

ETHNIC MINORITY SEX OFFENDERS AND TREATMENT

by

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Abstract

This thesis examines sex offender treatment for those from ethnic minority backgrounds. In order to explore this area, the methods used were a systematic literature review ($N = 1067$), empirical research ($N = 84$) and a psychometric critique. Chapter one provides the context to the thesis. The outcomes from the literature review are presented in Chapter two. These were that treatment was less effective for ethnic minority sex offenders on a range of outcome measures with the exception of psychometric test results. Whilst psychometric testing did not indicate poorer treatment outcomes for ethnic minority offenders, higher levels of denial were found in the ethnic minority group. The research project in Chapter three compared treatment outcomes of Asian and White sex offenders who had undergone a community treatment programme. The results indicated higher levels of Self-Deception Enhancement in Asian offenders (as measured by the Paulhus Deception Scale), however, there were no other significant differences found between the two groups. The effectiveness of the treatment overall showed mixed findings and the results are discussed in relation to the existing research. Chapter four provides a critique of Richard Beckett's Children and Sex Questionnaire; a measure utilised in chapters two and three of this thesis. Chapter five draws the thesis together and outlines the practical and theoretical implications of the thesis and its limitations. Ideas are suggested for development of this area of study in terms of both research and practice including the use of a framework for working with sex offenders and the potential integration of the Good Lives Model principles within the Risk Need Responsivity model. It is proposed that both have the potential to improve responsivity and target those from ethnic minority backgrounds more effectively with the aim of tackling the problem of their under-representation within sex offender treatment.

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Dedication

This thesis is dedicated to the late Don Templeman who was perhaps the first to inspire me to follow this path. His belief in me will stay with me forever....I miss you, and the cherry drops.

Love you Mr T. xxx

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Chapter One

Introduction to the Thesis

Researchers have identified potential problems in the treatment of sex offenders from ethnic minority backgrounds and perhaps the most striking finding is that these groups continue to be under-represented in sex offender treatment programmes (Cowburn, Lavis & Walker, 2008a). Consideration of the models and approaches used in the treatment of sex offenders allows for a better conceptualisation of what risk assessment is actually measuring. This provides guidance in terms of the most appropriate interventions for different groups of sex offenders. The current sex offending literature does not appear to sufficiently account for factors such as ethnicity, religion and culture and it is, therefore, possible that findings from majority ethnic samples have been overgeneralised to minority groups. This thesis reviews the existing literature on the performance and perceptions of ethnic minority offenders who have undergone sex offender treatment programmes. Some new findings are presented from the author's own research into the effectiveness of such programmes in a UK sample. The thesis also provides a critique of the most widely employed measure of pro-offending attitudes in child molesters. It begins by reviewing the basis for the interventions that are currently in place for the treatment of sex offenders with consideration given to ethnic minority groups.

The Risk Need Responsivity (RNR) model has been regarded as the primary model for guiding offender assessment and treatment (Ward, Melser & Yates, 2007). It was first developed in 1990 following a meta-analytic review of treatment effectiveness. This showed that recidivism rates reduced when the treatment programmes possessed three common features; Risk, Need and Responsivity (Andrews et al., 1990). Andrews

and Bonta (2006) state that successful treatment approaches are those that adhere to the RNR model and Hanson, Bourgon, Helmus, and Hodgson (2009) found that this applies to the sex offender population wherein lower recidivism rates were found in sex offenders who had undergone treatment based on RNR principles (the sexual recidivism rate of the treatment group was lower than the sexual recidivism rate of the comparison group in 17 out of 22 studies, $p = .0085$). However, the risk principle did not produce significant outcomes and, therefore, the meta-analyses suggested that targeting sex offender treatment based on the characteristics of the offenders' criminogenic needs and taking account of their abilities and learning styles (responsivity) is the best way forward. Hanson et al. point out that in order to test the Risk principle effectively, it would be necessary to do a comparison study whereby low, medium and high risk offenders all receive the same level of intervention (whereas, currently, high risk offenders undergo a more intense programme, Allam, 2000a).

Despite the success of the RNR model, Hanson et al. (2009) note that the effectiveness of treatment programmes for sex offenders remains a controversial subject due to issues such as research design; for example the lack of random assignment to experimental and control groups in a lot of the treatment outcome research and the implications of this for the overall strength of the evidence. Studies such as the California Sex Offender Treatment and Evaluation Project (Marques, Wiederanders, Day, Nelson & van Ommeren, 2005) highlight the significance of these factors. This study was considered to have utilised one of the strongest research designs (i.e., the use of random assignment to evaluate a reliable intervention) and found that relapse prevention based treatment was not effective in reducing recidivism. Indeed, Hanson et al. (2009) found better outcomes in relation to sexual recidivism in the weaker studies

that were included in their meta-analysis when fixed-effect analysis was used although this finding was not significant when random-effects analysis was used. Given that the random-effects results were not significant, it cannot be taken for granted that these findings are generalizable beyond the studies used in this meta-analysis as the difference may have related to the use of weighted averages in fixed-effects analysis.

Ward, et al. (2007) argue that a psychometric-based framework such as the RNR model could overlook some factors which may be crucial in the process of change. Furthermore, this view of risk has been criticised for not taking into account the effect of social or cultural influences of risk situations and how this may impact the motivation and engagement of an offender (Ward & Maruna, 2007). For example, the individual's sense of personal identity and agency may not be accounted for and this links to the issue of how appropriate sex offender treatment is for ethnic minority sex offenders.

Hanson and Morton-Bourgon (2004) state that cognitive-behavioural (CBT) techniques are well suited to address the factors outlined in the RNR model. Indeed, CBT programmes for sex offenders have shown promising outcomes as discussed by Brown (2005). In terms of responsivity, CBT approaches have been described by Dienes, Torres-Harding, Reinecke, Freeman and Sauer (2011) as particularly useful frameworks in treatment with individuals from diverse ethnic and cultural backgrounds due to their focus on environmental influences and the individualised approach to clients' characteristics. However, it seems that CBT assessment and treatments have not been adequately validated for use with minority cultures (Bernal & Scharron-del-Rio, 2001; Horrell, 2008). Furthermore, the extent to which the success of CBT applies to sex offenders from ethnic minority backgrounds appears to be under researched.

Despite the vast amount of research evaluating the efficacy of treatment programmes for sexual abusers, there appears to be a dearth of literature in relation to outcomes of sex offenders belonging to ethnic minority groups. This is ironic considering that ethnic minorities are significantly over-represented in the criminal justice population and also the sex offender client group (Jones, Lored, Johnson & McFarlane-Nathan, 1999). For example, Cowburn, et al (2008a) reported that in 2007, 17.7% of the prison sex offender population came from ethnic minority backgrounds. It is concerning that, as Jones et al. point out, outcome studies of traditional psychotherapy indicate poorer treatment outcomes for ethnic minority clients since this may apply to the sex offender population. Furthermore, not only are ethnic minority sex offenders over-represented in the criminal justice population, research has suggested that they are under-represented in treatment groups; for example, in 1996 there were no Black sex offenders on any prison group work programme in the UK (Cowburn, 1996). It is, therefore considered necessary to explore the ethnic minority sex offender population in terms of treatment.

Research has suggested a number of potential problems for ethnic minority offenders who are involved in treatment. For example, Cowburn et al. (2008a) note that in 1995 only 0.8% of prison staff described themselves as Black. This is problematic should an ethnic minority offender wish to discuss their offending with staff of the same cultural background as research by Akhtar (2001) has suggested is the case. Furthermore, CBT programmes tend to focus on offending and pro-offending attitudes rather than social competence as it is thought that simply being part of a group and being supported and listened to will address social competence to some degree (Allam, 2000a). However, considering the issues arising which relate to ethnicity, culture and religion (these will be highlighted in the research discussed in subsequent chapters of this thesis), this may

be less applicable to ethnic minority offenders particularly if they are the only minority member in the group environment. Akhtar (2001) found that when prisoners were the sole ethnic minority in the group, matters relating to ethnicity, religion and culture adversely affected treatment.

It is necessary to acknowledge the distinction between ethnicity and culture (Ballard, 2002); ethnicity being someone's nationality, ancestry, descent or biological heritage and culture being '*socially transmitted*' and referring to factors such as language and the context or community in which somebody lives. For the purposes of this thesis, the term 'race' will be included under the umbrella of ethnicity. It is important to acknowledge the complexities of treating those from ethnic minority backgrounds in terms of the overlap between ethnicity, culture and religion. A useful framework for doing so comes from Cowburn, Lavis and Walker (2008b) who consider that when assessing and treating those from ethnic minority backgrounds, it is necessary to look at the response of parts of the Black and Minority Ethnic (BME) community to 1) the criminal justice system; 2) cultural constraints in talking about sex; 3) the impact of religious beliefs and 4) non-western models of identities in communities. This framework will be explored further in Chapter two as well as the potential benefits of incorporating principles of the Good Lives Model (Ward & Stewart, 2003) into work with ethnic minority sex offenders due to its focus on both the individual and the community in which they live.

It is within the context of uncertainty and the need for continuing research into the area of treatment for ethnic minority sex offenders that this thesis is based. More specifically, the content of this thesis aims to contribute to the on-going need for further research into treatment outcomes for ethnic minority sex offenders and draw together current research undertaken up until this point in time.

Specifically, the thesis aims to deliver the following:

- To provide an up-to-date literature review of treatment outcomes in ethnic minority sex offenders.
- To expand upon the outcome of the literature review by reporting on a study which looks at the impact that experiencing sex offender treatment as an ethnic minority has on treatment outcome as measured by psychometric testing in a community sample. This is an area which appears to be vastly under-researched yet it has important implications for the way in which resources are utilised and how services determine whether an offender is considered to be ‘treated’. No studies have looked at treatment outcome in this way for a community sample.
- To provide a critique of the Children and Sex Questionnaire (Beckett, 1987), a measure utilised within this thesis and a measure frequently employed within sex offender treatment research.
- To explore whether treatment can be said to be equally effective for ethnic minority sex offenders in light of the above.

Structure of the Thesis

The thesis is comprised of four components. In Chapter two, the existing literature looking at treatment outcomes in ethnic minority sex offenders is reviewed with consideration given to factors which may affect an ethnic minority offender’s experience of treatment and willingness to engage. This review explores the impact of experiencing treatment as an ethnic minority sex offender as measured by a variety of designs utilised in the research. The discussion considers the impact of study design when evaluating treatment efficacy in ethnic minority sex offenders and

explores the need for more outcome studies to be carried out utilising various designs of both a quantitative and qualitative nature in order for direct comparisons and confident conclusions to be made. The existing studies each measured different outcomes.

Chapter three reports an empirical research study into the outcomes of completers of the Community Sex Offender Groupwork Programme using ethnicity as the between subjects factor and psychometric scores as the outcome measure.

Chapter four provides an overview and critique of Richard Beckett's (1987) Children and Sex Questionnaire, a measure utilised in chapters two and three of the thesis and one which is used in assessing the efficacy of sex offender treatment in the UK.

Chapter five, the concluding chapter, explores the issues and outcomes highlighted within this thesis, draws overall conclusions, discusses some of the methodological limitations of the research conducted within this thesis, and suggests areas for future research. The question of whether treatment is equally effective for ethnic minority sex offenders is explored within chapter five.

Chapter Two

A Systematic Literature Review of Treatment Outcome Studies for Ethnic Minority Sex Offenders

Chapter Two Rationale

Chapter one highlighted that the effectiveness of CBT programmes with ethnic minority sex offenders is under-researched. It was also noted that ethnic minority sex offenders are over-represented in the criminal justice system yet under-represented in treatment programmes. Some of the potential barriers to the effective treatment of ethnic minority sex offenders were introduced, for example, the under-representation of Black and Ethnic Minority (BME) treatment facilitators and potentially being the only ethnic minority member in a treatment group. The existing literature in this area was reviewed to explore whether such factors impact on treatment motivation, engagement and effectiveness.

Abstract

Background.

Ethnic minorities are under-represented in sex offender treatment programmes despite the prevalence of ethnic minorities within the sex offender population (Beech, Fisher & Beckett, 1999). Furthermore, little is known about the effectiveness of sex offender treatment for ethnic minority sex offenders (Horrell, 2008). There is a need to develop an understanding of the challenges faced by ethnic minority sex offenders in order to target them effectively in treatment.

Aims.

To draw together the existing research which has explored treatment outcomes of ethnic minority sex offenders.

Method.

The literature reporting the effect of ethnicity on treatment outcomes in sex offender populations was systematically reviewed. Studies were identified through searching electronic databases, reference lists and consulting experts in the field. All studies were quality assessed.

Results.

Seven eligible studies were identified. No significant differences were found between ethnic minorities and non-ethnic minorities in terms of changes on psychometrics following treatment, however, differences were found in relation to denial with higher levels found in ethnic minority offenders. Significant findings included; Ethnic minority participants were significantly less engaged than non-ethnic minority participants and treatment completion was higher for non-ethnic minority participants than ethnic minority participants. Non-ethnic minorities were also more likely to continue treatment after their mandate had expired than ethnic minority individuals. In terms of the recidivism data, ethnic minorities were significantly more likely than non-ethnic minorities to re-offend sexually, violently and non-violently. A number of clinical and therapeutic issues emerged from the qualitative studies that were reviewed. These included ethnic minority offenders feeling victimised or stereotyped within the group or by facilitators and a reported lack of responsivity in the treatment programme.

Conclusions.

Due to the limited research in this area and the fact that the included studies looked at different outcome measures from different ethnic groupings, it was not possible to draw clear conclusions. However, it was proposed that building on the existing literature by

carrying out further research which accounted for some of the limitations identified, would have vast benefits for the treatment of ethnic minority sex offenders.

Introduction

Mann, Hanson and Thornton (2010) discuss the distinction between Static and Dynamic risk factors; Static Risk factors are characteristics of the offender which are mostly historic and unchangeable, for example, age and number of previous convictions. These factors increase the risk of re-offending, however, they cannot be targeted in treatment. In terms of Static risk factors and ethnicity, Grubin and Gunn (1990) found that in their study, Black rapists were younger than White rapists and fewer of them disclosed having been raped themselves.

Dynamic risk factors are psychological or behavioural characteristics of the offender that increase the risk of re-offending, such as offence-related attitudes and sexually deviant interests. Broadly speaking, it is possible to change these factors through treatment and Andrews and Bonta (2006) suggest that dynamic risk factors should be at the heart of offender interventions. However, it may not be possible to change all dynamic risk factors, for example, sexual interests although the extent to which these factors remain a risk may be reduced when the offender makes developments in other areas (Mann et al. 2010). It is worth noting that in Mann et al.'s (2010) meta-analysis, self-esteem was found to be unrelated to sexual recidivism in one of the studies which used a North American sample (Hanson & Morton-Bourgon, 2004), however, moderate to strong effects were found in relation to self-esteem for two of the other included studies (Thornton, 2002; Thornton, Beech & Marshall, 2004) both of which used a British sample. This could imply cultural differences in risk factors between some ethnic minority versus non-ethnic minority offenders as it suggest that self-esteem is a

risk factor for British but not North American sex offenders. This further reiterates the importance of responsiveness and of taking account of cultural issues in assessment and treatment as risk factors can vary depending on an individual's ethnic background. For example, the above findings suggest that if a North American sex offender was to undergo treatment in the UK, self-esteem may not be a relevant indicator of risk yet they would be assessed in relation to this and their progress in this area (i.e., how much their self-reported levels of self-esteem improved following treatment) would, perhaps inaccurately, inform the extent to which their risk was perceived to have reduced.

Fisher and Beech (1998) provide a model of treatment which highlights areas, identified through research, to be associated with sex offending and they explore how these relate to the offenders' assessment and treatment needs (see Appendix one for a diagram of this model). The areas outlined in this model are denial, offence specific problems, level of social adequacy, and knowledge of relapse prevention skills and encompassed within these four areas are several dynamic risk factors. Mann et al. (2010) provide a detailed discussion of risk factors (which fall into the categories of the above model) which have been identified to be associated with sex offending. As part of their meta-analysis, Mann et al. (2010) categorised these factors in terms of being (a) empirically supported, (b) promising (i.e., supported by one or two studies as well as other types of supporting evidence), (c) unsupported but with interesting exceptions and (d) not risk factors (see Appendix two for a breakdown of these risk factors). Mann et al. suggest that it is insufficient to base risk prediction solely on the presence or absence of risk factors as no single risk factor has a strong enough relationship to sex offending. Instead, they suggested that a comprehensive evaluation of the presence of several risk

and protective factors will provide the most valuable assessment of risk of recidivism and it is questionable whether an RNR approach accounts for this sufficiently.

The RNR model has been criticised by Ward and Stewart (2003) for overlooking the impact of protective factors and the therapeutic alliance upon offender rehabilitation. They emphasise the importance of targeting non-criminogenic needs (e.g., personal distress and/or low self-esteem), and contextual or ecological factors in treatment. Ward et al. (2007) highlight that the RNR model does not account for the fact that as human beings, sex offenders naturally seek and require certain goods in order to live fulfilling and personally satisfying lives. Ward et al. propose that the limitations of the RNR model can be addressed by a 'dialogue' with other rehabilitation theories, namely the Good Lives Model (GLM) of offender rehabilitation (Ward & Stewart, 2003). The GLM developed by Ward and Stewart (2003) suggests the need to move treatment focus away from the area of risk and instead emphasises the importance of the individual's sense of personal identity and agency. These are key considerations when aiming to deliver an individualised approach to sex offender treatment where the heterogeneity of sex offenders is understood. Such an approach is of particular importance when dealing with offenders from ethnic minority backgrounds (Cowburn et al., 2008a/b). In order to apply such a theory to sex offender treatment with minority groups, it is necessary for the factors outlined in the framework of Cowburn et al. (2008b) (which was introduced in Chapter one) to be considered during the assessment process.

In terms of the first factor that Cowburn et al. (2008b) highlighted as relevant to consider in the assessment and treatment of ethnic minority sex offenders (the response of the BME community to the criminal justice system), Cowburn et al. assert that BME offenders are more heavily policed. Evidence for this comes from Broadhurst and Loh

(2003) who reported that when 2785 sex offenders who had been arrested for the first time in Western Australia were followed up, the probability of re-arrest for Aboriginal offenders was higher than that for non-Aboriginal offenders. According to Cowburn et al. BME offenders consequently develop strategies when in correctional settings which adversely impact on how amenable they are to treatment such as confiding in and sharing information with other members of their ethnic group as opposed to engaging openly with prison staff. This is supported by the research of Wilson (2003) which suggested that BME prisoners are less likely to engage with programmes as this does not fit with their 'survival strategy' in that environment.

With regards to the second factor of Cowburn et al.'s. (2008b) framework which relates to the cultural constraints in talking about sex, this may result in under-reporting of sexual abuse in the families of ethnic minority sex offenders (most likely in cases where the offender commits incest). A reticence to talk with others about sexual abuse can be due to things such as shame or fear of racist treatment from those that they would potentially make disclosures to (Droisen, 1989). Similarly, Olumoroti (2008) reports that many cultures in Western Africa tend to cover up incidents of intra-familial abuse so that the family name is not tarnished. Furthermore, Olumoroti suggests that people from Asian ethnic backgrounds may also be less likely to report sexual abuse. Evidence for this comes from Wong (1987) who studied Asian refugees and found that most said that they would keep sexual abuse as a family secret through fear of blame or rejection by their communities. This adds further concern to the already high prevalence of these groups within the sex offender population if it is assumed that cases of intra-familial abuse go unreported.

Cowburn et al. (2008b) suggest that these inhibitors could also apply to ethnic minority offenders in relation to their participation in treatment, for example, if an offender is unwilling to discuss their offending, any intervention is likely to have limited value. The research highlighted above suggests that offenders belonging to such cultures may present with an increased reluctance to discussing their sexual offending as a result of their cultural values. Research by Gilligan and Akhtar (2006) suggests that those from South Asian communities are likely to find it difficult to discuss sexual offending due to the matter of shame and Cowburn et al. propose that the same may apply to Black African and Chinese individuals.

In relation to the third factor in this framework (the impact of religious beliefs), Yilmaz (2005) states that Muslims from the Asian sub-continent form the majority of the British Muslim population. Cowburn et al. (2008b) discuss that Muslim guidance forbids talking about criminal offences and this is likely to affect Muslim sex offenders' willingness to engage in treatment where it is expected that their offending will be discussed. This is problematic as research suggests that a lack of engagement in treatment is linked to higher risk of recidivism (Ellerby & MacPherson, 2002).

The last area for consideration in Cowburn et al.'s framework relates to non-western models of identities in communities. It has been argued that those from some ethnic minority backgrounds do not share the autonomy that is necessary for CBT approaches to be successful. For example, Cowburn et al. (2008a) state that the Westernised notion of the individual that underpins CBT may not be applicable to a diverse range of cultures in which an individual's sense of self is bound by family, community or religious commitments. These individuals may not view themselves as being capable of change. Evidence for this comes from Oyserman, Coon and Kemmelmeier (2002) who

found that European Americans were more individualistic and less collectivistic than people of Chinese ancestry.

The barriers posed by the areas outlined in Cowburn et al.'s framework could limit the ability for treatment to effectively target the four domains of Fisher and Beech's (1998) model. Risk assessment is based largely on what the offender says about their offending during assessment and treatment and, therefore, these are important areas for further exploration as it is possible that the above issues may impact upon risk assessments, treatment engagement and outcome.

Treatment outcome can be measured by changes in scores on psychometric measures indicating improvement or a reduced risk of recidivism. Other areas for consideration are non-attendance and non-completion. Furthermore, even if an offender physically attends an intervention, their participation in the therapeutic process might be limited if they psychologically disengage (Smallbone, Crissman & Rayment-McHugh, 2009). Research has suggested that the extent to which an offender is "involved" in treatment can adversely affect other forms of treatment outcome (Broome, Knight, Hiller & Simpson, 1996) and therefore, treatment engagement should also be considered when examining treatment outcomes.

A scoping exercise identified that currently, there are no systematic reviews which explore the effect of ethnicity on sex offender treatment in terms of either disengagement (non-participation, non-completion or poor engagement), treatment outcome in terms of positive change (pre- and post-assessment or recidivism), or that have synthesised qualitative research studies. Although there are no systematic reviews examining treatment outcomes for ethnic minority sex offenders, there are a handful of treatment outcome studies and the current research in this area appears to be conflicting.

These papers will be critiqued in this review and discussed in terms of how the factors outlined above may impact on the treatment of ethnic minority sex offenders.

Aims and Objectives

The aim of this systematic review was to explore the existing literature on treatment outcomes for sex offenders belonging to ethnic minority populations. All studies which examined the effectiveness of an intervention upon ethnic minority sex offenders were reviewed. Outcome was defined as a change in scores on psychometric measures, a reduction in recidivism, disengagement (non-participation, non-completion or poor engagement) or qualitative analysis of offenders' experiences. The main objective was to draw together the existing research in this area, make comparisons, highlight any conflicting findings, and explore them in a way that could develop the understanding of this area of research.

Method

Search strategy.

A search strategy for potential articles was employed to identify all outcome studies. An initial scoping exercise assessed the quantity of potentially relevant studies indicating that there was sufficient literature to review. A comprehensive systematic search was then conducted using electronic bibliographic databases, reference lists from topical papers and case examples in texts. Attempts were made to contact 20 international experts (prominent authors that were selected from reference lists of articles on this subject area) to trace published and unpublished work. Eleven were successfully contacted and liaised with. Electronic searches of MEDLINE (1950- April 2010), EMBASE (1988- April 2010) and PsycINFO (1987- April 2010) were made (see Appendix three for details of the search terms used). One researcher determined

whether the studies met the following inclusion criteria (see Appendix four for the checklist used).

Population	Male sex offenders of any age
Intervention	Sex offender treatment programme
Outcomes	Treatment outcomes in terms of a change on psychometric measures, pre- and post-test, treatment gains, treatment engagement, recidivism rates and qualitative analysis of the offenders' experience of treatment. Must evaluate these outcomes for ethnic minority sex offenders
Study Type	Outcome studies
Exclusion	Narrative review, editorials or commentaries
Language	English language only

Quality assessment.

A checklist adapted from The Critical Appraisal Skills Programme (CASP) was used to assess the quality of the quantitative research studies (see Appendix five). For a quantitative study to be included in the review, it had to have satisfied the following minimum threshold criteria: (a) a clear description of the population in the study and (b) clearly defined or validated outcome measures. Each study was assessed in relation to selection bias, measurement bias, and attrition bias. For the qualitative studies, the author combined principles from Henwood and Pigeon (1992) and Elliot, Fischer and Rennie (1999) in order to formulate a suitable checklist to assess the quality of these studies (see Appendix six). For a qualitative study to be included in the review, it had to

have satisfied the following minimum threshold criteria (a) a clear description of the population in the study, and (b) evidence that the qualitative method met the aims of the research.

Authors were contacted for copies of their empirical research where insufficient information was included in the article and clarification was sought where there were uncertainties about the information contained in the studies. One reviewer carried out a quality assessment on all studies included in the review.

Data extraction.

Data were extracted from the studies using a structured pro forma, which incorporated the quality assessment results of each study. For each study, the following data were extracted (where applicable); verification of study eligibility (e.g. target population; inclusion/exclusion criteria; participant characteristics), methodological quality of the study (e.g. study design; recruitment procedures; blinding procedures; quality assessment), outcome measurement (validity of measurement methods; drop-out rates, reason for drop out and qualitative analysis) and statistical analysis (e.g. attrition rates; analysis adjusted for confounding variables; magnitude and direction of results). One reviewer completed data extraction forms for all studies included in the review (see Appendix seven).

Results

The total number of hits was 633 identified from three electronic databases (MEDLINE = 217, EMBASE = 149, PsycINFO = 267) and a further five were identified from existing bibliographies and reference lists. One paper was retrieved from an expert in the field and eight were found as examples in text books making the total number of hits 647. Of the 647 studies, 640 failed to meet the inclusion criteria leaving seven

publications included for quality assessment. All of these seven studies met the minimum threshold criteria. No articles were omitted from the review on the basis of quality assessment as they met the criteria. The search was updated on 16 July 2013 and no further studies were identified. Figure 1 demonstrates a flow chart of search results from the present systematic review.

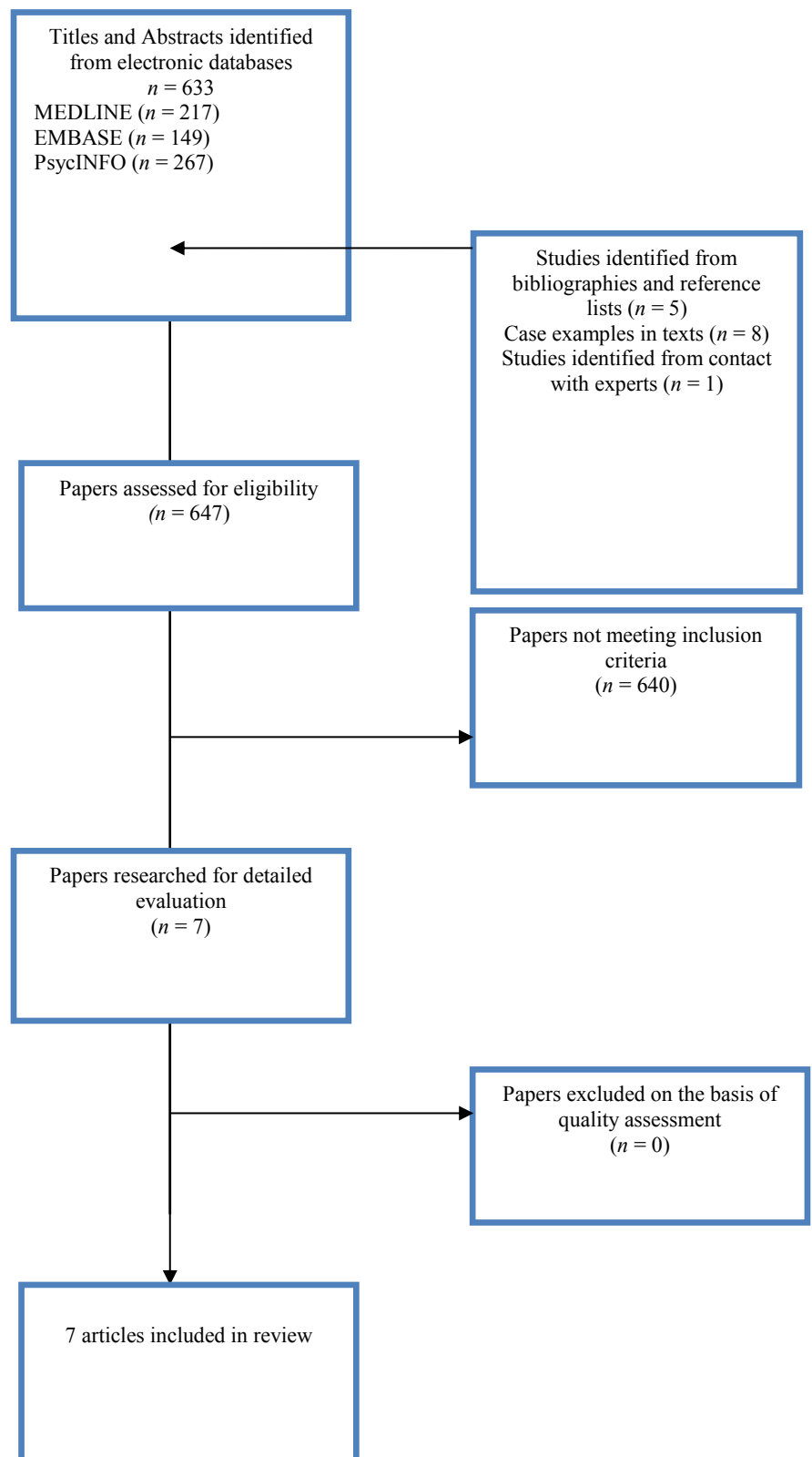


Figure 1. Flow chart of the study selection process.

Table 2.1

Studies Examining Treatment Outcomes in Ethnic Minority Sex Offenders.

Authors, Year, Country	Participants	Study Design	Intervention	Outcome Measures	Findings	Strengths and Weaknesses
Ellerby and MacPherson (2002) Canada	<p><i>N</i> = 303</p> <p>Male sex offenders (40% Aboriginal [<i>n</i> = 121]; 60% non-Aboriginal [<i>n</i> = 182])</p> <p>Age Range unknown</p> <p>Participants were selected from an offender database held by the Forensic Behavioural Management Clinic (FBMC)</p> <p>Participants had completed either community (52%) or institution based (48%) treatment at the (FBMC). Some were offered continuum care in the community</p>	Before-and-after study	<p>Group intervention: either a standard cognitive-behavioural, relapse prevention based programme OR a blended traditional healing/contemporary programme</p> <p>Institution (two federal correctional institutions) and community based</p> <p>DURATION:</p> <p>Mean total months in treatment for aboriginals = 14.6</p> <p>Mean total months in treatment for non-aboriginals = 16</p>	<p>1) Therapist ratings on the Sexual Offender Database questionnaire; level of responsibility, recollection of details of offending (including when affected by drugs and alcohol), level of minimisation of aspects of offending (intrusiveness, frequency and duration, level of force) and degree of remorse and empathy</p> <p>2) Treatment completion and continued engagement</p>	<p>1) Positive gains were reported for both Aboriginal and non-Aboriginal offenders in all outcome measures pre-post treatment</p> <p>There were no significant differences in level of responsibility, level of minimisation of aspects of offending, degree of remorse and empathy or general recollection between Aboriginal and non-Aboriginal offenders. However, significantly more Aboriginals (51%) than non-Aboriginals (14%) claimed lack of recall was a result of substance use/abuse</p> <p>2) Before the introduction of the blended programme:</p> <p>Treatment completion was higher for non-Aboriginal than Aboriginal offenders (75% versus 60%)</p> <p>A larger number of Aboriginal men were dropping out of treatment (12% versus 6%)</p> <p>A larger number of Aboriginal men were being suspended (14% versus 4%)</p> <p>Following the introduction of the</p>	<p>Strengths:</p> <p>Sample Size</p> <p>States the factors on which participants were matched with the comparison group</p> <p>Good description of participant characteristics</p> <p>No difference in mean time spent in treatment</p> <p>Range of outcome measures</p> <p>Weaknesses:</p> <p>Treatment completion and continuation after warrant expiry, not reported objectively in summary</p> <p>No statistical test done for some findings of 'substantial differences'</p> <p>Length of follow-up not reported for recidivism</p> <p>Doesn't explain how comparison group was selected</p> <p>Inconsistencies in number of participants</p>

following the institutional intervention	after sentence expiry	blended programme:	reported in certain findings
	3) Sexual recidivism	<p>Aboriginal men in the blended programme had substantially higher completion rates than Aboriginal men in the cognitive-behavioural programme (83% versus 55%) as well as lower rates of termination (0% versus 8 %), drop out (0% versus 16%) and suspension (13% versus 16%)</p> <p>Significantly more non-Aboriginal men in the overall treatment group continued to attend treatment after warrant expiry than Aboriginal men (60% versus 42%)</p> <p>Aboriginal men participating in the blended programme were more likely to maintain their involvement in treatment after the legal mandate to participate had expired, compared to Aboriginal men participating in the cognitive-behavioural treatment (59% versus 39%)</p> <p>3) Significantly lower sexual recidivism rates for both Aboriginal and non-Aboriginal offenders completing the blended programme than a matched comparison group. No significant difference in sexual recidivism rate between Aboriginal and non-Aboriginal offenders</p> <p>Other findings:</p> <p>No significant differences were found between the offender groups with regard to location of treatment</p> <p>No significant difference was found</p>	<p>Age range not stated</p> <p>Subjective reporting on the FMBC Sexual Offender Database questionnaire (therapists' ratings)</p> <p>Questionnaire is not a standardised measure</p> <p>Lack of details of participants' experiences of treatment</p> <p>Ethnic sub-groups were aggregated and classified together as Aboriginal</p>

					between offender groups with regard to mean total time in treatment	
Gahir and Garrett (1999)	N = 4 Male Asian sex offenders (offences against children)	Qualitative analysis	Initial joint interview with a Psychologist and Psychiatrist	Staff Observations Client report	Clinical and therapeutic issues emerged including those relating to language, cultural background and religion, attitudes to victims and offending, suitability of treatment approach Problems regarding assessment and referral for treatment Possible issue in respect of gender and ethnic origin of second researcher	Strengths: Need for the research was identified Detail of case descriptions including marital background, index offences and disclosure information Attempts were made for treatment approach to resemble that used with English speaking offenders Responsivity to participants was evident Consideration of relationship between researchers and participants Useful considerations for treatment development with non-English speaking sex offenders Weaknesses: No clear research question Sample size Unclear how treatment was provided (duration, order, etc) No standardised psychological assessments could be used to establish the degree of deviant sexual interest due to translation difficulties No research had been carried out to validate the approach with non-English speaking populations
UK	Mean age at time of index offence = 41.25 years (range 37-42 years) Religion = Sikh First generation immigrants to the UK (3 from India, 1 from Kenya) Mean length of time in the UK prior to the offence = 18.5 years (range 15-24 years) First language = Punjabi Mean time from offence to assessment and therapy = 5 years (range 2-10 years) Selection of participants not reported		Individually adjusted treatment programme exploring cognitive distortions, attitudes towards sex offending against children, explanation of Finkelhor's model of abuse, its application to them and victim empathy work 2 therapists; 1 male of Asian origin, 1 female of White European origin			

Hendriks and Bijleveld (2008) Netherlands	<p><i>N</i> = 114</p> <p>Male adolescent juvenile sex offenders</p> <p>Average age on admission was 16 years</p> <p>Average age on discharge was 18 years and 4 months</p> <p>Treatment files were screened for participant characteristics</p> <p>Ethnic groupings: Dutch = 77.2% Surinamese = 4.4% Moroccan = 2.6% Antillean = 1.8% Turkish = 0.9% Mixed = 0.9% Other = 12.3%</p>	<p>Quasi-experiment (post-test only)</p> <p>Group intervention (approximately 10 boys per group) based on a relapse prevention model as well as social skills training</p> <p>All participants were also enrolled in school and were offered internal and external sports facilities</p> <p>Depending on their individual needs the following were also provided:</p> <ul style="list-style-type: none"> - aggression-regulation therapy - creative therapy - music therapy - individual psychotherapy <p>In some cases antidepressants were prescribed in order to improve mood and decrease sexual arousal</p>	<p>Recidivism data were requested from the Judicial Documentation Exchange. The data were scored, distinguishing into three categories of recidivism</p> <p>1) Sexual recidivism 2) Violent recidivism 3) Recidivism for any offence</p> <p>Median time at risk after discharge (exposure time) was 9 years</p>	<p>11% re-offended with a sexual offence</p> <p>27% re-offended with a non-sexual violent offence</p> <p>70% re-offended with any offence</p> <p>Violent recidivism was linked with ethnicity $p < 0.0001$ with those from an ethnic minority background being more likely to re-offend</p>	<p>Strengths:</p> <p>New consideration of ethnicity as a risk factor for violent re-offending but not sexual re-offending</p> <p>Range of different ethnic minorities</p> <p>Weaknesses:</p> <p>Some participants received additional interventions based on individual needs. Difficult to draw conclusions as the intervention was not the same for all</p> <p>The use of retrospective data poses problems in terms of informed consent. Consent is an issue particularly as one of the participants included in this analysis had died</p> <p>Results are not displayed in tables</p> <p>Possible that measurement period was too short given the age of this sample</p> <p>Questionable whether the sample is representative as a significant proportion were child abusers and specialists i.e., they rarely or never commit other types of offences</p> <p>The authors do not discuss all of the outcomes and implications; namely those relating to ethnicity</p> <p>Both:</p> <p>Strict definition of recidivism</p>
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Average period of treatment was 2 years and four months					
Patel and Lord (2001)	N = 24	Qualitative analysis based on semi-structured interviews (lasting between 20-60 minutes)	Prison Service Sex Offender Treatment Programme (SOTP)	Client report on: 1) Whether SOTP satisfies the treatment needs of ethnic minorities 2) Problem areas in SOTP related to the treatment needs of ethnic minorities 3) Necessary changes to improve the provision of SOTP to ethnic minorities	<p>1) The majority of participants (62%) felt that their treatment needs were met (race and culture not causing problems)</p> <p>2) 46% of interviewees believed that their treatment experiences were different from other group members and the most common complaint was that they were being 'victimised' within the group</p> <p>67% of interviewees believed that there was a clash of interests with other group members on SOTP with over half the respondents saying that they experienced cultural differences and a feeling of being stereotyped</p> <p>3) 58% of interviewees believed that they were treated differently by the tutors compared to other group members and the most common complaint was feeling 'victimised'</p> <p>6 interviewees denied that ethnic minorities have different needs from other group members. Of the remaining 18, 89% replied that tutors were not aware of their needs, the most common complaint being that cultural differences in daily life outside prison are not recognised</p> <p>4) 58% of interviewees agreed that the SOTP material had dealt well with their experiences, however, those who disagreed criticised specific aspects of the</p> <p>Strengths:</p> <p>Clear aims and research questions</p> <p>The authors make suggestions for future programme development as well as supervision and training in relation to the issues that emerged</p> <p>Need for further research is identified</p> <p>Research impacted on the selection policy in the Prison Service recommending that SOTP groups do not have lone ethnic minority members where possible</p> <p>Research led to racial awareness training</p> <p>Weaknesses:</p> <p>Some participants interviewed were still on the programme</p> <p>Insufficient respondents to conduct statistical comparisons</p> <p>Lack of transferability (only 24 interviews from a few prison establishments)</p> <p>Does not specify which ethnic backgrounds participants came from</p>

					programme, for example, learning materials and responsivity	
					These negative experiences were less marked when the respondent had at least one other ethnic minority offender in his SOTP group	
Rojas and Gretton (2007) Canada	<p>$N = 359$</p> <p>Male adolescent sex offenders (28.4% Aboriginal $N = 102$, mean age = 16.05; 71.6% non-Aboriginal $N = 257$, mean age = 15.86)</p> <p>Age Range = 12-18 years</p> <p>Mean age = 15.91 years ($SD = 1.51$)</p> <p>Median age = 16 years</p> <p>Total participants was 488 but 109 were excluded due to lack of information regarding their racial background. One was excluded due to criminal record being unavailable. 19 were excluded because they were 18 years of age at</p>	Quasi-experiment (post-test only)	Youth Sexual Offence Treatment Programme (YSOTP)	<p>Recidivism (sexual, violent and non-violent) during the follow up period</p> <p>Average follow-up period was 10.24 years ($SD=4.98$), ranging from 2 months to 19.5 years</p> <p>Time between discharge and re-offending</p>	<p>Aboriginal youths were more likely than their non-Aboriginal counterparts to recidivate for all types of offence: Sexual = 20.6% vs. 8.6% ($p<0.01$) odds ratio; 2.77</p> <p>Violent = 51.0% vs. 24.1% ($p<0.001$) odds ratio; 3.27</p> <p>Non-violent = 68.6% vs 40.5% ($p<0.001$) odds ratio 3.22</p> <p>Time between discharge and re-offence was significantly shorter for Aboriginal youths than for non-Aboriginal youths for all types of offence</p> <p>Sexual = $p<0.01$</p> <p>Violent = $p<0.001$</p> <p>Non-violent = $p<0.001$</p>	<p>Strengths:</p> <p>The entire cohort was followed up</p> <p>Length of follow-up was sufficient for outcome to occur</p> <p>No significant difference in the mean ages between the Aboriginal group and the non-Aboriginal group $p = .29$ (two-tailed)</p> <p>No significant difference between the mean follow-up periods for the Aboriginal group and the non-Aboriginal group $p = .93$ (two-tailed) or the mean average ages at beginning of follow-up $p = .84$ (two-tailed)</p> <p>No significant differences between Aboriginal and non-Aboriginal youths in terms of the severity of their offending history</p> <p>Confidentiality ensured by assignment of a coding number</p> <p>All variables retained for final analysis demonstrated good to excellent inter-rater agreement</p> <p>Convictions were coded by trained raters who were blind to the youths' racial background</p>

	the time they underwent assessment					<p>Good application to real life context in the discussion</p> <p>Weaknesses:</p> <p>Imbalance of Aboriginal to non-Aboriginal participants</p> <p>No distinction made between the subgroups that formed the Aboriginal category due to lack on information in their file</p> <p>Retrospective study. Problem of informed consent</p> <p>No focus on the role of the treatment and no information on the nature of treatment i.e., whether each participant received the same treatment.</p> <p>Could have looked at treatment outcome and compared it to later recidivism</p>
Smallbone, Crissman and Rayment-McHugh (2009) Australia	<p>$N = 159$</p> <p>Male, adolescent sex offenders</p> <p>Age Range = 11-18 years</p> <p>Cohort 1: $N = 105$ (31.4% indigenous [$N = 33$]; 68.6% non-indigenous [$N = 72$]), mean age = 15.3 years</p> <p>Cohort 2: $N = 54$ (42.6%</p>	Quasi-experimental	<p>Cohort 1: Participated in treatment between 2001-2005</p> <p>Cohort 2: Participated in modified treatment between 2006-2009</p> <p>Treatment services drew from a multisystemic framework</p>	<p>Demographic and offence history data were obtained from official records</p> <p>Treatment Engagement (TE) via the clinical-rated Engagement Measure</p>	<p>Cohort 1: TE was rated lower for indigenous participants (mean = 26.48) than for their non-indigenous counterparts ($M = 32.5$). $p < 0.01$</p> <p>Cohort 2: TE was rated lower for indigenous participants (mean = 29.91) than for non-indigenous ($M = 38.39$). $p < 0.01$</p> <p>Positive improvements were found in overall TE in cohort 2 compared to cohort 1 ($p < 0.001$) although indigenous clients remained comparatively less engaged than their non-indigenous counterparts. There was no significant interaction between cohort and race</p>	<p>Strengths:</p> <p>First study to examine TE with adolescent sex offenders in the context of a treatment programme</p> <p>Standardised measure of Treatment Engagement</p> <p>Clinicians were blind to the second aim of the study until after their ratings were completed</p> <p>16 clients from the second cohort were rated by an independent clinician for the purposes of inter-rater agreement (intra-class correlation = .79).</p>

indigenous [$N = 23$]; 57.4% non-indigenous [$N = 31$]) mean age = 15.44 years

Outlines plans to extend the data to look at recidivism

Weaknesses:

Nearly twice the number of participants in cohort 1 than in cohort 2 (too few to examine Internalising and Externalising t -scores for cohort 2)

Independent group means that the difference could reflect participant characteristics (clients in the second cohort were rated significantly higher than those in the first cohort on sexual drive/preoccupation; $p = .026$)

Do not differentiate between the ethnic sub-groups of indigenous participants

Could not use treatment completion as an outcome measure due to few non-completions (positive clinically). However, reliance on clinician ratings of TE – potential expectancy and self-serving bias.

Potential for gender bias in the ratings (four female clinicians and one male for cohort 1, three females for cohort 2)

In most cases, engagement measure focuses on objective behaviours yet TE is a subjective construct. Does not address the extent of clinician and client agreement

Limited generalizability; may not replicate in other settings. Context is unique

Highly individualised treatments; cannot pinpoint a specific component that may be

						responsible for TE improvements
Webster, Akhtar, Bowers, Mann Rallings and Marshall (2004)	N = 104 Group 1: "Black" sex offenders (N = 52); Black-African, African-Caribbean and Asian. Mean age = 31.22 years Group 2: "matched" sample of White sex offenders (N = 52). Mean age = 35.38 years Participants were identified from the national SOTP database All had an IQ >80	Quasi-experiment	Prison Service Sex Offender Treatment Programme (SOTP)	Psychometric clinical impact measured by pre- and post-assessments: Sex Offence Attitude Questionnaire Sex with Children is Acceptable Children are Sexually Knowing Emotional Congruence with Children Rape Myths Entitlement to Sex Self-Esteem Questionnaire Interpersonal Reactivity Index Locus of Control Relapse	On the majority of the measures treatment was equally effective across both groups of participants. (Null hypothesis accepted) Differences across the 2 groups were identified: Black offenders had higher levels of denial of offence premeditation and offence repetition pre-treatment The premeditation difference disappeared post treatment Black offenders' denial of repetition remained significantly higher than White offenders post-treatment	<p><u>Strengths:</u></p> <p>Standardised psychometric assessment pack</p> <p>Accredited programme so it will have been the same for all</p> <p>The measures had an average internal reliability of 0.82 and an average test-retest reliability of 0.82</p> <p>Highlights that some aspects are more treatable than others</p> <p><u>Weaknesses:</u></p> <p>Known problems with self-report questionnaires</p> <p>No test-retest reliability available for the Relapse Prevention measure</p> <p>Retrospective data collection – informed consent</p> <p>Representative sample (fairly limited)</p> <p>Questionable validity of these measures for ethnic minority groups as they were normed on White populations</p> <p>Increased probability of Type 1 error due to the number of tests computed</p> <p>"Approximate matching" does not state whether the matched offenders took part in the same group set</p> <p>Collapsing the different ethnic subgroups</p>

Prevention Interview	<p>means that subtle differences within the Black group may have gone undetected (inconsistencies were found)</p> <p>Motivation levels were judged subjectively. As ethnic minorities are under-represented, the proportion that are undergoing treatment may be comparatively more motivated than the White participants</p>
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Methodological Considerations

Of the seven studies, two examined recidivism (sexual, violent and non-violent), one study examined treatment engagement, one study examined pre-post psychometric measures and two studies were qualitative in design. One study reported various outcomes including pre-post-test questionnaire information, treatment completion, continuation of treatment after the mandate had expired and sexual recidivism. Due to the variation in outcome measurement, the studies are discussed below on an individual basis, arranged by outcome type.

Recidivism.

Rojas and Gretton (2007) report that prior to discharge from a youth forensic psychiatric service (TFPS), there were no significant differences between Aboriginal and non-Aboriginal youths' criminal history and no difference in the mean ages between the two groups. However, over the ten-year follow up period there were significant differences in sexual, violent and non-violent recidivism with the Aboriginal youths recidivating at a higher rate despite there being no significant differences in mean follow-up periods or mean average ages at beginning of follow-up. Furthermore, Aboriginal youths were found to re-offend sooner following discharge than non-Aboriginal youths. This paper reports a number of differences in characteristics between the Aboriginal and non-Aboriginal group, for example, Aboriginal youths were more likely than non-Aboriginal youths to have had foetal alcohol spectrum disorders, substance abuse, childhood victimisation, academic difficulties and instability in the living environment. These factors may contribute to the higher recidivism rates and they may interfere with treatment responsivity. The findings are

discussed in relation to recidivism and directions for future developments of such interventions.

In this study, confidentiality was ensured by assignment of a coding number to all participants. Whilst this shows consideration for ethical matters, the fact that this was a retrospective study presents the possible problem of obtaining informed consent as it is not stated how/whether this was achieved. All variables retained for final analysis demonstrated good to excellent inter-rater agreement. Whilst this measure of reliability relates to the characteristics of the offenders rather than recidivism, it is a good illustration of the quality of the study. It is positive, also, that convictions were coded by trained raters who were blind to the youths' racial background.

The number of participants assigned to the Aboriginal and non-Aboriginal groups was imbalanced (only 28.4% of the participants were Aboriginal). However, it is unlikely that this compromised the quality of the study as the sample size was good, i.e., there were still 102 participants in the Aboriginal group. There was no distinction made between the three subgroups that formed the Aboriginal category due to a lack of information in their file. These subgroups (First Nations, Metis and Inuit) may have presented with differing characteristics that have not been identified in the study. With regard to the recidivism data itself, Rojas and Gretton (2007) point out that it could be the case that the results reflect greater surveillance of Aboriginal youth who have been identified in the criminal justice system rather than there being an actual difference between the two groups. This is an important point to note with recidivism studies more generally and it relates to the first factor in Cowburn et al.'s (2008b) model.

There is no focus in this study on the role of the treatment in reducing recidivism and there is no information on the nature of treatment delivered, i.e., whether each participant received the same treatment and what it involved. Differences in recidivism may, therefore, be attributed to other measures of treatment outcome such as participation in treatment, drop-out or treatment outcomes in terms of levels of change. Due to this, it is impossible to determine the role that treatment played, and its impact on the recidivism data. Despite these problems, this study is very informative and the first of its kind. The authors provide a thorough discussion of the findings in relation to real life context and considerations.

The paper by Hendriks and Bijleveld (2008) measured a number of factors related to different types of recidivism in 114 male adolescent juvenile sex offenders. Several findings are reported and relevant to the current review was the outcome that juveniles with an ethnic minority background were more likely to re-offend with a violent offence than those who did not belong to an ethnic minority group. This paper is useful as a range of different ethnic minorities were included in the sample which improves the generalisability of the results. However, a significant proportion of the participants were child abusers and “specialists” (i.e., they never or rarely commit other types of offences) which limits the extent to which the findings can be applied across different types of sex offending. The research is insightful as it explores different types of recidivism and it creates inspiration for examining why some ethnic minority offenders may be more likely than non-ethnic minority offenders to re-offend violently but not sexually following treatment. One possibility could relate to the nature of the intervention, for example; a relapse prevention model was used and if a lot of emphasis was placed on the offender’s sex offence during treatment, rather than their general offending behaviour, this could account for their shift

into or continuation in other areas of delinquency. In light of the factors outlined in Cowburn et al.'s (2008b) model, it is possible that this applied more to ethnic minority offenders, for example, their treatment may have been less effective due to problems such as being reluctant to talk about sex and they may have, therefore, been more likely to re-offend violently.

Some participants received additional treatment based on individual needs. The paper does not state what proportion of the sample this applied to and it would have been beneficial to explore whether this individual treatment affected the outcomes. This factor makes it difficult to draw conclusions as the intervention was not the same for all participants. It is disappointing that the results are not displayed in tables for visual aid and the authors do not discuss all of the outcomes (including ethnicity) in terms of what value they have and the implications that they hold. The use of retrospective data also leads one to question the issue of informed consent as it is not explained how/whether this was achieved. This is of particular concern as it is stated that one of the participants had in fact died at the time that the data were extracted.

Something that could be viewed in both a positive and a negative light was the stringent definition of recidivism that the authors used wherein those who may have recidivated whilst still receiving treatment were not included, nor were those who were acquitted or dismissed from criminal prosecution if perhaps the victim decided not to prosecute. Furthermore, offences which had not yet been decided on at the time of the study were not included. Whilst this instils confidence that the data in the current study were at least significant to the level specified, recidivism data are thought to underestimate actual re-offending and, therefore, more relationships may have emerged if this definition was not so

strict although it is difficult to comment on this as descriptive statistics are not displayed and *p* values are not reported for the non-significant results. The authors comment in relation to this, “we are reporting only on the tip of the proverbial iceberg” (p. 31). The length of follow up is also a cause for concern. As the researchers point out, it is possible that more relationships may have emerged if the measurement was conducted over a longer period, into adulthood.

Treatment engagement.

Smallbone et al. (2009) found significant differences in Treatment Engagement (TE) between indigenous and non-indigenous youth in a group of adolescent sex offenders who had been through treatment. Efforts were made to improve TE with indigenous youth through the introduction a modified treatment programme and a second cohort, who took part in the modified programme showed significant improvements in TE for both indigenous and non-indigenous participants. However, indigenous participants remained significantly less engaged than their non-indigenous counterparts. This was the first study to examine TE with adolescent sex offenders in the context of a treatment programme as previous studies of a similar nature to this have focused on non-completion rates and it is a strength that a standardised measure of TE was used. However, it is noted that the engagement measure mostly focused on objective behaviours, such as whether or not the client kept appointments or completed homework, yet TE is a subjective construct (Smallbone, et al., 2009). Additionally, the measure does not address the extent of clinician and client agreement which may be an important consideration.

In relation to the representativeness of the sample, it is pertinent that nearly twice the number of participants were studied in cohort one than in cohort two. The unequal sample

sizes adversely affect the integrity of the findings and the limited data in the second cohort meant that the analysis was restricted. Generalizability is also questionable due to the fact that the context of this study is unique in that it examined a sample of court-referred adolescent sex offenders who had participated in a specialised treatment programme and, therefore, it may not be possible for it to be replicated in other settings. Further, the researchers did not distinguish between the ethnic sub-groups of indigenous participants and, therefore, differences between these groups may have gone undetected. In terms of the observed improvements in treatment engagement, due to the various efforts that were made and the highly individualised nature of the improved treatment, it is impossible to pinpoint a specific component that may be responsible for TE improvement. The usefulness of the findings is compromised somewhat by this.

The use of an independent groups design with no matching process in this study means that the difference in TE could reflect participant characteristics, for example, clients in the second cohort were rated significantly higher than those in the first cohort on sexual drive/preoccupation; $p = .026$). The second cohort was also more impulsive yet they still showed better TE. It would be worthwhile to consider which, if any, of these characteristics relate to TE in order to make informed inferences about their impact on the results. This would give greater weighting to the outcome of improved TE. Due to the low number of non-completions, the researchers were not able to use treatment completion as an outcome measure. While this is positive clinically, reliance on clinician ratings of TE means that there is potential for expectancy and self-serving bias (Smallbone et al., 2009). In terms of the raters, it is notable that four female clinicians and one male rated cohort one, and three female clinicians rated cohort two. It would be interesting to consider whether gender

differences have been found in this regard. However, given that clinicians were blind to the second aim of the study (i.e., to evaluate clinical efforts to improve therapeutic engagement) until after their ratings were completed and sixteen clients from the second cohort were rated by an independent clinician for the purposes of inter-rater agreement (intra-class correlation = .79), this would alleviate any potential concerns in relation to gender.

This research does not currently show whether observed improvements in TE led to better outcomes. However, the authors outline potential plans to explore this in terms of reduced recidivism and improved life outcomes.

Psychometric measures.

Webster et al. (2004) found that, on the whole, treatment was equally effective across a group of “Black” participants and a “matched” group of White participants, however, Black offenders had higher levels of denial of offence premeditation and offence repetition pre-treatment. The premeditation difference disappeared post treatment yet denial of repetition remained significantly higher for Black offenders than White offenders post-treatment. The quality of this study is enhanced by the fact that a standardised psychometric assessment package was used and the battery of measures had an average internal reliability of .82 and an average test-retest reliability of .82. Unfortunately, however, not all of the measures met the minimum criteria of .7 for internal reliability (Nunnally, 1978) or of .8 for test-retest reliability (Kline, 2000) and there was no test-retest reliability available for the Relapse Prevention measure. Further concerns relate to the fact that the measures were normed on White populations (Beech et al., 1999) and, as such, their validity for ethnic minority groups is unknown.

Methodological limitations include the use of retrospective data collection in respect of the lack of clarity as to how/whether informed consent was achieved, the fact that the sample was fairly limited in terms of the number of participants and, therefore may not be representative, the reliance on self-report questionnaires and the fact that there is an increased probability of Type 1 error due to the number of tests computed. The participants are described as being “approximately matched” and it is not stated whether the matched participants took part in the same treatment group as the experimental participants. Whilst this leads one to question whether their exposure to treatment was the same, it is noted that SOTP is an accredited programme so this is accounted for to some degree. However, in their evaluation of the Sex Offender Treatment Programme, Beech, et al. (1999) found that group processes played a significant role in treatment outcomes. Therefore, the fact that facilitator effects and differences in group dynamics were not accounted for could still be viewed as problematic.

Collapsing the different ethnic subgroups means that subtle differences within the Black group may have gone undetected as this group included Black-African, African-Caribbean and Asian men. This is especially pertinent given that inconsistencies were found between the sub-groups although the paper does not elaborate on this. Motivation levels were judged subjectively based on their pre-treatment interview. Due to the fact that ethnic minorities are under-represented within treatment (Beech et al., 1999), Webster et al. suggest that the proportion that were engaging may have been comparatively more motivated than the White participants and this could account for the lack of significant differences between the groups. Despite its shortcomings, this is an insightful study which highlights that some factors contributing to sex offending may be more treatable than others in ethnic minority

populations, i.e., denial of repetition. It would have been useful for the discussion of this paper to consider whether the higher levels of denial found for the ethnic minority offenders affected their responding on the other psychometric tests used and the potential impact of this on the results.

Qualitative studies.

Gahir and Garrett (1999) studied four Sikh men who had committed sex offences against children using a qualitative design. Clinical and therapeutic issues emerged including those relating to language, cultural background and religion, attitudes to victims and offending and the suitability of the treatment approach. For example, none of the offenders spoke English and it was difficult for some words to be translated accurately. Furthermore, it was considered that the offenders were resistant to speaking to a female about sexual matters. Difficulties regarding assessment and referral for treatment were also apparent.

The need for this study was well set out and it was highlighted as being the first attempt at exploring matters relating to treating Asian sex offenders. However, there was no clear research question. The authors reported the case descriptions in detail and it is stated that attempts were made for the treatment approach to resemble that used with English speaking offenders although it was necessary for the therapists to be responsive to the individual needs of the participants to some degree. There were several areas of consideration given in respect of the relationship between the researchers and participants such as the fact that the second researcher was a White female and the impact that this may have had on disclosure.

In terms of limitations, it is stated that the intervention was done on an individual basis, however, there is a lack of detail as to exactly how this was carried out. It was not possible for standardised pre- and post-assessment measures to be administered due to the language

barrier, and there had not been any research carried out which validated the intervention approach that was taken with non-English speaking populations. It is important not to make too many inferences from such a small sample but, nevertheless, this paper provides some useful considerations for treatment development with non-English speaking sex offenders such as the importance of validated assessments for these groups and it would be worth continuing.

Patel and Lord (2001) adopted a qualitative design to investigate why ethnic minority prisoners were proportionately less likely to participate in the Prison Service's Sex Offender Treatment Programme (SOTP) sampling twenty-four ethnic minority sex offenders engaged in SOTP. The findings are clearly stated and they present a mixed picture of how SOTP was received by ethnic minority sex offenders (as outlined in Table 2.1). However, the details of which ethnic background participants came from were not reported and, therefore, it is not possible to draw conclusions in relation to any specific ethnic groupings.

The majority of participants felt that their treatment needs were met. However, specific aspects of the programme were criticised, for example, it was problematic for some participants that the learning materials (i.e., visual images, language and the use of names) did not include examples that related to ethnic minorities. Responsivity was also raised as a concern as some ethnic minority participants felt that the facilitators were not aware of their needs in respect of things like culture and language. Furthermore, some participants reported feeling victimised and stereotyped by both the facilitators and other group members. These negative experiences were less marked when the respondent had at least one other ethnic minority offender within his SOTP group and it is positive that the paper

reports that this finding influenced the selection process in prisons suggesting that situations where there is a sole ethnic minority group member should be avoided.

This study sets out the aims and research questions clearly and the collection of data was appropriate to meet the research objective. However, the recruitment strategy was not clearly articulated and the quality of the study may be compromised somewhat by the fact that some participants that were interviewed were still on the programme; differences in participant experiences may have related to how far they had progressed through treatment. However, it is stated that each participant had completed at least twenty five two-hour sessions which alleviates this concern to some degree. It may have been useful for the authors to report how many sessions constitutes programme completion in order for the reader to gauge how much the treatment these participants had gone through. The study's applicability beyond its own context is questionable due to the fact that only twenty four participants were interviewed from a handful of prison establishments. The authors do not consider whether there may have been any impact of the relationship between the researcher/s and the participants. This information may have been particularly insightful given that the research was conducted within prison establishments.

Although it is unfortunate that there were insufficient respondents to conduct statistical comparisons in terms of treatment outcomes, the differences between those who did and those who did not regard race and culture to be problematic on SOTP warrants further investigation. The authors make suggestions for future programme development as well as supervision and training for staff in relation to the issues that emerged. A need for further research is identified and, as mentioned above, it is stated that the research impacted on the selection policy in HM Prison Service recommending that SOTP groups do not have lone

ethnic minority members where possible. In addition to this, the research reportedly led to racial awareness training within HM Prison Service which adds to the value of the research.

Various outcome measures.

The study by Ellerby and MacPherson (2002) reported the differences in Aboriginal and non-Aboriginal sex offenders undergoing either a cognitive behavioural treatment or a culturally modified “blended” programme. The authors found that there were few differences between the two groups on the factors relating to response to treatment and treatment gains.

In terms of treatment completion, higher rates were found for non-Aboriginals than Aboriginals in response to the standard treatment. Whilst the authors summarised that “the difference in completion rates disappeared once culturally relevant and appropriate programming became available” (p. iv), the results that they report do not reflect this. The results showed an improvement in treatment completion for Aboriginals’ undertaking the blended programme over those who undertook the standard programme, however there is no mention of the non-Aboriginal group in this context. Along similar lines to this, the authors discussed that a high number of both Aboriginal and non-Aboriginal offenders continued to attend treatment after their mandate expired and that this increased further for Aboriginals following the introduction of the blended programme. Whilst this is positive in terms of the adapted programme, close inspection of the data reveals that there was a significant difference between Aboriginals and non-Aboriginals in relation to this in that more positive outcomes remained in the non-Aboriginal group despite the introduction of the blended programme. This is an example of where the reporting of data in some parts of this article appears to contain biases in favour of desired outcomes. Furthermore, the

authors varied the method of analysis throughout the paper where they sometimes used a statistical method which indicates predictive validity yet at other times they merely reported group differences in terms of percentages.

No significant differences were found in the sexual recidivism rate of Aboriginal and non-Aboriginal offenders. However, Aboriginals and non-Aboriginals undergoing treatment ($N = 282$) demonstrated a significantly lower recidivism rate than that of a “matched” comparison group ($N = 196$) of Aboriginal and non-Aboriginal offenders that were not undergoing any intervention. The length of follow-up for this finding was not reported. Whilst the matching procedure is set out in the report, there is no information relating to the selection process for the comparison group. Additionally, the numbers of participants used in this aspect of the research ($N = 282$) leads to some confusion given that the original sample was 303 participants and no reason is given for this difference in figures. Although the reader can infer that this may relate to factors such as drop-out or non-completion, this information is not stated and there is further uncertainty relating to the number of participants throughout the study (whereby the number of participants in each of the individual analyses shows variation) which could lead one to question the veracity of the findings.

Further methodological concerns in relation to this study include the failure to report the age range of the participants. Whilst commentary implies that both young offenders and adult offenders were included, this is not clear. The use of the Sexual Offender Database questionnaire presents problems in relation to its reliance on therapists’ subjective ratings of participants and the fact that it is not a standardised measure. The overall rigour of the study is compromised somewhat by failure to explicitly report details of the treatment

experienced by participants. Whilst the number of participants attending institutionalised interventions and community interventions is reported, there is no breakdown of which offenders received follow up continuum care and how this may have impacted on the overall outcomes. There is also a lack of clarity with regards to the number of men who completed the blended programme as opposed to the standard programme.

It is positive that the participants were described in detail, however, there were various differences in terms of the characteristics of this sample and it may be necessary to consider these in relation to any potential impact on treatment outcomes. Most relevant to this review is the different ethnic subgroups whereby the Aboriginal group consisted of three different sub-groups. Despite its shortcomings, this study has a large sample size and the groups of Aboriginals and non-Aboriginals did not differ significantly in terms of the amount of time spent in treatment. The study covered a range of different outcome measures as well as differences in characteristics between the Aboriginal and non-Aboriginal participants. It provides useful insight into the treatment outcomes for these groups and potential for future development.

Descriptive Data Synthesis

The total sample of the review comprised 1067 participants in the sex offender population. Six hundred and thirty-two of the sample were young offenders (age 11-18 years) and 435 of the sample were adults. The ethnic minorities included in this study are displayed in Table 2.2.

Table 2.2

The Breakdown of Ethnic Minority Groups Included in the Review.

Ethnic Minority	Number of Participants	Study
Antillean	2	Hendriks & Bijleveld, 2008
Black African, African Caribbean, Asian	56	Gahir & Garrett, 1999; Webster et al., 2004*
Canadian Aboriginal	223	Ellerby & MacPherson, 2002; Rojas & Gretton, 2007
Indigenous Australians	56	Smallbone et al., 2009
Moroccan	3	Hendriks & Bijleveld, 2008
Surinamese	5	Hendriks & Bijleveld, 2008
Turkish	1	Hendriks & Bijleveld, 2008
Mixed	1	Hendriks & Bijleveld, 2008
Other	14	Hendriks & Bijleveld, 2008

* 3 of the participants from the Gahir and Garrett study were from India and 1 was from Kenya. The breakdown of the remaining 52 participants from the Webster et al. study is unknown. Furthermore, Patel and Lord do not state the ethnic background of the twenty four participants in their study.

The review findings show that no differences were found between ethnic minorities and non-ethnic minorities in terms of a change in psychometric scores (Ellerby & MacPherson, 2002; Webster et al., 2004). Ethnic minority participants were significantly less engaged than non-ethnic minority participants (Smallbone et al., 2009) and treatment completion was higher for non-ethnic minority participants than ethnic minority participants with non-ethnic minorities also being more likely to continue treatment after their mandate had expired (Ellerby & MacPherson, 2002). In terms of the recidivism data, the research shows

that ethnic minorities were more likely than non-ethnic minorities to re-offend sexually, violently and non-violently (Hendriks & Bijleveld, 2008; Rojas & Gretton, 2007).

Discussion

This systematic review examined treatment outcomes in ethnic minority sex offenders. Of the seven outcome studies reviewed, the study methodologies included four quasi-experiments, one before-and-after study and two qualitative studies. Overall the review produced mixed findings, however, the studies were difficult to compare as they each measured different outcomes. Furthermore, the existing studies in this area included both indigenous and immigrant groups. It is necessary to consider how readily these groups can be compared in respect of the heterogeneous nature of the cultural challenges that they are likely to encounter. The framework of Cowburn et al (2008b) would be a useful point of reference for evaluating this. The findings indicated that efforts to adapt programmes to cater for ethnic minorities have had positive effects on treatment gains, treatment engagement, treatment completion and recidivism. In order to move forward in this area, it is necessary to develop an understanding of the barriers that have prevented a diversity of cultural perspectives being integrated into existing sex offender literature and the framework of Cowburn et al. (2008b) could be a useful way of developing this.

Despite the success of culturally adapted programmes, Jones et al. (1999) state that this remains a largely neglected area. Jones et al. outline some preliminary concepts for integrating cultural knowledge into the sex offender treatment field such as the suggestion that, due to the higher levels of denial in some ethnic minority populations (such as those from an Asian background as discussed by Gahir and Garrett, 1999), facilitators should

expect to acquire less assessment information from these individuals particularly in the pre-treatment stage. Consideration of factors such as these is necessary in order to adapt programmes effectively.

The studies in this review are considered of sound methodological quality. For example, with the exception of the two qualitative studies, the samples sizes were relatively large (e.g. 100+), on the whole the outcome assessors were blind, standardised measures were used and the outcome measures were objective or validated. Further research is needed to replicate the findings for each type of outcome and future research should aim to account for the methodological limitations identified in the existing studies, for example, the potential problem of aggregating those from different ethnic backgrounds, the questionable representativeness of the sample across both child molesters and rapists, and the lack of clarity about how much treatment participants received and whether this was the same across the sample.

The review findings have implications for practice and emphasise the key role of study design and the need to be mindful of this when considering the outcomes. Namely, ethnic minorities showed significantly poorer results in all of the outcomes studied except pre- and post-test psychometric measures (Webster et al., 2004). Despite this, some differences were found in relation to denial, and based on the negative experiences of ethnic minorities that were reported in the qualitative studies (Gahir & Garrett, 1999; Patel & Lord, 2001), differences on psychometric measures would be expected. The lack of significant difference between groups on the psychometric tests may be a reflection of cultural biases within the assessments or it could be to do with the fact that sub-cultures were aggregated causing differences to go undetected. Furthermore, the higher levels of denial that were

detected in the ethnic minority group compared to the White group were somewhat in line with the paper of Gahir and Garrett (1999) which highlighted the issue of denial in the Asian culture. This may have contributed to under- or over-reporting in relation to areas of risk for these individuals and different outcomes may have emerged if each ethnic minority group had been examined separately.

There were a number of limitations of the review. The review provided a descriptive synthesis of evidence from current published studies. Despite attempts made to contact experts in this field for unpublished studies, the results may be subject to publication bias. In addition to this, due to time constraints, the search specified English language studies only and, therefore, there is potential for language bias. Due to the fact that one reviewer carried out all of the quality assessment, it was not possible to assess inter-rater reliability. The review included a wide range of outcome measures as well as a broad search for ethnic minority sex offender populations undergoing various interventions. This allowed for inclusion of the largest possible number of studies. Nevertheless, the number of studies reviewed was relatively small and they included both indigenous and immigrant groups, which limits the generalisability of the findings. This highlights the need for further outcome studies.

Conclusions

The findings from this systematic review suggest a need to focus on a more flexible, individualised approach to treating ethnic minority sex offenders rather than previous highly-prescriptive group-based treatments which may have been developed in a culturally insensitive way. Future research should endeavour to examine individual cultures where they have been aggregated in the past. It may also be useful to address cultural biases that

exist within assessment packages such as the Westernised nature of items on certain questionnaires and the fact that most measures have been normed on White populations (e.g., many of the measures included in the battery of assessments used to evaluate outcomes of the Sex Offender Treatment Programme in the UK, Beech et al., 1999). Another interesting area for future research would be to explore differences in levels of acculturation with consideration regarding the culture that participants are adapting into, i.e., 1) Do some cultures adapt more easily than others, 2) are some cultures easier to adapt into than others? and 3) do any differences exist between indigenous and immigrant populations in relation to acculturation? The research included in this review is insightful and should be developed further in order for conclusions to be drawn in terms of the best way forward for effectively treating ethnic minority sex offenders.

Chapter Three

Empirical Research

The Impact of the Community Sex Offender Groupwork Programme on Ethnic Minority Offenders

Chapter Three Rationale

The existing literature which was examined in Chapter two suggested poorer treatment outcomes for ethnic minority sex offenders as measured by various outcome measures with the exception of psychometric testing where the only differences found in respect of ethnicity were those relating to denial (Webster et al., 2004). Research has suggested that Asian individuals in particular, have a poor experience of sex offender treatment (Gahir & Garrett, 1999; Patel & Lord, 2001) and that the influence of religion and culture can be prominent factors for these individuals (Gilligan & Akhtar, 2006; Olumoroh, 2008; Wong, 1987). This links to the framework of Cowburn et al. (2008b) which was introduced and explored in Chapters one and two. The rationale for this chapter, therefore relates to the limitations of the Webster et al. study whereby different ethnic minorities were aggregated into large groupings and so it remains unknown whether differences in treatment outcome for some ethnic groups were masked. Furthermore, the findings for denial in the Webster et al. study are somewhat inconclusive as it is not explicit as to whether these differences applied more to individual ethnic groups or whether this was a general finding for all of the ethnic minority groups included in the 'Black' category. Finally, it was considered necessary to explore the concept of denial in relation to other types of socially desirable responding and the potential impact of this on the veracity of the other self-report assessments administered.

Abstract

This study aimed to explore the impact of experiencing sex offender treatment as an ethnic minority offender upon scores on psychometric tests. It was hypothesised that there would be a significant positive treatment effect in general and that treatment would be less effective for ethnic minority sex offenders as measured by psychometric scores pre- and post-treatment. Data were collected retrospectively from the Sex Offender Unit of West Midlands and Staffordshire Probation Trust. Forty-two Asian offenders were matched with 42 White offenders on a range of variables and their scores on pre- and post-psychometric measures were analysed using a variety of statistical tests. The results showed that despite previous findings that ethnic minority sex offenders have negative experiences of interventions, higher recidivism rates and lower treatment engagement, this was not reflected in the scores of Asian individuals on the psychometric measures that are currently in place to assess factors relating to sex offending. However, there were some differences between the groups, for example, the results revealed higher levels of self-deception enhancement in Asian offenders. Furthermore, there was only partial support for the first hypothesis. The findings are discussed in relation to the existing literature, their applicability to practice and potential future directions for both the research and treatment of ethnic minority sex offenders.

Introduction

The Sex Offender Treatment Programme (SOTP) was first introduced in HM Prisons in England and Wales in 1991. The programme aims to address risk assessment, risk management and risk reduction by targeting the areas referred to in Fisher and Beech's

(1998) model (denial, offence specific problems, level of social adequacy and knowledge of relapse prevention skills). The individual is assessed prior to treatment using a standardised battery of psychometric measures in order to establish the specific risk factors needing particular focus. It is intended that through engagement in treatment, offenders' motivation to refrain from offending will increase and that they can improve their self-management in order to make this more achievable. Beech et al. (1999) discuss that the Cognitive Behavioural approach of considering thoughts, feelings and behaviour can attenuate risk factors. Description of the specific treatment modules and techniques used in HM Prison programme is beyond the scope of this paper, however, this information can be found in Beech et al. (1999) as well as a discussion of the therapeutic impact of group processes.

Hanson et al. (2002) discuss difficulties with the evaluation and measurement of the effectiveness of sex offender treatment programmes and one way of doing this is through the use of psychometric measures. Using psychometric testing to this end enables treatment outcomes to be examined in terms of change in the dynamic risk factors which have been evidenced to have a relationship with recidivism. When considering the development of treatment programmes to target dynamic risk factors, it is important to consider how amenable these factors are to change. Although, as noted in Chapter two, Mann et al. (2010) state "It is not necessary, however, that propensities be amenable to change for them to be psychologically meaningful risk factors or for them to be of interest to treatment providers" (p. 195). This highlights that some risk factors, whilst not directly amenable to change can be targeted indirectly in treatment. Barnett, Wakeling, Mandeville-Nordon and Rakestrow (2011) review the evidence which suggests that psychometric testing is a reliable way of determining risk factors associated with sex offending. However, Barnett et

al do not discuss the implications of this form of outcome measure for those from ethnic minority backgrounds where the tests used have not been validated for such groups. Some of the studies which have utilised this form of outcome measure in institution-based interventions will now be discussed.

Fisher, Beech and Browne (1999) compared 140 child molesters to a group of 81 non-offenders in the Sex Offender Treatment Evaluation Project (STEP). Positive treatment outcomes were found in the four areas described in the 1998 model of Fisher and Beech as measured by improved scores on psychometric measures. The STEP study also analysed whether offenders had a 'treated' profile following intervention, meaning that their scores showed an "overall treatment effect" on the questionnaires measuring the aforementioned areas and that their profiles were largely indistinguishable from those of non-offenders. Finally, this study looked at change in terms of a reduction in pro-offending attitudes alone. The findings indicated that two-thirds of men showed a reduction in pro-offending attitudes and one-third of men showed an overall treatment effect. Low deviancy men who were relatively open about their offending prior to intervention were found to respond particularly well to treatment. Similarly, denial at the outset of treatment was found to be a strong predictor of how successful treatment was where treatment was less effective when high levels of denial were in evidence. It should be noted that only 14 of the 100 men in this study had committed sex offences against adults and this is a point of critique in consideration of the fact that Grubin and Gunn (1990) found that denial is more prevalent amongst rapists than child abusers and, as such, treatment is likely to be more difficult with rapists. Nonetheless, this study is widely cited and provided the basis for the standard battery of assessments (known as the STEP battery) that is used today.

More recently, Wakeling, Beech and Freemantle (2011) sampled 3773 sex offenders who had completed treatment in a correctional establishment between 1996 and 2006 in the UK. Results suggested that offenders whose scores fell in the 'normal range' on psychometrics before and after treatment were reconvicted at a significantly lower rate than those whose scores were not in the 'normal range'. Furthermore, those with a 'treated' profile on three out of the four risk domains had a lower reconviction rate than those who were not deemed to have "changed" significantly. This provides support for psychometrics in identifying the areas known to be associated with sex offending as well as ascertaining whether treatment has worked in terms of recidivism. This research not only highlights the importance of focusing on improvement on the measures per se, but that this improvement should shift offenders sufficiently so that they can be considered to be in the range of the normal population.

The under-representation of ethnic minority sex offenders in treatment was reported in the STEP study. Beech et al. (1999) reported that only 5% of their sample of sex offenders undergoing treatment belonged to ethnic minority backgrounds. This is lower than would be expected considering that the proportion of ethnic minority sex offenders in the prison system was 13% at that time (Beech et al., 1999). Further, Cowburn et al. (2008a) state "The proportional over-representation of BME men in the male sex offender population of the prisons of England and Wales has been noted for the last ten years" (p. 19) and it seems that this is not reflected in their involvement with interventions (i.e., Cowburn, 1996 found that only 10% of Black sex offenders were engaging in treatment). Cowburn also suggested that the proportion of BME individuals amongst the sex offender population was rising.

Beech, et al. (1999) reported that a 'SOTP Multi-Racial Advisory Group' was set up in an attempt to 'improve the accessibility and relevance of the SOTP to all prisoners and eliminate discrimination within treatment' (p. 89). However, despite such efforts to eliminate the under-representation of ethnic minority sex offenders in treatment, Cowburn et al. (2008a) highlight that the problem remains both in terms of starting treatment and non-completion whereby the drop-out rates are higher for ethnic minority individuals. Cowburn et al. suggest a "Tripartite model for understanding the under representation of the BME sex offenders in prison treatment programmes" (p. 24) which encompasses three distinct dimensions – the social (i.e., assumptions about how they will be perceived and treated due to their experiences within Western society), the cultural (e.g. constraints in talking about sex) and the therapeutic (e.g. the content of the intervention and its relevance to BME offenders). Cowburn et al. suggest that consideration of such issues within sex offender treatment may help to encourage participation from ethnic minority groups.

Cowburn (1996) has asserted that sex offender interventions do not acknowledge ethnic differences such as those discussed in Chapter two, nor do they account for these within the programme content. However, the development of culturally adapted programmes has been successful though limited. Cowburn suggested that BME offenders in Prison respond to cultural racism by seeking alliance with their own ethnic group rather than engaging with interventions and that this, in part explains their under-representation in treatment.

Perceptions and definitions of sexual abuse can vary depending on culture, values and beliefs, for example Olumoroti (2008) states that in some cultures it is appropriate to marry girls as young as 13 years old. More specifically, research suggests that models of sex offending are not wholly applicable to some Asian cultures as they do not account for

beliefs such as role expectations of the male as the primary breadwinner, the female as submissive and the impact of this on a mother's ability to protect her child (Gahir & Garrett, 1999). Olumoroti highlights that language fluency and variability of verbal and visual concepts across cultures can be problematic for the success of interventions in terms of those from some ethnic minority backgrounds not being able to relate to the material, for example, the language used may not be diversely applicable. Cowburn (1996) asserts that stereotypes such as the Black male as predatory and dangerous may stop 'Black' sex offenders engaging in treatment in a White dominated environment.

There are known cultural differences in terms of beliefs about sexual aggression, disclosure and behaviours (Alaggia, 2001) and it is, therefore, considered imperative that researchers and clinicians incorporate this understanding into practice. However, Wiederman, Maynard and Fretz (1996) note that there is little consideration of ethnicity and culture in the sex offending literature. As a result of this, findings from research using majority ethnic samples are likely to have been inappropriately generalised to minority ethnic groups. For example, Olumoroti (2008) points out that some cultures accept forced sex when it occurs within the context of marriage or against women who are considered to be passive, sexually experienced or provocative.

Religious beliefs have also been found to influence responses to the assessments included in the STEP battery of tests. For example, the highest set of scores ever obtained on the Impression Management scale of the Paulhus Deception Scale (PDS) was from a highly-religious sample (Quinn, 1989 as cited in Paulhus, 1999). It is not clear whether this related to a high degree of desirable behaviour or a high tendency toward socially desirable responding or both. In terms of denial, it was noted in Chapter two that Islamic guidance

forbids talking about sex offending (Cowburn et al., 2008b) and the majority of Muslims in England and Wales come from Asian backgrounds (Yilmaz, 2005). Grubin and Gunn (1990) found that denial and rationalisation were more common amongst Black rapists with a higher number of not guilty pleas and several studies have corroborated the finding that denial is higher in some ethnic minority samples (Cowburn et al., 2008a; Gahir & Garrett 1999; Jones et al., 1999; Patel & Lord 2001; Webster et al., 2004). Furthermore, Patel and Lord (2001) note that in some cultures, practices such as masturbation and sex outside marriage are frowned upon and these factors may reinforce the high levels of denial in offenders belonging to such cultures. Given that it is thought that offenders who are open regarding their offending are at lower risk (Beech et al., 1999), improved understanding of taboos that exist within various religious and cultural groupings could provide fundamental insight for facilitators and, in turn, ensure programme delivery is responsive.

The studies discussed so far used samples from correctional establishments and this will have likely had an impact on levels of motivation compared to a community sample since an offender's motivation for release into the community may contribute to their willingness to engage in programmes which form part of their sentence plan. Evidence for this comes from Allam (2000b) who found that offenders were more likely to drop out of community treatment once their mandate expired and it may be necessary to look at motivation in more detail. For example, participation in treatment whilst incarcerated may be considered a constructive use of an offender's time if they wish to demonstrate a willingness to be rehabilitated (D.T. Wilcox, personal communication, 31 July 2013). Indeed, Heil, Ahlmeyer and Simon (2003) found that offenders who were being treated in the community had greater levels of denial and had participated in fewer treatment sessions than a sample

of incarcerated offenders to which they were compared. It may be the case that offenders undertaking intervention whilst on probation are less willing to discuss their offending openly through fear that it may incriminate them.

The Community Sex Offender Groupwork Programme (C-SOGP) was established at the Sex Offender Unit of the West Midlands Probation Service in 1993 and currently, the model of Fisher and Beech (1998) (see Appendix one) provides the basis for the content of the sessions utilising techniques such as cognitive restructuring, modelling and role play to address these areas. The programme represents seven modules; induction, cycles and cognitive distortions, self-esteem, intimacy and emotional loneliness, social and problem solving skills, the role of fantasy in offending, victim empathy and relapse prevention.

Allam (2000b) discusses the evidence for effectiveness of the C-SOGP and reports that sex offenders who had been through this programme were up to three times less likely to be reconvicted for a sex offence over a three year follow-up period than untreated sex offenders. Improvement on psychometric scores post-treatment was reported in this study.

Allam (2000b) found that the longer an offender was in treatment, the greater the improvement observed in the variables being measured by psychometric testing. Recidivism was also lower for completers of the programme than would be expected for non-treated offenders (based on Hanson's 1997 base rate for re-offending), however, drop-out rates were concerning. The results showed that 20.64% of child molesters and 30.8% of rapists had dropped out by 50 hours of treatment out of a total possible 200 hours. Reasons for drop out included; denial, defensiveness and high levels of rape myth acceptance (which have been found to occur more often in ethnic minority populations, Mori, Bernat, Glenn, Selle & Zarate, 1995). Again, this research mostly consisted of child sex offenders. Rapists

appeared to be rather resistant to treatment on the whole (particularly Asian offenders). Nonetheless, Allam reported “Psychometric test data suggest that considerable change takes place with respect to cognitions and attitudes thought to be related to offending behaviour” (p. 36).

As discussed in Chapter two, poor engagement is linked to less change during treatment (Smallbone et al., 2009) and the qualitative literature reporting negative perceptions and experiences of sex offender treatment from ethnic minority sex offenders would suggest a detrimental effect of ethnicity on the efficacy of treatment (Gahir & Garrett, 1999; Patel & Lord, 2001). The recidivism studies that were reviewed in Chapter two (Ellerby & MacPherson, 2002; Hendriks & Bijleveld, 2008; Rojas & Gretton, 2007) also suggested poorer treatment outcomes in sex offenders from ethnic minority backgrounds, however, Hanson et al. (2009) suggested a need to explore treatment outcome in ways which go beyond measuring recidivism rates.

The only study which has examined treatment outcomes for ethnic minority sex offenders in terms of a change in psychometric scores is Webster et al. (2004). Although treatment was equally effective across both groups of participants in this study (based on statistical analysis of their changes in scores on the psychometric measures), differences were found across the two groups. For example, offenders in the ‘Black’ category had higher levels of denial of offence premeditation and offence repetition pre-treatment. The premeditation difference disappeared post treatment, however, ‘Black’ offenders’ denial of repetition remained significantly higher than White offenders’ post-treatment. It should be noted that the ‘Black’ sample in this study consisted of Black-African, African-Caribbean and Asian and some variation was found between the different ethnic sub-groups.

Aggregating cultural groupings into a homogenous 'Black' sub-sample may have masked differences between certain ethnic sub-cultures and White sex offenders.

In their 2004 study, Webster et al. reported that denial is linked to the level of perceived social approval and it is therefore possible that these findings of more denial in ethnic minority groups reflect the intolerance of sexual abuse identified in some ethnic minority cultures (Webster, et al., 2004). This links to the literature outlined in Chapter two which suggested that those from some ethnic minority cultures are less likely to report sexual abuse due to fear of rejection, shame, or their religious beliefs (Cowburn et al., 2008b; Droisen, 1989; Olumoroti, 2008; Wong, 1987). The Webster et al. paper did not discuss the potential impact of the high levels of denial found in the Black group upon the reporting of these individuals on the remaining tests in terms of the validity of the scores; something which the current study aimed to address. It is possible that the high levels of denial meant that these individuals also responded in a socially desirable way on the other psychometric tests administered.

In terms of socially desirable responding, Paulhus and Reid (1991) defined two aspects of self-deception; Self-Deception Enhancement and Denial. The former being the claiming of positive attributes and the latter being the rejection of negative attributes. Denial has consistently been found to be more prevalent in those from ethnic minority backgrounds (Cowburn et al., 2008a; Gahir & Garrett 1999; Jones et al., 1999; Patel & Lord 2001; Webster et al., 2004), however, there are no known studies which explore self-deception enhancement in this way. Exploring this construct as part of the current study allowed for examination of self-deception enhancement and its relationship with treatment effectiveness.

As was established in chapter two, treatment outcomes for ethnic minority sex offenders are under-researched and the under-representation of ethnic minority offenders undergoing treatment is concerning. The majority of the existing research in this area is institution-based and there are known differences between prison and community interventions in terms of effectiveness (Polizzi, MacKenzie & Hickman, 1999). The studies outlined in Chapter two are dated and both society and attitudes are likely to have changed significantly since most of this research was carried out. In addition to this, very little of the research looking at ethnicity appears to have been undertaken in the United Kingdom.

The current study aimed to expand on the existing literature by exploring whether the ethnicity of a sex offender has an impact upon the way in which they respond to treatment in terms of a change in psychometric scores pre- and post-treatment. The sparse literature that exists in this area has failed to effectively measure treatment outcome in this way. It was believed that differences may have been masked by the aggregation of cultural groupings that took place in Webster et al.'s (2004) study and the implications of the higher level of denial in the 'Black' group were not addressed.

In order to build on the previous research of Webster et al., the current research extended this research to the C-SOGP, a similar programme to SOTP but that which is delivered in a different setting (i.e., the community), using the questionnaires associated with this programme. However, cultural groupings were explored on an individual basis rather than aggregating several ethnicities and comparing these to White offenders. Sex offenders undergoing treatment with West Midlands Probation Service do not currently complete assessments which examine the first area of the model of Fisher and Beech (1998); denial/admittance of deviant sexual interests. However, general levels of impression

management (positive self-misrepresentation) and self-deception enhancement are assessed. In the current study, therefore, self-deception enhancement was explored as opposed to denial; something which, to the author's knowledge, has not been explored previously.

Understanding the effect that ethnicity has on the treatment of sex offenders can inform the Probation Service of possible elements of the programme that are in need of development in order to meet the needs of all offenders. Exploration of this subject area could help to increase understanding of which specific risk factors, if any, are affected by the fact that somebody may experience treatment as an ethnic minority in the UK. The current study aimed to explore whether the outcomes of treatment engagement, qualitative and recidivism studies (see Chapter 2) are reflected in scores on psychometric tests when ethnic groups of sex offenders were examined independently of one another. Within group treatment changes were also inspected addressing the following hypotheses;

H1: There will be a significant effect of treatment, as measured by a significant difference between psychometric scores pre- and post-treatment indicating improvement.

H2: Treatment will be less effective for ethnic minority sex offenders than White sex offenders as measured by psychometric scores pre- and post-treatment.

Method

Participants.

Psychometric and demographic information from 103 completers of the C-SOGP was extracted from a database which was accessed at the Sex Offender Unit of West Midlands and Staffordshire Probation Trust. The data included scores of individuals who had completed the C-SOGP between 2005 and 2011. There were 42 Asian males and 19 Black

males. Due to the low number of Black males and the statistical problems that would likely occur from having unequal sample sizes, the Black participants were excluded from the study.

Forty-two White males were matched with the Asian males on a range of demographic and offence variables (see Procedure) giving a total sample size of 84. All of the variables with the exception of age were matched exactly. The participants' ages ranged from 20 to 58 years for both the White and Asian groups ($M = 33.94$, $SD = 9.92$) (White participants, $M = 34.67$, $SD = 10.58$; Asian participants, $M = 33.21$, $SD = 9.28$). For the age variable the data was not normally distributed and, as such a Mann-Whitney U test was carried out which confirmed that there was no significant difference between the groups for age ($U = 83$, $Z = -.46$, $p = .65$). The breakdown for ethnicity, demographic and offence variables of the participants is shown in Table 3.1.

Table 3.1
Characteristics of the Two Groups.

Variable	White	Asian
Child Victim	20 (47.6)	20 (47.6)
Adult Victim	22 (52.4)	22 (52.4)
Female Victim	37 (88.1)	37 (88.1)
Male Victim	5 (11.9)	5 (11.9)
Intra-familial	7 (16.7)	7 (16.7)
Extra-familial	35 (83.3)	35 (83.3)

Figures in parentheses are percentages.

Design and measures.

A standard psychometric assessment pack which is designed to assess the dynamic risk factors associated with sex offending and measure the programme's impact on these factors is administered before and after individuals complete the C-SOGP.

More specifically, these psychometrics are designed to measure three of the four main areas outlined in Fisher and Beech's (1998) model; predisposing personality factors; pro-offending attitudes; and relapse prevention skills. Denial/admittance of deviant sexual interests is not currently assessed as part of the standard battery, however, the individuals' level of socially desirable responding is examined. The battery of tests is accredited by the Home Office for use with sex offenders. Scores on the individual measures are considered against a normative sample of non-offending adult males. However, the respondent's overall profile can also be compared against scores obtained from a sample of untreated child sexual abusers, to indicate whether a participant falls within the Low or High 'Deviance' Category (i.e., whether they have a relatively low or high level of treatment need as compared to other offenders). Pre- and post-testing can be used to ascertain the degree to which the offender may be considered 'treated' and on which variables. Descriptions of the psychometrics used in this study are outlined below.

The normative sample for the majority of the measures (unless otherwise specified) was 81 newly recruited male prison officers. The participants had not had any experience of working with prisoners or having contact with prisoners at the time of testing nor did they have prior experience of working for other institutions such as the Police or the armed forces. The sample was thought to be representative of 'normal' non-offending males (Beech et al., 1999).

Socially Desirable Responding.

The Paulhus Deception Scales (PDS) (Paulhus, 1999)

The PDS is a 40 item instrument that measures the tendency to give socially desirable responses. The items are split into two subscales, Impression Management and Self-Deception Enhancement. Impression Management represents a form of dissimulation known as “faking” or “lying”. For Self-Deception Enhancement, Paulhus (1999) states “High-scorers show a form of self-enhancement best described as rigid over-confidence akin to narcissism” (p. 9). They may, for example, consistently claim to “know it all” and show a notable lack of insight. Respondents are required to rate the items on a scale of 1-5 representing how much the statements are true of them. Higher scores represent higher Impression Management/Self-Deception Enhancement. The normative sample for the PDS was 1475 American and Canadian individuals (441 from the general population, 289 college students, 603 prison entrants and 124 military recruits). The internal reliability of this scale, as measured by Cronbach’s $\alpha = .83 - .86$ and the test-retest reliability is reported to be .67.

Predisposing personality factors.

The Self-Esteem Questionnaire (Thornton, 2000a).

The Self-Esteem Questionnaire is an eight item self-report questionnaire, with a four item lie scale. High scores indicate high levels of self-esteem. Respondents are required to answer true or false to the questions regarding how they feel about themselves. Thornton reports that the scale has high internal reliability ($\alpha = .80$) and that it correlates with, but is identifiably different from, the Neuroticism scale of the Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975) which has been reported to have high internal

reliability (Cronbach's alpha = .80) and test-retest reliability of .70. It has been suggested by Thornton that the Self-Esteem Questionnaire is just as sensitive to treatment change as the more extensive Culture Free Self-Esteem Inventory (Battle, 2002) and Beech et al. (1999) report the test-retest reliability to be .75.

The University of California Los Angeles (UCLA) Loneliness Scale (Russell, Peplau & Cutrona, 1980).

The UCLA Loneliness Scale is a self-report 20 item measure designed to assess the respondent's ability to be appropriately intimate with other adults. The tool requires respondents to indicate how often they feel the way described in each item on a scale of 1-4 with higher scores indicating a higher degree of loneliness. The measure has high internal reliability (alpha = .94) and test-retest reliability of .91 (Beech et al., 1999).

The Locus of Control Scale (Nowicki, 1976).

The Locus of Control Scale measures the extent to which respondents feel that events are contingent on their behaviour (internal locus of control) and the extent to which they feel events are externally controlled (external locus of control). Those scoring high on this measure are said to have an external locus of control. The tool requires respondents to answer yes or no to 40 statements. The internal reliability has been reported as alpha = .69 with test-retest reliability of .83 (Nowicki & Duke, 1974).

The Interpersonal Reactivity Index (IRI) (Davis, 1980).

The IRI is a 28 item self-report measure. The tool requires individuals to respond to the items on a scale of 0-4 representing how much the statements are like them. The IRI measures four components; Empathy; Perspective Taking (both of which measure the ability to cognitively assume the role of others); Empathic Concern (which measures

feelings of warmth, compassion and concern for another); Fantasy (which addresses the ability of the respondent to identify with fictional characters) and Personal Distress (which addresses anxiety and negative emotions resulting from feelings of distress of another). The higher the score on each of these scales, the more this construct is said to feature in the individual's personality. The internal reliability has been reported as $\alpha = .78$ with test-retest reliability of .68 (Davis, 1980).

The Social Response Inventory (Keltner, Marshall & Marshall, 1981).

The Social Response Inventory is a self-report measure providing scores for two scales; under- and over-assertiveness. In response to 22 different scenarios involving males, females, strangers and/or groups, individuals indicate which one of five pre-determined options they would most likely enact if faced with a particular situation (Keltner, Marshall & Marshall, 1981). The test-retest reliability of the under-assertiveness scale has been reported as .80. The test-retest reliability for the over-assertiveness scale and the internal reliability of this measure are both unknown.

The Barratt Impulsivity Scale – third edition (BIS-II) (Barratt, 1994)

The BIS-11 scale is a 30 item self-report measure of impulsivity. Respondents are required to rate the items on a scale of 1-4 representing how much the statements are true of them. The impulsivity items are split into three subscales; Motor Impulsivity (acting without thinking); Attentional Impulsivity (making quick cognitive decisions) and Non-planning Impulsivity (lack of concern for the future) and higher scores indicate higher levels of impulsivity. Internal reliability and test-retest reliability are both reported to be .83. The normative sample for this measure was American students and a general population sample recruited via 'media outlets' ($N = 1577$, Males = 393, Females = 1184).

Pro-offending attitudes.

The Empathy for Women Test (EWT) (Hanson, 1995).

The EWT consists of a series of vignettes portraying a man and woman in a variety of abusive, non-abusive and ambiguous interactions. The respondent is asked to give their opinion about the interaction - how the woman feels and what her intentions/motives are. Scores are calculated for Fake and Deviant error scores. An individual who obtains a high fake error score is attempting to present as particularly sensitive to women (i.e., is faking good) and someone with a high deviant error score has a tendency to minimise abuse, to see the woman as having sexual or hostile motives and as being deserving of abusive treatment. A high total error score indicates poor perspective-taking skills/high levels of distortions about women. Test-retest reliability for the three sub-scales of the EWT was calculated over a two-week period; Fake Error = .54, Hostile Error = .82, Sexualised Error = .69. An internal reliability estimate (using Spearman Brown split half equation) was calculated by taking odd versus even numbered items. The correlation coefficient was calculated at; Fake Error = .76, Hostile Error = .94, Sexualised Error = .88. The internal reliability was found to be; Fake Error = .60, Hostile Error = .88, Sexualised Error = .76 (Cronbach's alpha).

The Victim Empathy Questionnaire (Beckett, Fisher & Gerhold, 2000)

The Victim Empathy Questionnaire (updated version) measures the offender's empathy for victims of a sexual assault and their views of the impact of their offending behaviour on their victim. The tool is a 28 item self-report scale whereby offenders are required to answer the questions with reference to their own victim or most typical victim if there is more than one. The scale measures the extent to which an offender believes that their victim enjoyed sexual contact, encouraged it, was able to stop it, experienced fear and guilt

and whether they wished to have similar experiences in future. For offenders who deny their offence, a series of vignettes are used and the offender is asked to respond in relation to a scenario which closely matches the circumstances of their alleged offence. Higher scores on this measure indicate more distortions about these concepts. The internal reliability of this measure is reported to be $\alpha = .89$ and test-retest reliability is .95 (Beech et al., 1999).

The Children and Sex Questionnaire (Beckett, 1987)

The Children and Sex Questionnaire refers to children of 14 years and younger and requires the respondents to rate their agreement with statements relating to cognitive distortions and emotional congruency with children. The Cognitive Distortions scale is designed to assess the extent to which respondents view children as in some way responsible for either encouraging or initiating sexual contact. The Emotional Congruence scale is designed to measure the extent to which individuals believe they have a special relationship with children and are able to understand their thoughts, feelings and concerns. Paedophiles tend to score high on the Emotional Congruence scale, indicating an emotional dependence on children, particularly extra-familial offenders with multiple victims. However, low deviance offenders (usually incestuous fathers and step-fathers) score very low compared to non-offenders. This suggests an inability to relate to and understand the emotional needs of children. A positive treatment effect would represent a lower score for extra-familial offenders and a higher score for intra-familial offenders post treatment (Beech et al., 1999).

The internal reliability of the Cognitive Distortions scale is reported as $\alpha = .90$ with test-retest reliability of .77 (Beech et al., 1999). The Cognitive Distortions scale also has a correlation coefficient of .70 with the Cognitive Distortions scale of Marshall's Sex with

Children Scale (Thornton, personal communication, cited in Beech et al., 1999). The internal reliability of the Emotional Congruence scale is reported as .90 with a test-retest reliability of .63 (Beech et al., 1999). The Children and Sex Questionnaire will be given closer scrutiny in Chapter four.

Relapse prevention skills.

The Relapse Prevention Questionnaire (Beckett, Fisher, Thornton & Mann, 1997).

The Relapse Prevention Questionnaire comprises two sub-scales; Relapse Prevention Awareness and Relapse Prevention Strategies. These scales assess an individual's ability to identify a) risk situations, thoughts and feelings, and b) their strategies to cope with such situations, thoughts and feelings. Unlike the other psychometric tests, The Relapse Prevention Questionnaire is only administered post-treatment. Beech et al. (1999) found higher scores on these scales following treatment when offenders were considered 'treated' than when they were deemed 'untreated' as measured by the other tests within the battery. Webster et al. (2004) report the internal reliability of these scales as follows: Relapse Prevention Awareness = .85, Relapse Prevention Strategies = .80. There does not appear to be any information available regarding test-retest reliability or validity for this measure. The Relapse Prevention Awareness scale has a total possible score of 18 and the Relapse Prevention Strategies scale has a total possible score of 16.

Note regarding reliability.

It is acknowledged that the Locus of Control scale and the Fake Error scale of the EWT have not met the minimum recommended level of .7 (Nunnally, 1978) for internal

reliability. Furthermore, the PDS, Self-Esteem Questionnaire, IRI, Fake Error, Sexualised Error, Cognitive Distortions and Emotional Congruency scales did not meet the minimum recommended criteria of .8 for test-retest reliability (Kline, 2000) and the information regarding the psychometric properties of the Social Response Inventory and the Relapse Prevention scales is incomplete. Nonetheless, all of these scales were included in the study due to the fact that they are routinely used within the C-SOGP.

Procedure.

This was an archival study that was carried out using data that were collected by probation staff before and after offenders went through the C-SOGP. All participants had completed the battery of tests associated with the Sex Offender Treatment Evaluation Programme (STEP) before and after their treatment as outlined above. The data were collected retrospectively and accessed via the database held at the Sex Offender Unit of West Midlands and Staffordshire Probation Trust.

Demographic information was also available from this database. The Asian category largely consisted of those of a South Asian (India, Pakistan and Bangladesh) background. None of the participants identified themselves as being from a South East Asian (China) background. The ethnic categories that were included in each sub-group can be seen in Table 3.2.

Table 3.2

The Ethnic Sub-Categories.

	<i>Sub-category</i>
White	British/English/Welsh/Scottish/Northern Irish (36) Irish (1) Irish Traveller Any other White background (1) Unknown (4)
Asian or Asian	
British	Indian (21) Pakistani (9) Bangladeshi (3) Chinese Any other Asian background (7) Unknown (2)

White males were matched with Asian males on the demographic and offence variables used in the Webster et al. (2004) study. These were offender age, victim type (child/adult), victim gender (female/male) and relationship to victim (intra-familial/ extra-familial). Ethnicity (White/Asian). These were coded within SPSS.

Ethical considerations.

Ethical approval was formally granted from both The University of Birmingham and the National Offender Management Service.

Anonymity.

All of the data were anonymised onsite and the data which were taken offsite did not contain any personal identifying information. The data were saved onto a MS Excel spreadsheet and onto a memory stick as a password protected file to ensure that only the researcher and her supervisor were able to access it. It was agreed as part of the ethical approval procedure that, in accordance with the Data Protection Act 1998, these data would be destroyed after ten years of the completion of the study. The anonymous data were shared only with the research supervisor and all data remained anonymous in relation to the reporting of the findings.

Consent.

Prior to completing the CSOGP, participants are given an official statement of understanding for attending an accredited programme which informs them of the nature of the intervention, what to expect and what is expected of them. By signing this, participants consent to the requirements of the programme and for their data from the questionnaires to be used as part of its long term evaluation. The current study was given approval from the Probation Service and the results were shared with the Probation Service to advise them of future directions that they may wish to take in terms of the development of the programme. The current research was, therefore, considered to be part of the programme's long term evaluation.

Participant feedback.

Due to the retrospective nature of this research and the fact that the researcher did not make contact with the participants in order to carry out the research, feedback to participants was not possible. It was deemed inappropriate to make contact with offenders that have moved

on from treatment for the sole purpose of providing them with feedback in relation to this study as they may no longer be under license and making contact with them could have, therefore, been detrimental to their personal circumstances. The research findings were fed back to the Probation Service as noted above.

Results

Quantitative analyses were employed. In terms of testing for whether the data were normally distributed, Field (2009, p. 147) states “if our analysis involves comparing groups, then what’s important is not the overall distribution but the distribution of each group”. Therefore, all Kolmogorov-Smirnov (K-S) tests throughout this section were carried out separately for the White and Asian groups. Seven (2 x 2) mixed Analysis Of Variance (ANOVA) were carried out (for Impression Management, Self-Deception Enhancement, Victim Empathy, Cognitive Distortions, Emotional Congruence with Children - Intra-familial and Emotional Congruence with Children - Extra-familial). One (2 x 2) mixed multivariate analysis of variance (MANOVA) was conducted for the 12 predisposing personality factors as Field (2009) suggests that a MANOVA is effective for examining several dependent variables. Non-parametric testing was conducted for five of the scales due to assumption violations (Fake Error, Hostile Error, Sexualised Error, Relapse Prevention Awareness and Relapse Prevention Strategies). Ethnicity (White/Asian) was the between-subject factor and pre- or post-treatment was the within-subjects factor. Relevant post-hoc analyses were carried out where appropriate.

The data for some of the measures were missing and, therefore, the sample size varied between the scales. As a result of the small sample size brought about by these missing data, and in order to add more weighting to the results, those who offended against both

children and adults were grouped together except where they completed different questionnaires, i.e., The Children and Sex Questionnaire versus The EWT. It is acknowledged that there are problems with aggregating these two groups of offenders in that they differ in terms of their risk factors (A.R. Beech, personal communication, October 2012), however, the Webster et al. (2004) study used the same domains as this study i.e., those from the model of Fisher and Beech (1998) and differences were only found between child molesters and rapists in terms of their progress in treatment for denial (child molesters showed more improvement). No differences were found for pro-offending attitudes, social competence or relapse prevention and, therefore, it was not considered problematic to aggregate these offender groups. Furthermore, since the current study is aiming to look at the effectiveness of C-SOGP, it is notable that these two types of offenders are grouped together within treatment groups and, therefore, relevant that they should be examined collectively.

Socially desirable responding.

First, the individual scales of the PDS were examined in terms of the validity of the offenders' responding and in terms of a treatment effect.

Validity of offenders' responding.

Two scales in the battery of tests measured the validity of the offenders' responding. These were the Impression Management and Self-Deception Enhancement scales of the PDS.

Paulhus (1999) states that when Impression Management scores fall above the cut-off, any other data should be interpreted with caution. According to Paulhus, scores above 8 "may" indicate invalid responding and scores above 12 "probably" indicate invalid responding in relation to a "faking good" response set. According to these guidelines, mean scores for

both groups (see Table 3.3) could be said to have questionable validity pre- and post-treatment. As noted in the method section, the Self-Deceptive Enhancement scale relates to narcissism and a lack of insight and poor interpersonal adjustment. Paulhus states that scores between 1 and 3 fall within the “average” range, scores of 4 or 5 fall within the “slightly above average” range and a score of 6 would fall into the “above average range”. The cut-offs for these categories are determined by the t score rather than the raw score and inspection of the guidelines indicates that the White group would fall within the “average” range and the Asian group would fall into the “above average range” both pre- and post-treatment (see Table 3.3).

Treatment Effects.

Table 3.3 shows that the means for the Asian offenders were higher than the means for the White offenders for Impression Management and Self-Deception Enhancement both pre- and post-treatment.

Impression Management.

The results showed that the data for the Impression Management scale were not significantly different to a normal distribution (see Appendix eight, Table i). Further, the results from the Levene’s test showed that these data met the assumption of homogeneity of variance (pre-score; $F(1, 49) = 2.02, p = .16$, post-score $F(1, 49) = 0.34, p = .56$).

Table 3.3

Descriptive Statistics for the Impression Management and Self-Deception Enhancement Scales of the PDS by Ethnic Group.

<i>Variable</i>	<i>Ethnic</i>	<i>Pre Mean</i>	<i>Post Mean</i>	<i>N</i>	<i>r*</i>
	<i>Group</i>	<i>(SD)</i>	<i>(SD)</i>		
Impression					
Management	White	10.25 (3.44)	10.58 (4.34)	24	.04
	Asian	11.04 (4.75)	11.07 (4.66)	27	.003
	Total	10.67 (4.17)	10.84 (4.47)	51	.02
Self-Deception					
Enhancement	White	3.46 (3.22)	3.67 (2.32)	24	.04
	Asian	5.70 (5.55)	5.78 (3.26)	27	.01
	Total	4.65 (4.70)	4.78 (3.02)	51	.02

* *r* effect sizes are as follows; 0.1 small, 0.3 moderate, 0.5 large.

A 2 X 2 mixed ANOVA was, therefore, conducted to explore the effect of treatment for the Impression Management scores. Eta squared is produced in the SPSS output. The values for interpreting eta squared are as follows; 0.01 small, 0.06 moderate, 0.14 large. Brace, Kemp and Sneglar (2000) explain that when using a one-tailed hypothesis, it is justified to halve the two-tailed significance value produced by the SPSS output. The existing literature (examined in Chapter two) suggested poorer treatment outcomes for ethnic minority sex offenders on a range of outcome measures. Furthermore, positive outcomes have been evidenced for Sex Offender Treatment programmes more generally. As such, this study employed one tailed hypotheses reflecting this. Due to the fact that the

current study adopted one-tailed testing, this procedure was adhered to and the significance levels reported are one-tailed.

The results from the within-subjects analysis showed that there was no significant main effect of treatment ($F(1, 49) = 0.14, p = .36$ with a very small effect size; $\eta_p^2 = .003$), therefore the null hypothesis for H1 was accepted for this scale. Furthermore, there was no significant main effect of ethnicity ($F(1, 49) = 0.33, p = .29$ with a very small effect size; $\eta_p^2 = .007$) and, therefore, the null hypothesis for H2 was accepted for this scale. Further, there was no significant interaction between treatment and ethnicity ($F(1, 49) = 0.09, p = .39$ with a very small effect size; $\eta_p^2 = .002$).

Self-Deception Enhancement.

The results of the Kolmogorov-Smirnov (K-S) test showed that the data for this scale were not normally distributed (see Appendix eight, Table i). Further, the results from the Levene's test showed that these data did not have homogeneity of variance for the post-score category (pre-score; $F(1, 49) = 0.86, p = .36$, post-score $F(1, 49) = 4.99, p = .03$).

Whilst the assumptions for ANOVA were not met for Self-Deception Enhancement, ANOVA is said to be robust to assumption violations where sample sizes are approximately equal (Field, 2009; Schmider, Ziegler, Matthias, Beyer, & Bühner 2010; Tomarkin & Serlin, 1986), therefore, a 2 x 2 mixed ANOVA was conducted. However, results should be interpreted with caution due to these violations. Within subjects analysis produced no significant main effect of treatment ($F(1, 49) = 0.07, p = .40$ with a very small effect size $\eta_p^2 = .001$), therefore the null hypothesis was accepted for H1 on this scale. There was a significant main effect of ethnicity ($F(1, 49) = 5.58, p = .01$ with a medium to large effect size of $\eta_p^2 = .10$) where Asian offenders scored higher than White offenders

both before and after treatment providing support for H2 on this domain. There was no significant interaction between treatment and ethnicity ($F(1, 49) = 0.02, p = .45$ with a minimal effect size $\eta_p^2 = .0003$).

Pre-disposing Personality factors.

There were 12 scales comprising the pre-disposing personality factors category; Self-Esteem, Emotional Loneliness, Locus of Control, Perspective Taking, Empathic Concern, Fantasy, Personal Distress, Under-assertiveness, Over-assertiveness, Motor Impulsivity, Cognitive Impulsivity and Non-planning Impulsivity. Table 3.4 below shows the descriptive statistics for these scales.

Table 3.4

Descriptive Statistics for the Personality Scales by Ethnic Group.

<i>Variable</i>	<i>Ethnic Group</i>	<i>Pre Mean</i> (<i>SD</i>)	<i>Post Mean</i> (<i>SD</i>)	<i>N</i>	<i>r*</i>
Self-Esteem	White	5.41 (2.50)	6.50 (2.41)	22	.22
	Asian	5.87 (1.96)	6.48 (1.53)	23	.17
	Total	5.64 (2.23)	6.49 (1.98)	45	.20
Emotional Loneliness	White	37.05 (12.77)	32.32 (8.67)	22	.21
	Asian	38.39 (9.74)	32.09 (7.72)	23	.34
	Total	37.73 (11.21)	32.20 (8.11)	45	.27
Locus of Control	White	12.00 (5.69)	9.14 (5.26)	22	.25
	Asian	11.65 (5.56)	10.74 (5.60)	23	.08
	Total	11.82 (5.56)	9.96 (5.44)	45	.17
Perspective Taking	White	19.36 (5.89)	20.73 (6.22)	22	.11
	Asian	20.13 (5.85)	21.48 (6.20)	23	.11

	Total	19.76 (5.82)	21.11 (6.15)	45	.11
Empathic Concern	White	20.00 (3.81)	20.95 (4.66)	22	.11
	Asian	21.13 (4.98)	21.96 (3.94)	23	.09
	Total	20.58 (4.43)	21.47 (4.28)	45	.10
Fantasy	White	11.18 (5.11)	12.55 (5.05)	22	.13
	Asian	11.09 (5.44)	12.04 (4.71)	23	.09
	Total	11.13 (5.23)	12.29 (4.83)	45	.11
Personal Distress	White	8.64 (6.03)	8.18 (4.49)	22	.04
	Asian	10.22 (5.23)	9.26 (6.25)	23	.08
	Total	9.44 (5.63)	8.73 (5.43)	45	.06
Under-assertiveness	White	8.73 (4.69)	6.09 (4.92)	22	.26
	Asian	10.17 (6.53)	8.00 (5.37)	23	.18
	Total	9.47 (5.69)	7.07 (5.19)	45	.22
Over-assertiveness	White	.86 (1.32)	.59 (1.26)	22	.10
	Asian	1.09 (1.62)	1.65 (3.23)	23	.11
	Total	.98 (1.47)	1.13 (2.50)	45	.04
Motor Impulsivity	White	19.77 (3.53)	18.36 (3.67)	22	.19
	Asian	19.35 (4.04)	18.04 (4.41)	23	.15
	Total	19.56 (3.76)	18.20 (4.02)	45	.17
Cognitive Impulsivity	White	22.77 (3.38)	21.18 (4.11)	22	.21
	Asian	21.26 (5.27)	21.22 (4.59)	23	.004
	Total	22.00 (4.46)	21.20 (4.32)	45	.09
Non-Planning Impulsivity	White	22.68 (2.68)	20.64 (3.42)	22	.32
	Asian	22.39 (6.10)	21.04 (5.56)	23	.11
	Total	22.53 (4.69)	20.84 (4.59)	45	.18

* r effect sizes are as follows; 0.1 small, 0.3 moderate, 0.5 large.

The pre-disposing personality factors were examined with a repeated-measures multivariate analysis of variance (MANOVA) using ethnicity (White/Asian) as the between-subjects factor and pre- and post-treatment scores as the within subjects factor. The MANOVA has a number of assumptions including independence of observations, multivariate normality, homogeneity of co-variance matrices, and moderate correlations between dependent variables (Dancey & Reidy, 2002; Field, 2009; Pallant, 2007).

The results of the Kolmogorov-Smirnov (K-S) test showed that the data for personality were not normally distributed for eight out of the twelve dependent variables; Self-Esteem, Emotional Loneliness, Locus of Control, Empathic Concern, Personal Distress, Under-assertiveness, Over-assertiveness and Motor Impulsivity (see Appendix eight, Table ii).

However, Dancey and Reidy (2002) point out “MANOVA is still a valid test even with modest violations of the assumption of multivariate normality, particularly when we have equal sample sizes and a reasonable number of participants in each group” (p. 479). Dancey and Reidy suggest that “reasonable” is at least 22 participants per group. The Box’s M test for homogeneity of covariance matrices was not computed by SPSS because there were fewer than two non-singular cell covariance matrices. However, Tabachnick and Fidell (2001) state that if sample sizes are equal then the Box’s M result should be disregarded. A further assumption as noted in Pallant (2007) is that of multi-collinearity and singularity. Pallant (p. 225) states “MANOVA works best when the dependent variables are only moderately correlated”. Pallant suggests that it is only correlations of approximately .8 or .9 that are a reason for concern. The correlations between the dependent variables ranged from .00 to .64, therefore this assumption was met. The observations were independent. As such, it was possible to carry out the MANOVA on all of these outcome measures.

Within-subjects analysis produced a significant main effect of treatment for the personality measures with a large effect size (Wilks Lambda = .80, $F(1, 43) = 10.61$, $p = .001$, $\eta_p^2 = .20$). Separate univariate ANOVAs were carried out on the outcome variables. Due to the increased probability of a Type I error, a Bonferroni adjustment was carried out which produced a revised alpha of .004 and this was applied to the post-hoc analyses. The ANOVAS revealed a significant main effect of treatment for seven of the twelve outcome measures with mostly large effect sizes providing partial support for H1 on this domain¹; Self-Esteem $F(1, 80) = 14.89$, $p < .001$, $\eta_p^2 = .16$, Emotional Loneliness $F(1, 78) = 17.31$, $p < .001$, $\eta_p^2 = .18$, Locus of Control $F(1, 81) = 10.24$, $p = .001$, $\eta_p^2 = .11$, Perspective Taking $F(1, 81) = 7.59$, $p = .004$, $\eta_p^2 = .09$, Under-assertiveness $F(1, 78) = 16.93$, $p < .001$, $\eta_p^2 = .18$, Motor Impulsivity $F(1, 46) = 7.84$, $p = .004$, $\eta_p^2 = .15$, and Non-planning Impulsivity $F(1, 47) = 7.52$, $p = .005$, $\eta_p^2 = .14$. Each of the treatment effects was in the desired direction. There were no other significant main effects or interactions. The statistical output for the scales that were not significant can be found in Appendix nine. The MANOVA revealed that there was no main effect of ethnicity ($F(1, 43) = 0.63$, $p = .22$) and the effect size was small; $\eta_p^2 = .01$, therefore, the null hypothesis was accepted for H2 for this domain.

Pro-offending Attitudes.

There were seven scales comprising the pro-offending attitudes category; the three scales of the EWT (Fake Error, Hostile Error and Sexualised Error), the Victim Empathy scale and the two scales comprising the Children and Sex Questionnaire (Cognitive Distortions and

¹ Note that for the univariate tests the sample sizes are generally larger; unlike with the MANOVA, these tests looked at each variable independently and, as such, were not affected by missing data on other variables.

Emotional Congruence with Children). However, Emotional Congruence was further divided into Intra-familial and Extra-familial offenders. When separating Intra- and Extra-familial offenders, the sample size for the Intra-familial category was too small to allow for any statistical comparisons to be made (3 participants in each group). As such, only the Extra-familial offender data were analysed for this variable. The descriptive statistics for these six pro-offending attitudes scales are displayed in Table 3.5. The EWT was only administered to those who had offended against adults and the Children and Sex Questionnaire was only administered to those who offended against children.

Empathy for women.

Due to the sample size of the EWT being 12 with only four White participants and eight Asian participants, it was not possible to test for normality. While the data met the assumption of homogeneity of variance, and considering that ANOVA is robust to assumption violations, Field (2009, p. 360) points out that this only applies “when sample sizes are equal”, which was not the case here. As such, Wilcoxon-Signed Rank tests explored the overall treatment effect and Mann-Whitney U tests were carried out to investigate the between subject effect of ethnicity.

Table 3.5

Descriptive Statistics for the Pro-offending Attitudes Scales by Ethnic Group.

<i>Variable</i>	<i>Ethnic</i>				
	<i>Group</i>	<i>Pre Mean</i>	<i>Post Mean</i>	<i>N</i>	<i>r*</i>
Fake Error	White	7.25 (4.11)	6.25 (2.75)	4	.14
	Asian	14.00 (6.80)	14.25 (7.85)	8	.02
	Total	11.75 (6.72)	11.58 (7.54)	12	.01
Hostile Error	White	14.25 (10.31)	10.25 (8.18)	4	.21
	Asian	8.13 (5.96)	5.25 (4.06)	8	.27
	Total	10.17 (7.79)	6.92 (5.90)	12	.23
Sexualised Error	White	16.75 (1.50)	15.25 (12.42)	4	.08
	Asian	11.88 (5.28)	9.25 (4.77)	8	.25
	Total	13.50 (4.91)	11.25 (8.08)	12	.17
Victim Empathy	White	19.12 (19.59)	15.46 (22.66)	26	.09
	Asian	20.30 (17.16)	16.13 (15.96)	23	.12
	Total	19.67 (18.31)	15.78 (19.60)	49	.10
Cognitive Distortions	White	7.45 (11.11)	4.50 (7.28)	20	.16
	Asian	6.00 (6.93)	5.89 (8.79)	18	.01
	Total	6.76 (9.27)	5.16 (7.95)	38	.09
Emotional Congruence (Extra-Familial)	White	6.56 (7.12)	4.94 (6.56)	16	.12
	Asian	10.33 (10.00)	11.13 (14.36)	15	.03
	Total	8.39 (8.70)	7.94 (11.30)	31	.02

* *r* effect sizes are as follows; 0.1 small, 0.3 moderate, 0.5 large.

Pallant (2007) explains that the effect size r can be approximated using the z statistic produced by these tests. The calculation for this is z/\sqrt{N} and the values for the interpretation of r are as follows; 0.1 small, 0.3 moderate, 0.5 large.

Due to the number of tests computed, there was increased probability of a Type I error. A Bonferroni adjustment produced a revised alpha of .01 and this was applied to all of the analyses for this domain. There were no significant treatment effects, however, there was a medium effect size for both Hostile Error and Sexualised Error and this was in the desired direction; Hostile Error $Z = -1.28$, $p = .10$, $r = .37$, Sexualised Error $Z = -1.14$, $p = .13$, $r = .33$.

There was a significant effect of ethnicity for the post-scores of the Fake Error scale $U = 1.00$, $Z = -2.57$, $p = .004$ with a large effect size $r = .74$ with Asian offenders scoring higher than White offenders. There were no other significant between subject effects, however, the effect sizes for each of the pre-scores were medium to large (with Asian offenders scoring higher for the Fake Error scale; $U = 7.50$, $Z = -1.46$, $p = .08$, $r = .42$, and White offenders scoring higher on both the Hostile Error scale; $U = 9.50$, $Z = -1.11$, $p = .14$, $r = .32$ and the Sexualised Error scale; $U = 4.50$, $Z = -1.96$, $p = .025$ with a large effect size $r = .56$). The effect sizes from the Mann-Whitney U tests for the two remaining post-scores were small to medium with White offenders scoring higher; Hostile Error post-score $U = 10.00$, $Z = -1.02$, $p = .16$, $r = .29$, Sexualised Error post-score $U = 11.50$, $Z = -0.77$, $p = .22$, $r = .22$. This suggests that with a larger sample significant group differences may have been found.

Victim Empathy and Cognitive Distortions.

The results of the Kolmogorov-Smirnov (K-S) test showed that the data for Victim Empathy and Cognitive Distortions were not normally distributed (see Appendix eight, Table iii). However, the results from the Levene's test showed that the Victim Empathy and Cognitive Distortions met the assumption of homogeneity of variance (Victim Empathy pre-score; $F(1, 47) = 0.32, p = .58$, post-score $F(1, 47) = 1.09, p = .30$. Cognitive Distortions pre-score; $F(1, 36) = 2.66, p = .11$, post-score $F(1, 36) = 0.25, p = .62$).

As discussed above, ANOVA is robust to assumption violations where sample sizes are approximately equal, which is the case here, and, as such, a 2 X 2 mixed ANOVA was carried out for the Victim Empathy scale and for the Cognitive Distortions scale although findings should be interpreted with caution. For Victim Empathy, within-subjects analysis showed that there was no main effect of treatment ($F(1, 47) = 2.02, p = .08, \eta_p^2 = .04$). Further, there was no main effect of ethnicity ($F(1, 47) = 0.04, p = .43, \eta_p^2 = .001$). There was also no significant interaction between treatment and ethnicity ($F(1, 47) = 0.01, p = .47, \eta_p^2 = .0002$). All of these effect sizes were very small.

For Cognitive Distortions, within-subjects analysis showed that there was no main effect of treatment ($F(1, 36) = 2.06, p = .08$), however there was a small to medium effect size $\eta_p^2 = .05$ and this was in the desired direction. Further, there was no main effect of ethnicity ($F(1, 36) = 0.00, p = .50$, with a minimal effect size of $\eta_p^2 = .000004$). There was no significant interaction between treatment and ethnicity ($F(1, 36) = 1.77, p = .10$), however, there was a small to medium effect size $\eta_p^2 = .05$ suggesting that with a larger sample, a significant interaction may have been found indicating greater improvement following treatment for the White participants.

Emotional congruence.

The assumption of homogeneity of variance was not met for the post-scores of the extra-familial category (Pre-score $F(1, 29) = .51, p = .48$, post-score $F(1, 29) = 6.70, p = .02$). Nonetheless, considering that ANOVA is robust to assumption violations when sample sizes are equal, as discussed above, a 2 x 2 mixed ANOVA was carried out, however caution is needed when interpreting the findings due to this violation.

Within-subjects analysis showed that there was no main effect of treatment ($F(1, 29) = 0.09, p = .39, \eta_p^2 = .003$). Further, there was no main effect of ethnicity ($F(1, 29) = 2.32, p = .07$), however, there was a medium effect size of $\eta_p^2 = .07$ with Asian offenders scoring higher than White offenders both pre- and post-treatment. There was no significant interaction between treatment and ethnicity ($F(1, 29) = 0.75, p = .20, \eta_p^2 = .03$). Given the medium effect size for ethnicity, a larger sample size may have resulted in a significant difference between the groups.

On this domain, the null hypothesis is accepted for H1 for all scales as no significant treatment effects were found. The null hypothesis is accepted for H2 on all scales for this domain with the exception of the finding for the post-scores of the Fake Error scale on the EWT.

Relapse Prevention.

The descriptive information for the Relapse Prevention Awareness and Relapse Prevention Strategies scales is displayed in Table 3.6.

Table 3.6

Descriptive Statistics for the Relapse Prevention Scales by Ethnic Group.

<i>Variable</i>	<i>White</i>	<i>Asian</i>	<i>Total</i>	<i>r*</i>
Relapse Prevention Awareness				
Mean (<i>SD</i>)	9.67 (5.39)	10.25 (4.71)	9.94 (5.06)	.06
<i>N</i>	42	36	78	
Relapse Prevention Strategies				
Mean (<i>SD</i>)	10.14 (3.88)	10.97 (3.26)	10.53 (3.61)	.12
<i>N</i>	42	36	78	

* *r* effect sizes are as follows; 0.1 small, 0.3 moderate, 0.5 large.

The results of the Kolmogorov-Smirnov (K-S) test showed that the data for these two scales were not normally distributed (see Appendix eight, Table iv). The results from the Levene's test showed that both sets of data met the assumption of homogeneity of variance (Relapse Prevention Awareness; $F(1, 76) = 1.75, p = .19$, Relapse Prevention Strategies; $F(1, 76) = 0.77, p = .38$. Considering that ANOVA is only robust to assumption violations when there are equal sample sizes, Mann Whitney U tests were used to explore these scales.

There was no significant difference between White and Asian participants in terms of their scores for Relapse Prevention Awareness ($U = 789.50, Z = .34, p = .37$, and a very small effect size; $r = .06$). Furthermore, there was no between subjects effect for the Relapse Prevention Strategies scale ($U = 843.50, Z = -0.88, p = .19$ and a small effect size; $r = .12$). For this domain the null hypothesis for H2 was accepted.

Discussion

The aim of this study was to expand on the existing literature looking at treatment outcomes in ethnic minority sex offenders. Treatment outcome was measured by a change in psychometric scores following completion of the C-SOGP. Within group changes were explored in order to look at the overall effectiveness of treatment and differences between White and Asian participants were also examined.

Summary and evaluation of main findings.

The results from the Impression Management scale suggested questionable validity, therefore, the results from the other measures may be an underestimation of true scores. However, as there was no main effect of treatment for Impression Management, it can be assumed that this level of socially desirable-reporting was consistent for both the pre- and post-scores and, as such, the findings for treatment outcomes of the other measures were not affected. Furthermore, Mathie and Wakeling (2011) question the Impression Management scale's utility as a validity check and Paulhus (1999) actually states that some high scores result from normal statistical variability and do not necessarily indicate that an individual's responses are invalid.

Due to the lack of treatment effect for Impression Management, it appears that this is not an area that was successfully targeted within the C-SOGP and while the mean for the Asian group was higher than that of the White group, this difference was not significant. However, this gives an indication of how open the participants were generally rather than in relation to their offending as the items on this questionnaire do not relate to offending behaviour. It is unfortunate that data from an offence-specific measure such as the Multiphasic Sex Inventory (Nichols & Molinder, 1984) were not available in order to look

at levels of denial and treatment effect within the context of the offenders' deviant sexual interests. Allam (2000b) found that on general measures such as the PDS, offenders were not more likely than non-offenders to fake good. However, on the MSI, sex offenders fell into the "denial of sex desires and interests" range. Given that the programme aims to target denial in relation to the individuals' offending, a treatment effect may have occurred for an offence specific measure. As Fisher and Beech (1998) point out "treatment cannot take place without the offender being willing to admit to at least some of the offending behaviour" (p. 431) making such information crucial.

For the Self-Deception Enhancement scale, the mean score for the Asian group fell into the "above average range" whereas the mean score for the White group fell within normal limits in terms of the validity of the scores and this applied for both the pre- and post-scores. Furthermore, there was a significant difference with a medium-large effect size for ethnicity with Asian offenders scoring significantly higher than White offenders on this scale. This links with the existing literature which suggests that denial, another form of self-deception, may be more prominent in ethnic minority offenders than White offenders as discussed in Chapter two (Cowburn et al., 2008a; Gahir & Garrett 1999; Jones et al., 1999; Patel & Lord 2001; Webster et al., 2004). These outcomes suggest that Asian offenders may have been more likely than White offenders to respond in a socially desirable way on the remaining tests that were evaluated. There was no treatment effect for this scale suggesting that this was not successfully targeted within C-SOGP.

It is necessary to consider the utility of the Paulhus Deception Scale and the role that it plays within the STEP battery of questionnaires. Mathie and Wakeling (2011) found that both Impression Management and Self-Deception Enhancement scores increased pre to

post treatment supporting their hypothesis that offenders may be more likely to employ Impression Management after treatment. In terms of self-deception enhancement, Mathie and Wakeling suggest that this scale relates to insight into thoughts rather than self-deception and that this would indeed be hoped to increase following treatment. These are important considerations when evaluating an offender's psychometric profile following C-SOGP and these findings suggest that it may be necessary to consider clinical information alongside psychometric scores in order to meaningfully interpret this information in relation to treatment progress.

On the whole, the data suggest that treatment had an equivalent impact for White and Asian offenders on the pre-disposing personality factors, pro-offending attitudes and relapse prevention domains and this is in line with the findings of the study of Webster et al. (2004). Based on this, the hypothesis that C-SOGP has a less positive impact on Asian offenders than White offenders based on psychometric scores was rejected, however, when considering these outcomes, the higher level of self-deception enhancement found for Asian offenders should be borne in mind, i.e., it is possible that differences between ethnic groups were masked due to the higher level of socially desirable responding by Asian offenders.

The significant finding for the Fake Error scale of the EWT is lacking in power and generalizability due to the small sample size on this measure and, therefore, it is deemed inappropriate to draw inferences based on this finding not least because parametric testing was not used and because of the low test-retest reliability and internal reliability of the Fake Error scale. Nonetheless, this preliminary finding, together with some of the remaining between- and within-subjects data for these measures, are worthy of further exploration as

a larger sample size may have yielded significant outcomes based on the effect sizes as outlined in the results section.

Positive treatment changes were found for seven out of the twelve personality measures and these had mostly large effect sizes providing partial support for the first hypothesis. This also provides further support for the sex offender treatment outcome literature outlined in the introduction to this chapter suggesting that these risk factors are successfully targeted in sex offender treatment work (Allam, 2000b; Fisher, et al., 1999; Wakeling, et al., 2011). However, for the Empathic Concern, Fantasy, Personal Distress, Over-assertiveness and Cognitive Impulsivity scales there was not a significant treatment effect. Furthermore, there were no significant treatment effects for any of the pro-offending attitude measures (apart from the EWT as noted above). These results would suggest that these areas were not successfully targeted within the C-SOGP, at least within this sample. It may have been the case that offenders were more honest on some of the personality measures (and hence the treatment effect for a proportion of these scales) as they do not perceive these to have the same potential to portray them in a negative light as the offence specific measures given the transparency of the pro-offending attitudes questionnaires (Barnett, Wakeling, Mandeville-Nordon & Rakestrow, 2011). Rather worryingly, it is possible that when treatment has successfully targeted the personality factors but not pro-offending attitudes of offenders, these offenders may leave treatment as more socially skilled offenders and, as such, potentially more dangerous (A.R. Beech, personal communication, October 2012).

Nonetheless, the transparency of items does not account for the personality measures on which no treatment effect was found. Consideration of the nature of these factors is worthy of further exploration in terms of how amenable they are to change as well as evaluation of

how C-SOGP targets these areas. Fisher and Beech (1998) discuss that treatment programmes only indirectly target social inadequacy problems by way of the offender being part of a treatment group for a period of time. If ethnic minority offenders feel isolated within the group environment, as the literature suggests, their gains in this area may be limited. Alternatively, it could be the case that the measures do not fully capture the concept that they set out to or that they fail to identify changes in the constructs. It is notable that three out of the five scales on the personality domain where a treatment effect was not found were scales comprising the IRI. The IRI has a test-retest reliability of .68 and Kline (2000) recommends a minimum level of .8 so this measure falls short in this regard. A further suggestion is that the lack of treatment effect may have resulted from more open responding/less defensiveness post-treatment, however, scores on the PDS did not indicate this.

The small to medium effect size for the measure of cognitive distortions suggested that with more participants a positive treatment effect may have been observed. Inspection of the means indicates that whilst both groups had lower scores on this scale following treatment than they did before treatment, the intervention appears to have been more effective in reducing cognitive distortions in White offenders than Asian offenders. Scores on the extra-familial scale also point to better outcomes for White offenders than Asian offenders with a medium effect size. More participants may have resulted in a significant effect of ethnicity on this scale.

Whilst these are interesting findings suggesting potential differences between White and Asian sex offenders, due to the lack of power of these tests, it is deemed inappropriate to draw any firm conclusions. In relation to the Children and Sex measure, Keenan and Ward

(2000) assert that child sex offenders do not always have distortions that sexual contact with adults does not harm children, nor have deficits in their ability to empathise with child victims of sexual abuse. Therefore, it may be necessary to look more broadly at pro-offending attitudes in order to arrive at meaningful conclusions.

It is notable that lower scores were found for Relapse Prevention Awareness than was the case in the STEP study of Beech et al. (1999). In the Beech et al. (1999) study, post treatment scores were similar to the current findings for Relapse Prevention Strategies (the post mean was 10.8 compared to 10.53 in the current study), however, for Relapse Prevention Awareness, the original STEP study reported a score of 11.4 which was higher than the current findings of 9.94. Relatedly, Beech et al. compared the results of their data with data from community-based programmes and found less change for those undergoing treatment in probation. These findings have implications for the field in terms of differences between outcomes of institutional and community programmes suggesting poorer treatment outcomes in community settings.

Limitations of the study.

Quality of the data.

A limitation of this study relates to sample size. Not only was this fairly limited overall (particularly in terms of male victims and intra-familial offenders) but missing data meant that the sample size varied between the different scales reducing the power of the tests for some scales making it difficult to draw confident conclusions. The limited sample also led to the aggregation of child and adult offenders. Grubin and Gunn (1990) report that more rapists are in denial than child abusers and that they are also less likely to engage with treatment efforts. This is relevant in terms of Cowburn et al.'s (2008a) findings that the

number of BME rapists was significantly higher than the number of BME child molesters in their sample (as BME offenders have been found to have higher denial). Whilst the matching process in the current study accounted for this to some degree, it is useful to consider this in practice and these thoughts will be elaborated on further in Chapter five.

The length of treatment for each of the participants was unknown and it is possible that individuals underwent different lengths of treatment. Allam (2000b) found the most improvement in psychometric scores for offenders who were in C-SOGP for longer. Nonetheless, Allam did find improvements after just 50 hours (the minimum number of hours an offender will engage in treatment) and it could be argued that if an offender was required to do the longer programme, this related to their higher deviancy level in respect of the Risk principle, therefore, this should not have had an impact on the results. Even so, it is unknown whether participants were engaging in additional treatment on a 1:1 basis outside of the group programme and the study could have been improved if these factors had been accounted for.

It was unfortunate that the limited sample size meant that specific categories of ethnicity could not be examined on an individual basis as there may have been identifiable differences within these all-encompassing categories which could have been explored further and may have added to the richness of the data. Fischer (1987) found differences between Hispanics who were bicultural and bilingual and other self-reported Hispanics. This suggested that these sub-groups of Hispanic individuals should not be combined and the same may apply to Asian offenders. Furthermore, Cowburn et al. (2008b) propose that concepts such as “shame” may have various interpretations in different areas of the Indian sub-continent. The research sample could have benefitted from making these distinctions

within the analysis had the sample size been larger. However, it is positive still that the current study differentiated between ethnicities more than existing studies (e.g., Webster et al., 2004) in looking at one type of ethnicity as opposed to aggregating several into one overarching category. Had the available sample been larger and more diverse, it would have been interesting to compare those from a South Asian background to those from a South East Asian background as Kennedy and Gorzalka (2002) have suggested looking at whether the attitudes of Chinese individuals differ from those of South Asian individuals. Evidence to support this as an important area of study comes from Haffejee (1991) who found differences between Chinese and Indian intra-familial sexual abusers whereby most of the Chinese abusers were fathers of the victims whereas most of the Indian abusers were uncles and brothers-in-law. Unfortunately, none of the participants in the current study came from a Chinese background and, therefore it was not possible to explore this.

This study focused exclusively on two ethnicities; Asian and White. Previous research (reviewed in Chapter two) has suggested poorer treatment outcomes for different ethnic groups such as those classified as Black-African, African-Caribbean, Aboriginal offenders in Canada and indigenous people in Australia. It would be useful to explore this further. Furthermore, the study was located in the West Midlands. It cannot be assumed that this particular cohort is representative of a wider sample. Exploration of the extent to which these treatment patterns apply to offenders from other geographical areas would be beneficial as some areas are more multi-cultural than others and it is necessary to understand the community in which an offender lives in order to target them effectively in treatment.

Methodological limitations.

While the matching process was effective, it may have been useful to match offenders on additional variables such as level of deviancy, number of victims, marital status, whether the offender had children and how many, and whether or not they worked with children. Increasing the specificity of the matching process can only add to the quality of the research and contribute to reducing the inter-participant confounding variables which can be problematic with independent group designs (Dancey & Reidy, 2002). Additional information may also have been useful, for example, whether the participant was the only ethnic minority offender in their treatment group and the ethnicity of the facilitator as these are areas of relevance within the literature (Cowburn et al., 2008a; Patel & Lord, 2001). Akhtar (2001, as cited in Cowburn et al.) found that participants had more problems associated with race and culture if they were the sole ethnic minority within their treatment group and these men (from fourteen different prisons) also said that more BME facilitators would be useful as well as facilitators who were knowledgeable about their particular culture.

Also, in relation to the data collection, each offender had signed an agreement to take part in the programme suggesting some motivation to participate. However, attitude towards and motivation for treatment were not considered in any detail. Offenders completing the programme at probation are mandated to take part and it is possible that in some cases they did not choose to stop offending until they were apprehended.

Furthermore, Allam (2000b) points out that a lot of offenders drop out of community treatment when their license expires, suggesting questionable motivation for treatment. As previously discussed by Webster et al. (2004), this is something that should be accounted

and controlled for as motivation is key in the cognitive behavioural model of change. Additionally, in consideration of the under-representation of ethnic minority offenders in treatment (Beech et al., 1999; Cowburn et al., 2008a), it may be possible that the sample of Asian completers used in this study were especially motivated and may be more so than the White group. Therefore, there is an argument that they should have responded better to treatment. Techniques for examining motivation in more detail would be useful for future research.

The psychometrics included in the study had moderate to good psychometric properties, however, some of the measures, and the constructs that they assess, have been critiqued (Hanson & Morton-Bourgon, 2004) and below adequate figures of internal reliability and test-retest reliability have been outlined above. Furthermore, it may be useful to consider questionnaires other than those included in this battery which are equally applicable to adult and child sex offenders such as some of those which were included in the original STEP study; the MSI (as noted above), the Special Hospitals Assessment of Personality and Socialisation (SHAPS) scale (an additional test of validity) and the Group Environment Scale (GES) (used to see how offenders viewed the treatment group).

The cross-cultural applicability of assessment tools is also worthy of consideration as Olumoroti (2008) highlights that the predictive validity of some assessment tools may not generalise across offenders of different ethnicities. Langstrom (2004) found variability in the predictive validity of actuarial tools whereby no association was found between scores and sexual reconvictions among African and Asian offenders. Notably, when qualitative information was incorporated into the analysis such as socio-demographic, criminological and psychiatric characteristics, significant differences emerged. Ninety-three per cent of the

non-offender sample on which the majority of assessments within the STEP battery were normed, were categorised as Caucasian (Beech et al., 1999). It would be beneficial if future research explored the validity of these tools for the diverse range of offenders on which they are used.

Practical application and future directions.

The results of the study have been provided to the Probation Service to inform the future delivery of interventions to offenders. Differences between ethnicities in terms of general attitudes toward sexual activity, as well as differences in attitudes about coercive behaviour, are important in understanding multicultural environments as discussed in Chapter two. While specific training has been introduced for facilitators of the Sex Offender Treatment Programme in prisons to raise awareness of working with diverse groups (Beech et al., 1999), it is unclear from the literature the extent to which this has been done in the community and this is worthy of exploration.

The findings of the study suggest that those working on the C-SOGP should be mindful of the higher levels of self-deception enhancement likely to be found in Asian offenders compared with White offenders. It is considered necessary to account for this throughout the assessment process, both pre- and post-treatment and in particular when writing post-treatment reports suggesting the extent to which an offender can be considered to have a 'treated' profile. Currently pre- and post-treatment reports in the probation service focus heavily on this outcome measure. The administration procedure could perhaps benefit from follow up questioning using the framework of Cowburn et al. (2008b) for guidance, and research should be carried out in order to test the utility of doing this. This would add a

qualitative element to the psychometric scores and mid treatment reviews could be used to gather information about the offenders' progress in order to maximise their treatment experience. The results of the current study are useful in highlighting the potential benefit of implementing such procedures as the difficulties described by ethnic minority group members in qualitative studies were not reflected in the psychometric profiles found in this sample.

During the delivery of sex offender treatment, the literature suggests a need for facilitators to be insightful and responsive with regard to the offenders' experiences within the criminal justice system and the applicability of the intervention for these individuals with a focus on religious beliefs and cultural influences (Cowburn et al., 2008b). Olumoroti (2008) has suggested that future research should examine the impact on ethnic minority offenders of the use of colloquial phrases within sex offender interventions. This would be particularly useful considering the reliance on such terminology when presenting information which has a sexual context. Such words and phrases may not be effectively translated into other languages and it may be beneficial to consider these issues prior to treatment, for example, establishing whether English is the offender's first language. This would allow for improved responsivity to the needs of ethnic minority offenders.

The format of this study has potential application to other offending and offending behaviour programmes and provides the basis on which subsequent research can build. The findings could result in the improvement of treatment outcomes for ethnic minority sex offenders by emphasising that scores on psychometrics should not be taken to imply treatment effectiveness without consideration of treatment engagement, the offenders' experiences of treatment and recidivism rates. Barnett et al. (2011) found that treatment

change was not associated with reduced sexual or violent recidivism and the research in this area highlights the need to look beyond psychometric scores when assessing, delivering and evaluating treatment effectiveness.

It would be useful to carry out a similar study to the current one incorporating a qualitative element as this approach would retrieve more detailed information about the offenders' views and overcome some of the methodological issues of using quantitative data alone, such as the failure to contextualise findings and for them to be applied meaningfully. Such research may also explore the facilitators' and probation officers' views of the offender post treatment as well as follow up interviews of the offenders thus providing a fuller picture of the treatment experience of the participants. The integration of qualitative and quantitative methods has been praised (Todd, 2004) and such an approach may allow a number of matters to be explored such as identifying cultural biases which exist in the programme content.

Wakama (2005) interviewed Black and Asian sex offenders and White facilitators of a prison programme. Difficulty in understanding diverse cultural values and their impact on offending were noted by all parties. This type of information, if used alongside quantitative data, could inform future recommendations for the individual in an informed way. Exploring the opinions of those who have delivered C-SOGP may also allow for further insight to be gained on the specific treatment needs of the specified ethnic minority sex offender populations from the viewpoint of those delivering the C-SOGP. Such research could also promote developments in the C-SOGP with specific reference to targeting the issue of self-deception amongst Asian offenders which was highlighted in the current study, following potential replication of this finding. It is believed that a mixed approach to

treatment evaluation, including the use of psychometrics alongside qualitative information may increase the engagement of some ethnic minority sex offenders, aid rapport between clients and facilitators of the C-SOGP and highlight potential barriers when working with sex offenders from ethnic minority backgrounds.

In line with the conclusions of Chapter two, it may be useful if future research with ethnic minority sex offenders examined length of time in the United Kingdom (where applicable), exploring acculturation alongside religion, since research has suggested that these areas are significant when looking at treatment/offending (Ellerby & Stonechild, 1998; Smallbone et al., 2009). Kennedy and Gorzalka (2002) found that the length of time that Asians had resided in North America was linked to their attitudes about coercive sexual behaviour wherein their acceptance of rape myths and tolerance for sexual harassment decreased as length of time residing in Canada increased. Mori et al. (1995) reported similar findings. Ahrold and Meston (2010) found that intrinsic religiosity and religious fundamentalism strongly predicted conservative sexual attitudes in Euro-Americans and Asians and these attitudes can contribute to the justification of sexual abuse (Lonsway & Fitzgerald, 1994). Furthermore, acculturation did not mediate the relationship between religiosity and sexual attitudes in this study, indicating that ethnic differences in religiosity effects were distinct from acculturation and need to be considered separately.

Hall, Teten and Sue (2003) found that misogynous beliefs, loss of face, perceived effect of sexual coercion on one's reputation, number of sexual partners and alcohol use were factors which were related to Asian American men's use of sexual coercion. This study suggested that the function of sexual coercion for these men differed from that of European American men suggesting a need to target them differently in treatment. Another function

of offending in some West-African cultures is the belief that sex with a virgin can cleanse a man from sexually transmitted diseases such as HIV (Meursing et al., 1995). If the function of offending is different for ethnic minority sex offenders then it is important that interventions reflect this. Improved treatment engagement and recidivism rates have been reported following the implementation of culturally adapted programmes (Ellerby & MacPherson, 2002; Smallbone et al., 2009). Whilst the implementation of a separate programme(s) for ethnic minority sex offenders may be an ambitious goal, it is important that current treatment programmes are delivered in a culturally sensitive and responsive way.

The current data collection did not account for group processes and, as noted in Beech et al. (1999), group cohesiveness and group members' involvement, commitment and friendships with one another were strongly related to treatment outcome. In light of the apparent feelings of isolation experienced by some ethnic minority group members (for example, Patel and Lord's finding that ethnic minority offenders more often felt victimised within treatment if they were the only ethnic minority offender in the group), as well as the findings from treatment engagement studies (Ellerby & MacPherson, 2002; Smallbone et al., 2009), further research into these areas would be beneficial as it may be helpful to consider group dynamics and ethnic group ratios during group formation.

Conclusions

By sampling completers of the Community Sex Offender Groupwork Programme from the Sex Offender Unit of West Midlands and Staffordshire Probation service, this study has identified a number of interesting findings. The most pertinent outcomes were those relating to higher levels of self-deception enhancement in Asian offenders compared to

White offenders and the lack of an overall treatment effect on many of the scales. Despite the lack of difference on post-treatment scores between the two ethnic groups examined in this study, the existing literature suggests that recidivism rates are higher in ethnic minority sex offender populations (Ellerby & MacPherson, 2002; Hendriks & Bijleveld, 2008; Rojas & Gretton, 2007), that treatment engagement is lower (Smallbone et al., 2009) and that these individuals report negative experiences within treatment (Gahir & Garrett, 1999; Patel & Lord, 2001). The validity of psychometric scores for inferring treatment effectiveness may well be insufficient with some sex offenders. It appears that it is insufficient, therefore, to classify an offender as 'treated' based on psychometric scores alone particularly in light of the higher levels of socially desirable responding observed for ethnic minority individuals in this and previous research (Cowburn et al., 2008a; Gahir & Garrett 1999; Jones et al., 1999; Patel & Lord 2001; Webster et al., 2004). The lack of validation of the measures that are currently used in the assessment process with those from ethnic minority backgrounds has also been raised as an area in need of urgent attention.

Replication of the current study with a larger sample would enhance the knowledge base in this largely neglected area of research. Nonetheless, the current study can be utilised as a stepping stone to further investigation in order to identify and more fully understand factors that need to be considered in the assessment and treatment of those from ethnic minority backgrounds who sexually offend.

Chapter Four

Critique and Use of a Psychometric Instrument

The Children and Sex Questionnaire (Beckett, 1987)

Chapter Four Rationale

The Children and Sex Questionnaire (Beckett 1987) is a measure that is used to assess pro-offending attitudes in child molesters. The equivalent for rapists is the EWT. It was thought that examining a sex offence specific questionnaire would be appropriate for this thesis and given that most of the current research in the area is based on child molesters (A.R. Beech, personal communication, October 2012), this measure was chosen. The Children and Sex Questionnaire is one of the measures included in the assessment battery for SOTP that was accredited by the Home Office after the Sex Offender Treatment Evaluation Project (STEP) team's evaluation (Beech et al., 1999). The measure looks at cognitive distortions and emotional congruence with children and has been widely used in research that aims to evaluate these areas (A.R. Beech, personal communication, October 2012). It has been used worldwide for a variety of interventions (D. Bishopp, personal communication, 24 October, 2011) and was used in the C-SOGP which was evaluated in Chapter three. This review considers this measure's properties, its utility for assessing risk and treatment change in child sex offenders, and its use in research.

Introduction

"A core aim of conventional child molester treatment is to change men's offence-supportive cognition or cognitive distortions" (Gannon, Keown & Rose, 2009, p. 316). As discussed in Chapter three, The Sex Offender Treatment Programme (SOTP) began in 1991 as part of a new strategy for the integrated assessment and treatment of sex offenders

(Grubin & Thornton, 1994; Thornton, 1991). Targeting offence-related cognition is considered to be important for cognitive behavioural treatment programmes for sex offenders (Mann, Webster, Wakeling & Marshall, 2007). One of the modules of the C-SOGP (evaluated in Chapter three) looks at cognitive distortions which refer to the distorted thinking used by the offender to justify, minimise, rationalise and excuse the offence behaviour (Beech et al., 1999). Cognitive distortions held by child molesters serve to maintain their deviant behaviour and, due to the evidence linking them to recidivism, they are targeted in treatment (Fisher et al. 1999).

The tendency of some child sex offenders to display an exaggerated cognitive and emotional affiliation with childhood has been labelled “Emotional congruency” (Finkelhor, 1984). Emotional congruence with children is thought to be affected by both a lack of ability to relate to adults (covered in Module three of SOTP), and distortions about child sexuality (covered in Module two) (Allam, 2000a).

Wilson (1999) states that treatment professionals can gain valuable information from knowledge about an offender’s cognitions in relation to his/her relationships with children. For example, Wilson found that extra-familial child molesters were more likely to report finding it easier to relate to children than adults, whereas incest offenders were more likely to elevate their victim to adult status; this finding will be elaborated on further in the section on construct validity. Such information can be used to effectively target these cognitions in an attuned way during treatment. In the Fisher et al. (1999) study (see Chapter three), similar results emerged and significant differences were also found between high and low deviancy offenders’ cognitive distortions and emotional congruence with children. These findings are useful when considering the selection of participants for group

interventions of varying levels of intensity. As with all of the risk factors associated with sex offending, cognitive distortions and emotional congruence are evaluated via the use of psychometric assessment pre- and post-treatment and the Children and Sex Questionnaire (Beckett, 1987) is used to assess these constructs.

Overview of the Tool

The Children and Sex Questionnaire (Beckett, 1987) is an 87-item questionnaire that measures an individual's beliefs, feelings and thoughts about children and sex. Higher scores reflect a greater degree of beliefs supporting the sexual abuse of children.

Respondents rate each item on a five-point Likert scale. The response options are 0 = very true, 1 = somewhat true, 2 = somewhat untrue, 3 = very untrue, 4 = don't know. For analysis purposes, items are recoded 4 = very true, 3 = somewhat true, 1 = somewhat true, 0 = very untrue, 2 = don't know. Only 30 of the 87 items are scored as the other items are "filler items" or those that comprise the Lie scale. These 30 items are clustered into two 15 item subscales, *Cognitive Distortions* and *Emotional Congruence*. Items are summed to produce a total raw score for each of the subscales.

Cognitive Distortions

Cognitive Distortions about the sexual sophistication of children is a subscale of the Children and Sex Questionnaire designed to assess an individual's beliefs about children and their sexuality. High scorers believe that children are sexually sophisticated, interested in having sexual contact with adults and are able to consent to and are unharmed by such contact. High scores correlate with low victim empathy and are more common in fixated paedophiles (Allam, 2000b).

Emotional Congruence

Emotional Congruence with Children is the other subscale of the Children and Sex Questionnaire which is designed to measure the extent to which individuals believe they have a special relationship with children and are able to understand thoughts, feelings and concerns of children. Fixated paedophiles tend to score high on this scale, indicating an emotional dependence on children, particularly extra-familial offenders with multiple victims (Beech et al., 1999). As discussed in Chapter three, low deviance offenders (usually incestuous fathers and step-fathers) score very low compared to non-offenders (Beech et al., 1999). This suggests an inability to relate to and understand the emotional needs of children. In the general population, fathers tend to have higher Emotional Congruence scores than non-fathers and this has important implications in that it is necessary to identify whether the offender is a father when assessing this construct. These subscales are explored further in later sections.

The Lie Scale

The Children and Sex Questionnaire also contains a 12-item lie scale, which is used alongside Thornton's (2000a) Self-Esteem Questionnaire to identify the veracity of the results. Offenders gain one point for each positively endorsed 'lie' item and the total score from these two scales measures an offender's tendency to dissimulate (Blackburn, 1982).

Characteristics of the Assessment

The Children and Sex Questionnaire is a self-report assessment which respondents complete themselves. The user is required to place their answer to items on a four point Likert scale and there is a further "don't know" option (as noted above). As such, the Children and Sex Questionnaire can be considered to have an ordinal level of measurement

(Clark-Carter, 1997). The Children and Sex Questionnaire is most commonly used as part of the battery of assessments that are administered to child molesters before and after they complete an intervention targeting their sex offending behaviour in either a Prison or Probation setting (Beech et al., 1999).

To accompany the self-report questionnaire there is a Sex Offender Groupwork Programme Theory Manual (Allam, 2000a) and guide for scoring (Beckett, Beech & Fisher, 2002). Beech and Mann (2002) have cited that the scales of the Children and Sex Questionnaire were originally developed from a factor analysis carried out by Thornton (1993). However, such information is not available to the user in either the theory manual or the guide for scoring. The theory manual provides background information and research about cognitive distortions and emotional congruence with children and their applicability to sex offending. Allam also theorises that cognitive distortions and emotional congruence with children are vital considerations when assessing individuals who sexually offend against children. An introduction to the tool is also provided that covers some information about what the measure examines.

Reliability

Kline (2000) states that the reliability of a psychometric measure refers to internal reliability and stability over time (test-retest reliability). Beech et al. (1999) have reported good psychometric properties for the Children and Sex Questionnaire; however, Mathie and Wakeling (2011) disagree noting that some of the measures used in the STEP battery (including the Children and Sex Questionnaire) have poor psychometric properties. The following sections will evaluate the literature in this field.

Internal reliability.

According to Nunnally (1978) the minimum recommended level for internal reliability is .7. The Cognitive Distortions scale was found to have high internal reliability with an alpha of .90 in a sample of 270 child molesters (Thornton, 1994, cited in Fisher et al., 1999). Thornton also reported that the internal reliability of the Emotional Congruence scale was $\alpha = .90$ in the same sample.

While the above scores are impressive, Bishopp (personal communication, 24 October, 2011) has proposed that the content of the items on the scales is rather homogenous and, therefore, the range of beliefs measured by this questionnaire is potentially limited. According to Bishopp, it is possible that these alpha levels are due to repetition in the items which inevitably correlate and inflate the reliability of the measure.

Test-retest reliability.

It is also important to test whether results can be replicated and are consistent over time. Kline (2000) defines test-retest reliability as that which is measured by correlating the scores from a set of participants who take the test on two occasions. A difficulty here is determining the test-interval; if it is too soon a person may remember their answers which may bias their responses and if the interval is too long the responses may be distorted, if, for example, a transient state or mood is being tested (Kline, 2000). Using this analysis as a measure of reliability assumes that the characteristic being measured is stable over time and this may not always be the case. When this occurs, this measure of reliability may be unhelpful. Assuming that an offender has not been through treatment, it can be expected that the constructs measured by the Children and Sex Questionnaire would remain stable and, therefore, it is useful to examine the test-retest reliability. Kline (2000) proposed a

minimum correlation of .8 suggesting that anything lower than this would cause the standard error of the test to become so large that interpretation of scores would be dubious.

Beech (1998) found the test-retest reliability of the Cognitive Distortions scale to be .77 in 45 untreated child molesters. Beech also reported the test-retest reliability of the Emotional Congruence scale to be .63 in the same sample. Neither of the scales meets Kline's criteria, and this limits the overall reliability of the measure.

Validity

A test is said to be valid if it measures what it claims to measure (Kline, 2000). Although the Children and Sex Questionnaire appears to be fairly reliable, reliability is a necessary but not a sufficient condition for validity (Nunnally, 1978). Validity therefore needs explicit testing.

Face validity.

A test is said to be face valid if it appears to the user to be measuring what it claims to measure (Kline, 2000). The test-taker may become annoyed or frustrated if they feel that the questions being asked are irrelevant to the purpose for which they are undertaking a test. The items on the Children and Sex Questionnaire appear to operationalise the author's (Beckett, 1987) ideas about cognitive distortions and emotional congruence and therefore, the measure can be considered to meet face validity. However, this does not appear to have been formally tested.

Due to the questionnaire's face validity and the transparency of the items, participants will likely be able to guess what is being measured and, as such, their responses may be biased (see Self Report section for further discussion of this). As Kline (2000, p. 19) points out, "Face validity is not true validity and brings with it the disadvantage that it encourages

deliberate distortion”. Kline suggests that questionnaires measuring constructs such as those comprised in the Children and Sex Questionnaire should avoid face validity, however, it is difficult to imagine a way around this whereby the items would uphold other types of validity. One possible solution may be the use of an implicit measure. Implicit measures are those which examine outcomes which have been produced in an automatic or unconscious manner as a result of underlying attitudes or beliefs (De Houwer, Teige-Mocigemba, Spruyt, & Moors, 2009). The emotional Stroop test is one example of an implicit measure which has been used with the sex offender population (Price & Hanson, 2007)

Content validity.

Content validity has been viewed as an elaborate form of face validity. “Content validity is applicable only to a small range of tests where the domain of items is particularly clear cut” (Kline, 2000, p. 23). Tests of attainment and ability are of the kind described by Kline and, as such, this type of validity will not be discussed any further in relation to the Children and Sex Questionnaire.

Concurrent validity.

“A test is said to possess concurrent validity if it can be shown to correlate highly with another test of the same variable which was administered at the same time” (Kline, 2000, p. 19). Kline states that if concurrent validity is to be a good index of validity, then the correlation should be as high as possible (around .9), however, correlations of .75 would be regarded as good support for the concurrent validity of a test. The Cognitive Distortions scale of the Children and Sex Questionnaire has been found to have a correlation coefficient of .7 with the Cognitive Distortions scale of Marshall’s Sex With Children Scale

(SWCH) based on a sample of 270 child molesters (Thornton, 1994, cited in Fisher et al., 1999). This suggests that the constructs of the two psychometrics overlap somewhat, however the correlations are not so large as to suggest that they do not stand apart from one another and have individual value.

Mann et al. (2007) also compared the Children and Sex Questionnaire with the SWCH scale and found that SWCH scores correlated with the Cognitive Distortions scale of the Children and Sex Questionnaire although the correlation coefficient was not reported. Further, Beech (personal communication, October 2012) stated that the items on the Children and Sex Questionnaire overlap with both Hanson, Gizzarelli and Scott's (1994) Entitlement to Sex Questionnaire and Mann et al.'s (2007) Sex With Children is Justifiable Questionnaire. Nonetheless, whilst the concurrent validity of the Children and Sex Questionnaire has been explored to some degree, further cross-validation would be useful particularly in terms of its use with ethnic minority groups.

Predictive validity.

"A test may be said to have predictive validity if it will predict some criterion or other" (Kline, 2000, p. 21) and this is tested by a correlation between what the test claims to measure and a later related criterion. It has been suggested that prediction improves when attitudes match offence patterns (Helmus, 2010) and the Children and Sex Questionnaire is in line with this. Predictive validity is good support for the efficacy of a test and Kline (2000) asserts that it is important to consider whether the positive treatment outcomes of sex offender therapy (as assessed by psychometric testing) are linked to lower recidivism rates. In terms of the Children and Sex Questionnaire, the most relevant test of predictive validity, therefore, is its relationship with recidivism.

It has been assumed in the past that self-report measures are inferior to the examination of static risk factors in predicting recidivism (Walters, 2006), however, Mathie and Wakeling (2011) discuss that there is a wealth of research which suggests that psychometrically assessed data do in fact reliably predict recidivism. For example, Beech, Friendship, Erikson and Hanson (2002) found that psychometrically assessed deviancy made significant contributions to the prediction of sexual recidivism. Furthermore, results from Craig et al. (2007) support the use of integrating static and dynamic measures of risk in predicting sexual reconviction and the Children and Sex Questionnaire has been used in this way; scores on the Children and Sex Questionnaire are combined with scores on a static measure (Risk Matrix 2000, Thornton, 2000b) to assess an individual's likelihood of reconviction (Beech & Ford, 2006).

In the STEP study (Beech et al., 1999), it was found that there was a significant decrease in the Cognitive Distortions scale score on the Children and Sex Questionnaire pre- to post-test ($p < .005$). At post-treatment there was no difference between child abusers' scores and non-offenders on this measure suggesting a reduced risk for re-offending. Using the same questionnaires, Beech, Mandeville-Nordon, and Goodwill (2012) found that 33% of offenders demonstrated a 'treated profile' following treatment, i.e., demonstrated *no offence-specific* problems and few, or no, socio-affective problems. This group was compared with a sample of offenders deemed as not responding to treatment, matched by their levels of pre-treatment risk/need. It was found that a significantly smaller proportion ($N = 12$, 9%) of treatment responders had recidivated, compared to the treatment non-responders ($N = 20$, 15%) indicating a 40% reduction in recidivism in those who had responded to treatment. This highlights how scores on the Children and Sex Questionnaire

have been used for predictive purposes and a number of studies have reported similar findings. Despite these outcomes, however, the findings in this regard appear to be mixed. The Children and Sex Questionnaire was used in research by Barnett et al (2011) and this study yielded contradictory findings to those mentioned thus far. Barnett et al. found that improvement in scores for the Children and Sex Questionnaire did not predict recidivism in a sample of 3402 convicted sex offenders.

Construct validity.

Evaluating the validity of a test requires that the characteristics must be clearly operationally defined and, in order for this to be possible, the construct under consideration must be fully understood (Kline, 2000). Construct validity has been considered by Kline to be the most important approach to validity especially where tests are to be used to extend psychological knowledge.

The construction of the Children and Sex Questionnaire and the selection of the test items was achieved by factor analysis (Thornton, 1993, as cited in Beech & Mann, 2002) and based upon Fisher and Beech's (1998) model of sex offending; namely the pro-offending attitudes domain. When assessing construct validity, examiners are looking at whether the measure works well as a construct and tests aspects that are hypothesised about the construct. In the original factor analysis by Thornton (1993, as cited in Beech & Mann, 2002); the Children and Sex Questionnaire produced the factors 'children as sexually knowing' and 'harmless sex' for the Cognitive Distortions sub-scale and these groups map onto Ward's (2000) implicit theories of 'children as sex beings' and 'nature of harm posed', lending theoretical support to these constructs of the Cognitive Distortions sub-scale (Ward's implicit theories will be discussed further later in this section).

However, there have been inconsistent and ambiguous definitions within the literature of the range of cognitive processes that are likely involved in sex offending (Maruna & Mann, 2006). Maruna and Mann propose that the concept of cognitive distortions “still suffers from a lack of definitional clarity” (p. 155) and some of the literature suggests that *post hoc* excuse making is healthy and may not inevitably lead to risk of re-offending. On this basis, the construct validity of the Children and Sex Questionnaire could be dubious.

Defining cognitive distortions and emotional congruence with children may be seen as an idiosyncratic process. Emotional congruence in particular may present as a risk for one person but not another as it may hold different meanings depending on whether the individual has a sexual interest in children. Further, Hayashino, Wurtele and Klebe (1995) found that extra-familial offenders indeed had higher Cognitive Distortions scores than non-offending groups, however, they found no differences between intra-familial offenders and other groups. This is similar to the findings of Wilson (1999) and Fisher et al. (1999), which are reported above, whereby differences were found relating to different groups of sex offenders. It may be the case that incest offenders do not hold the type of distorted thinking measured by the Children and Sex Questionnaire and, if this is the case, the utility of the measure is weakened. Due to the complexity of these constructs for different groups of offenders, the careful interpretation of results is paramount. Furthermore Keenan and Ward (2000) note that not all sex offenders have cognitive distortions, therefore, the interpretation of scores on the Children and Sex Questionnaire should be considered alongside other sources of information when assessing the risk that a sex offender poses.

Mann and Beech (2003) highlighted that the means by which an offender results in presenting with cognitive distortions remains unclear, i.e., whether they are conscious or

unconscious processes or whether they are surface features of a deeper belief system which allow the individual to overcome internal inhibitions and justify sexual assault. Such information would be useful when evaluating the construct validity of the Children and Sex Questionnaire as it seems futile to use a self-report measure to assess constructs which only occur on a sub-conscious level. One limitation is that the measure of these cognitions cannot be guaranteed to represent actual cognitions experienced at the point of offending. In fact, measurement of such would be impossible to achieve reliably. As Mann et al. (2007) point out in relation to the SWCH scale “it is possible that it is merely a measure of *post hoc* neutralisation or justification” (p. 456).

In terms of emotional congruence, results from Wilson (1999) showed that the scores of extra-familial homosexual paedophiles indicated a preference for interacting with children at a child’s level. On the contrary, the incest offenders preferred to elevate their victims to adult status rather than fixating on the child role themselves. Furthermore, the heterosexual paedophiles, seemed to be motivated more by sexual gratification than by an emotional or relationship interest in their victims or children. According to Wilson, emotional congruence is a complex construct which is multifaceted in that the similar scores can have different meanings depending on a number of other factors. It may be the case that the constructs within the Children and Sex Questionnaire need to be broken down further, for example, separating items which indicate a preference for interacting with children from those which suggest a tendency to elevate the victim to adult status. Relatedly, Mandeville-Norden and Beech (2009) have suggested that it is necessary to address the particular needs of individual sex offenders falling into three clusters and these clusters separate different

types of offence supportive attitudes in the way that is being proposed for the Children and Sex Questionnaire.

It has been suggested that offence supportive beliefs are more appropriately defined as schemas or as the mechanisms that generate offence-permitting surface cognitions that arise at the time of offending (Gannon et al., 2009). Ward (2000) put forward that offence supportive beliefs arise from any one of five implicit theories that child molesters hold about themselves, other people, and their surrounding environments. The five implicit theories are; '*children as sexual beings*', i.e., beliefs which characterise children as sexual, '*nature of harm*', i.e., children are unharmed by the sexual experience (sex offence-specific), *uncontrollability*, i.e., the world is unpredictable, *entitlement*, i.e., perceived superiority, and *dangerous world*, i.e., adults and/or children are rejecting (nonsexual offence-specific).

Gannon et al. (2009) reported that nonsexual offence-specific implicit theories are under-represented on existing measures and they found that on the Cognitive Distortions scale of the Children and Sex Questionnaire, 80% of the items fell under the 'children as sexual beings' theory and the remaining 20% of items fell under the 'nature of harm' theory. This indicates that this scale of the Children and Sex Questionnaire overlooks nonsexual offence-specific theories and consequently, there is potential that offence-related attitudes are not being sufficiently measured. Measures such as the Abel and Becker Cognition Scale (1989) (ABCS) and Bumby's (1996) Child Molest Scale, which have items corresponding with all five of Ward's implicit theories, may be more effective as they can be said to have better construct validity since the constructs examined by these measures appear to be more thorough. Revision of the Children and Sex Questionnaire may be useful

in order to encompass these areas, particularly when considering that Fisher et al. (1999) only found significant differences on the Children and Sex Questionnaire for Cognitive Distortions in the high but not the low-deviancy group. This may have been due to the limited constructs that the measure includes.

Current treatment approaches are adopting an implicit theory/schema-based approach (Gannon et al., 2009). Questionnaires such as the Children and Sex Questionnaire, therefore, (which disproportionately measure implicit theories) would be unhelpful for such treatment. A revision of the Children and Sex Questionnaire in which the constructs reflected more types of implicit theories may provide greater insight into the cognition of child molesters and may be more useful in practice.

Finally, it is notable that only 30 of the 87 items are scored which technically means that 57 could be removed and that unnecessary testing takes place when this measure is administered. However, Beech (personal communication, October 2012) points out that these items serve the purpose of habituating people to the content and, therefore, make the measure more accurate by disguising the purpose of the questionnaire to some degree. In essence, these ‘filler’ items are said to reduce the transparency of the overall content of the scale. However, it is unclear how this purpose is achieved given that the un-scored items are very similar in nature to the scored items.

Normative Samples

Collecting data from normative samples allows for comparisons to be made between the client group under examination and a ‘normal’ sample (Kline, 2000). This adds value to psychometric measures allowing us to give meaning to an individual’s score by looking at

how much it deviates from the norm. “One of the difficulties in using many tests is that there is frequently a lack of appropriate norms...”, (Fisher et al., 1999, p. 473).

Fisher et al. (1999) established the norms for the Children and Sex Questionnaire by comparing 140 child molesters to a group of 81 newly recruited male prison officers. In order to enhance the representativeness of the sample to some degree, it was ensured that the participants had not had any experience working with prisoners or contact with prisoners at the time of testing, nor had they prior experience of working for other institutions such as the Police or the armed forces. The sample was thought to consist of males that were of a similar social status and educational level to the included child molester sample. However, it remains that each participant had applied for work in the prison service suggesting questionable generalizability. Furthermore, despite attempts to avoid a sample of individuals who had a typical prison officer ‘personality type’, the selection of individuals was still biased as it eliminated people from specific groups, for example, those from institutional backgrounds. Further problems with the norming group include the fact that a limited number of individuals in this sample had psychometric profiles (in relation to socio-demographic characteristics) that were similar to the child molesters and it was also highlighted that it was possible that these individuals had offence histories that went unaccounted for.

Kline (1986) suggests that several hundred participants are necessary when calculating norms and that when smaller samples are used, the test should be used with caution. In order to account for this, Fisher et al. (1999) carried out a number of analyses to confirm the representativeness of the sample. It was reported that the two groups (child molesters and non-offenders) appeared to be suitably matched and comparable to one another in

terms of other demographic characteristics with the exception of age (where the child molester group had a mean age of 43.1 years ($SD = 10.5$) and the non-offender group had a mean age of 29.1 years ($SD = 7.2$) ($p < .0001$).

It is stated that fathers and non-fathers were looked at separately due to the fact that having a child could have a significant impact on how an individual regards children. As such, the norming information for the Emotional Congruence sub-scale of the Children and Sex Questionnaire has different cut-offs depending on whether the individual completing the measure is a father.

Areas of critique

Whilst there is clear guidance on the scoring of the Children and Sex Questionnaire, along with some interpretation information, there is no information about the administration of this measure within either of these documents other than general administration guidance relating to the entire STEP battery. Further, the guidance refers to the normative samples which were used in the STEP evaluation project of Beech et al. (1999), however, such information is not contained within the manual or the guide for scoring, nor are the psychometric properties of the tool discussed adequately. Therefore, the researcher or clinician has limited information to aid them in administering the tool within the manual itself.

This questionnaire requires that the respondent has ‘sufficient’ levels of comprehension and literacy including an understanding of the English language (Beckett et al., 2002) although there is no indication of what constitutes an acceptable level of competency. This criterion could be problematic in settings where offenders have limited intellectual functioning or are foreign nationals.

Self-report.

The assumption of self-report measures is that the best way to find out about an individual is to pose the questions to them directly and one of the main reasons for their success is that they are easy to administer (Kline, 2000). Results from Craig, Thornton, Beech and Browne (2007) offer support for the use of self-report psychometric measures as reliable indicators of risk and treatment change in correctional settings. Using self-report measures and regression, Craig et al. calculated offenders' Psychological Deviance Index and found that this made a significant contribution to the prediction of sexual reconviction. Craig et al. reviewed studies by Mills, Loza and Kroner (2003) and Kroner and Weekes (1996) suggesting that self-report measures can be used to predict the likelihood of recidivism.

However, in critiquing the Children and Sex Questionnaire, it is necessary to acknowledge the limitations of self-report measures both generally and in relation to the sex offender population. The main problem with self-report measures relates to response bias whereby individuals may want to portray themselves in either a favourable light (fake good) or exaggerate difficulties (fake bad) (Kline, 2000). Self-report measures should not be used if a clinician believes a person cannot, through inability or unwillingness, respond honestly and Mills and Kroner (2006) state that offenders, including sex offenders, are assumed by many to employ socially desirable responding when completing self-report measures. When there is indication of an offender responding in a socially desirable way, clinicians are advised to be cautious in their interpretation and inferences made (Mathie & Wakeling, 2011). Furthermore, research by Nugent and Kroner (1996) suggests that child molesters are more likely to be affected by socially desirable responding than rapists, which would seem particularly problematic for the Children and Sex Questionnaire.

Despite the problems with self-report measures, there is currently no other feasible and ethical method by which information about an offender's thoughts and attitudes can be measured reliably. The incorporation of a lie scale in a lot of measures (including the Children and Sex Questionnaire) ameliorates these concerns to some degree. Furthermore, using the STEP battery of tests, Mathie and Wakeling (2011) found that the extent of socially desirable responding was smaller than assumed and its impact on a number of self-report measures was lower than expected. Notably, using the PDS as a measure of socially desirable responding and running correlations with each of the measures in the STEP battery, Mathie and Wakeling (2011) found that offence-specific measures were less susceptible to socially desirable responding than social-functioning measures. In this study of convicted sex offenders, the results showed that only small correlations were found (<0.3) between both of the subscales of the Children and Sex Questionnaire and the Self-Deception Enhancement and Impression Management scales of the PDS both pre- and post-treatment in a sample of 1730 adult males sex offenders. This suggests that the measure was not overly susceptible to socially desirable responding. Mathie and Wakeling (2011) concluded that self-report questionnaires used with forensic populations on the whole may be accurate and valid. It is notable, however, that this was in a sample of incarcerated offenders who may have been more likely to answer truthfully than offenders who are yet to be convicted or indeed those who are on probation. These offenders, as well as those that do not engage in treatment, may not be as open in respect of their offending as discussed in Chapter three.

It is possible that offenders may realise that offence-specific attitudes are undesirable and, therefore, may be more likely to employ socially desirable responding. On inspection

of the items in the Children and Sex Questionnaire, as noted in the Face Validity section, it seems possible that they may evoke defensive responding, for example, questions such as “children know more about sex than adults” are very transparent. As a result of this, despite the fact that the “Lie” items are buried amongst the other questions, they are very obvious including items such as “I always read the editorial in the newspaper” which stand out from the items of the scales relating to children.

Bias can also occur when a person’s answers fall into a pattern, called a response set. Response set bias is a tendency for the individual to answer questions in a certain direction regardless of their content (Sarff, Rogers, Blanke & Vetto, 2008). This could impact upon research and our understanding of this area as the response bias may affect or account for significant relationships or results.

This is an inherent problem with self-report measures and, therefore, it is important to use other assessments, multidisciplinary communication and clinical observations to corroborate findings. Structured clinical judgements combine the assessment of static and dynamic factors offering an integrated approach to assessment and are said to be better than questionnaires in that they are more flexible and less susceptible to response bias. De Vogel (2005) highlights that structured clinical judgements are advanced in that they draw from empirical research and have grounding in clinical reality. De Vogel asserts that these assessment tools are easy to administer, understand and score and they are useful in that they provide suggestions for risk management. However, structured clinical judgements are more expensive to purchase and Helmus (2010) suggests that it is sometimes difficult to establish what is being measured, for example, whether inferences are being made based on current interests or past behaviour which may no longer be as applicable. Mann et al.

(2007) point out that “other methodologies for measuring cognition, such as the Articulated Thoughts in Simulated Situations paradigm (Davison, Vogel & Coffman, 1997), may yield more interesting findings than self-report measures” (p. 456). This paradigm is a “think aloud” approach which involves the person verbalising their thoughts whilst engaging in a task. This is an interesting area for consideration as this approach produces unstructured responses which could aid understanding of the specific cognitions held by the individual at the time of the assessment.

Use in Assessment and Research

As the Cognitive Distortions and Emotional Congruence constructs are thought to be meaningful risk factors for sex offending (Mann et al., 2010), this highlights the necessity for a reliable and valid measurement tool to assess change in these areas in order to empirically establish the efficacy of interventions. Where resources are short, findings on such measures allow for high risk and high need individuals to be targeted and those offenders whose scores are already in the ‘normal’ range can be deprioritised within treatment. The Children and Sex Questionnaire has been used by fundamental services that provide treatment for sex offenders such as HM Prison and Probation Service (Gannon et al., 2009) and Beech et al. (1999) suggest that it has been found to be one of the most useful in the evaluation of community-based sex offender treatment programmes and individual change over time. Nonetheless, the limitations outlined in this critique suggest that the Children and Sex Questionnaire falls short in a number of areas and revision of this measure may be necessary in order to enhance its utility.

One development would be to verify the norms established by Fisher et al. (1999) by carrying out the same analyses but on a larger and more diverse sample. A more

comprehensive manual would also be beneficial. In terms of the psychometric properties, it would be valuable if steps were taken to further examine the predictive validity of the Children and Sex Questionnaire in light of the mixed results. The suggestions made regarding construct validity may also address the low test-retest reliability. More specifically, it was noted that the Children and Sex Questionnaire did not include items which mapped on to the *dangerous world* implicit theory. This theory hypothesises that either 1) adults are dangerous and therefore, children are the only safe option for sexual activity, or 2) both adults and children are rejecting and, therefore, sex with a child represents an attempt to regain control or put the child back in their place. These ideas link well with emotionally congruency and, hence, incorporation of the principles of this theory within the Children and Sex Questionnaire may enhance the reliability of this sub-scale.

The sentence structures are fairly complex within the Children and Sex Questionnaire and, therefore, persons with below average IQ or with poor executive functioning may struggle with completing this as a self-report measure. Learning difficulties are common amongst sex offenders (Gordon & Grubin, 2004) and this may account for some of the variability in results in research findings although no information is available with regards to the intellectual abilities of the samples used. It is stated in the guide for scoring that literacy and comprehension should be accounted for, however, it is not clear how this is achieved in situations where an offender's abilities fall below the 'sufficient' levels referred to.

In addition to the concerns about intellectual functioning, psychiatric co-morbidity has been found in child sex offenders (Raymond, Coleman, Ohlerking, Christenson & Miner, 1999). The difficulty of using this measure with a psychiatric population is that the

assessment requires that the individual is not severely impaired or disorientated at the time of completion (A.R. Beech, personal communication, October 2012). Clinicians need to make a judgement about this prior to carrying out the assessment. Finally, given that the Children and Sex Questionnaire is administered as part of a battery of assessments, this could be time-consuming and it may be too lengthy for patients residing in clinical settings particularly offenders with learning disabilities and those with psychiatric difficulties. Adapting to a shorter version may be useful for these groups although the research into whether they display similar types of distortions has not been reviewed for this critique.

Conclusions

This critique explored the Children and Sex Questionnaire and examined its psychometric properties (with a focus on reliability and validity), its utility in research and practice and, in particular, its applicability to the assessment of child sex offenders. The review has highlighted shortcomings of the measure in terms of its psychometric properties and this relates more to the Emotional Congruence scale than the Cognitive Distortions scale. It remains a criticism that the measure has not yet been published and some of its psychometric properties warrant further evaluation, for example, the predictive validity of the measure has not been adequately examined. The utility of the measure for those with learning difficulties and psychiatric conditions is limited and this is concerning in light of the co-morbidity that exists within this client group. Some of the more recent research in the area Barnett et al (2011) has suggested that the predictive validity of the Children and Sex Questionnaire is questionable and the potential problems caused by face validity are particularly pertinent with a measure of this nature due to the transparency of the items. The constructs comprising the Children and Sex Questionnaire are multifaceted and based on

the research reviewed herein, it appears that the interpretation of the Children and Sex Questionnaire is largely dependent on the individual's level of deviancy and their offence type, for example, intra-familial offenders can be expected to have higher scores for emotional congruency. As such, using tools such as The Structured Assessment of Risk and Need (Her Majesty's Prison Service, 2005) (which incorporates Cognitive Distortions) alongside the Children and Sex Questionnaire can add to the robustness of the assessment process due to the incorporation of both static and dynamic factors in this tool. It is suggested that a combination of clinical observation, self-report and informant reports are used to overcome the difficulties inherent in the use of self-report measures that were discussed above and this is in line with the conclusions made in Chapter three. The fact that correlations were found between the Children and Sex Questionnaire and the SWCH scale is positive as the SWCH scale has shown good internal reliability, test-retest reliability and concurrent validity (Mann et al., 2007) and the utility of Children and Sex Questionnaire remains, in that it addresses emotional congruence as well as cognitive distortions (The SWCH scale only focuses on beliefs that justify sexual contact between adults and children).

The Children and Sex Questionnaire is useful as it provides an index of distorted thinking although it might benefit from incorporating some attitudes about children which are normal so that the measure taps a continuum of acceptable - unacceptable beliefs rather than simply indicating paedophilic thinking. That said, the measure is useful for revealing whether a person is being open in their responding when administered alongside the PDS. It would be useful for future research to consider how the measure could be developed further to address all five of Ward's (2000) implicit theories. In addition, Murphy (1990) points out

that a focus on cognitions has resulted in limited understanding of the mechanisms or structures which produce such offence-supportive cognitions.

In terms of its practical use, the manual would benefit from more detail about the construction of the measure, the normative information and psychometric properties. Administration guidance specific to this measure (as opposed to that relating generally to the STEP battery of tests) should be incorporated into the guide for scoring in order to ensure standardisation of this measure in practice. Currently, only those who have attended formal training on the STEP battery will have had access to any guidance of this nature.

Implications for Chapters Two and Three of the Thesis

It is important to acknowledge how this critique impacts on the preceding chapters of the thesis. The strengths of the tool as outlined above, justify its use in chapters two and three. However, considering the use of the Children and Sex Questionnaire in many of the studies which are referenced within this thesis, it is important to be mindful of its limitations when drawing conclusions. Furthermore, the lack of administration guidelines within the manual may have impacted upon the data that were gathered for Chapter three, for example, the author did not administer the measures to these individuals and, therefore, it is unknown whether this was done in a standardised way. The likelihood of this is reduced by the fact that clear guidelines are not provided.

The fact that the measure has not been validated on Asian offenders is problematic for its inclusion in the thesis as there could be cultural biases within the language or constructs used. It has been reported that those from ethnic minority backgrounds have an elevated tendency to feel judged by professionals (Cowburn et al., 2008b). Furthermore, levels of defensiveness and denial may be also higher in such groups (Cowburn et al., 2008a; Gahir

& Garrett 1999; Jones et al., 1999; Patel & Lord 2001; Webster et al., 2004), therefore, the face validity of the measure may be particularly problematic for these groups. Additionally, the problems of IQ and mental illness may be especially pertinent for those individuals from ethnic minority groups since these individuals have been found to be substantially more likely to receive a diagnosis of mental illness (Loring & Powell, 1988) and to have lower IQ scores (Groth-Marnet, 1990). Nonetheless, the information gathered from the use of this measure has been fundamental for this thesis.

Chapter Five

General Discussion

The aim of this thesis was to draw together the current research in the area of treatment outcomes in ethnic minority sex offenders and contribute to the need to build on this. The importance of this area of study is evident upon review of the existing literature in light of the issues that are raised therein. The literature highlights that ethnic minority sex offenders are over-represented in the sex-offender population yet under-represented in treatment programmes (Jones et al., 1999). Furthermore, treatment outcome studies have suggested poorer treatment outcomes for ethnic minority sex offenders who do engage in treatment (see Chapter two). Problems relating to culture, religion and the content and delivery of programmes were prominent within the research that was reviewed in Chapter two. The dearth of research in the area is concerning in terms of the success of treatment for this group of offenders. This thesis has utilised methods of a systematic literature review, an empirical piece of research and a psychometric critique in order to contribute to the field. A summary of each of the chapters is provided and a discussion of how this work has contributed to the area follows.

Summary of Findings

The introduction to the thesis provided the background and context for the following chapters reporting on the RNR model, its applicability to the area of sex offending and the findings from Hanson et al. (2009) that the Need and Responsivity principles were the most important for sex offenders. The introduction also discussed the difficulties that exist in drawing confident conclusions when considering research design. Research suggests that higher quality studies tend to yield weaker outcomes and that many of the studies from

which interventions are developed are those of poor quality, for example, they lack randomisation.

The CBT approach is widely used to execute the RNR principles in the treatment of sex offenders though the approach has been criticised for not accounting for social and cultural factors (Ward & Maruna, 2007). Furthermore, CBT assessment tools and treatments have not been validated on individuals from different cultural backgrounds and the success of a CBT approach with ethnic minority offenders is under-researched. This is an important area for further research in light of the over-representation of ethnic minority groups within the sex offender population and the under-representation of these individuals in treatment considering the dominance of the CBT approach in treating these individuals.

Chapter two provided a systematic literature review of the studies that have examined treatment outcomes in ethnic minority sex offenders. The introduction to this chapter presented a framework put forward by Cowburn et al. (2008b) which suggests that when treating those from ethnic minority backgrounds it is necessary to consider the response of parts of the BME community to four factors; 1) the criminal justice system; 2) cultural constraints in talking about sex; 3) the impact of religious beliefs and 4) non-western models of identities in communities. In particular, this section explored how these factors can create barriers to targeting the four areas outlined in the model of Fisher and Beech (1998) on which sex offender treatment is based (denial, offence specific problems, level of social adequacy, and knowledge of relapse prevention skills). The importance of considering that risk factors may vary depending on an individual's ethnic, cultural and religious background was highlighted. This emphasised the importance of responsivity by reiterating the concern that assessment tools, outcome measures and, indeed, interventions

themselves have not, to date, been validated with ethnic minority groups. The integration of the GLM principles within the RNR model was suggested as a way of addressing this.

Seven studies were included in the systematic literature review. The findings were mixed and it was not possible to collate the data due to the fact that the studies each used different outcome measures. Furthermore, the samples in these studies included both indigenous and immigrant populations. Poorer outcomes were found for ethnic minority sex offenders in terms of treatment engagement, treatment completion, voluntary continuation (after their mandate had expired) and recidivism (sexual, violent and non-violent) when compared to White offenders. The qualitative studies included in this review raised a number of clinical and therapeutic concerns relating to ethnic minority sex offenders such as the suitability of the treatment approach and feelings of victimisation. When psychometric testing was the outcome measure, the only significant differences that were found between ethnic minority and non-ethnic minority sex offenders were those that related to denial with ethnic minority offenders scoring higher. It was noted within this review that culturally adapted programmes have shown promise in other countries. Chapter two discussed the need for more outcome studies in this area and suggestions were made for a more flexible approach to sex offender treatment which accounts for cultural diversity such as considering the higher levels of denial in some cultures and responding to the reduced disclosure from these individuals in a non-judgemental way.

Chapter three expanded on the limitations of one of the studies reviewed in Chapter two by carrying out an empirical piece of research. The study compared treatment outcomes of Asian and White sex offenders as measured by their psychometric profiles pre- and post-intervention in a community sample. The Asian offenders were found to have higher levels

of self-deception enhancement than the White offenders. The remaining results were such that the difficulties experienced by ethnic minority sex offenders compared to White offenders in relation to treatment (as reported in the existing literature), were not reflected in the scores of Asian sex offenders on psychometric measures within this sample. These results raised the possibility that it may be necessary to go beyond psychometric profiles when assessing the success of treatment of ethnic minority sex offenders by expanding the assessment process to include a qualitative element and the collection of more detailed ethnic monitoring data would assist to this end. It was suggested that this could be achieved in a structured way by incorporating information relating to Cowburn et al.'s (2008b) framework into the assessment procedure in order to account for issues related to culture and religion. Furthermore, this study yielded mixed results in relation to the overall success of the intervention whereby improvement was not observed on some of the psychometric tests and this applied to both the Asian and the White group. As discussed in Chapter three, it is necessary to be mindful of the psychometric properties of some of the measures when considering these outcomes.

Chapter four reviewed and critiqued the Children and Sex Questionnaire (Beckett, 1987). The critique highlighted various shortcomings of this measure, for example, the limited information available within the manual about how it was developed and the absence of any clear administration guidelines. Additional criticisms included questionable reliability, predictive validity, problems with face validity and unnecessary testing in that many of the items are not used in the analysis. This is just one of the psychometric assessments included in the STEP battery of measures and both chapters three and four highlighted the need to go beyond psychometric assessment in order to reliably evaluate

treatment effectiveness. Problems relating to item transparency in offence-specific, self-report measures were central to this discussion. It was proposed that structured judgements can overcome some of the problems with self-report measures and that using this approach can encapsulate the variability that exists within the sex offender population by focusing on a number of variables relating to the individual rather than simply measuring constructs found to be related to sex offending more generally. However, structured judgements are not without their own shortcomings (Helmus, 2010), not least in terms of cost-effectiveness. Gannon et al. (2009) state that current treatment approaches are adopting an implicit theory/schema-based approach in an attempt to overcome some of these issues and this may be worthy of further exploration.

Future Directions

The chapters of this thesis illustrate a number of factors that have largely been overlooked relating to sex offenders from ethnic minority backgrounds; namely, potential barriers to treatment engagement and success relating to a person's culture and/or religion. Chapters two and three highlighted the need to ensure that interventions for sex offenders are accessible and meaningful to those from ethnic minority backgrounds. In order to achieve this, it is necessary to gain some understanding of the unique set of factors that have led to offending for each individual. It is useful to consider Ward and Siegert's (2002) theory of sexual offending which asserts that there are multiple pathways leading to the sexual abuse of a child. This theory takes into account learning events, biological, cultural and environmental factors. This model can be credited with regards to the way in which the nature of the pathways can inform intervention at an individual level and apply to those from ethnic minority backgrounds. It is also useful to draw from the Integrated Theory of

Sexual Offending (ITSO) of Ward and Beech (2006) when thinking about sex offender intervention for individual groups such as ethnic minorities. The ITSO builds on the pathways model in offering a more explicit hypothesis for how offending is maintained, i.e., via a 'positive feedback loop'. Greater emphasis is placed on the role of biological factors in this model which further individualises the approach to understanding the nature of sex offending.

The success of culturally adapted programmes is evident within the literature (Ellerby & MacPherson, 2002; Smallbone et al., 2009), however, the implementation of separate programmes for ethnic minority groups may be problematic in terms of resources, for example, costs and staffing, as well as issues relating to privacy (for example, confidentiality within the individual's own community), cultural sensitivities, age and offence type (Cowburn et al., 2008b). It may be the case that diversifying existing programmes in a way that would make them more accessible and meaningful to ethnic minority groups would be a more realistic and fruitful development. This could be done by developing staff awareness of cultural influences, developing assessment tools and revising the programme content. It would be useful to consider ideas from Cowburn et al.'s (2008b) framework in making such advancements, for example, thinking of ways to communicate with individuals whose cultural background does not allow them to talk about sex readily whilst being mindful of the potential impact of this on group members from majority ethnic groups. Incorporating this framework into the assessment process for ethnic minority sex offenders would offer a structured approach and the benefits of these methods have been outlined herein.

Consideration of cultural background, the impact of religion and levels of acculturation are proposed as being important in developing an understanding about the person and the function of their sex offending. The literature suggests that paying more attention to these factors could improve treatment outcomes in ethnic minority sex offenders, for example, Cowburn et al. (2008b) state “One size of therapeutic provision may well not fit all”. One way to achieve this is by focusing on qualitative information which is relevant to an offender’s ethnic background alongside psychometric outcomes. Culturally relevant programmes adapted from the standard C-SOGP may not only encourage participation but have greater success in terms of increasing the chances of these individuals being reintegrated into their community and avoiding offending.

Future Research

Both the existing literature and the study included in this thesis did not measure motivation for treatment in any depth. As discussed by Webster et al. (2004) and noted in Chapter two, given the under-representation of ethnic minority sex offenders engaging in treatment, it is possible that the proportion of offenders from these ethnic groups that do engage in treatment are in fact more motivated than the White offenders to which they are being compared. If this were the case, this could account for the lack of difference in psychometric scores found between ethnic minority and White offenders in both the current study and Webster et al. (2004) because the higher levels of motivation in this group may have confounded differences between ethnicities. It may be useful to look at motivation and engagement in more detail rather than simply ‘effectiveness’ as measured by psychometric profiles, exploring the construct of motivation and whether it relates to a genuine motivation to change or other goals such as meeting prison or probation requirements.

Furthermore, both the Webster et al. (2004) study and the research in Chapter three paid little attention to the content of the treatment or the experiences of the participants. In addition, the dose of treatment for each person was unknown. Brown (2005) states that research should aim to focus on programme content. Incorporating a qualitative element to future studies would be valuable as Todd (2004) states that mixed approaches (quantitative and qualitative) produce the most useful outcomes.

With the above in mind, it seems pertinent to consider the concept of treatment outcome as it appears that there is a need to go beyond the recidivism data which have dominated the sex offender literature. Recidivism does not provide information about *why* treatment has or has not worked or what aspects were successful; the incorporation of qualitative methods would allow for this. Approaches of this nature would facilitate the exploration of what treatment works for which offenders so they would go beyond simply “what works” and begin to look at “what works for whom and why?”.

An additional observation in the current study during data collection was that, similar to Grubin and Gunn’s (1990) finding that Black offenders were younger than White offenders, it appeared that the Asian offenders were on the whole younger than the White offenders. Furthermore, the rapists appeared to be younger than the child molesters. This is in line with existing literature which suggests that ethnic minority offenders are more likely to be younger and offend against an adult whereas White offenders are more likely to be older and offend against a child (Allam, 2000a; Cowburn et al., 2008b). Perhaps, it would be useful if future research gave consideration to such static factors in the development of treatment. It may be possible, for example, given that ethnic minority offenders have generally been found to be younger, that the age brackets of the Risk Matrix 2000

(Thornton, 2000b) (a static measure which is used alongside the STEP battery of tests) may be less applicable to these ethnic groupings and, therefore, their risk categorisation may be inaccurate based on this tool. It may be necessary to look at the measurement of risk factors and the applicability of the cut-offs for each individual taking into account their background. Furthermore, acute risk factors such as alcohol consumption prior to the offence may have varying applicability e.g. many Asian offenders follow the religion of Islam which does not condone alcohol consumption (Michalak & Trocki, 2006). Two identical psychometric profiles may indicate different levels of risk when other background information is considered and it could be considered negligent to overlook such factors in sex offender assessment and treatment. It may be the case that separating offenders by age and victim type, may indirectly separate out ethnic minorities from White offenders. These are additional factors which should be explored in terms of their relationship with motivation for treatment.

When considering the possibility of developing treatment programmes to target individual treatment needs (in this case, developing measures and programmes that are reliable and valid for ethnic minority sex offenders), this immediately raises issues in relation to programme integrity which links directly to the debate regarding manualisation versus therapeutic process variables (Mann, 2009; Marshall, 2009). A manualised programme lends itself to rigorous research being carried out and definitive conclusions being drawn and Mann points out “The meta-analytical research behind the Risk-Needs-Responsivity model of offender rehabilitation, as well as the broader psychotherapy literature, demonstrates that manualised treatment is usually more effective” (Mann, 2009, p. 121). However, the literature covered in this thesis highlighted the need to adapt

programme content in order for it to successfully target those from a diverse range of cultural backgrounds, for example, avoiding the use of colloquial phrases in sex offender treatment as discussed in Chapter three.

Marshall's (2009) argument seems to be more relevant for this thesis as he highlights the importance of a range of processes involved in treatment. Of relevance to ethnic minority offenders is the role of the therapeutic relationship in determining the success of treatment programmes (Harkins & Beech, 2007). If ethnic minority sex offenders do not feel that facilitators are meeting their needs, this could have negative consequences in respect of treatment gains. Relatedly, Marshall and Serran (2004) point out that offenders often anticipate rejection from professionals due to their experiences of feeling judged throughout the prosecution process. This is likely to be especially relevant for ethnic minority offenders in light of Cowburn et al.'s (2008b) observation that these groups are more heavily policed.

Marshall and Serran (2004) maintain that manuals serve the purpose of enabling replication by others and maintaining treatment integrity. However, they suggest that they should not be so detailed as to eliminate the role of the therapist and restrict flexibility. It is suggested that a flexible approach that is responsive to each individual client is more effective than adhering rigidly to the same agenda for all clients (Ringler, 1977, as cited by Marshall & Serran, 2010). If interventions are tailored carefully then adherence to a manual would still be possible. This is similar to Mann's (2009) notion of it being necessary to determine what aspects of treatment are negotiable when attempting to be responsive and which parts should be paramount. It may, therefore, be fruitful to evaluate individual modules looking at which components are successful for different ethnic groupings.

Newer models of treatment have started to blend individual (or work with other agencies) and group work around a treatment manual (Jones & Hollin, 2004). An example of such a movement within the Prison Service is the shift from the old Enhanced Thinking Skills (ETS) Programme, to The Thinking Skills Programme (TTSP) and it is clear that, whilst maintaining treatment integrity, manuals need to be adapted. Combining individual work for ethnic minority sex offenders and running this alongside group work may be one way of supporting ethnic minority sex offenders in treatment. Future research should aim to look at individual ethnicities, cultures (with a particular focus on acculturation), and religions in respect of treatment as the complexities of these factors are too extensive to draw conclusions without thorough examination.

Theoretical Considerations

This thesis has acknowledged that risk factors for ethnic minority sex offenders may differ from those offenders who come from non-ethnic minority backgrounds. As such, the need to take protective factors into account has been highlighted in order to achieve a more reliable assessment of the individual and to enhance the treatment process. It seems that the RNR model overlooks protective factors and it also fails to examine the interaction between the programme, offender and facilitators. This is concerning especially given the difficulties described by these individuals in past research (Gahir & Garrett, 1999; Patel & Lord, 2001) by ethnic minority offenders during treatment. It is, therefore proposed that integrating the RNR and the GLM within sex offender assessment and treatment, could improve responsivity and benefit those from a diverse range of ethnic backgrounds.

The GLM model seems particularly useful for ethnic minority sex offenders in that treatment providers are guided towards viewing the offender as a “whole person” rather

than focusing on their offending behaviour. It has a positive focus in helping individuals to work towards a life that they desire (Laws & Ward, 2011) and by emphasising the importance of developing social, vocational and family networks. Placing emphasis on these aspects of the individual would encourage treatment providers to gain knowledge about the community in which the offender lives and, therefore, factors relating to their culture would naturally emerge and could be responded to. When the primary focus of treatment is the individual's offending behaviour, positive aspects of the individual's life are neglected which, if attended to and developed, could increase the individual's well-being and reduce their need to offend. The explicit focus on offender well-being during treatment, which is at the heart of the GLM, is also highly relevant to the contents of this thesis in consideration of the negative treatment experiences of ethnic minority sex offenders that have been reported. Adopting this approach would allow greater understanding of the individual and appropriate tailoring of treatment.

Thesis Limitations

This thesis has contributed to a neglected area of research and many suggestions have been made in terms of further developing our understanding within this field of study. However, it is important to acknowledge some of the limitations of the research conducted. In Chapter two, time constraints meant that inter-rater reliability was not assessed. Inter-rater reliability, in the case of this systematic review would have involved a second rater undertaking part if not all of the quality assessment and this would have added confidence with regards to the precision of this process (Gwet, 2012). There were also potential problems relating to publication and language bias. The mixed findings that prevailed relating to treatment engagement, treatment completion, recidivism, psychometric

outcomes and qualitative information were explored carefully, however, it was unfortunate that the outcomes could not be compared directly due to the varying methods that were employed. Furthermore, the limited number of studies included in the systematic review had a detrimental effect on the applicability of the findings to practice. Nonetheless, it is positive that the dearth of research in this area was highlighted by this review.

For Chapter three, it is important to acknowledge the small sample size. This shortcoming was exacerbated further where data were missing for some of the variables and when the sample was broken down into offence type and victim type. This was the only information available at the time that the research was carried out, however, unfortunately it meant that some of the analyses were lacking in power. The limited sample size also led to the decision to aggregate child molesters and rapists within the analysis and this has been raised as problematic in terms of the differences between these two groups (A.R. Beech, personal communication, October 2012). Furthermore, (whilst it was established that the sample did not include any participants from a Chinese background) within this sample the classification of participants as Asian did not differentiate between different types of Asian ethnicity. Heterogeneity exists within the Asian culture, and therefore, the findings should be considered with caution in this regard. Additionally, other ethnicities (e.g. Black) were not included due to the limited information available in respect of these participants. This is pertinent when considering the overall conclusions of the thesis, for example, as Patel and Lord (2001) point out “some ethnic minorities have great difficulty adapting to cognitive behavioural approaches” and, therefore, the applicability of the findings is limited. On a final note, it was acknowledged that the sample was limited to those who completed

treatment in the West Midlands only and exploration of outcomes in other geographical communities would add to the knowledge base in this field of research.

A further limitation relating to the data was the fact that the dose of treatment was unknown. The quality of the study would have been improved if information had been available relating to the dose of treatment. It has also been noted that the measures were not validated on the client group of interest and the fact that some of the psychometric properties and the constructs of some of the scales were questionable. These shortfalls have been discussed highlighting the utility of incorporating a qualitative element into future treatment outcome studies and considering the impact of therapeutic process variables. Clinical information would have been useful in this sense, for example, whether the offender was the only ethnic minority individual in their treatment group, the ethnicity and gender of the facilitators and the impact of group processes. Due to the fact that the research included in this thesis was a retrospective study, such limitations are more applicable to the assessment process than to this thesis per se. Such clinical information should perhaps be gathered when an offender embarks on the C-SOGP in order for subsequent research to be carried out accounting for the broader picture.

In discussing the use of the Children and Sex Questionnaire in Chapter four, limitations were highlighted for a measure which had been used in the preceding chapters of the thesis. It is acknowledged that the choice to critique this measure meant that it was not applicable to adult offenders, however, it was considered useful to critique this measure nonetheless in light of the fact that much of the existing sex offender literature has sampled child molesters. The critique may also be helpful to those considering using this measure in

practice as it is an unpublished measure and, therefore, there is limited information available relating to it.

Whilst this thesis has proposed a number of practical recommendations for the future treatment of ethnic minority sex offenders, it remains that these suggestions have been based largely on a framework which lacks a focus on protective factors and neglects the strengths-based approach of the GLM that has increasingly been found to be relevant in the treatment of sex offenders (Ward & Stewart, 2003). It is thought that the improved responsivity that would be achieved by incorporating the GLM into both assessment and treatment could be particularly valuable for the client group of interest to this thesis.

Finally, the contents of this thesis raise issues that are integral to the successful rehabilitation of ethnic minority sex offenders. However, it is important that the information included in this thesis is interpreted carefully and three possible interpretations of the findings will be considered. The first interpretation would be to say that the research in this thesis suggests that treatment is equally effective for Asian sex offenders on the areas measured by the psychometrics included. However, acceptance of this interpretation would largely neglect the body of research relating to other treatment outcomes as well as the impact of higher levels of socially desirable responding. The second possibility is that psychometric scores were not found to be truly representative of treatment effectiveness. If this is the case, then it would be useful if the suggestions for practice and future research outlined herein were applied in both assessment and treatment. Finally, due to the fact that information about religion and acculturation were not included in the data collection in either the current study, or the Webster et al. (2004) study, it is possible that effects were not found as a result of the characteristics of those individuals included in the samples. For

example, it is possible that the samples included Asian individuals who were born in the United Kingdom and were, perhaps highly acculturated or it could be the case that the sample included White Muslims. It appears to be too broad an area for outcome studies of this nature to look simply at ethnicity. The complexities of the relationship between an offender's ethnicity and their response to treatment should be explored when accounting for a number of other factors as outlined in this thesis and this should be done in an informed way that is applicable within current society.

Conclusions

The existing outcome literature that was reviewed in Chapter two provides researchers with a good basis on which to increase our understanding of treatment effectiveness for ethnic minority sex offenders. Despite efforts to improve the accessibility of interventions for these populations in prisons in the UK (Beech et al., 1999), the under-representation of ethnic minority sex offenders in treatment remains (Beech et al., 1999; Cowburn et al., 2008a). Furthermore, little is known about whether such developments have been made outside of HM Prison Service. More community studies are needed in this area, especially when considering the additional challenges that prisoners face when released from prison (Visser & Travis, 2003) and the impact of this upon continued treatment in the community.

It is thought to be insufficient to look at risk factors in isolation when treating sex offenders from a range of ethnic backgrounds. It seems that the RNR model is underdeveloped in terms of the role of personal identity, offender motivation and responsivity and further research is needed to develop this. Incorporating the principles of the GLM into current sex offender treatment would improve upon the areas of the RNR that are lacking and allow those from minority backgrounds to feel accepted and understood.

Such a movement would involve reviewing the assessment process as well as examining the content of treatment programmes with a view to making developments whilst keeping treatment integrity in mind. It is insufficient to examine ethnicity per se and necessary to respond to the individual as a whole facilitating greater awareness of the individuals' background, their pathway to offending and how best to target them in treatment rather than having a prime focus on risk. The framework put forward by Cowburn et al. (2008b) could be a useful way of achieving this for those from ethnic minority backgrounds.

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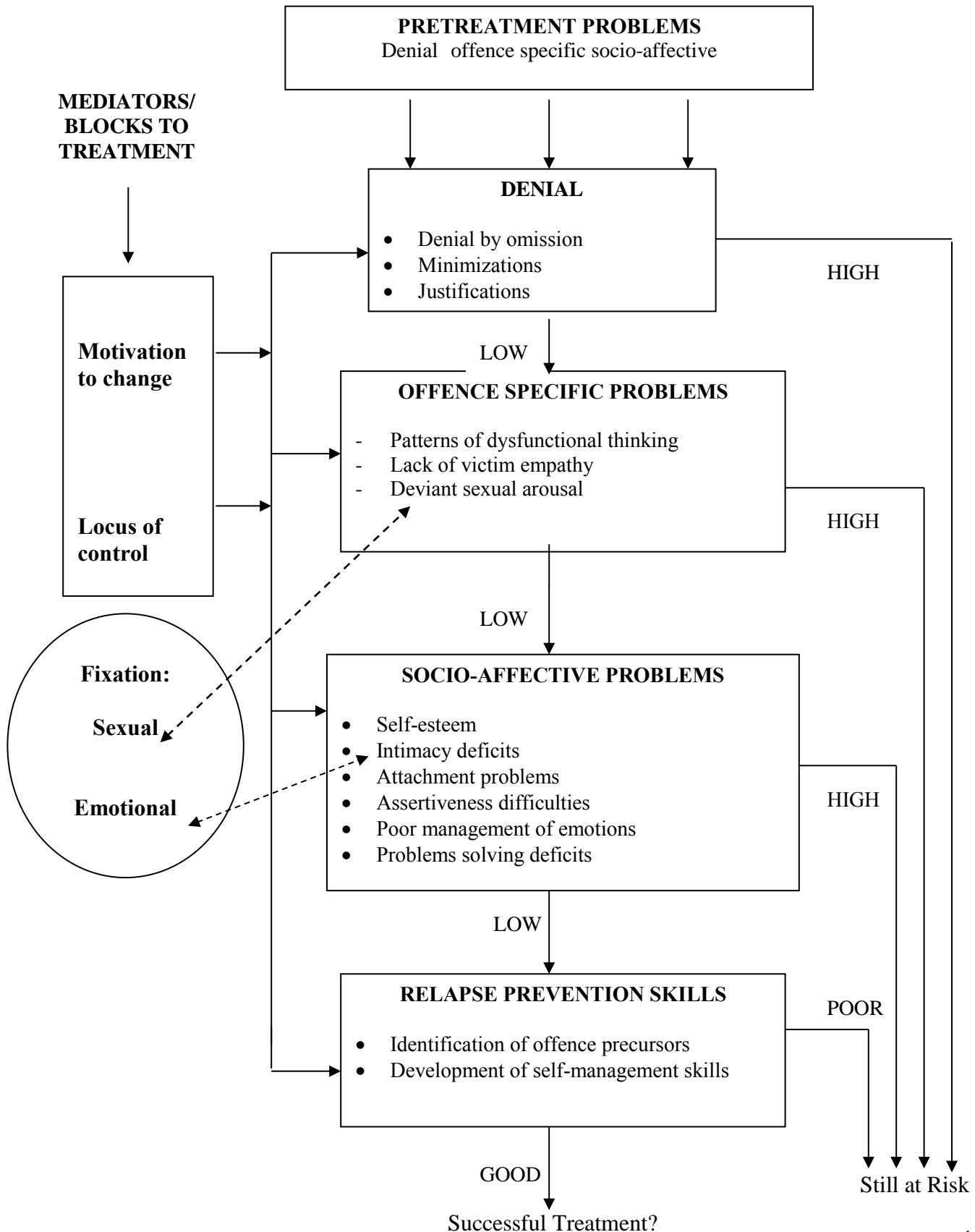
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Appendices

Appendix One: Model of treatment (Fisher & Beech, 1998).



Appendix Two: Categories of Risk Factors as defined by Mann, Hanson and Thornton (2010).

Empirically Supported Risk Factors According to Their Strength of Evidence for Predicting Sexual Recidivism.

Variable

Sexual preoccupation

Any deviant sexual interest

- Sexual preference for children
- Sexualised violence
- Multiple paraphilias

Offence supportive attitudes

Emotional congruence with children

Lack of emotionally intimate relationships
with adults

- Never married
- Conflicts in intimate relationships

Lifestyle impulsivity

General self-regulation problems

- Impulsivity, recklessness
- Employment instability

Poor cognitive problem solving

Resistance to rules and supervision

- Childhood behavioural problems
- Noncompliance with supervision
- Violation of conditional release

Grievance/hostility

Negative social influences

Promising Risk Factors According to Their Strength of Evidence for Predicting Sexual Recidivism.

Hostility towards women

Machiavellianism

Callousness/lack of concern for other

Dysfunctional coping

- Sexualised coping
- Externalising

Factors That Are Unsupported Overall With Interesting Exceptions.

Variable

Denial

View of self as inadequate

Major mental illness

Loneliness

Factors Unrelated to Sexual Recidivism

Variable

Depression

Poor social skills

Poor victim empathy

Lack of motivation for treatment at intake

Appendix Three: Search Strategy.

Database	Search Strategy	Number of Hits	Date
<u>PsycINFO</u>	1. sex* offen*.mp. 2. sex* abus*.mp. 3. molest*.mp. 4. sex* aggress*.mp. 5. paedophil*.mp. 6. pedophil*.mp. 7. rape*.mp. 8. rapist*.mp. 9. interven*.mp. 10. treatment*.mp. 11. therap*.mp. 12. program*.mp. 13. ethnic*.mp. 14. culture*.mp. 15. acculturation.mp. 16. indigenous.mp. 17. immigra*.mp. 18. emmigra*.mp. 19. migrat*.mp. 20. migrant*.mp. 21. race*.mp. 22. racis*.mp. 23. nationalit*.mp. 24. foreign*.mp. 25. aborig*.mp. 26. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 27. 9 or 10 or 11 or 12 28. 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 29. 26 and 27 and 28 30. limit 29 to (human and english and male and last 20 years)	267	14/05/10
<u>EMBASE</u>	1. sex* offen*.mp. 2. sex* abus*.mp. 3. molest*.mp. 4. sex* aggress*.mp. 5. paedophil*.mp.	149	14/05/10

	6. pedophil*.mp. 7. rape*.mp. 8. rapist*.mp 9. interven*.mp. 10. treatment*.mp. 11. therap*.mp. 12. program*.mp. 13. ethnic*.mp. 14. culture*.mp. 15. acculturation.mp. 16. indigenous.mp. 17. immigra*.mp. 18. emmigra*.mp. 19. migrat*.mp. 20. migrant*.mp. 21. race*.mp. 22. racis*.mp. 23. nationalit*.mp. 24. foreign*.mp. 25. aborig*.mp. 26. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 27. 9 or 10 or 11 or 12 28. 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 29. 26 and 27 and 28 30. limit 29 to (human and english and male and last 20 years)		
<u>MEDLINE</u>	1. sex* offen*.mp. 2. sex* abus*.mp. 3. molest*.mp. 4. sex* aggress*.mp. 5. paedophil*.mp. 6. pedophil*.mp. 7. rape*.mp. 8. rapist*.mp 9. interven*.mp. 10. treatment*.mp. 11. therap*.mp. 12. program*.mp. 13. ethnic*.mp. 14. culture*.mp.	217	14/05/10

	15. acculturation.mp. 16. indigenous.mp. 17. immigra*.mp. 18. emmigra*.mp. 19. migrat*.mp. 20. migrant*.mp. 21. race*.mp. 22. racis*.mp. 23. nationalit*.mp. 24. foreign*.mp. 25. aborig*.mp. 26. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 27. 9 or 10 or 11 or 12 28. 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 29. 26 and 27 and 28 30. limit 29 to (human and english and male and last 20 years)		
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Appendix Four: Inclusion/Exclusion Criteria checklist.

First author, date, country:

Inclusion Criteria	Criterion Met?	Comment
Population: Are the participants male sex offenders?	Yes Unclear No	
Intervention: Have the participants undergone an intervention which targets sex offending?	Yes Unclear No	
Outcomes: Has the effectiveness of the intervention been measured for clients belonging to ethnic minority backgrounds?	Yes Unclear No	
Study Design: Outcome studies	Yes Unclear No	

If all questions answered with yes, include study.

Appendix Five: Quality Assessment for Quantitative Studies.

Questions	Yes	No	Unsure	Comments
Participant Selection				
Is the sample representative?				
Were the participants randomly selected?				
Is there sufficient description of the groups?				
Is there sufficient information on demographic/background factors?				
Have the authors identified all important confounding factors? Were the groups comparable on different important confounding variables?				
Have the authors adequately adjusted for these effects of confounding variables in the design and/or analysis?				
Measurement Bias				
Was the intervention carried out the same for all participants (and controls if used)				
Was the inter-rater reliability of the intervention ascertained? Is the reliability coefficient reported?				
Were the assessment instruments used standardised?				
Were the participants blind to the aims of the study?				
Were outcome assessors blind to intervention scores? OR Were the intervention assessors blind to outcome status?				
Was the outcome measure validated? And was it the same for controls when applicable?				
Attrition Bias				
Is follow up reported and if so, was it long enough for outcome				

to occur?				
What proportion of the cohort was followed up? Was the response rate recorded?				
Were drop-out rates and reasons for drop-outs clearly defined? Were they dissimilar across groups?				
Was an appropriate statistical analysis used?				
General Points				
Is there sufficient documentation of what was done and why?				

Appendix Six: Quality Assessment for Qualitative Studies.

Questions	Yes	No	Unsure	Comments
Screening Questions				
Was there a clear statement of the aims?				
Is a qualitative method appropriate?				
Detailed Questions				
Was the research design appropriate to address the aims of the research?				
Was the recruitment strategy appropriate to address the aims of the research?				
Were the data collected in a way that addressed the research issue?				
Has the relationship between the researcher and the participants been adequately considered?				
Have ethical issues been taken into consideration?				
Was the data analysis sufficiently rigorous?				
Is there a clear statement of findings?				
How valuable is the research?				
Has the researcher sufficiently described why data has been categorised in particular ways?				
Does the write-up show coherence?				
Is there sufficient documentation of what was done and why?				
Has the researcher done credibility checks of their interpretations?				
Does the research have applicability beyond the specific context?				

Does the material stimulate resonance with the reader?				
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Appendix Seven: Data Extraction Form.

General Information

Author

Article Title

Source (e.g. Journal, Conference) Year/Volume/Pages/Country of Origin

Identification of the review

Notes

Special Information

Study Characteristics

1. Correct population, interventions, outcome and study design

Verification of Study Eligibility

1. Target population (describe)
2. Inclusion criteria
3. Exclusion criteria
4. Participant characteristics

Methodological quality of the study

1. Study Design
2. Recruitment procedures
3. Blinding procedure
4. Quality assessment

Intervention method

1. Type of intervention
2. Mediating variables
3. Intervention duration

Outcome measurement

1. Validity of measurement methods
2. Drop out rates and reason for drop out
3. Length of follow-up

Analysis

1. Magnitude and direction of results
2. Analysis adjusted for confounding variables
3. Statistical/qualitative

Appendix Eight: K-S Results for the Data Analysed in Chapter Three.

Table i

K-S results for the Impression Management and Self-Deception Enhancement scales of the PDS.

		<i>Ethnic</i>			
<i>Variable</i>		<i>Group</i>	<i>K-S</i>	<i>Df</i>	<i>Sig</i>
Impression					
Management	Pre-score	White	0.16	24	0.10
		Asian	0.10	27	0.20
	Post-score	White	0.13	24	0.20
		Asian	0.11	27	0.20
Self-Deception					
Enhancement	Pre-score	White	0.22	24	0.01
		Asian	0.19	27	0.02
	Post-score	White	0.24	24	0.00
		Asian	0.12	27	0.20

Table ii

K-S results for the Personality scales.

<i>Variable</i>		<i>Ethnic Group</i>	<i>K-S</i>	<i>Df</i>	<i>Sig</i>
Self-Esteem	Pre-score	White	0.19	22	0.03
		Asian	0.17	23	0.10
	Post-score	White	0.32	22	0.00
		Asian	0.20	23	0.02
Emotional Loneliness	Pre-score	White	0.17	22	0.10
		Asian	0.12	23	0.20
	Post-score	White	0.15	22	0.20
		Asian	0.19	23	0.03
Locus of Control	Pre-score	White	0.14	22	0.20
		Asian	0.16	23	0.12
	Post-score	White	0.20	22	0.02
		Asian	0.12	23	0.20
Perspective Taking	Pre-score	White	0.10	22	0.20
		Asian	0.10	23	0.20
	Post-score	White	0.17	22	0.12
		Asian	0.17	23	0.08
Empathic Concern	Pre-score	White	0.20	22	0.03
		Asian	0.19	23	0.03
	Post-score	White	0.17	22	0.09
		Asian	0.16	23	0.15
Fantasy	Pre-score	White	0.17	22	0.11
		Asian	0.17	23	0.10
	Post-score	White	0.15	22	0.20
		Asian	0.10	23	0.20
Personal Distress	Pre-score	White	0.22	22	0.01
		Asian	0.11	23	0.20
	Post-score	White	0.10	22	0.20
		Asian	0.17	23	0.09
Under-assertiveness	Pre-score	White	0.20	22	0.03
		Asian	0.17	23	0.07
	Post-score	White	0.14	22	0.20
		Asian	0.12	23	0.20
Over-assertiveness	Pre-score	White	0.33	22	0.00
		Asian	0.36	23	0.00
	Post-score	White	0.45	22	0.00

		Asian	0.33	23	0.00
Motor Impulsivity	Pre-score	White	0.14	22	0.20
		Asian	0.11	23	0.20
	Post-score	White	0.19	22	0.04
		Asian	0.15	23	0.20
Cognitive Impulsivity	Pre-score	White	0.12	22	0.20
		Asian	0.14	23	0.20
	Post-score	White	0.17	22	0.10
		Asian	0.13	23	0.20
Non-Planning Impulsivity	Pre-score	White	0.17	22	0.08
		Asian	0.13	23	0.20
	Post-score	White	0.14	22	0.20
		Asian	0.11	23	0.20

Table iii

K-S results for the Pro-offending attitudes scales.

		<i>Ethnic</i>			
<i>Variable</i>		<i>Group</i>	<i>K-S</i>	<i>Df</i>	<i>Sig</i>
Victim Empathy	Pre-score	White	0.26	26	0.00
		Asian	0.19	23	0.04
	Post-score	White	0.29	26	0.00
		Asian	0.18	23	0.05
Cognitive Distortions	Pre-score	White	0.27	19	0.00
		Asian	0.20	18	0.07
	Post-score	White	0.39	19	0.00
		Asian	0.27	18	0.00

Table iv

K-S results for the Relapse Prevention scales.

	<i>Ethnic</i>			
<i>Variable</i>	<i>Group</i>	<i>K-S</i>	<i>Df</i>	<i>Sig</i>
Relapse				
Prevention Awareness	White	0.14	42	0.05
	Asian	0.12	36	0.20
Relapse				
Prevention Strategies	White	0.09	42	0.20
	Asian	0.18	36	0.01

Appendix Nine: Table Displaying the Results of the Personality Variables that Yielded Non-Significant Outcomes.

<i>Variable</i>	<i>F</i>	<i>Df</i>	<i>p</i>	η_p^2
Empathic Concern	0.17	1, 81	0.68	0.002
Fantasy	2.18	1, 81	0.14	0.030
Personal Distress	2.22	1, 81	0.14	0.030
Over-assertiveness	0.18	1, 81	0.68	0.002
Cognitive Impulsivity	1.49	1, 46	0.24	0.030