majesty's Government. (2005). *Reducing re-offending through skills and employment*. Norwich: The Stationary office.

Her Majesty's Prison Service. (2010). *HMP and YOI Eastwood Park: Reducing re-offending strategy 2010/11*. Unpublished report.

Her Majesty's Prison Service. *Statement of purpose*. Retrieved July 3, 2011, from [www.hmprisonservice.gov.uk/abouttheservice/statementofpurpose/](http://www.hmprisonservice.gov.uk/abouttheservice/statementofpurpose/)

Her Majesty's Prison Service. *ACCT staff guide*. Retrieved August 16, 2011, from [www.hmprisonservice.gov.uk/assets/documents/10000C1BACCTStaffGuide.pdf](http://www.hmprisonservice.gov.uk/assets/documents/10000C1BACCTStaffGuide.pdf)

Heyman, B., Shaw, M., Davies, J., Godin, P. & Reynolds, L. (2004). Forensic mental health services as a risk escalator: a case study of ideals and practice. *Health, Risk and Society*, 6 (4). 307-325.

Hogue, T. E. (1995). Training multi-disciplinary teams to work with sex-offenders: Effects of staff attitudes. *Psychology Crime and Law*, 1, 227-235.

Holmes, D. (2002). Police and pastoral power: Governmentality and correctional nursing. *Nursing Inquiry*, 9 (2), 84-92.

Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *JCLP/In Session: Psychotherapy in Practice*, 56 (2), 163-173.

Horvath, A.O. & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology*, 38 (2), 139-149.

- Hunter, J. A. Jr.1,2 and Jose, A. (1999). Factors associated with treatment compliance in a population of juvenile sexual offenders, *Sexual Abuse: A Journal of Research and Treatment*, 11( 1), 49-67.
- Jaeger, M. E. & Rosnow, R.L. (1988). Contextualism and its implications for psychological inquiry. *British Journal of Psychology*, 79, 63-75.
- Jenkins, P. (1998). *Moral panic: Changing concepts of the child molester in modern America*. New Haven, CT: Yale University press.
- Keijsers, G.P.J., Schaap, C.P.D.R. & Hoogduin, C.A.L. (2000). The impact of interpersonal patient and therapist behaviour on outcome in cognitive-behaviour therapy. *Behaviour Modification*, 24 (2), 264-297.
- Kolden, G. G., Klein, M.H, Wang, C, & Austin, S.B. (2011) Congruence/ genuineness. *Psychotherapy*, 48(1), 65-71.
- Lambert, M.J. & Barley, D.E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38, 357-361.
- Langevin, R. (2006). Acceptance and completion of treatment among sex-offenders. *International Journal of Offender Therapy and Comparative Criminology*, 50 (4) 402-417.
- Lea, S., Auburn, T. & Kibblewhite, K. (1999). Working with sex-offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, 43, 103-119.
- Lemma, A. (2006). *Introduction to the practice of psychoanalytic psychotherapy*. West Sussex: John Wiley and Sons Ltd.
- Londoño-McConnell, A. & Matthews, J.K. (2010). *Seasons of a counsellor's life: Career development of professional staff in counselling centers*. Retrieved January 01, 2010, from <http://www.myacpa.org/comm/ccaps/Seasons.htm>
- Madill, A., Jordan, A. & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realistic, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20.
- Marks, D.F. & Yardley, L. (2004). *Research methods for clinical and health psychology*. London: Sage Publications Ltd.
- Marshall, W.L., Fernandez, Y.M., Serran, G.A., Mulloy, R., Thornton, D., Mann, R.E., et al. (2003). Process variables in the treatment of sex-offenders: A review of the relevant literature. *Aggression and Violent Behaviour*, 8, 205-234.
- Marshall, W.L. & Serran, G. (2004). The role of the therapist in offender treatment. *Psychology, Crime and Law*, 10, 309-320.

- Marshall, W.L., Serran, G., Moulden, H., Mulloy, R., Fernandez, Y.M., Mann, R. et al. (2002). Therapist features in sexual offender treatment : Their reliable identification and influence on behaviour change. *Clinical Psychology and Psychotherapy*, 9, 395-405.
- Marshall, W.L., Ward, T., Mann, R.E., Moulden, H., Fernandez, Y.M., Serran, G. et al. (2005). Working positively with sexual offenders : Maximizing the effectiveness of treatment. *Journal of Interpersonal Violence*, 9, 1096-1114.
- Martin, D.J., Garske, J.P. & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68 (3), 438-450.
- Marziali, E. & Alexander, L. (1991). The power of the therapeutic relationship. *American Journal of Orthopsychiatry*, 61, 383-391.
- McLeod, J. (1990). The client's experience of counselling and psychotherapy: A review of the research literature. In Mearns, D. & Dryden, W. (Eds.), *Experiences of counselling in action* (pp. 1-19). London: Sage Publications Ltd.
- McLeod, J. (2003). Qualitative research methods in counselling psychology. In Woolfe, R., Dryden, W. & Strawbridge, S. (Eds.). *Handbook of counselling psychology* (pp. 25-73). London: Sage Publications Ltd.
- Meier, P.S., Barrowclough, C. & Donmall, M.C. (2004). The role of the therapeutic alliance in the treatment of substance misuse: A critical review of the literature. *Addiction*, 100, 304-316.
- Miller, W. R., Taylor, C. A., & Cisneros West, J. (1980). Focused versus broad spectrum behaviour therapy for problem drinkers. *Journal of Consulting and Clinical Psychology*, 48, 590-601.
- Morris, R., & Suckermann, K.R. (1974). Therapist warmth as a factor in automated systematic desensitization. *Journal of Consulting and Clinical Psychology*, 42, 244-250.
- Morrow, S.L. (2007). Qualitative research in counselling psychology: Conceptual foundations. *The Counselling Psychologist*. 35, 209-235.
- Nelson, M., Herlihy, B. & Oescher, J. (2002). A survey of counsellor attitudes towards sex-offenders. *Journal of Mental Health Counselling*, 24 (1), 51-67.
- Nurco, D.N., Shaffer, J.W., Hanlon, T.E., Kinlock, T.W., Karen R. Duszynski, K.R. et al. (1988). Relationships between client/counselor congruence and treatment outcome among narcotic addicts, *Comprehensive Psychiatry*, 29, 48-54.
- O'Byrne, K., Clark, R.E. & Malakuti, R. (1997). Expert and novice performance: Implications for clinical training. *Educational Psychology Review*, 9 (4), 321-332.
- Orwell, G. (1949). *Nineteen eighty-four*. London: Secker and Warburg.

- Perlin, M.L. (1991). Power imbalances in therapeutic and forensic relationships. *Behavioural Sciences and the Law*, 9, 111-128.
- Persons, J.B. & Burns, D.D. (1985). Mechanism of action of cognitive therapy: relative contribution of technical and interpersonal intervention. *Cognitive Therapy and Research*, 9, 539-551.
- Raue, P.J. & Goldfried, M.R. (1994). The therapeutic alliance in cognitive behavioural therapy. In Horvath, A.O. & Greenberg, L.S. (Eds), *The working alliance: theory, research and practice* (131-152). New York: Wiley and Sons Inc.
- Rogers, C. (1951). *'Client-centered therapy'*. London: Constable and Robinson Ltd.
- Rogers, C. (1961). *'On becoming a person'*, Boston: Houghton Mifflin Company.
- Rose, N. (1998). Governing risky individuals: The role of psychiatry in new regimes of control. *Psychiatry, Psychology and Law*, 5 (2), 177-195.
- Rose, N. (2000). Government and control. *British Journal of Criminology*, 40, 321-339.
- Rosenberg & Associates. (2000). *The sex-offender therapist*. Retrieved January 21, 2009, from <http://www.angelfire.com/mi/collaterall/offendertreatment.html>.
- Roth, A. & Fonagy, P. (1996) *What works for whom? A critical review of psychotherapy research*. New York: Guilford Press.
- Salter, A.C. (1988). *Treating child sex-offenders and victims: A practical guide*. London: Sage Publications Inc.
- Serran, G., Fernandez, Y., & Marshall, W. L. (2003). Process issues in treatment: Application to sexual offender programmes. *Professional Psychology: Research and Practice*, 34, 368-374.
- Shaw, R. & Flowers, P. (2010). An introduction to interpretative phenomenological analysis: A two day work shop [Lecture notes]. Birmingham: Aston University.
- Skovholt, T.M., & Ronnestad, M.H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, 70, 505-515.
- Smith, J.A. (2004). Reflecting on the development of interpretive phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method and research*. London: Sage Publications Ltd.
- Smith, J.A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain. (Eds.), *Qualitative health psychology: Theories and methods* (pp. 218-241). London: Sage Publications Ltd.
- Smith, J. A., & Osborn, M. (2003). *Qualitative psychology: A practical guide to*

*research methods*. London: Sage Publications Ltd.

Spurling, L. (2004). *An introduction to psychodynamic counselling*. Hampshire: Palgrave Macmillan.

Starkes, H. & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis and grounded theory. *Qualitative Health Research*, 17, 1372-1380.

Stiles, W. B. (1999). Evaluating qualitative research. *Evidenced Based Mental Health*, 2, 99-101.

Strupp, H. H. (1982). The outcome problem in psychotherapy: Contemporary perspectives. In J. H. Harvey & M. M. Parks (eds.). *Psychotherapy research and behavior change* (pp. 39-71). Washington: American Psychological Association.

Thornton, D., Mann, R.E., & Williams, F. (2000). *Therapeutic style in sex-offender treatment*. Unpublished manuscript.

Truax, C. B. (1966). Therapist empathy, warmth and genuineness and patient personality change in group psychotherapy: A comparison between interaction unit measures, time sample measures, patient perception measures. *Journal of Clinical Psychology*, 22, 225-229.

Truax, C. B. (1963). The empirical emphasis in psychotherapy: A symposium. Effective ingredients in psychotherapy: An approach to unravelling the patient-therapist interaction. *Journal of Counselling Psychology*, 10 (3), 256-263.

Vaz, P. & Bruno, F. (2003). Types of Self-Surveillance: From abnormality to individuals 'at risk'. *Surveillance & Society*, 1(3), 272-291.

Wertz, F. (2005). Phenomenological research methods for counselling psychology. *Journal of Counselling Psychology*, 52 (2), 167-177.

Whitaker, D. & Wodarski, J. (1988). Issues in treating sex-offenders in the community. *Journal of Social Work and Human Sexuality*, 7, 145-155.

Whitehead, T. (2010). *Venables protected by rare identity ban*. Retrieved Sept 17, 2010, from <http://www.telegraph.co.uk/news/uknews/law-and-order/7361451/Venables-protected-by-rare-identity-ban.html>

Yalom, I.D., & Liebermann, M.A. (1971). A study of encounter group casualties. *Archives of General psychiatry*, 47, 427-439.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-228.

Zgoba, K.M. (2004). Spin doctors and moral crusaders. The moral panic behind child safety legislation. *Criminal Justice Studies*, 7 (4), 385-404.



## 7. APPENDICES

### 7.1 MINISTRY OF JUSTICE ETHICAL APPROVAL



Kirston Kitson  
35 Union St  
Fairview  
Cheltenham  
GL52 2JN

31 May 2012

**National Offender Management Service**

*National Research Committee*  
Business Change Group  
BCG Building  
HMP Full Sutton  
York, YO41 1PS

Telephone: 01759 475059  
Fax: 01759 475 073

Email: [National.Research@noms.gsi.gov.uk](mailto:National.Research@noms.gsi.gov.uk)

Your ref: MF/SW

Research Title: An exploration into therapists' experience of the therapeutic relationship when working with sex-offenders

Reference No: 19/10

Establishments: HMP Wakefield, HMP Whatton, HMP Holloway and HMP Eastwood Park

Dear Mrs Kitson,

Further to your application to undertake research in HM Prison Service. The NRC is pleased to grant approval in principle for your research, subject to compliance with the conditions outlined below:

Approval from the Governor of each Establishment you wish to research in. Please liaise with Dr Adam Carter of ISMG ([adam.carter@noms.gsi.gov.uk](mailto:adam.carter@noms.gsi.gov.uk)) to discuss the research application.

*Please note that NRC approval does not guarantee access to Establishments, access is at the discretion of the Governor and subject to local operational factors and pressures*

Compliance with all security requirements.

Compliance with the requirements of the Data Protection Act 1998.  
Informing and updating the NRC promptly of any changes made to the planned methodology.

It being made clear to participants verbally and in writing that they may withdraw from the research at any point and that this will not have adverse impact on them.

The NRC receiving an electronic copy of any research report submitted as a result of the research with an attached executive summary of the product of the research.

The NRC receiving an electronic copy of any papers submitted for publication based on this research at the time of submission and at least one month in advance of the publication.

Researchers are under a duty to disclose certain information to the Prison Service. This includes behaviour that is against prison rules and can be adjudicated against (see Section 51 of the Prison Rules 1999), illegal acts, and behaviour that is harmful to the research participant (e.g. intention to self-harm or complete suicide). Researchers should make research participants aware of this requirement.

HMP staff - Official permission is required from HR Policy and Reward Group in Headquarters before any member of staff, serving or retired, may publish any material relating to the work of the Prison Service, the NOMS Agency, the Ministry of Justice or other Government departments. Permission should be sought from Colin Harnett, Deputy Director, HR Policy. Colin can be contacted at [colin.harnett@noms.gsi.gov.uk](mailto:colin.harnett@noms.gsi.gov.uk) or on 020 7217 6453. The rules are set out in Chapter 19 (Conduct) of the HMPS Staff Handbook.

Once the research is completed, and received by the NRC Co-ordinator, it will be lodged at the Prison Service College Library.

Yours sincerely

Dr Susan Wishart  
Chair of the NRC  
Business Change Group

Cc: NRC

## 7.2 UNIVERSITY OF ROEHAMPTON ETHICAL APPROVAL

Ethics Application Ref: PT 10/ 036

From: **Jan.Harrison@roehampton.ac.uk**

Sent: 07 April 2010 09:09:52

To: kirstenwright@hotmail.com

Cc: D.Greenwood@roehampton.ac.uk

Dear Kirsten,

I am pleased to advise you that your above ethics application has now been approved with no further conditions by the School Ethics Committee. Please could you let me have a hard copy of the application signed by yourself and your Director of Studies as soon as possible. You could drop this in to me (I am in the office from 8.30 – 2.00 Monday to Thursday) or you could ask your Director of Studies to leave it in my pigeonhole after he has signed it. I can then get this sent off to the University Ethics Board for their final ratification.

As you are aware, you should not proceed with research/ data collection until you receive confirmation that the application has been ratified by the University Ethics Board.

Regards

Jan

Jan Harrison  
Ethics Administrator  
Ex: 5785  
Room: 1054

Consider the environment. Please don't print this e-mail unless you really need to.

---

This email and any attachments are confidential and intended solely for the addressee and may also be privileged or exempt from disclosure under applicable law. If you are not the addressee, or have received this e-mail in error, please notify the sender immediately, delete it from your system and do not copy, disclose or otherwise act upon any part of this email or its attachments.

Internet communications are not guaranteed to be secure or virus-free. Roehampton University does not accept responsibility for any loss arising from unauthorised access to, or interference with, any Internet communications by any third party, or from the transmission of any viruses.

Any opinion or other information in this e-mail or its attachments that does not relate to the business of Roehampton University is personal to the sender and is not given or endorsed by Roehampton University.

Roehampton University is a company limited by guarantee incorporated in England under number 5161359. Registered Office: Grove House, Roehampton Lane, London SW15 5PJ. An exempt charity.

## 7.3 PARTICIPANT INFORMATION SHEET

RU/EB13/1



### PARTICIPANT INFORMATION SHEET

#### **Title of Research Project:**

An exploration into therapists' experience of the therapeutic relationship when working with sex-offenders.

#### **Brief Description of Research Project:**

This research aims to explore the subjective experiences of counselling psychologists' experiences of working with sex-offenders. The research aims to explore specifically the experience of the therapeutic relationship when working with this client group. The process of analysis will identify themes in the data collected from all participants through the use of Interpretive Phenomenological Analysis.

#### **Investigator Contact Details:**

Kirsten Kitson  
School of Human and Life Sciences,  
Roehampton University,  
Whitelands College,  
Holybourne Avenue,  
London, SW15 4JD  
Email: [wrightk@roehampton.ac.uk](mailto:wrightk@roehampton.ac.uk)  
Telephone: 020 8392 3501

#### **Purpose of research:**

You are invited to take part in a research project carried out by a trainee counselling psychologist as part of a Doctorate in Counselling Psychology.

A great deal of research has taken place into the impact that working with sex-offenders can have on the therapist and into treatment outcome. Little is known about the actual experience of the therapeutic relationship when working with this client group. You are being asked to participate in a study which will provide psychologists with an insight into the experience of working with this client group.

**Who can participate?**

Participants are required to be qualified chartered counselling psychologists with up to five years post qualification experience. In addition, participants should have experience of working with sex-offenders.

**What will be involved in taking part?**

The research involves taking part in a semi-structured interview of approximately one hour. This will be arranged at a time and place of your convenience. The interview schedule will consist of questions that will explore your experience of the therapeutic relationship when working with sex-offenders. Interviews will be audio-recorded and will be followed by a debriefing process.

**Confidentiality and Anonymity**

All names and identifying details from the interviews will be changed for transcription. You will be offered access to completed transcripts to ensure exclusion of identifying details and accuracy. The interview transcripts and any forms you sign will be stored in separate secure locations. Both the interview recordings and transcripts will be destroyed once the university's mandatory six-year retention period has elapsed.

In terms of limits to confidentiality, if any information is disclosed in the interview process that indicates a danger of harm to yourself or others, or is unethical according to the BPS Code of Conduct & Ethics (2006), confidentiality may need to be broken.

**Information to consider before participating**

Participation in the research is entirely voluntary and you have the right to withdraw from the interview process at any time, although if you decide to withdraw once the project has already been written up, the researcher retains the right to use aggregate data from the study.

It is important to note that talking about your work with clients who describe traumatic experiences could lead you to reflect on distressing or difficult experiences. It could also lead you to re-evaluate your present practice in terms of how your subjective responses influence your therapeutic work. If this possibility is of substantial concern to you, then it is advisable that you think seriously before participating in this research project.

**De-briefing**

After the interview, further time will be available to provide you with an opportunity to talk about any issues that arose for you in the interview process and for you to ask any questions you may have. You will also be provided with a list of sources of support, which you can draw upon if you experience any difficulty or distress as a result of taking part in this research project.

### **What are the potential benefits of participation?**

It is very much hoped that taking part in this research would be an enriching experience in terms of providing an opportunity to reflect on, and discuss, your therapeutic work.

If you are interested in taking part in this research project, please contact the researcher, Kirsten Kitson, using the details on this form.

Please note: if you have a concern about participating in this study or any other queries please raise this with the investigator. However, if you would like to contact an independent party, please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

#### **Director of Studies Contact Details:**

Dr Paul Dickerson  
School of Human and Life Sciences  
Whitelands College  
Holybourne Avenue,  
London, SW15 4JD  
Email: P.Dickerson@roehampton.ac.uk  
Telephone: 0)20 8392 3613

#### **Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Whitelands College,  
Holybourne Avenue,  
London, SW15 4JD  
Email: M.Barham@roehampton.ac.uk  
Telephone: (0)20 8392 3617

## 7.4 PARTICIPANT CONSENT FORM



### ETHICS BOARD

### PARTICIPANT CONSENT FORM

#### **Title of Research Project:**

An exploration into therapists' experience of the therapeutic relationship when working with sex-offenders.

#### **Brief Description of Research Project:**

A great deal of research has taken place into the impact that working with sex-offenders can have on the therapist and into treatment outcome. Little is known about the actual experience of the therapeutic relationship when working with this client group. You are being asked to participate in a study which will provide psychologists with an insight into the experience of working with this client group. The process of analysis will identify themes in the data collected from all participants through the use of Interpretive Phenomenological Analysis.

#### **Investigator Contact Details:**

Investigator: Kirsten Kitson  
School: School of Human and Life Sciences, Roehampton University  
Address: Whitelands College, Holybourne Av, London, SW15 4JD  
Tel: 020 8392 3501  
Email: [wrightk@roehampton.ac.uk](mailto:wrightk@roehampton.ac.uk)

#### **I am aware that:**

*Participation is voluntary. I can refuse to take part and can withdraw myself and my contribution from this study at any time. However, should withdrawal occur after the cut off point (during the write up phase) data from the interview may still be used in aggregate form and included in the write up.*

*Participation takes no longer than one hour and my identity will remain anonymous. Any answers I provide will be helpful, but I am under no obligation to answer questions that I feel are private or might upset me.*

*All information provided would be used with sensitivity and discretion throughout the reporting of this work, which may be published or used for presentation purposes.*

*The Interview will take place privately, at a convenient time and place.*

*To ensure an accurate account and understanding of that discussed, the interview will be audio recorded for transcription purposes.*

*A de-briefing process will follow the interview. Further time will be available to me, which will provide me with an opportunity to discuss any issues that arose for me and ask any questions that I may have. I will also be provided with a list of sources of support. Data will be stored separately from any identifiers on a personal laptop in order to maintain anonymity at all times.*

*Pseudonyms will be used when referring to names of the participants, and other identifying remarks will be omitted.*

*-I will be offered copies of my interview transcript for verification and at a later stage, I will be invited to comment on a draft analysis of the interview.*

**Consent Statement:**

I agree to take part in this research, I am aware of all points raised within the consent form and am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name .....

Signature .....

Date .....

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Director of Studies or Dean of School.

**Director of Studies Contact Details:**

Name Dr Paul Dickerson  
School: School of Human and Life Sciences, Roehampton University,  
Address: Whitelands College, Holybourne Av, London, SW15 4JD  
Tel: 020 8392 3613  
Email: P.Dickerson@roehampton.ac.uk

**Dean of School Contact Details:**

Name Michael Barham  
School: School of Human and Life Sciences, Roehampton University,  
Address: Whitelands College, Holybourne Av, London, SW15 4JD  
Tel: 020 8392 3617  
Email: [M.Barham@roehampton.ac.uk](mailto:M.Barham@roehampton.ac.uk)



## 7.5 PARTICIPANT DEBRIEFING INFORMATION SHEET



Address: School of Human and Life Sciences  
Whitelands College, Holybourne Av,  
London. SW15 4JD

### Participant Debriefing Information Sheet

**Project Title:**

An exploration into therapists' experience of the therapeutic relationship when working with sex-offenders.

**Researcher:** Kirsten Kitson, BSc (Hons), BA (Hons). Trainee Counselling Psychologist

**Participant ID number:**

This research aimed to explore the actual experience of the therapeutic relationship when working with this client group. Having participated in this study, your contribution will provide psychologists with an insight into the experience of working with this client group. The process of analysis will identify themes in the data collected from all participants through the use of Interpretive Phenomenological Analysis.

If you would like to be informed about the outcome of this research, which is due for completion in August 2011, then please let the researcher know so that a Summary Report can be prepared for you. For later requests contact the researcher directly at **wrightk@roehampton.ac.uk** or on **020 8392 3501**.

If you have any queries regarding this study that you feel the researcher cannot assist, you are welcome to contact:

**Director of Studies Contact Details:**

Name: Dr Paul Dickerson  
School: School of Human and Life Sciences, Roehampton University,  
Address: Whitelands College, Holybourne Av, London, SW15 4JD  
Tel: 020 8392 3613  
Email: P.Dickerson@roehampton.ac.uk

*Dean of School Contact Details:*

Name: Michael Barham  
School: School of Human and Life Sciences, Roehampton University,  
Address: Whitelands College, Holybourne Av, London, SW15 4JD  
Tel: 020 8392 3617  
Email: [M.Barham@roehampton.ac.uk](mailto:M.Barham@roehampton.ac.uk)

**If you require any time for any further questions or concerns  
please do ask.**

Should you feel the need; further support can be sought from your supervisor and HM Prison Staff care team located within each prison. Confidential support is also offered through Samaritans 08457 909090.

*Thank you for your valuable contribution to this study.*

## 7.6 PARTICIPANT DEMOGRAPHIC SHEET



### PARTICIPANT DEMOGRAPHIC SHEET

**Title of Research Project:**

An exploration into therapists' experience of the therapeutic relationship when working with sex-offenders.

Participant Code: \_\_\_\_\_

**Please fill in the following details:**

1. Male/Female : \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Number of years post-qualification (please select): 1  2  3  4  5

4. Number of years having been involved in sex offender therapy (please select by changing the colour of the item you wish to highlight):

1  2  3  4  5  6  7  8  9  10

Other please state: \_\_\_\_\_

5. Therapeutic orientation: \_\_\_\_\_

6. Current places of work – e.g. prison, hospital, private practice

\_\_\_\_\_

7. Work experience prior to the current role(s) stated above: \_\_\_\_\_

\_\_\_\_\_

8. Are you a parent (please select): Yes  No

9. Please state any further factors which you feel may influence your experience of the therapeutic relationship when working with sex-offenders:

---

---

Thank you for completing this questionnaire.

## 7.7 INTERVIEW SCHEDULE



### Semi-Structured Interview Schedule

**Title of Research Project:**

*Exploring the experience of the therapeutic relationship when working with sex-offenders.*

**Example Questions:**

1. Can you tell me about a recent time that you worked with a sex offender?  
*Possible prompts: What was it like? How did you feel?*
2. Can you describe how you have found working with sex-offenders?  
*Possible prompts: Can you describe how you both related?*
3. In what ways has the experience been similar to or different from working with clients who have not been sex-offenders?  
*Possible prompts: Does anything make it easier? Does anything make it more difficult?*
4. Have you changed the way in which you have worked with sex-offenders over time?  
*Possible prompts: What has changed? What is different? How do you make sense of this change?*
5. What have you struggled with or found easier about working with sex-offenders?  
*Possible prompts: What challenges have you faced?*
6. What impact has working with sex-offenders had on you?  
*Possible prompts: How have you felt?*
7. How would you describe yourself as a person?  
*Possible prompts: How do you relate to others?*
8. Has working with sex-offenders changed the way that you think or feel about yourself?  
*Possible prompts: Do you feel you have changed in anyways?*
9. Has working with sex-offenders changed the way that you think or feel about sex offender

## 7.8 ANALYSED TRANSCRIPT: PARTICIPANT 5

- \* Descriptive
- \* Linguistic
- \* Conversational

### Initial coding/ exploratory notes

Interview with Participant 5. 16th September 2010

1 finds it interesting  
2 how came to field.  
3 used to run own business  
4 experienced, enjoys the work/loves it  
5 not always in this field  
6 headhunted  
7 wanted experience  
8 well known/high regard  
9 wanted her. Didn't  
10 went the job/so work  
11 with sex offenders  
12 wouldn't like the job  
13 talked it over  
14 good opportunity  
15 thought offered career  
16 advancement/development  
17 prospects  
18 settled in manager  
19 role.  
20 likes to be  
21 settled/well  
22 established  
23 unsure of  
24 impact on  
25 private practice  
26 private practice  
27 important to her  
28 closure if put off as  
29 sex offenders  
30 apprehension?  
31 uncertainty?  
32 New area/experience  
33 private practice  
34 work with victims  
35 balance perpetrator  
36 + victim = CONFLICT  
37 fear of less  
38 competition  
39 conflict concerns  
40 for professionalism  
41 Diligent, by the  
42 book/professional  
43 uncertainty about  
44 term 'client groups'  
45 conflict of working  
46 with both groups  
47 consult professionals  
48 cautious/open  
49 wants to do the  
50 right thing  
51 well thought out  
52 as intricately  
53 Not different  
54 (mild contradiction)  
55 more complex  
56 feel not working  
57 with the offence  
58 makes it more  
59 complex  
60 mental health is  
61 the focus.  
62 Difficult  
63 difficult balance?  
64 more complex  
65 offender + victim  
66 + more  
67 Separates the  
68 offence from the  
69 person. Non-judgemental.

R: Um, so the first question is just, can you tell me something about how you came to work in the field with sex-offenders?  
P: Oh ok, this is interesting. Um basically um, I obviously run my own business and I was working as a clinical director um at a drug and alcohol organisation and (NAME OF PRISON) was looking for a chartered counselling psychologist and had heard about me on the grapevine so they gave me a ring and said would you come for an interview for a job or would you apply for the job and I said no. Um, basically and then I came home and spoke to my partner and he was like, "do you know what that would be really good experience um and they'd offered training and things like that so I rang them back and said "is the opportunity still available"? And they said yeah so I went for the interview, got the job so it wasn't something I was looking to do....  
R: Yeah,  
P: So what was it that kind of originally made you say no and then...  
P: I think because I was settled in the job that I had um wasn't an area that I had ever thought about working in...  
R: Hmm...  
P: Um, and basically I want sure how it would fit in with my private practice, um basically so, I don't think it was because they were sex offenders um although that might have had a little bit to do with it um but I think it was more that I had never worked in that area before as well.  
R: In what ways do you think it might have had a little bit to do with it?  
P: Um, I think because with my private practice I work with people who have been offended against. Um and I didn't know how I would balance or manage working with the perpetrator as well as the victim.  
R: Yeah,  
P: Does that make sense? Or whether it would conflict. Um, so, because you have to think about kind of conflicts interest and ethics and everything else around working with both um, client groups. Um and the other thing is um it's not happened yet but and hopefully never will but um if I am working with a perpetrator at (NAME OF PRISON) and then I get their victim does that make sense, that's going to be the conflict of interest. Um, so um I'd obviously have to um seek advice on that if that ever happened. I hope not because I don't live near (NAME OF PRISON) um and they come from all over the country/basically, something to consider, yeah.  
R: Yeah. And um, how have you found working with sex offenders different from working with non sex offenders?  
P: Not really that different to tell you the truth. Obviously problems um are more complex um because in the prison service we don't work with the offence. Um we work with um whatever else um they are displaying um mental health problems, post-traumatic stress disorder, depression things like that. It is sometimes difficult because a lot of the offenders were victims themselves of sexual um abuse and then they become offenders and then they've got everything else um going on. So I think a little bit more complex than you would get with the other client groups um kind of the people themselves not really that different. I mean obviously they could be your next door neighbour or, they're just humans like us at the end of the day.  
R: Um and do you think there was anything that um made it easier or more

personal challenge  
development  
personal development  
prospects  
impressed them  
development are important to her  
-do both mind working  
Judgement  
Professionalism  
victim  
Post-traumatic  
No diff  
Not judgemental  
Complex  
Humanistic  
Human

Message not to judge - see the person before  
The offence can be hidden because it's an act not their personality  
Implies she sees others not see them as human - animals?  
Promoting seeing them humanity

How not to go in

Implies it is usually difficult

Can be more difficult 49 difficult when working with sex offenders?

not working with the offence causes problems 50 P: Um, I think maybe um sometimes it's more difficult because we don't work with the offence because the prison programmes are there and everything else.

labelling? 51 Um, I had one um who I worked with who'd murdered um somebody in the act of murder/rapit 52 um rape and um he'd um then kind of gone on to develop post-traumatic stress disorder um on the murder that he'd committed um so that was a bit kind of 53 complex um because you can't really say to somebody actually it wasn't your 54 fault that you murdered this person do you know what I mean?

changes approach, wants the offence to be responsibility + 55 R: Yeah

not give an excuse 56 P: Um, so you have to work very carefully with not um minimizing the offence or 57 not um (PAUSE) not colluding with them actually. Sometimes you get them 58 come in and say well no wonder I'm an offender because I was offended against 59 but actually there are millions of people out there who have suffered abuse, 60 whether it's sex abuse or whatever and haven't gone on to offend um so it's not 61 kind of getting into that bit. → wants responsibility to be taken/avoid getting into excuses.

Very aware of victims perspective Not 62 R: And, would you say that you've worked differently with this client group in 63 any way?

getting drawn in - boundaries 64 P: Um, (LONG PAUSE) → suggests mildly? 65 the relationship um and what I don't do before I see a client is have a look at what 66 they've done, their offence because that um can persuade you into 'actually this 67 person is not a very nice person or whatever' so you have to kind of go in with a 68 blank slate and forget, not forget, the offence but not be um swayed by the offence 69 or anything like that and just go in as you would any other client really. Does that 70 make sense? → Doesn't want to treat them differently

Doesn't know offence risk? Am to be person oriented? 71 R: Yeah, and how do you experience it when the offence does come into it? 72 P: Um now it's not so much problematic um. When I first started working in the 73 prison I think I used to um take it on board and it used to bother me um when I 74 think for the first two months. Um, cause you hear some horrific things um 75 (PAUSE) and especially with (NAME OF PRISON) purely being a sex offender 76 prison um and I think the impact, I forgot the question now sorry?

avoid bias 77 R: Um, (BOTH LAUGH) er, it was, do you think you've worked differently with 78 that client group in any way? → suggests unsure?

wants blank slate takes measures to not be biased 79 P: Right yeah no I dint think so um, yeah I think the main thing is to not to um 80 kind of find out, unless its um how can you put it, unless there's a history of 81 violence or something like that because you have to take into consideration your 82 own health and safety. Um so if there is a history of violence you'd have to look 83 at that history um and see whether they're appropriate with lone females um your 84 own health and safety um which I don't think you probably do as much if you 85 were working in the community. Um although that might just be about 86 complacency um because any client group could be violent or um aggressive or 87 something like that so. But I think the only difference is that um ensuring your 88 own safety and the environment that you work in. um, it's not really conducive to 89 counselling um, so yeah I think that's the only difference. - difference.

first experience: blue ink onboard affect internalize, bothered for 1st 2 months - horror 90 R: and, because I think going back to the previous question, I think, um I'd said 91 how do you manage it when the offence does come into the relationship?

an impact 92 P: Oh yeah that's right that was the question yeah... → lost track of follow up question.

emphasis on not knowing the offence 93 R: (INAUDIBLE) bit confused. (LAUGH).

Risk/concerns of own health/safety by consider violence 94 P: I think yeah, I think now I can easily bracket it um or if it's kind of say for 95

boundaries/remit / stepping on toes?

offence

complex

contradiction in terms?

Boundaries

Important Relationships

Separate from offence

Internalize/Personalize

Offense separate

Professionalism Health/Safety Risk

Brackets the offence - Offense - separate. Separates offender from the offence.

Can be more difficult

not working with the offence causes problems

labelling?

murder/rapit PTSD - Trauma

changes approach, wants the offence to be responsibility +

not give an excuse

Need not to minimize/avoid

A need to be very aware? Denial?

Very aware of victims perspective

Not

getting drawn in - boundaries

Pluses stress/ importance on relationship

Doesn't know offence risk? Am to be person oriented?

Doesn't want to make judgements

Avoid bias

wants blank slate takes measures to not be biased

Was more of a problem before?

First experience: blue ink onboard affect internalize, bothered for 1st 2 months - horror

There is an impact

emphasis on not knowing the offence

Risk/concerns of own health/safety by consider violence

Perceives risk being a female violence could be directed at a male health + safety

Attributes to context not client?

bothered? Being non judgmental or complacent?

Minimizes difference

Safety

Confused

counselling v contextual demands?

offense only addressed if relevant  
 initial affect worse  
 off - get to me  
 impacted on ability to work  
 impacts on personal life  
 unable to detach  
 lack of boundaries  
 unable to bracket  
 early experience  
 stereotypical judgements  
 feels it more real / common  
 stereotypical of s.o.  
 now doesn't love for it  
 increasing awareness  
 wanting to reduce risk  
 severe impact needing to escape  
 hampered work  
 wants blank slate / not judge  
 emphasis on supervision of remaining human & human  
 them as victims  
 Empathy  
 goes off back  
 Her training is important to her - more significant  
 has been working with deaf  
 feels it's complex  
 interpretations are different of emotions - smaller range or deaf  
 people have fewer?  
 poignant in her memory  
 significant in some way

→ may feel low/regret? As a consequence?  
 suspicious / wary / guarded / Fear  
 example the depression is caused around the offence then you have to work with both but um I think previously for the first two months of working in the prison I think it did affect me um and um it made me very suspicious of people um and it's like you'd read things into it like I took my mum out for a meal and um there was a guy there, I always remember this because I had worked in the prison for about three weeks, four weeks, there was a guy there and he had five lads with him um and I was looking and looking for inappropriate interaction do you know what I mean so you start looking for things like that but now I've learnt not to do that um and I've learnt to bracket it so I think now the offence, not that it doesn't bother me I wouldn't say that, but I think it's part and parcel of the work. <sup>still</sup> bothers her  
 R: Hmm, and how do you feel that you have been able to kind of um bracket it, what was it that kind of changed after two months? learnt to bracket / acceptance?  
 P: I think it was the fact that um it was getting quite obsessional (LAUGHS) um and I thought I'm going to have to do something or leave the job. Um, basically because you can't work with people when you've got those sorts of things going round um so supervision. Um hugely, worked a lot around that in supervision. Counselling, my own counselling um and again kind of thinking well actually its human to human at the end of the day and they've been victims themselves um so it's about having empathy not around the offence that they've had but empathy towards that person. uses empathy to see person not offence - separate  
 R: and can you tell me about a time, a recent time that you have worked therapeutically with a sex offender?  
 P: Um, (PAUSE) a recent time that I have worked with um a sex offender, it was um what day are we now?  
 R: September. - mishears - day/month  
 P: Um... sorry, day? Thursday... → tries to respond, l.t.a  
 R: Oh yeah sorry, - feels a bit stupid.  
 P: Tuesday, yeah it was Tuesday (LAUGHS) um so. Do you want kind of what it was that (INAUDIBLE)... seems confused about the question  
 R: Just an experience that kind of stands out. That comes to mind... tries to clarify  
 P: An experience that stands out or comes to mind. I think um, this is not to do with a sex offence but um there's not many people who um, we have deaf um clients within the prison um and I felt kind of because I've been training in British sign language um so I am working with deaf prisoners within the prison service um and I think that's complex because the interpretations are very different to how we would talk. Um and deaf clients have, don't have the same range of emotions that we do because they interpret them very differently um I don't know if that helps or not, I'm just trying to think of one that really sticks out in my mind. (LONG PAUSE). Are you talking about one that I found difficult to work with or?  
 R: Um, just an experience of working with a sex offender, um (PAUSE) I don't want to lead you in any particular way... keen to not direct participant from what's  
 P: (BOTH LAUGH) No yeah. important to her.  
 R: I don't know whether there is just a particular client that stands out in your memory or that when you think of your sex offender work you think back to this person?  
 P: Yeah um, there's one that stands out um about a year ago that this isn't a kind of an everyday situation um it was a client who um obviously very poorly um and

- Suspicion  
 Personalize / Internalize  
 separate offence  
 Personalize  
 - Supervision  
 Counselling  
 Human  
 Empathy

unusual - not a typical experience?  
 unwell? sick?  
 non-judgemental  
 3



Repetition of "really"  
 emphasis on difficulty  
 quite violent

behavioural problems?  
 being "difficult"?

not sticking to one?  
 Commitment?

145 who was causing lots of difficulties within the prison um and he was going through programmes and they were finding him really really difficult. He was quite violent and um they asked me to do an assessment on him and um during the assessment he was kind of telling me things that um he wanted to do, basically when he was released he was going to kidnap a six-year-old um and rape this six year old and at the same time as he was ejaculating he wanted to shove his fist down the baby's throat and pull out all the insides. So he ejaculated at the same time that he pulled out all the baby's insides and stuff. Um, that's been hard to let go of um because I know he's going to be released one day do you know what I mean um and obviously I shared that information um with um the police liaison officer and stuff and put it on the file and everything and he got quite angry during the interview and he started thumping the um radiator um so I had to put a stop um to the interview um and just kind of talk to the police liaison officer and they couldn't do a lot because once his sentence has ended it's ended really um so that's quite scary. That sticks out in my head um but only because it was an excessive (PAUSE) client that I had, obviously a very damaged person.

160 R: And how do you kind of manage that? Broken - in need of repair. Professional Internalized.

162 P: Um, I think basically by knowing that you've done everything that you can do. Um around it and um just leaving it in other people's hands really who are more equipped to deal with that um I mean um through um some of the work that I did with the police liaison worker when he was released (we) managed to get him released to a high security hostel which is similar to a prison but it's a hostel. Um, which um obviously he is going to get out of one day but knowing that you have just done everything that you possibly can really um and just letting go um because (you can't) follow him everywhere or (you can't) do you know what I mean? A desire to eliminate risk. A sense of responsibility v professionalism.

171 R: Yeah... A need to keep an eye on him. A lack of trust/suspicion. Professional.

172 P: It's just impossible, so yeah just knowing that you've done what you can. Professional.

173 R: Um, and thinking about um, a se a client who has been a sex offender can you just describe a bit about the relationship that you've had with that client, the therapeutic relationship?

176 P: Um, I think a really good relationship, I think what's different about um in my experience anyway, what's different about working with sex offenders um to any other um (PAUSE) forensic client if you like um that's not committed a sex offence but other offences is that they're less likely to be physically violent um their more likely to be manipulative um try and groom you, um try to get you to collude with them things like that. So, because that's the um (skills) that they use in order to be able to commit the offences that they've got. Um but I think um, I er I've had really good relationships um with them, um, because that's the first and foremost thing with the therapeutic relationship anyway. If you haven't got a good therapeutic relationship the rest isn't gonna follow. Um, so yeah like I say you just have to bracket the offence really and see them as somebody whose got problems who you're trying to help. Empathy see problems not the offence.

188 R: In what ways do you feel that it's um i it became a good relationship?

189 P: Um I think (PAUSE) um, if I'm understanding them from their point of view um not the offence but what they're coming for um and if you like building on, um helping them to trust um people because some people find it really hard to trust and once you've got their trust and once they know that you're not going to

192

Second opinion?  
 open/honest about his desires?  
 certainty/intent  
 Kidnap/rape sexually abused by torture  
 Repetition => emphasis on horror?  
 Struggled with  
 Been hurt - pos still not let go of?  
 A given, always professional.  
 Perceived risk  
 break confidence  
 Perceived risk of violence  
 Did not sit with anger  
 helplessness brings fear. Perceived risk = scary  
 Professional  
 Ticks all boxes  
 Tries to do it  
 Boundaries - use other person's  
 Faith in  
 know limits of own  
 merit - on going  
 of him in community.  
 Confidence in you having done everything professional = detour?  
 Really good relationship.  
 not wanting to generalize  
 less chance of violence. More chance of manipulation/grooming/collude to repeat offending behaviours  
 Emphasis on Therapeutic relationship = necessary!  
 Separate client from offence.  
 Empathy  
 Understanding  
 Gain their trust - Important to build trust/ability to trust  
 Relationship influences other relating.

Challenging - violent  
 Powerage/Manipulate  
 Fear.  
 Professionalism  
 Personal safety  
 extend support  
 Risk  
 Internalize  
 Professional boundaries  
 Risk  
 Commit.  
 Relationship  
 Relationship  
 Relationship  
 Bracket offence  
 Empathy  
 Trust  
 Trust

→ Client is fearful re confidentiality / expects breach - need trust

193 share all this information with other people unless they um, unless you have to  
 194 → breach it um I think that's a good starting point really and especially in the prison  
 195 service because they have got experience of (SNIFF) pardon me, other  
 196 professionals um just sharing information (willy nilly) um about them and doing  
 197 things to them rather than with them. Um, so yeah the first thing that I obviously  
 198 do is do the contracting and confidentiality which is the start of the build of the  
 199 relationship. *Setting expectations clearly: Trust starts the relationship.*  
 200 R: And you mentioned kind of a few factors there such as you know trust and also  
 201 um collusion and things like that... *Collaboration*  
 202 P: Hmm...  
 203 R: Um, what impact do you think those factors have had on the relationship?  
 204 P: Um, I think it can have but if you've got a stable relationship and a good firm  
 205 relationship with them I think that they come to an understanding for example I  
 206 saw a client on Tuesday who basically um was trying to test the relationship and  
 207 um what he did is was that he said to me that he'd gone into an empty cell and um  
 208 there was a TVD, a TV with a DVD um player in this empty cell and he took it  
 209 out of this empty cell and swapped it with his friend's um television because his  
 210 friend didn't have a TVT, ah, a TV with a DVD on it. Um and then um said to me  
 211 um oh um, 'you will keep this a secret wont you' and so I said 'well actually no  
 212 (LAUGHS) I can't keep secrets' um and this is um he said he didn't have  
 213 permission to do it and that um and then that no-one knew he had done it and so  
 214 basically I was transparent and honest with him and said 'I can't keep this a secret  
 215 I can't keep any secrets basically and that I'm gonna have to report it' um he  
 216 became quite angry um and I said 'I feel as though you are trying to manipulate  
 217 me and I feel as though you are trying to get me to collude with you in this act um  
 218 and I'm not going to do it, it's not going to happen' and I also said to him that 'I  
 219 feel as though you are testing me' and he said 'no no no I'm not doing any of  
 220 those things'. So um I kind of said to him 'well actually yeah I'm gonna report it  
 221 and I am hoping that it wont impact on our relationship and that you'll come back  
 222 to the counselling and that you'll understand that actually I can't keep this and  
 223 that I have to report it because I have to follow a code of conduct'. Um so he left  
 224 the session I reported it um obviously and then um an officer rang me and said  
 225 that he wanted to come back and talk to me um because he was concerned um  
 226 about kind of how I felt about the way he had left the session because he left the  
 227 session angry so I said yeah no problem I am free at three-o'clock he can come  
 228 and talk to me then. So he came in and um said I really need to apologise for what  
 229 um I was trying to get you to do um but um what I didn't tell you was that  
 230 actually I was helping somebody else to move the telly and they'd got permission.  
 231 So that didn't make it any better it actually made it worse because he had lied  
 232 about it even in the first instance so I said to him 'actually um what you're saying  
 233 to me then is that you lied to me in the session about what had happened' um and  
 234 he said 'well I didn't exactly lie I just didn't tell you the whole truth' and um I  
 235 said 'well I've already reported it what you're going to have to do is whatever  
 236 version you've got that is the truth, when they come and interview you then  
 237 you're going to have to give them the truthful version. But um what I kind of am  
 238 saying is that I do feel that you was testing me' and um he said 'yes I was' and I  
 239 said 'well how do you think that has now impacted on how you feel in, within the  
 240 relationship and how I feel within the relationship?' and we just talked about that

→ *Emphasis on the relationship*  
 → *Primary importance to therapy*  
 → *Encouraging perspective taking*  
 → *Reflection*  
 → *Learning from rupture.*

Trust = good - striking point Professional working with client Collaborate. Collusion / trust - minimal impact if relationship is good. Testing the relationship. Empty cell. Not his. Took DVD swapped it. Limited P. to collude with him. Boundaries / professionalism. No permission. Disobedient. Transparent / honest. Angry. Very congruent + immediate. Wanted to give clear boundaries. I don't not reflective? honest/open. It's impact to relationship. Boundaries. Professional. Boundaries. Clear/honest. Officer protective? Concern - s.g. Remove. Reflective. Lies/trust. Lies worse than collusion. Congruent. Immediate/open. honest / boundaries. Excuse / defence / lie. Encourages honesty. Explore impact collaboration.

Trust  
 Professionalism  
 Confidentiality  
 Trust  
 Relationship.  
 Relationship with men.  
 Testing  
 Collusion  
 Professionalism  
 Boundaries  
 Transparent / Congruent / Honest  
 Boundaries  
 Testing.  
 Honest / open relationship  
 Professional  
 Boundaries  
 Congruent  
 Boundaries  
 Testing  
 Lies / collusion / Truth / honesty

*\* Being open/honest/implicit boundaries helps s-o to feel comfortable*

*Maintaining a relationship, whilst boundaries manage/overcome ruptures*

241 and um he was happy as larry when he left although I still reported him.  
 242 (LAUGHS) So um, it can be complex in that way um yeah.  
 243 R: And how did you kind of feel in that moment what you felt that you were  
 244 being tested?  
 245 P: Hmm. I felt angry um and I kind of shared that with him and I said 'if I'd done  
 246 that to you how would you feel?' and he said 'yeah I'd feel the same way' um and  
 247 um so and it's about moving through that because this is behaviours that they use  
 248 do you know what I mean? You can't expect them not to use offending behaviour  
 249 with you when they're in counselling and it's about being aware of it and bringing  
 250 it up when it arises so that you can have that transparent and um positive  
 251 relationship with somebody. Does that make sense?  
 252 R: Yup Yup.  
 253 P: Yeah.  
 254 R: How do you feel that um you kinda relate to each other?  
 255 P: Um, the client and myself? I think really well there's, again there's a few  
 256 clients who you think actually the hackles on my neck goes up on the back um  
 257 and um a few clients who, far and few between I think but you get the clients who  
 258 you feel um you'd prefer not to work with if that makes sense um but again it's  
 259 about resolving that a in supervision...  
 260 R: Hmm...  
 261 P: Um and working through that with you your supervisor. Um but I think ninety-  
 262 five percent of the time a really good relationship.  
 263 R: And what do you think it what kind of traits do you feel that it is that do bring  
 264 the hackles up?  
 265 P: Um, (LONG PAUSE) I'm just trying to think. (PAUSE). I think it's less the  
 266 traits um (LONG PAUSE) um maybe it is I don't know. Sometimes it's just a gut  
 267 feeling do you know when you just meet somebody and you just have a gut  
 268 feeling. Um, but and it could be around transference or counter-transference um  
 269 and again like I say it's about exploring that in supervision um it might be  
 270 somebody whose reminded me of something about my own past um that's given  
 271 me that kind of that gut feeling um about a dislike towards this person or um a  
 272 fear of this person um and um like I say it's about exploring that in supervision.  
 273 R: And in what ways do you feel that you influence the relationships?  
 274 P: Um, (PAUSE). I think a lot by not being judgemental, um about giving them a  
 275 relationship that they might have not of had previously um about not showing  
 276 shock or surprise um like when you hear things um about being understanding,  
 277 um and gentle um with people. So um, yeah I think I influence it in those sorts of  
 278 ways and try to make it as comfortable as possible for the client. Um because a lot  
 279 of them wouldn't have had counselling previously...  
 280 R: Yep...  
 281 P: So psycho-education as well just things that um traits that you give out and  
 282 then kind of things that you do with them um like psycho-education and um  
 283 understanding that actually this is really difficult for you to come to counselling  
 284 um they might have a macho um (PAUSE) how can I put it, there's a hierarchy in  
 285 prison so they might be seen as macho and things like that so when they come to  
 286 counselling they'll have the opinion that people might see them as soft um so it's  
 287 helping the client through that um but yeah I think it's about your body posture,  
 288 the way you talk to somebody, the respect that you show and um the

Complex  
 Congruent  
 Explorative  
 Perspective  
 Taking  
 Report  
 process  
 Offending  
 behaviours is  
 to be expected  
 to look for it  
 + address it  
 Positive  
 relationship  
 Affected by  
 some clients  
 hackles - fear  
 apprehension/  
 worry /  
 protect self  
 Working  
 Through - make  
 head-on - address  
 issues.  
 Feels  
 comfortable  
 enough to  
 correct.  
 unsure/  
 uncertain?  
 Gut feeling  
 Awareness  
 Spiritual side?  
 Sense  
 Transference/  
 counter-trans  
 Personal  
 reaction  
 Internal reaction  
 Dislike /  
 Fear  
 non judgemental  
 Relationship  
 No shock /  
 surprise  
 Gutting  
 comfortable  
 breathe emotional  
 experience  
 psychoeducation  
 Empathy  
 understanding

Transparent  
 Congruent  
 open/honest  
 Relationship  
 repair nature  
 Testing  
 transparent  
 congruent  
 Boundaries?  
 Supervision  
 leading  
 Supervision  
 Supervision  
 Intend/personal  
 reaction  
 Relationship  
 PC  
 Empathy  
 psycho-ed  
 Empathy  
 Understanding  
 Empathy  
 Respect

Understanding  
Empathy

289 understanding and the empathy really that influences it all.  
 290 R: Um and what have you found particularly difficult or challenging in this work?  
 291 P: Working with sex offenders?  
 292 R: (NODDS)  
 293 P: Um (LONG PAUSE) (SAYS QUIETLY) just trying to think. (PAUSE). I  
 294 think maybe, the most challenging and difficult thing that I find working with sex  
 295 offenders is when um they're in (denial) of their offence. Um or when they're  
 296 trying to blame the victim um for example I had a client who um abused his three  
 297 year old um granddaughter and um basically he was saying things like 'well she  
 298 used to come and sit on my knee and she used to kiss me of course she wanted it'  
 299 um do you know what I mean and things like that and it's really really hard to um  
 300 have an understanding um from that point of view um and it's hard to hear things  
 301 like that I think. Um, but again it's about challenging it, um and I think I  
 302 challenge it more now than I used to um because again when I first went in I  
 303 found that more difficult than I do now um and I used to have to take it to  
 304 supervision. Um so but yeah. Being challenging um to those sorts of things um  
 305 when somebody says something like that or um trying to think of another  
 306 example. Yeah, a client (SHORT LAUGH) um who was trying to say that um  
 307 (SMILES), see he was very incestuous, abused his children and his grandchildren  
 308 and stuff and he was saying that in the beginning in the bible there was only  
 309 Adam and Eve and of course to get more people you had to be incestuous to um  
 310 get more people on the earth and stuff so of course God agrees with incest. So it  
 311 was like well actually (SMILES) how do you challenge that (BOTH LAUGH). So  
 312 I had to basically, I said 'well um I don't know much about kind of that what you  
 313 just said and 'I'm going to say I disagree with it because incest is kind of wrong  
 314 um in the eyes of the law, forget the bible, but in the eyes of the law incest is  
 315 wrong and you know it's wrong'. And then I went to speak with the chaplaincy  
 316 and kind of said 'this has come up how would you approach it?' So, you get all  
 317 sorts of sticky situations shall I say. Yeah and it's about going back and re-  
 318 challenging it like 'well last week you mentioned that your belief is this and now  
 319 I've spoken to the chaplaincy and this is what we've kinda come up with. So...'  
 320 R: And you said that you felt that the challenging had become easier...  
 321 P: Yeah...  
 322 R: What do you think has helped that?  
 323 P: Confidence. Definitely. Because obviously when I first started I'd never  
 324 worked with this client group um and acceptance that it's not really that much  
 325 different from working with any other client group um might be more complex  
 326 and you might have a few more challenges um and but really when you look deep  
 327 down at it It's really not that different. Um, so yeah gaining confidence in  
 328 knowing that you can challenge and that it's appropriate and ok to do that. Um,  
 329 because it's not appropriate for them to be having those sorts of thoughts and then  
 330 being challenged does that make sense?  
 331 R: Yeah...  
 332 P: Or enabling um within that.  
 333 R: Um, I think you've kind of touched on this in in in some of your answers but  
 334 have your experiences of working therapeutically with sex offenders changed in  
 335 any way over time?  
 336 P: Yeah! (BOTH LAUGH). Definitely! Like I just said I'm more able to

feels her experiences have definitely changed.

Understanding

Empathy

Trust  
Open/honesty

excusing not  
excusing to blame

Boundaries  
Challenge

Supervision  
Challenge

Challenge  
Honesty  
Transp

Professional  
Professional morals

extended input  
challenge

open/transparent

Confidence

humanistic  
Complex

Challenged  
Humanistic

Confidence  
Professional  
morals

Denial  
lack of honesty  
openness  
Excuses  
Blame  
Want to understand?  
Hard  
more difficult to challenge  
Initially easier now?  
Value of supervision  
Training strategies?  
Challenge evasion  
Incest  
uses bible as an excuse  
Bible allows incest  
Challenge saw his point, unsure of what to do.  
Openly convers  
Transparent  
Build knowledge  
Personal dev?  
Values other's feedback / input  
Challenge  
Open/honest  
going back to challenge - v  
important to be not to mind it  
do all the can  
link experience  
Non judgemental  
doesn't want to stereotype / children's  
humanistic?  
know remit  
professionalism  
morals - right from wrong.

Challenge

337 challenge, I have more confidence um I have more experience um not a lot  
 338 surprises me now whereas in the beginning it did because obviously I hadn't  
 339 worked with that client group and the group in (NAME OF PRISON) are from  
 340 um things like somebody may have um I don't know, flashed somebody all the  
 341 way up to first degree murder basically so you've got the whole um wide range,  
 342 um, of sex offences on that continuum. So I think that um very few things  
 343 surprise me now so I can work through them and with them with a lot more  
 344 confidence, with a lot more experience um yeah. So I think that I've grown  
 345 psychologically and professionally myself um with it.  
 346 R: Do you feel there have been any changes in the actual therapeutic relationship  
 347 given those changes (INAUDIBLE)...  
 348 P: Yup. I think it's got stronger actually um I think um (PAUSE) yeah I'm less  
 349 dithery if that's the right word (BOTH LAUGH). And um I think the more  
 350 confident you are and the more confidence you portray to your client; the more  
 351 confidence they have in you...  
 352 R: Hmm...  
 353 P: Um, and the more um solid that therapeutic relationship um gets and I've  
 354 noticed that with um supervising trainees um and when they've had low  
 355 confidence um their client hasn't had much confidence in being able to get better.  
 356 Um, does that make sense?  
 357 R: Yeah...  
 358 P: So yeah.  
 359 R: So it's like confidence has been important and also the challenging has been  
 360 (INAUDIBLE)...  
 361 P: Yeah...  
 362 R: Has increased, you mentioned surprise as well how, how do you feel that, I  
 363 mean you said that you're less surprised now what impact do you feel that  
 364 surprise had in those two kind of stages?  
 365 P: Yeah, I think if I was surprised it threw me and the kind of words were 'what  
 366 do I do now?' sort of thing. Um, which even if you try and cover things like that  
 367 up I think the client unconsciously picks that up. Ummmmm, but now kind of um  
 368 when I'm hearing things I'm not that surprised. Um and I'm more confident with  
 369 it um because I think surprise takes that confidence away. Um and that element of  
 370 'oh my god what do I do'? Um, does that make sense?  
 371 R: Yeah...  
 372 P: The more experience I've got um the more I've known what to do with  
 373 whatever it is they've brought with them. Um and if I haven't I've just thought  
 374 I'll just take it to supervision. It's not that big a deal we'll go somewhere else.  
 375 R: Um. Do you feel that your approach has changed in any way?  
 376 P: Yeah not because of the sex offenders though but because I have grown  
 377 professionally and I've learnt new things like um, working with eye movement  
 378 desensitization reprocessing, EMDR, um I use that quite a lot in the prison. Um,  
 379 working with trauma the more I've learnt about trauma the more my approach has  
 380 changed. So I don't think that it's because of working with sex offenders, I think  
 381 it's because I've just developed, I've developed better skills really.  
 382 R: Um, and do you feel that your beliefs or feelings have changed in any way  
 383 when working with sex offenders?  
 384 P: Um, (PAUSE) I think um they have but probably um like do you know when

Feels like has changed/developed personality  
 more able to challenge  
 increase in confidence  
 more experience

Personal growth/development  
 Challenge  
 Confidence  
 Exp  
 Confidence (same)  
 Confidence  
 Challenge  
 Personal growth/development

Relationships are stronger  
 more direct  
 more confident  
 know what to do  
 personal confidence  
 parents clients  
 influences  
 Confidence makes the tie stronger  
 SOLID

Surprise used to throw her  
 interrupt the flow/train of thought  
 helplessness/uncertainty/directionless?  
 No point trying to cover up - think gets it  
 wanting to hide where not professional? experience? confidence  
 Values supervision to address what she can't alone  
 Reassuring? pragmatic? doesn't want to distance with them  
 Professional development Learning Development New Skills

Wanting to explore more

now knows what to expect

Uncertainty?  
 possible reluctance to show judgement?  
 Intive?

During training - guest speaker

385 you're training um we had um a woman who came in and who worked with sex-offenders and I remember in my training saying 'oh I could never do that' do you  
 386 know what I mean? *Didn't think she'd be able to do it, would struggle!*  
 387 R: Hmm... *hard it difficult?*  
 388 P: Um, because I thought you had to have a separate set of skills or be whatever.  
 389 Um, and kind of kind of the sa, um, yeah that belief has changed. I mean I now  
 390 know that I can work with sex offenders um, what else. (LONG PAUSE). I think  
 391 as well that um 'cause people often say to me 'how can you work with sex  
 392 offenders?' and um, because people have the impression that they are the scum of  
 393 the earth basically. Um, so kind of, my answer to that is 'if I work with a  
 394 thousand sex-offenders and I reach one person in that thousand then I've literally  
 395 um if you like um affected about fifty-four people's lives. Because if that person  
 396 doesn't go out and offend anymore you've not got the victim, you've not got the  
 397 family of the victim, you've not got the courts, you've not got the police, do you  
 398 know what I mean... *keen to stop impact on society finds it difficult when people ask?*  
 399 P (R): and all of that um, affects society and families in general um and so that helps  
 400 quite a lot to think well just helping one person is going to help more than one  
 401 person because it's not going to create another victim. Um and I'd never thought  
 402 about it in that way before um I came to work with sex-offenders because I had to  
 403 question 'why am I working with sex-offenders?' and I kind of fell into it um but,  
 404 yeah. Does that answer the question? *Initially confused herself. Not a conscious desire A.J.*  
 405 R: Um yeah. And, um, you mentioned about how people kind of ask you about  
 406 wha how you can work with sex-offenders...  
 407 P: Yeah...  
 408 R: How do you experience that or how do you feel about that?  
 409 P: Sometimes, um I think do you know that's the impression that I had. Um,  
 410 because again you think sex offenders um that actually they are all monsters and  
 411 animals and stuff. Um, so when kind of, when people say 'oh how can you work  
 412 with that client group' I kind of get defensive for them and I think well, do you  
 413 know what I mean?  
 414 R: Hmm... *A possible level of uncertainty?*  
 415 P: So I kind of think they're not monsters and kind of, you don't know, they  
 416 could be your next door neighbour, really nice people to tell you the truth. Um,  
 417 and it's just the offence that creates that how can I put it? I believe that everybody  
 418 has some good in them um no matter kind of who they are really um and it's  
 419 about reaching that good. Um, and not everybody has the same opportunities in  
 420 life um so now I think I do get quite defensive when people say 'oh how can you  
 421 work with them'. Um, they're just like paedophiles, or they're monsters, or scum  
 422 of the earth or whatever.  
 423 R: Hmm... um. (PAUSE), we've kind of touched on this in the last question...  
 424 P: Hmm...  
 425 R: But can you think of any impact that working with sex offenders has had on  
 426 you personally or professionally?  
 427 P: Yeah, personally um again in the first two months I would say um not sure  
 428 how much information you want (LAUGHS) this might be too much information.  
 429 Um, but I had a problem with my partner touching me um and um I had a  
 430 problem with sex because I couldn't get things out of my head. Um, so personally  
 431 it affected me. Now it doesn't. I've got no problem with it at all um but yeah  
 432 *→ parameters, got inside, unable to bracket*

Thought you need specific training/skills & sees it's the same  
 no defence  
 Self-development  
 more exp  
 o their mind  
 Judgements, Neg  
 stereotypes  
 Poor odds. No  
 faith in the work  
 Skeptical of ability  
 to change? Or  
 just making a  
 point? knock  
 on  
 effect.  
 Aware of the  
 impact of her work  
 on society  
 Empathy for  
 the victim gives  
 her motivation  
 change in perspective  
 helps her to re-eval  
 influence of previous  
 victim work?  
 Empathy  
 Understands their  
 perspective.  
 Used to not  
 view them as  
 human. Had  
 stereotypes.  
 Now thinks  
 otherwise, becomes  
 defensive/protective  
 They are no  
 different. You can't  
 tell them apart  
 Nice people. In  
 reality. The offence  
 creates a stigma?  
 We are all capable/  
 have some good.  
 The offence isn't  
 the whole  
 person.  
 Circumstance can  
 play a big role  
 when first  
 started the work  
 Concerned giving  
 too much detail  
 concerned of my  
 reaction?  
 Difficulty with  
 partner touching  
 her - problem with sex

Exp?  
 self  
 development  
 Judgement  
 Personal  
 Growth.  
 Non  
 judgemental.  
 Empathy?  
 Humanistic  
 pos regard.  
 Non  
 judgemental  
 Personal  
 Impact.  
 Personal/Personal  
 Growth

433 personally I went through (PAUSE) that um. Can you ask me the question again

434 sorry? / *lose track - distracted by recalling early struggle? still updating?*

435 R: Can you think of any impact that working with sex offenders has had on you

436 personally or professionally?

437 P: Yeah so that would be the impact personally. Um, professionally I think it's

438 helped me be less judgmental um it's helped me understand more about actually

439 there is good in everybody. Um, and I think it's helped me (PAUSE) um

440 professionally (PAUSE). I think it's helped me grow a lot professionally. Um

441 (PAUSE) in kind of um, and personally, in kind of how I view things um and

442 perspective taking, um, it makes you perspective take quite a lot really.

443 (QUIETER) Just trying to think how else it might have (LONG PAUSE). I think,

444 I'm not sure whether this is working with sex offenders per se or um just the work

445 that I do, but I feel more connected now to things whereas before um I'm not sure

446 how to explain it um, (PAUSE) I feel that I know myself better, um so I feel more

447 connected with myself and with other people. Does that make any sense at all?

448 R: What what do you, is it that kind of makes you feel more connected? *Unsure / confused*

449 P: Um I think um, it's about knowing myself a lot better um that makes me feel a

450 lot more connected um but I think it's less about working with sex offenders but

451 more about the job that I do er really because you get into the spiritual realm and

452 stuff like that because what I would say, I don't know if this is relevant but what I

453 would say is kind of before um I started this work, um like a lot of people I think

454 death used to scare me um and it wasn't something that I'd talk about or anything

455 like that. But now, um I'm quite, not that I want to kill myself (LAUGHS) or die

456 or anything, but I'm quite content with it if I died tomorrow um it wouldn't

457 matter, do you know what I mean? *Context, at peace, has she felt she's made her mark/difference to the world? or that it wouldn't make a difference her going!*

458 R: Yeah...

459 P: It wouldn't be such a big deal really. So I think I've connected more with my

460 spiritual side. Um, and my higher power um and connected more with kind of the

461 world itself really.

462 R: Hmm...

463 P: I don't know if that answers your question?

464 P: Yeah I'm just thinking 'cause you said about um professionally that one of the

465 impacts is that it has changed the way you view things, I'm just wondering...

466 P: Yeah... *Wanted elaboration.*

467 R: What you meant by that? *Getting back on track. Wants me to get the most from the interview?*

468 P: again if we go along the line because I know it's about sex-offending that you

469 want to know, um, I think before I worked with um sex offenders I would view

470 them as all bad um or um you'd have a stereotype does that make sense? And I

471 think that's changed, I don't actually have a stereotype anymore...

472 R: Hmm...

473 P: Um and I, they are um how can I put it, they are a human being who has

474 committed a sex offence but there's more to them than the sex offence. Um, and I

475 think that's enlightened me a lot in working with sex offenders is that actually

476 there is a lot more to them than a sex offence.

477 R: Hmm, and in terms of the personal impact with regards your relationship and

478 things, what do you think that it was about the work that brought that impact on?

479 P: Um (PAUSE) I think to begin with it was about the scary notion, because you

480 don't think about sex offenders unless you're working with them really, do you

*didn't previously think about sex offenders. Now thinks about them because she works with them.*

*Fear?*

Became less judgemental with understanding

positive regard helps to increase empathy + reduce judgemental (growth helped)

Developed her perspective taking empathy

well thought out - wants to give a lot in the interview

uncertainty of the interview

connection / self awareness / insight - helps her to feel connected.

not specific to sex offenders.

controlling physical, get into spiritis, telling unsure / going off track.

death no longer scares her

wants it to be the norm like other's not preoccupied not extremist

feels more connected spiritually higher power / world.

Before the work, made judgements / stereotypes, saw all bad

Now has a more integrated view - sees the good too / sees differences so no stereotype

Humanistic?

Sees beyond the offence - stresses human

Enlightenment personal growth more than the offence - sees the person

Judgemental Post growth.

Humanistic.

Empathy.

Humanistic

Non judgemental

Humanistic.

481 know what I mean?  
 482 R: Hmm...  
 483 P: when you just get on with your everyday life but I think it's because I was  
 484 working in the environment day in day out um and the more I got to know them  
 485 the more I realised actually I could meet this person in a club and very happily  
 486 start a relationship with them...  
 487 R: Hmm...  
 488 P: um, or I could, this could be my next door neighbour and I could very happily  
 489 have a relationship. Um, with your next door neighbour which you do, do you  
 490 know what I mean?  
 491 R: Hmm...  
 492 P: you you establish relationships and stuff and I think the scariest thing is that  
 493 you just wouldn't know...  
 494 R: Hmm...  
 495 P: Um, it, like I say, it could be the boy next door or the man you meet in the  
 496 shop or um the man in the nightclub and I think that really came to the forefront  
 497 um when I first started working in the area. Um and it, I think I really found it  
 498 frightening...  
 499 R: Hmm...  
 500 P: To tell you the truth at how, excuse this because it's not kind of coming from a  
 501 counsellor but how normal they are.  
 502 R: Hmm...  
 503 P: Does that make sense?  
 504 R: Yeah.  
 505 P: Because previously you don't put them in the normal bracket. Um, but  
 506 working with them they do end up in the normal bracket.  
 507 R: Hmm...  
 508 P: Um and um so I think that's what impacted on my relationship. Um, I think  
 509 yeah...  
 510 R: And how did you manage that?  
 511 P: Supervision (BOTH LAUGH), counselling (BOTH LAUGH). Supervision is  
 512 fantastic! (BOTH LAUGH). Yeah counselling and talking it over with my  
 513 partner.  
 514 R: Hmm...  
 515 P: Um because obviously what impacts on me impacts on him. Um and him  
 516 being very sensitive, very gentle, very supportive and very understanding. Um so  
 517 and then yeah just working through it.  
 518 R: Hmm...  
 519 P: Because nothing changed from um not working with sex-offenders to working  
 520 with sex-offenders in my external environment. The only thing that changed was  
 521 my perspective.  
 522 R: Yeah...  
 523 P: And it's kind of understanding that actually, nothing else has changed  
 524 externally it's just internally that it's changed and that's what was affecting me.  
 525 R: And do you feel that um internal change had any impact on the therapeutic  
 526 relationship?  
 527 P: Um at the beginning it could of um because I'm not very um I might have  
 528 been, again lack of confidence, um I might have not avoided certain, in fact I

Don't detach - become embedded in it.

Personalizes it - making it close to home

Stresses when first working in the field - became aware of her own vulnerability in her mind. Internalizes - not detached from frightening

Professionalism - not wanting to sound judgemental

Over time, working with them you start seeing them as more normal / judgemental.

Stresses supervision, counselling, external support

Partner as a source of support - impacts on him - talks it home - hard to separate from

Contradiction - says no change - then gives change - meaning personal environment with partner?

Nothing's changed with partner? - internalizing

Internalizing

in everyday life it's not something you think about/consider

With no differences/way to distinguish them you become more vulnerable

no way of knowing - no differences - no way to protect yourself

you could be the victim - Fear/saved - No way of knowing - vulnerable - personalizes.

normal - no way of knowing

Emphasizes working through/prose - addition - Professionalism? P Growth?

Perspective change - more insight - found frightening.

Internal response - Impacts - personalizes.

Unsure - not previously considered?

Avoidance

Vulnerable.

Personalize.

Personalizes.

Personalize.

Professionalism judgemental.

Judgemental.

Values supervision external input.

Personalize

Personal growth? internalizing

Personalize.

Confidence.

Feels confidence influences the relationship.



Initially avoided certain topics with a client

529 think I did avoid certain um topics when I was working with a client. So if they

530 went into um something that was causing them concern that was offense related I

531 might steer them away from that. Um and obviously that's not good for a client if

532 that's what they want to explore.

533 R: Hmm...

534 P: Um, so absolutely I think definitely um now because I've moved through it

535 and worked through it I don't think that it has any impact now but then I'm quite

536 sure that it would have done. moved through it - emphasis on addressing patterns

537 R: Yeah. Um has working with sex offenders changed the way you think or feel

538 about yourself and sex offenders? I think again you've kinda touched on that...

539 P: Yeah, I think definitely. Um, again like I say it's um more connected, I'm a

540 stronger person. Um I think psychologically definitely, a lot more confident, um,

541 less judgemental, more empathic, um. So I think I have grown as a person and

542 again as far as um my opinion changing around sex offenders, that's definitely

543 changed. Um, no two ways about it. Um, I'm not saying that I agree with the

544 offence because I don't...

545 R: Hmm...

546 P: I think it's wrong no matter how you think about it um but I think I have now

547 if you like um learnt that they are just normal human beings. Does that make

548 sense?

549 R: Yeah. Um, yeah those two just kinda link into that last one [REFERRING TO

550 THE LAST PROMPTS]. So, is there anything you'd like to add?

551 P: Um (PAUSE). I think that it has stretched me professionally. Um definitely,

552 in um (PAUSE) how can I put it, in many ways really. (PAUSE) And I've spoken

553 about most of them anyway er, but I think um I've really really enjoyed the work.

554 I um must say. Um I do enjoy the work. Um (PAUSE), because you just don't

555 know (CLEARS THROAT) what client you're gonna get next or how complex

556 that client is gonna get. I think the other thing is working in (NAME OF

557 PRISON) you get a lot of personality disorders and whether that links in with the

558 sex offending or not I don't know but I would say, could be wrong on this

559 obviously but I would say about 75% of clients at (NAME OF PRISON) do have

560 a personality disorder...

561 R: Hmm...

562 P: Um and that's interesting in itself as well...

563 R: Hmm...

564 P: so um like I say whether that's linked in with sex offending work or not I don't

565 know but would be worth looking at. Synthesizing further research

566 R: Yeah... feels there's a value to exploring S-O diagnosis.

567 P: Hmm...

568 R: And you said about kind of enjoying the work and it feels it's the not knowing

569 what you're gonna get that's the big enjoyment factor...

570 P: Yeah it's a challenge it's a real challenge because you meet something new

571 every time... Enjoys a challenge - stng new - likes to develop herself - keep

572 R: Hmm... on her toes?

573 P: and um sounds really awful but it stops me from getting bored...

574 R: (QUIETLY) Yeah...

575 P: Um, it (CLEARS THROAT) challenges me intellectually um it also keeps me

576 on my toes. Um and I love training anyway um but it keeps me kind of in that

Avoid offense - avoidance as a defense Struggled hearing offense

personal development - wants to offer best terms pos own reaction Imputed on TR.

Personal develop - sponge - more able to detach from offense + see the client as human etc. => Imputed on practice => Empathy.

morals right/wrong

Stretched - learn skills / personal development - pushed out of comfort zone?

Enjoyment - Generativity unpredictability - feels PD is significant - more nuance of delivery re figures. saying personality has an impact? => Interesting

feels it's wrong to say that you could get bored.

Confidence?

Personal Growth/Dev.

Personal Development

Personal Growth

Confidence

Judgemental

Empathic

Psychologically change.

morals.

Humanistic

Personal Growth

Enjoyment

Intel/Enjoyment

Enjoyment

Personal Development

Challenge.

Personal Development / Determinism.

passionate about developing herself doing the best she can

Values training

Wants to keep developing herself to be better.

Personal Development

577 cycle of training and kinda thinking actually can I do this better or can I do it  
 578 differently. Or um whatever so yeah. Really do enjoy it. *Enjoyment*  
 579 R: What do you think it is about the work that, that makes you stay in that training  
 580 cycle, pushing yourself to think about (INAUDIBLE) you do things differently?  
 581 P: Hmm, I think it's because it is a challenge and you are meeting new things all  
 582 the time... *Need to keep training because it's a challenge - lack of confidence in*  
 583 R: Yeah... *own ability? → a desire to keep developing new skills.*  
 584 P: um, and you don't know kind of what the next client is gonna bring. Um, like I  
 585 say (I had) a client with um, (I've got) a client at the moment who um (PAUSE), how  
 586 can I explain it, he abused his granddaughter who then became a bully. Bullied  
 587 this one particular girl who then hung herself and killed herself. Um, his  
 588 granddaughter then tried to kill herself um and um his difficulty is he's got post-  
 589 traumatic stress disorder but he's also having um. I mean the chain of events um  
 590 from him abusing his granddaughter and to this granddaughter bullying um this  
 591 other young girl who then killed herself, this client is *actually* feeling huge guilt  
 592 and remorse about the girl who hung herself um and feels responsible for that,  
 593 well indirectly, obviously he was responsible for it. Um, and one of the things is  
 594 that he keeps having nightmares about this girl hanging herself and even during  
 595 the waking day sometimes he gets to his cell and can see her hanging there  
 596 pointing a finger at him. And kind of the complexity of that is that you have to  
 597 kind of work with this client to help him move through that but also accept  
 598 responsibility for his actions. Does that make sense? *complex*  
 599 R: (QUIETLY) Hmm... *Balance responsibility + help. Work with/help*  
 600 P: Um, so its things like that that challenge you day in day out um and again  
 601 obviously it's a big thing for supervision. Um and kind of finding new and  
 602 creative ways to work with that, so yeah that's what's challenging.  
 603 R: And is there anything else that you'd like to add?  
 604 P: Um not really but like I said, I really really enjoy it, I find it a challenge um  
 605 (PAUSE). Hopefully I am making a difference because that's why I'm doing it.  
 606 Um to make a difference um and to hope that some of them at least don't create  
 607 any more victims because of the work I've done with them...  
 608 R: Hmm... *Emphasis on victims / stopping victims.* → *wants to make a difference.*  
 609 P: Um and hopefully lowers risk um and helps them come to terms with their  
 610 own issues um and difficulties... *Empathic - wants to support*  
 611 R: Hmm...  
 612 P: So yeah, I just really enjoy it.  
 613 R: So just to summarize, just to check my understanding it feels that initially um  
 614 there were some stereotypes and um and and you felt like and maybe some fear in  
 615 there as well which...  
 616 P: Yeah...  
 617 R: did kind of have an *impact* um but through using *supervision* um kinda  
 618 *bracketing* and own own *personal therapy* you've been able to kind of really just  
 619 *centre on the client* and *take the the offence out of it...*  
 620 P: Yeah...  
 621 R: to focus on them and their own personal issues... *Person centered*  
 622 P: Absolutely and um even um now even now when the offence does come in it  
 623 doesn't have the same impact on me as it did previously um it's just one more  
 624 issue that we have to work with... → *offence doesn't have the same impact now*

*uncertainly unpredictable*  
*contributing*  
*struggling to find the words*  
*difficulty talking about the offence?*  
*gradual abused*  
*granddaughter → bully → victim hangs herself → PTSD*  
*complex repetition of story*  
*Spouse?*  
*S-C experiences*  
*guilt/remorse*  
*responsibility*  
*monks? Attributes*  
*responsibility*  
*Nightmares/Images*  
*Supervision doesn't want to get stuck doing the same things creative change*  
*keeps to emphasise enjoyment - trying to prove why?*  
*Reflecting to check understanding*  
*At that point see memes:*  
*Impact*  
*Supervision*  
*Bracketing*  
*Personal Therapy*  
*Client centered*  
*↳ separate from offence.*

*Training*  
*Personal dev - enjoyable*  
*uncertainly challenge*  
*Personal development*  
*Empathic*  
*challenge*  
*Complexity*  
*Humanistic*  
*challenge*  
*Personal Development*  
*Enjoyment challenge*  
*make a difference*  
*Reduce victims*  
*Reduce risk*  
*Empathic*  
*Humanistic*  
*Personal Development*

625 R: Hmm...

626 P: does that make sense? *Concerned about how coming across?*

627 R: yeah...

628 P: I'm not trying to minimize or anything like that but it is about kind of working with it rather than against it... *Personal Development*

629 with it rather than against it...

630 R: Yeah... *Humanistic*

631 P: because that doesn't do you any good or the client any good then... *Avoiding offence impacts on you + client.*

632 R: and it feels that the ability to challenge and the confidence, they've both been quite significant in... *challenge/confidence.*

633 P: Absolutely...

634 R: In moving forward with that...

635 P: Yeah definitely and training. You know that's been very significant um in moving forward. Um with it. Um peer supervision as well, I mean in the prison um I have one to one supervision um with my supervisor, I would not recommend, what I would say is that if you're working in a sex offending, or even if in a prison, I wouldn't ever have a supervisor who's never experienced that... *Personal Dev Supervision*

636 R: Hmm... *need supervisor with experience of sex offenders*

637 P: Because the issues that come up are so complex um that a supervisor without that experience wouldn't be able to help... *↳ learn to learn more / develop.* *Supervision*

638 R: Hmm...

639 P: Um and my supervisor has worked in (NAME OF PRISON) um for ten years I think, maybe fifteen, quite a few years anyway. Um and obviously I get supervision for my private clinical work um that's two hours a month. I get an hour and a half supervision a fortnight um with my prison work and then I ensure that the counselling service have um two hours um peer supervision per month and then I also have um four hours um chartered peer supervision with the forensics. So I don't think you can ever have enough supervision... *Supervision*

640 R: Yeah...

641 P: And like I say, especially wi, around sex offences because it is different um and although it doesn't feel different to me now because I'm used to it but it is very different. You get very different challenges um so you need as much support as you possibly can because you have your own internal challenges as well as the challenges from the client... *Difference*

642 R: Hmm... (PAUSE). Ok thank you very much. *Challenge*

643 P: You're welcome. (BOTH LAUGH) *↳ A need for support because of the challenge* *Support / Supervision*

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

*with not against*

*Training moving forward.*

*Peer supervision*

*Supervision*

*Values significant input*

*↳ developing her skills / knowledge.*

*15 yrs exp - supervisor*

*2hrs supervision private work*

*Range of supervision forensic/counselling*

*Peer. ↳*

*working with sex offenders - v different.*

*Not diff now ↳ change / development / transition.*

*need support - internalize / personalize -*

*Personal growth*

New area, not previously considered  
Emphasis on new experience.  
Balance old/new job - remit etc.  
↳ Context (interest)

More complex - other considerations - context  
Victim themselves.  
↳ Not being able to address offence.

Concept of minimizing.  
Emphasis to be in relationship.  
Balance - offence + blame state.  
Battered by offence initially - transition from this.  
Balance - bringing out offence/keeping self safe.  
Context - not therapeutic.  
Battered it now.  
Suspicion  
Personal impact, significant - do shy/leave jobs.

Empathy  
De/Inhibit  
Excessive/damaged. Fear? Risk?

Conscientious/commitment  
Manipulation/attitude/groom  
Rel - importance.  
bound.

Trust - confidentiality  
Test - transparent/honest.

manipulate/attitude  
↳ Openness/congruence. Transparent  
Attitudes ⇒ Supervision  
↳ Gut feeling/trustworthiness

Non judgemental  
Macho - Image  
Softness/comfort/silly language.  
Understanding/Empathy

Denial  
Challenge ←  
↳ Confidence/Experience

↳ Therapeutic relationship = Stronger  
Skills, /protective

Problem with intimacy  
Spiritual awareness/self awareness /connected

Non judgemental  
Personal life - wary - 'normal'  
Supervision > support  
Purme

personality disorder

Engagement - experience/growth.  
↳ never know what to expect.

Supervision  
Risk.

## 7.9 TABLE OF THEMES: PARTICIPANT 5

Themes	Page/ Line	Key words
<b>Aligning oneself to a humanistic approach</b>		
<i>Separating the offence from the offender</i>		
in the prison service we don't work with the offence	1/39	Don't work with the offence
we work with um whatever else um they are displaying um mental health problems, post-traumatic stress disorder, depression	1/40-41	Work with mental health
sometimes it's more difficult because we don't work with the offence	2/50-51	Don't work with the offence
what I don't do before I see a client is have a look at what they've done, their offence because that um can persuade you into 'actually this person is not a very nice person or whatever' so you have to kind of go in with a blank slate	2/67-70	Don't look at offence Blank slate
the main thing is to not to um kind of find out	2/81-82	Not find out
I think now I can easily bracket it [the offence]	2/96	Bracket it
or if it's kind of say for example the depression is caused around the offence then you have to work with both	2/96-2/98	Both
I think now the offence, not that it doesn't bother me I wouldn't say that, but I think it's part and parcel of the work.	3/105-106	Part and parcel
you just have to bracket the offence really	4/ 186	Bracket the offence
not the offence but what they're coming for	4/190	Not the offence
So if they went into um something that was causing them concern that was offence related I might steer them away from that.	12/529-531	Offence related, steer them away
I'm not trying to minimize [the offence] or anything like that but it is about kind of working with it rather than against it	14/628-629	Work with rather than against
<i>Using empathy to see beyond the offence and influence change</i>		
they've been victims themselves um so it's about having empathy not around the offence that they've had but empathy towards that person.	3/114-116	Empathy
it was a client who um obviously very poorly	3/144	Poorly
obviously a very damaged person	4/160	Damaged
you just have to bracket the offence really and see them as somebody who's got problems who you're trying to help.	4/ 186-187	Got problems, help
I'm understanding them from their point of view	4/189	Understanding, their point of

		view
not showing shock or surprise um like when you hear things um about being understanding, um and gentle um with people to make it as comfortable as possible for the client.	6/275-277	Understanding, gentle
	6/278	Comfortable
understanding that actually this is really difficult for you to come to counselling um they might have a macho um (PAUSE) how can I put it, there's a hierarchy in prison so they might be seen as macho	6/283-285	Understanding this is really difficult
they'll have the opinion that people might see them as soft um so it's helping the client through that	6/286-287	Helping
the way you talk to somebody, the respect that you show and um the understanding and the empathy really that influences it all.	6/ 287-7/289	The way you talk, respect, understanding, empathy
not everybody has the same opportunities in life	9/420-421	not everybody has the same opportunities
this client is actually feeling huge guilt and remorse about the girl who hung herself um and feels responsible for that,	13/591-592	Guilt, remorse, responsible
more empathic	12/541	Empathic
[Hopefully our work] helps them come to terms with their own issues um and difficulties	13/609-610	Help, own issues and difficulties
<b><i>Seeing the good within</i></b>		
I wasn't sure how it [working with sex-offenders] would fit in with my private practice	1/18	Fit in
with my private practice I work with people who have been offended against. Um and I didn't know how I would balance or manage working with the perpetrator as well as the victim.	1/23-25	Balance/ manage
whether it would conflict	1/27	Conflict
you have to think about kind of conflicts interest and ethics and everything else around working with both um, client groups.	1/27-29	Conflicts, interests/ ethics
if I am working with a perpetrator at (NAME OF PRISON) and then I get their victim	1/30-31	Perpetrator and victim
that's going to be the conflict of interest	1/32	Conflict of interest
Not really that different [working with sex-offenders] to tell you the truth	1/38	Not really different
they're just humans like us at the end of the day.	1/46-47	Humans
[As] people themselves not really that different	1/45	Not really different
you have to kind of go in with a blank slate	2/69-70	Blank slate
not forget the offence but not be um swayed by the offence	2/ 70	Not swayed by the offence
just go in as you would any other client really	2/71	As any other client
any client group could be violent or um aggressive or something like that	2/88-89	Any client group
[I influenced the relationship] by not being judgmental	6/274	Judgmental
acceptance that it's not really that much different from	7/324-327	Not much

working with any other client group um might be more complex and you might have a few more challenges um and but really when you look deep down at it. It's really not that different.		different, not that different
people have the impression that they are the scum of the earth basically	9/393-394	People have the impression; Scum of the earth
that's the impression that I had. Um, because again you think sex-offenders um that actually they are all monsters and animals and stuff.	9/410-412	Had, monsters, animals
when people say 'oh how can you work with that client group' I kind of get defensive for them	9/412-413	Defensive
I kind of think they're not monsters and kind of, you don't know, they could be your next door neighbour, really nice people to tell you the truth.	9/416-417	Not monsters, really nice people
I believe that everybody has some good in them um no matter kind of who they are really um and it's about reaching that good.	9/418-420	Good in them, reaching the good
I do get quite defensive when people say 'oh how can you work with them'. Um, they're just like paedophiles, or they're monsters, or scum of the earth or whatever.	9/421-423	Defensive
It's helped me be less judgmental um it's helped me understand more about actually there is good in everybody.	10/437-439	Professional development, less judgmental, more understanding
before I worked with um sex-offenders I would view them as all bad um or um you'd have a stereotype does that make sense? And I think that's changed, I don't actually have a stereotype anymore	10/469-471	Before, all bad, stereotype, that's changed, don't have a stereotype
they are a human being who has committed a sex offence but there's more to them than the sex offence. Um, and I think that's enlightened me a lot in working with sex-offenders is that actually there is a lot more to them than a sex offence.	10/473-476	Human being, more to them than sex offence
Excuse this because it's not kind of coming from a counsellor but how normal they are.	11/500-501	Excuse this
previously you don't put them in the normal bracket. Um, but working with them they do end up in the normal bracket.	11/505-506	Normal bracket
less judgmental	12/541	Judgmental
I have now if you like um learnt that they are just normal human beings.	12/546-547	Normal human beings
It's human to human at the end of the day	3/113-114	Human
previously you don't put them in the normal bracket. Um, but working with them they do end up in the normal bracket.	11/505-506	Normal bracket
I have now if you like um learnt that they are just normal human beings.	12/546-547	Human beings

<b><i>Establishing a positive and healing relationship</i></b>		
the basis of all counselling is around the relationship	2/66-67	The basis
really good relationship	4/176	Good relationship
I've had really good relationships um with them	4/183	Really good relationships
That's the first and foremost thing [therapeutic relationship].	4/183-184	First and foremost
if you haven't got a good therapeutic relationship the rest isn't gonna follow.	4/184-185	Good therapeutic relationship
If you've got a stable relationship and a good firm relationship with them I think that they come to an understanding	5/204-205	Stable relationship, firm relationship, understanding
I am hoping that it wont impact on our relationship and that you'll come back to the counselling	5/ 221-222	Our relationship
ninety-five per-cent of the time a really good relationship.	6/261-262	Really good relationship
giving them a relationship that they might have not of had previously	6/274-275	Give them a relationship
it's [the relationship] got stronger	8/348	Stronger
the more confident you are and the more confidence you portray to your client; the more confidence they have in you... Um, and the more um solid that therapeutic relationship um gets	8/349-353	Solid
they have got experience of (SNIFF) pardon me, other professionals um just sharing information willy nilly um about them and doing things <i>to</i> them rather than with them.	5/195-197	With them
working with them	11/506	With
we'll go somewhere else	8/374	We
work through them and with them	8/ 343	With
<b>Experiencing the offence as an insidious threat to the relationship</b>		
<b><i>Contending with offending behaviours in the relationship</i></b>		
well no wonder I'm an offender because I was offended against	2/60	Minimizing
they're less likely to be physically violent um their more likely to be manipulative um try and groom you, um try to get you to collude with them things like that. So, because that's the um skills that they use in order to be able to commit the offences that they've got.	4/ 179-182	Manipulative, Grooming, collude, [offending] skills
I saw a client on Tuesday who basically um was trying to test the relationship	5/205-206	Testing
'you will keep this a secret wont you'	5/211	You will keep this a secret
he said he didn't have permission to do it	5/212-213	Permission
'I feel as though you are trying to manipulate me and I feel as though you are trying to get me to collude with you in this act um and I'm not going to do it, it's not going to happen'	5/216-218	Manipulate, collude,



'I feel as though you are testing me'	5/218-219	Testing
he had lied about it even in the first instance	5/231-232	Lied
'well I didn't exactly lie I just didn't tell you the whole truth'	5/234	Lie, truth
I do feel that you was testing me' and um he said 'yes I was'	5/238	Testing
You can't expect them not to use offending behaviour with you when they're in counselling	6/248-249	Offending behaviour
the most challenging and difficult thing that I find working with sex-offenders is when um they're in denial of their offence	7/294-295	Denial
when they're trying to blame the victim	7/295-296	Blame
'well she used to come and sit on my knee and she used to kiss me of course she wanted it'	7/297-298	She wanted it
he was saying that in the beginning in the bible there was only Adam and Eve and of course to get more people you had to be incestuous to um get more people on the earth and stuff so of course God agrees with incest.	308-310	God agrees with incest
<b><i>Externalising the internalised struggle</i></b>		
they could be your next door neighbour	1/46	Your next door neighbour
When I first started working in the prison I think I used to um take it on board and it used to bother me	2/74-75	Take it onboard, bother me
you hear some horrific things um (PAUSE) and especially with (NAME OF PRISON) purely being a sex offender prison um and I think the impact,	2/76-78	Horrific things impact
the first two months of working in the prison I think it did affect me	3/98-99	Affect me
it made me very suspicious of people	3/99	Suspicious
you'd read things into it like I took my mum out for a meal and um there was a guy there, I always remember this because I had worked in the prison for about three weeks, four weeks, there was a guy there and he had five lads with him um and I was looking and looking for inappropriate interaction	3/100-103	Looking for inappropriate interaction
you start looking for things	3/104	Looking for things
I think now, not that it [the offence] doesn't bother me I wouldn't say that,	3/105-106	Bother me
it was getting quite obsessional (LAUGHS) um and I thought I'm going to have to do something or leave the job.	3/109-110	Obsessional
you can't work with people when you've got those sorts of things [thoughts] going round [your head]	3/111-112	You can't work with people...
That's been hard to let go of um because I know he's going to be released one day	4/152-153	Hard to let go of
there's a few clients who you think actually the hackles on my neck goes up on the back	6/255-256	Hackles on my neck go up
Sometimes it's just a gut feeling do you know when you just meet somebody and you just have a gut feeling. Um, but and it could be around transference or counter-transference	6/266-268	Gut feeling, gut feeling, transference, counter-transference
it might be somebody who's reminded me of something about	6/269-272	Reminded me,

my own past um that's given me that kind of that gut feeling um about a dislike towards this person or um a fear of this person		my own past, gut feeling, fear
it's really really hard to um have an understanding um from that point of view um and it's hard to hear things like that	7/299-300	Hard to understand that point of view
I had a problem with my partner touching me um and um I had a problem with sex because I couldn't get things out of my head	9/430-431	Partner touching me, problem with sex, couldn't get things out of my head
I got to know them the more I realised actually I could meet this person in a club and very happily start a relationship with them...	11/484-486	I could meet this person
this could be my next door neighbour and I could very happily have a relationship. Um, with your next door neighbour	11/488-489	My next door neighbour, have a relationship
you establish relationships and stuff and I think the scariest thing is that you just wouldn't know	11/492-493	Relationships, wouldn't know
it could be the boy next door or the man you meet in the shop or um the man in the nightclub and I think that really came to the forefront [of my mind] um when I first started working in the area. Um and it, I think I really found it frightening... To tell you the truth at how, excuse this because it's not kind of coming from a counsellor but how normal they are.	11/495-501	Boy next door, man you meet, forefront of my mind, frightening
nothing changed from um not working with sex-offenders to working with sex-offenders in my external environment. The only thing that changed was my perspective.	11/519-521	Working with sex-offenders changed my perspective
it's just internally that it's changed and that's what was affecting me.	11/524	Internal change
now even now when the offence does come in it doesn't have the same impact on me as it did previously um it's just one more issue that we have to work with...	13/622-624	Now the offence doesn't have the same impact as it did
you have your own internal challenges as well as the challenges from the client	14/657-658	Internal challenges
<b><i>Challenging the offending behaviours</i></b>		
so you have to work very carefully with not um minimizing the offence or not um (PAUSE) not colluding with them	2/58-59	Minimize/collude
actually there are millions of people out there who have suffered abuse, whether it's sex abuse or whatever and haven't gone on to offend um so it's not kind of getting into that bit.	2/61-63	It's not kind of getting into that bit.
you can't really say to somebody actually it wasn't your fault that you murdered this person	2/55-56	It wasn't your fault
actually there are millions of people out there who have suffered abuse, whether it's sex abuse or whatever and haven't	2/61-62	Haven't gone on to offend

gone on to offend		
'well actually no (LAUGHS) I can't keep secrets'	5/ 211-212	Can't keep secrets
I was transparent and honest with him and said 'I can't keep this a secret I can't keep any secrets basically and that I'm gonna have to report it'	5/ 214-215	Can't keep secrets Can't keep secrets I'm gonna report it
'I feel as though you are trying to manipulate me and I feel as though you are trying to get me to collude with you in this act um and I'm not going to do it, it's not going to happen'	5/216-218	I feel, I feel, I'm not going to do it
'I feel as though you are testing me'	5/218-219	I feel...
well actually yeah I'm gonna report it	5/ 220	I'm gonna...
I have to report it because I have to follow a code of conduct'	5/ 223	Report it
I reported it um obviously	5/224	Reported it
'actually um what you're saying to me then is that you lied to me in the session about what had happened'	5/232-233	You lied to me
you're going to have to give them the truthful version	5/237	Truth
'I do feel that you was testing me'	5/238	You was testing me
'well how do you think that has now impacted on how you feel in, within the relationship and how I feel within the relationship?'	5/239-240	How do you think
I felt angry um and I kind of shared that with him	6/245	Shared with him
and it's about being aware of it and bringing it up when it arises so that you can have that transparent and um positive relationship	6/249-251	Transparent
I still reported him	6/241	Reported
'if I'd done that to you how would you feel?'	6/245-246	How would you feel
it's about challenging it	7/301	Challenge
I think I challenge it more now than I used to um because again when I first went in I found that more difficult than I do now	7/301-303	Challenge more now
Being challenging um to those sorts of things um when somebody says something like that	7/ 304-305	Challenging something like that
how do you challenge that?	7/311	Challenge
'well um I don't know much about kind of that what you just said and 'I'm going to say I disagree with it because incest is kind of wrong um in the eyes of the law, forget the bible, but in the eyes of the law incest is wrong and you know it's wrong'.	7/ 312-315	Incest is wrong and you know it's wrong'
Yeah and it's about going back and re-challenging it like 'well last week you mentioned that your belief is this and now I've spoken to the chaplaincy and this is what we've kinda come up with.	7/317-319	Re-challenging it
might be more complex and you might have a few more challenges	7/ 325-326	More challenges
gaining confidence in knowing that you can challenge and that it's appropriate and ok to do that.	7/327-328	Challenge

it's not appropriate for them to be having those sorts of thoughts and then being challenged	7/329-320	Appropriate, challenge
I'm more able to challenge	7/336-337	Challenge
so yeah gaining confidence in knowing that you can challenge and that it's appropriate and ok to do that.	7/327-328	Challenge
<b><i>Reducing risk as a way of coping with anxiety</i></b>		
the main thing is to not to um kind of find out, unless its um how can you put it, unless there's a history of violence or something like that because you have to take into consideration your own health and safety.	2/81-84	Health and safety
if there is a history of violence you'd have to look at that history um and see whether they're appropriate with lone females um your own health and safety	2/84-86	Health and safety
the only difference is that um ensuring your own safety	2/89-90	Safety
he got quite angry during the interview and he started thumping the um radiator um so I had to put a stop um to the interview	4/155-157	Angry, thumping
obviously I shared that information um with um the police liaison officer and stuff and put it on the file and everything	4/154-155	Shared information Put it on file
through um some of the work that I did with the police liaison worker when he was released we managed to get him released to a high security hostel	4/164-166	High security
that's been hard to let go of um because I know he's going to be released one day	4/152-153	Hard to let go
They [police liaison officer] couldn't do a lot because once his sentence has ended it's ended really um so that's quite scary	4/158-159	Scarey
Knowing that you've done everything that you can do [helps manage the emotions]	4/162	Everything you can do
he is going to get out of one day but knowing that you have just done everything that you possibly can really um and just letting go um because you can't follow him everywhere or you can't	4/ 167-169	Done everything you can, follow him
Just knowing that you've done what you can.	4/172	Done what you can
all of that um, affects society and families in general um and so that helps quite a lot to think well just helping one person is going to help more than one person because it's not going to create another victim.	9/400-402	That helps, helping one person wont create another victim
Hopefully I am making a difference because that's why I'm doing it.	13/605	Making a difference
to make a difference um and to hope that some of them at least don't create any more victims because of the work I've done with them...	13/606-607	Make a difference, don't create more victims
hopefully lowers risk	13/609	Lowers risk
<b><i>Developing professionally</i></b>		
<b><i>Meeting the challenge</i></b>		
Obviously problems um are more complex um because in the prison service we don't work with the offence.	1/38-39	Complex

It is sometimes difficult because a lot of the offenders were victims themselves of sexual um abuse and then they become offenders and then they've got everything else um going on.	1/41-44	Difficult
a little bit more complex than you would get with the other client groups	1/44-45	Complex
he'd um then kind of gone on to develop post-traumatic stress disorder um on the murder that he'd committed um so that was a bit kind of complex	2/53-55	Complex
'if I work with a thousand sex-offenders and I reach one person in that thousand then I've literally um if you like um affected about fifty-four people's lives. Because if that person doesn't go out and offend anymore you've not got the victim, you've not got the family of the victim, you've not got the courts, you've not got the police,	9/394-398	If I can reach one person, affect 54 people's lives, victim, family of victim, courts, police
I've really really enjoyed the work.	12/553	Enjoyed
I do enjoy the work. Um (PAUSE), because you just don't know (CLEARS THROAT) what client you're gonna get next or how complex that client is gonna get.	12/554-556	Enjoy, don't know what you're gonna get, how complex
it's a challenge it's a real challenge because you meet something new every time...	12/570-571	Challenge, something new every time
it stops me from getting bored	12/573	Stops boredom
it (CLEARS THROAT) challenges me intellectually um it also keeps me on my toes.	12/575-576	Challenge, keeps me on my toes
I love training anyway um but it keeps me kind of in that cycle of training and kinda thinking actually can I do this better or can I do it differently.	12/576-13/578	Love training, it keeps me in that cycle of training
Really do enjoy it.	13/578	Enjoy it
it is a challenge and you are meeting new things all the time	13/581-582	Challenge, meeting new things
don't know kind of what the next client is gonna bring	13/584	Don't know what the client will bring
the complexity of that is that you have to kind of work with this client to help him move through that but also accept responsibility for his actions. Does that make sense? Um, so its things like that that challenge you day in day out	13/ 596-600	Complexity, help and accept responsibility, challenge
finding new and creative ways to work with that, so yeah that's what's challenging.	13/601-602	Challenging
I really really enjoy it, I find it a challenge	13/604	Enjoy, challenge
I just really enjoy it	13/612	Enjoy
<b><i>Valuing external input</i></b>		
They'd offered training (influential in going for the job)	1/9	Training
I came home and spoke to my partner	1/8	
I'd obviously have to um seek advice on that if that ever happened.	1/32-33	Advice

Counselling, my own counselling	3/113	Counselling
just kind of talk to the police liaison officer	4/157	Talk, police liaison officer
Just leaving it in other people's handing really who are more equipped to deal with that	4/163-164	Other people, more equipped
I went to speak with the chaplaincy and kind of said 'this has come up how would you approach it?'	7/315-316	Chaplaincy
I have grown professionally and I've learnt new things like um, working with eye movement desensitization reprocessing, EMDR, um I use that quite a lot in the prison. Um, working with trauma the more I've learnt about trauma the more my approach has changed. So I don't think that it's because of working with sex-offenders, I think it's because I've just developed, I've developed better skills really.	8/376-381	Grown professionally, learnt new things, EMDR, trauma, better skills
counselling (BOTH LAUGH). Supervision is fantastic! (BOTH LAUGH). Yeah counselling and talking it over with my partner.	11/511-513	Counselling, partner
I've been training in British sign language um so I am working with deaf prisoners within the prison service	3/129-130	Training
Training. You know that's been very significant um in moving forward.	14/636-637	Training
<b><i>Finding resolution in supervision</i></b>		
supervision. Um hugely, worked a lot around that in supervision.	3/112	Worked around, supervision
you get the clients who you feel um you'd prefer not to work with if that makes sense um but again it's about resolving that a in supervision...	257-259	Resolving, supervision
working through that with you your supervisor	6/261	Working through, supervisor
it's about exploring that in supervision	6/269	Exploring, supervision
like I say it's about exploring that in supervision.	6/272	Exploring, supervision
I used to have to take it to supervision.	7/303-304	Take it to supervision
If I haven't [known what to do] I've just thought I'll just take it to supervision	8/373-374	Take it to supervision
Supervision (BOTH LAUGH), counselling (BOTH LAUGH). Supervision is fantastic!	11/511-512	Supervision, fantastic
Obviously it's a big thing for supervision	13/601	Supervision
Um peer supervision as well	14/637	Peer supervision
I have one to one supervision um with my supervisor	14/638	One to one

		supervision
I would say is that if you're working in a sex offending, or even if in a prison, I wouldn't ever have a supervisor who's never experienced that...	14/639-641	Experienced supervisor
The issues that come up are so complex um that a supervisor without that experience wouldn't be able to help	14/643-644	Complex, supervisor experience
My supervisor has worked in (NAME OF PRISON) um for ten years I think, maybe fifteen, quite a few years anyway	14/646-647	Supervisor
I get supervision for my private clinical work um that's two hours a month.	14/647	Supervision
I get an hour and a half supervision a fortnight um with my prison work	14/648	Supervision
I ensure that the counselling service have um two hours um peer supervision per month	14/649-650	Peer supervision
I also have um four hours chartered peer supervision with the forensics	14/651-652	Peer supervision, forensics
I don't think you can ever have enough supervision...And like I say, especially wi, around sex offences because it is different um and although it doesn't feel different to me now because I'm used to it but it is very different. You get very different challenges um so you need as much support as you possibly can because you have your own internal challenges as well as the challenges from the client...	14/652-658	Supervision
<b><i>Enhancing the sex offender's engagement through personal growth</i></b>		
[Previously] I think if I was surprised it threw me and the kind of words were 'what do I do now?' sort of thing. Um, which even if you try and cover things like that up I think the client unconsciously picks that up. Ummmmm, but now kind of um when I'm hearing things I'm not that surprised.	7/365-368	Less surprised
That [working with sex-offenders] would be really good experience	1/9	Experience
Is the opportunity [working with sex-offenders] still available?	1/10-11	Opportunity
Now it's [managing the offence] not so much problematic	2/74	Now not as problematic
gaining confidence in knowing that you can challenge and that it's appropriate and ok to do that.	7/327-328	Confidence
I am more able to challenge, I have more confidence um I have more experience um not a lot surprises me now whereas in the beginning it did because obviously I hadn't worked with that client group	7/336-8/339	Ability to challenge, confidence, experience, less surprise
I think that um very few things surprise me now so I can work through them and with them with a lot more confidence, with a lot more experience	8/342-344	Few things surprise me, more confidence, more experience
I've grown psychologically and professionally	8/344-345	Psychological and

		professional growth
I'm less dithery	8/348-349	Less dithery
the more confident you are and the more confidence you portray to your client; the more confidence they have in you	8/349-351	Confidence
I'm more confident with it um because I think surprise takes that confidence away	8/368-369	More confident, less surprised
The more experience I've got um the more I've known what to do with whatever it is they've brought with them	8/372-373	More experience
I now know that I can work with sex-offenders	9/390-391	Knowledge
that's the impression that I had. Um, because again you think sex-offenders um that actually they are all monsters and animals and stuff.	9/410-412	Had, monsters, animals
professionally I think it's helped me be less judgmental um it's helped me understand more about actually there is good in everybody.	10/437-439	Professional development, less judgmental, more understanding
it's helped me (PAUSE) um professionally (PAUSE). I think it's helped me grow a lot professionally.	10/439-440	Professional growth
personally, in kind of how I view things um and perspective taking, um, it makes you perspective take quite a lot really.	10/441-442	Personal growth, viewing things, perspective taking
[Unsure of if this is specifically the sex offender work] I feel more connected now to things whereas before um I'm not sure how to explain it um, (PAUSE) I feel that I know myself better, um so I feel more connected with myself and with other people.	10/445-447	More connected, know myself better, more connected with myself and others
before I worked with um sex-offenders I would view them as all bad um or um you'd have a stereotype does that make sense? And I think that's changed, I don't actually have a stereotype anymore	10/469-471	Before, all bad, stereotype, that's changed, don't have a stereotype
that's enlightened me a lot in working with sex-offenders is that actually there is a lot more to them than a sex offence.	10/475-476	Enlightened
previously you don't put them in the normal bracket. Um, but working with them they do end up in the normal bracket.	11/505-506	Previously you don't, working with them they do
at the beginning it could of um because I'm not very um I might have been, again lack of confidence, um I might have not avoided certain, in fact I think I did avoid certain um topics when I was working with a client	11/527-12/529	Beginning, lack confidence, avoided certain topics
I've moved through it and worked through it	12/534-535	Moved through, worked through it



more connected, I'm a stronger person. Um I think psychologically definitely, a lot more confident, um, less judgmental, more empathic, um. So I think I have grown as a person and again as far as um my opinion changing around sex-offenders, that's definitely changed.	12/539-543	More connected, stronger, psychological growth, confident, less judgmental, more empathic, changed opinions re sex-offenders
I have now if you like um learnt that they are just normal human beings.	12/546-547	Now learnt
it has stretched me professionally	12/551	Stretched me
I'm not trying to minimize [the offence] or anything like that but it is about kind of working with it [now] rather than against it	14/628-629	Work with rather than against
around sex offences because it is different um and although it doesn't feel different to me now because I'm used to it but it is very different.	14/654-656	Now I'm used to it

## 7.10 LETTER WITH THEMES: PARTICIPANT 5



Address: School of Human and Life Sciences  
Whitelands College, Holybourne Av,  
London, SW15 4JD

Dear Mel,

I am just writing to you with the initial set of themes as promised. They reflect my understanding of your experiences discussed in the interview though I appreciate that you might have viewed this very differently. I would very much appreciate any thoughts you might have about the themes which have emerged. For example, whether you can relate to my accounts and whether you feel this perspective is justifiable.

The first master theme that was identified was: **Aligning oneself to a humanistic approach.** It seemed that you come from a very humanistic standpoint. You see the offender as a human being first and foremost and emphasise the value of demonstrating empathy and a positive experience of the therapeutic relationship.

**Separating the offence from the offender:** There is a general sense that you aim to distinguish the offender from the offence and that you find this invaluable in enabling you to take a humanistic stance:

- *what I don't do before I see a client is have a look at what they've done, their offence because that um can persuade you into 'actually this person is not a very nice person or whatever' so you have to kind of go in with a blank slate*
- *you just have to bracket the offence really*

**Using empathy to see beyond the offence and influence change:** It feels that separating the offence from the offender helps to achieve empathy and that empathy is particularly important to you with regard to therapeutic outcome:

- *they've been victims themselves um so it's about having empathy not around the offence that they've had but empathy towards that person.*
- *you just have to bracket the offence really and see them as somebody who's got problems who you're trying to help.*
- *the way you talk to somebody, the respect that you show and um the understanding and the empathy really that influences it all.*

**Seeing the good within:** It seems that as a sex-offender therapist you work hard to see the client as a human being rather than an offender which is largely achieved though identifying the good within them:

- *they are a human being who has committed a sex offence but there's more to them than the sex offence. Um, and I think that's enlightened me a lot in working with sex-offenders is that actually there is a lot more to them than a sex offence.*
- *I believe that everybody has some good in them um no matter kind of who they are really um and it's about reaching that good.*
- *they're just humans like us at the end of the day.*

**Establishing a positive and healing relationship:** It feels that you find working collaboratively within the therapeutic relationship is important in terms of educating the client to a positive relational experience in addition to treatment outcome:

- *they have got experience of (SNIFF) pardon me, other professionals um just sharing information willy nilly um about them and doing things to them rather than with them.*
- *giving them a relationship that they might have not of had previously*
- *if you haven't got a good therapeutic relationship the rest isn't gonna follow.*

The second master theme: **Experiencing the offence as an insidious threat to the relationship.** It appeared that the offence was a significant factor in the relationship which seemed to have a substantial impact on you, especially at the start of your career. Two ways of addressing this have been to challenge the sex offender and endeavour to minimise risk:

**Contending with offending behaviours in the relationship:** It seemed that the manifestation of offending behaviours within the therapeutic relationship was significant in your experience of working with this client group:

- *they're less likely to be physically violent um their more likely to be manipulative um try and groom you, um try to get you to collude with them things like that. So, because that's the um skills that they use in order to be able to commit the offences that they've got.*
- *You can't expect them not to use offending behaviour with you when they're in counselling*
- *the most challenging and difficult thing that I find working with sex-offenders is when um they're in denial of their offence*

**Externalising the internalised struggle:** It appeared that initially, the nature of the offending permeated your emotions, your thoughts and your personal life which left you doubting your ability to do the work:

- *it might be somebody who's reminded me of something about my own past um that's given me that kind of that gut feeling um about a dislike towards this person or um a fear of this person*
- *I had a problem with my partner touching me um and um I had a problem with sex because I couldn't get things out of my head*
- *it was getting quite obsessive (LAUGHS) um and I thought I'm going to have to do something or leave the job.*
- *nothing changed from um not working with sex-offenders to working with sex-offenders in my external environment. The only thing that changed was my perspective.*

**Challenging the offending behaviours:** It felt that it was important to you to challenge the offending when it did come into the relationship and that being transparent with the client was a particularly effective. I sensed that you felt this paramount to avoiding collusion with the client:

- *It's about being aware of it [offending behaviour] and bringing it up when it arises*
- *I was transparent and honest with him and said 'I can't keep this a secret I can't keep any secrets basically and that I'm gonna have to report it'*
- *so you have to work very carefully with not um minimizing the offence or not um (PAUSE) not colluding with them*

**Reducing risk as a way of coping with anxiety:** It felt that the risk posed to yourself and in particular, the risk posed to the public, could at times leave you feeling anxious. You feel a sense of duty for minimising the risk and it seemed that responding to this helped you in managing this emotional response:

- *through um some of the work that I did with the police liaison worker when he was released we managed to get him released to a high security hostel*
- *he got quite angry during the interview and he started thumping the um radiator um so I had to put a stop um to the interview*
- *he is going to get out of one day but knowing that you have just done everything that you possibly can really um and just letting go um because you can't follow him everywhere or you can't*

Finally, **Developing professionally** was the final master theme. It appeared that the experience of working with sex-offenders has enabled you to develop your professional skills. The use of

external input and, in particular, the support offered by supervision, have felt to be significant contributing factors. I sense that this has played a valuable role within the therapeutic relationship.

**Meeting the challenge:** It seems that you find working with this client group very challenging. This forces you to continually evolve as a practitioner which you appear to find very enjoyable:

- *I do enjoy the work. Um (PAUSE), because you just don't know (CLEARS THROAT) what client you're gonna get next or how complex that client is gonna get.*
- *it (CLEARS THROAT) challenges me intellectually um it also keeps me on my toes.*
- *I love training anyway um but it keeps me kind of in that cycle of training and kinda thinking actually can I do this better or can I do it differently.*

**Valuing external input:** I sensed that you were very aware of your own limitations and placed great value of drawing on those around you where necessary:

- *Just leaving it in other people's hands really who are more equipped to deal with that*
- *I went to speak with the chaplaincy and kind of said 'this has come up how would you approach it?'*
- *counselling (BOTH LAUGH). Supervision is fantastic! (BOTH LAUGH). Yeah counselling and talking it over with my partner.*
- *Training. You know that's been very significant um in moving forward.*

**Finding resolution in supervision:** It appeared that your experience of supervision is especially important to you when working with this client group because of the range of challenges you face. It seems that it is fundamental to your practice with the client:

- *I don't think you can ever have enough supervision...And like I say, especially with, around sex offences because it is different um and although it doesn't feel different to me now because I'm used to it but it is very different. You get very different challenges um so you need as much support as you possibly can because you have your own internal challenges as well as the challenges from the client...*
- *you get the clients who you feel um you'd prefer not to work with if that makes sense um but again it's about resolving that in supervision...*

**Enhancing the sex offender's engagement through personal growth:** I got a real sense that the experience of working with this client group has caused you to develop as a person which in turn has influenced the client's ability to engage with you:

- *it's helped me (PAUSE) um professionally (PAUSE). I think it's helped me grow a lot professionally.*
- *before I worked with um sex-offenders I would view them as all bad um or um you'd have a stereotype does that make sense? And I think that's changed, I don't actually have a stereotype anymore*
- *more connected, I'm a stronger person. Um I think psychologically definitely, a lot more confident, um, less judgmental, more empathic, um. So I think I have grown as a person and again as far as um my opinion changing around sex-offenders, that's definitely changed.*
- *the more confident you are and the more confidence you portray to your client; the more confidence they have in you*

If you would like to make any comments it would be really appreciated if I could have these prior to the 31<sup>st</sup> March. I would just like to take this opportunity to thank you once again for your participation in the research to date and that I have been really grateful of your involvement.

Yours sincerely,

Kirsten