

**An Examination of Factors Impacting Forensic Professionals Working
with People who have Offended Sexually, with a Focus on Polymorphic
Offenders**

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List of Acronyms

Acronym	Meaning
IOS	Individuals who have offended sexually.
MMAT	A Mixed Methods Appraisal Tool designed by Hong <i>et al.</i> (2018) to critically appraise research using different methodological approaches, including those using quantitative, qualitative, and mixed-methods approaches.
ATS-21	The recently developed and validated measure of attitudes towards individuals who have offended sexually, cited as Hogue and Harper (2019) as the Attitudes to Sexual Offenders Scale- 21.
ATS	The original measure of attitudes towards individuals who have offended sexually, developed prior to the ATS-21. This was cited as the Attitudes to Sexual Offenders Scale and developed by Hogue (1993).
SDS	The Social Desirability Scale developed by Reynolds (1982) to assess possible social desirability biases.
CFA	A confirmatory factor analysis.
MHA	The Mental Health Act (1983, amended 2007).
ID	An intellectual disability.
ASPD	Antisocial personality disorder.
ASD	Autism spectrum disorder.
DoLS	Deprivation of Liberty Safeguards.

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Thesis Abstract

The provision of therapeutic care that forensic professionals provide to people who have offended sexually, often exposes them to personal and professional challenges. It is recognised that this population are frequently stigmatised based on the nature and severity of their crimes, which often precipitate emotional reactions and perpetuate negative attitudes towards them. The thesis examined factors impacting forensic professionals working therapeutically with individuals who have offended sexually, with a focus on polymorphic offenders. This allowed for insights and observations to be made about a more complex and diverse type of offending behaviour. It also considered the role that attitudes towards this population have on therapeutic engagements, comparing attitudes expressed by wider society too. This allowed for greater reflection on the attitudinal differences between such groups, comparing forensic professionals and the general public.

A systematic review examined the impact of the "cost of caring" (vicarious traumatisation, secondary traumatic stress, compassion fatigue, burnout; Figley, 1995; McCann & Pearlman, 1990) amongst forensic professionals working therapeutically with people who have offended sexually. The review identified differences in the findings, suggesting that forensic professionals working with this population had both positive and negative outcomes. The findings highlighted that working with individuals who have offended sexually can be challenging for forensic professionals, which can lead to more negative outcomes such as the "cost of caring". This was more likely if the forensic professional had a personal trauma history, were male, and worked within a secure environment (e.g., prison or inpatient). However, the findings found that when an organisation implements the effective use of clinical supervisions; collegial

support; reflective practices; and a safe work environment to reflect on their experiences; such challenges and susceptibilities to developing the “cost of caring” can be mitigated. This review highlighted the relevance of implementing such organisational factors to allow forensic professionals to develop their emotional awareness, reflective capacity, and resilience; and thus, increasing positive outcomes.

A quantitative study found that forensic professionals expressed more positive attitudes towards males who have offended sexually, when compared to the general public. It was hypothesised that forensic professionals’ attitudes were influenced by the specialist training they had completed as part of their professional accreditation, as well as their increased therapeutic engagements with this population. The study also found a slight increase in positive attitudes expressed by younger and more highly educated members of the general public. Further exploration is required to identify whether this reflects a “generational shift” of attitudes occurring amongst the student population. This study found that demographic factors, personality traits, and pre-existing attitudes towards males who have offended sexually significantly predicted risk ratings of those displaying polymorphism. However, only age, group, education, and traits of openness to experience had individually significant contributions. This analysis found that participants rated males displaying polymorphism in terms of victim relationship (intrafamilial or extrafamilial) as the highest risk of recidivism in comparison to those displaying age and gender polymorphism.

A psychometric critique evaluated the Attitudes to Sexual Offenders Scale–21 developed by Hogue and Harper (2019). The authors of the measure found good psychometric properties in terms of reliability and validity. However, the preliminary evidence that was used in the development of the measure did

not include norms about participants' ethnicity, culture, and social class, therefore indicating a potential bias in the psychometric and limiting its use. This evaluation also highlighted the conceptual and ethical issues with using the term "sex offender" in an attitudinal measurement. Arguably, by using the term "sex offender" in statements on the measure, reinforces adverse stereotypes of this population and influences potentially inaccurate responses. A confirmatory factor analysis identified inconsistencies in the three-factor structure (intent, social distance, trust) that was validated by Hogue and Harper (2019) to reflect Breckler's (1984) model of attitudes (affect, behaviour, cognition). This analysis extracted three new factors which are discussed.

A single case study included a forensic professional working therapeutically with a male who had offended sexually and displayed polymorphism. This study highlighted the lack of research about therapeutic interventions with individuals displaying polymorphism and need for further exploration. This study included an assessment, formulation and intervention; using psychometrics, clinical interviews, and functional assessments. A compassion focused approach was utilised, due to the complex nature of the client's crimes appearing to stem from adversity and subsequent difficulties with shame and self-criticism. The client displayed clinically significant improvements and appeared responsive to the adapted intervention at a six-month follow-up. This case study displayed positive outcomes for both the forensic professional and Client X, which was likely influenced by the compassion focused approach, encouraging collaboration and the establishment of a therapeutic rapport, increasing overall positive outcomes.

The thesis concludes that forensic professionals' therapeutic engagements with individuals who have offended sexually can have both positive and negative

outcomes. It recognises that whilst such engagements can be challenging, organisational approaches can be implemented to mitigate this risk. It highlights the importance of utilising compassion focused and trauma-informed approaches with this population, in increasing positive therapeutic outcomes for the individual and forensic professional. Further research is needed to develop greater insight into working with polymorphic offending behaviours and to develop guidance on therapeutic interventions targeting this risk.

Thesis Overview

The thesis explored factors impacting forensic professionals working with individuals who have offended sexually (IOS), with an additional focus on polymorphic offenders. In particular, it considered the impact of such therapeutic engagements, as well as the influence that attitudes towards this population may have when working with IOS therapeutically. The thesis also assessed the attitudes of the general public towards IOS, which allowed the thesis to consider the differences between such groups. Furthermore, this thesis explored the role of polymorphism in sexual offending, that is, the greater diversity in offending patterns and inconsistencies in terms of victim type(s). Each of the chapters have a different focus, but are consistent with the broader theme of the thesis, which examined forensic professionals' therapeutic engagements with IOS, as well as those displaying polymorphism, and the role that attitudes towards this population.

Chapter One provides a general introduction into the thesis. This introduces the background, key concepts, rationale, and aims for the investigations into the thesis. Each are discussed in consideration of the potential implications on forensic practices, highlighting the practical relevance and need for the research conducted.

Chapter Two presents a systematic review of the literature on therapeutic engagements with IOS, with a focus on the impact of the "cost of caring" (vicarious traumatisation, secondary traumatic stress, compassion fatigue, and burnout; Figley, 1995; McCann & Pearlman, 1990) amongst forensic professionals. This review explored the positive and negative outcomes associated with working therapeutically with IOS. This review assessed the

personal and professional challenges that forensic professionals encounter as part of their role in working with this population, in consideration of factors which might increase their susceptibility to the “cost of caring”. This review also focused on the challenges of working with this population, but also explored factors that could reduce the likelihood of negative outcomes. For example, this review considered which organisational approaches could be implemented to increase forensic professionals’ emotional awareness, reflective capacity, and overall resilience to prevent negative outcomes. This review used both quantitative and qualitative methods to draw conclusions about forensic professionals’ working therapeutically with IOS. The findings are discussed in relation to the practical implications on forensic practices.

Chapter Three presents a quantitative study that compared attitudinal differences between forensic professionals and members of the general public, towards males who have offended sexually. This study also assessed whether demographic factors, including age, gender, education, group (forensic professional or member of the public); personality traits (‘agreeableness’ and ‘openness to experience’), and pre-existing attitudes towards males who have offended sexually (as a non-specialist, generalised group), predicted risk ratings of those individuals’ displaying inconsistencies in victim type (e.g., polymorphism). The rationale to explore the role of polymorphism was due to the limited research that has been conducted on this type of offending, particularly in consideration of the role of attitudes and risk perceptions.

Chapter Four presents a psychometric critique of the Attitudes to Sexual Offenders Scale–21, recently developed and validated by Hogue and Harper (2019). This critique evaluated the psychometric properties of the measure, in consideration of reliability, validity, and its appropriateness of norms across

different groups. This measure included a validated three-factor structure that was informed by Breckler's (1984) tripartite model of attitudes in the context of sexual offending (affect, behaviour, cognition). Each of these components reflect a subtest within the measure, including the 'affect' component being reflective of the 'intent' subtest, the 'behaviour' component being reflective of the 'social distance' subtest, and the 'cognitive' component being reflective of the 'trust' subtest. To assess the three-factor structure that is implemented in the measure, the data from **Chapter Three** was used to compute a confirmatory factor analysis. The use of this measure in **Chapter Three** provided further rationale to assess the psychometric properties, to ensure that it was an accurate measure of attitudes towards IOS.

Chapter Five presents a single case study of a forensic professional working therapeutically with a male who had offended sexually and displayed polymorphism. This considered the role of possible professional biases and how these might influence therapeutic engagements, whilst also encouraging reflections of the treatment efficacy from the client throughout the intervention. There is limited research on polymorphic individuals, and even less research about the types of therapeutic approaches and interventions to use with this population to reduce recidivism risk. This case study aimed to increase insight into polymorphic offending amongst those committing sexual offences, as the greater diversity in offending patterns and inconsistencies in victim type(s) requires specialist intervention to reduce recidivism. This study used an adapted approach, which utilised a compassion focused approach encouraging greater collaboration to complete a formulation, psychoeducation and behavioural modification. It has been highlighted that the relational nature of such approaches significantly influences the client's experience, as well as their

willingness to be forthcoming with information relevant to the treatment (Chawke *et al.*, 2021). The outcomes for both the client in treatment and the forensic professional providing this are discussed.

Lastly, **Chapter Six** presents a discussion of the findings from each of the chapters, in consideration of the implications on forensic practices. This discussion also comments on some of the limitations with the findings, whilst also making recommendations for future research.

Chapter One

Thesis Introduction

This chapter provides a general introduction into the research topic examined within this thesis. It provides an overview of the research examining factors impacting forensic professionals' therapeutic engagements with individuals who have offended sexually (IOS), with a focus on polymorphic offenders. This chapter also provides an overview of the topic and key concepts, whilst also describing the rationale for the research included in the thesis.

Rationale for the Research

Due to the nature and severity of sexual offending, IOS have been highly researched (Shackley *et al.*, 2014; Payne *et al.*, 2010; Harper & Hicks, 2022). Victims of sexual offending often experience extensive psychological and physical harm, which can have long-term consequences (Klein & Cooper, 2019). This often precipitates intense emotional responses towards IOS, which has a fundamental role in the development of attitudes towards this population (Breckler, 1984; Harper *et al.*, 2017). Based on this, much of the research has explored differences in attitudes towards this population (e.g., comparing forensic professionals and the general public), and the effectiveness of specialist interventions targeting reductions in recidivism (Tulley *et al.*, 2013). However, there has been less research focusing on forensic professionals' therapeutic engagements with IOS. The present thesis examined factors impacting forensic professionals' therapeutic engagements with IOS, with a focus on polymorphic offenders. In turn, the findings of the thesis then aim to inform future guidance on working with this client group to increase positive outcomes for both the forensic professional and for IOS.

Attitudes towards Individuals who have Offended Sexually

Breckler (1984) defined components that are fundamental in the development and maintenance of any attitude (Breckler, 1984). The author cited three components that included an 'affect' component, that is reflective of the emotional reactions that people have; the 'behavioural' component, that is reflective of the behavioural changes and/or adaptations in line with the emotional reaction (e.g., distancing oneself from a particular population based on intense feelings of fear that they might become victimised); and the 'cognitive' component, that is reflective of the beliefs and stereotypes about a particular person or group of people. Breckler (1984) described these three components as the tripartite model of attitudes.

As described above, extensive research has been conducted on attitudes towards IOS (Harper *et al.*, 2017; Challinor & Duff, 2019; Harper & Hicks, 2022). Within this literature, there is a consensus that members of the general public express more negative attitudes towards this population, and that forensic professionals express more positive attitudes. The findings have explained this difference as being due to the level of exposure to IOS (e.g., therapeutic in a professional capacity or adverse media portrayals), and to either negative or positive portrayals, as both appear to be highly influential on attitudes (Malinen *et al.*, 2014; Shackley *et al.*, 2014; Harper *et al.*, 2017; Challinor & Duff, 2019).

The negative attitudes expressed by members of the public appear to favour punitive approaches, such as lengthier custodial sentences and a greater level of restrictions (Klein & Cooper, 2019). However, more recently, research has found that the student population, particularly those with higher levels of education, have expressed slightly more positive attitudes towards this

population, when compared with other members of the public (Gakhal & Brown, 2011; Harper and Hicks, 2022). This finding requires further exploration. The positive attitudes expressed by forensic professionals appears to be influenced by their greater therapeutic contact with IOS. As part of the role of a forensic professional, they are required to offer specialist assessments, formulations, and interventions to this population to mitigate the risk of recidivism (Hogue & Harper, 2017; Harper & Hicks, 2022). Research has suggested that the increase in positive attitudes expressed by forensic professionals is reflected in their increased belief in the efficacy of treatment (Craig, 2005; Woodhouse & Craven-Staines, 2021). In particular, Harper and Hicks (2022) found that forensic professionals who have increased therapeutic contact with IOS, express more positive attitudes in comparison to those who have less. This signifies the relevance of assessing therapeutic engagements with IOS, in addition to exploring the impact and attitudes towards working with this population.

Therapeutic Engagements with Individuals who have Offended Sexually

The provision of therapeutic care to IOS poses both emotional and ethical challenges for forensic professionals (Barros *et al.*, 2020). As forensic professionals are required to provide specialist interventions to mitigate the risk of recidivism, they are often exposed to offence-paralleling behaviours and graphic details about the individual's offending. Based on this, much of the research has focused on the negative outcomes associated with working therapeutically with this population (Steed & Bicknell, 2001; Ince, 2019). Some of the adverse outcomes have highlighted the personal and professional challenges that forensic professionals experience, leading to symptoms of vicarious traumatisation, secondary traumatic stress, compassion fatigue, and burnout (Barros *et al.*, 2020; Steed & Bicknell, 2001; Ince, 2019). Such

concepts have been referenced as the “cost of caring” (Figley, 1995; McCann & Pearlman, 1990) and are used interchangeably to describe the adverse experiences that healthcare professionals encounter after repeated exposure to potentially traumatic narratives (Barros *et al.*, 2020).

Whilst some research confirmed the negative outcomes associated with working therapeutically with this population (McCann & Pearlman, 1990; Clarke, 2011), there is some research suggesting that outcomes can be more positive with the effective use of clinical supervision, collegial support, reflective practices, and a safe work environment (Hatcher & Noakes, 2010). This is an important finding and highlights the role that organisational factors can have on forensic practices, which subsequently influence forensic professionals’ therapeutic engagements with IOS. It is relevant to consider the impact upon forensic professionals, as this can have significant implications on forensic practices, including difficulties with professional boundaries, therapeutic rapport, and biases in interpretations of offence-related detail and subsequent misjudgements in risk assessment (Stasch *et al.*, 2018; Harper & Hicks, 2022).

Additionally, it is acknowledged that forensic professionals who have worked clinically in the criminal justice system or forensic mental health settings have often experienced personal adversity and trauma throughout their lifetime (Howard *et al.*, 2015; Wilmot & Jones, 2022; Mercer *et al.*, 2023). The literature suggests that people who work in such settings with individuals who have offended, have in fact, experienced higher levels of adversity and trauma than those of a general population (Jordan, 2010; Mott & Martin, 2019). A high percentage of forensic professionals have also acknowledged the benefits of their personal recovery of childhood adversity, recognising that such experiences supported their career choice and informed their therapeutic delivery (Steen *et*

al., 2021). This is an important consideration throughout the thesis, as forensic professionals working within such settings are often exposed to higher levels of unpredictable and violent behaviours within their work environment, which could potentially trigger some of their earlier traumatic experiences. In addition to this, whilst working within such an unpredictable environment, forensic professionals can often be exposed to offence-paralleling behaviours and the secondary trauma of individuals they are working with (Wilmot & Jones, 2022). Therefore, working within forensic settings can potentially be triggering for forensic professionals based on their personal trauma history, which might also perpetuate their own trauma responses (Keesler, 2020). Furthermore, research has found that forensic professionals' personal trauma history can be a risk factor for developing more negative outcomes associated with their role, leading to secondary traumatisation (Mott & Martin, 2019). All of which, could influence therapeutic engagements and it is important to consider such findings when thinking about the role of a forensic professional and the implementation of trauma-informed practices (Hocken *et al.*, 2022).

Polymorphism

An additional focus of the thesis was to explore the role of diversity and victim inconsistencies in sexual offending, in consideration of attitudes and therapeutic engagements with IOS. In the context of sexual offending, polymorphism has been defined as the inconsistencies in offending patterns and victim type and/or characteristics (Cann *et al.*, 2010; Kleban *et al.*, 2013; Stephens *et al.*, 2017). This is sometimes referred to as "crossover" offending, referring to the choice of victim, crossing over between victim age, gender, and relationship (Cann *et al.*, 2010). This is a more limited area of research, but from the literature available, this type of offending often occurs in one of three

domains, including age, gender, and relationship. In particular, age polymorphism occurs when an offender displays inconsistencies in terms of the victims' age (children and adults); gender polymorphism occurs when an offender displays inconsistencies in terms of the victims' gender (male and female); and relationship polymorphism occurs when an offender displays inconsistencies in terms of the relationship they have with the victim (known or unknown, extrafamilial or intrafamilial). A recent systematic review focused on the prevalence of polymorphism and found that rates of this type of offending were often underreported and underestimated (Scurich & Gongola, 2021). It is important that further research is conducted in consideration of polymorphism, as more information is required to understand such offending diversities, to be able to improve therapeutic engagements and interventions targeting reductions in recidivism. It is hypothesised that understanding more about this pattern of offending might also improve therapeutic outcomes for both IOS and for forensic professionals' facilitating the intervention.

Thesis Aims

Each of the chapters within the thesis describe different methodological approaches which were used to examine factors impacting forensic professionals' therapeutic engagements with IOS, with a focus on polymorphism. This thesis aimed to explore the impact of working therapeutically with IOS for forensic professionals, and the role that attitudes towards people who have offended sexually may have in their engagements. It also intended to explore polymorphism in sexual offending, allowing insights and observations to be made about this area of offending behaviour, in consideration of the impact on therapeutic engagements. Each of the findings are discussed in relation to the therapeutic implications on forensic practices.

Rationale for Chapter Two

This chapter aimed to explore the impact of working therapeutically with individuals who have offended sexually, amongst forensic professionals. This chapter intended to identify whether therapeutic engagements with this population had positive or negative outcomes for forensic professionals. The systematic review considered the impact of the "cost of caring" (Figley, 1995; McCann & Pearlman, 1990), which makes reference to the cost that professionals experience when exposed to potentially traumatic content as part of their occupation. The "cost of caring" includes concepts such as vicarious traumatisation, secondary traumatic stress, compassion fatigue, and burnout; all such terms are used interchangeably within the literature to describe the adverse impact of working with individuals disclosing traumatic content. This review also aimed to assess whether there were any factors that increased forensic professionals' susceptibilities to the "cost of caring" as a negative outcome, or more positive outcomes (e.g., compassion satisfaction, high levels of personal accomplishment). All of which, would then be used to create a synthesis about the impact of working therapeutically with this population, in consideration of the outcomes on forensic professionals and subsequent forensic practices.

Chapter Two

The Impact of the “Cost of Caring” amongst Forensic Professionals Working Therapeutically with People who have Offended Sexually: A Systematic Review

Abstract

Background: The provision of therapeutic care that forensic professionals offer to individuals who have offended sexually can expose them to various personal and professional challenges. This is particularly costly to forensic professionals when they are exposed to explicit offence-related narratives about the sexual offence as disclosed by that individual. The secondary exposure to such narratives has been identified as a potential risk factor for the “cost of caring” (Figley, 1995; McCann & Pearlman, 1990), which includes constructs of vicarious traumatisation, secondary traumatic stress, compassion fatigue, and burnout.

Objective: This review systematically identified, appraised, and synthesised both quantitative and qualitative research which met the eligibility criteria. The criteria stated that studies must include forensic professionals who were currently, or had previously worked therapeutically with individuals who have offended sexually (contact and non-contact offending). The mixed-methods design of this review also allowed for qualitative exploration into some of the potential vulnerabilities that might increase a forensic professionals’ susceptibility to the “cost of caring”.

Method: A systematic search was performed on five databases relevant to the topic (APAPsycINFO, MEDLINE, Sociological Abstracts, Applied Social Sciences Index & Abstracts, PTSDpubs). A total of 974 studies were identified for potential inclusion and then screened using the inclusion and exclusion criteria. Two reviewers assessed the quality of the studies to prevent any potential biases, considering the methodological limitations of the studies included in this review.

Results: A synthesis of the findings identified the presence of the “cost of caring” amongst some forensic professionals, particularly if they had a personal trauma history, were male, and worked within a secure environment (e.g., secure hospital or prison). However, the findings also identified positive outcomes amongst forensic professionals working with this population. This was shown to be more likely if organisations implemented the effective use of clinical supervision, collegial support, reflective practices, and a safe work environment. When such factors were implemented, forensic professionals recognised that working with individuals who have offended sexually can be challenging, but also satisfying (increasing compassion satisfaction and personal accomplishment).

Conclusion: This systematic review identified some of the professional and personal challenges that forensic professionals are exposed to when working therapeutically with individuals that have offended sexually. It highlighted the factors which increase a forensic professionals’ vulnerability and subsequently increases their susceptibility to the “cost of caring”. The findings also comment on some of the methods and approaches which could be taken to mitigate forensic professionals’ level of susceptibility to the “cost of caring”, whilst also considering the broader implications on forensic practices.

1.0 Introduction

The provision of therapeutic care that forensic professionals provide to individuals who have offended sexually (IOS) can present them with ethical and emotional challenges (Huffman, 2001). A large proportion of the research tends to focus on the challenges of working with survivors of trauma (McCann & Pearlman, 1990) rather than with perpetrators of trauma, particularly those who have offended sexually (Hatcher & Noakes, 2010). Forensic professionals are required to work therapeutically with IOS using specialist assessment, formulation, and interventions to mitigate the risks and reduce recidivism (Tully *et al.*, 2013). Forensic professionals are also required to obtain in-depth information about the offences and develop sufficient risk assessments that include hypotheses about factors based on static and dynamic risks. This requires them to be exposed to detailed information about the offence(s), whether that be written information from previous reports or verbal information disclosed during clinical interviews. The exposure to such explicit narratives can include graphic details about the offence(s) that can be distressing and potentially traumatic for forensic professionals (Barros *et al.*, 2020). This can influence forensic professionals' ability to empathically engage with such IOS (Duwe & Goldman, 2009), which can significantly affect clinical outcomes.

As highlighted, this exposure to explicit and graphic narratives about sexual offences can be potentially traumatic for forensic professionals and increase their susceptibility to the "cost of caring". The "cost of caring" includes concepts of vicarious traumatisation, secondary traumatic stress, compassion fatigue, and burnout (Figley, 1995; McCann & Pearlman, 1990). This refers to the costs associated with caring for an individual, which in this case, is considering the impact of being exposed to potentially traumatic content

regarding sexual offences. Whilst each of the constructs have different manifestations and symptoms, they are often used interchangeably within the literature to describe the psychological impact of being exposed to such traumatic narratives (Sabin-Farrell & Turpin, 2003). Forensic professionals' experiencing the "cost of caring" might begin to experience negative feelings associated with IOS, particularly as this population experience greater stigma than other offender populations (Tewksbury, 2012). This can have broader implications on forensic practices, as it can lead to inappropriate ward cultures, negative attitudes, and unsafe practices (Scheela, 2001). Furthermore, research has found this to be exacerbated through repeated exposure to traumatic narratives regarding sexual offences, which begins to have long-term effects on emotional and behavioural responses (Newell & MacNeil, 2010).

Furthermore, it is also relevant to acknowledge that a high proportion of forensic professionals working within either criminal justice or forensic mental health settings have often experienced adverse childhood experiences and traumas (Howard *et al.*, 2015; Wilmot & Jones, 2022; Mercer *et al.*, 2023). This is an important consideration when assessing the impact of the "cost of caring" amongst forensic professionals working with IOS, as their personal trauma history may increase their susceptibility to more negative outcomes (Mott & Martin, 2019; Keesler, 2020). In addition to this, forensic professionals working within such secure environments are frequently exposed to unpredictable and offence-paralleling behaviours, which may act as a trigger to some of their traumatic memories. This is important to consider when thinking about the "cost of caring", as those who have experienced higher levels of adversity and trauma may experience greater psychological difficulties, which might influence their

ability to cope, demonstrate reflective capacity, and overall resilience (Wilmot & Jones, 2022).

1.1 Vicarious Traumatization

Vicarious traumatization has been defined as “the transformation that can take place within the professional as a result from empathic engagement with a client’s traumatic experiences” (McCann & Pearlman, 1990, pp. 558). This term describes the negative changes in professionals’ cognitions that occur from empathically engaging with clients’ traumatic narratives over a period of time. McCann and Pearlman (1990) developed the Self-Development Theory as a conceptual framework to describe the negative effects associated with working with individuals describing traumatic experiences. This theory highlights the importance of the interaction between the professional working with the individual describing the trauma, their reaction to the traumatic narrative, and the interaction with both of these experiences with the working environment. The authors comment on how vicarious traumatization involves a secondary exposure to the trauma through the described narrative of the client, which then impacts their imagery system, memory, emotional experiences and cognitive schemas in the long-term. The authors also described how symptoms of vicarious traumatization can be explained by changes in the professional’s cognitive schemas, which can include feelings of unsafety, a lack of trust of others, low self-esteem, control of feelings and behaviours, and a lack of intimacy and feeling connected with others. This has been supported by further research that identified repeated exposure to traumatic narratives contributed to schema disruptions, particularly relating to unsafety in the long-term (Moulden, 2007).

1.2 Secondary Traumatic Stress

Secondary traumatic stress refers to a set of psychological symptoms that present similarly to those associated with post-traumatic stress disorder, but are caused by the professionals' exposure to a client's emotional distress following a traumatic experience (Figley, 1995). The symptoms of secondary traumatic stress include intrusion associated with the traumatic experience, including nightmares and flashbacks; avoidance of thoughts associated with the traumatic experience; depersonalisation and derealisation; and hypervigilance (Figley, 1995). Forensic professionals are frequently exposed to traumatic narratives describing graphic offence-related details, as well as offence-paralleling behaviours displayed by clients they are working with. Both of which could increase susceptibility to experiencing secondary traumatic stress if not appropriately addressed through clinical supervision and reflective practices (Barros *et al.*, 2020; Ennis & Home, 2003). This concept has been described as an "occupational hazard" due to the influence that symptoms of secondary traumatic stress have on forensic practices (Bell, 2003). In particular, forensic professionals working therapeutically with IOS might be at an increased risk of secondary traumatic stress due to the nature and severity of being exposed to traumatic narratives about sexual offences (Severson & Pettus-Davis, 2013), but also offence-paralleling behaviours (e.g., inappropriate sexual behaviours directed at the professional).

1.3 Compassion Fatigue

Compassion fatigue is considered to be a manifestation of chronic empathic distress (Thomas, 2013). Compassion fatigue is defined as the deep physical, emotional, and spiritual exhaustion that can result from working day to

day in an intense caregiving environment (Figley, 2002). Compassion fatigue is a concept used to describe the reduced capacity a professional has to express compassion when they witness the emotional suffering of a client they are working with (Boscarino *et al.*, 2004). The symptoms of secondary traumatic stress are associated with greater emotional and behavioural changes after being exposed to traumatic content or behaviours (Figley, 2006). Whilst the symptoms of compassion fatigue can present similarly to those associated with vicarious traumatisation and secondary traumatic stress, compassion fatigue does not require a specific activating event like the other constructs (Hatcher & Noakes, 2010). Instead, compassion fatigue can involve the repeated exposure to an individual suffering following a traumatic experience, which then gradually impacts both emotional and behavioural changes, then eventually leading to either secondary traumatic stress or burnout. It is likely that such emotional and behavioural changes would influence the forensic professionals' ability to empathically engage with IOS, which would have significant implications on therapeutic effectiveness over a period of time (Rauvola *et al.*, 2019).

1.4 Burnout

Maslach (1998) defined burnout as an individual stress experience, characterised by work-related stress and influencing social relationships, as well as their perception of the self and others (Maslach, 1998). The symptoms of burnout include emotional exhaustion, reflecting the emotional and physical exhaustion experienced by the professional in the context of work-related stress; depersonalisation, describing how an individual experiences themselves as unreal or out of character; and a lack of personal accomplishment, describing the limited sense of value of personal accomplishment relating to work performance and productivity. Forensic professionals with a history of mental

health problems have been identified as the most susceptible to developing burnout, due to their increased vulnerability to work-related stressors (Maslach, 2003).

1.5 Rationale for Review

This systematic review answered the following two questions: (a) whether forensic professionals working therapeutically with IOS experience the “cost of caring” and (b) whether there are any vulnerabilities which increase forensic professionals’ susceptibility to experience the “cost of caring”. To address both questions, the review used a mixed-methods design to acquire both quantitative and qualitative data to enhance the reliability and validity of the findings.

1.6 Previous Reviews

To date, previous reviews have not directly explored the impact of the “cost of caring” on forensic professionals’ working therapeutically with IOS. Previous reviews that have addressed similar research topics have focused on the effects of forensic professionals’ gender when working with IOS (Baum and Moyal, 2020; Woodhouse & Craven-Staines, 2021). Such reviews found that male forensic professionals were most vulnerable to the adverse effects of working therapeutically with IOS, having higher levels of vicarious traumatisation when compared with females. Both reviews did also highlight the negative effects of working as a forensic professional for an extended period of time, with increased therapeutic engagements with IOS. Other reviews relevant to the current topic have focused more on the treatment efficacy of interventions aiming to reduce the risk of sexual recidivism (Schmucker & Lösel, 2017).

2.0 Method

2.1 Question Structure

This review assessed the impact of the “cost of caring” amongst forensic professionals working therapeutically with IOS. Therefore, the review question followed the Condition (Co), Context (Co), Population (Pop) structure (see **Table 2.1**).

Table 2.1*Question Structure.*

Condition (Co)	The impact of working therapeutically (assessment or intervention) with IOS and being exposed to potentially traumatic narratives regarding individuals' offence-related details.
Context (Co)	Forensic professionals working in a forensic service, who were currently working with, or have previously worked therapeutically with IOS.
Population (Pop)	All IOS, including both contact and non-contact offences.

2.2 Search Strategy

An initial scoping search was performed on key subject databases relevant to the topic. This scoping search identified that there had not been any recent reviews on the impact of the “cost of caring” amongst forensic professionals working therapeutically with IOS that were registered with PROSPERO. As part of the scoping search, the author mapped terms to subject headings to identify additional key search terms relevant to the current topic. This search identified research available on the topic area and added further rationale to conduct the review. Additional advice was sought from the research librarian at the University of Nottingham, which helped inform the search strategy in terms of synonyms, relevant terms, and narrower and broader terms. The terms included in the search strategy were combined using Boolean terms such as “AND” and “OR” which aimed to narrow the search string appropriate to extract relevant research (see **Table 2.2, Appendix A**).

Table 2.2

Systematic Search Strategy Used for Database Searching.

Concept	Search Terms
Vicarious	" <i>Vicarious trauma*</i> " OR " <i>secondary trauma*</i> " OR
Traumatisation	" <i>secondary traumatic stress</i> " OR " <i>post-traumatic stress</i> " OR " <i>post traumatic stress</i> " OR " <i>compassion fatigue</i> " OR <i>burnout</i> AND
Forensic	" <i>Forensic profession*</i> " OR " <i>forensic psych*</i> " OR <i>psychol*</i>
Professionals	OR <i>psychother*</i> OR <i>therapist</i> AND
Sexual Offenders	" <i>Sex* offen*</i> " OR " <i>sexual assault</i> " OR " <i>online sex*</i> <i>offen*</i> " OR " <i>contact sex* offen*</i> "

Note. The term "sex offenders" is used based on this being the more commonly used in the research term to describe IOS.

In March 2023, a search was performed using title, abstract, and keyword search terms on the following databases: APAPsycINFO, MEDLINE, Sociological Abstracts, Applied Social Sciences Index & Abstracts, and PTSDpubs. To determine the suitability of the selected studies to be included in the review, an inclusion and exclusion criteria were developed.

2.3 Selection Strategy

The selection strategy was informed by PRISMA recommendations (Moher *et al.*, 2009) and is displayed in the PRISMA flowchart in **Figure 2.1**. All selected studies from each of the databases were exported onto EndNote X9 and all duplicates were removed. A total of 974 studies were selected for screening based on their title and abstract. A total of 14 studies were selected based on the eligibility criteria. After reading the full papers of the selected studies, a further six studies were removed based on the exclusion criteria. The final eight studies were deemed appropriate to include in the review and selected for critical appraisal.

2.4 Eligibility Criteria

2.4.1 Inclusion Criteria

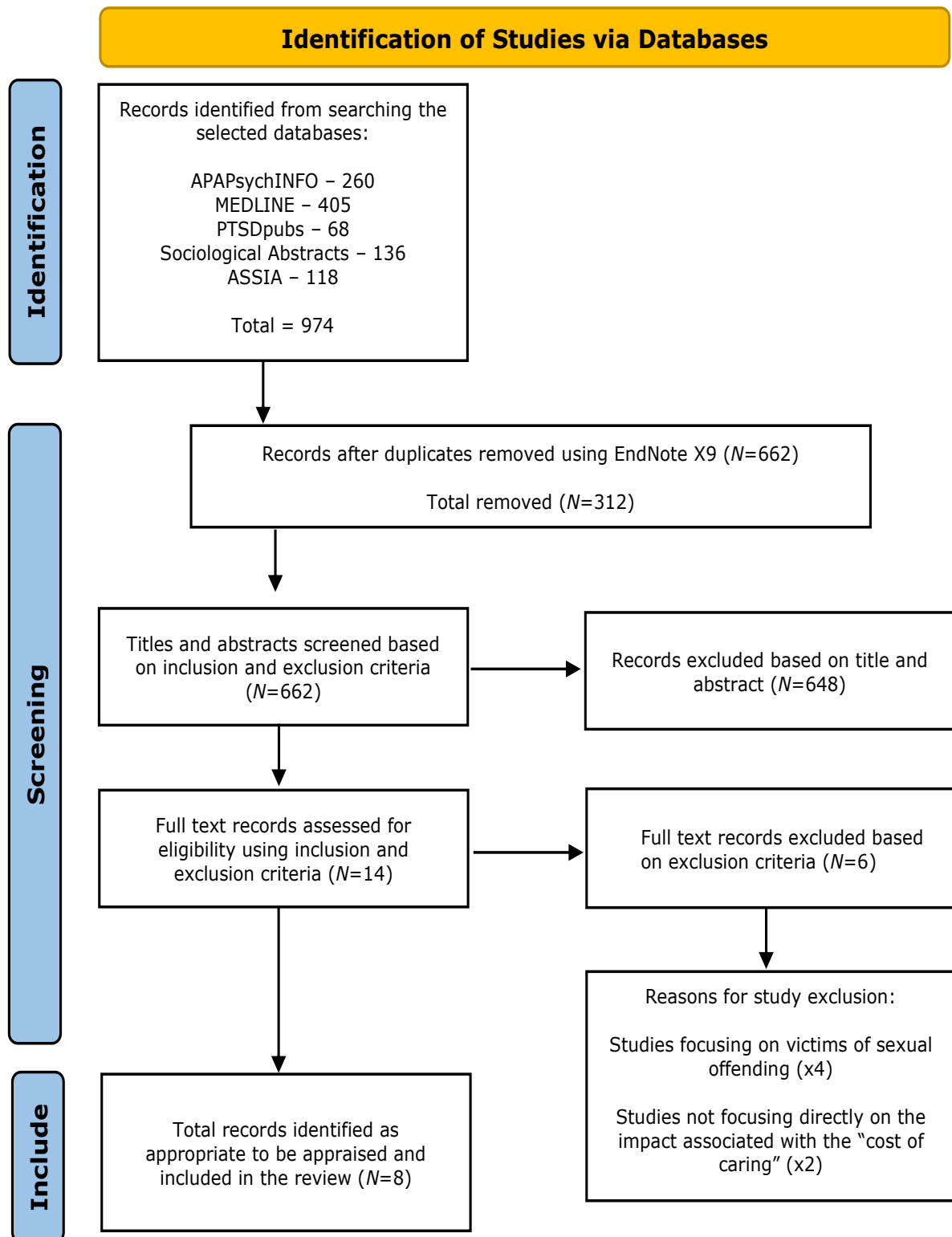
The selection strategy followed the following inclusion criteria: (a) studies must be peer-reviewed and published in a journal; (b) studies using quantitative methods, including mixed methods approaches; (c) studies including the assessment of forensic professionals who were currently working with, or had previously worked therapeutically with IOS; (d) the “cost of caring” to be measured using standardised psychometric measures; and (e) to consider whether there are any vulnerabilities which increase forensic professionals’ susceptibility to experience the “cost of caring”.

2.4.2 Exclusion Criteria

The selection strategy followed the following exclusion criteria: (a) studies using only qualitative methods; (b) studies that were not written in the English language; (c) a non-adult sample (under 18 years old); (d) forensic professionals supervising the risk of IOS, rather than working therapeutically with them to mitigate their risk of recidivism; and (e) studies researching IOS with a diagnosis of a developmental disorder.

Figure 2.1

PRISMA 2020 Flow Diagram Displaying the Searches of the Selected Databases.



2.5 Data Extraction

The key information from the eight selected studies that were extracted for critical appraisal is displayed in **Table 2.3**. This summarises the findings from the studies and describes the impact of the “cost of caring” amongst forensic professionals working therapeutically with IOS. This also summarises some of the qualitative data that was extracted as part of the mixed-methods studies, which added greater validity to the findings. **Table 2.3** displays information about the selected studies including the author(s); the publication date; the geographical location of the research; the sample demographics (if reported); design and analysis; psychometrics; and any significant findings.

2.6 Quality Appraisal

As highlighted above, this review adopted a mixed-methods design to include both quantitative and qualitative studies using various methodological approaches. To appraise the quality of the eight selected studies, the Mixed Methods Appraisal Tool (MMAT; Hong *et al.*, 2018; **Appendix B**) was used. The MMAT was originally designed to critically appraise research using different methodological approaches, including those using quantitative, qualitative, and mixed-methods approaches. This tool accounted for the comparison of different methodological approaches adopted within each of the studies, ensuring that a standardised approach to quality appraisal was performed. This tool was used as a guide to assess the methodological strengths and weaknesses of the selected studies, whilst also considering the reliability of the findings. The MMAT also offered guidance on how to assess whether the selected studies appropriately answered the research questions.

3.0 Results

A total of eight studies met the eligibility criteria and were therefore selected for the review. **Table 2.3** displays a brief description of each of the eight studies, including any significant findings and relevant study characteristics.

Table 2.3

Data Extraction: Research Identified to Be Appraised in the Review.

Reference	Sample Demographics	Design and Analysis	Psychometrics Used	Summary of Significant Findings
Barros, A. J., Teche, S. P., Padoan, C., Laskoski, P., Hauck, S., & Eizirik, C. L. (2020). Countertransference, defense mechanisms, and vicarious trauma in work with sexual offenders. <i>Journal of the American Academy of Psychiatry and the Law</i> , 48(3), 302-314. Brazil.	A sample of 56 participants consisting of 28 males and 28 females. The sample average age in years ($M=45.5$). The sample consisted of Forensic Psychiatrists ($n=37$) and Forensic Psychologists ($n=19$) working therapeutically with individuals that have offended sexually.	This study used a cross-sectional, mixed-methods approach. The quantitative data collection involved a questionnaire about participants' demographic information and three standardised psychometric scales. Spearman's correlational analyses were computed.	The Assessment of Countertransference Scale (de Moura Silveira, <i>et al</i> , 2012); the Brazilian-Portuguese Version of the Defense Style Questionnaire-40 (Blaya <i>et al</i> , 2005); the Brazilian-Portuguese version of the Trauma and Attachment Belief Scale (Barros <i>et al</i> , 2018).	It was concluded that such maladaptive coping strategies, including feelings of indifference and immature defence mechanisms, during the assessment of individuals that have offended sexually was associated with manifestations of vicarious traumatisation. The findings also reinforced that the mental health of professionals should not be neglected and that the state of emotional resources is more important than length of experience in forensic practice.
Ince, A. M. (2019). Secondary Trauma and Burnout in Therapists Working with Sex Offenders (The Chicago School of Professional Psychology). USA.	A sample of 20 professionals working directly with clients who have committed a sexual offence. Sample demographics were not collected for this study.	A one sample t-test comparing the means and standard deviation of results to the norms reported in the manual. Chi-square analysis.	The Professional Quality of Life Scale and Compassion Satisfaction and Compassion Fatigue, Version 5 (ProQol, 2017); the Maslach Burnout Inventory - Human Services Survey (Maslach, Jackson, & Leiter, 1996).	Authors identified a statistically significant relationship between professionals working with IOS and the presence of secondary traumatic stress. Another statistically significant relationship was found between secondary traumatic stress from working with IOS and associated levels of burnout. Authors described the combination of both constructs of the "cost of caring" to be a distressing combination for the professional.

<p>Hatcher, R., & Noakes, S. (2010). Working with sex offenders: The impact on Australian treatment providers. <i>Psychology, Crime & Law, 16</i>(1-2), 145-167. Australia.</p>	<p>A sample of professionals providing treatment IOS across correctional settings in Australia ($n=48$). Professionals who were currently engaged in treatment of IOS ($n=39$). Professionals who have previously worked with individuals in such settings ($n=9$). The total time that participants had worked with individuals in months ($M=56.64$).</p>	<p>This study obtained a mixed-methods approach. Quantitative analyses included univariate analyses including independent group t-tests ANOVAs, bivariate correlations, and multivariate regression analyses. Qualitative analyses used open questions were devised to explore the impact of the professional's work, the role of collegial support and the coping strategies utilized.</p>	<p>The Professional Quality of Life Scale (Stamm, 1995); the Impact of Event Scale-Revised (Weiss & Marmar, 1996) aiming to explore subjective distress, current to questionnaire completion for a specific event such as working therapeutically with IOS and the Quality of Work Life Survey (Armstrong & Griffin, 2004).</p>	<p>Authors concluded that forensic professionals providing treatment to individuals that had offended sexually did not experience any negative impact that affected their overall psychological wellbeing. Authors described that professionals in the sample were considered to be at a low risk of burnout and compassion fatigue and instead, had compassion satisfaction scores comparable to general health norms. Professionals in the sample also reported moderate to high levels of pleasure associated with their role.</p>
<p>Kadambi, M. A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. <i>Traumatology, 9</i>(4), 216-230. Canada.</p>	<p>A sample of 91 professionals consisting of 42 males and 49 females. Ages ranged between 21 and 78 years ($M=41.00$). All professionals were working therapeutically with IOS.</p>	<p>This study used quantitative methods including t-test analyses for independent groups and stepwise multiple regressions using scores from standardised psychometrics.</p>	<p>The Traumatic Stress Institute Belief Scale - Revision (Pearlman, 1996); the Impact of Event Scale (Weiss & Marmar, 1996) exploring subjective distress, completion for a specific event such as working therapeutically with this client group and the Maslach Burnout Inventory - Human Services Survey (Maslach <i>et al.</i>, 1996).</p>	<p>Forensic professionals did not exhibit significantly higher levels of vicarious traumatization, when compared to a group of mental health professionals. The authors found that having a safe environment to address the impact of their therapeutic work with such individuals was a mitigating factor, meaning that professionals were found to be more likely to score lower on measures of vicarious traumatization. Approximately a quarter of the sample were found to experience moderate to severe stress associated with their role.</p>

<p>Ennis, L., & Home, S. (2003). Predicting psychological distress in sex offender therapists. <i>Sexual Abuse, 15</i>(2), 149-157. USA.</p>	<p>A sample of 59 professionals consisting of 28 males and 31 females. Ages ranged between 27 and 81 years (<i>Mdn</i>=46). All professionals were working therapeutically with IOS.</p>	<p>This study used quantitative methods using independent t-tests and linear regression analyses using scores from a standardised psychometric.</p>	<p>The Los Angeles Symptom Checklist (King <i>et al.</i>, 1995) was administered to measure overall psychological distress and post-traumatic stress-related symptoms. Professionals were also asked to report their perceived level of peer and family support.</p>	<p>Authors found that most of the professionals in the sample reported low levels of general and trauma-related stress. There were no statistically significant correlations found between the number of hours given to IOS (treatment) and the level of distress associated with this. Professionals who perceived higher levels of support from their peers were significantly predictive of lower levels of distress and post-traumatic symptoms.</p>
<p>Crabtree, D. A. (2002). Vicarious traumatization in therapists who work with juvenile sex offenders. Pace University. USA.</p>	<p>A sample of 158 professionals consisting of males and females. Ages ranged between 26 to 68 years (<i>M</i>=46). All professionals were self-identified from the Association for the Treatment of Sexual Abusers (ATSA).</p>	<p>This study used quantitative methods including analyses of variance, correlational analysis, and a one-way analysis of variance.</p>	<p>The Traumatic Stress Institute Belief Scale - Revision (Pearlman, 1996); and the Impact of Events Scale-Revised (Weiss & Marmar, 1995) aiming to explore subjective distress, current to questionnaire completion for a specific event such as working therapeutically with an individual that had offended sexually.</p>	<p>Authors found that male professionals had significantly greater schema disruptions when compared to female professionals. Professionals with a personal trauma history were found to have the most schema disruptions when compared with those professionals without a personal trauma history. Authors concluded that the work environment did not contribute to symptoms of the "cost of caring" regardless of personal trauma histories.</p>
<p>Steed, L., & Bicknell, J. (2001). Trauma and the therapist: The experience of therapists working with the perpetrators of sexual abuse. <i>The Australasian Journal of Disaster and</i></p>	<p>A sample of 67 professionals consisting of 21 males and 46 females. Ages ranged between 23 and 54 years (<i>M</i>=37.58). All professionals had worked specifically with IOS.</p>	<p>This study used quantitative methods including correlational analyses to assess compassion fatigue, compassion satisfaction, secondary traumatic stress, and burnout in</p>	<p>The Compassion Satisfaction/Fatigue Self-Test for Helpers (Stamm 1995-1998, adapted with permission from Figley, 1995) and the Impact of Events Scale-Revised (Weiss & Marmar, 1995) aiming to explore subjective distress, current to questionnaire</p>	<p>Authors found that professionals working with IOS experienced psychological distress associated with the "cost of caring". Approximately 46% of the sample were reported to be at a moderate to higher risk of developing compassion fatigue. Authors found that the length of time spent as a professional, rather than specific to working with IOS, did not demonstrate an association to the experience of secondary</p>

Trauma Studies, 1(5),
527-540. Australia.

councillors working
with IOS.

completion for a specific
event.

traumatic stress. Whereas professionals
considered new to the profession, shown to
be more vulnerable to the manifestations of
secondary traumatic stress.

Shelby, R. A.,
Stoddart, R. M., &
Taylor, K. L. (2001).
Factors contributing to
levels of burnout
among sex offender
treatment providers.
*Journal of
Interpersonal
Violence*, 16(11),
1205-1217. USA.

A sample of 86
professionals consisting
of 53.5% males and
46.5% females. Age
ranges were not
reported. All
professionals were
working within inpatient
mental health settings,
prisons, or community
services working
therapeutically with
IOS.

This study used
quantitative methods
including chi-square
analyses to assess
associations among
predictor variables
which included
gender, number of
years working with
individuals, the type
of facility they worked
in, the percentage of
clients they worked
with which were IOS,
the type of therapy
provided (group vs
individual). Additional
t-tests were computed
to compare scores
with symptoms as
measured on the
psychometric
measuring burnout.

The Maslach Burnout
Inventory - Human Services
Survey (Maslach, Jackson, &
Leiter, 1996).

Authors found that professionals providing
treatment to IOS reported greater levels of
personal accomplishment, but similar levels
of emotional exhaustion and
depersonalisation. Authors did not find a
significant difference in terms of gender, the
number of years spent working with IOS,
and the amount clients on their caseload.
Authors also found that professionals
working in inpatient settings and prisons
were shown to report higher levels of
symptoms associated with burnout. This
indicates that those working within
inpatient/prison services were more likely to
experience higher levels of burnout
compared to those working within
outpatient services.

3.1 Combined Study Characteristics and Methodology

The eight studies included publication dates which ranged from 2001 to 2020. A total of four studies were conducted in the USA (Ince, 2019; Ennis & Home, 2003; Crabtree, 2002; Shelby, Stoddart & Taylor, 2001), two were performed in Australia (Hatcher & Noakes, 2010; Steed & Bicknell, 2001), one was conducted in Brazil (Barros *et al.*, 2020), and one was conducted in Canada (Kadambi & Truscott, 2003). The eight studies included a total of 556 participants. The sample sizes ranged from 20 to 158 participants in total.

All participants included in the review were either currently or had previously worked therapeutically with IOS, whether that be as part of an assessment or intervention modality. The studies all included adult samples, meaning that all participants included in this review were reported to be aged 18 years and above. It is important to highlight that not all of the studies reported full sample demographics, which meant that the author was unable to report the estimates of demographics across all studies. From the demographic information available, the participants included forensic psychiatrists, forensic psychologists, counsellors, and psychotherapists. The studies which did report sample demographics stated that they included mixed-gender samples, but the majority of the studies included appeared to be heavily weighted by female participants. This could present as a potential sample bias within the review. However, it could be argued that this is representative of professionals that work within the field of forensic psychology, which is increasingly becoming populated by females (Ermsar & Meier, 2014).

A total of six studies used only quantitative methods that included the use of psychometric measures and statistical analysis to answer the research

questions (Stoddart & Taylor, 2001; Steed & Bicknell, 2001; Crabtree, 2002; Kadambi & Truscott, 2003; Ennis & Home, 2003; Ince, 2019). A range of statistical analyses were performed within each of these studies, including t-tests, chi-square analysis, multiple linear regressions, correlational analyses, and analysis of variance (ANOVA) tests. The remaining two studies utilised a mixed-methods approach, using both quantitative and qualitative methods to answer the research questions (Barros *et al.*, 2020; Hatcher & Noakes, 2010). These studies used statistical analyses to assess the quantitative data, in addition to semi-structured interviews and open-ended questions to assess the qualitative data. By including these findings, the author was able to triangulate the findings by offering nuance to the quantitative findings. Barros *et al.* (2020) utilised qualitative methods using grounded theory to examine the impact of offering specialist assessments to IOS, whereas Hatcher and Noakes (2010) used content analysis to extract themes about the impact of working therapeutically with IOS, as well as the role of collegial support and coping strategies used to mitigate the negative effects. All studies used a variety of standardised psychometric measures to assess the “cost of caring” which are displayed in **Table 2.4** with all relevant psychometric properties.

Table 2.4

Psychometrics Used in the Eight Studies in the Review.

Reference	Sample Demographics	Design and Analysis	Psychometrics Used	Summary of Significant Findings
Barros, A. J., Teche, S. P., Padoan, C., Laskoski, P., Hauck, S., & Eizirik, C. L. (2020). Countertransference, defense mechanisms, and vicarious trauma in work with sexual offenders. <i>Journal of the American Academy of Psychiatry and the Law</i> , 48(3), 302-314. Brazil.	A sample of 56 participants consisting of 28 males and 28 females. The sample average age in years ($M=45.5$). The sample consisted of Forensic Psychiatrists ($n=37$) and Forensic Psychologists ($n=19$) working therapeutically with IOS.	This study used a cross-sectional, mixed-methods approach. The quantitative data collection involved a questionnaire about participants' demographic information and three standardised psychometric scales. Spearman's correlational analyses were computed.	The Assessment of Countertransference Scale (de Moura Silveira, <i>et al</i> , 2012); the Brazilian-Portuguese Version of the Defense Style Questionnaire-40 (Blaya <i>et al</i> , 2005); the Brazilian-Portuguese version of the Trauma and Attachment Belief Scale (Barros <i>et al</i> , 2018).	It was concluded that such maladaptive coping strategies, including feelings of indifference and immature defence mechanisms, during the assessment of IOS was associated with manifestations of vicarious traumatization. The findings also reinforced that the mental health of professionals should not be neglected and that the state of emotional resources is more important than length of experience in forensic practice.
Ince, A. M. (2019). Secondary Trauma and Burnout in Therapists Working with Sex Offenders (Doctoral Dissertation, The Chicago School of Professional Psychology). USA.	A sample of 20 professionals working directly with clients who have committed a sexual offence. Sample demographics were not collected for this study.	A one sample t-test comparing the means and standard deviation of results to the norms reported in the manual. Chi-square analysis.	The Professional Quality of Life Scale and Compassion Satisfaction and Compassion Fatigue, Version 5 (ProQol, 2017); the Maslach Burnout Inventory - Human Services Survey (Maslach, Jackson, & Leiter, 1996).	Authors identified a statistically significant relationship between professionals working with IOS and the presence of secondary traumatic stress. Another statistically significant relationship was found between secondary traumatic stress from working with IOS and associated levels of burnout. Authors described the combination of both constructs of the "cost of caring" to be a distressing combination for the professional.

<p>Hatcher, R., & Noakes, S. (2010). Working with sex offenders: The impact on Australian treatment providers. <i>Psychology, Crime & Law, 16</i>(1-2), 145-167. Australia.</p>	<p>A sample of professionals providing treatment across correctional settings in Australia ($n=48$). Professionals who were currently engaged in the treatment ($n=39$). The total time that participants had worked with IOS in months ($M=56.64$).</p>	<p>This study obtained a mixed-methods approach. Quantitative analyses included univariate analyses including independent group t-tests ANOVAs, bivariate correlations, and multivariate regression analyses. Qualitative analyses used open questions were devised to explore the impact of the professional's work, the role of collegial support and the coping strategies utilized.</p>	<p>The Professional Quality of Life Scale (Stamm, 1995); the Impact of Event Scale-Revised (Weiss & Marmar, 1996) aiming to explore subjective distress, current to questionnaire completion for a specific event such as working therapeutically with IOS using the Quality of Work Life Survey (Armstrong & Griffin, 2004).</p>	<p>Authors concluded that professionals providing treatment in an Australian correctional facility did not experience any negative symptoms of the "cost of caring" which affected their overall psychological wellbeing. Authors described that professionals in the sample were considered to be at a low risk of burnout and compassion fatigue and instead, had compassion satisfaction scores comparable to general health norms. Professionals in the sample also reported moderate to high levels of pleasure associated with their role.</p>
<p>Kadambi, M. A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. <i>Traumatology, 9</i>(4), 216-230. Canada.</p>	<p>A sample of 91 professionals consisting of 42 males and 49 females. Ages ranged between 21 and 78 years ($M=41.00$). All professionals were working therapeutically with IOS.</p>	<p>This study used quantitative methods including t-test analyses for independent groups and stepwise multiple regressions using scores from standardised psychometrics.</p>	<p>The Traumatic Stress Institute Belief Scale - Revision (Pearlman, 1996); the Impact of Event Scale (Weiss & Marmar, 1996) exploring subjective distress, completion for a specific event such as working therapeutically with IOS and the Maslach Burnout Inventory - Human Services Survey (Maslach, Jackson, & Leiter, 1996).</p>	<p>This study found that professionals did not exhibit significantly higher levels of vicarious traumatization, when compared to a group of mental health professionals. Authors found that having a safe environment to address the impact of their therapeutic work was a mitigating factor, meaning that professionals were found to be more likely to score lower on the measure assessing vicarious traumatization. Approximately a quarter of the sample were found to experience moderate to severe stress associated with working with IOS.</p>
<p>Ennis, L., & Home, S. (2003). Predicting</p>	<p>A sample of 59 professionals</p>	<p>This study used quantitative methods</p>	<p>The Los Angeles Symptom Checklist (King <i>et al.</i>,</p>	<p>Authors found that most of the professionals in the sample reported low levels of general and</p>

<p>psychological distress in sex offender therapists. <i>Sexual Abuse, 15(2)</i>, 149-157. USA.</p>	<p>consisting of 28 males and 31 females. Ages ranged between 27 and 81 years (<i>Mdn</i>=46). All professionals were working therapeutically with IOS.</p>	<p>using independent t-tests and linear regression analyses using scores from a standardised psychometric.</p>	<p>1995) was administered to measure overall psychological distress and post-traumatic stress-related symptoms. Professionals were also asked to report their perceived level of peer and family support.</p>	<p>trauma-related stress. There were no statistically significant correlations found between the number of hours given to treatment and the level of distress associated with this. Professionals who perceived higher levels of support from their peers were significantly predictive of lower levels of distress and post-traumatic symptoms.</p>
<p>Crabtree, D. A. (2002). Vicarious traumatization in therapists who work with juvenile sex offenders. Pace University. USA.</p>	<p>A sample of 158 professionals consisting of males and females. Ages ranged between 26 to 68 years (<i>M</i>=46). All professionals were self-identified from the Association for the Treatment of Sexual Abusers (ATSA).</p>	<p>This study used quantitative methods including analyses of variance, correlational analysis, and a one-way analysis of variance.</p>	<p>The Traumatic Stress Institute Belief Scale - Revision (Pearlman, 1996); and the Impact of Events Scale-Revised (Weiss & Marmar, 1995) aiming to explore subjective distress, current to questionnaire completion for a specific event such as working therapeutically with IOS.</p>	<p>Authors found that male professionals had significantly greater schema disruptions when compared to female professionals. Professionals with a personal trauma history were found to have the most schema disruptions when compared with those professionals without a personal trauma history. Authors concluded that the work environment did not contribute to symptoms of the "cost of caring" regardless of personal trauma histories.</p>
<p>Steed, L., & Bicknell, J. (2001). Trauma and the therapist: The experience of therapists working with the perpetrators of sexual abuse. <i>The Australasian Journal of Disaster and Trauma Studies, 1(5)</i>, 527-540. Australia.</p>	<p>A sample of 67 professionals consisting of 21 males and 46 females. Ages ranged between 23 and 54 years (<i>M</i>=37.58). All professionals had worked specifically with IOS.</p>	<p>This study used quantitative methods including correlational analyses to assess compassion fatigue, compassion satisfaction, secondary traumatic stress, and burnout in councillors working with IOS.</p>	<p>The Compassion Satisfaction/Fatigue Self-Test for Helpers (Stamm 1995-1998, adapted with permission from Figley, 1995) and the Impact of Events Scale-Revised (Weiss & Marmar, 1995) aiming to explore subjective distress, current to questionnaire completion for a specific event such as working therapeutically with IOS.</p>	<p>Authors found that professionals working IOS experienced psychological distress associated with the "cost of caring". Approximately 46% of the sample were reported to be at a moderate to higher risk of developing compassion fatigue. Authors found that the length of time spent as a professional, rather than specific to working with IOS did not demonstrate an association to the experience of secondary traumatic stress. Whereas professionals considered new to the profession, shown to be more vulnerable to the manifestations of secondary traumatic stress.</p>

<p>Shelby, R. A., Stoddart, R. M., & Taylor, K. L. (2001). Factors contributing to levels of burnout among sex offender treatment providers. <i>Journal of Interpersonal Violence, 16</i>(11), 1205-1217. USA.</p>	<p>A sample of 86 professionals consisting of 53.5% males and 46.5% females. Age ranges were not reported. All professionals were working within inpatient mental health settings, prisons, or community services working therapeutically with IOS.</p>	<p>This study used quantitative methods including chi-square analyses to assess associations among predictor variables which included gender, number of years working with this client group, type of facility they worked in, the percentage of clients they worked with who have offended sexually and the type of therapy provided (group vs individual). Additional <i>t</i>-tests were computed to compare scores with symptoms as measured on the psychometric measuring burnout.</p>	<p>The Maslach Burnout Inventory - Human Services Survey (Maslach, Jackson, & Leiter, 1996).</p>	<p>Authors found that professionals providing treatment reported greater levels of personal accomplishment, but similar levels of emotional exhaustion and depersonalisation. Authors did not find a significant difference in terms of gender, the number of years spent working with IOS, and the number of clients on their caseload. Authors also found that professionals working in inpatient settings and prisons were shown to report higher levels of symptoms associated with burnout. This indicates that those working within inpatient/prison services were more likely to experience higher levels of burnout compared to those working within outpatient services.</p>
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3.2 Quality Appraisal of Studies

As discussed above, the MMAT tool was used to critically appraise the eight selected studies included in this review. The MMAT accounted for comparisons of different methodologies, allowing for comparison of both quantitative and qualitative data as seen in a mixed-methods design. The MMAT has 19 specific criteria which focuses on the clarity of the research questions, focusing on whether the data was collected appropriately to answer such questions in a robust way. The MMAT does not provide cut-off scores and instead guides the reviewer to follow defined terms to rate each of the items in relation to each of the studies.

The eight selected studies appeared to be high in quality after critical appraisal using the MMAT tool. The studies appeared to be robust in their methodological approaches, which was also agreed by two reviewers who evaluated the quality of each of the studies using the MMAT tool. A second reviewer was invited to critically appraise the studies to prevent bias and increase the reliability of the ratings. The second reviewer was a Research Associate at the University of Leicester, with experience in conducting systematic reviews within the field of Forensic Psychology. There were no discrepancies in the ratings (see **Table 2.5**).

Table 2.5

MMAT Quality Appraisal of The Eight Selected Studies Included in The Review (Quantitative and Mixed-Methods). The MMAT Uses the Following Defined Terms to Quality Appraise Studies: "yes", "no", or "can't tell".

	Screening Questions	4. Quantitative Descriptive Studies	Comments
Author and Publication Date			
Kadambi, & Truscott (2003)	Yes	Yes	Yes
Ince (2019)	Yes	Yes	Yes
	Are there clear research questions?	4.1. Is the sampling strategy relevant to address the research question?	
	Do the collected data allow to address the research questions?	4.2. Is the sample representative of the target population?	
		4.3. Are the measurements appropriate?	
		4.4. Is the risk of nonresponse bias low?	
		4.5. Is the statistical analysis appropriate to answer the research question?	
			Small sample size ($n=20$), standardised measures, clear statistical analyses used.
			Relatively small sample size ($n=91$), used one researcher constructed measure and three standardised measures, clear statistical analyses used.

Shelby Stoddart, & Taylor (2001)	Steed & Bicknell (2001)	Crabtree (2002)	Ennis & Home (2003)
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	No	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Can't tell	Yes	Can't tell
A relatively small sample size ($n=86$), used a standardised measure, clear statistical analyses used.	Small sample size ($n=67$), used standardised measures, clear statistical analyses used.	Relatively small sample size ($n=158$), used standardised measures, clear statistical analyses used.	Small sample size ($n=59$), used one standardised measure, clear statistical analyses used.

Author and Publication Date	Screening Questions	5. Mixed Methods Studies	Comments
Hatcher & Noakes (2010)	Yes	Yes	
Barros <i>et al.</i> (2020)	Yes	Yes	
	Yes	Yes	
	Yes	Yes	
	Can't tell	Yes	
	Yes	Yes	
	Yes	Yes	
	Quantitative – Yes Qualitative – Yes	Quantitative – Yes Qualitative – Yes	Used standardised measures and three open-ended questions which were subject to content analyses which allowed for extraction of themes.
	Quantitative – Yes Qualitative – Yes	Quantitative – Yes Qualitative – Yes	Used standardised measures and grounded theory as a framework to content analyse themes of open-ended questions.

4.0 Research Synthesis

4.1 Synthesis of the Quantitative Findings

This review found contrasting findings in terms of the impact of the “cost of caring” amongst forensic professionals working therapeutically with IOS. Some of the studies identified the adverse outcomes of working with IOS, whilst others found that although this could be challenging, they experienced high levels of compassion satisfaction and personal accomplishment associated with their work. It is suggested that when assessing the impact of working with IOS, to consider the therapeutic efficacy and/or outcomes, as this could be influential on whether the impact is perceived as positive or negative. It is also relevant to consider when the outcomes are more negative, whether this is due to the forensic professionals’ perception of their own abilities, or whether this contributes to a negative belief system that such individuals are unable to respond to treatment. Both of which might influence negative beliefs about the self and others, which then have a significant impact on emotions, behaviours, and cognitive schemas in the long-term.

A total of five of the quantitative studies in the review found that forensic professionals working therapeutically with IOS experienced at least of the constructs of the “cost of caring”. The studies found the presence of vicarious traumatisation (Crabtree, 2002; Barros *et al.*, 2020), secondary traumatic stress (Steed & Bicknell, 2001; Ince, 2019), compassion fatigue (Steed & Bicknell, 2001), and burnout (Shelby *et al.*, 2001). This set of findings highlight the adverse outcomes associated with working with IOS.

Both Barros *et al.* (2020) and Crabtree (2002) highlighted the presence of vicarious traumatisation amongst forensic professionals. Crabtree (2002)

focused on the factors that increased forensic professionals' susceptibility to developing vicarious traumatisation. The author found that both gender and personal trauma history significantly increased a forensic professionals' susceptibility to developing vicarious traumatisation. In particular, Crabtree (2002) found that those who were male and who had experienced past sexual abuse were considered most susceptible to vicarious traumatisation. This finding was further supported by Kadambi and Truscott (2003), who also found that having a personal trauma history, particularly relating to sexual abuse, increased professionals' susceptibility to greater adverse outcomes (e.g., vicarious traumatisation).

Barros *et al.* (2020) focused more on the negative outcomes of working with IOS. The authors found that forensic professionals held more immature defensive mechanisms, which directly contributed to feelings of indifference, feelings of disinterest, distance, and immobility. All of which, were hypothesised to be involved in the manifestations of vicarious traumatisation when working with IOS. Barros *et al.* (2020) also found that forensic professionals began to develop maladaptive coping mechanisms in an attempt to manage the distress associated to working with this client group. Both of which contributed to the increased level of psychological distress and development of vicarious traumatisation.

Steed and Bicknell (2001) focused more on the factors which increased susceptibility to developing secondary traumatic stress amongst forensic professionals working with IOS. The authors also assessed compassion fatigue and burnout and found that approximately 46% of the sample presented with moderate to high risk of developing compassion fatigue, and 19.4% of the sample was at moderate to severe risk of burnout. The authors found that 97%

of the sample reported low levels of work-related satisfaction. Steed and Bicknell (2001) found that length of experience was a factor that reduced susceptibility to developing secondary traumatic stress, and that those who have been working with this client group between two to four years were most vulnerable. This highlighted that forensic professionals with the least experience of working with IOS were most susceptible to developing secondary traumatic stress. Whereas for compassion fatigue and burnout, forensic professionals who had been working with IOS between nine and 12 years were considered the most at risk. This highlights that forensic professionals considered newer to the profession are most susceptible to developing secondary traumatic stress, whereas those who have greater length of service are more likely to develop compassion fatigue and burnout.

Contrastingly, Ince (2019) focused on the presence of secondary traumatic stress amongst forensic professionals working with IOS and compared this to professionals working with a non-forensic population. The author highlighted that this was associated with working with IOS, as when compared with a sample of professionals that were working with non-forensic individuals, they did not experience any secondary traumatic stress. Ince (2019) also found that forensic professionals experiencing secondary traumatic stress had symptoms of burnout associated with their work. The author described the combination of secondary traumatic stress and burnout as a “distressing combination” that requires further exploration to address whether the combination of symptoms has greater long-term effects. It is suggested that this combination has a negative impact on forensic professionals, but also has implications on forensic practices (e.g., inappropriate use of boundaries, biases in risk assessment, therapeutic ruptures, and ineffective interventions).

Shelby *et al.* (2001) compared the effects of burnout amongst forensic professionals working within inpatient and community settings. The authors found that setting was a significant contributing factor when working with IOS, particularly if this was an inpatient/secure environment (Shelby *et al.*, 2001). The authors found that forensic professionals that were involved in the treatment of IOS had higher levels of emotional exhaustion and depersonalisation associated with their role. Although such symptoms were higher amongst forensic professionals working within inpatient/secure environments, such individuals also reported similar levels of personal accomplishment. This suggests that whilst forensic professionals can find working therapeutically with IOS challenging, it can also feel somewhat satisfying in that it is mitigating risk and reducing recidivism. This study also highlights the role of workplace environment and considers inpatient/secure settings most susceptible to burnout. It is hypothesised that this is due to the increased environmental and relational security that influences the ability to promote a therapeutic environment when offering an intervention.

A total of three of the quantitative studies in the review found that forensic professionals working therapeutically with IOS did not experience negative outcomes. These studies found that forensic professionals did not display any greater levels of vicarious traumatisation when compared with a controlled sample (Kadambi & Truscott, 2003), displayed lower levels of general and trauma-related stress (Ennis & Home, 2003), and being considered a low risk of exhibiting symptoms of compassion fatigue and burnout (Hatcher & Noakes, 2010). These findings suggest that working with IOS did not have a negative impact on forensic professionals.

Kadambi and Truscott (2003) found that forensic professionals working with IOS did not exhibit higher levels of vicarious traumatisation when compared to a control sample. The authors found that having a safe environment to address the impact of their therapeutic work with IOS acted as a mitigating factor for vicarious traumatisation. Approximately a quarter of the sample reported that they experienced moderate to severe levels of work-related stress, but that the promotion of a safe environment to reflect and validate their feelings significantly mitigated the risk of this developing into vicarious traumatisation. This finding emphasises the importance of clinical supervision, reflective practices, and collegial support in mitigating the risk of vicarious traumatisation. This finding could be explained by the positive implementation of a safe environments for forensic professionals to reflect on their therapeutic engagements, which may not have been provided in other studies that found an increased presence of vicarious traumatisation.

Similarly, Ennis and Home (2003) found that forensic professionals working with IOS reported low levels of general and trauma-related stress. Like Shelby *et al.* (2001), the authors considered the role of the work environment on secondary traumatic stress. Ennis and Home (2003) did not find any statistically significant correlations between the number of hours given to IOS as part of their treatment, and the level of psychological distress associated with this. This finding suggests that the length of therapeutic time spent empathically engaging with an IOS, did not increase distress. Similar to the findings presented by Kadambi and Truscott (2003), participants in this sample perceived high levels of collegial support which acted as a significant mitigating factor of secondary traumatic stress and post-traumatic symptoms. Therefore, it could be argued that both findings reflect the successful implementation of a safe work

environment, promoting the use of collegial support and opportunities to reflect on forensic practices. The forensic professionals included in the study by Ennis and Home (2003) also reported using healthy coping strategies to manage with general and work-related stress, suggesting that this sample might have had greater levels of resilience.

Moreover, Hatcher and Noakes (2010) found that forensic professionals working in an Australian correctional facility did not experience severe levels of work-related stress. The authors found that professionals in the sample were considered to be at low risk of burnout and compassion fatigue. In contrast with the previous findings, Hatcher and Noakes (2010) found that forensic professionals had higher levels of compassion satisfaction associated with their role, which was comparable to general health norms. It was also reported that professionals had moderate to high levels of satisfaction and pleasure associated with their role. As previously cited, more positive outcomes could be associated with greater treatment efficacy as provided by the forensic professional. It is likely that this influenced the current set of findings and was associated with higher compassion satisfaction and pleasure with the role.

4.2 Synthesis of Qualitative Findings

As discussed, this review adopted a mixed-methods design to incorporate qualitative findings to add nuance to the quantitative findings. The two studies that adopted mixed-methods approaches used qualitative methods to explore the factors which increase forensic professionals' susceptibilities to the "cost of caring" (Hatcher & Noakes, 2010; Barros *et al.*, 2020). Hatcher and Noakes (2010) considered the impact of demographic and work-related variables, as well as the role of collegial support and coping strategies as mitigating factors to

the “cost of caring”. The authors found that forensic professionals had low levels of vicarious traumatisation, low to moderate levels of compassion fatigue and burnout, and high levels of compassion satisfaction associated to their role. Hatcher and Noakes (2010) explained that having a safe work environment, where professionals were able to reflect on their therapeutic engagements, acted as a mitigating factor to the “cost of caring” and increased the level of pleasure associated with their role. In addition, the authors found that forensic professionals experiencing difficulties with their role were more at risk of developing compassion fatigue. This set of findings highlights the influence of organisational factors on psychological wellbeing.

Although Hatcher and Noakes (2010) identified some of the positive outcomes associated with working with IOS, the authors also found a shift in professionals’ cognitive schemas to accommodate to the traumatic content they are exposed to. This finding suggests that whilst some factors can mitigate the risk of the “cost of caring”, sometimes professionals can develop their own set of coping strategies which can be maladaptive. This finding is similar to those found by Barros *et al.* (2020), who found that forensic professionals can have an “unconscious bias” as they often unconsciously direct their attention to the complex matters of the case as a method of coping with the traumatic content. Forensic professionals in the sample reported having greater concern for their own safety and the safety of others, particularly children. This could be a reflection of the stigma associated to IOS, whereby there is an assumption that all IOS pose a sexual risk to children based on the nature of their offences. Forensic professionals in the sample reported that this method of coping allowed them to suppress the symptoms of vicarious traumatisation and continue within their role. Barros *et al.* (2020) described this as an emotional response triggered

by the content revealed in the sessions, which might then influence their recognition of being exposed to such traumatic content. The authors cited this as a potential “blind spot” which could have significant personal and professionals’ implications.

5.0 Discussion

5.1 Summary of Findings

This review found differences in the findings of the selected studies, identifying both positive and adverse outcomes associated with working with IOS. As discussed, some of the studies identified the adverse outcomes associated with the “cost of caring” and others identified higher levels of compassion satisfaction, personal accomplishment, and overall work-related satisfaction. The findings also signified need to consider the influence of therapeutic efficacy and/or outcomes, which might influence whether an outcome is perceived as positive or negative. For instance, a forensic professional might attribute the effectiveness of the intervention on their professional capabilities. Alternatively, they might attribute the effectiveness of the intervention onto the individual’s responsiveness to treatment. This is relevant for both positive and negative therapeutic outcomes (e.g., the forensic professional might believe they are not capable of facilitating an effective intervention to mitigate risk, or that the individual is not motivated or capable of clinical change/improvement). Both of which, are likely to be influential on whether the impact of working with this population is considered positive or negative. It is also hypothesised that the differences in the findings could be best explained by the implementation of approaches and methods that mitigated the susceptibility of the “cost of caring”. This set of findings highlight that

working with IOS is challenging for forensic professionals, but with the appropriate use of clinical supervision, collegial support, reflective practices, and the promotion of a safe work environment; this risk can be reduced. In addition, the implementation of these approaches and methods appeared to have more positive outcomes on the forensic professional, reporting higher levels of compassion satisfaction and personal accomplishment, which then has further positive influences on forensic practices. Therefore, this review signified the need to implement strategies to mitigate forensic professionals' susceptibility to the "cost of caring", which influences positive outcomes both personally and professionally.

As discussed, this review adopted a mixed-methods design to incorporate qualitative findings to add nuance to the quantitative findings. The inclusion of qualitative data also allowed for greater exploration into responses that are considered high in validity, providing more in-depth detail about forensic professionals' susceptibilities to the "cost of caring". In support of this, Heyvaert *et al.* (2013) recommended that this approach allows for further evaluation of complex topics relating to forensic practices. This review found that working therapeutically with IOS poses personal and professional challenges, which increases professionals' susceptibility to the "cost of caring". This susceptibility was found to increase when the professional had a personal trauma history, particularly if the abuse encountered was sexual, and if they were male, who were found to have greater disruptions in cognitive schemas relating to their safety and that of others, particularly if they were children.

This review also identified organisational factors which increased forensic professionals' susceptibility to the "cost of caring", such as length of experience working with IOS, the safety of the work environment, and whether the setting

was inpatient/secure or community-based. The findings highlighted that forensic professionals with least experience of working with IOS were most susceptible to developing secondary traumatic stress. However, forensic professionals who had been working with IOS for a significant period of time (up to nine years) were considered most at risk for developing compassion fatigue and burnout.

Arguably, those considered 'newer' to the profession and therapeutic engagements with IOS, might lack reflective capacity and resilience, whereas those who had worked for a significant length of time with this population might be more resilient and reflective (e.g., allowing them to cope with the traumatic content they are exposed to). It was also found that work environment significantly impacted symptoms of emotional exhaustion and depersonalisation amongst forensic professionals working within inpatient/secure settings.

Although, such professionals also reported similar levels of personal accomplishment associated with their role. This suggests that whilst forensic professionals can find working therapeutically with IOS challenging, it can also feel somewhat satisfying in that it is mitigating risk and reducing recidivism. This study also highlights the role of workplace environment and considers inpatient/secure settings most susceptible to burnout. It is hypothesised that this is due to the increased environmental and relational security that influences the ability to promote a therapeutic environment. Similar research conducted in prisons has identified that although work environment can contribute to levels of burnout, it is also influenced by other organisational factors such as caseload, working hours, and work intensity (Gao *et al.*, 2022). All of which, are likely to be higher in an inpatient/secure setting or prison environment due to increased external pressures to promote public protection.

In addition, this review identified that despite there being some positive outcomes associated with working with IOS, forensic professionals also display some shifts in cognitive schemas in an attempt to cope with the traumatic content they are exposed to. As described by Barros *et al.* (2020), professionals can often unconsciously direct their attention to the complex details of an offence, in an attempt to cope with the distressing content, they are being exposed to. This has been named an “unconscious bias” that forensic professionals have when working with IOS, as they often find it challenging to identify symptoms of the “cost of caring” associated with their role. It is hypothesised that this is likely due to their increased emotional arousal in response to the traumatic content detailing offence-related narratives. Barros *et al.* (2020) described this as a possible “blind spot” which could have significant personal and professional implications amongst forensic professionals. Furthermore, forensic professionals reported a greater concern for their own safety, as well as that of others in their life, particularly if they were children. As previously discussed, this could be a reflection of the stigma associated to IOS (e.g., assuming that this population are all a sexual risk to children based on their offence).

5.2 Implications on Forensic Practice

This review highlighted some of the personal and professional challenges that forensic professionals experience when working therapeutically with IOS. This review identified approaches and methods that could be implemented when working with IOS, which mitigates professionals’ susceptibility to the “cost of caring”. These approaches include the appropriate use of clinical supervision, collegial support, reflective practices, and the promotion of a safe work environment. The forensic professionals included in this review found that when

such approaches and methods were utilised, they experienced higher levels of compassion satisfaction, personal accomplishment, and overall pleasure associated with their role. These findings highlight the approaches that organisations can take to support forensic professionals both personally and professionally, aiming to improve therapeutic outcomes and subsequent forensic practices.

Furthermore, it is also hypothesised that the therapeutic efficacy and/or outcome might be influential on whether the impact is positive or negative. Although this requires further exploration, it is important to consider when thinking about workplace environments and cultures. For example, if a forensic professional perceives an intervention as ineffective at reducing the individual's risk, they might attribute blame towards themselves and their own capabilities leading to symptoms of the "cost of caring". Alternatively, if forensic professional attributes blame to the individual they are working with, they might begin to develop a negative belief about that offender population (e.g., they are unresponsive to treatment, they are incapable of treatment). This might lead to the development of negative attitudes towards this population, contributing to more negative views of IOS, which might then be communicated through workplace cultures. In addition, if more than one forensic professional begins to experience difficulties with treatability with IOS, this might exacerbate this negative belief system and subsequent workplace cultures that in turn, reinforces stigmas towards this population. This could also lead to the use of maladaptive coping strategies as cited by Barros *et al.* (2020), as well as the use of dark humour (Daubney, 2019).

5.3 Limitations of the Review

Although it is not necessarily a limitation, it is relevant to mention that none of the selected studies were performed in the UK. In conducting future research, it would be beneficial to perform research on this topic in the UK, allowing for further comparisons to be made. In addition, it is important to highlight that from the demographics available in the studies, the majority of participants included were reported to be female. This could suggest a potential gender bias within this review, meaning that the findings should be treated with caution. However, it is important to note that this finding may be representative of the forensic psychology profession, which is becoming increasingly populated by females (Ermschar & Meier, 2014). In addition to this, the studies included in this review did not include demographic information about cultural diversity amongst the participants. Therefore, details about participants' ethnicity, culture, and social class were not accounted for. It is important to comment that without such information, conclusions were unable to be drawn about cultural differences amongst participants, in relation to the presence of the "cost of caring". This requires further exploration when considering the impact of such therapeutic engagements with IOS, in consideration of how cultural differences might be influential amongst forensic professionals.

Furthermore, it is recognised that including studies that used just qualitative methods might have increased the validity of the findings by including more in-depth data about the "cost of caring". However, this review adopted a mixed-methods approach to ensure that the constructs of the "cost of caring" could be measured in a standardised method using psychometric assessments as part of the quantitative data; whilst also using open-ended

questions to explore the outcomes of these assessments using qualitative data. As highlighted by Barros *et al.* (2020), the constructs of the “cost of caring” can be difficult for forensic professionals to recognise due to increased emotional arousal, which is why it is important for these to be measured using quantitative measures. Further validity for these findings was then supported by the qualitative methodological approaches which followed-up such responses (e.g., open-ended questions, interviews). It is also important to comment on the variation of psychometric measures used within the review, meaning that a meta-analysis was unable to be performed.

Another limitation to consider is whether IOS engaging in therapeutic interventions also experience negative outcomes, if forensic professionals can. As discussed, being exposed to narratives about sexual offences can be traumatic for the forensic professional, and therefore it could also be re-traumatising for the individual engaging in the intervention. It is likely that recalling the information could be re-traumatising for the individual, which could have similar negative outcomes. Whilst this was not explored within the review, it is an important consideration when thinking about secondary trauma in relation to offence-related narratives. Future research should consider this to gain insight into the perspective of IOS.

In addition, it is also relevant to consider the problem that some of the difficulties that forensic professionals experience might come from absent emotions. In particular, this could present as a lack of compassion, empathy, or emotional numbing (e.g., not responding appropriately to content that would cause an emotive reaction). It is argued that such absent emotions are difficult to assess as individuals often have limited insight into things they are not experiencing, and they tend to be better able to identify actual experiences or

emotions, rather than their absence. This might have influenced the responses that professionals provided within the studies included in this review, as they might have been inaccurate reflections of the impact of working with IOS, and instead be attributed to an absence of emotions.

This review focused on one or more of the constructs of the “cost of caring”, rather than all of them collectively. This was due to the limited research available on all of the constructs of the “cost of caring”, but it is important to consider that the results might differ if they were measured collectively. Additionally, upon reflection, it might have been beneficial to have included empathy distress as a concept related to the “cost of caring” when considering the impact of working with IOS upon forensic professionals. Whilst this construct is not defined in the “cost of caring”, empathy distress refers to the intense aversive and self-directed response to the suffering of others, whilst wanting to also withdraw from a situation as a method of self-protection. The aim of withdrawal is to prevent oneself from experiencing negative feelings associated with the witnessed suffering of others. Therefore, this might have been a useful construct to have included and would be beneficial to explore in future research measuring the “cost of caring”.

5.4 Future Research

This review identified the differences in outcomes when working with IOS, and recognised the role of mitigating factors implemented by the organisation in reducing the negative outcomes and increasing the positive outcomes. It would be useful to complete further research in this area, controlling for the implementation of mitigating factors, including clinical supervision, collegial support, reflective practices, and a safe working environment. It would also be

beneficial to explore empathy distress as a relevant construct, in addition to the constructs defined in the "cost of caring" to greater explore some of the difficulties with empathic engagement when working with IOS. Based on the usefulness of the mixed-methods approach within this review, it would also be recommended that a similar approach is used to obtain data that is both high in reliability and validity.

5.5 Conclusion

In summary, this review used both quantitative and qualitative methods to draw conclusions about forensic professionals' working therapeutically with individuals who have offended sexually. The findings identified both positive and negative outcomes amongst forensic professionals when working therapeutically with IOS. This is contrary to past research which tends to present more adverse effects, with limited positive therapeutic outcomes. This review highlights the challenges of working with this client group, but also signifies the role of clinical supervision, collegial support, reflective practices, and promoting a safe work environment for professionals to develop their reflective capacity and resilience, preventing the "cost of caring" and increasing positive outcomes. The findings are discussed in relation to the practical implications on forensic practices.

Rationale for Chapter Three

This chapter aimed to compare attitudinal differences expressed by forensic professionals and the general public, when exploring attitudes towards individuals who have offended sexually. This chapter used a quantitative study to compare such attitudinal differences, in consideration of demographic factors and personality traits. In addition to this, this study also considered how pre-existing attitudes towards individuals who have offended sexually (as a non-specialist group) influenced risk ratings of more specific types of offenders, displaying variations in patterns of sexual offending and inconsistencies in victim type (e.g., polymorphism). This aimed to establish whether pre-existing attitudes towards individuals who have offended sexually as a non-specialist group, influenced ratings of risk when displaying greater diversity in their sexual offending. This was considered relevant to assess as such diversities in sexual offending are often underreported and underestimated, meaning that there are limited evidence-based therapeutic interventions to target such risks. The findings from this study aimed to increase understanding into this type of offending amongst those who offend sexually, in consideration of the role of attitudes towards this population generally.

Chapter Three

Attitudes and Perceptions of Males who have Offended Sexually and Displayed Polymorphism: A Comparison of Forensic Professionals and the General Public

Abstract

Background: A significant amount of research has been conducted on attitudes towards individuals who have offended sexually, which is likely due to the nature and severity of such offences. Much of this research has compared attitudes of forensic professionals and members of the general public, identifying significant differences between groups. However, there appears to be less research focused on the factors influencing such attitudinal differences. In addition to this, the majority of this research tends to focus on individuals who have offended sexually as a non-specialist group, rather than individuals displaying greater levels of diversity in their sexual offending, including inconsistencies in offending patterns and victim types (e.g., polymorphism).

Objective: This quantitative study aimed to assess whether demographic factors, personality traits, and pre-existing attitudes towards males who have offended sexually (non-specialist group) predicted risk ratings of those individuals' displaying greater diversity in their sexual offending (polymorphic offenders, a specialist group). It was hypothesised that forensic professionals would express more positive attitudes towards males who have offended

sexually, based on their increased therapeutic engagements and specialist training to work with this population.

Method: A between-groups design was adopted to compare attitudinal differences between forensic professionals and members of the general public. Multinomial logistic regressions assessed the variance accounted for by demographic factors (group, age, gender, education level); personality traits ('agreeableness' and 'openness to experience'); and pre-existing attitudes towards individuals who have offended sexually as a non-specialist group, on risk perceptions of males offending sexually and displaying polymorphism.

Results: The results from this study found that there was a statistically significant differences in attitudes between groups, with forensic professionals expressing more positive attitudes towards males who have offended sexually. A high proportion of this sample had received specialist training focused on formulation and compassion focused approaches, which enabled them to have greater understanding into the function of the offending behaviours. In addition to this, the multinomial logistic regression model was statistically significant in and explained approximately 29.8% of the variance in the risk ratings of males displaying inconsistencies in victims' age, gender, and relationship (known or unknown to the perpetrator). This finding suggests that the model demonstrated goodness of fit. Independent variables that were statistically significant predictors included participant age, gender, group, education, and 'openness to experience' traits.

Implications: The findings highlight the positive influence that being a forensic professional had on attitudes towards males who have offended sexually, when compared with the general public. This suggests that having greater therapeutic

engagements with this population might influence more positive attitudes towards them, particularly when thinking about treatment efficacy and rehabilitation. In addition to this, whilst attitudes expressed by the general public were more negative, attitudes expressed by younger and more educated participants appeared to be slightly more positive. Future research would benefit from exploring this, as well as the significant predictors in the model to gain greater insight into their role in attitudes of males that have offended sexually and displayed polymorphism.

1.0 Introduction

1.1 Background

The assessment of attitudes towards individuals who have offended sexually (IOS) has been highly researched. Much of this research has compared attitudes expressed by forensic professionals, that is, those that are considered to have therapeutic engagements and increased contact with this population, in comparison to the general public (Olver & Barlow, 2010; Harper *et al.*, 2017; Harper & Hicks, 2022). The general consensus in these findings of this research is that forensic professionals express more positive attitudes towards IOS, and members of the public express more negative attitudes. However, there appears to be less research focused on the factors influencing such differences in attitudes between groups. Additionally, a significant proportion of this research tends to focus on IOS as a non-specialist group, rather than considering differences in offending patterns and victim type(s). Such inconsistencies have been cited as 'polymorphism' in the context of sexual offending (Stephens *et al.*, 2017; Cann *et al.*, 2010; Scuricha & Gongola, 2021) and will be used throughout this chapter to describe inconsistencies in victim-type(s). The present study

aimed to assess whether demographic factors, personality traits, and pre-existing attitudes towards males who have offended sexually, predicted risk ratings of those individuals' displaying polymorphism in terms of victim age, gender, and relationship-type.

1.2 Attitudes towards Individuals who Have Offended Sexually

An attitude has been defined as "the psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour" (Eagly & Chiken, 1993, pp.1). Breckler (1984) developed a tripartite model of attitudes that describes three components involved in the initiation and maintenance of an attitude (Breckler, 1984). The three components included 'affect' that reflected emotional reactions and responses; 'behaviour' that reflected behavioural changes; and 'cognition' that reflected associated beliefs and stereotypes. Breckler (1984) described these three components as fundamental in the development and maintenance of any attitude and should be incorporated into attitudinal assessments for this to be a valid and reliable measure. Willis *et al.* (2012) explained that this approach allows for further exploration of which attitudinal component is most influential and offers an area to target within educational programmes and interventions (Willis *et al.*, 2012).

The present study used and adapted the Attitudes to Sexual Offenders Scale-21 (ATS-21; Hogue & Harper, 2019) to assess attitudes towards males who have offended sexually. This measure was purposefully adapted to assess males as this is the highest reported gender amongst this offender population (Shields & Cochran, 2020). The ATS-21 was recently developed and validated by Hogue and Harper (2019) and incorporated Breckler's (1984) tripartite model of attitudes. The authors incorporated the three attitudinal components cited by

Breckler (1984; affect, behaviour, cognition) and reflected each in the three subscales cited to include 'trust', 'social distance', and 'intent'. Hogue and Harper (2019) defined these three subscales as a three-factor structure, which they validated using confirmatory factor analysis. In particular, the 'intent' subscale was structured to represent items relating to the 'affect' component (the intentions of the individual); the 'social distance' subscale was structured to represent items relating to the 'behaviour' component; (behavioural changes based on the presence of the individual); and the 'trust' subscale was structured to represent items relating to the 'cognition' component (associated with adverse stereotypes, beliefs, and stigmatisations towards such individuals).

1.2.1 Forensic Professionals

It is the role of a forensic professional to assess, formulate, and intervene with IOS to target risk reduction and subsequent recidivism (Thibaut, 2016). This means that, forensic professionals are required to work with males that have offended sexually IOS and be exposed to details about their sexual offending, whilst also intervening to mitigate their sexual risk(s). The consensus within the literature is that forensic professionals who have increased therapeutic engagements with this population, have more favourable attitudes towards them (Tewksbury & Mustaine, 2013; Shackley *et al.*, 2014; Hogue & Harper, 2019). In particular, forensic professionals have expressed more positive attitudes towards IOS when there is a good therapeutic rapport, treatment responsiveness, and overall positive therapeutic outcomes (Hogue & Harper, 2022). Furthermore, forensic professionals' positive attitudes have been characterised by more optimism about treatment efficacy and rehabilitation (Shackley *et al.*, 2014). It is hypothesised that having therapeutic engagements with males that have offended sexually influences attitudes to be more positive.

1.2.2 General Public

Members of the general public are more likely to be exposed to media portrayals of IOS (Craig, 2005), in comparison to having therapeutic contact with them like forensic professionals have. The consensus in the literature is that members of the general public express more negative attitudes towards IOS (Payne *et al.*, 2010; Klein & Cooper, 2019), due to the perceived overestimation of recidivism rates (Helmus, 2021). In turn, this often leads members of the public to favour more punitive measures of management, such as lengthier custodial sentences and greater restrictions (Klein & Cooper, 2019). Research has found that public attitudes towards IOS are often negatively influenced by adverse representations in the media, which often portray such individuals as predatory and opportunistic in their sexual offending (Craig, 2005; Willis *et al.*, 2010). It is hypothesised that members of the public will express more negative attitudes towards IOS, based on their exposure to media portrayals reinforcing negative stereotypes about such individuals and their offending.

More recently, research has found that there are differences in attitudes amongst members of the general public, particularly concerning the student population (Harper & Bartels, 2017). Harper and Hicks (2022) found that a student population expressed more favourable attitudes towards IOS, compared to older and less educated participants in the sample (Harper & Hicks, 2022). It is hypothesised that participants considered as highly educated and young in age, thus reflective of the student population, will express slightly more favourable attitudes towards this population. This signifies the role of age and education in attitudes towards IOS and offers rationale to explore such factors further.

In accordance with Hogue and Harper's (2019) three-factor structure as outlined above, it is suggested that the public express more emotive responses towards IOS based on their fear and anxiety that such individuals have high recidivism rates (Klein & Cooper, 2019). This can then lead to greater behavioural disruptions, associated with greater levels of social distancing and subsequent isolation from IOS in the community. Consequently, this can also lead to intense emotional reactions and subsequent adaptations in cognitions about IOS, and thus reinforcing negative stigmas that IOS have higher recidivism rates (King & Roberts, 2017). This presents IOS with greater difficulty when reintegrating into the community following their offending. For example, if members of the public distance themselves socially from IOS, based on their emotive responses (e.g., fear, anxiety, distress), this then reinforces the social distancing from this population. In turn, this then increases social isolation of IOS, which has been highlighted as a key risk factor for relapse (e.g., recidivism; DeLuca *et al.*, 2017). Wilson *et al.* (2008) also found that such social isolation can precipitate feelings of hopelessness, loneliness and anxiety (Wilson *et al.*, 2008). The authors also found that when IOS reintegrate into the community for extended rehabilitation, a lack of social support can act as a predictor of recidivism due to the lack of meaningful pro-social relationships.

1.3 Polymorphism

Much of the research suggests that IOS often remain consistent in terms of victim preferences and patterns of offending (e.g., paedophiles; Lamade & Prentky, 2019). For example, Wilmot (2022) differentiated between individuals who offend sexually and 'specialise' in one type of victim, and others who do not, but also offend in a range of other offences (e.g., non-sexual offending; Wilmot, 2022). The present study considers attitudes towards IOS in a variety of

ways, including both contact and non-contact offences; as a non-specialist group of individuals; as well as a more specialist group of individuals displaying greater diversity (e.g., polymorphism). The rationale for including both specialist and non-specialist types of offending was to draw conclusions about the influence of attitudes towards a more general group of IOS, when considering risk perceptions of a more specialist type of individuals, such as those displaying polymorphism. IOS and displayed polymorphism have often offended with greater diversities in their type of sexual offending and inconsistencies with victim types (Cann et al., 2010; Stephens *et al.*, 2017). There appears to be limited available research conducted on IOS and displayed polymorphism; which also appears to be underreported and underestimated within the literature (Scuricha & Gongola, 2021). This group of individuals do not identify with a specific victim-type that is consistent in terms of age, gender, and relationship (known and unknown victims; Stephens *et al.*, 2017). For example, an individual displaying inconsistency in victim type in terms of age, might offend sexually against victims of varying ages, including both adults and children. A recent systematic review by Scuricha and Gongola (2021) found that one in five IOS have displayed polymorphism (Scuricha & Gongola, 2021). The authors found that this statistic was stable across age polymorphism (19%), gender polymorphism (15%), and relationship polymorphism (19%). This highlights that approximately one in five IOS do not have a specific victim type, suggesting that polymorphism is more common than first thought, but inconsistently reported in the literature. This type of offending is often characterised by opportunistic and impulsive behaviours, rather than premeditated to target a specific victim type based on certain urges and paraphilias (Deslauriers-Varin & Beaugard, 2010).

From the literature available, the most prevalent type of polymorphism relates to victim age (Kleban *et al.*, 2013; Stephens *et al.*, 2017). Researchers have suggested that this is based on such individuals having the ability to have intense sexual attractions to both children and adults concurrently (Bailey *et al.*, 2016). This group of individuals have also shown to have higher recidivism rates when compared to other individuals that have a specific victim type in terms of age (e.g., a paedophile; Sim & Proeve, 2010). Based on this information, this type of polymorphism is hypothesised to be the highest rated in terms of recidivism, when compared with other domains such as gender and relationship polymorphism. In contrast, Sim and Proeve (2010) found that IOS and displayed inconsistencies in terms of victim gender had a prevalence below 15% (Sim & Proeve, 2010) and considered less common (Kleban *et al.*, 2013). In addition to this, Kleban *et al.* (2013) found that individuals displaying inconsistencies in terms of victim age had an even lower prevalence. However, the authors did comment that this type of polymorphism was more common when the first victim was unknown to the perpetrator, rather than being known to them (Kleban *et al.*, 2013). It was considered relevant to assess such inconsistencies in sexual offending as there are limited evidence-based therapeutic interventions to target and mitigate such risks. The present study aimed to increase understanding into risk perceptions of IOS and displayed polymorphism, considering differences between forensic professionals and members of the general public.

1.4 Demographic Factors

1.4.1 Age and Education

As cited above, recent research has identified that the student population (amongst the general public) have expressed more positive attitudes towards IOS (Harper & Bartels, 2017; Harper & Hicks, 2022). The cited authors suggest that such findings could be due to youth and increased levels of educational attainment, which has also been supported by other research (Olver & Barlow, 2010; Harper *et al.*, 2017). In contrast, other research has found that education does not influence attitudes towards this population (Nelson *et al.*, 2002; Gakhai & Brown, 2011). This provides rationale to explore the role of age and education in conjunction with each other to identify whether there are any interactive effects that are considered influential on attitudes.

1.4.2 Gender

Research has shown that male forensic professionals have expressed more negative attitudes towards IOS, in comparison to females (Ferguson & Ireland, 2006). A recent systematic review also found that males are more susceptible to psychological distress associated with working with this population, leading to greater cognitive disturbances (e.g., schema adaptations about self and others safety; Baum & Moyal, 2020). This highlights the role of gender when therapeutically engaging with IOS, emphasising that male forensic professionals might be more susceptible to greater cognitive disturbances. Such cognitive disturbances relate to feelings of safety about the self and significant others, particularly if this includes children (Barros *et al.*, 2020). As an example, such cognitive disturbances can lead to an increase in hypervigilance and reduced

feelings of trust about others, leading to greater safety concerns after working with IOS (Way *et al.*, 2007; Baum & Moyal, 2020).

In contrast, research assessing attitudes expressed by the general public has shown that females express more negative attitudes towards IOS when compared with males (Willis *et al.*, 2013). This has led to an increase in non-professional females expressing favourable views of higher levels of punishment and restrictions for IOS, based on their increased anxieties about recidivism (Pickett *et al.*, 2013). However, it is important to comment that both Olver and Barlow (2010) and Challinor and Duff (2019) found no effect in gender when assessing attitudes towards IOS. This contrast in the findings offered further rationale to explore the role of gender within both forensic professionals and the general public.

1.5 Personality Traits

This study aimed to explore the role of personality traits in attitudes towards IOS. In particular, this study wanted to focus on the traits that have been associated with more positive attitudes towards this population. Olver and Barlow (2010) performed a study on the role of personality traits and attitudes towards IOS and found that 'agreeableness' and 'openness to experience' were associated with more positive attitudes (Olver & Barlow, 2010). These traits are defined below. To further explore the role of such identified personality traits (Olver & Barlow, 2010), the present study aimed to consider the role of 'agreeableness' and 'openness to experience' in attitudes towards IOS. It is hypothesised that both personality traits will be associated with more positive attitudes towards this population.

1.5.1 Agreeableness

Agreeableness is defined as one of the Big Five personality traits. Trait 'agreeableness' has been associated with higher levels of trust and appreciation, as well as kindness and sympathy (Furnham & Cheng, 2015). It is also associated with greater warmth and care, which is highly relevant when thinking about therapeutic engagements, particularly therapeutic rapport. Olver and Barlow (2010) found high levels of agreeableness associated with more positive attitudes towards IOS. However, other research assessing the role of trait 'agreeableness' on attitudes towards IOS appears limited. The present study uses the HEXACO Personality Inventory-Revised to measure traits of 'agreeableness', which includes four facets including forgiveness, gentleness, flexibility, and patience (Ashton & Lee, 2009).

1.5.2 Openness to Experience

Similarly, trait 'openness to experience' is defined as one of the Big Five personality traits. This trait has been associated with an openness to emotions and intellectual curiosity, as well as diversity and creativity (Christensen *et al.*, 2019). Again, Olver and Barlow (2010) found high levels of trait 'openness to experience' amongst participants expressing more positive attitudes towards IOS (Olver & Barlow, 2010). The present study uses the HEXACO Personality Inventory-Revised to measure traits of 'openness to experience', which includes four facets including aesthetic appreciation, inquisitiveness, creativity, and unconventionality.

1.6 Rationale and Hypotheses

The present study aimed to explore attitudes towards males who have offended sexually through a quantitative study using the Attitudes to Sexual

Offenders Scale– 21 (Hogue & Harper, 2019). This study intended to compare attitudes expressed by forensic professionals and the general public to identify whether increased therapeutic engagements with IOS had an influence on attitudes. In comparison to members of the general public, who do not have such therapeutic engagements with IOS, this study aimed to assess whether this influenced attitudes as being characterised by more negative attitudes. It is hypothesised that such therapeutic engagements with IOS, as well as the training as part of professional accreditation, might influence attitudes as being more positive towards males who have offended sexually and displayed polymorphism.

The second part to this study then intends to use such attitudinal data as an independent variable in the regression model, cited as 'pre-existing attitudes towards males who have offended sexually' as a non-specialist group. This aimed to identify whether such pre-existing attitudes had an influence on perceptions of recidivism risk of a more specialist type of offender, such as males offending sexually and displaying polymorphism. This independent variable would then be inputted into the regression model with other variables including demographics (group, age, gender, education) and personality traits ('agreeableness' and 'openness to experience') to assess the influence each of the variables had on risk ratings of males offending sexually and displaying polymorphism. The risk ratings focus on participants' perceptions of recidivism risk when presented with males that have offended sexually and displayed inconsistencies in victim type in terms of age, gender, and relationship to the victim. Based on these predictions, the following hypotheses were formulated:

H1: Forensic professionals will report more positive attitudes towards males that have offended sexually based on their therapeutic engagements with them as part of their role.

H2: Pre-existing attitudes towards males who have offended sexually as a non-specialist group will significantly predict the risk ratings of recidivism of males offending sexually and displaying polymorphism.

H3: Demographic factors (age, gender, education) and personality traits ('agreeableness' and 'openness to experience') will significantly predict the risk ratings of recidivism of males offending sexually and displaying polymorphism collectively.

H4: Participants will rate males who have offended sexually and displayed polymorphism in terms of victim age as the highest risk of recidivism based on the findings presented in the literature.

The findings from this study are then intended to provide greater insight into the differences in attitudes between forensic professionals and members of the public. This will provide greater knowledge about the role of pre-existing attitudes towards males who have offended sexually as a non-specialist group, whilst also considering their influence on risk ratings of males who display inconsistencies in their sexual offending in terms of victim type(s). It will also provide further information about the role of demographic factors and personality traits of 'agreeableness' and 'openness to experience' upon such risk ratings. Overall, these findings intend to provide further insight into factors that influence attitudinal differences between forensic professionals and members of the general public and offer greater knowledge about males who have offended sexually and displayed polymorphism.

2.0 Method

2.1 Ethical Considerations

The present study was granted ethical approval by the Faculty of Medicine & Health Sciences Research Ethics Committee at the University of Nottingham (**Appendix C**). As the topic might be distressing for some participants, a detailed information sheet was included to cite the aims of the study, as well as a debrief sheet that offered relevant contact details of support services and the researchers should participants need to access this.

2.2 G*Power

A priori power analysis was conducted using G*Power (Faul *et al.*, 2007; **Appendix D**) with a significance criterion of $\alpha=.05$ and power =.90, the minimum sample size needed is with a medium effect size ($f^2=0.15$) equalled $n=130$ to perform multiple linear regressions with seven predictor variables (pre-existing attitudes, demographics – age, gender, education, group, and personality traits – ‘agreeableness’ and ‘openness to experience’) to assess the variance accounted for by each of these variables, as well as collectively.

2.3 Recruitment

The study was advertised online using social networking sites such as Facebook, LinkedIn, Reddit, and Twitter. To enhance recruitment, the study was also shared with professional contacts for the purpose of recruiting forensic professionals to participate. The advertisement included details about the aims of the research, citing that it was assessing attitudinal differences and risk perceptions towards males who have offended sexually. As the study was also

administered online, the advertisement provided participants with a URL link that they could click on to be taken to the online survey to participate.

2.4 Design

The study adopted a between-groups design to examine attitudinal differences between forensic professionals and members of the general public. The proposed statistical analysis intended to use multiple linear regressions to assess the role of seven independent variables, including pre-existing attitudes towards males who have offended sexually (a non-specialist type of offenders, including contact and non-contact offences, with varying victims), demographics (group, age, gender, education), and personality traits ('agreeableness' and 'openness to experience') on risk ratings of males offending sexually and displaying polymorphism. This aimed to identify whether a specific type of polymorphism (victim age, gender or relationship) was rated higher in terms of perceived recidivism risk, as well as identifying the strength and direction of relationships with independent variables in the model. The use of this statistical approach would also allow for further examination of the individual contribution of each independent variable, whilst also controlling for the potential effects of others within the regression model.

2.5 Participants

The sample included a total of $n=113$ participants, consisting of relatively equal participants from the forensic professional group ($n=51$) and the general public group ($n=62$). **Table 3.1** presents the demographic information for participants across the two groups. This highlights the disproportionate number of females in the sample, which will be addressed and discussed in the **Results** section.

Table 3.1*Sample Demographics.*

	Forensic Professionals		General Public	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Gender				
Female	43	84.3	38	61.3
Male	8	15.7	24	38.7
Education				
GCSE	0	0	8	7.1
A Level	0	0	12	10.9
Undergraduate	14	12.4	11	9.8
Postgraduate	37	33.1	31	27.9

Note. N=113 (forensic professionals, n=51; general public, n=62). Participants were on average 33.2 years old (SD=1.1).

Participants were required to self-allocate into the relevant group based on definitions provided. For the forensic professional group, participants were given the following definition: *"a forensic professional is an individual working within a professional capacity with individuals who have committed crimes and are located within either forensic mental health services or prison and probation services.* For the general public group, participants were given the following definition: *"an individual who is a member of the public, who are not members of a particular organisation."*

Forensic professionals in the sample reported working in forensic mental health services (NHS and private sector), the Police, and prison and probation services. All of which reported to have previously, or were currently working with IOS. Forensic professionals were asked to report their length of service (e.g., how long they had been working as a forensic professional for), which ranged between six months and 42 years (0.5 - 42 years; $M=98.4$, $SD=107.2$). A total of 70.6% ($n=36$) of the sample reported they had received specialist training to work therapeutically with IOS, and 29.4% ($n=15$) reported that they had not. Forensic professionals commented that they would benefit from receiving further specialist training to improve their therapeutic engagements with IOS. In particular, they highlighted the relevance of receiving training on risk assessment, formulation, supervision/risk management, and compassion focused and trauma-informed approaches. The forensic professionals' occupations are listed in **Table 3.2**.

Table 3.2*Percentages of Forensic Professionals' Occupations within the Sample.*

Occupation	Percentage (%)
Forensic Psychologists	25.49
Clinical Psychologists	7.84
Allied Health Professionals	11.76
Probation Officers	1.96
Social Workers	3.92
Police Officers	3.92
Trainee Forensic Psychologists	15.68
Assistant Psychologists	23.52
Interventions Facilitator	3.92
Offender Managers	1.96

Note. N=113 (forensic professionals, n=51; general public, n=62).

2.6 Materials

The study was designed online and administered as an online survey to promote remote access of participants as the study took place following the Covid-19 pandemic. As described above in the **Advertisement** subsection, the advertisement provided prospective participants with information about the study and a URL link to click if they wished to participate. The online survey presented materials including an information sheet (**Appendix E**), which briefly detailed the aims and purpose of the study; a consent form (**Appendix F**), which outlined the role of participation and requiring participants to click if they gave informed consent to participate; and a debrief sheet was shown after participation (**Appendix G**), which summarised their contribution to the research and provided relevant contact details for the researchers and support services should participants require access to them.

2.6.1 Demographic Questionnaire

As described about in the **Participants** subsection, all participants were required to self-allocate themselves into the relevant group based on the definitions presented to them via the online survey. Following this, participants were presented with a group-specific demographic questionnaire to ensure that relevant information was obtained from each group (**Appendix H**). For example, the forensic professional questionnaire focused more on work environment, therapeutic engagements with IOS, and their length of experience of working as a forensic professional. Whereas the general public questionnaire focused more on their understanding of the term "sex offender" and their exposure to adverse media portrayals of such individuals. As this study also aimed to measure the

influence of demographic factors, this questionnaire also asked participants to report information about their age, gender, and level of educational attainment.

2.6.2 The Attitudes to Sexual Offenders Scale (ATS-21; Hogue & Harper, 2019)

As discussed in the **Introduction**, the ATS-21 has recently been developed and validated by Hogue and Harper (2019) to assess attitudes towards IOS. A copy of this psychometric can be found in **Appendix I**. It was validated and shortened in consideration of the original Attitudes to Sexual Offenders Scale (ATS; Hogue, 1993). The ATS-21 presents 21 statements to respondents and asks them to respond to each of them in terms of agreeableness. The statements are split across three subscales, which include 'intent' ($\alpha=.84$), 'social distance' ($\alpha=.79$), and 'trust' ($\alpha=.83$). Hogue and Harper (2019) incorporated these three subscales to reflect Breckler's (1983) tripartite model of attitudes (affect, behaviour, cognition) as an accurate measurement of attitudes. The ATS-21 instructs participants to respond to each of the statements using a five-point Likert scale ("*strongly disagree, disagree, undecided, agree, strongly agree*"). The ATS-21 has demonstrated good psychometric properties in terms of internal consistency ($\alpha=.94$) test-retest reliability and appropriateness of norms (Hogue & Harper, 2019). This measure was adapted to focus on males who have offended sexually for the purpose of the study aims as discussed.

2.6.3 The HEXACO Personality Inventory-Revised (HEXACO-PI-R; Ashton & Lee, 2009)

The HEXACO-PI-R is a psychometric designed for the measurement of the Big Five personality traits. A copy of this psychometric can be found in **Appendix J**. This measure presents 60 statements to respondents and asks

them to respond to each of them in terms of agreeableness. The HEXACO-PI-R instructs participants to respond to each of the statements using a five-point Likert scale ("*strongly disagree, disagree, neutral, neither agree nor disagree, agree, strongly agree*"). For the purpose of this study, only subscales of 'agreeableness' and 'openness to experience' were included in the analysis. The 'agreeableness' subscale includes four facets including forgiveness, gentleness, flexibility, and patience; and the 'openness to experience' subscale includes four facets including aesthetic appreciation, inquisitiveness, creativity, and unconventionality. Both subscales have shown high levels of internal reliability (agreeableness $\alpha=.77$; openness to experience $\alpha=.78$; Skimina *et al.*, 2020).

2.6.4 Vignettes

The study included three different vignettes, each displaying a different type of victim polymorphism. Each vignette described a male offending sexually and displaying inconsistencies in his victim types across domains of age, gender and relationship. The study aimed to randomly assign each participant to one of three of the vignettes. For example, the gender vignette presents a male who offends sexually against both male and female victims; whilst the age vignette presents a male who offends sexually against children and adults; and the relationship vignette presents a male who offends sexually against victims known and unknown to them. The perpetrators were purposefully created to be a male based on this being the highest reported gender amongst those who have offended sexually, according to the literature (Shields & Cochran, 2020). In addition to this, the perpetrators were also presented as opportunistic and impulsive, which is consistent with the offending profile of polymorphism. An example vignette is displayed in **Figure 3.1**. Following each vignette, participants were asked a set of eight questions requiring them to rate the

male's risk of recidivism based on his offending pattern and victims. Participants were also asked about their level of comfort associated with such males being reintegrated back into the community. All vignettes can be found in **Appendix**

K.

Figure 3.1

Example Vignette.

Instructions: Please read the statement below and answer the questions following it based on the information you have read about Daniel.

Daniel is a 30-year-old male who identifies as heterosexual. Daniel has described having several intimate relationships with females in the past. Daniel is currently serving a prison sentence for five counts of rape committed towards both males and females. During each offence, Daniel targeted the victims based on opportunity, as they were isolated from crowded and public areas, proceeding to rape them in the same location where the attack could not be seen, and others could not be called for help if they screamed. Daniel continues to identify as a heterosexual male and denies any attraction to males, despite offending against them sexually.

1. How likely do you think Daniel is of committing another sexual offence in the future?
2. How likely do you think Daniel is of committing a non-sexual offence in the future?
3. How likely is Daniel to pose a sexual risk to other adults?
4. How likely is Daniel to pose a sexual risk to children?
5. Based on Daniel's offences being committed against both males and females, how likely do you think it is that he will commit future sexual offences against both male and female victims?
6. Based on Daniel's offences being opportunistic, how likely do you think he would be to reoffend if the opportunity arose?

7. How likely is Daniel to pose a sexual risk to both male and female staff in the prison he is in?

8. If Daniel were released into the community following treatment, how comfortable would you feel with that decision?

2.7 Procedure

As highlighted above, the study was designed as an online survey to promote remote access of participants during Covid-19 restrictions. The online survey was presented on Jisc, which enabled data to be collected anonymously. Jisc also provided a URL link which was able to be distributed on the advertisement. Participants were then instructed that they could select this URL link if they were either a forensic professional or a member of the general public wishing to participate in the study. If participants wished to proceed to the study, they were then shown an information sheet and consent form, requiring them to provide informed consent prior to being presented with the psychometrics. Once consent was provided, participants were then presented with a question about their grouping, defining both forensic professionals and members of the general public asking participants to assign themselves. Based on group allocation, participants were then presented a demographic questionnaire relevant to this group and asked a set of questions, both asking for age, gender, and level of educational attainment. Following this, all participants were then shown the ATS-21 to measure attitudes towards males who have offended sexually, followed by the HEXACO to measure personality traits of 'agreeableness' and 'openness to experience'. All participants were then randomly assigned to one of the three vignettes, displaying a male who offended sexually and displayed inconsistencies in victim type and were asked to answer a set of questions relating to their perceptions of risk of recidivism. Participants were then shown a debrief sheet thanking them for their participation and providing details of relevant support services if required.

3.0 Results

3.1 Preliminary Focus Discussion

An opportunity arose to facilitate a focus discussion as part of a regional psychology meeting for continuous professional development, including females ($n=18$) and males ($n=4$; **Appendix L**). All attendees consented to participate in a focus discussion about their experiences of working therapeutically with males who had offended sexually, as well as those displaying polymorphism. Information from this discussion is anonymised and summarised. The discussion highlighted the resistance that some forensic professionals had in expressing their attitudes towards this population, due to their apprehension about the professional consequences. In addition, forensic professionals also described their apprehension about working therapeutically with this population based on their initial attitudes towards them. This is important to consider when thinking about recruitment of forensic professionals in attitudinal research. The potential limitations of this will be discussed. However, forensic professionals highlighted that with training in compassion focused and trauma-informed approaches and clinical formulation, as well as additional therapeutic engagements with males who have offended sexually, increased their attitudes as being more positive towards this population.

3.2 Statistical Analysis and Assumption Testing

As described above, the study was designed to be accessible remotely (online) which meant that it was administered using Jisc. This allowed data to be collected anonymously and then transferred into the Statistical Programme for the Social Sciences for statistical analysis. At this point of the study, it was identified that there had been difficulties within the collection of the vignette

data. Whilst it was recognised that Jisc did not have a function that supported the randomisation of participants, alternative methods were used to randomise participants using this programme. For example, different versions of the online survey were created, but initially only one was launched. As guided by Jisc, it was then recommended that when sufficient data was collected, to then close the survey and open another version and reuse the URL from the first survey and repeat as required. Whilst this approach was tested prior to the survey going live, unfortunately the data collected was not randomly distributed across the three conditions and therefore not considered appropriate for statistical analysis. As participants were not randomly allocated into one of the three conditions, the data was collected disproportionality into each of the conditions. It is important to also highlight that the author was unfamiliar with Jisc, and all previous experience had been with Qualtrics, which does support the randomisation function. Upon reflection, due to the author's unfamiliarity with Jisc, the randomisation function should have been retested once the study had gone live. In future research the author would request to use Qualtrics as an alternative. Such technical difficulties meant that not all of the data that intended to be collected, was collected. This is reflected in the change of the proposed statistical analysis and will be discussed further in this section.

3.2.1 Scale Reliability

The data obtained from demographic questionnaires and psychometric measures was considered appropriate for statistical analysis. For each of the psychometrics, total scores were calculated along with the means (M) and standard deviations (SD). Item reverse coding was computed on relevant items in the psychometrics, which was completed using syntax. The reliability of all scales was calculated using Cronbach's alpha (α ; see **Table 3.3**). A Cronbach's

alpha (α) between .65 and .80 has been considered appropriate for a psychometric scale (Vaske *et al.*, 2017).

Table 3.3

Descriptive Statistics and α Coefficients for Continuous Predictor Variables and the Outcome Variable.

Measure	Items	α	$M (SD)$
Age	-	-	33.17 (1.14)
Agreeableness	10	.75	28.40 (6.07)
Openness to Experience	10	.86	24.78 (7.82)
ATS-21 Score	21	.71	63.03 (8.84)

Note. N=113 (forensic professionals, n=51; general public, n=62).

3.2.2 Normality Testing

To test for data normality, the data were visually and statistically tested. The Shapiro-Wilks test of normality was computed and found to be non-significant, indicating that the data did not deviate from a normal distribution. Further visual assessments of histograms and Q-Q plots also confirmed this normal distribution.

3.2.3 Assumption Testing

As highlighted above, the proposed statistical analyses had to be adapted slightly to account for the technical difficulties in data collection from vignettes. Instead, a multinomial logistic regression was computed on the seven predictor variables (age, gender, group, education, agreeableness, openness to experience, and pre-existing attitudes) upon risk ratings of which individual they perceived as having the highest recidivism risk based on their display of polymorphism (age, gender, relationship). This method allowed for continuous and nominal independent variables, which can then be analysed to assess their predictive variance on a nominal dependent variable with more than two categories.

The data was assumption tested in accord with the multinomial logistic regression model to ensure it was appropriate for the nature of the data. This required the testing of six assumptions that are required for this statistical test to obtain a reliable result. Firstly, the dependent variable was measured on a nominal level. For example, the dependent variable was participants' perception of which male they considered to be the highest risk of recidivism based on their display of polymorphism (age, gender, relationship; three categories).

Secondly, the data must include more than one independent variable that are continuous, nominal, or ordinal. The data included a total of seven independent variables that included age (continuous), gender (nominal), group (nominal), education (nominal), agreeableness (continuous), openness to experience (continuous), and pre-existing attitudes (continuous).

Thirdly, the data had independence of observations and the dependent variable had exclusive categories (see above). There was also no presence of multicollinearity as no predictor variables were highly correlated with each other.

To test for linearity between the predictor variables and the outcome variable, correlations were computed. It was observed at this stage of testing that predictor coefficients were observed to have weak correlations with the outcome variable. Therefore, additional observations were made to assess whether this was a potential violation of linearity and thus considering the appropriateness of the multinomial logistic regression model. Further visual assessment of linearity was conducted and identified that regression standardised residuals and predicted values were normally distributed on a scatterplot, and that the normal P-P plot of regression standardised residuals were linear. As recommended by Field (Field, 2005) such tests should not be treated in isolation and visual assessments should be included in the decision-making process of assumption testing.

The data also did not present with any violations of homoscedasticity as residuals appeared constant across all levels of the predictor variables. There were also no outliers observed. This assumption testing confirmed that the data was appropriate for parametric statistical analyses using a multinomial logistic regression.

3.3 Group Differences

As discussed in the **Method** section, there were disproportionate numbers of males and females across both groups within the sample. A Chi-square test for independence was performed to establish whether group (forensic professionals and members of the general public) was independent of gender (male/female). The results found a statistically significant relationship between gender and group, $\chi^2(40) = 51.522$, $p = .105$, Cramer's $V/\phi = .105$. This finding concludes that the two variables are not significantly related.

In line with H1, an independent samples t-test was computed to compare mean differences in pre-existing attitudes, as measured by the ATS-21, between-groups. This test found that forensic professionals had significantly higher scores on the ATS-21 ($M = 57.29$, $SD = 10.19$) indicative of more positive attitudes towards males who have offended sexually, when compared with scores reported by the general public ($M = 48.84$, $SD = 10.42$), $t(111) = -4.337$, $p < .001$. This provides support to H1, in accord with past research as outlined in the **Introduction**.

3.4 Multinomial Logistic Regression

A multinomial logistic regression was performed to create a model of the relationship between predictor variables which included demographics (group, age, gender, education), personality traits ('agreeableness' and 'openness to experience'), and pre-existing attitudes; and participants' rating of which type of polymorphism they perceived as having the highest risk of recidivism (age, gender, relationship). This model adopted the traditional .05 criterion of statistical significance across all tests. The multinomial logistic regression model was statistically significant ($\chi^2(18) = 33.291$, $p < .005$). Pearson's Chi-square test

indicates that the model does fit the data well ($\chi^2 (206)=216.417, p=.295$), as well as the Deviance Chi-square indicating goodness of fit ($\chi^2 (206)=186.333, p=.834$). The Pseudo R-Square value of .298 (Nagelkerke's) suggests that the model explains for approximately 29.8% of the variance in the dependent variable. The results found significant predictors in the model to include age ($p=.002$), group ($p=.014$), education ($p=.009$), and openness to experience ($p=.024$). However, gender ($p=.191$), agreeableness ($p=.449$), and pre-existing attitudes ($p=.489$) were not found to be significant predictors in the model.

As discussed, multinomial logistic regression allows for the assessment of one of the potential outcomes as a method of comparison and considers the change in likelihood of achieving the other outcomes given in the independent variables. For example, within these analyses, the regression considers the influence that the independent variables have on predicting which type of polymorphism that participants rated as having the highest recidivism risk across those displaying inconsistencies in age, gender, and relationship. Therefore, all results should be interpreted as differences in risk perceptions of recidivism across polymorphism. Additionally, the "Exp (β)-1" column in the tables should be interpreted as the change in odds of obtaining that particular outcome given a one-unit increase in the selected independent variable.

Table 3.4 presents the results of the participants who selected males offending sexually and displaying polymorphism in terms of their relationship with the victim (known or unknown) as the highest recidivism risk. This table displays the individual contribution of each independent variable in the model along with statistical significance.

Table 3.4

Multinomial Regression Results for Participants Who Selected Males Offending Sexually and Displaying Polymorphism in Terms of Their Relationship with the Victim as Having the Highest Recidivism Risk.

Victim Relationship Polymorphism		95% Confidence Interval for Exp (β)						
Variable	β	Std. Error	Wald	df	Sig.	Exp (β)	Lower	Upper
Age	-.07	.030	5.91	1	.02*	.93	.88	.99
ATS-21	-.00	.023	.04	1	.86	1.00	.95	1.04
Agreeableness	.02	.039	.35	1	.55	1.02	.95	1.10
Openness	.05	.031	2.78	1	.10	1.05	.99	1.12
Group (GP)	1.45	.71	4.11	1	.04*	4.25	1.1	17.18
Gender (Male)	.89	.50	3.11	1	.08	2.43	.91	6.50
Education (GCSE)	-3.00	1.21	6.13	1	.01*	.05	.01	.54
Education (A Level)	-1.71	1.11	2.35	1	.15	.18	.02	1.61
Education (Undergraduate)	-1.84	.803	5.24	1	.02*	.16	.03	.77

*Note. The reference category is relationship polymorphism; the parameter is set at zero because it is redundant; interpreted as the change in odds of recidivism risk associated with a one-unit increase in the independent variable; * $p < .05$, ** $p < .001$; $n = 113$ (forensic professionals, $n = 51$; general public, $n = 62$).*

Table 3.5 presents the results of the participants who selected males offending sexually and displaying polymorphism in terms of victim gender as having the highest recidivism risk. This also refers to comparisons with participants who rated males offending sexually and displaying polymorphism in terms of victim age as the highest recidivism risk. This table displays the individual contribution of each independent variable in the model along with statistical significance.

Table 3.5

Multinomial Regression Results for Participants Who Selected Males Offending Sexually and Displaying Polymorphism in Terms of Victim Gender as Having the Highest Recidivism Risk.

Victim Age Polymorphism							95% Confidence Interval for Exp (β)	
Variable	β	Std. Error	Wald	df	Sig.	Exp (β)	Lower	Upper
Age	-.15	.05	8.40	1	.00*	.86	.77	.95
ATS-21	.03	.04	.89	1	.35	1.03	.97	1.11
Agreeableness	.08	.07	1.50	1	.22	1.09	.95	1.25
Openness to Experience	.08	.04	2.85	1	.09	1.08	.99	1.18
Group (GP)	1.44	.95	2.30	1	.13	4.21	.66	27.02
Gender (Male)	-.43	.70	.39	1	.53	.65	.17	2.54
Education (GCSE)	-2.40	1.61	2.22	1	.14	.09	.00	2.12
Education (A Level)	-1.97	1.43	1.91	1	.17	.14	.01	2.28
Education (Undergraduate)	-2.91	1.43	4.11	1	.04*	.05	.00	.91

*Note. The reference category is age polymorphism; the parameter is set at zero because it is redundant; interpreted as the change in odds of recidivism risk associated with a one-unit increase in the independent variable; * $p < .05$, ** $p < .001$; $n = 113$ (forensic professionals, $n = 51$; general public, $n = 62$).*

As displayed in **Table 3.4** and **Table 3.5**, several variables appeared to significantly influence the risk ratings of males displaying polymorphism across all domains. The results found that with every one-year increase in age, there was a 7% decrease in the likelihood of selecting relationship polymorphism as the highest risk of recidivism in comparison to age polymorphism. This appeared to significantly impact the odds of risk ratings ($\beta=-.07$, Wald=5.91 $p<.005$). For the participants who selected gender polymorphism as the highest risk of recidivism, there was a 15% decrease in the likelihood of rating gender polymorphism as the highest risk of recidivism in comparison to age polymorphism. This also appeared to significantly impact the odds of risk ratings ($\beta=-.15$, Wald=8.40, $p<.005$).

The results also found that being a member of the general public increased the odds of rating relationship polymorphism as the highest recidivism risk when compared with age polymorphism by 45%. This also appeared to significantly impact the odds of risk ratings ($\beta=1.45$, Wald=4.11, $p<.005$). In comparison to members of the general public rating gender polymorphism as the highest recidivism risk, which increased the odds of rating this type of offender as higher risk than age polymorphism by 44%. However, this result was not statistically significant.

The results found that being male increased the odds of rating relationship polymorphism as the highest recidivism risk when compared with age polymorphism by 89%. Additionally, the results also showed that being male reduced the odds of rating gender polymorphism as the highest recidivism risk when compared with age polymorphism by 43%. Although, both results did not appear to significantly impact the odds of ratings of recidivism of males offending sexually and displaying polymorphism. However, these findings do

highlight the role that gender has in rating such males' risk of recidivism when comparing all three domains (age, gender, relationship).

In terms of education, the results found that participants with the highest level of educational attainment as GCSE, reduced the odds of rating relationship polymorphism as the highest recidivism risk when compared with age polymorphism by 3%. This result was statistically significant ($\beta=-3.00$, Wald=6.13, $p<.005$). The results also found that participants with higher educational attainment in the undergraduate level, reduced the odds of rating relationship polymorphism as the highest recidivism risk when compared to age polymorphism by 84%. This result was statistically significant ($\beta=-1.84$, Wald=5.24, $p<.005$). Similarly, the results found that participants with the highest educational attainment at undergraduate level reduced the odds of rating gender polymorphism as the highest recidivism risk when compared with age polymorphism by 91%. This was statistically significant ($\beta=-2.91$, Wald=4.11, $p<.005$). Other independent variables including pre-existing attitudes, agreeableness, openness to experience, and education at A Level were not statistically significant (see **Table 3.4** & **Table 3.5**).

3.4.1 Classification

The multinomial regression found that participants who rated males offending sexually displaying relationship polymorphism as the highest recidivism risk were correctly predicted by the model 73.7% of the time. In addition to this, participants who rated age polymorphism as the highest recidivism risk were correctly predicted by the model 54.8% of the time. Lastly, participants who rated gender polymorphism as the highest recidivism risk were

correctly predicted by the model 14.3% of the time. See **Table 3.6** for classification percentages.

Table 3.6

Classification Percentages for Males Offending Sexually and Displaying Polymorphism.

Observed	Age Polymorphism	Gender Polymorphism	Relationship Polymorphism	Percent Correct
Relationship Polymorphism	14	1	42	73.7%
Age Polymorphism	23	1	18	54.8%
Gender Polymorphism	2	2	10	14.3%
Overall Percentage	34.5%	3.5%	61.9%	59.3%

Note. Dependent variable: PSO risk rating; Pseudo R-Square = .298 (Nagelkerke's); n=113 (forensic professionals, n=51; general public, n=62).

4.0 Discussion

4.1 Summary of Findings

The findings from the current study identified that forensic professionals did express more positive and favourable attitudes towards males who have offended sexually, when compared to members of the general public. This finding confirmed H1. The statistically significant differences between such groups have also been supported by past research, which adopted similar methods of measuring key variables, such as using vignettes and Likert scales (e.g., Olver & Barlow, 2010; Challinor & Duff, 2019; Woodhouse & Craven-Staines, 2021). It is hypothesised that this attitudinal difference is reflective of forensic professionals increased therapeutic engagements with males who have offended sexually, as well as the specialist training that they complete to be able to deliver specialist interventions to reduce sexual recidivism. It is also important to comment that whilst there was a statistically significant difference in attitudes between groups, the younger and highly educated participants in the general public sample did express slightly more favourable attitudes.

In line with H2, the study found that pre-existing attitudes did not significantly predict ratings of recidivism risk in males offending sexually and displaying polymorphism across domains of age, gender, and relationship. This finding concludes that there is insufficient evidence to support with H2. Despite the lack of significance, this is a potentially positive finding as it suggests that pre-existing attitudes do not influence risk perceptions. In line with H3, demographic factors and personality traits did appear predictive of risk perceptions of males offending sexually and displaying polymorphism in the regression model. However, not all had significant individual contributions, but

those that did included age, group, education, and trait 'openness to experience'. This finding offers partial support for H3, as the associations that were predicted between independent variables and the outcome variable were present within the data. In line with H4, it was predicted that males offending sexually and displaying age polymorphism would be rated as the highest risk of recidivism. This hypothesis was developed based on past findings about the different types of polymorphism (Kleban *et al.*, 2013; Stephens *et al.*, 2017). However, the regression analysis found that relationship polymorphism was the highest rated type of polymorphism and correctly predicted the model 73.7% of the time. Whereas the participants who rated age polymorphism as the highest risk of recidivism correctly predicted the model just 14.3% of the time. This finding concludes that there is insufficient evidence to support H4. This finding is important when thinking about future research on polymorphism, as it could be argued that relationship polymorphism was rated the highest recidivism risk due to the wider victim pool. For example, victims could include extrafamilial and intrafamilial victims providing greater access to potential victims, in comparison to the domains of age and gender which could be more limited in terms of victim access.

4.2 Limitations

The limitations of the current study must be considered to understand which areas to treat with caution. As highlighted in the **Preliminary Focus Discussion** with forensic professionals, there might be a reluctance to participate in the research based on their concerns about the potential repercussions on their professional identity. Despite forensic professionals being informed on the information sheet that their responses would be confidential, they continued to express their concerns about the possible consequences of

expressing negative attitudes towards males who have offended sexually. This is important to consider when thinking about recruitment for the study and how this might have influenced a reduction in the participation of forensic professionals. This also indicates a potential reluctance amongst participants to partake in the study, as well as those participating to be influenced by social desirability biases. It is also considered a limitation that responses were obtained using self-report measures, meaning that further social desirability biases may have influenced responses. However, the authors of the ATS-21 (Harper & Hogue, 2019) found that ATS-21 scores did not correlate with scores on a social desirability scale, thus reducing the likelihood of inaccurate responses as scored on the ATS-21.

As described in the **Results** section, due to the technical difficulties with the collection of vignette data, this was unable to be used in the statistical analysis. This is a limitation of the current study as it meant that some of the proposed statistical analyses could not be performed. Instead, the statistical analysis had to be adapted to assess the data that was appropriately collected. In addition, when assessing the assumptions of a multinomial linear regression, it was observed that some predictor variables had small magnitudes and thus potential issues of linearity were identified. However, such issues were addressed and additional assessments of linearity were considered to ensure this was not a violation of the model. Additionally, it is important to highlight that as some of the data were used in two sets of analyses, considerations and precautions were made to ensure the reliability of the data. To reduce the chance of a false positive result and the potential of a Type 1 error, a Bonferroni correction technique was applied to control the familywise error rate.

The total sample size equated to $n=113$ and the G*Power calculation equated to $n=130$, thus the study is considered underpowered. This suggests that the study might not have enough statistical power to identify whether the effects being investigated are representative of the sample population. Although, it is important to highlight that the study is not significantly underpowered, as the difference in calculations equates to $n=17$. Whilst this is recognised as a limitation of the current study, several attempts were made to increase advertisement and the uptake of participants as described in the **Method** section. For instance, the study was made remote to promote the uptake of participants using approved social media sites.

Furthermore, whilst the sample was relatively equally weighted in terms of forensic professionals ($n=51$, 45.1%) and members of the general public ($n=62$, 54.9%), there were disproportionate numbers of males and females across the sample. As highlighted in the **Results** section, a Chi-square test was performed to identify whether gender and group were significantly related. However, an insignificant result was found which concludes that the two variables were not related. Whilst the present study assessed the influence of demographic factors on risk ratings of males displaying polymorphism in their sexual offending; it did not consider cultural diversity as a demographic factor. This is considered to be a limitation of the current study, as it meant that the influence of factors such as participants' ethnicity, culture, and social class were unable to be included in the analysis. As mentioned in **Chapter Two**, it would be important for future research to explore the role of cultural diversity amongst forensic professionals, when considering attitudes and risk perceptions towards IOS. This requires further exploration to be able to draw conclusions about

cultural differences amongst forensic professionals, when considering the impact of therapeutic engagements with IOS.

It is relevant to comment that whilst the present study considered polymorphism as a more specialist group of offenders, it could be argued that each of the subgroups within this (age, gender, relationship) differ from each other. This would suggest that each of the domains should be explored independently as specialist groups of sexual offending. Generally, polymorphic offenders present with higher levels of diversity in their sexual offending and greater inconsistencies in terms of victim types; but each of the subgroups require greater independent exploration. Future research would benefit from exploring each of the subgroups of polymorphic offending to identify whether they do significantly differ from each other, making them more specialist subgroups that should be considered independently.

Additionally, the language used in the ATS-21 raises both conceptual and ethical issues about the use of the term "sex offender" in statements assessing attitudes towards this population. The term "sex offender" is associated with high levels of stigmatisation and by including this in the measurement of attitudes arguably reinforces adverse stereotypes of this population. It is also possible that individuals who are less familiar with IOS, might believe that to be categorised as a "sex offender", that an individual must have committed a particular type of sexual offence (Horley, 2011). This would have an influence on responses, which might influence them as being more negative based on their understanding and belief of the term "sex offender". It is recommended that more neutral and first-person language be used in future assessments of attitudes towards this population, to prevent the reinforcement of adverse stereotypes and potentially biased responses.

4.3 Implications and Future Research

The findings from the current study highlighted the influence of being a forensic professional on the expression of positive attitudes towards males who have offended sexually. This finding suggests that having therapeutic engagements with this population, express more favourable attitudes regarding the individuals themselves, their ability to respond to treatment and to be rehabilitated. This is an important finding when thinking about the implications on forensic practices, as it highlights the association between therapeutic engagements with males who have offended sexually and an increase in positive attitudes towards them. It is also relevant to mention, that this could also lead to potential biases in forensic professionals' clinical and risk judgements. For example, if a forensic professional expresses a highly positive attitude towards a male who has offended sexually, they might misinterpret risk-related information and this could lead to biases in the assessment, formulation, and intervention. All of which, have significant implications on forensic practices. In addition to this, it would also be useful to explore differences within the group of forensic professionals, as there are likely to be even greater differences within subgroups (e.g., professionals and paraprofessionals having less therapeutic engagements; Day, 2014).

In addition to this, younger and highly educated participants in the general public sample displayed slightly more favourable attitudes towards males who offended sexually. This is a key finding as it could indicate some potential attitudinal changes amongst the general public, highlighting the role that age and education might play in the development and maintenance of such attitudes. It would be beneficial for this finding to be explored in future research

to identify whether there is a possible “generational shift” of attitudes occurring amongst the younger general population.

As discussed, the multinomial logistic regression model was statistically significant, explaining approximately 29.8% of the variance accounted for by independent variables on the risk ratings of males who have offended sexually and displayed polymorphism. Future research would benefit from further exploring this model, in consideration of the individually significant predictors, including age, group, education, and trait ‘openness to experience’. This would increase insight into their individual influence on risk ratings of males who have offended sexually and displayed polymorphism. For instance, the current study intended to use the data collected in the vignettes to explore factors associated with recidivism risk of males displaying polymorphism, including their risk of sexual and non-sexual recidivism; sexual risk to children and adults; risk of future polymorphic offending; risk of opportunistic sexual offending; risk to prison staff; and level of comfort/discomfort with such individuals reintegrating into the community. Additional exploration of these factors would further inform the research about perceptions of males offending sexually and displaying polymorphism.

Furthermore, it is recommended that future research should assess attitudes and perceptions towards males who have offended sexually as a longitudinal study. This would allow for longer-term assessment that would account for changes over time, whilst also accounting for systemic adaptations and exposures within the context of sexual offending. The findings from longitudinal research could also consider the use of qualitative methods, as well as quantitative, to obtain data that is rich in validity and provides greater depth to understanding attitudes and risk perceptions in relation to recidivism. Such

findings would have theoretical and practical relevance, as they would be able to inform appropriate guidance and interventions aiming to target a reduction in negative attitudes.

5.0 Conclusion

The findings from the current study highlight that forensic professionals express more positive and favourable attitudes towards males who have offended sexually, when compared to members of the general public. It was suggested that the increase in positive attitudes was reflective of the increased therapeutic engagements that forensic professionals had with males who have offended sexually. The findings signified that whilst the attitudes expressed by members of the general public were negative, the attitudes expressed by younger and highly educated members of this group were slightly more favourable. It would be beneficial for this finding to be explored to identify whether there is a possible "generational shift" of attitudes occurring amongst the younger population. In addition to this, the multinomial logistic regression model was statistically significant, explaining approximately 29.8% of the variance accounted for by independent variables (demographics, personality traits, pre-existing attitudes) on the risk ratings of males who have offended sexually and displayed polymorphism. However, not all had significant individual contributions, but those that did included age, group, education, and 'openness to experience'. Moreover, participants rated males who had offended sexually and displayed polymorphism in terms of victim relationship as the highest recidivism risk, in comparison with victim age and gender. Future research would benefit from exploring the significant predictors in the model, in consideration of the different domains of polymorphism to gain greater insight into this complex offending behaviour.

Rationale for Chapter Four

This chapter intended to critique the recently validated Attitudes to Sexual Offenders Scale–21 developed by Hogue and Harper (2019). This psychometric was used in **Chapter Three** to assess attitudes towards individuals who have offended sexually, comparing responses from both forensic professionals and the general public. Therefore, this offered rationale to evaluate the psychometric properties of the measure to conclude whether it had good levels of reliability and validity; as well as being appropriate across different group norms.

Chapter Four

A Psychometric Critique of the Attitudes to Sexual Offenders Scale– 21

Abstract

Objective: Attitudes towards individuals who have offended sexually have been highly researched. A large proportion of this research compares attitudinal differences amongst populations, particularly amongst forensic professionals and members of the general public. This topic is considered to be highly relevant, as attitudes towards this population appear to be influential on legislative policies, societal cultures, and therapeutic engagements in forensic practices. It is important that psychometric measures assessing attitudes towards individuals who have offended sexually have good psychometric properties, to be able to reliably explore attitudes towards this population.

Method: This psychometric critique evaluated the psychometric properties of the recently developed and validated Attitudes to Sexual Offenders Scale – 21 (Hogue & Harper, 2019). This critique considered psychometric properties including reliability, validity, and its appropriateness of norms across different populations. In addition, this psychometric adopts a three-factor structure that includes statements reflecting 'trust', 'intent' and 'social distance'; all of which were assessed using a confirmatory factor analysis.

Results: The findings from this critique identified that the psychometric did have some good psychometric properties in terms of reliability and validity. However, potential biases were found in the norms when assessing the appropriateness

across different populations. The preliminary evidence used in the development and validation of this measure did not appear to include norms for individuals' participants' ethnicity, culture, and social class. Additionally, the confirmatory factor analysis identified inconsistencies in the three-factor structure which was previously validated by Hogue and Harper (2019).

Conclusion: This evaluation identified some good psychometric properties in terms of reliability and validity, as reported by the authors of the Attitudes to Sexual Offenders Scale-21. However, the findings also identified limitations with the psychometric. The use of language in the measure poses conceptual and ethical issues, as the frequent use of the term "sex offender" reinforces adverse stereotypes about this population. In addition, the lack of norms reported across different groups suggests a potential bias in the measure, limiting its use across varying populations. Lastly, the confirmatory factor analysis identified inconsistencies in the three-factor structure and proposed three new factors based on the item loadings. These factors included 'social acceptance', 'adverse stereotypes', and 'trust'. The proposed factors are discussed in line with recommendations of how to improve the measure to increase reliability, validity, and the appropriateness of norms of a representative population.

1.0 Introduction

1.1 Background

Attitudes towards individuals who have offended sexually (IOS) have been highly researched. This is a greatly researched area of forensic psychology based on the nature and severity of such crimes, often causing high levels of psychological distress in such victims. The assessment of such attitudes has practical relevance, as they are influential on legislative policies, societal

cultures, and forensic practices when facilitating therapeutic work to mitigate the risk of recidivism (Harper *et al.*, 2017). It is also important that forensic professionals' attitudes of IOS are accurately measured as they can have a significant influence on therapeutic engagements (Harper, 2012). From the research available on attitudes towards IOS, there appears to be significant differences between the general public and forensic professionals, that is, professionals working with this population in an attempt to mitigate their risk of future offending (Challinor & Duff, 2019; Klein & Cooper, 2019).

The aim of this evaluation was to critique the recently developed and validated Attitudes to Sexual Offenders Scale-21 (ATS-21; Hogue & Harper, 2019), which replaced the previous Attitudes to Sexual Offenders Scale (ATS, Hogue, 1993). The development of this psychometric was informed by Breckler's (1984) tripartite model of attitudes, which cited components of 'affect', 'behaviour', and 'cognition' in the development and maintenance of any attitude (Breckler, 1984). The components of this model were reflected in the three-factor structure in the ATS-21, in subscales of 'intent' ('affect'), 'social distance' ('behaviour'), and 'trust' ('cognition'). The 'intent' ('affect') subscale reflected the motivations of the individual, the 'social distance' ('behaviour') subscale reflected the behavioural changes made towards the individual based on their offending, and the 'trust' ('cognition') subscale reflected the adverse stereotypes and stigmatisations of individuals. By including Breckler's (1984) tripartite model of attitudes, the ATS-21 is able to measure emotional and behavioural experiences, as well as cognitive components, that are likely to occur when assessing attitudes towards IOS (Bastian *et al.*, 2013). It is then the 'affect' component that reinforces greater behavioural changes, such as social distancing from this population based on the fear that that they will reoffend and could possibly be

victimised. Breckler (1984) suggested that attitudes have a direct influence on behaviour, which in this case, would be how individuals respond or react to IOS in terms of social acceptance or social distance. Research has found that members of the public can express some level of acceptance of IOS, when they are reintegrating back into the community, as long as it is not within their local community (Cook & Hogue, 2013). DeLuca *et al.* (2018) suggested that members of the public often distance themselves from this population based on their increased level of fear that they are likely to reoffend, and they or their significant others might be victimised (DeLuca *et al.*, 2018). In turn, this then increases social distancing from IOS, which also increases their level of social isolation. Social isolation has been identified as a significant risk factor for increasing relapse based on feelings of hopelessness and loneliness (Wilson *et al.*, 2010). Therefore, this finding suggests that the greater social isolation an IOS experiences, has a direct influence on their emotional and behavioural wellbeing, which might exacerbate their risk of recidivism.

The general consensus within the literature is that members of the general public express more negative attitudes towards IOS, in comparison to forensic professionals who have therapeutic engagements with this population (Harper & Hogue, 2017). It is likely that the attitudes expressed by members of the general public are more influenced by adverse stereotypes presented in the media (e.g., overestimating recidivism rates and the use of predatory behaviours; Helmus, 2021). In addition to this, research has found that negative attitudes expressed by the public can increase social distancing from IOS (Richards & McCartan, 2018). This finding offers an example of the role of the three-factor structure when assessing attitudes towards IOS, as it highlights how the 'affect' ('intent') component influences 'behaviour' ('social distance'), which

then reinforces greater adverse stereotyping towards this population (e.g., the 'cognitive' component). In comparison, forensic professionals who have therapeutic engagements with IOS appear to have more positive attitudes towards this population; particularly relating to the efficacy of treatment and rehabilitation (Shackley *et al.*, 2014). It is suggested that the increased therapeutic engagements with IOS which appears to be effective and positive, would potentially reinforce positive attitudes towards this population (Day *et al.*, 2014). As highlighted above, forensic professionals having increased therapeutic engagements with IOS aim to focus interventions on mitigating the risk of recidivism. Therefore, it is highly relevant to assess the attitudes of this group to identify whether there are any influences of bias based on attitudes being either positive or negative, as this could have significant implications on forensic practices (Harper & Hicks, 2022).

1.2 Aims

This critique aimed to evaluate the ATS-21 as a recently developed and validated measure of attitudes towards IOS. This critique explored the research available to then assess the psychometric properties of the ATS-21, including reliability, validity, and the appropriateness of norms across different populations, varying in terms of ethnicity, culture, and social class. These properties were considered in terms of their use within forensic practices, as well as within research in the area of forensic psychology. This critique aimed to consider the wider usage of the ATS-21, amongst other researchers other than the current authors.

2.0 Psychometric Properties

In terms of accessibility, the ATS-21 is a freely available measure that can be used for research purposes when assessing attitudes towards IOS. There are also detailed scoring guidelines available online which can guide the process of statistical analysis. A copy of the ATS-21 can be found in **Appendix I**. The ATS-21 is adaptive, allowing for both in-person and online assessments, which can be administered with both forensic professionals and members of the general public. It is a highly versatile measure that can also be altered to suit the aims of specific research questions within the context of sexual offending. However, it is important to consider that the ATS-21 is a self-report measure, relying on the subjective responses of participants completing the measure to understand their attitudes. It is likely that this might influence potential biases within the responses given by participants due to social desirability (Harper *et al.*, 2017), whereby participants might include more positive responses in their answers based on how they wish to be viewed by others. This is highly relevant when assessing the attitudes of forensic professionals, who must work with IOS within a professional capacity. It is suggested that professionals might not want to disclose their honest attitudes towards this population if it is negative, based on the fear of consequence or implications on their employment/profession and broader forensic practices.

As previously discussed, the ATS-21 was informed by Breckler's (1984) tripartite model of attitudes, which is reflective in the three-factor structure of subscales included in this. The ATS-21 presents a total of 21 statements which are split into three subscales including 'intent' (e.g., "*sex offenders only think about themselves*"), 'social distance' (e.g., "*sex offenders have feelings like the rest of us*"), and 'trust' ("*it is not wise to trust a sex offender too far*"). The

participants are required to respond to each of the statements in terms of agreeableness using a five-point Likert scale ranging from "*strongly disagree*" to "*strongly agree*". The ATS-21 also offers an alternative option if a participant is unsure, which is labelled as "*undecided*". A total of 11 items are reverse scored. Scores range between zero and 84. Lower scores are suggestive of more negative attitudes towards IOS and higher scores are suggestive of more positive attitudes. The measure takes approximately five minutes to complete.

After performing a literature review of the research available on the ATS-21, it was identified that the measure had not been widely used by other researchers, only by the authors of the ATS-21 (Harper & Hogue, 2019). This is important to consider when reviewing the psychometric properties of this measure, as much of the research has been performed by the authors and reflective of their use of the measure. This research will be included and discussed below, but should be treated with caution and in consideration of any future research conducted by other authors that is not available to date.

Harper and Hogue (2019) developed and validated the ATS-21 by reviewing methodological approaches used within other research assessing attitudes towards IOS. Hogue and Harper (2019) conducted various research studies to develop the ATS-21, which are discussed. Firstly, the authors analysed the factor structure of the original ATS developed by Hogue (1993) with a community sample ($n=188$) and found three factors including 'intent', 'social distance', and 'trust', as included in the recently developed ATS-21 as the three-factor structure. The authors then focused their analyses on validating the three-factor structure, which was confirmed using confirmatory factor analysis with another community sample ($n=335$). Hogue and Harper (2019) then concluded that the previous two findings validated this three-factor structure.

However, this had only been tested on community samples and needed to be tested using forensic professionals. The authors then conducted more research to identify whether there was a relationship between scores on the ATS and the recently developed ATS-21. The aim of assessing this relationship was important to the development of the ATS-21 as it allowed the authors to compare scores from items on the previous measure with those on the newly developed ATS-21. Hogue and Harper (2019) confirmed a relationship between items on both the new and previous measure, which were supportive of the three-factor structure. The authors also commented on their confidence in this factor structure as being consistent across both professional/non-professional samples and timepoints.

Furthermore, Hogue and Harper (2019) then provided preliminary evidence of the ATS-21's psychometric properties including reliability (test-retest), consistency in different groups (professional/non-professional) and timepoints (historical and recently obtained data), and independence from associated measures also assessing attitudes towards IOS. The authors found that there were no significant differences in administering the ATS-21 in-person or online, suggesting that the measure can be administered successfully in both contexts. This study also confirmed a resistance to social desirability, as Harper *et al.* (2017) described initial concerns about the measure being self-report, which could be problematic in the context of assessing attitudes towards IOS (Harper *et al.*, 2017). However, Hogue and Harper (2019) found that when participants were asked questions on the Social Desirability Scale (SDS, Reynolds, 1982), responses were uncorrelated and suggested resistance to social desirability.

2.1 Reliability

Kline (2015) cited that for a psychometric measure to be reliable, it must demonstrate both internal consistency and test-retest reliability (Kline, 2015). As previously mentioned, these results should be treated with caution as the majority of evidence available on the ATS-21 is reported by the authors, Hogue and Harper (2019).

2.1.1 Internal Consistency

Hogue and Harper (2019) found the ATS-21 to have good levels of reliability (Cronbach's alpha, α) as a unidimensional scale ($\alpha=.91$), and similar levels of reliability for each of the factors within it, including 'social distance' ($\alpha=.79$), 'trust' ($\alpha=.83$), and 'intent' ($\alpha=.84$). Vaske *et al.* (2017) recommended that an alpha should be between .65 and .80 for the measure to be considered appropriate when using psychometric measures, which confirms sufficient levels of internal consistency on the ATS-21 (Vaske *et al.*, 2017).

2.1.2 Test-Retest Reliability

Hogue and Harper (2019) reported the measure as having high levels of test-retest reliability, as well as the three-factor structure incorporated into this. The authors instructed participants to complete the ATS-21 twice a week with a two-week period in between each completion to measure test-retest reliability. All scores appeared to highly correlate with each other from all conditions, suggesting high levels of consistency of the measure.

2.2 Validity

This critique also aimed to assess the validity of the ATS-21 in terms of construct, concurrent, predictive, and theoretical validity. Kline (2015)

recommended that a psychometric measure has high levels of validity as this refers to the degree in which the tool measures what it should be measuring. For instance, when a psychometric measure is developed, there should be clear aims incorporated into the design of the measure to be clear about what it is aiming to measure. If a psychometric measure lacks validity, then it is not measuring what it should be, and the results can therefore not be considered accurate or appropriate for interpretation. When reviewing the literature available on the validity of the ATS-21, the author identified that limited research had been conducted. Similar to the results presented in the **Reliability** subsection, the research presented was performed by Hogue and Harper (2019) and as they are the authors of the ATS-21, the findings should be treated with caution.

2.2.1 Construct Validity

Hogue and Harper (2019) assessed the construct validity of the ATS-21 by comparing the association between this measure and the Perceptions of Sex Offenders Scale developed by Harper and Hogue (2015). This assessment found that the ATS-21 did appear to correlate with the Perceptions of Sex Offenders Scale (Harper & Hogue, 2015) with the strongest correlations being found between items on 'social distance' and 'intent'. The authors also compared the Perceptions of Sex Offenders Scale and the Community Attitudes towards Sexual Offenders Scale (Church *et al.*, 2008), in consideration of Breckler's (1984) tripartite model of attitudes. The authors found that this theoretical underpinning was confirmed by the Perceptions of Sex Offenders Scale, which is arguably more similar to the ATS-21 based on the focus being on cognitive attributions, whereas the Community Attitudes towards Sexual Offenders Scale focused more on the behavioural implications. This set of findings suggest that the ATS-21 also has theoretical validity, as it has shown to correlate with similar measures

assessing attitudes towards this population, which has also demonstrated good psychometric properties. This adds further support to the construct validity of the measure, as it appears to accurately assess attitudes of participants in accordance with Breckler's (1984) tripartite model of attitudes.

2.2.2 Concurrent Validity

Kline (2015) suggested that the best method of measuring concurrent validity is by assessing correlations between psychometric measures aiming to measure the same construct (Kline, 2015). A strong correlation has been found between the ATS-21 and the previous ATS, which contained a total of 36 items, rather than 21 (Biteus & Tuiskunen, 2018). This finding suggests that the ATS-21 does have concurrent validity as the recently developed ATS-21 corresponds with the originally created ATS. The correlations between the ATS and ATS-21 were found to be strong and suggestive of both measures accurately measuring the same construct. Hogue and Harper (2019) reported positive correlations with psychometrics measuring similar constructs (see above), which provides greater support for concurrent validity of the ATS-21.

2.2.3 Predictive Validity

The aim of assessing whether a psychometric measure has predictive validity is to assess whether the measure accurately predicts future performance. At the time of writing, there does not appear to be any available research assessing the predictive validity of the ATS-21. Although, it is likely that this is due to the ambiguity about what the ATS-21 would be expected to predict. However, it would be beneficial to explore the possible implications, either positive or negative, regarding attitudes towards IOS, which the ATS-21

helps to inform. This is an area of the psychometric which requires further research and exploration.

2.3 Appropriateness of Norms

The aim of assessing a psychometric measures appropriateness of norms is to identify whether it can be used across different groups and still be considered reliable and valid in what it is aiming to measure. Hogue and Harper (2019) have provided normed data in association with the ATS-21 when comparing professional and non-professional samples across four studies. The authors analysed such group norms in a total of these studies, which included 188 participants (62.8% female), recruited within the community and considered representative of the general public. The participants ages within the sample were also considered to be representative of the general public (>35 years, $n=91$; <35 years, $n=97$) and a total of 93.6% were born in the UK. It is important to comment that whilst the authors have described this as a representative sample of the general public, it does not appear to consider differences in participants' ethnicity, culture, and social class. It could be argued that this could reflect a bias in the measure, as not having these norms could mean that the measure could not be used by a significant number of people.

Hogue and Harper (2019) did attempt to seek greater diversity in a second sample that they recruited, recruiting broader cross-cultural participants ($n=335$) that included males and females (age, $M=36.55$ years). Whilst the authors cite that they attempted to seek greater diversity in this sample, it is unclear of the differences in ethnicity, culture, and social class amongst the sample. Again, this could reflect a potential bias in the measure, meaning that it could not be used by a large number of people. The majority of the sample were

approached in-person using a direct approach from the researcher(s), asking them to complete the ATS-21 online using a laptop that was provided. Other participants were recruited online using their own electronic devices and without this direct approach from the researcher(s). The authors did identify a bias within this sample, whereby there was an overrepresentation of highly educated males. This study found that participants who completed the ATS-21 online were younger (age, $M=31.56$ years) than those who completed it in-person. The findings also highlighted a difference in scores based on the completion method, whereby participants who completed the ATS-21 online without a direct approach from the researcher reported more positive attitudes towards IOS, when compared with participants completing the ATS-21 in-person. Harper *et al.* (2017) suggested that such differences should not be problematic based on evidence suggesting that students often report more positive attitudes towards this population when compared with members of the general public (Harper *et al.*, 2017), and the sample completing this online were considered younger and highly education (e.g., reflective of the student population; Gakhal & Brown, 2011).

Additionally, to test for further appropriateness of norms, Hogue and Harper (2019) used both the sample and data that was originally used in the development of the ATS and the data used in the development of the ATS-21. The sample contained a total of 170 participants, which contained 80% male and 20% female participants (age, $M=30.08$ years, $SD=9.36$). There was diversity within the sample based on the profession in which participants worked in. This sample included different levels of forensic professionals, allowing the researchers to identify any differences in attitudes towards this population based on their level of therapeutic involvement with them. The authors performed a

confirmatory factor analysis using both sets of data and confirmed the three-factor structure used in the ATS-21 suggesting that this factor model is an appropriate fit. The authors concluded that this evidence suggested that the structure of the ATS-21 is generally consistent across different samples.

Lastly, Hogue and Harper (2019) recruited a convenience sample ($n=59$) that included forensic professionals and members of the public who were approached around/on campus (28.8%) and students (71.2%). The sample consisted of 84.7% females and 15.3% males, (age, $M=26.47$ years, $SD=11.16$). The study created three conditions: condition one ($n=20$), participants were approached by the researcher and asked to complete the ATS-21 in-person; condition two ($n=19$), participants were approached via social networking sites and completed the ATS-21 online; and condition three ($n=20$), participants were approached by the researcher and asked to complete the ATS-21 in-person at the initial completion, and then asked to complete the ATS-21 online at the second completion date. Participants were asked to complete the SDS to measure potential social desirability biases and found that responses were uncorrelated and suggested resistance to social desirability.

Overall, this set of findings highlight the lack of group norms reported for participants of differing ethnicity, culture, and social class. This suggests a potential bias in the measure, as it was developed without the inclusion of such norms, meaning that the ATS-21 might not be able to be used by a significant number of people.

3.0 Confirmatory Factor Analysis

This critique performed a confirmatory factor analysis (CFA) to review the three-factor structure originally developed and validated by Hogue and Harper

(2019) in the ATS-21. The CFA was performed using the data that was collected as part of the quantitative research study detailed in **Chapter Three** ($n=113$). This study administered the ATS-21 to forensic professionals and members of the general public to assess differences in attitudes between the two groups. Using this data, a correlation matrix of coefficients was computed (**Appendix M**). The correlation matrix identified correlations between items and an oblique rotation was performed using the recommended delta value of .0 (Beauducel, 2018). The 21 items included in the scale met the assumptions for analysis, as the Kaiser-Meyer-Olkin measure of sampling adequacy was estimated to .74 indicating that the sample was adequate. Bartlett's test of sphericity was also significant, $\chi^2 (210) = 689.66, p < .001$.

The CFA extracted a total of three factors with an Eigenvalue greater than one, using Kaiser's criterion (Kaiser, 1960). This is also displayed in the scree plot presented in **Figure 4.1**. As recommended by Kline (2013), the scree plot criterion looks for the "elbow" in the curve and then selects all of the components before the line begins to flatten (Kline, 2013). The three extracted factors accounted for 83.95% of the cumulative variance. The first rotated factor accounted for 21.08% of the variance, the second rotated factor accounted for 51.64% of the variance, and the third rotated factor accounted for 11.23% of the variance. **Table 4.1** displays the rotated item loadings onto the three extracted factors.

Figure 4.1

Scree Plot Illustrating the Rotated Factor Loadings with an Eigenvalue of One.

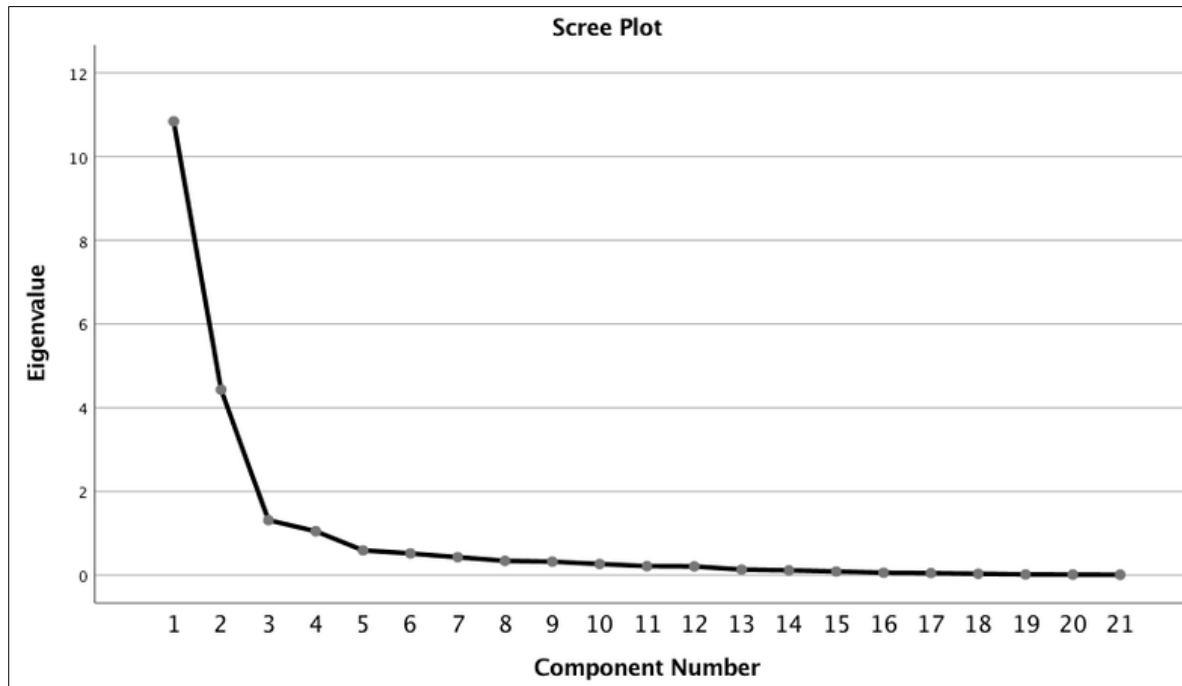


Table 4.1

Rotated CFA Item Loadings of ATS-21 scores Onto the Three Factor Loadings.

ATS-21 Item	1	2	3
1. Sex offenders are different from other people (Trust)	-		
	.83		
2. Most sex offenders are victims of circumstances and deserve help (Social Distance)	.50		
3. Sex offenders have feelings like the rest of us (Social Distance)		-	.42
		.65	
4. It is not wise to trust a sex offender too far (Trust)			
5. I think I would like a lot of sex offenders (Social Distance)	.90		
6. Give a sex offender an inch and they take a mile (Intent)		.73	
7. Sex offenders need affection and praise just like anybody else (Social Distance)	.52		
8. Trying to rehabilitate sex offenders is a waste of time and money (Intent)			
9. Sex offenders are no better or worse than other people (Social Distance)			.84
10. You have to be constantly on your guard with sex offenders (Trust)			
11. If you give a sex offender your respect, he'll give you the same (Social Distance)			.54
12. Sex offenders only think about themselves (Intent)		.93	
13. There are some sex offenders I would trust with my life (Trust)			.86
14. Most sex offenders are too lazy to earn an honest living (Intent)			.79
15. I wouldn't mind living next door to a treated sex offender (Trust)	.58		.46
16. Sex offenders are just plain mean at heart (Intent)		.93	
17. Sex offenders are always trying to get something out of somebody (Intent)		.93	
18. Sex offenders are immoral (Trust)		.91	
19. I would like associating with some sex offenders (Trust)	.68		
20. Sex offenders respect only brute force (Intent)		.98	
21. If sex offenders do well in prison/hospital, they should be let out on parole (Social Distance)	.71		

Note. Factor loadings below .40 were suppressed; n=113 (forensic professionals, n=51; general public, n=62).

As displayed in **Table 4.1**, the item loadings onto the three factors displayed inconsistencies with the three-factor structure proposed by Hogue and Harper (2019). Instead, the CFA extracted three new factors based on the item loadings of ATS-21 scores. Each will be discussed below.

The first extracted factor was labelled as 'social acceptance' as this included items that recognised that IOS are different to other people, but that they are also deserving of help, needing affection and praise like others who have not offended sexually. This included items that reflected that IOS have often experienced their own adversities which have contributed to their sexual offending, and that they need additional support to be able to manage their risks. The acceptance of this population was highlighted by the item loadings that suggested they would potentially like IOS, whereby they would also be happy for them to live in their locality and associate with them if they had completed treatment in hospital.

The second extracted factor was labelled 'adverse stereotypes' as items reflected the negative stereotypes that are often portrayed in the media of IOS (e.g., overestimating recidivism rates, suggesting that they are all predatory). For example, the item loadings suggested that whilst IOS have feelings like other people, they often take advantage of situations and people for their own gratification (e.g., because they are immoral and unresponsive to treatment, only responding to brute force).

The third extracted factor was labelled 'trust' as item loadings reflected the level of trust that is given to IOS when they have engaged in extensive treatment, recognising that they have feelings like other people and are no better or worse than others. Whilst it is recognised that one of the three factors

identified by Hogue and Harper (2019) was also labelled as 'trust', the item loadings differed. The item loadings on this factor suggested that IOS will be respectful if they are treated respectfully, and once they have engaged in treatment, they are considered trustworthy.

4.0 Discussion

4.1 Summary of the Findings

This critique evaluated the psychometric properties of the ATS-21 in consideration of reliability, validity, and appropriateness of norms across different groups. The findings from Hogue and Harper (2019) suggest that the ATS-21 has good psychometric properties in terms of reliability and validity, but less so for the appropriateness of norms across different populations. It is important to comment that at the time of writing, all of the available research performed on the ATS-21 has been conducted by Hogue and Harper (2019). Whilst the majority of the research performed appeared of good quality, contributing to the development and validation of the ATS-21, there did also appear to be biases in the preliminary data concerning the appropriateness of norms. As discussed earlier, the preliminary studies performed by Hogue and Harper (2019) did not include norms about participants' ethnicity, culture, and social class. This could indicate a potential bias in the ATS-21 as this means that it has not been developed in consideration of norms concerning ethnicity, culture, and social class; meaning that the measure might not be able to be used by a significant number of people. It is also important to highlight that whilst the ATS-21 is freely accessible online, at the time of writing, there have been no published studies using this measure in the assessment, other than the authors of the measure. It is suggested that this could be due to the measure

being relatively new, as it was published in 2019, but this still means that it has been accessible for nearly five years without greater usage. This raises the question about whether the ATS-21 is considered a suitable measurement of attitudes towards IOS and indicates that the results presented should be treated with caution.

4.2 Confirmatory Factor Analysis

The original CFA that Hogue and Harper (2019) performed identified three factors ('intent', 'social distance', 'trust'), which only accounted for approximately 45% of the cumulative variance. This finding suggests that there is a remaining 55% of the variance that is unexplained and attributed to other variables, which were likely confounding variables. Hogue and Harper (2019) argued that this unexplained variance could likely be due to the demographic differences within the samples. However, the CFA that was performed in this critique using data from **Chapter Three**, identified further inconsistencies with the original three-factor structure. There did not appear to be any consistency in the ATS-21 item loadings onto each of the three factors, suggesting that this three factor structure lacks both reliability and validity as the subtests do not appear to be measuring what they originally intended to. The present CFA identified that three extracted factors accounted for 83.95% of the cumulative variance, in comparison to the 45% cumulative variance previously reported by Hogue and Harper (2019). This finding suggests that the three newly extracted factors are a better goodness of fit.

4.2.1 Extracted Factors

The first extracted factor was labelled 'social acceptance'. The items that loaded onto this factor included greater acceptance of IOS, recognising the

adversities they have likely experienced, as well as their need for additional treatment and support to rehabilitate them back into the community. The label 'social acceptance' is similar to the previous label 'social distance' cited by Hogue and Harper (2019), although the present label reflects the use of more positive language when thinking about this population. Arguably, the label 'social distance' has a greater focus on the negative behaviours expressed towards IOS, rather than considering some of the more accepting behaviours that might be displayed. This also reflects the 'behavioural' component as cited by Breckler (1984) in the tripartite model of attitudes.

The second extracted factor was labelled 'adverse stereotypes'. The items that loaded onto this factor reflected the negative portrayals of IOS, which were likely to be influenced by media displays (e.g., overestimations of recidivism rates, predatory behaviours, unresponsive to treatment). It is important that the label of this factor highlights that the statements associated with this are 'adverse' and 'stereotypes' as this highlights some of the inaccuracies about the portrayals of IOS. The language used here reflects the negative connotations associated with adverse stereotypes, highlighting the role this has in the stigmatisation of this population. Similarly, this factor also reflects the 'cognitive' component of Breckler's (1984) tripartite model of attitudes.

The third extracted factor was labelled 'trust'. The items that loaded onto this factor included a greater understanding of the need for treatment and rehabilitation in IOS, whilst also recognising the efficacy of this. The items loaded onto this factor suggested that whilst such individuals do originally pose a sexual risk, once they have engaged in treatment which has been effective, they are then considered trustworthy enough to reintegrate into the community. Whilst it is recognised that 'trust' is also one of the labels in Hogue and Harper's

(2019) original three-factor model, the item loadings are different and thus this is considered a new factor. This factor reflects the understanding into the needs of IOS, whilst also recognising that they require treatment to reduce their risk. This reflects the 'affect' component as cited by Breckler's (1984) tripartite model of attitudes, as there appears to be greater understanding into the function of the risk behaviours, whilst also recognising the role that treatment has in rehabilitation.

4.3 Problematic Language

Furthermore, the language used in the ATS-21 has both conceptual and ethical issues when assessing attitudes towards IOS. The ATS-21 uses the term "sex offender" in statements assessing attitudes towards this population. The term "sex offender" is associated with high levels of stigmatisation and by including this in the measurement of attitudes arguably reinforces adverse stereotypes of this population. Lowe and Willis (2022) suggested that participants might respond to the statements based on their own interpretation of the term "sex offender" that could influence their responses to be inaccurate (Lowe & Willis, 2022). In addition, the term "sex offender" might have different interpretations to different people, which makes it important to operationalise this term when assessing attitudes towards this population. It is also possible that individuals who are less familiar with IOS, might believe that to be categorised as a "sex offender", that an individual must have committed a particular type of sexual crime (Horley, 2011). In turn, this would likely influence responses, potentially to be more negative based on their understanding and belief about an individual cited as a "sex offender". For example, an individual who has been exposed to adverse stereotypes of IOS in the media as sexually offending against children, might assume that a "sex offender" always offends

against children and perceive them as a high recidivism risk. Lowe and Willis (2022) found that using such terms (e.g., "sex offender") that are associated with an individual's offence, precipitate more negative attitudes when compared with other measures using more neutral (e.g., person-first) language. This highlights the conceptual and ethical challenges of using the term "sex offender", which reinforces adverse stereotypes and stigmatisations towards this population. In turn, this also creates further difficulties for IOS when attempting to reintegrate into the community (Mingus & Burchfield, 2012).

5.0 Conclusion

This critique evaluated the psychometric properties of the ATS-21 in consideration of reliability, validity, and appropriateness of norms across different populations. Hogue and Harper (2019) found the ATS-21 to have good psychometric properties in terms of reliability and validity. However, the preliminary evidence that was used in the development and validation of the ATS-21 did not report norms for participants' ethnicity, culture, and social class. This indicates a potential bias within the measure, meaning that the measure might not be able to be used by a significant number of people. It is also relevant to comment that at the time of writing, all of the available published research on the psychometric properties of the ATS-21 were reported by Hogue and Harper (2019). This suggests that the ATS-21 has not been widely used and/or evaluated in terms of psychometric properties by other researchers, meaning that the results must be treated with caution. Lastly, the CFA that was performed on data from **Chapter Three** identified inconsistencies in the three-factor structure that was originally validated by Hogue and Harper (2019). The CFA extracted three new factors including 'social acceptance', 'adverse stereotypes', and 'trust'; which accounted for 83.95% of the cumulative

variance. It is recommended that such extracted factors are considered when re-evaluating the ATS-21 and in future research assessing attitudes towards IOS.

Rationale for Chapter Five

This chapter aimed to explore a forensic professionals' therapeutic engagements with a male who had offended sexually and displayed polymorphism. This case study intended to gain greater insight into polymorphism as a type of sexual offending, focusing on greater diversity in offending patterns and inconsistencies in victim type(s). In addition to this, the case study also aimed to identify relevant therapeutic interventions and adaptations applicable to working with those displaying polymorphism, based on information obtained from the assessment and formulation. Furthermore, this study considered the potential of professional biases, and how these might influence therapeutic engagements with an offending population that is highly stigmatised.

Chapter Five

A Forensic Professional Working Therapeutically with a Male who had Offended Sexually and Displayed Polymorphism: A Single Case

Ethical Considerations

This case study describes a factual account of the psychological assessment, formulation, and intervention which were facilitated with a client detained under Section 37/41 of the Mental Health Act (MHA; 1983, amended 2007). To maintain the client's anonymity, they will be referred to as Client X throughout this chapter. Client X's appropriateness to participate in the case study was reviewed with his clinical team and it was concluded that he did have the capacity to consent to this (**Appendix N**), in addition to this being therapeutically beneficial to his overall treatment. All materials used in this case study were approved for the professional use by the placement provider and supervised by a Chartered and Registered Forensic Psychologist.

Abstract

Objective: This case study aimed to increase overall insight and understanding into a forensic professional working with an individual who had offended sexually, with a focus on polymorphism. It intended to describe therapeutic engagements with Client X, who displayed greater levels of diversity in his patterns of sexual offending, as well as victim types. In addition, this case study also considered the impact that such therapeutic engagements had on the forensic professional, in consideration of any potential professional biases. The rationale to conduct this case study arose from the limited research available on polymorphic offending behaviour and relevant therapeutic interventions targeting risk reduction with such individuals.

Method: This study involved a forensic professional facilitating an adapted psychological assessment, formulation, and intervention with a male who had offended sexually and displayed polymorphism. Based on information obtained in the assessment and formulation, a compassion focused approach was utilised during the intervention based on Client X presenting with high levels of shame and self-criticism, which appeared influential on his offending behaviours. To develop further insight into Client X's offending behaviours, he was encouraged to discuss his views and reflections throughout the intervention; aiming to develop greater understanding into polymorphic offending and treatment responsiveness. In addition to this, particular attention was focused to potential professional biases the forensic professional may have experienced and the influence this might have had on the therapeutic work.

Results: Client X appeared to make significant clinical improvements throughout the intervention, as measured by psychometric outcome measures, clinical

interviews, and functional assessments. To further test Client X's responsiveness to the intervention, functional assessments were reviewed at a six-month follow-up and evidenced clinical improvement and subsequent risk reduction. From the perspective of the forensic professional facilitating the therapeutic engagements with Client X, it was highlighted that the initial stages of the psychological assessment can be challenging, as it often involves explicit details about the sexual offence(s). However, the assessor reflected on the positive impact of the compassion focused approach, as well as the encouragement of collaboration in supporting the development of a therapeutic rapport. This appeared to have a positive impact on the forensic professional, as well as Client X; improving therapeutic engagements and outcomes.

Conclusion: This case study highlighted the relevance of using compassion focused and trauma-informed approaches with males who have offended sexually and displayed polymorphism. It is suggested that this approach considers how earlier adversity influences harmful and offending behaviours, which often stem from high levels of shame and self-criticism. It also signified the importance of being collaborative when working with individuals displaying such offending behaviours, allowing for greater understanding into the function of their offending patterns, particularly when they are more complex and diverse. This collaboration appeared to be therapeutically beneficial for both the client and the forensic professional, as the therapeutic rapport appeared to have a positive influence on therapeutic engagements.

1.0 Introduction

1.1 Aims and Rationale

This study aimed to provide an individual account of a forensic professional working therapeutically with an individual who has offended sexually (IOS) and displayed polymorphism. It intended to consider the impact on the forensic professional offering the therapeutic engagements, as well as the views and reflections of the individual engaging in the therapy. This aimed to provide greater insight into the patterns of polymorphic sexual offending, as well as understanding the function of such behaviours for Client X. As cited in earlier chapters, IOS and displayed polymorphism have shown to select victims with different characteristics, in terms of victim age, gender, and relationship (e.g., intrafamilial or extrafamilial; Cann *et al.*, 2010; Scurich & Gongola, 2021). Despite the diverse nature of polymorphism, there appears to be limited research conducting on this pattern of offending, as well as evidence-based interventions targeting risk reduction. Many of the established therapeutic interventions and/or programmes targeting risk reduction in IOS, often focus on specific trajectories based on offending patterns. This means that, many of the established interventions and/or programmes (e.g., (e.g., the Sexual Offending Treatment Programme, Mann & Fernandez, 2006) for specific types of sexual offending have to be adapted to be responsive to this risk need (e.g., the greater diversity in sexual offending patterns and victim types). This emphasises the need to develop a better understanding into the patterns of polymorphic offending behaviours, as well as therapeutic interventions and adaptations to effectively target risk reduction.

1.2 Client Background

Client X was a 56-year-old male who was diagnosed with a mild intellectual disability (ID) and antisocial personality disorder (ASPD). Client X had a diverse offending history, which was characterised by antisocial behaviours, including both physical and sexual violence. Client X had completed extensive treatment programmes to address such offending behaviours whilst incarcerated in prison and then detained in forensic mental health hospitals. Client X appeared to respond well to the treatment focused on reducing his risk of antisocial behaviours and physical violence, which reflected in his risk assessments as a reduction in risk. However, Client X did not appear responsive to the treatment focused on reducing his risk of sexual violence, as he continued to offend sexually throughout his detention in both low and medium secure hospitals. This lack of responsiveness highlighted Client X's outstanding risk need, meaning that further treatment was required to reduce his risk of further sexual violence. In terms of Client X's overall offending, the most prevalent types of his offending included sexual violence and this appeared to transpire during his admissions in forensic mental health hospitals. Client X's risk of sexual violence appeared to be persistent and problematic, as it also increased the likelihood of other vulnerable clients within the same hospital of being victimised. Therefore, additional management measures had to be implemented to safeguard other clients and reduce the risk of them being victimised by Client X.

1.2.1 Polymorphism

Client X was convicted of a variety of sexual offences, including both contact and non-contact offences such as indecent exposure, sexual assault, and

rape. Due to the nature, frequency, and severity of Client X's sexual offences, he was placed on the Sex Offenders Register indefinitely. Client X's sexual offences appeared to be diverse in terms of both contact and non-contact offences, as well as being inconsistent in terms of victim type(s). Client X perpetrated sexual offences against a variety of victims, including both males and females, who also significantly differed in terms of age, including both children and adults. As an example of this, Client X's risk of offending against males increased when he was intoxicated with alcohol. Alcohol appeared to significantly influence Client X's offending, particularly with male victims. It was hypothesised that Client X's offending against males was influenced by his self-reported difficulties in understanding his sexuality. This appeared to be a significant contributory factor to Client X's offending against both male and female victims. It is relevant to mention that Client X's difficulty in understanding his sexuality appeared to be influenced by stereotypical and stigmatising attitudes expressed by his family, towards individuals who identify as homosexual. Client X regularly repeated some of the stereotypical language that his family had used to describe homosexual individuals, and made reference to them as being "disgusting" and stating that two males engaging in sexual activity was "wrong". It is hypothesised that Client X offended against males when he was intoxicated with alcohol, as this appeared to reduce his inhibitions, and offend against females when he was not intoxicated, due to his increased self-awareness. Client X commented that he felt high levels of shame and self-criticism for his offending against males, stating that he and his family viewed this as worse than raping a female.

Client X also offended against victims of varying ages throughout his sexual offending. As described above, Client X appeared to be opportunistic in

his offending, meaning that he would often select victims of varying ages based on accessibility. Whereas Client X's selection of victims in terms of gender appeared to be more fixed and based on his level of self-awareness, reflective of his difficulties in understanding his own sexuality. Further information about Client X's psychosocial history can be found in **Appendix O**.

1.3 Index Offence

Client X was arrested and charged with the sexual assault and indecent exposure to a coresident with autism spectrum disorder (ASD) at a Multiple Needs Unit. Client X was released on bail and pending trial, but due to a breach of his conditions for further sexual assaults towards a female in the community, he was then remanded to prison. During Client X's incarceration, he presented with difficulties with impulsivity, emotional dysregulation, and distress intolerance. These difficulties appeared to precipitate Client X's engagement in institutional violence. Due to the complexity of Client X's presentation, a psychiatric assessment was requested which concluded that he met the diagnostic criteria for ASPD. It was highlighted in the assessment that Client X appeared to present with intellectual difficulties that required further exploration. The assessor concluded that due to the complexity of Client X's presentation and risk, as well as the need for extended assessment and treatment, he was transferred to a medium secure unit under Section 37/41 of the MHA (2007).

1.4 Progress in Secure Services

1.4.1 Assessment of Intellectual Functioning

It was during Client X's admission to medium security that he was assessed using the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV; Wechsler, 2008). Additional information about Client X's developmental history

was obtained from his parents to identify whether his needs had been lifelong. This assessment concluded that Client X did meet the criteria for an ID diagnosis that was categorised as mild. This information was vital for the formation of a risk assessment, as research has shown that clients experiencing impairments in cognitive and emotional functioning are at an increased risk of being involved in criminal activity (Lindsay, 2011). However, it is important to comment that based on Client X's ID diagnosis, he might be at an increased risk of reoffending, as well as getting caught. The assessors reported that Client X appeared to lack cognitive effort when completing the WAIS-IV, and his engagement with this was inconsistent. This raises the question about the reliability of this assessment and the findings should be treated with caution.

1.4.2 Psychological Engagement

Previous reports from the staff who worked with Client X whilst he was in medium security suggest that his psychological engagement was superficial and inconsistent at times. It was reported that Client X would demonstrate some motivation to engage with programmes/interventions focused on antisocial behaviours, including substance misuse, as well as those addressing physical violence. However, Client X lacked motivation to engage most with interventions specifically designed to address his risk of sexual violence. It is important to highlight that based on the information in such reports, that the interventions did not appear to be adapted for Client X's intellectual needs, which likely influenced his engagement. Client X's lack of responsiveness to such interventions was highlighted by his repeated polymorphic offending as detailed below.

1.4.3 Polymorphism

During Client X's detention in medium security, his extended assessment was delayed due to safeguarding concerns about Client X offending sexually towards other clients on the ward. This meant that he had to be transferred to two different medium secure units prior to beginning the extended assessment. The safeguarding concerns were regarding Client X's display of sexually inappropriate behaviours, unwanted touching, indecent exposures and sexually assaultive behaviours. Client X appeared to adapt his sexual offences based on opportunity and victim access. For example, Client X would use coercion to more vulnerable clients whilst in hospital, in an attempt to engage them in sexual activity. Client X would also display such behaviours at male clients, based on these being the most accessible within same-sex hospitals. However, Client X would also attempt to isolate female staff and attempt to sexually assault them. Similarly, such incidents appeared to be when they were in a vulnerable situation (e.g., isolated from the ward or other staff) and Client X identifying this as an opportunity to offend. Throughout Client X's offending, he demonstrated high levels of impulsivity and subsequently appeared opportunistic in his offending behaviours. Both staff and clients reported that Client X would use methods of intimidation to induce fear in the victim to force them to engage in sexual activity with him. The clients reported that they often feared for their safety and felt forced to engage in sexual activity with Client X, despite them not consenting to this. Whereas the staff were able to raise the alarm with their personal alarm, which precipitated a staff response. This appeared to act as a deterrent against Client X offending against staff.

In addition to this, there was a further incident whilst Client X was on escorted Section 17 leave with a staff member which occurred in the community.

Client X was escorted by a staff member and entered a toilet cubicle unsupervised and found a 14-year-old boy in the toilet. Client X isolated the victim in a toilet cubicle and exposed himself and asked the victim to perform sexual acts on him. The victim managed to get away and reported the incident to the Police. Due to Client X being detained under Section 37/41 of the MHA, the Crown Prosecution Service (CPS) deemed it not in the public interest to prosecute. Due to the lack of conviction, Client X continued to deny the offence and placed blame on the victim. Client X appeared to believe that due to the lack of conviction, he had not done anything wrong which is likely to be best explained by his ID. Following this incident, Client X's Section 17 leave was suspended in conjunction with the Ministry of Justice.

After a period of stability, Client X demonstrated a reduction in incidents consistent with sexual offending. Therefore, he was assessed for low security as he no longer required the restrictions of medium security to manage his risk. It was recommended that Client X transfer to a service specialising in ID to ensure that his risk could be appropriately responded to using therapeutic adaptations to reduce the risk of sexual recidivism.

2.0 Assessments, Analysis, and Formulation

The information discussed in this section was collected using clinical interviews and functional assessments during Client X's detention within a low secure service. This also collated information from past assessments, formulations, and interventions, to combine both historical and current information relating to Client X's risk profile. The structure of this assessment followed principles of the Risk-Need-Responsivity (RNR) Model (Andrews & Bonta, 2010) based on its evidenced effectiveness at reducing recidivism.

2.1 Assessment of Needs

2.1.1 Intellectual Functioning

As discussed, Client X already had an established diagnosis of mild ID following his previous WAIS-V assessment. However, reports of this assessment described Client X as lacking in cognitive effort, suggesting that he did not meaningfully engage with this. For example, Client X appeared to lack motivation to engage with some of the tasks presented to him when administering the WAIS-IV. It was reported that Client X appeared to engage better on tasks he appeared to perform better on, but when he appeared to struggle with the task at hand, he would promptly disengage from it and appear frustrated. It was suggested that this appeared reflective of a lack of cognitive effort and increased shame about not being able to complete some of the tasks presented to him, rather than a neuropsychological concern. As described above, previous programmes and interventions appeared ineffective at reducing his risk of sexual recidivism.

Based on this, it was deemed clinically appropriate to review the previous formulation and reassess Client X's intellectual abilities. The aim was to reassess Client X's intellectual abilities using the WAIS-IV to ensure that all relevant therapeutic adaptations could be incorporated into the assessments and interventions. It was deemed clinically appropriate to use this measure as it had been over five years since his previous assessment, suggesting that this would not impact the reliability of the measure.

Client X appeared to engage more meaningfully with this assessment but did continue to present with a lack of cognitive effort on tasks he appeared to find more difficult. Although this is important to consider when assessing the

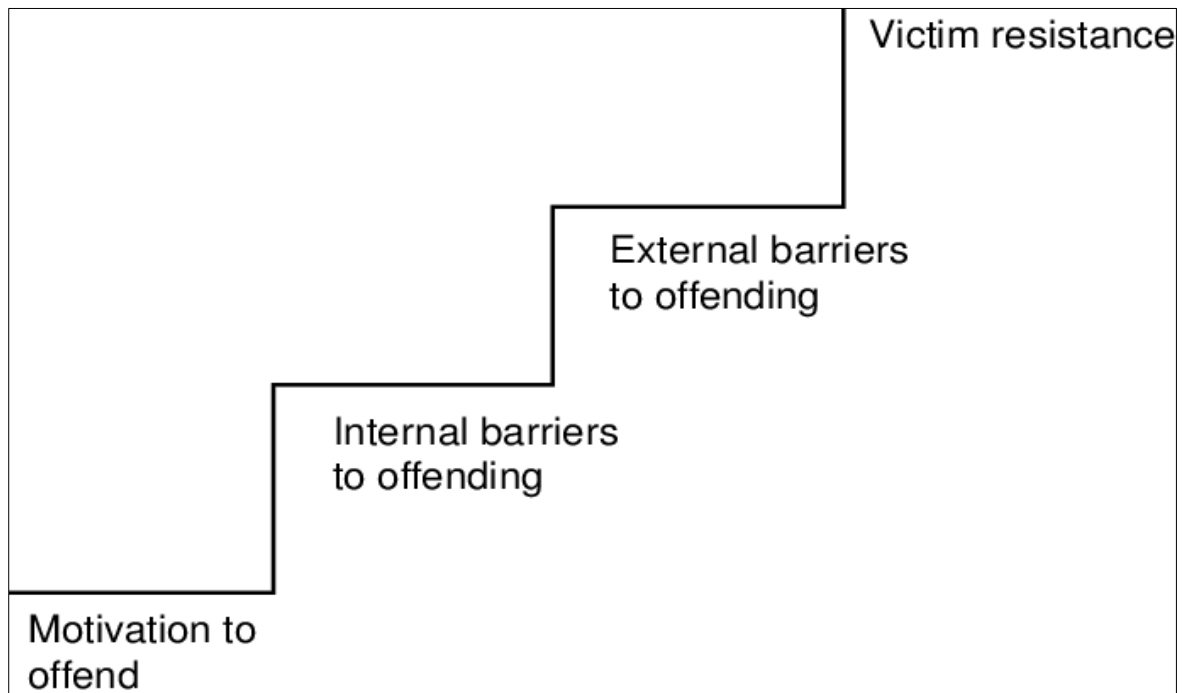
reliability of the assessment, the findings, as well as the inclusion of clinical judgment, were scored and confirmed that Client X continued to score within the mild range of intellectual functioning. It was identified that Client X performed better on non-verbal tasks, such as perceptual reasoning, suggesting that adaptations should be made using visual information to support Client X's needs in understanding and solving novel abstract problems. Such adaptations will be discussed below in the **Intervention** section.

2.2 Model of Sexual Offending

To reassess the criminogenic factors associated with Client X's sexual offending, this assessment considered both the RNR model, as well as integrating principles from Finkelhor's Four Preconditions Model (1984). Whilst this model is theoretically based on preconditions needed to be met in order for child sexual offences to occur, it was considered relevant to Client X's risk, patterns of offending, and victim type(s). As highlighted above, there is a lack of research and guidance on therapeutic approaches to working with males displaying polymorphism in their sexual offending. Thus, this model was used and adapted to consider the vulnerabilities and diversities in victim type(s). This model considered four preconditions that an individual must go through to perpetrate a sexual offence, in consideration of both interpersonal and external contributory factors. In addition to this, this model describes an individual's motivation to offend sexually as being determined by their level of emotional congruence, sexual arousal to the victim type(s), and the inability to meet emotional and sexual needs in an appropriate way. Therefore, Finkelhor's Model (1984) was deemed most appropriate to understand Client X's sexual offending, specifying which of the four conditions he presented with the greatest difficulties in (see **Figure 5.1**).

Figure 5.1.

Finkelhor's Precondition Model of Sexual Offending (1984).



2.2.1 The Thinking Stage - The "Motivation to Offend"

Client X highlighted that he had limited sexual experience in his lifetime and was unclear on how to initiate and maintain appropriate sexual relationships. Client X recognised that most of his sexual experiences had been characterised by abuse, including grooming behaviours, unwanted touching and sexual assaults. Client X recognised that these abusive sexual experiences had contributed to difficulties in understanding his sexuality. As previously discussed, Client X self-reported that his family held stereotypical and stigmatising views about individuals identifying as homosexual. This appeared to influence Client X's difficulties in understanding his sexuality, as he had fluctuated in saying he was attracted to males, and then saying he was attracted to females. This difficulty appeared to influence Client X's offending, whereby his increased intake of alcohol appeared to precipitate his offending against males (due to reduced inhibitions). Client X self-reported that he would become increasingly sexually aroused when intoxicated with alcohol, which would motivate him to offend against males to achieve sexual gratification. Client X also commented that he would utilise such experiences to explore his sexual attraction to males, as long as it was in an isolated area and they appeared particularly vulnerable. Client X described these incidents as opportunistic and impulsive, stating that there were times when he would become increasingly sexually aroused when in the company of other males.

Furthermore, when Client X was asked about his offending against females, he stated that he was not under the influence of alcohol. Client X cited more of a "thinking stage" to this type of offending, highlighting that there was less shame about being caught for raping a female. Client X did appear to hold cognitive distortions surrounding consent, which appeared to precipitate his

offending against females (e.g., assuming capacity to consent). Client X said that he found females attractive of a similar age to him, particularly if they were wearing tight fitted clothing with large breasts.

Client X described his sexual outlets, whereby he reported that he does not masturbate based on the fear that it would make him blind (Client X had been told this from another prisoner during his past incarceration). Client X said that he had been made to believe that masturbating would make him go blind and a homosexual male (as masturbation involved sexual touching of himself – a male). This prevented Client X from masturbating and acted as a motivator to seeking victims to perform sexual acts on Client X that involved sexual touching as a form of achieving sexual gratification. This acted as a motivator to offend by exposing himself and intimidating the victim to touch Client X sexually, reinforcing the view that another male sexually touched him, which reinforced the externalisation of blame (e.g., it is the victim's fault, and they did it because they are homosexual, rather than Client X being homosexual). Although Client X did not accept all responsibility for this stage, he did demonstrate some insight into this stage suggesting some understanding.

2.2.2 Overcoming Internal Inhibitions “Internal Barriers to Offending”

In this stage the individual has to overcome internal inhibitions such as that their behaviour is wrong or denying that there is a victim. This can be done through cognitive distortions which serve the purpose of minimising or denying the wrongness of their behaviour, justifying the behaviour, and placing responsibility for the behaviour outside the self. It was important to assess such distortions in Client X based on them being part of the formation of the offence chain in SO (Gray, 2020). Client X did not identify any internal inhibitors which

contributed to his sexual offending, and instead externalised blame onto victims. For example, Client X stated that he recognised that alcohol precipitated his sexual offending, but that the victims had all “led him on”. Client X stated that alcohol was the significant contributory factor to his offending, which was perpetrated against males, as he denied a sexual attraction to males, commenting that males having sex was “disgusting” and “wrong”. This highlighted the impact of stereotypical and stigmatising views surrounding the level of shame surrounding Client X’s sexuality, which significantly impacted his cognitive distortions, denial, minimisation, and victim blaming. It was hypothesised that this externalisation of blame was less shaming for Client X to accept when compared to internal contributory factors such as sexuality and emotion dysregulation.

2.2.3 Overcoming External Inhibitions “External Barriers to Offending”

In this stage the individual needs to create an opportunity for the offence to take place. Client X reflected that his offences often took place in isolated areas, both within the community and forensic mental health hospitals. Client X said that this was because he felt the sexual acts were private, rather than them being abusive. It appeared as though Client X selected such times when the victims would likely be isolated and vulnerable, creating less chance of him being seen/caught if he was to act inappropriately or sexually offend. The environmental and relational security of the ward acted as protective factors to prevent the likelihood of further offending at this time. However, it was predicted that if Client X was to be released into the community, he would require close monitoring and supervision to reduce his recidivism risk, which would likely be greater with the increase of access he would have to victims.

2.2.4 Overcoming “Victim’s Resistance”

It is only at this stage that an offence can occur. The victim’s resistance can be overcome by direct violence, intimidation, use of weapon(s), and grooming. Historically, Client X has used violence to intimidate his victims to fear for their safety, as well as grooming behaviours. It is likely that Client X may allow a blurring of the boundaries of his relationship with the potential victim, like when he has spent time with and provided them with gifts previously.

2.3 Formulation

Based on Client X’s presenting difficulties with shame and self-criticism, it was deemed clinically appropriate to develop a collaborative formulation informed by compassion focused approaches (Gilbert, 2009). Below provides a summary of key information identified from the formulation, and a detailed version of this can be found in **Appendix P**.

The formulation identified that Client X experienced extensive childhood adversities, which appeared to be part of his innate and historical influences. Such adversities were characterised by parental abuse and neglect, which included emotional and physical abuse, as well as exposure to severe domestic violence and extrafamilial sexual abuse. It was hypothesised that such experiences contributed to the development of an ambivalent attachment (Ainsworth, 1970), characterised by neglectful, inconsistent, and unavailable parenting that is likely to have made Client X internalise the belief that he could not depend on any relationship for safety and emotional availability. This appeared to contribute to Client X’s difficulties with emotional dysregulation, which subsequently increased his level of impulsivity and further maladaptive coping strategies.

The domestic violence that Client X was also exposed to was likely to have created the mentality that confrontation and violence are modes of resolving conflict in his future relationships. This assertion parallels with Client X's offending behaviour, whereby he would believe that sexual violence is acceptable when the victim is attempting to leave, as he is trying to resolve the reactivation of feeling rejected, but in turn, then commits a sexual offence.

The extrafamilial sexual abuse that Client X was a victim of was also a significant innate experience related to his offending. Client X reported that he was groomed into performing sex acts and manipulated into becoming a sex worker whereby, he was repeatedly raped for a substantial period of his adolescence. Such experiences are likely to have affected his psychosexual development and it is also likely to have impacted his understanding of his own sexuality, sexual consent, and the understanding of healthy relationships. For example, Client X's first sexual experience was when he was aged nine years old, which involved him being groomed by an adult male to engage in sexual acts. This experience was likely to have developed the belief that by gifting others, who are accepting of this, means that you have obtained sexual consent. This is supported by Client X's belief that the abuse was his fault, as he was accepting of the gifts and because of this he felt that he had given sexual consent and that even though he was a child, the perpetrator did not do anything criminal. It is hypothesised that Client X's limited understanding of sexual consent and healthy relationships influenced his sexual offending, as when he made attempts to seek safety and warmth from another person and they made attempts to leave, reinforcing feelings of rejection, it is likely that he then expressed sexual violence as a mode of preventing the other person from leaving and seeking sexual gratification.

2.3.1 Psychological Needs

Based on the information obtained from the assessment and formulation, it was identified that Client X presented with outstanding risk needs requiring psychological intervention. As Client X experienced high levels of childhood adversity, he presented with increased levels of self-criticism and shame. It was therefore hypothesised that a compassion focused approach would be most appropriate to address some of these difficulties (Gilbert, 2009), in consideration of Client X's emotion regulatory systems. The effectiveness of this approach has been evidenced when working with IOS (Taylor, 2017), and was therefore deemed appropriate to use when working with Client X. Client X also appeared to lack sexual knowledge and understanding, which appeared to contribute to his offending. Therefore, it was deemed clinically appropriate to incorporate psychoeducation into the intervention to increase Client X's sexual knowledge, particularly relating to areas such as capacity and consent. In addition to this, further work needed to be completed to intervene in the pathway of sexual offending by restructuring attitudes that permit offending and developing coping strategies to promote emotional regulation and assertiveness. It was recognised that substance misuse was a contributing factor to Client X's offending. However, he had appeared responsive to interventions targeting this need and maintained the ability to recall and demonstrate developed skills.

2.4 Professional Bias

This case study also considered the potential of professional biases when working therapeutically with a male who had offended sexually and displayed polymorphism. The rationale to include the reflections of the forensic professional facilitating the intervention stemmed from contrasting findings in

the research, suggesting that working with IOS can have a negative impact (Barros *et al.*, 2020), whereas others suggest that it can be associated with high levels of compassion satisfaction (Hatcher & Noakes, 2010). It was found that the forensic professional initially found it challenging to work with Client X, particularly during the assessment phase. It was highlighted that this was due to the explicit details about the sexual offending being disclosed to the professional. Based on the nature and severity of the incidents, and knowing that Client X did not have one specific victim type also increased the forensic professionals' anxieties about working with him. For example, it was reflected that when working with other IOS and had a relatively consistent victim type, there was less anxiety working with them. It was hypothesised that this was due to the opportunistic nature of Client X, meaning that he did not have a victim preference and was more impulsive with his selection of victims.

In addition to this, the forensic professional was aware that Client X had isolated and attempted to sexually assault female staff in his previous placements. This also raised anxiety levels about working therapeutically with Client X, as the assessment and formulation were developed whilst working individually with him in a room off the ward. Whilst hospital staff were aware of this and facilitating observations, it still increased anxieties as the forensic professional recognised that this could increase her vulnerability as she was female and in an isolated space. Therefore, anxieties were raised due to the fear of Client X demonstrating further offence-paralleling behaviours. It was also recognised that during the assessment phase there was a lack of meaningful therapeutic rapport between the forensic professional and Client X. This likely had an impact on these experiences, as there was a lack of trust between the

forensic professional and Client X, and details obtained through the assessment phase focused heavily on offence-focused detail.

Furthermore, during the development of the formulation, the forensic professional recognised an increase in compassion expressed towards Client X. The formulation uncovered that Client X had experienced significant childhood adversity, as well as further traumas during his adulthood. This also increased understanding into the function of some of Client X's sexual offences, by highlighting his lack of sexual knowledge and understanding, as well as first sexual experiences being characterised by sexual abuse. This appeared to support the development of the therapeutic rapport between the forensic professional and Client X, as a collaborative understanding was developed about his difficulties and how these had contributed to his own mental health difficulties, as well as his offending behaviours.

3.0 Intervention

The intervention integrated psychoeducation from the "Let's Talk About Sex" Programme (Carton & Ashworth, 2020) and elements of the Healthy Sex Programme (HMPPS, 2013). Both programmes were designed for ID use and appropriate to use in a "pick and mix" approach to address Client X's outstanding needs. Thus, materials were selected from each of the programmes based on Client X's presenting risk needs, which were deemed appropriate to be responsive to his needs. Based on Client X's high levels of shame and self-criticism, the intervention took a compassion focused approach, aiming to build on Client X's strengths as recommended by the Good Lives Model (Ward & Brown, 2004). This model explains that such offenders are more likely to reoffend when their fundamental needs are unmet, in addition to their

interpersonal skills being poor. Therapeutic adaptations were made to the intervention as informed by the WAIS-IV assessment. For information about the content and responsiveness to the intervention, see **Appendix Q**.

3.1 Compassion Focused Approach

A compassion focused approach was integrated into the intervention based on Client X's presenting difficulties with shame and self-criticism. The intention of incorporating this approach was to promote self-compassion (Kelly *et al.*, 2014), which has shown to be effective when working with clients with ASPD (Naismith *et al.*, 2018) and ID (Cowles *et al.*, 2018). This intervention incorporated compassion focused approaches, aiming to build Client X's levels of self-compassion and increasing his motivation to engage in pro-social behaviours, as well as having greater sensitivity for the self and others (Gilbert, 2010). As highlighted in the formulation, Client X experienced significant childhood trauma, which likely acted as an elicitor of his stress responses (Carpenter *et al.*, 2011), as these have been shown to overstimulate the threat defence system (Gilbert, 2014) meaning that this then becomes quickly activated and can precipitate negative and defensive behaviours (Perry *et al.*, 1995). To stimulate the soothing system, Client X regularly participated in mindful distraction techniques, which have reportedly been effective in compassion focused interventions when working with ID clients (Hardiman *et al.*, 2018). It is likely that the shame that Client X expressed provided rationale to utilise this approach based on his presenting difficulties demonstrating the internalisation of shame and how this has led to his devaluation of the self in accordance with earlier life experiences (Castilho *et al.*, 2014).

3.1.1 Collaboration

As highlighted above, this intervention aimed to be collaborative with Client X, incorporating his views and reflections throughout, aiming to establish a trustworthy therapeutic rapport. The importance of this inclusion, alongside clinical judgement, has been highlighted by Chawke *et al.* (2021). The collaborative nature of this approach also increased the benefits of the psychosocial environment and therapeutic rapport, which have both been shown to promote meaningful engagement (Ware, & Galouzis, 2019). It is important to highlight that whilst Client X's reflections were not qualitatively analysed, his perspective was considered throughout the treatment (see **Appendix R**).

3.2 Let's Talk About Sex Programme (Carton & Ashworth, 2021)

The 'Let's Talk About Sex' Programme was designed for IOS with an ID, which aimed to increase sexual knowledge and understanding. The modules selected within this programme focused on understanding dignity and respect, sexual arousal and masturbation, sexual consent, and sexual orientation and identity. Materials were directly taken from the programme and delivered in a sessional structure, whilst other materials were included where appropriate to make the content more accessible for Client X (e.g., collaborating with the speech and language therapist to support Client X's intellectual needs). The authors of the programme evaluated this and identified that whilst there was not statistical significance in outcome measures, Client X's feedback of the programme was positive (some increase in sexual knowledge and understanding).

3.3 Healthy Sex Programme (HMPPS, 2013)

The 'Healthy Sex Programme' is a cognitive behavioural programme aimed at increasing sexual knowledge, whilst also promoting an improved understanding of healthy sexual behaviours, sexual thoughts, and understanding of triggers to sexual arousal. Marotta (2017) described the effectiveness of such approaches in reducing recidivism in IOS (Marotta, 2017). The 'Healthy Sex Programme' was designed to be adaptive and responsive to intellectual needs of individuals who have an ID diagnosis. This programme intended to support Client X to restructure attitudes aiming to change dysfunctional behaviours associated with sexual offending and promoting the development of healthier and effective management skills. Modules selected from this programme included those helping Client X to increase his level of understanding of healthy sex and associated thoughts, exploring his sexual interests and triggers to unhealthy arousal, and then focusing on supporting Client X to manage unhealthy sexual interests without acting on them using methods of behavioural modification and trigger management.

4.0 Outcome Measures

4.1 Engagement and Responsiveness

Client X attended all 25 intervention sessions that were offered to him. It was reflected to Client X that his engagement improved throughout the intervention. Client X reflected that initially he felt that the intervention was going to reinforce that he was a "bad person" and provide further information on his offences which he did not always understand (likely due to his ID). Client X's overall reflections can be found in **Appendix R**. This highlights Client X's responsiveness to the compassion focused approach that was integrated into the

intervention, such as using the 'tricky brain' as a method of understanding his difficulties and how they parallel with his offending behaviours. Client X's improvement in engagement was demonstrated by his increased tolerance to discuss information relating to his offending and increased questioning associated with his internal inhibitors.

By increasing the number of non-verbal tasks and focusing engagement on perceptual reasoning (e.g., increasing the amount of visual material in the activities); this encouraged Client X to process visual information and using perceptual reasoning to increase his knowledge and understanding. To test for suggestibility, Client X was asked to summarise the information that he had learnt during each session and asked questions about how this related to his past offences. This was to ensure that Client X was able to identify the purpose of the work and relevance to his sexual offending whilst testing whether the adaptations had been responsive to his needs. Based on reports from Client X's detention in medium and low security, it was commented that his engagement was inconsistent and superficial. Client X reflected that this was because he felt embarrassed as he could not understand some of the information and felt shamed for perpetrating his offences. Client X was provided with a visual summary of the information discussed during each session so that he would be able to refer to this, supporting his strengths as identified in the WAIS-IV assessment.

4.2 Psychometric Assessments

Client X completed a range of psychometric assessments to review his progress throughout the intervention. All psychometric assessments were appropriate for the use with individuals with ID. The assessments were

administered prior to commencing the intervention and following completing the intervention to assess for clinically significant changes. To assess the difference in pre and post scores, quantitative data was analysed for both standardised psychometrics. To test for normality of the data, the Shapiro-Wilks test was performed. The Shapiro-Wilks test was significant, suggesting that the data deviated from a normal distribution and was not appropriate for analysis using parametric tests. Although, the data did meet the statistical assumptions to perform non-parametric tests of difference using Wilcoxon-Signed Ranks (see below).

4.2.1 Sexual Attitudes and Knowledge Assessment (SAK; Heighway & Webster, 2007)

The SAK is a psychometric that includes pictorial representations to assist with the 19 questions asking about sexual knowledge and attitudes. The SAK has demonstrated high internal consistency of 0.82 (Langdon *et al.*, 2007) and uses four subscales to assess understanding of relationships, social interaction, sexual awareness, and assertiveness. The authors stated that greater scores are indicative of increased sexual knowledge and attitudes. Ashworth and Carton (2021) recommended the use of this measure when intervening using the 'Let's Talk About Sex' programme as a reliable measure of assessing sexual attitudes and knowledge. There was a significant difference found between pre scores ($Mdn=1.0$) and post scores ($Mdn=1.0$) on the SAK. A Wilcoxon Signed Rank Test indicated that this difference was statistically significant, $T=55.00$, $Z=-2.97$, $p<.005$. This difference was confirmed in Client X's reported lack of sexual knowledge, which contributed to his misunderstanding of masturbation, sexuality and consent. Client X's clinical improvements were demonstrated in scores which were significantly higher across all subtests post-intervention.

4.2.2 Sex Offences Self-Appraisal Scale (SOSAS; Bray & Forshaw, 1996)

The SOSAS contains 20 items aiming to examine cognitions consistent with sexual offending. This measure aims to focus on areas including denial, minimisation, and justification of sexual offending. The authors stated that greater scores are indicative of increased cognitive distortions. The SOSAS requires respondents to respond to such statements on a five-point Likert scale in terms of agreeableness. The SOSAS has demonstrated good internal consistency of 0.68 suggesting it has relatively good reliability (Langdon *et al*, 2007). There was a significant difference found between pre scores ($Mdn=4.0$) and post scores ($Mdn=2.0$) on the SOSAS. A Wilcoxon Signed Rank Test indicated that this difference was statistically significant, $T=11.50$, $Z=-2.40$, $p<.005$.

This assessment confirmed that Client X presented with cognitive distortions, as well as fluctuating levels of denial. It highlighted the intellectual limitations as identified in the WAIS-IV (e.g., no consequence to Client X indicates that they did not commit an offence). Client X's scores indicated that he scored highest for both victim-blaming and denial subtests, suggesting that he has a strong external locus of control that allowed him to remove both responsibility and shame of the offences perpetrated. Client X's clinical improvements were demonstrated in scores across all subscales, but most significantly relating to blame and minimisation. Client X expressed greater acceptance of his sexual offences but continued to deny the need for future intervention to manage his sexual risk. Although Client X was more accepting that he did have a serious sexual problem, which was something that he had previously denied (e.g., demonstrating an increase in insight). This was reflected in Client X's response that he recognised the victims were not to blame for the

sexual offences, rather these were committed due to him experiencing difficulties. Client X was able to recognise some of the internal inhibitors that contributed to his offending, which is something that he had previously denied (pre-assessment he externalised blame to reduce feelings of shame). Client X was able to recognise that his offences were likely to have caused his victims long-term psychological adversities, acknowledging that the offences were against the law.

4.2.3 The Questionnaire on Attitudes Consistent with Sexual Offenders (QACSO; Lindsay *et al.*, 2004)

The QACSO contains a total of 63 questions aimed to assess cognitive distortions consistent with sexual offending. This psychometric is categorised into specific types of sexual offending to include measurements of the following: rape and attitudes about women; voyeurism; exhibitionism; dating abuse; homosexual assault; paedophilia; and stalking and sexual harassment. The authors stated that lower scores on this psychometric indicate that the client has less cognitive distortions. This measure has demonstrated positive psychometric properties in terms of appropriateness of norms, and high levels of test-retest reliability (Broxholme & Lindsay, 2003).

It was observed during the administration of the QACSO that Client X's responses appeared to be suggestable. He expressed difficulty in understanding some statements that were not offence-relevant (e.g., paedophilia) which influenced his overall engagement with the QACSO. It was the clinical opinion of the author that the QACSO should be administered as a qualitative measure and used to explore Client X's attitudes using offence-related subtests only. This prompted greater exploration and discussions relating to specific cognitive

distortions related to rape and attitudes towards women, voyeurism, exhibitionism, and homosexual assault.

Prior to completing the intervention, Client X expressed an external inhibition regarding sexual consent, whereby he believed that if he spent a period of time with a victim and then provided them with gift(s), he then had sexual consent to engage in sexual activity with them. Client X described females wearing revealing or limited clothing as an opportunity to perpetrate a sexual offence, as her clothing is indicating that she wishes to engage in sexual acts. Client X suggested that males are more likely to make false allegations of homosexual assault based on the shame of being a homosexual male, as well as males being unable to be raped based on their strength to fight away if they wanted. Client X appeared to avoid responsibility for his sexual offences, distorting the wrongness of his behaviour and placing blame on the victims. The presence of such cognitive distortions increased Client X's risk of sexual offending and was identified as a priority for intervention.

The reassessment asked Client X the same statements from the pre-assessment, exploring whether there had been any attitudinal changes consistent of sexual offending. Client X expressed a reduction of cognitive distortions identified in the pre-assessment. Client X expressed an importance of capacity and communication in obtaining sexual consent; a greater respect towards women, stating that no woman deserves to be raped despite the clothing she may be wearing; a disagreement with voyeuristic behaviours and exhibitionism, stating that such behaviours can scare victims and that individuals do not have the right to invade the privacy of others in such a way; and acceptance of homosexuality, stating that homosexuality is acceptable.

4.3 Functional Assessment: Follow-Up

Approximately six months after completing the intervention with Client X, his progress was followed up. Client X remained in low security and had recently been accepted for a community-based placement on a Deprivation of Liberty Safeguards (DoLS). Staff reported that he had been progressing well and demonstrated more pro-social communications and appropriate behaviours with others, demonstrating an overall improvement in communication, particularly relating to assertiveness. There had not been any reporting of sexually inappropriate behaviours. It was recommended that Client X be supported with 'refresher' sessions after completing the intervention based on his ID, aiming to regularly review sexual knowledge, attitudes, and cognitive distortions. This approach when working with IOD with an ID, has also been recommended in research (Marotta, 2017), stating that this approach could act as a preventative measure of recidivism.

5.0 Professional Reflections

As described earlier, the forensic professional expressed higher levels of anxiety during the assessment phase of the intervention when working with Client X. It was recognised that the lack of therapeutic rapport between Client X and the forensic professional likely influenced this, as there appeared to be a lack of trust between them. In addition to this, the assessment focused heavily on offence-focused detail, which included graphic details about sexual offences which also precipitated feelings of anxiety, as well as upset about the harm inflicted on the victims.

Furthermore, the forensic professional also recognised that she felt increased levels of anxiety about being potentially victimised based on Client X's

inconsistencies in victim type(s). This made the forensic professional feel as though they could potentially be victimised, as Client X displayed opportunistic and impulsive sexual offences, that meant his offences could parallel in a therapeutic context (e.g., in a therapy session in an isolated space). In an attempt to appropriately manage such difficulties, clinical supervision was regularly sought to reflect on the therapeutic engagements with Client X. This enabled the forensic professional to feel that they had a safe space to reflect on such therapeutic engagements, and have their feelings validated. The forensic professional felt that this encouraged their reflective capacity, and increased their emotional awareness in relation to the content discussed during sessions with Client X. This parallels with the findings presented in **Chapter Two**, which comments on the importance of utilising clinical supervision and having a safe environment to reflect on such practices. Both of which, appeared to mitigate the risk of developing psychological distress associated with the role. This adds further validity to the findings presented in **Chapter Two**.

After developing the collaborative formulation with Client X, the forensic professional expressed greater levels of compassion for him, as well as better understanding of the function of his behaviours. It was at this point of the intervention that the forensic professional felt the therapeutic relationship established, which was initiated by the collaborative understanding into Client X's difficulties.

At the start of the therapeutic intervention, the therapeutic rapport between the forensic professional and Client X appeared to be good. This promoted trust during the therapeutic space between the forensic professional and Client X, which allowed for greater exploration into the patterns of his polymorphic offending. This also improved engagement, which appeared to

increase Client X's motivation to engage with the intervention, as well as the levels of compassion satisfaction felt by the forensic professional. It is suggested that this improvement in engagement was due to the increased sense of safety within the therapeutic space, between the forensic professional and Client X. This approach also appeared to be empowering for Client X, whilst also allowing for greater empathic engagement for the forensic professional.

This case study highlighted the therapeutic efficacy of using a compassion focused approach when working with individuals presenting with complex types of offending, such as polymorphism. The forensic professional had been trained in compassion focused and trauma-informed approaches, and recognised that this influenced their viewpoint of "what has happened to a client?" rather than the "what is wrong with the client?" approach that is often expressed towards IOS. This compassionate approach to understanding the function of Client X's behaviour, using the formulation, appeared to have a positive impact on therapeutic outcomes.

It is also relevant to compare these findings with those presented in the focus study in **Chapter Three**, which highlighted some of the initial difficulties that some forensic professionals have when working with IOS. The participants of the focus group were also heavily weighted by females, so it is important to reflect on how gender might have influenced the discussions, as well as the reflections of the author who is also female. There appeared to be some similarities in views towards IOS, as well as recognising that clinical formulation and compassion focused approaches supported the understanding of such offending behaviours, as well as the establishment of therapeutic rapport. Therefore, the findings from the focus study and those presented within this case study, appear to demonstrate some similarities in terms of female forensic

professionals' views towards IOS, emphasising the importance of compassion focused and trauma-informed approaches and the use of formulation to understand the function of such offending behaviours. This adds further validity to the current findings.

Overall, whilst it is recognised that working with males who have offended sexually and displayed polymorphism can be challenging, it can also promote high levels of compassion satisfaction for the forensic professional. This also appeared to be influenced by the therapeutic rapport, which improved empathetic engagement between the forensic professional and Client X that was supported by the collaborative and compassion focused approach. It is important to highlight that Client X responded well to this therapeutic intervention, which likely influenced the outcome as being positive for both the forensic professional and Client X. This suggests that, therapeutic outcomes are likely to influence how both the forensic professional and client view the intervention, impacting whether this is either positive or negative. As the therapeutic outcomes appeared to be positive, as Client X demonstrated clinically significant improvements, which contributed to the forensic professional feeling high levels of personal accomplishment about the efficacy of the intervention, as well as Client X feeling understood and responsive to the treatment.

6.0 Conclusion

This case study aimed to increase knowledge and understanding into working therapeutically with a male who had offended sexually and displayed polymorphism, from the perspective of a forensic professional. It highlighted the therapeutic engagements between a forensic professional and Client X, who displayed greater diversity in his sexual offending, particularly relating to

inconsistencies in victim types. Due to a lack of research on interventions about polymorphism, this study had to make therapeutic adaptations to be responsive to Client X's presenting risk needs, which were characterised by diversity and inconsistencies in victim types. From the perspective of the forensic professional, this study also highlighted that the initial stages of the assessment could be challenging, particularly when focusing on explicit details of the sexual offences and having greater concern for being victimised (e.g., offence paralleling behaviours). The case study highlighted the relevance of using a compassion focused approach with males who have offended sexually and displayed polymorphism, due to the complex nature of their crimes stemming from high levels of shame and self-criticism. It also highlighted the importance of being collaborative when working with clients displaying inconsistencies in their victim types, allowing for greater understanding into their patterns of offending. This case study displayed positive outcomes for both the forensic professional and Client X, which was likely influenced by the approaches used, as well as the positive therapeutic outcomes.

Chapter Six

Thesis Discussion

This thesis explored factors impacting forensic professionals working with individuals who have offended sexually (IOS), with an additional focus on polymorphic offenders. The factors explored have been described in each of the chapters, considering the impact that therapeutic engagements with IOS have on forensic professionals, as well as the role of attitudes towards this group of individuals. In addition to this, **Chapter Three** presented a quantitative study which compared attitudes of forensic professionals and members of the general public, allowing for discussions and reflections on the attitudinal differences between such groups. The additional focus on polymorphic offenders enabled the thesis to explore a more complex and diverse type of sexual offending, allowing insights and observations to be made about this more specialist type of offending.

Each of the methodological approaches described in each of the chapters adopted both a scientist-practitioner approach, as well as a reflective-practitioner approach to understanding the thesis topic. The research included in the thesis combines science and practice, whilst also including the author's analytical thinking about their own professional practice and experiences. Overall, this approach encouraged greater reflection, which is included throughout the thesis; as well as research that combines both science and practice. This chapter considers each of the individual contributions of the findings, whilst also summarising these in terms of the implications on forensic practices and need for future research.

Chapter Two assessed the impact of the “cost of caring” amongst forensic professionals working therapeutically with IOS. This review found that forensic professionals within the review experienced both positive and negative outcomes associated with their therapeutic engagements with IOS. Some studies included in the review found the presence of vicarious traumatisation (Crabtree, 2002; Barros *et al.*, 2020), secondary traumatic stress (Steed & Bicknell, 2001; Ince, 2019), compassion fatigue (Steed & Bicknell, 2001), and burnout (Shelby *et al.*, 2001) amongst forensic professionals working with IOS. The review found that forensic professionals’ susceptibility to such negative outcomes increased when they had a personal trauma history, particularly if this involved sexual abuse; and if they were male, as they appeared to have greater cognitive disruptions in relation to their personal safety, as well as that of others. Furthermore, this review highlighted organisational factors which also contributed to such negative outcomes for forensic professionals. For example, forensic professionals considered ‘newer’ to working with IOS were considered most susceptible to developing secondary traumatic stress. It is hypothesised that those considered ‘newer’ to the profession, might lack reflective capacity and resilience when working with IOS, which might contribute to the development of secondary traumatic stress. Additionally, the findings found that working within a secure setting (e.g., prison or hospital) also increased the likelihood of experiencing symptoms of emotional exhaustion and depersonalisation. This finding could be explained by the increased environmental and relational security, which likely influences the ability to be able to promote a safe and therapeutic environment. The extensive security of such environments also likely increases levels of fear and anxiety of the forensic professional, as this signifies the level of risk such individuals pose.

In addition, it is also important to reflect on whether IOS engaging in the therapy also experience such negative outcomes. For example, as identified, being exposed to graphic and explicit offence-related detail can be traumatic for a forensic professional, but it could also be retraumatising for the individual recalling the information. Whilst this was not explored within the review, it is an important consideration when thinking about secondary trauma in relation to offence-related narratives. Future research should consider this to gain insight into the perspective of IOS. Similarly, it is also important to consider the problem that some of the difficulties that forensic professionals' experience might come from absent emotions. It is argued that such absent emotions are difficult to assess as individuals often have limited insight into things they are not experiencing, and they tend to be better able to identify actual experiences or emotions, rather than their absence. Furthermore, it is also relevant to comment that some forensic professionals might find it difficult to talk about some of the adverse effects of working with IOS, which could be related to a personal trauma history and/or mental health difficulties. This is an important reflection when assessing the effects of working with IOS, which should be considered in future research.

Chapter Two also found that some forensic professionals experienced more positive outcomes when working with IOS. Such studies found that forensic professionals can experience higher levels of compassion satisfaction and personal accomplishment associated with their therapeutic engagements with IOS. For example, forensic professionals highlighted that whilst working with IOS can be challenging, it can also be satisfying when interventions appear effective (Kadambi & Truscott, 2003). Other studies found that forensic professionals experienced lower levels of general and trauma-related stress

associated with their therapeutic engagements with IOS (Ennis & Home, 2003), and were considered a low risk of exhibiting symptoms of compassion fatigue and burnout (Hatcher & Noakes, 2010).

Moreover, **Chapter Two** also found that despite there being some positive outcomes associated with working with IOS, forensic professionals also display some shifts in cognitive schemas in an attempt to cope with the traumatic content they are exposed to. As cited by Barros *et al.* (2020), professionals can often unconsciously direct their attention to the complex details of an offence, in an attempt to cope with the distressing content they are exposed to and cited this as an “unconscious bias”. It is suggested that that this is likely due to their increased emotional arousal in response to the traumatic content detailing offence-related narratives. This highlights a maladaptive set of coping skills that forensic professionals can develop as a consequence to being exposed to such traumatic content. This finding signifies the need to reflect on such experiences during clinical supervisions and reflective practices.

Based on the studies included in this review, the positive outcomes appeared to be associated with organisational factors, which appeared to mitigate the likelihood of negative outcomes. The studies included in this review found that when an organisation implements sufficient clinical supervisions; collegial support; opportunities to reflect on practices; and a safe work environment, the likelihood of experiencing negative outcomes was reduced. In addition, such approaches could also address the difficulties that forensic professionals might experience when being exposed to such traumatic content, and prevent the likelihood of developing such maladaptive methods of coping. It is suggested that when a work environment provides a safe space to reflect on such difficulties, which could be facilitated either in clinical supervision or

reflective practices, that feelings could be validated and increase emotional awareness. It is hypothesised that when such organisational factors are implemented, the risk of experiencing the “cost of caring” is reduced, due to the increased emphasis on developing reflective capacity, emotional awareness, and overall resilience. This is an important finding which has practical relevance, and it is recommended that such organisational factors are implemented within services working therapeutically with IOS to reduce the likelihood of the “cost of caring”.

Furthermore, as discussed in the **Introduction**, extensive research has been conducted on the attitudes towards IOS. Much of this research has focused on comparing attitudes of forensic professionals and members of the general public, which has found significant differences between groups (Harper *et al.*, 2017; Challinor & Duff, 2019; Harper & Hicks, 2022). However, there appeared to be less research focused on the factors that might influence such attitudinal differences between such groups. In addition to this, a large proportion of this research did not focus on attitudes towards individuals displaying more specialist types of offending, and rather focused on those who offended sexually as a non-specialist group. In particular, there appeared to be much less research focusing on IOS and displayed diversity in their patterns of sexual offending, as well as inconsistencies in their selection of victim type (e.g., polymorphism).

As discussed in **Chapter Three**, it was found that there were statistically significant differences in attitudes when comparing forensic professionals and members of the general public, supporting past findings (Olver & Barlow, 2010; Harper *et al.*, 2017; Harper & Hicks, 2022). In particular, this finding showed that forensic professionals expressed more favourable and positive attitudes towards IOS, in comparison to more negative attitudes expressed by the public.

A high proportion of forensic professionals in the sample had received specialist training focused on formulation and compassion focused approaches, allowing them to have greater understanding into the function of such offending behaviours. It is suggested that, this set of findings could be explained by the increased therapeutic engagements that forensic professionals have when working with IOS, in addition to the specialist training they have received as part of their profession. Whilst attitudes expressed by the general public were more negative, those expressed by younger and more educated participants appeared to be slightly more positive. This finding was also supported by Harper and Hicks (2022) who found that students considered young in age and highly educated expressed more favourable attitudes towards this population (Harper & Hicks, 2022). It would be beneficial for this finding to be explored to identify whether there is a possible "generational shift" of attitudes occurring amongst the younger population.

In terms of demographic factors, personality traits, and pre-existing attitudes towards IOS as a non-specialist group; the multinomial logistic regression model was statistically significant. This model appeared to explain approximately 29.8% of the variance in risk ratings of males displaying polymorphism in terms of victims' age, gender, and relationship in relation to recidivism. The analyses found that participant age, gender, group, education, and 'openness to experience' all had independently significant contributions. This analyses also uncovered that relationship polymorphism was the highest rated type of polymorphism and correctly predicted the model 73.7% of the time. This finding is important when thinking about future research on polymorphism, as it could be argued that relationship polymorphism was rated the highest recidivism risk due to the wider victim pool. For example, victims could include extrafamilial

and intrafamilial victims providing greater access to potential victims, in comparison to the domains of age and gender which could be more limited. In the context of sexual offending, it would be informative for future research to explore subgroup differences amongst polymorphic offenders. It is important to comment that whilst the present study considered polymorphism a more specialist type of sexual offending, it could be argued that each of the domains (victim age, gender, relationship-type) significantly differ from each other and require individual exploration. As a whole, polymorphic offending presents with greater diversity in sexual offending patterns and inconsistencies in terms of victim types, but each of the subgroups require greater exploration to identify the differences between each of the domains. Future research would benefit from exploring the significant predictors in the model to gain greater insight into their role in attitudes and risk perceptions of polymorphic offenders. It would also be beneficial to explore the different subgroups of polymorphism to identify differences in each of the domains.

It is important to mention that although the data from the vignettes in the quantitative study was unable to be used, other data collected in the study relating to polymorphism was included in the analysis. In addition, the case study also added greater information of polymorphism as an individual account, providing further insight into the criminogenic needs of a polymorphic offender. Thus, it is recommended that further research is conducted on polymorphism as this would allow for further conclusions to be drawn regarding the influence of such attitudes, in consideration of the broader implications on therapeutic engagements.

A limitation of the thesis is that it does not directly assess the impact of cultural diversity amongst forensic professionals, and the role such differences

have on their therapeutic engagements with IOS. As described in **Chapter Two**, the studies included in the reviews did not include demographic information about ethnicity, culture, and social class. In addition to this, whilst **Chapter Three** assessed the role of demographic factors on risk ratings of individuals displaying polymorphism in their sexual offending; it did not include factors relating to cultural diversity. This is recognised as a limitation of the quantitative study, as without including data about ethnicity, culture, and social class, conclusions about these factors were unable to be drawn. Similarly, in **Chapter Four**, the preliminary evidence used in the development of the ATS-21 did not include norms for individuals' ethnicity, culture, and social class. This could indicate a potential bias in the measure as this means that it has not been developed in consideration of norms concerning ethnicity, culture, and social class; meaning that the measure might not be able to be used by a significant number of people. Therefore, the findings from this thesis highlight a need for future research assessing this topic to include greater reference to cultural diversity, particularly relating to ethnicity, culture, and social class.

Following from this, **Chapter Four** highlighted some of the conceptual and ethical challenges associated with using the term "sex offender" to describe IOS. This chapter evaluated the recently developed and validated Attitudes to Sexual Offenders Scale-21 (ATS-21; Hogue & Harper, 2019), which was used in **Chapter Three** to assess attitudes expressed by forensic professionals and members of the general public. The frequent use of the term "sex offender" in the measure arguably reinforces negative stereotypes towards this population, which also increases the likelihood of stigmatisation. Lowe and Willis (2022) suggested that participants might respond to the statements based on their own interpretation of the term "sex offender" that could influence their responses to

be inaccurate (Lowe & Willis, 2022). The term "sex offender" might have different interpretations to different people, which makes it important to operationalise this term when assessing attitudes towards this population. This would have an influence on responses, which might influence them as being more negative based on their understanding and belief of the term "sex offender". This might then influence how they interpret the statements presented in the measure, and impact how they respond based on their current set of beliefs about this individual. Therefore, the findings from this chapter signify the negative impact that using terms such as "sex offender" have on attitudinal responses, which also reinforce negative stereotypes about this population. Both, significantly influence the reliability and validity of the measure when assessing attitudes towards IOS. Lowe and Willis (2022) found that using such terms (e.g., "sex offender") that are associated with an individual's offence, precipitate more negative attitudes when compared with other measures using more neutral (e.g., person-first) language. It is recommended that such findings are considered in future measures of attitudes towards this population, ensuring that less stereotypical language is used to prevent the reinforcement of such stigmatisations and potentially inaccurate responses.

Chapter Four also found that the ATS-21 appeared to have relatively good psychometric properties in terms of validity and reliability, there were a lack of norms reported when validating the measure. The preliminary evidence used in the development and validation of this measure did not appear to include norms for individuals' ethnicity, culture, and social class. This could indicate a potential bias in the measure as this means that it has not been developed in consideration of norms concerning ethnicity, culture, and social class; meaning

that the measure might not be able to be used by a significant number of people.

Chapter Four also presented a confirmatory factor analysis (CFA) which was performed using the data from **Chapter Three** to compare attitudes towards IOS, comparing forensic professionals and members of the general public. The aim of this analysis was to assess the three-factor structure originally validated by Hogue and Harper (2019) for the ATS-21. The current CFA identified three new extracted factors accounted for 83.95% of the cumulative variance, in comparison to the 45% cumulative variance previously reported by Hogue and Harper (2019) using their three-factor structure. This finding suggests that the three newly extracted factors are a better goodness of fit. The three newly extracted factors used more positive language to describe the individuals, including 'social acceptance', 'adverse stereotypes', and 'trust'. The 'social acceptance' factor reflected the greater acceptance and understanding of IOS, recognising some of the adversities they have likely experienced, as well as their need for treatment and rehabilitation. The label 'social acceptance' is similar to the previous label 'social distance' cited by Hogue and Harper (2019), although the present label reflects the use of more positive language when thinking about this population. The second extracted factor was labelled 'adverse stereotypes' and reflected items that loaded onto this factor displayed the negative portrayals of IOS. It is important that the label of this factor highlights that the statements associated with this are 'adverse' and 'stereotypes' as this highlights some of the inaccuracies about the portrayals of this population. The third extracted factor was labelled 'trust' as items that loaded onto this factor were associated with greater understanding of the need for treatment and rehabilitation in IOS, whilst also recognising the therapeutic benefits of this. It is important to comment that

'trust' is also one of the factors in Hogue and Harper's (2019) original three-factor model, the item loadings are different and thus this is considered a new factor. It is recommended that such extracted factors are considered when re-evaluating the ATS-21, as well as the inclusion of more positive and less stigmatising language, in future research assessing attitudes towards IOS.

Chapter Five provided greater insight into working with a male who had offended sexually and displayed polymorphism, from the perspective of a forensic professional. This chapter presented a single case study describing an individual account of an assessment, formulation, and intervention facilitated with Client X, who displayed greater levels of diversity in his patterns of sexual offending and inconsistencies in victim types. Based on the lack of research available on polymorphism, at the time of writing there are not any known therapeutic interventions and/or programmes designed to intervene and reduce the risk of recidivism with this offender population. Therefore, this case study offers greater insight about therapeutic approaches which were adapted and facilitated with Client X, such as a compassion focused approach, that appeared to have good therapeutic efficacy. This approach allowed the forensic professional to formulate and collaborate with Client X in a sensitive manner, which then supported the development of a trustworthy therapeutic relationship. It is suggested that this therapeutic approach improved therapeutic engagements with Client X, as well as his motivation to engage more meaningfully with the intervention (e.g., being more forthcoming with information).

In addition to this, **Chapter Five** illustrated how Client X made significant clinical improvements, which were reflected in clinical interviews, psychometric assessments, and functional assessments (including a six-month follow-up).

Whilst this approach was successful with Client X, it is important to highlight that further research is needed to develop appropriate guidance and evidence-based interventions for forensic professionals to utilise with individuals displaying polymorphism. It is important to highlight that the forensic professional expressed higher levels of compassion satisfaction associated to their role when the therapeutic outcomes appeared more effective in reducing risk. For example, the forensic professional perceived the intervention as therapeutically effective in mitigating his risk of sexual offending, meaning that she felt higher levels of compassion satisfaction and personal accomplishment associated with her role. This is an important finding when thinking about assessing the impact of working with IOS, from the perspective of a forensic professional, as there could be a positive or negative association based on the efficacy of the intervention.

Furthermore, it is important to mention that the forensic professional had been trained in compassion focused and trauma-informed approaches, which were used when working with Client X. The focus study described in **Chapter Three**, also highlighted how being trained in such approaches helped improve attitudes towards IOS, as it allowed them to formulate and understand the function of their offending behaviours. In addition, there were also similarities in terms of perceived vulnerability about offence-paralleling behaviours, which may lead them to be victimised if in an isolated therapeutic space with an individual who has offended against women, or opportunistically as seen in polymorphism. Both findings from the focus study and reflections from the forensic professional in the case study described the formulation being a beneficial approach to understanding how earlier adversity and trauma related to offending behaviours, which in turn, also encouraged higher levels of compassion towards the IOS. It is important to mention that the majority of participants in the focus group were

also female, so this may parallel with some of the views expressed by the forensic professional in **Chapter Five**, who was also female. This finding should be considered in future research, to explore whether there are any attitudinal differences, or professional biases or views, which vary due to gender.

In conclusion, the present thesis reflects a research journey into the examination of factors impacting forensic professionals' therapeutic engagements with IOS, with an additional focus on polymorphic offenders. The thesis recognised that working with this population can have both positive and negative outcomes for forensic professionals. This appears to contrast with previous findings about therapeutic engagements with IOS, which tends to report the adverse effects based on the nature and severity of their crimes, which are often influenced by pre-existing negative attitudes. The findings presented within the thesis consider the factors which appear to mitigate the risk of developing such negative outcomes, as a consequence of working therapeutically with IOS. The findings highlight that whilst working with IOS can be challenging for the forensic professional, based on the offence-related narratives containing explicit information about sexual crimes, when interventions appear to be beneficial at reducing the risk; such experiences can be satisfying for forensic professionals. In addition to this, when organisational factors are successfully implemented, the risk of developing such negative outcomes is further reduced. Such organisational factors include clinical supervision, collegial support, reflective practices, and a safe work environment which encourages reflection.

It is also important to highlight previous discussions about how a high proportion of forensic professionals have often experienced adverse childhood experiences and other traumas (Howard *et al.*, 2015; Wilmot & Jones, 2022;

Mercer *et al.*, 2023), which can increase their susceptibility to more negative outcomes than those without (Mott & Martin, 2019; Keesler, 2020). This was an important consideration within the thesis, as forensic professionals working within such settings are often exposed to higher levels of unpredictable and violent behaviours within their work environment, which could potentially trigger some of their earlier traumatic experiences. It is recommended that the identified organisational factors are implemented within forensic settings to mitigate this risk, whilst also ensuring that such forensic professionals with increased vulnerability have access to personal psychological therapies (e.g., counselling services via their employer). All of which, could influence therapeutic engagements and it is important to consider such findings when thinking about the role of a forensic professional and the implementation of trauma-informed practices (Wilmot & Jones, 2022; Hocken *et al.*, 2022).

Each of the chapters have utilised different methodological approaches to contribute to this, in consideration of the implications on forensic practices. The research presented within this thesis represents the journey of developing the thesis that has been built on ideas combining knowledge of forensic psychology, theory, practice, and research. As cited earlier in this chapter, the thesis adopted both a scientist-practitioner approach, as well as a reflective-practitioner approach to understanding the thesis topic. This allowed the research included to combine both science and practice, whilst allowing for reflection on the author's analytical thinking about their personal experiences. This approach encouraged greater reflection throughout the thesis, which promoted their voice as an academic-practitioner.

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Appendix A: Systematic Search Strategy

MEDLINE, APAPsycINFO

1. ("Vicarious trauma*" or "secondary trauma*" or "secondary traumatic stress" or "post-traumatic stress" or "post traumatic stress" or "compassion fatigue" or burnout).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
2. ("Forensic profession*" or "forensic psych*" or psychol* or psychother* or therapist).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
3. ("Sex* offen*" or "sexual assault" or "online sex* offen*" or "contact sex* offen*").mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]

Sociological Abstracts, Applied Social Sciences Index & Abstracts (ASSIA), PTSDpubs

noft("Vicarious trauma*" OR "secondary trauma*" OR "secondary traumatic stress" OR "post-traumatic stress" OR "post traumatic stress" OR "compassion fatigue" OR burnout) AND noft("Forensic profession*" OR "forensic psych*" OR

psychol* OR psychother* OR therapist) AND noft("Sex* offen*" OR "sexual assault" OR "online sex* offen*" OR "contact sex* offen*")

Appendix B: Mixed Methods Appraisal Tool (Hong *et al.*, 2018)

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>					
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix C: Ethical Approval



**University of
Nottingham**
UK | CHINA | MALAYSIA

**Faculty of Medicine & Health Sciences
Research Ethics Committee**

Faculty Hub
Room E41, E Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham, NG7 2UH

Email: FMHS-ResearchEthics@nottingham.ac.uk

25 March 2021

Georgia Hart

Doctorate in Forensic Psychology Student
Division of Psychiatry and Applied Psychology
School of Medicine
Yang Fujia Building
University of Nottingham Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Ms Hart

Ethics Reference No: FMHS 179-0221 – please always quote	
Study Title: An assessment of the differences in attitudes towards heterosexual males that alter their sexual orientation when sexually offending.	
Chief Investigator/Supervisor: Dr Simon Duff, Assistant Professor, Forensic and Family Psychology, Psychiatry and Applied Psychology, School of Medicine.	
Lead Investigators/student: Georgia Hart, Doctorate in Forensic Psychology, School of Medicine	
Proposed Start Date: 01/03/2021	Proposed End Date: 31/07/2021

Thank you for submitting the above application which was considered at a sub-committee meeting on 22/02/2021 and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 05/02/2021

These have been reviewed and are satisfactory and the project is given a favourable ethics opinion.

A favourable ethics opinion is given on the understanding that:

1. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
2. The Chair is informed of any serious or unexpected event.
3. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

pp L Williams

Dr John Williams, Associate Professor in Anaesthesia and Pain Medicine
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix C: Ethical Approval

The Committee requested that the participant information sheet was changed, which it was and then subsequently later approved. In addition, the title was later changed which was also noted and approved (see email below).



Louise Sabir (staff)
To: Georgia Hart
Cc: Simon Duff (staff)

Dear Georgia

Thank you for submitting your revised application as requested. This has been reviewed and the changes are officially Noted to File by this e-mail.

You can start your study as planned.

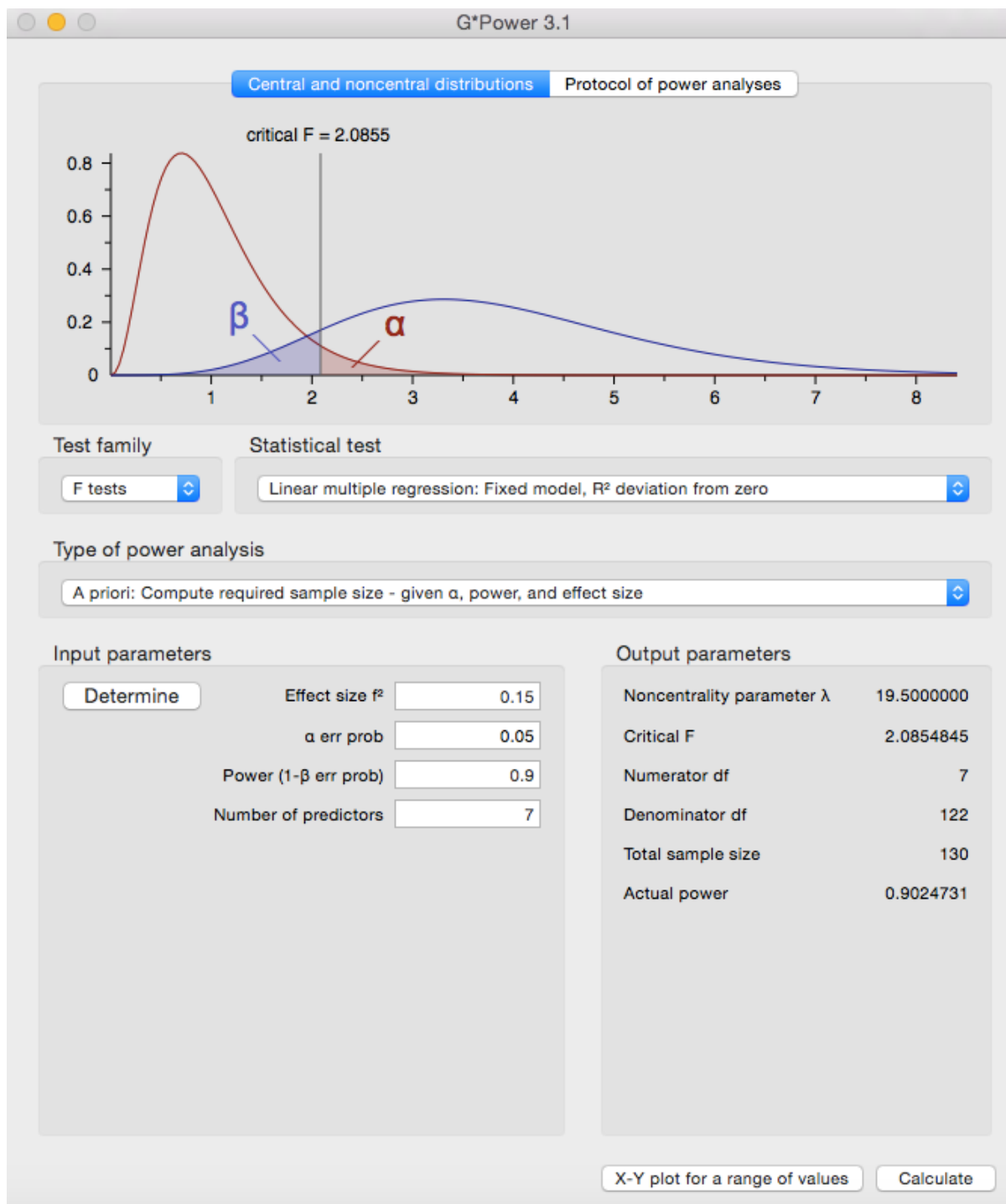
With best wishes

Louise

Louise Sabir
Senior Administrator

Faculty of Medicine & Health Sciences
Research Ethics Committee
c/o Faculty Hub
E41, E Floor,(nr School of Life Sciences Reception)
Medical School
QMC Campus
Nottingham University Hospitals
NG7 2UH

Appendix D: G*Power Calculation



Appendix E: Participant Information Sheet

PARTICIPANT INFORMATION

STUDENT RESEARCH PROJECT ETHICS REVIEW

Faculty of Medicine & Health Sciences

Name of Study: A Comparative Study of Attitudes and Risk Perceptions of Male Sex Offenders Displaying Victim Choice Polymorphism in Domains of Age, Gender, and Relationship.

Ethics reference number: FMHS-179-0221

Researcher/Student: Georgia Hart Georgia.Hart@nottingham.ac.uk

Supervisor/Chief Investigator: Dr Simon Duff Simon.Duff@nottingham.ac.uk

General Information

This doctoral level research aims to comparatively assess attitudes and risk perceptions toward male sex offenders displaying victim choice polymorphism (inconsistencies in victim and sexual offence type). The researchers include the chief investigator, Dr Simon Duff, Director of Stage II Forensic Training, Centre for Forensic & Family Psychology, School of Medicine, and Georgia Hart, Doctorate in Forensic Psychology, Psychiatry, and Applied Psychology, School of Medicine, University of Nottingham. We appreciate your interest in taking part in this questionnaire/online survey. You have been invited to participate as you are aged over 18 years old and are either a member of the general public or a forensic professional. For the purpose of this research, forensic professionals include all professionals working in frontline forensic services, including community, prison and hospital settings (e.g., psychologists, probation officers, mental health support workers, prison officers etc.). The study will ask you to confirm which group you identify as (e.g., either the general public or a forensic professional) and you will then be taken to questions and conditions of the study based on this selection.

Please read through this information before agreeing to participate and if you wish to proceed please select the '**NEXT**' option below. You have the right to ask questions relating to the study before taking part by contacting the researcher (details below).

For the purpose of this research, you will be asked general demographic questions, in addition to questions about your attitudes towards individuals that sexually offend, asked specifically to respond to these questions thinking about male offenders. You will also be asked questions about your personality traits, which will be used to explore in accordance to your responses about attitudes, to identify if there are any group similarities or differences. Lastly, you will be shown a set of vignettes describing polymorphic male sex offenders varying in

victim domains including age, gender, and relationship-type. A set of questions relating to risk will be asked in response to such vignettes. Participation should take approximately 15-25 minutes to complete with a total of 105 questions after demographic questions. The questions are not timed and it can take as long or short as you wish to complete it, no background knowledge is required for completion. The majority of the questions/statements will be asked on a Likert scale (e.g., 1 = Strongly Disagree, to 5 = Strongly Agree) allowing you to score your responses to the questions/statements provided. All responses will be anonymous.

Do I have to take part?

Your participation is voluntary. You may withdraw at any point during the questionnaire for any reason, before submitting your answers, by pressing the 'Exit' button/closing the browser.

What are the disadvantages of taking part?

It is possible that you may find the issues raised in the scenarios presented are upsetting or make you feel uncomfortable. Please take time to think carefully about whether it might be an upsetting or sensitive topic for you at the moment. Due to the sensitivity of the topic provision for support services has been included in the debrief form.

What will happen to your data?

When you have clicked the submit button at the end of the questionnaire, it will be uploaded into a password protected database with a code number. The research team will not be able to see who it is from and for this reason it will not possible to withdraw the data at this point. Your data (research data) will be stored in a password-protected folder sitting on a restricted access server at the University under the terms of its data protection policy. Data is kept for a minimum of 7 years. This questionnaire is for a Doctorate project and the answers received from all participants will be combined in a password protected database ready for analysis. The results will be written up as a dissertation and may be used in academic publications and presentations. The overall anonymised data from this study may be shared for use in future research and teaching (with research ethics approval).

The only personal data we will receive is your e-mail if you contact us to ask further questions or need support. This will be received and handled separately from your completed questionnaire and it will not be possible to link the sets of data. Your e-mail address will only be kept as long as needed to resolve your query. It will then be destroyed. For further information about how the university processes personal data please see: <https://www.nottingham.ac.uk/utilities/privacy.aspx/>

Who will know I have taken part in the study?

No one will know you have taken part in this study because we will not ask for your name or any other personal ID during this questionnaire. Your IP address will not be visible to or stored by the research team because an online survey platform is being used which receives and stores an IP address but filters this out before it is shared with the research team. As with any online related activity the risk of breach is possible but this risk is being minimized by using a platform that is specifically designed for use by the public sector and higher education research and is secured using encryption.

Who will have access to your data?

The University of Nottingham is the data controller (legally responsible for data security) and the Supervisor of this study (Dr Simon Duff) is the data custodian (manages access to the data) and as such will determine how your data is used in the study. Your research and personal data will be used for the purposes of the research only. Research is a task that we perform in the public interest. Responsible members of the University of Nottingham may be given access to data for monitoring and/or audit of the study to ensure it is being carried out correctly.

What if there is a problem?

If you have any concerns about any aspect about this project, please contact the Researcher, Georgia Hart (georgia.hart@nottingham.ac.uk) or their Supervisor, Dr. Simon Duff (simon.duff@nottingham.ac.uk). The researcher should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it. If you remain unhappy and wish to complain formally, please contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, E41, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk. The Chair will seek to resolve the matter in a reasonably expeditious manner. I have read and understood the above information, I confirm that I am 18 years old or older and by clicking the NEXT button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to participate**EXIT – I do not give consent to participate**

Appendix F: Participant Consent Form

PARTICIPANT CONSENT

STUDENT RESEARCH PROJECT ETHICS REVIEW

Faculty of Medicine & Health Sciences

Name of Study: A Comparative Study of Attitudes and Risk Perceptions of Male Sex Offenders Displaying Victim Choice Polymorphism in Domains of Age, Gender, and Relationship.

Ethics reference number: FMHS-179-0221

Researcher/Student: Georgia Hart Georgia.Hart@nottingham.ac.uk

Supervisor/Chief Investigator: Dr Simon Duff Simon.Duff@nottingham.ac.uk

General Information

The aim of this study is primarily educational to gain an academic qualification. This research is being conducted at a postgraduate level and is aiming to explore the differences in attitudes amongst the general public and forensic professionals, towards individuals that sexually offend, particularly heterosexual males that alter their sexual orientation whilst offending (e.g., a heterosexual male that alters his sexual orientation to homosexual to offend). The researchers include the chief investigator, Dr. Simon Duff, Director of Stage II Forensic Training, Centre for Forensic & Family Psychology, School of Medicine, and Georgia Hart, Doctorate in Forensic Psychology, Psychiatry, and Applied Psychology, School of Medicine, University of Nottingham.

If you consent to participate in this study, please select each of the tick boxes below:

- I can confirm that I have read and understood the information on the **Information Sheet**
- I am 18 years old or older
- I understand that my participation is voluntary and I can exit my participation at any time and withdraw my data by selecting the **EXIT** option
- I understand that my answers will be anonymous
- I understand the overall anonymised data from this study may be used in future research (with Ethics Committee Approval) and teaching purposes

By selecting the **NEXT** option below, I indicate that I understand what the study involves and that I agree to participate. If I do not wish to participate in this study, I can close this window and/or select the **EXIT** option below.

NEXT – Proceed to the study

EXIT – I do not wish to proceed to the study

Appendix G: Participant Debrief Form

PARTICIPANT DEBRIEF

STUDENT RESEARCH PROJECT ETHICS REVIEW

Faculty of Medicine & Health Sciences

Name of Study: A Comparative Study of Attitudes and Risk Perceptions of Male Sex Offenders Displaying Victim Choice Polymorphism in Domains of Age, Gender, and Relationship.

Ethics reference number: FMHS-179-0221

Researcher/Student: Georgia Hart Georgia.Hart@nottingham.ac.uk

Supervisor/Chief Investigator: Dr Simon Duff Simon.Duff@nottingham.ac.uk

Thank you for your participation in this study. Your participation has contributed to research on attitudes towards individuals that sexually offend, particularly the differences amongst offence sexual orientation. The aim of the study was to compare attitudes of the general public and forensic professionals towards individuals that sexually offend, in addition to exploring personality traits that may reinforce the difference and/or similarity in attitude. For example, a participant expressing greater 'openness to experience' is likely to have more favourable attitudes towards individuals that sexually offend and their rehabilitation.

If you have any further questions about this study, please do contact the researcher on the email address given above. If you would prefer to contact the researcher's supervisor, their contact details are also given above. Due to the sensitivity of the topic being researched, relevant support services have been listed below for you to contact if you feel that this is something you require.

Samaritans

Samaritans offer a 24-hour service that operates 365 days a year. They offer a helpline for anything that is troubling you, no matter how small or large the issue feels, they are able to talk and support you.

Telephone: 116123

Email: jo@samaritans.org

Website: www.samaritans.org.uk

Victim Support

Victim Support offers an impartial support service that can help victims of crime if they would like some help. They offer a 24-hour support line that offers information and support in confidence.

Telephone: 08081689111

Website: www.victimsupport.org.uk

One in Four

One in Four offers advocacy, counselling services and information for people who have experienced sexual abuse.

Telephone: 08001700314

Website: www.oneinfour.org.uk

The Survivors Trust

The Survivors Trust provides specialist services for survivors of sexual violence, including advocates and independent Sexual Violence Advisors (ISVAs).

Telephone: 08088010818

Website: www.thesurvivorstrust.org.uk

Lifecentre

Lifecentre offers support for survivors of sexual abuse and anyone supporting them, including a helpline, text support and email counselling.

Telephone: 08088020808

Text line: 09917989022

Email: lifecentre.uk.com

Appendix H: Participant Demographic Questionnaires

FORENSIC PROFESSIONAL DEMOGRAPHIC QUESTIONNAIRE

1. What is your gender?

2. How old are you?

3. What is your highest level of academic attainment?
(GCSE, A Levels, Undergraduate Degree, Postgraduate Degree)

4. What is your profession and/or role within forensic services?

5. What is your length of service? E.g., how long have you worked within forensic services, including positions prior to your current role (please state in months)

6. How much experience do you have of working with male sex offenders? Please state an approximate duration in months.

7. Have you received any specific training through academic and/or employment qualification on working with sex offenders?

Appendix H: Participant Demographic Questionnaires

GENERAL PUBLIC DEMOGRAPHIC QUESTIONNAIRE

1. What is your gender?
2. How old are you?
3. What is your highest level of academic attainment?
(GCSE, A Levels, Undergraduate Degree, Postgraduate Degree)
4. What is your understanding of the term 'sex offender'?
5. What information has contributed to your understanding of the term 'sex offender'?
E.g., media coverage or dramatizations of sex crimes.
6. Do you believe that sex offenders can be treated? Please detail your reasons.
7. Do you think sex offenders should be reintegrated into the community following treatment?

Appendix I: The Attitudes to Sexual Offenders Scale– 21

Instructions:

Please respond to each of the following items using the scale provided. Please be as honest as possible in your responding. There are no right or wrong answers.

Scoring Scale:

0	1	2	3	4
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

1. Sex offenders are different from other people (*R*; Trust)
2. Most sex offenders are victims of circumstances and deserve help (Social Distance)
3. Sex offenders have feelings like the rest of us (Social Distance)
4. It is not wise to trust a sex offender too far (*R*; Trust)
5. I think I would like a lot of sex offenders (Social Distance)
6. Give a sex offender an inch and they take a mile (*R*; Intent)
7. Sex offenders need affection and praise just like anybody else (Social Distance)
8. Trying to rehabilitate sex offenders is a waste of time and money (Intent)
9. Sex offenders are no better or worse than other people (Social Distance)
10. You have to be constantly on your guard with sex offenders (*R*; Trust)
11. If you give a sex offender your respect, he'll give you the same (Social Distance)
12. Sex offenders only think about themselves (*R*; Intent)
13. There are some sex offenders I would trust with my life (Trust)

14. Most sex offenders are too lazy to earn an honest living (*R*; Intent)
15. I wouldn't mind living next door to a treated sex offender (Trust)
16. Sex offenders are just plain mean at heart (*R*; Intent)
17. Sex offenders are always trying to get something out of somebody (*R*; Intent)
18. Sex offenders are immoral (*R*; Trust)
19. I would like associating with some sex offenders (Trust)
20. Sex offenders respect only brute force (*R*; Intent)
21. If sex offenders do well in prison/hospital, they should be let out on parole
(Social Distance)

Note. *R* indicates that the item is reverse scored.

Appendix J: The HEXACO Personality Inventory-Revised

Instructions:

On the following pages you will find a series of statements about you. Please read each statement and decide how much you agree or disagree with that statement. Then write your response in the space next to the statement using the following scale:

Scoring Scale:

5 = Strongly Agree

4 = Agree

3 = Neutral (Neither Agree nor Disagree)

2 = Disagree

1 = Strongly Disagree

1. I would be quite bored by a visit to an art gallery.
2. I plan ahead and organize things, to avoid scrambling at the last minute.
3. I rarely hold a grudge, even against people who have badly wronged me.
4. I feel reasonably satisfied with myself overall.
5. I would feel afraid if I had to travel in bad weather conditions.
6. I wouldn't use flattery to get a raise or promotion at work, even if I thought it would succeed.
7. I'm interested in learning about the history and politics of other countries.

8. I often push myself very hard when trying to achieve a goal.
9. People sometimes tell me that I am too critical of others.
10. I rarely express my opinions in group meetings.
11. I sometimes can't help worrying about little things.
12. If I knew that I could never get caught, I would be willing to steal a million dollars.
13. I would enjoy creating a work of art, such as a novel, a song, or a painting.
14. When working on something, I don't pay much attention to small details.
15. People sometimes tell me that I'm too stubborn.
16. I prefer jobs that involve active social interaction to those that involve working alone.
17. When I suffer from a painful experience, I need someone to make me feel comfortable.
18. Having a lot of money is not especially important to me.
19. I think that paying attention to radical ideas is a waste of time.
20. I make decisions based on the feeling of the moment rather than on careful thought.
21. People think of me as someone who has a quick temper.
22. On most days, I feel cheerful and optimistic.
23. I feel like crying when I see other people crying.
24. I think that I am entitled to more respect than the average person is.
25. If I had the opportunity, I would like to attend a classical music concert.
26. When working, I sometimes have difficulties due to being disorganized.

27. My attitude toward people who have treated me badly is "forgive and forget".
28. I feel that I am an unpopular person.
29. When it comes to physical danger, I am very fearful.
30. If I want something from someone, I will laugh at that person's worst jokes.
31. I've never really enjoyed looking through an encyclopedia.
32. I do only the minimum amount of work needed to get by.
33. I tend to be lenient in judging other people.
34. In social situations, I'm usually the one who makes the first move.
35. I worry a lot less than most people do.
36. I would never accept a bribe, even if it were very large.
37. People have often told me that I have a good imagination.
38. I always try to be accurate in my work, even at the expense of time.
39. I am usually quite flexible in my opinions when people disagree with me.
40. The first thing that I always do in a new place is to make friends.
41. I can handle difficult situations without needing emotional support from anyone else.
42. I would get a lot of pleasure from owning expensive luxury goods.
43. I like people who have unconventional views.
44. I make a lot of mistakes because I don't think before I act.
45. Most people tend to get angry more quickly than I do.
46. Most people are more upbeat and dynamic than I generally am.
47. I feel strong emotions when someone close to me is going away for a long time.

48. I want people to know that I am an important person of high status.
49. I don't think of myself as the artistic or creative type.
50. People often call me a perfectionist.
51. Even when people make a lot of mistakes, I rarely say anything negative.
52. I sometimes feel that I am a worthless person.
53. Even in an emergency I wouldn't feel like panicking.
54. I wouldn't pretend to like someone just to get that person to do favors for me.
55. I find it boring to discuss philosophy.
56. I prefer to do whatever comes to mind, rather than stick to a plan.
57. When people tell me that I'm wrong, my first reaction is to argue with them.
58. When I'm in a group of people, I'm often the one who speaks on behalf of the group.
59. I remain unemotional even in situations where most people get very sentimental.
60. I'd be tempted to use counterfeit money, if I were sure I could get away with it.

Appendix K: Vignettes

Gender Polymorphism Vignette (Daniel)

Instructions: Please read the statement below and answer the questions following it based on the information you have read about Daniel.

Daniel is a 30-year-old male who identifies as heterosexual. Daniel has described having several intimate relationships with females in the past. Daniel is currently serving a prison sentence for five counts of rape committed towards both males and females. During each offence, Daniel targeted the victims based on opportunity, as they were isolated from crowded and public areas, proceeding to rape them in the same location where the attack could not be seen, and others could not be called for help if they screamed. Daniel continues to identify as a heterosexual male and denies any attraction to males, despite offending against them sexually.

1. How likely do you think Daniel is of committing another sexual offence in the future? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
2. How likely do you think Daniel is of committing a non-sexual offence in the future? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
3. How likely is Daniel to pose a sexual risk to other adults? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

4. How likely is Daniel to pose a sexual risk to children? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

5. Based on Daniel's offences being committed against both males and females, how likely do you think it is that he will commit future sexual offences against both male and female victims? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

6. Based on Daniel's offences being opportunistic, how likely do you think he would be to reoffend if the opportunity arose? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

7. How likely is Daniel to pose a sexual risk to both male and female staff in the prison he is in? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

8. If Daniel were released into the community following treatment, how comfortable would you feel with that decision? (1 = very comfortable, 2 = comfortable, 3 = somewhat comfortable, 4 = uncomfortable, 5 = very uncomfortable)

Age Polymorphism Vignette (Jason)

Instructions: Please read the statement below and answer the questions following it based on the information you have read about Jason.

Jason is a 30-year-old male who has a history of sexual offending against both adults and children. Jason is currently serving a prison sentence for five counts of rape committed against victims varying in age from 11- 29 years old. Jason has expressed a sexual interest in both adults and children and will seek to target available victims to sexually offend against.

1. How likely do you think Jason is of committing another sexual offence in the future? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

2. How likely do you think Jason is of committing a non-sexual offence in the future? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

3. How likely is Jason to pose a sexual risk to other adults? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

4. How likely is Jason to pose a sexual risk to children? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

5. Based on Jason's offences being committed against children, how likely do you think it is that he will commit future sexual offences against children?

(1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)

6. Based on Jason's offences being opportunistic, how likely do you think he would be to reoffend if the opportunity arose? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
7. How likely is Jason to pose a sexual risk to prison staff? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
8. If Jason were released into the community following treatment, how comfortable would you feel with that decision? (1 = very comfortable, 2 = comfortable, 3 = somewhat comfortable, 4 = uncomfortable, 5 = very uncomfortable)

Relationship-Type Vignette (Matt)

Instructions: Please read the statement below and answer the questions following it based on the information you have read about Matt.

Matt is a 30-year-old male who is currently serving a prison sentence for the rape of five victims, including victims known and unknown (e.g., strangers) to him. Matt already knew some of his victims before sexually offending against them, but others he did not know and offended against based on opportunity.

1. How likely do you think Matt is of committing another sexual offence in the future? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
2. How likely do you think Matt is of committing a non-sexual offence in the future? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
3. How likely is Matt to pose a sexual risk other adults? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
4. How likely is Matt to pose a sexual risk to children? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
5. Based on Matt's offences being committed against strangers and victims known to him, how likely do you think it is that he will commit future sexual

- offences against both strangers and victims known to him? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
6. Based on Matt's offences being opportunistic, how likely do you think he would be to reoffend if the opportunity arose? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
7. How likely is Matt to pose a sexual risk to known and unknown staff within the prison he is in? (1 = very unlikely, 2 = unlikely, 3 = somewhat likely, 4 = likely, 5 = very likely)
8. If Matt were released into the community following treatment, how comfortable would you feel with that decision? (1 = very comfortable, 2 = comfortable, 3 = somewhat comfortable, 4 = uncomfortable, 5 = very uncomfortable)

Appendix L: Preliminary Focus Discussion

Note. This focus discussion was facilitated as part of a regional psychology meeting within a forensic mental health service and focusing on continuous professional development. The content of this discussion is anonymised and summarised below.

Forensic professionals reflected on their change in attitudes since working with sexual offenders and becoming increasingly familiar with their treatment and rehabilitation. In addition, forensic professionals described a shift in their attitudes from negative to positive when they received specialist training as part of their professional development, which informed them of psychological approaches developed to understanding such behaviours, including trauma-informed and compassion-focused approaches. Forensic professionals explained that these approaches helped them to understand the predisposing, precipitating, and perpetuating factors contributing to their offending behaviours. Through the use of clinical formulation, Forensic professionals felt that they were able to understand and make links between offending behaviours, offering causal explanation for their behaviours. This then improved their perceived efficacy of psychological interventions when working with sexual offenders, as it helped them understand which areas of outstanding need were contributing to recidivism risk. Forensic professionals concluded that their direct involvement in facilitating the psychological intervention with sexual offenders improved their attitude, as well as their belief in the efficacy of treatment and rehabilitation of sexual offenders. Forensic professionals also commented on their increased level of understanding of how mental illness contributes to sexual offenders, in comparison to the influence of personality-related difficulties/disorders, both of which shift the treatment focus to meet any outstanding criminogenic needs. This improvement

in attitudes increased forensic professionals' confidence to be able to complete and update risk assessments relating to sexual violence, as they reported having greater belief in the management and supervision strategies involved in such document. This discussion provided evidence that attitudes toward sexual offenders can be changed through increased familiarity, knowledge, and understanding of their behaviours, which has shown to be successful in reducing the severity of stigmatised attitudes toward their rehabilitation.

The training required to become a psychologist helped develop a greater understanding into different diagnoses and how this may influence client presentation with regards to sexual behaviours. Training also taught the importance of clinical formulation, which enabled professionals to develop an understanding into what function the presenting behaviours serve for that client and what experiences they have had to influence this (e.g., adverse childhood experiences – poor attachments, sexual abuse, bullying, emotional neglect). Professionals said they felt that the more confident they could be at understanding the function that offending behaviour serves to that individual, then the better they can manage the risk.

As a forensic professional, you can use formulation and risk assessments to understand the function their behaviours serve for that individual and the greater your understanding of such behaviours, means the more you can be confident about how to best manage that risk. The display of sexually harmful behaviours within services does make staff feel uncomfortable, especially when they know that the client has a history of sexual offending. Such staff have been observed displaying more negative attitudes towards individuals who have offended sexually, particularly if the offences are against children and the staff member is a parent. Paraprofessionals have a lot of misconceptions about the function of

behaviours. A lot of support staff and prison officers refuse to read the clinical files detailing the offences as they fear it may cloud their judgement and affect how they perceive that individual. Forensic professionals observed that paraprofessionals' attitudes towards individuals who have offended sexually was often influenced by their perceived victim type. The terminology that is used within forensic services can affect how staff perceive behaviours, which has a subsequent impact on the risk level. For instance, the term grooming behaviours can often sexualise a normal behaviour, based on previous risk meaning that such normal behaviour is then perceived as a risk when it may not be. This affects the fairness in care and treatment that the client receives and subsequently delays their rehabilitation process.

Appendix M: Correlation Matrix of Correlation Coefficients

Correlation matrix of bivariate Pearson correlation coefficients between ATS-21 items.

Item	1	2	3	4	5	6	7	8	9	10	11
1	-	-.579	-.529	.696	-.594	.426	-.688	.470	-.215	.667	-.491
2	-.579	-	.650	-.725	.617	-.338	.791	-.594	.559	-.571	.620
3	-.579	.650	-	-.648	.525	-.630	.735	-.609	.546	-.609	.738
4	.696	-.725	-.648	-	-.435	.594	-.780	.847	-.471	.848	-.636
5	-.594	.617	.525	-.435	-	-.102	.672	-.336	.385	-.296	.469
6	.426	-.388	-.630	.594	-.102	-	-.387	.553	-.137	.622	-.448
7	-.688	.791	.735	-.780	.672	-.387	-	-.659	.697	-.628	.665
8	.470	-.594	-.605	.847	-.336	.553	-.659	-	-.571	.795	-.614
9	-.215	.559	.546	-.471	.385	-.137	.697	-.571	-	-.277	.634
10	.667	-.571	-.609	.848	-.296	.622	-.628	.795	-.277	-	-.513
11	-.491	.620	.738	-.636	.469	-.448	.665	-.614	.634	-.513	-
12	.393	-.354	-.662	.490	-.061	.782	-.317	.415	-.137	.546	-.471
13	-.147	.365	.460	-.366	.426	-.048	.625	-.474	.639	-.212	.546
14	-.220	.491	.566	-.520	.570	-.112	.689	-.557	.701	-.344	.641
15	-.543	.533	.563	-.603	.608	-.159	.776	-.420	.585	-.335	.594
16	.420	-.318	-.665	.461	-.033	.812	-.242	.452	-.086	.531	-.374
17	.433	-.308	-.695	.451	-.022	.787	-.320	.451	-.137	.499	-.367
18	.443	-.356	-.663	.479	-.177	.714	-.373	.438	-.206	.523	-.617
19	-.565	.682	.635	-.668	.724	-.194	.823	-.532	.500	-.469	.606
20	.455	-.330	-.666	.348	-.166	.776	-.335	.341	-.153	.479	-.429
21	-.775	.694	.669	-.727	.631	-.322	.744	-.573	.433	-.683	.754

Correlation matrix of bivariate Pearson correlation coefficients between ATS-21 items.

Item	12	13	14	15	16	17	18	19	20	21
1	.393	-.147	-.220	-.543	.420	.433	.433	-.565	.455	-.755
2	-.354	.365	.491	.533	-.318	-.308	-.356	.682	-.330	.694
3	-.662	.460	.566	.563	-.665	-.695	-.663	.635	-.666	.669
4	.490	-.366	-.520	-.603	.461	.451	.479	-.668	.348	-.727
5	-.061	.426	.570	.608	-.033	-.022	-.177	.724	-.166	.631
6	.782	-.048	-.112	-.159	.812	.787	.714	-.194	.776	-.322
7	-.317	.625	.689	.776	-.242	-.320	-.373	.823	-.335	.744
8	.415	-.474	-.557	-.420	.452	.451	.438	-.532	.314	-.573
9	-.137	.639	.701	.585	-.086	-.137	-.206	.500	-.153	.433
10	.546	-.212	-.344	-.335	.531	.499	.523	-.469	.479	-.683
11	-.471	.546	.641	.594	-.374	-.367	-.617	.606	-.429	.754
12	-	-.018	-.007	-.194	.885	.835	.850	-.121	.803	-.399
13	-.018	-	.734	.690	.078	.063	-.131	.683	-.012	.450
14	-.007	.734	-	.685	.116	.074	-.056	.657	.090	.500
15	-.194	.690	.685	-	-.051	-.105	-.233	.769	-.096	.685
16	.885	.078	.116	-.051	-	.941	.775	-.105	.852	-.307
17	.835	.063	.074	-.105	.941	-	.776	-.127	.843	-.307
18	.850	-.131	-.056	-.233	.775	.776	-	-.214	.815	-.544
19	-.121	.683	.657	.769	-.105	-.127	-.214	-	-.185	.750
20	.803	-.012	.090	-.096	.852	.843	.815	-.185	-	-.359
21	-.399	.450	.500	.685	-.307	-.307	-.544	.750	-.359	-

Appendix N: Client Consent



THE UNIVERSITY OF NOTTINGHAM
DOCTORATE IN FORENSIC PSYCHOLOGY (D.FOREN.PSY)
CLIENT CONSENT TO COURSE WORK ASSIGNMENTS

I understand that Georgia Hart, hereafter referred to as 'the trainee' would like my permission to use information about me to complete a course work assignment (oral case presentation and/or written case report).

I understand that the work will not contain any information that would reveal my personal identity i.e. my name or address; rather I will be referred to via a pseudonym or case number.

The work may be discussed in the trainee's supervision and personal development group or looked at by other trainees to help their learning.

I understand that the work will be checked by the trainee's supervisor and The University of Nottingham to see that my anonymity and confidentiality have been safeguarded.

I understand that course work assignments (and material relating to these) are kept in securely locked premises and are not available for public access.

I understand that I do not have to allow information about me to be used in this way. I can change my mind and refuse my consent at any stage and this will have no effect on the treatment offered to me.

Name of Client: [REDACTED]

Client's signature: [REDACTED]

Date: 16.09.2021

Appendix O: Psychosocial History

Client X self-reported being sexually abused when he was aged eight years old by a local man. Client X described this experience as being characterised by grooming behaviours, whereby the perpetrator would provide him with gifts and ask him to get into his car to perform sexual acts on him. This experience led Client X to believe that he had consented and “deserved” this abuse based on his acceptance of the gifts. Client X experienced parental neglect that was characterised by both physical and emotional abuse. Client X’s father was reportedly dependent on alcohol, whereby he supplied Client X with his first alcoholic drink during his adolescence. This supplement continued throughout Client X’s adolescence and led to his dependency on alcohol. Client X’s father was domestically violent toward his mother, which he frequently witnessed. Client X was reported to be a victim of bullying in his earlier life, proceeding to then being a bully once he had left school. Client X described feeling impulsive when seeing certain peers and wanting to seek revenge for their actions towards him previously, and observing his father isolate his mother and perpetrating acts of violence to demonstrate “authority”. It was at this time that Client X was coerced into becoming a sex worker to fund his dependency on alcohol and cannabis. Client X was raped by two males that were significantly older than him.

Client X described having limited intimate relationships with females whilst living in the community, all of which appeared to be volatile. Client X described having few friends throughout his life, stating that he would be in frequent conflicts with peers based on his poor impulse control. Client X has reported that he started to socialise with antisocial peers in his early adolescence and they encouraged him to engage in criminal behaviours, threatening to assault him if they refused. Client X described positive relationships with his family members but stated that they

regularly reinforced homophobic attitudes contributing to levels of shame surrounding his sexuality.

Client X received his first conviction of sexual assault on a female aged 26 years old. Client X received a two-year probation order, but no additional details of this offence are reported. Four years later, Client X was convicted of the rape of a male that he had spent the day with, whereby he forced the victim to perform oral sex on him, as well as inserting his penis into the victim's anus without consent. On the same day, Client X was convicted on the sexual assault of another male. Client X met the victim in the local area, and they walked together towards a canal path, whilst on the towpath Client X demanded the victim to perform oral sex on him. Client X made threats to the victim, making him fear for his personal safety. The victim later made his escape from Client X and reported the incident to the Police. Client X was convicted of rape and indecent assault of both male victims, receiving a four-year custodial sentence and indefinite registration on the Sex Offender's register. Shortly after being released from prison, Client X was convicted of the sexual assault and indecent exposure of the victim described in the index offence (see above). Client X was released on bail pending trial with daily reporting to the Police being one of his bail conditions. Client X was later arrested for not keeping to the conditions of the order and remanded to prison.

After being released from prison, Client X was convicted of the sexual assault and indecent exposure of a coresident with ASD at a Multiple Needs Unit. It is reported that Client X showed the victim a pornographic image on his mobile phone before then exposing his flaccid penis to the victim, proceeding to them grab their hand to rub Client X's penis in a masturbatory movement. When the victim managed to free themselves and made their way to the toilet, Client X proceeded to follow the victim and exposed his erect penis and asked the victim

to perform oral sex on him. The victim refused and returned to their bedroom, where Client X continued to follow him and waited outside his bedroom for an extended period. Client X exposed himself two more times to the victim in communal areas.

Client X began drinking alcohol in his early teens and reported that his father would supply him with this, which later led to alcohol dependency. Client X described physiological symptoms of withdrawal if he could not access alcohol, explaining symptoms such as shakiness, cramps, and nausea. Client X reported drinking between five and seven litres of cider per day when living in the community.

Appendix P: Clinical Formulation

Innate and Historical Influences

Based on the completion of work on the three systems, further exploration was taken into Client X's experiences and emotional memories to identify how he might have sensitised to these, whilst also trying to understand how these systems have learned to express themselves. By facilitating discussions on past adversities and emotional memories, this allowed for compassionate understanding to Client X experiences, which further strengthened the therapeutic rapport between Client X and forensic professional.

During childhood, Client X was exposed to a variety of adverse childhood experiences which appeared to contribute to his emotional, social, and behavioural development. Client X reported that his biological parents were emotionally and physically neglectful as they exposed him to domestic violence, substance misuse, reinforced inconsistent boundaries and disciplines, and were often emotionally unavailable to meet his needs. It is hypothesised that such experiences contributed to the development of an ambivalent attachment (Ainsworth, 1970), characterised by neglectful, inconsistent, and unavailable parenting that is likely to have made Client X internalise the belief that he could not depend on any relationship for safety and emotional availability. In addition, the Social Learning Theory (Bandura, 1961) suggests that exposure to domestic violence as a child creates the mentality that confrontation and violence are modes of resolving conflict in their future relationships. As seen in Client X, he will often use violence to resolve interpersonal conflicts when he perceives his needs as unmet, which is likely to reinforce feelings of rejection and result in his attempt to resolve the matter, in addition to in intimate relationships, whereby he has perpetrated sexual

violence with the intention of achieving his own sexual gratification. Additionally, witnessing this abuse is likely to have influenced Client X's attitudinal development, that being supportive of the perpetration of violence based on the emotional reactions he observed from his mother, the victim. As his mother remained in the domestically violent relationship, it is likely that Client X's internalised the schema that expressing violence to a loved one is acceptable and can be used as a means of communication and resolution, without detrimental consequences. This assertion parallels with Client X's offending behaviour, whereby he will believe that sexual violence is acceptable when the victim is attempting to leave, as he is trying to resolve the reactivation of feeling rejected, but in turn, then sexually offends.

In addition, Client X was also sexually abused as a child by adult males who groomed him into performing sex acts on him and manipulated him into becoming a sex worker whereby, he was repeatedly raped for a substantial period. Such ACEs are likely to have affected his psychosexual development and it is also likely to have impacted his understanding of his own sexuality, sexual consent, and the understanding of healthy relationships. For example, Client X's first sexual experience was when he was aged 9 years old, which involved him being groomed by an adult male to engage in sexual acts. This experience was likely to have developed the belief that by gifting others, who are accepting of this, means that you have obtained sexual consent. This is supported by Client X's belief that the abuse was his fault, as he was accepting of the gifts and because of this he felt that he had given sexual consent and that even though he was a child, the perpetrator did not do anything criminal. This highlights Client X's limited understanding of sexual consent and healthy relationships based on his first sexual experience. In addition, Client X has consistently displayed grooming behaviours

during his sexual offending history, whereby he would appear to gift a vulnerable male as a means of spending time with them and then sexually assaulting and/or raping them when they make attempts to leave. It is hypothesised that Client X's limited understanding of sexual consent and healthy relationships influenced his sexual offending, as when he made attempts to seek safety and warmth from another person and they made attempts to leave, reinforcing feelings of rejection, it is likely that he then expressed sexual violence as a mode of preventing the other person from leaving and seeking sexual gratification.

Furthermore, the abuse Client X encountered when he was manipulated into becoming a sex worker is likely to have caused him confusion surrounding the development of his sexuality as it remains unclear whether he perpetrated sexual violence against males as a means of seeking revenge based on his earlier experiences, or whether he is attracted to males but feels ashamed of this and this is why he expresses it whilst intoxicated and by sexual offending. Client X has self-reported difficult feelings surrounding his sexuality, fluctuating between anger and attraction towards males. He has stated that by feeling an attraction to males, makes him feel as though the sexual abuse was his fault and that he deserved it, although he recognised the distress it caused him precipitated greater criminal activity such as arson and armed robbery, in addition to self-harming behaviours and attempting suicide as he felt he could not cope with the feelings associated with the abuse. Therefore, it is likely that when Client X's inhibitions are reduced with alcohol and he seeks an opportunistic victim that is unknown to him, he feels he express his sexual attraction to males without the influence of his intense emotions. The SAK assessment did confirm that Client X does lack some sexual knowledge regarding consent and masturbation, as he was unable to recognise pictorial depictions of appropriate consent between two individuals and male

masturbation. Client X referred that males should not masturbate as this is "disgusting" and made suggestive comments of this indicating homosexuality. Historically, Client X has always been groomed into performing sexual acts on others, and this parallels with his previous offences, whereby he has exposed himself and asked victims to perform sexual acts on him. It appears that this is the only way he can sexually gratify himself, without feeling as though he is homosexual as it is not in his control if he does not perform these acts on himself. This supports the notion that Client X may not understand how to masturbate, and he may be using the offences of indecent exposure to seek his sexual gratification as a way of expressing his sexual frustrations as he cannot do this for himself as he does not understand how to.

Client X also exposed to his father being heavily dependent on alcohol during his teenage years, which proceeded to him also supplying Client X with his first alcoholic drink aged 14 years old. It was following this first supplement of alcohol that Client X began consuming alcohol excessively, which resulted in him becoming heavily dependent and consuming approximately five to seven litres of cider per day. During this period of Client X's teenage years, he was also being bullied both verbally and physically, which led to disruptive behaviours of truancy, damaging school property, and initiating fights with other peers. It is likely that Client X's was modelling the violence he had observed from the domestic violence amongst his parents as a means of resolving conflict and to stop the further victimisation of being bullied. In Client X's school reports, it suggests that he would seek revenge on the peers that were bullying him by isolating them and then violently assaulting them at their most vulnerable. This is also an offence paralleling behaviour whereby Client X has previously targeted victims based on opportunity if he identifies them as isolated and thus increasingly vulnerable.

Client X was later expelled from school and shortly after, aged 15 years old, committed an arson offence that resulted in a custodial sentence, whereby he was described as disruptive and violent during his sentence.

Key Fears and Threats

According to CFT, an individual's key fears and threats are sensitised by early experiences and understands that many of these "involve archetypal concerns associated to rejection, abandonment, isolation, shame, and harm" (Gilbert, 2010). External threats are anchored in an individual's experiences with others and the outside world, specifically about what other people might think of us, feel about us, or do to us (e.g., being rejected or exploited). It is likely that the ambivalent attachment Client X developed during childhood has influenced his offending behaviours, as when he sexually offends, he will spend a lot of time with the victims prior to sexually assaulting and/or raping them, which could indicate his fear of rejection by using sexual violence as a means of preventing victims from leaving. It is likely that Client X perceives other people as rejecting and exploitative, and therefore rapidly enters his 'threat response' as a protective mechanism to prevent the reactivation of such difficult feelings. Due to the lack of appropriate relationships that Client X has had, it is possible that he does not understand what it means to initiate and maintain a healthy relationship and therefore has developed an internal working model that abusive relationships are acceptable and allow him to use control as a means of preventing further rejection. This also fits with the notion that when Client X does feel rejected or mistreated, he responds using aggression to express his frustrations and prevent what he readily interprets as threat.

Client X's internal threats, those that involve concerns about how he views himself, his emotions, memories, and concerns about feeling lonely and disconnected from others include the fear of losing control, feeling unworthy due to a lack of self-esteem, and overwhelming feelings of both shame and anger. Client X has consistently expressed a low frustration tolerance, whereby he will quickly respond with violence and aggression when he feels his needs are unmet or that others have misunderstood him. This is likely to reactivate feelings of losing control, as he previously experienced as the victim of emotional, physical, and sexual abuse as a child, making his response heightened in anger. Client X has been observed expressing such anger towards females that reinforce firm boundaries with him, which is possibly a reflection on the neglectful parental relationship he had with his mother. Client X also has appeared to have a negative view of females who present as authoritative, which is likely due to his early experiences of inconsistent parenting by his mother and the notion that he has seen her be repeatedly victimized by his father and therefore he cannot accept a female in a position of authority challenging his behaviours.

Client X has disclosed feeling so unhappy with his appearance that he wishes he could have a 'face transplant' and he does not feel worthy of being in a relationship with someone, stating that the only positive attribute he has is his ability to care and give to others. This is likely to have contributed towards his sexual offending, as his beliefs about himself reinforce that he must use grooming and/or force to be able to obtain sexual gratification, as he has no other means of achieving this. Based on the ACEs Client X experienced as a child, he missed a lot of education that meant that he does not have the ability to read or write, which he feels ashamed of. Client X has expressed the view that he does not feel he has any capabilities or subsequent achievements because of this, which make him feel

that he does not have any positive attributes to take into a relationship and therefore misuses substances and engages in sexual violence as a means of gaining control. It is likely that Client X felt continuously victimised during his childhood based on the level of ACEs he experienced, meaning that it is likely that he did not feel he had high levels of control over his life. It could be argued that as a means of gaining control over his life and communicating his frustrations, Client X began engaging in criminal behaviours as a means of communicating such difficulties, often by victimising others and instead being the perpetrator.

Safety Strategies/Defensive Behaviours

In an attempt to cope with the world around, whilst also managing his own internal experiences, he has developed strategies intended to regulate his threat system in an attempt to keep him safe. Client X has experienced significant levels of trauma throughout his child and adult life, which appear to have affected his ability to emotionally regulate. It is hypothesised that such experiences have influenced how Client X interprets the behaviours of others to be threatening, based on his hypersensitivity to threat from his adverse experiences making him feel repeatedly unsafe. In turn, by reacting aggressively, Client X places himself at greater risk of being victimised by others based on his acts of impulsivity making him more likely to be further victimised. Client X appears most threatened when his sexuality is questioned. Client X has expressed high levels of shame surrounding his sexuality, whilst simultaneously expressing extreme homophobic views that homosexuality is "dirty and wrong". It is formulated that this extremist homophobia is Client X's defence mechanism to avoid the exploration of his sexuality based on his previous offending against males, whilst also defending the fact that he is attracted to females and not males. This supports the notion that he has a strong external locus of control, as assessments identified that he blamed

his victims and said that they approached him asking for sexual intercourse, in addition to being intoxicated which he claims made him unsure of his actions. This externalisation of blame is likely to remove the responsibility of the offending from Client X, as he feels it would be too difficult to address his sexuality and the internal mechanisms contributing to his offending. Client X's family also share similar homophobic attitudes, explaining to Client X that they know his offending against males must have been due to his alcohol consumption as he would never have penetrative sex with another male, as that is "wrong". It is likely that this exacerbates Client X's feelings of shame, making him likely to be even more defensive to explore his sexuality, as he would feel as though he is shaming his family, which remain to be his only long-standing support network since he has been detained. Client X's lack of exploration into his sexuality has also developed a limited self-concept, whereby he has now developed the schema that by exerting violence and aggression whenever he is challenged, that he is strong and the 'alpha male' who can be protective of vulnerable women. Whereas his view of himself as a homosexual male, would be that he is instead weak and 'wrong' for wanting to be intimate with males, males that also sexually abused him as a child. He has also stated that these incidents confused his understanding of his sexual identity, as his attraction towards males and females fluctuates. As males abused Client X when he was vulnerable, which is now his preferred victim type, it is likely that he holds high levels of shame regarding his sexuality but also the difficult feelings about previously being abused by males. This fluctuation is likely to incorporate a need to seek sexual gratification, whilst also attempting to deal with the historical trauma of being sexually abused.

Unintended Consequences

As the safety strategies discussed act as an attempt to keep Client X' safe, all actions have consequences, and this part of the formulation has been developed to help Client X reflect on the unintended consequences of his actions. It was purposefully described as the "unintended consequences" to be de-shaming for Client X based on the high levels he presents with. Client X often presents with violence and aggression to make he feels safe when he feels threatened, whether that is due to feelings of rejection or difference. This often has undesirable consequences that include a lack of supportive relationships and social isolation, which in turn, reinforce feelings of rejection for Client X. it is likely that the ACEs Client X experiences in childhood, alongside the trauma he has experienced as an adult, have both contributed to the development of a hypersensitivity to threat, meaning that he often perceives situations as threatening even when danger is not present. Client X has been observed using violence and aggression as a means of controlling situations, to prevent him feeling unsafe and being the victim of inconsistent treatment from others, as he received as a child. Client X has expressed the belief that if he exerts violence and aggression in the company of peers, he is demonstrating his social dominance and reducing the likelihood of being victimised by others in the future. Thus, violence and aggression appear to be serving a protective purpose for Client X, as he perceives this as a means of feeling safe, reducing the possibility of him being victimised by expressing aggression as demonstrating his social dominance, and being able to use aggression to control situations to prevent the uncertainty of the actions of others, as reinforced by his ambivalent attachment.

Furthermore, it is likely that Client X makes further attempts to protect himself from exploring his sexuality by seeking vulnerable males as his victims of

sexual offending. Client X often minimises his offending against males stating that his grooming behaviour was in fact kindness and generosity, which the victims misinterpreted and then took advantage of him whilst he was intoxicated. By seeking vulnerable victims, he can further externalise blame for his homosexual assault by victim blaming with individuals that are likely to conform to his requests based on the gifting and fear of his violence and aggression. Such occurrences prevent Client X from understanding and developing healthy relationships, which prevent him from having the potentially nurturing social contacts that he ultimately desires and which would help him to learn to feel safe in relation to others. Client X consistently blames others for his aggressive behaviours, possibly to avoid responsibility of how he has treated others. This creates a further problem for Client X, as others often respond to his hostility by blaming and distancing from him. He then observes this pulling back, reinforcing his sense of himself as a flawed person who cannot be loved and is continuously rejected. It is possible that this limits the amount of contact Client X has with aversive emotional experiences, thoughts, and situations. When in the community, Client X would misuse substances, specifically alcohol, with the intention of avoiding such problems that may cause him emotional distress, whilst also reducing his inhibition and perpetuating sexual offending.

Relating Self

As discussed, the 'three circles' model of emotion regulation systems collaboratively reviewed with Client X described an underdevelopment in the 'soothing' system meaning that he has a limited repertoire of strategies for managing his emotions. It is hypothesised that Client X's lack of well-developed soothing strategies contributes to his relationship with himself being characterised by criticism and low self-esteem. Mr. Q has expressed confusion around his

identity and specifically his sexual identity, which he has restricted himself from exploring due to his high levels of shame and fear that he feels about expressing homosexual orientation. Client X expressed that he feels more ashamed of the sexual assaults and rapes being committed against males, than he does of the crime committed. This illustrates how significant his levels of shame are surrounding homosexual orientation, that despite the offences he has committed and the trauma he is aware that he has caused to his victims, that remains the central part of his regret. It is likely that Client X does hold some attraction to males, which fills him with high levels of self-hatred and makes him feel like he cannot change. Client X expressed limited guilt about his offences, but high levels of shame that reflects how he feels about himself. As Client X's family also hold the same homophobic views, it is likely that we perceive he could be rejected by his family and peers if he exposed his sexual identity and then feeling even more shame. It is likely that Client X believes that if he presents with higher levels of violence and aggression, he is perceived as a dominant heterosexual male, which he believes to be socially acceptable based on his, and his families', stigmatising views towards homosexuality. In addition, it is likely that as Client X has a history of being targeted for his differences, he seeks to behave in a way that makes him feel more included and accepted by others which is why he expresses high levels of violence and aggression when he is challenged, as this presents him as a masculine and dominant figure that would be accepted. It is also likely that Client X avoids close relationships with others out of fear of rejection and this produces a distance and the withering of social contacts, reinforcing his self-perception that he is unlikeable and of others as rejecting based on his ambivalent attachment developed in childhood. This is a possible argument as to why Client X proceeds to deny and minimise his offences, as it means accepting his sexual identity and

orientation, which would reinforce his shame-based view of him that he is broken and incompetent that would shatter his fragile identity.

Appendix Q: Psychological Intervention, Summary, and Examples

This appendix displays a summary of the psychoeducation that was facilitated with Client X with the intention of increasing his sexual knowledge and understanding, which was identified as an outstanding risk need during the assessment. Table X presents a summary of the modules and content covered in sessions using the LTAS (Carton & Ashworth, 2020).

Psychoeducation summary using the LTAS (Carton & Ashworth, 2020) programme.

Module	Activity	Responsiveness
<i>Dignity and Respect</i>	The emphasis was on understanding both public and private body parts, locations, and subsequent actions in relation to sexual activity. Client X was encouraged to complete a visualised activity using pictorial cue cards, placing them underneath either 'public' or 'private' headings.	Client X expressed a good knowledge of body parts and actions but appeared to lack knowledge about locations. Client X expressed confusion about whether communal toilets were considered to be public or private locations to engage in sexual activities based on his understanding that a toilet in a public place makes it public. This paralleled with their recent alleged offence whilst on escorted leave, whereby they attempted to sexually assault a minor in a public toilet as they felt this was opportunistic as it was in a public place, but also a good opportunity to be able to isolate the victim into a vulnerable space (e.g., the toilet cubicle).

Module	Activity	Responsiveness
<i>Sexual Arousal and Masturbation</i>	<p>Client X was introduced to the concept of masturbation using a storyboard developed to depict the cyclic process, which intended to normalize the act for Client X to be able to engage in it. Client X stated that he felt as though he wanted to act on their sexual thoughts through masturbation and requested to purchase pornographic DVDs. Client X was supported to purchase these DVDs and the appropriateness of these were reviewed by the psychology team, all were deemed as acceptable as they depicted consensual sex. Client X was provided with a 'masturbation diary' which he was required to complete once he had purchased the pornography.</p>	<p>Client X was then able to recognize what masturbation was and stated that he had thoughts and urges to masturbate, but fears that if they do this, they will either go blind or be classified as homosexual which they stated was "too shaming for me [Client X] and my family".</p> <p>The masturbation diary reflected that Client X was engaging in appropriate levels of masturbation, and this was not excessive; Client X reported a reduction in their frustrations too., Client X participated in an activity about myths and taboos of masturbation to help develop his knowledge and understanding of this.</p>

Module	Activity	Responsiveness
<i>Sexual Consent</i>	Sessions focused on understanding capacity in relation to sexual consent. Using materials from LTAS, Client X was introduced to different types of individuals who lacked capacity based on mental or physical health difficulties. Client X was read different scenarios to develop their understanding of capacity and consent in relation to these scenarios and following explanation, they appeared to understand this better.	Client X reflected that some of his sexual offences have been perpetrated against victims who would have lacked capacity to consent and reflect on the 'tricky brain' that he was not able to consent to their abuse as they were a child and therefore this shifted his self-blame. Client X was able to reflect that he had made threats of violence meaning that victims have feared for their safety and thus complied with his sexual requests. The notion of this being non-consensual was also introduced to Client X. Client X did express the view that he did not previously understand that consent was something that needed to be communicated and he had previously assumed that if an individual spent time with them, they had consent.

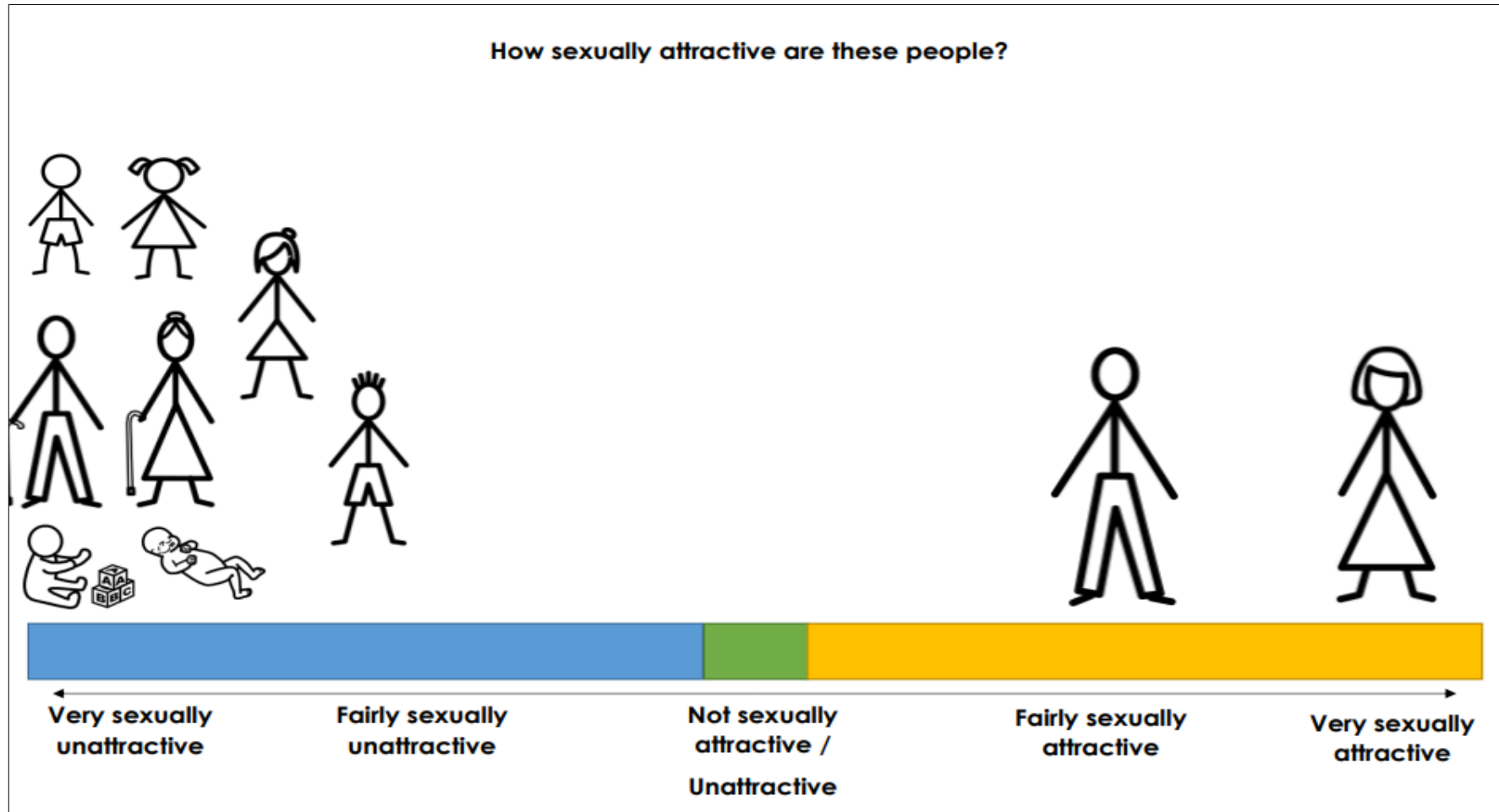
Module	Activity	Responsiveness
<i>Sexual Orientation and Identity</i>	Client X was introduced to a 'sexual attraction scale' developed by the writer and SLT to suit his intellectual needs. This scale required Client X to rate males and females, adults, and children, young and elderly; in terms of sexual attractiveness using a visualized scale and cue cards.	Client X categorized adult males as fairly sexually attractive, and adult females as very sexually attractive; confirming there was attraction to both genders. Client X disclosed that he had been confused about their sexuality for many years but feels that by addressing their attraction to males is meaning that "enjoyed" the abuse they encountered as a child by males and that they were disappointing their family as they express strong homophobic views. Client X described this being the reason for his increased homosexual assault whilst intoxicated as they are attracted to males, but does not feel they can express it without further being rejected, which reinforces feeling of shame for Client X.

Examples of the Psychological Intervention

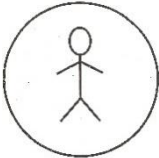
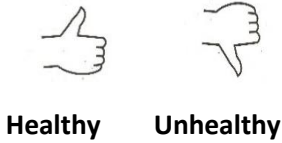

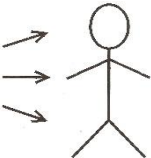
Note. This appendix displays an example of the work that was completed as part of the psychoeducation intervention by Client X.

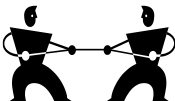
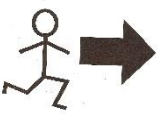
Sexual Attraction Scale

Please rate the following people in terms of sexual attractiveness using the scale below. The scale includes males and females, adults and children, babies and elderly people.

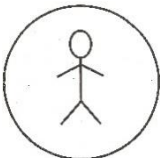
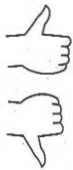

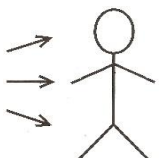


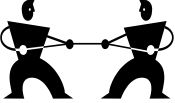
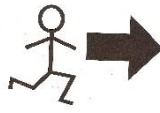
Learning Log – Offence Specific

<p>What happened?</p>		<p>Client X reported a lack of emotional closeness and safety to another person in the hospital they were detained in. they had been regularly seeking closeness by gifting others, but this had been unsuccessful in achieving a relationship. Therefore, Client X went on escorted section 17 leave and identified a minor male in the cubicle toilets and went in exposing themselves, asking the victim to touch their penis in a masturbatory movement.</p>
<p>My Thoughts:</p> 		<p>Client X reported thinking of the victim touching their penis in a masturbatory movement, as when they saw the victim was a young male, they were immediately aroused. Client X wanted to achieve sexual gratification through exposing themselves and having sexual acts performed on them by a minor. Client X recognizes that the victim was underage and unable to consent, acknowledging this as an unhealthy sexual thought. However, Client X did acknowledge that their attraction to a male could be identified as a healthy thought, based on the normalization of homosexuality discussed in the psychoeducation part of the intervention.</p>
<p>My Feelings:</p> <p>Arousal:</p> <p>How strong were these feelings?</p>		<p>Client X felt a sexual attraction to the young male, which they perceived as more vulnerable than himself, feeling as though this would make them more likely to be sexually interested in them. Client X denied an attraction to children, but instead the vulnerability of a young person based on individual insecurities that they are not perceived as 'good enough' to initiate sexual activity with another male adult whilst not under the influence of alcohol. Client X also felt sexually frustrated and hoped that the act would help them to achieve sexual gratification. Client X reported the intensity of these feelings as being a 10, whereby they felt they were unable to manage and control their urges.</p> <p style="text-align: right;">0-----5-----10</p>


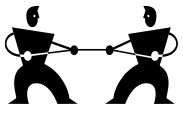
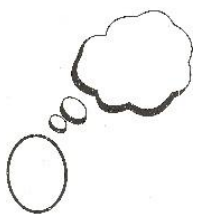
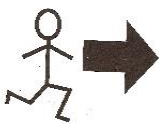



<p>My Rule: (if applicable)</p>	<p>Old Me <input type="checkbox"/></p> <p>New Me <input checked="" type="checkbox"/></p>	<p>Client X established a 'New Me' rule of making better attempts to understand their sexual identity and manage their sexual urges through appropriate means of masturbation (e.g., in private places and performing the act upon themselves). Client X recognized that their previous beliefs about masturbation were untrue and myths, meaning that the act of masturbation was now much more normalized and Client X felt that they did not experience such high levels of arousal after completing mindfulness acts during the sessions, in addition to being given appropriate pornography and able to masturbate. Client X reported a lack of impulse motivating their sexual urges and that their arousal management appeared better.</p>
<p>What I did:</p>  <p>(include use of New Me skills, if applicable)</p>		<p>Client X now accepts that they perpetrated an act of sexual assault on a minor, despite the CPS dropping the case due to this not being in the public interest based on their detainment under the MHA. However, at the time of the offence, Client X proceeded and attempted to engage the minor in acts of sexual activity to achieve gratification.</p>
<p>Next Time (is there anything you want to do differently?)</p>	<p>?</p>	<p>Client X reported that next time they will use their grounding and mindfulness skills to engage them into the present moment and better control their urges. Also, as the 'New Me' rule, better understanding their level of sexual attraction toward males would help prevent such high levels of impulsivity in situations where an opportunity is identified, and thus more healthy and appropriate initiation of sexual relations could take place.</p>

Learning Log – Urge Management

<p>What happened?</p>		<p>Client X had been watching one of their pornographic DVDs that had been approved by the MDT. The content included adult females of a similar age to Client X. Client X reported experiencing a sexual thought and therefore went to their bedroom to watch their pornography and masturbate. Client X was able to use their mindfulness skills to prevent them from acting on impulse and masturbating in communal areas and/or attempting to force another peer to partake in sexual acts on him. Client X masturbated and felt that they achieved sexual gratification, which overall reduced their sexual frustration and no sexually inappropriate behaviours were perpetrated.</p>
<p>My Thoughts:</p>  <p>Healthy Unhealthy</p>		<p>Client X reported experiencing sexual arousal whilst in the communal lounge. They expressed that they started to think about sexual acts being performed on them directly and therefore went to their bedroom to achieve sexual gratification through appropriate means.</p>
<p>My Feelings:</p> <p>Arousal:</p> <p>How strong were these feelings?</p>		<p>Client X reported feeling sexually aroused and experienced changes in their body. They noticed that following the sexual thought they began to get an erection. To manage their urges to achieve sexual gratification, they grounded themselves using the drop-in anchor and five senses mindfulness activities, which helped reduce the intensity of the feelings whilst in a communal area.</p> <p style="text-align: center;">0-----5-----10</p>
<p>My Rule:</p> <p>(if applicable)</p>	<p>Old Me <input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>Client X established a 'New Me' rule of making better attempts to understand their sexual identity and manage their sexual urges through appropriate means of masturbation (e.g., in private places and performing the act upon themselves). Client X recognized that their previous beliefs about masturbation were untrue</p>

	New Me	and myths, meaning that the act of masturbation was now much more normalized and Client X felt that they did not experience such high levels of arousal after completing mindfulness acts during the sessions, in addition to being given appropriate pornography and able to masturbate. Client X reported a lack of impulse motivating their sexual urges and that their arousal management appeared better.
<p>What I did:</p>  <p>(include use of New Me skills, if applicable)</p>		<ul style="list-style-type: none"> • Mindfulness skills • Went to private space – bedroom • Responded to sexual urges appropriately and did not perpetrate any sexually inappropriate behaviours
<p>Next Time</p> <p>(is there anything you want to do differently?)</p>	?	No – this was a better management of sexual urges and enabled Client X to feel more in control of their sexual needs. Offending behaviours were not perpetrated and they were able to use mindfulness to engage with the present moment and not impulsively act on their sexual urge.

New Me Profile

<p style="text-align: center;">My New Me Goal</p> 	<p style="text-align: center;">What is important to me in life?</p> <ul style="list-style-type: none"> • Continuing to learn about own sexuality – specifically sexual identity and how that relates to sexual attraction • To have a healthy relationship based on honesty, trust, and communication • To manage sexual urges using mindfulness skills and prevent future offending behaviours • Having a supportive and close intimate relationship whereby we both have shared interests and can enjoy life together, whether they be male or female • Learning to accept myself and others 	
 <p style="text-align: center;">My New Me Skills</p>	<ul style="list-style-type: none"> • Using skills learnt from surfing the urge to manage sexual urges of unhealthy sexual thoughts • Using drop the anchor to manage emotions better • Using five senses as a grounding technique when struggling to manage emotions and impulses • Talking to staff about thoughts and feelings, particularly relating to relationships and what is healthy and what is unhealthy 	
<p style="text-align: center;">Thoughts and Feelings for New Me</p>  <p style="text-align: center;">What did New Me do? (behaviour)</p> 	<p style="text-align: center;">Complete after New Me Life Plan Skills Practice</p> <p>To continue to learn about sexual identity and sexual attraction to others</p> <p>To utilise star breathing, the five senses grounding technique, and drop-in anchor to manage emotions and urges better</p> <p>To be more accepting of sexual identity and feeling less shameful about sexual attraction to both males and females</p> <p>To use healthier behaviours and management techniques to control sexual urges, acting rationally rather than on impulse</p>	<p style="text-align: center;">Does 'New Me' help me work on my goals?</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Does 'New Me' experience helpful feelings?</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Does 'New Me' leave me feeling OK about myself?</p> <div style="text-align: center;">  </div>

Appendix R: Client X's Reflections

Client X reflected on the value of having his intellectual abilities reassessed and then incorporated into the therapeutic adaptations. Client X said that he was able to understand some of the complex and new information presented to him regarding his offending, which he found helpful. Client X knew that he had struggled with understanding his sexuality, which was significantly impacted by the homophobic attitudes expressed by his family. Client X recognised the use of compassion-focused approaches in helping calm his threat response when talking about such difficulties, which he held high levels of shame for. He also highlighted that therapy helped him to understand the function of his offending. For example, Client X reflected that he had limited sexual experience that was not abusive prior to being admitted to hospital. He was able to identify that he did lack sexual knowledge and understanding, particularly relating to consent. Client X highlighted that he assumed capacity to consent, despite a victim's vulnerability (e.g., being intoxicated or having a disability) based on the period of time he had spent with them. Client X referred to his first sexual experience, which was characterised by grooming behaviours, stating that he felt that by spending time with the abuser and accepting his gifts, he felt he provided his consent to engage in sexual acts. Client X also explained that it was this experience which precipitated his confusion about his sexuality, stating that he felt a sexual attraction to males was bad as he had previously been abused by one (e.g., suggesting that if he was attracted to males, he was confirming that he wanted to be abused).

Client X further talked about the difficulties in accepting that he had a sexual attraction to males based on the negative attitudes reinforced by his family. Client X reflected how this increased his alcohol intake whilst in the community and how he sought for opportunities to engage in sexual activity with other males to

achieve sexual gratification. Client X described feeling less ashamed of being convicted of rape than admitting to having sexual intercourse with another man based on the level of shame such attitudes exacerbated. Client X acknowledged that he began to notice an increase in impulsivity during such offences, as he felt they were his opportunity to reach sexual gratification and using alcohol to increase his confidence in approaching other males.

Client X was encouraged to reflect on his experiences as an individual who has offended sexually and in treatment. He highlighted those previous interventions had focused on him being a "bad person" for his crimes, rather than breaking down the contributory factors and understanding the function of his offending. Client X was able to recognise that his crimes were against the law and acknowledged the likely psychological and physical harm he inflicted on the victims but felt that past therapies had focused heavily on him as an offender rather than a person. Subsequently, Client X said that this angered him and made him feel frustrated when he was previously told that therapies were mandatory surrounding his offending. Client X said that the information provided to him about his offending made him feel high levels of shame, which appeared to trigger his threat response and lead to increases in verbal aggression and violence. Client X also described difficulties engaging with the interventions due to his own intellectual disability, which meant that he struggled to understand some of the complex and new information presented to him at times. In addition, his increased emotional arousal had a further impact on his retention of this. This all appeared to have an impact on Client X's attitude to further treatment. Client X held the attitude that treatment was unhelpful and exacerbated further levels of shame, as well as it being ineffective at understanding his difficulties in accord with his offending, as well as his intellectual disability.