Title: "I mean who likes paedophiles"; Psychological Assessments of Men who have Sexually Offended. The Assessees' Experiences.

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Abstract

Pre-sentence psychological assessments of men who have sexually offended can provide useful information regarding an individual's pathway to offending, risk of recidivism and treatment needs. The outcome of the assessment, which depends on the assessee's co-operation, can be used in court thereby potentially affecting the assessee and society at large. In seeking to develop an understanding of the assessees' experience of the assessment, this research sought to explore offenders' opinions on the clinicians' approach, to identify facilitative aspects of the clinicians' style and characteristics and to understand how accuracy, reliability and honesty can be enhanced in these interactions. Six interviews were conducted with men who have completed a pre-sentence forensic assessment, at a private practice, following their engagement in sexual offending behaviour. Applying Interpretative Phenomenological Analysis, the findings highlighted the relational nature of the assessments, the assessees' feelings of powerlessness, and their perceptions that the interaction helped them personally.

Keywords

Forensic psychological assessments, sex offenders, clinical interviews, Interpretative Phenomenological Analysis

Introduction

Forensic Psychological Assessments (FPA)s conducted with men who have sexually offended prior to their sentencing comprise of psychological testing and clinical interviews (Huss, 2009). Rather than relying on clinical judgement alone to determine an individual's level of risk, which has been disparaged as subjective and informal (Huss, 2009), clinicians can rely on empirically validated measures such as the Static-99R (Hanson & Thornton, 1999, 2000) and the STABLE-2007 (Hanson, Harris, Scott & Helmus, 2007). During clinical interviews, clinicians seek to gather a wealth of information about the assessee to enable them to confidentially score the assessee on these measures which provide an estimation of an individual's risk of reoffending. As such, the importance of the clinical interview to the overall FPA cannot be understated. Such tools consider factors related to sexual re-offending such as victim characteristics, criminal and relationship history, emotional congruence with children and deviant sexual interests (Brankley, Babchishin & Hanson, 2018). Divulging such personal information to a person largely unknown to the assessee would arguably be a difficult task, however, this may be particularly challenging where the subject of the assessment feels coerced into engaging in the process (Phenix & Hoberman, 2015). Indeed, individuals often feel little choice regarding forensic assessments and fear potential negative natural or formal consequences of not engaging (Phenix & Hoberman, 2015). The engagement of this offender group may be further complicated by research findings concerning the characteristics and attachment style of men who have sexually offended.

Studies of adult attachment styles highlight that insecure attachment styles are more prevalent among sex offenders than other offender or non-offender populations (Marsa et al., 2004). Difficulties associated with insecure attachment styles include psychosocial deficits such as a sense of powerlessness, loneliness and difficulties trusting others (Marsa et al., 2004). Such deficits may be implicated in their sexually coercive behaviour (Marsa et al., 2004) which

evokes strong adverse feelings in others (Kjelsberg & Loos, 2008) resulting in their vilification by society (Wakefield, 2006). This offender group have been found to be suspicious and sensitive to judgement (Phenix & Hoberman, 2015) likely as a result of the significant social stigma which is attached to them and the greater degree of prejudice and social exclusion they face than other types of offenders (Fox, 2017). As a result, barriers to disclosures likely exist for this offender group which are emotional, motivational or social in nature (Read et al., 2009). Fear of exposure and shame are common among persons who engage in sex offending behaviour, particularly those who offend against children (Hoyano & Keennan, 2007), which likely increase the risk of them denying their behaviour (Read et al., 2009). This highlights the importance of those interviewing sex offenders developing rapport and a psychological environment in which the individuals feel that they will be understood, heard and not judged (Read et al., 2009). Indeed, it has been suggested that the characteristics associated with men who have sexually offended, and the highly sensitive and personal nature of their problems, render a non-judgemental and empathic approach towards them necessary (Youssef, 2017). Furthermore, this offender group have been found to be sensitive to a lack of empathy in clinicians (Beech & Mann, 2002) and unlikely to make disclosures unless they feel accepted regardless of their crime (Youssef, 2017). Research conducted exploring therapeutic intervention with men who have sexually offended has identified the therapeutic relationship as more pertinent with this type of offender and emphasised the approach of the therapist (Youssef, 2017).

Research emphasises the approach of the clinician in terms of bringing about change in therapy and producing positive outcomes (Marshall et al., 2002). The importance of clinicians being non-critical, respectful, caring and understanding towards men who have sexually offended has been emphasised in feedback following intervention (Youssef, 2017). Displays of warmth and empathy by therapists have been identified as features of the

clinicians' approach most strongly associated with therapeutic benefits (Marshall et al., 2002). Despite the researched advantages of such approaches, the differences outlined between forensic assessments and psychotherapy and clinical assessments (Melton et al., 2007) are argued to render such approaches inappropriate in forensic assessments (Shuman, 1993). Indeed, Melton et al (2007) cautioned that it should not be assumed that practices recommended in psychotherapy and general psychological assessments can be extended to forensic assessments. As such, while empathy is considered the cornerstone of the therapeutic relationship in psychotherapy and strongly associated with treatment success (Moyers, Houck, Rice, Longabaugh & Miller, 2016), its use is often discouraged in forensic assessments (Shuman, 1993).

Shuman (1993) cautioned that assessees may be misled and deceived into making self-damaging disclosures as a result of a therapeutic approach or displays of empathy by the clinician rendering this unethical practice. Furthermore, it has been cautioned that empathy may pose risks to the assessment by compromising the objectivity of the clinician (Shuman & Zervopoulos, 2010). Counterarguments include that rather than being unethical and threatening to the necessary objectivity of forensic assessments, empathy may be a means of fostering the process, an ethical imperative and an instrument for data gathering (Mulay, Mivshek, Kaufman & Waugh, 2018). Indeed, arguments have been made for (Brodsky & Wilson, 2013) and against the use of empathy in assessments (Shuman & Zervopoulos, 2010), however, what is clear is that there is a lack of empirical research examining this matter in practice (Mulay et al., 2018). Indeed, Mulay et al (2018) advocated for future research exploring assessees' perceptions of empathy from their clinician and how this impacted upon their level of comfort during the assessment. This recommendation respected the importance of ascertaining the perspectives of those receiving psychological endeavours

which is increasingly recognised as essential for ensuring effective provision of services (Wakeling, Webster & Mann, 2005).

Conducting experience research, that is research on an individual's perspectives of an event of interest he/she has experienced, following treatment is common in fields outside of forensic psychology for enhancing approaches and delivery (Wakeling et al., 2005). There appears to be increasing recognition of the importance of investigation, listening to and learning from the experiences of participants' in forensic psychology as research has been conducted examining sex offenders' perspectives of treatment (Levenson, Prescott & D'Amora, 2010). Seto and Barbaree (2000) highlighted the importance of focusing on clients' perspectives by finding that relying on the clinicians' judgement of the perceptions of the client is problematic. While research has been conducted on the experiences of offenders who have received treatment, there has been less focus on offenders' opinions regarding assessment despite the useful information that could be provided to the clinicians conducting assessments by learning the perspectives of those who experience them (Attrill & Liell, 2007). Furthermore, it has been suggested that this information and insight from the assessees may be more enlightening than that provided by clinicians (Horvath, 2000). Similar to therapeutic interventions, it is arguably critical that assessees are invited to share their experiences to ensure practice is evaluated and effectiveness is enhanced. It appears logical that in order to learn about one's performance and delivery of a service, the experience of the individual receiving this service should be explored.

The Current Study

Despite the considerable consequences of pre-sentence FPAs for those being assessed, and the public at large given that accurate risk assessment of sex offenders is considered vital to their effective management (Westwood, Wood & Kemshall, 2011), research on this area of

psychological practice is lacking. The approach of the clinician has been discussed as a matter of opinion in the literature, however, until recently this aspect of clinical practice had not been explored with practicing clinicians (Chawke, Randall & Duff, in press). Furthermore, the perspectives of offenders who have experienced assessments has not been considered. While research on psychotherapy has explored the perspectives of offenders, the opinions of offenders on their assessment experience is yet to be investigated. In recognition of the importance of exploring client perspectives, of the need to evaluate clinical practice and of the significant consequences of FPAs, this study set out to address this gap in the research and contribute to the debate in the literature by exploring the experiences of men who have completed a FPA following engagement in sexual offending behaviour. The use of empathy and therapeutic skills, and development of a therapeutic relationship, in forensic assessments has been discussed and debated in the literature as a matter of opinion and recently explored empirically with practicing clinicians' in the field (Chawke et al., in press). This study proposes to contribute to the current understanding of the appropriateness of these aspects of clinical practice by considering the opinions of those who have experienced a pre-sentence FPA.

Research Methods

Design and Analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse six semi-structured interviews conducted with men who completed pre-sentence psychological assessments following their engagement in sexual offending behaviour. The participants were assessed by qualified psychologists employed at a forensic psychology service in the Republic of Ireland. The psychologists qualified through clinical, counselling and forensic training routes and had at least six months experience conducting FPAs. Consistent with the terms of the service, an FPA was defined as including a risk assessment thereby differentiating it from a

psychological assessment. Assessments comprised of psychological testing and clinical interviews. While a standard battery of psychological tests are used at the service with each assessee, the number of interviews and length of the assessment varied according to the assessing clinician. Ethical approval for this study was granted by a UK Russell Group University Research Ethics Committee.

Rationale for Qualitative Approach

The purpose of this study was to explore the assessees' experiences of being the subject of an FPA. Given that the aim was to conduct a detailed exploration of the individuals' experience and develop an understanding of a particular phenomenon in their lives, a qualitative approach was considered appropriate. Qualitative research is used to answer questions about a participants' perspective, experience and meaning (Hammarberg, Kirkman & de Lacey, 2016). The decision to use IPA was influenced by the consideration of this method as the "most participant-oriented" type of qualitative research as a result of the sensitivity and respect the approach offers to the participants' lived experiences (Alase, 2017, P.10).

Epistemology

Principles of social constructionism, which understand knowledge as the product of interactions between individuals and their social, historical and cultural context in a given period of time, were followed (Gergen, 1973 cited in Losantos, Montoya, Exeni, Santa Cruz & Loots, 2016). The adoption of a 'not knowing' technique in which questions were developed from the participants' answers provided a conversational context to the interaction, balanced the power dynamic in the interview and produced a joint construction of understanding (Anderson & Goolishian, 1992).

Participants

A purposive sampling strategy was adopted to allow the objectives of the study to be met. This is consistent with IPA guidelines in which the research question dictates selection criteria (Back, Gustafsson, Larsson & Berteroc, 2011). A homogenous sample of men who had sexually offended and completed FPAs was sought. Clinicians at the service were invited to introduce the study to individuals who met the criteria. Six males were interviewed between July and August 2019. See Table 1 for participants' demographic data. All participants identified as being of Caucasian (Irish) ethnicity.

Table 1. Participants' demographic data

Data Collection

Semi-structured interviews were conducted with the aim of exploring the assessees' experience of the FPA. Topics of interest were generated, and discussed in supervision, in the absence of an interview schedule as a result of the 'not knowing' technique applied in the data collection. Each interview commenced with the same broad question and the response of the assessee guided the direction taken as questions asked were born from the assessees' responses. While topics of interests were explored in each interview, there was a flexibility in the data collection whereby the time spent on each aspect, and directions taken, depended on the contributions made by the participants. Interviews, which ranged from 40 to 85 minutes, were recorded using a Dictaphone and transcribed verbatim. During this stage, identifying material was removed and participants were given new names.

Process of Analysis

The analytic process was informed by Flowers, Larkin and Smith (2009) description of IPA principles. Initially, the recordings of interviews were listened to and transcripts were re-read

to allow familiarity with each case, immersion in the data and commencement of a phase of active engagement with the data. Observations, comments and reflections were noted in the left margin. As descriptive, linguistic and conceptual comments were made there was a shift from examining language and semantic content on an exploratory level to attempting to develop a conceptual annotation of the assessees' overarching understanding. In the right margin the process of developing concise phrases and themes from the initial notes occurred. Themes reflected a combination of the participant's original thoughts and the analyst's interpretation. For each individual transcript, themes were considered together and connections between them were sought in developing superordinate and subordinate themes. Having repeated this process for each transcript, a table was developed in which all themes were compiled and exemplified with individual narratives. Themes were compared and contrasted as patterns were identified between them and recurrence of themes was considered. Engaging in reflective practice, discussions with co-authors and group sessions with qualified psychologists served to reduce the risk of personal biases affecting analysis and refine findings.

Findings and Discussion

The aim of this study was to explore the experiences of men who have been the subject of pre-sentence psychological assessments following their engagement in sexually offending behaviour. Three superordinate themes, with four subordinate themes were identified. The three subordinate themes and two subordinate themes identified across all six interviews are discussed (See Table 2).

Table 2. Superordinate and corresponding subordinate themes.

- **Feelings of powerlessness**

Participants referred to their feelings of being powerless in the process of the assessment. David likened his treatment to that of an inanimate object with no control; "it's almost like you are bounced along." In this regard, all assessees' were referred for the assessment without being informed of what it would entail or without being included in the decision-making. For those who had an understanding on commencement of their assessment it came from their own research or from learning from others who had experience of this psychological endeavour.

- ***"Sent" for assessment without explanation***

Assessees' described being "sent" for an assessment without receiving any information concerning what an assessment was "absolutely nothing at all, no indication it was just the name" (David), what it involved "no mention of how many sessions or what they would entail" (Eugene) and what the purpose of it was "what it would be assessing I didn't know" (Frank). Conor reported "I hadn't a clue about any of it". Adrian explained that "there was a relatively long wait time" for the assessment and Frank elaborated on how this lack of information and long wait can result in negative emotionality and expecting the worst "I was scared coming into it because I I thought it would be a matter of see I had this thing in my head it would be two or three people on the on a top table kind of thing and I'd be sitting there and I'd be been asked difficult questions you know … I had these thoughts of I'll be hooked up to things and buzz ah (demonstrates receiving an electric shock) this kind of thing. I know that's not reality you know but that's what was going through my head." To this end, there was agreement among the assessees that information should be provided about the assessment by either the service or the legal teams prior to the commencement of the interviews. Adrian suggested that receiving information about what "the assessment specifically itself is about and and what to expect from it, it just would make a difference

make it easier". He explained that information would make this a less daunting task "it's not a positive phrase um psychological assessment but if you uh if you get an understanding of what it means it's not as scary."

Assessees' described not being involved in the decision for the referral to be made. Frank explained how the process unfolded with his barrister "he said it before my last court sitting that he's gonna apply he's gonna ask the judge um you know for to allow for a clinical psychology for for me to be assessed that way you know so that's the first time I heard of it so that's how I know he was going to do it. And then when he he had said it out in court and the and the judge consented, I knew then it was going to happen." Similarly, for David his solicitor "just said that I would be sent for an assessment." To this end, assessees' felt they didn't have a choice in the matter. Eugene reported "yeah like you have to do it" and Frank explained that "it's the way my barrister and solicitor were saying things that made me think that I had to do it." This experience of the participants is consistent with the suggestion in the literature that there is often a sense of coercion involved with forensic assessments (Heilbrun, DeMatteo, Holliday & LaDuke, 2014).

This practice contrasts with the suggestion by Tyler (1990) and Thibaut and Walker (1975) that sex offenders should be involved in decision-making. Such involvement is thought to increase feelings of satisfaction with the process, perceptions of fairness and the likelihood of decisions being accepted (Paternoster et al., 1997). The lack of information assessees received and the lack of control they experienced likely confirmed their external locus of control and associated sense of powerlessness, found among sex offenders (Marsa et al., 2004), and exacerbated an already uncertain period in their lives as they await sentencing. The uncertainty they experienced concerning what to expect and what the outcome would be likely mirrors their feelings as their court dates near and may be implicated in David's suggestion that it would be helpful to know "what was coming".

Nonetheless, participants appeared to have positive perceptions of the fairness of the assessments, with Brian explaining "it felt like a fair assessment" which may be indicative that assessees felt sufficiently involved by clinicians in the assessment process. Clinicians' information-sharing was recognised in Chawke et al (in press) as acknowledgement of the power imbalance in the assessment and this was appreciated by assessees in this study. Frank explained that "in the first session the clinician gave like a a uh a map of what we would be talking about so that was good". Likewise, David appreciated that "she did tell me in the course of the first session what what she was going to do and would tell me at the end of a session next time we are going to hit this so that was ok. It was good I knew what was going to happen". Consistent with previous research on offenders, assessees were found to value predictability and clarity about the process and what was involved (Attrill & Liell, 2007). This practice of clinicians being transparent and clarifying aspects for the assessees is central to ensuring offenders make informed decisions, have choices and are engaged in collaborative working to the greatest degree possible (Shingler et al., 2018).

Despite the assessees' powerlessness and lack of choice in their referral, there appeared to be a balancing of control with the clinician at times. Brian described, for example, working together "I spoke to her, I got to read through it um. I did a small comment of feedback um and so you know I said that to her and she replied and everything", having a sense of control over whether the report was used "if I felt something was unfair or thought it wasn't going to show me in a good light I could actually say not to do it. Now it might not have been a good idea to get a report done and then kind of say that I didn't want to submit it um but you know even that was an option so there was kind of control over it" and feeling comfortable to ask questions "I felt perfectly happy sending that email off to her um and she was really nice in coming back". This supports the finding that offenders appreciate and feel freer to engage in interviews where they felt the interviews were conducted on an equal footing (Sheppard,

1991). Rather than the assessment being something done to assessees, Adrian noted "there definitely was that feeling of they were kind of doing this together". However, the power of the clinician in terms of interpretation was noted by David who reported that "having a bad day is like with the clinician I suppose is like doing your driving test, you fail it even though you did everything great yesterday". This supports the finding by Shingler et al (2018) that the power of interpretation lies solely with the clinician. Given the assessees positive reports of their experiences despite recognition of this power imbalance, it may be that they do experience the clinician as having the power and control in the assessment, however, they accept they don't have a choice but to engage and they appreciate not being judged and treated humanely. As such they may be more concerned with how they are treated by the clinician in what they perceive to be a forced process then with having equal footing.

- **The relational nature of the assessment**

The assessees emphasised the importance of the clinician in the assessment and the impact of her approach on their ease in the interaction, the information they shared and their engagement in psychological endeavours on completion of the assessment. Eugene explained "she is the main component" and highlighted the relational nature of the assessment; "how that clinician is towards you is very important. Um it helps you open up, it helps you um yeah it helps you kind of relax from the first instance you know". He outlined that how the clinician interacts with the assessee "might be the difference between the client telling you something or not".

  - ***Engagement is dependent on the clinician; "I'm not sure I would have been the same with anybody else"***

Assessees recognised that their experience is dependent on the clinician assigned to them referring to it as "luck of the draw" (Eugene). Participants recognised favourable aspects of the clinicians approach, such as being "welcoming and nice" (Conor), "inviting, warm,

friendly" (Frank), and how this impacted on their feelings in the session, Adrian explained "that was probably where I felt the warmth and the ease I felt to actually deal with things". Consistent with the clinicians' reports in Chawke et al (in press), the assessees didn't suggest that the clinicians went above and beyond in their approach but rather used every day interpersonal skills and aspects of communication. Adrian explained "I mean just the normal things which you know the techniques we use professionally and personally in terms of eye contact and nodding and that kind of thing" he went on to explain "ways people should listen in normal conversation". Frank added "always asking me would I like a tea or coffee before we start you don't get there everywhere else yeah you know" and emphasised the importance of "those little kind of things". Assessees explained how the approach of the clinician made her "very easy to talk to" (David), which Frank identified was important for the interviewer and interviewee "I could talk easy you know and if you can talk easy that's of benefit to both of us you know what I mean. It makes the whole session much easier." Conor explained "her whole way of doing things put you at ease and if you weren't at ease you wouldn't give as much information." The emphasis placed by the assessees on the importance of how the clinician relates to them can be understood in terms of the characteristics and attachment style of this group of offenders in which they are found to be suspicious, sensitive to judgment and to find it difficult to trust others (Phenix & Hoberman, 2015). Assessees' suggestions are similar to that found in psychotherapy whereby engagement and outcome is reliant on the clinician (Marshall et al., 2002). While it has been found that the use of interpersonal skills and attempts to engage may be viewed negatively by recipients (Landy, Piazza & Goodwin, 2016) and considered to be strategic in the absence of compassion and honesty (Shingler et al., 2018), this did not appear to be the case for the assessees. According to Adrian "the whole thing did feel like a chat and not a contrived let's try and get information out of him."

Consistent with the finding in the psychotherapy literature by Horvath (2000) it appeared that it is not what the clinician did or said but how she was perceived by the assessee that determined the outcome. Indeed, assessees reported that it was difficult to "pinpoint you know anything she said exactly" (Eugene) which impacted positively on their engagement. Brian explained that "even for the most difficult part it just never felt that it was that I can't say this because of what she will think or um. Well I mean I can't even say exactly how I got that impression or what she might of done, um but once I had that impression everything else was just kind of so much easier". He highlighted that the clinician created a situation where it was safe to talk and a feeling that he could share "I can't remember a lot of active things um that were that were done or said um but just the I always kind of felt able to continue and say what I needed to or um answer any questions that she had um that kind of feeling of yep it's a safe place to do this. Yeah that's kind of the I suppose impression that I got and that made it a lot easier." To this end assessees appeared to perceive that they were listened to and empathised with and felt that they were not judged for their offending behaviour. Consistent with previous research it appears that it is the assessees' perception of their interviewer which determines the outcome (Shingler et al., 2018) and to this end there appeared to be an appraisal of the clinician initially.

Assessees appeared to assess the clinician, particularly in the first session, which then determined how comfortable the assessee felt, their perception of whether they would receive judgement and how much information they would share in the interviews. Adrian explained "I was probably assessing the clinician initially" and he went on to say "I think I saw quite quickly that there wasn't going to be judgement". Conor confirmed "after the first session, I was kind of open to discussing anything really". While Frank said "after the first session I said to myself well if it's all like that and it's all with the clinician then uh well I won't say it's going to be a breeze but it'll be much easier you know than what I expected all along so I

I said yeah I can do this after all." The assessees were concerned about the clinicians' response to their disclosures and Adrian felt it was important that he "knew that it wasn't nothing was going to surprise her as such or that she wasn't going to say woah hold up here". Consistent with the suggestion in the literature, there was a "fear of the reaction of the person you are talking to" (Frank) (Holmberg & Christianson, 2002) and an expectation of judgement. Eugene explained "it was nice being treated like a human being that's you know it's huge and unexpected" while Frank elaborated "I mean who likes paedophiles you know and uh it's I suppose that's it really you know. I was expecting to be judged you know that the person uh would be judge me you know". Assessees emphasised the important of not feeling judged by the clinicians which supports the finding by Youssef (2017) that sex offenders are unlikely to share information and make disclosures unless they feel they will be accepted by the recipient. Consistent with the suggestion by Read et al (2009) that sex offenders experience shame which may act as a barrier to making disclosures, Frank described the challenge of experiencing shame "it's hard for me to say those words out even to myself at home no one else around you know I find it's I find it hard to say that I have done that thing and I am that thing and that's an awful thing to have to admit to yourself". It is advocated that to overcome this barrier and encourage detailed, honest disclosures interviewers need to develop rapport with the interviewee in which they feel they will be heard, understood and accepted without judgement (Read et al., 2009). Psychodynamic approaches suggest that the remedy for shame is empathy (Brown, 2007).

As advocated for by Mulay et al (2018), the assessees' perceptions of experiencing empathy were explored and the impact of this use on their comfort level was evident. Eugene highlighted the impact of clinicians' using empathy in their approach "There was so much empathy that I just yeah I just felt completely at ease." This finding is consistent with the contention by the clinicians in Chawke et al (in press) of the importance of adopting a

humane and empathic approach to information-gathering with sex offenders in which the individual feels safe and confident to discuss offending behaviour (Holmberg & Christianson, 2002). A concern in the literature is that the use of empathy in forensic assessments may result in the clinicians losing objectivity and becoming biased (Shuman & Zervopoulos, 2010). Eugene explained, however, that this was not the case rather the clinician used humanisation "she didn't of course accept the crime but she accepted the individual that you know I've kind of that I I wasn't just the crime like you know I was a person I was an individual you know she saw past the crime". This suggests that clinicians did not minimise the assessees' offending, collude with them or act deceptively in order to facilitate the process and establish rapport which would involve overstepping ethical and professional boundaries. Authors have cautioned the use of empathy as it may also seduce assessees into believing that a therapeutic relationship exists with the clinician (Shuman, 1993). The use of therapeutic relationship-building skills, such as providing directed feedback, expanding coping repertories, relating with the individual in a manner which promotes insight and providing therapeutic support have been described as inappropriate in forensic assessments. In addition to valuing the use of empathy, however, assessees advocated for the importance of the development of a relationship with the clinician.

Frank highlighted the importance of getting to know the clinician and developing a relationship with her; "I didn't feel it was going to be so hard to tell her these things because I knew her by this stage and I knew she would be ok and easy to say these things to." This suggests that assessees need time to develop trust in the clinician to feel safe to disclose (Youssef, 2017). Assessees explained how their ease in the assessment was impacted by this relationship with the clinician; Eugene explained "some of that was hard to open up about I suppose but um but it was easy with the clinician". David described that if it had been another clinician "I'm not sure if I might have been as free and open". Risks were not identified by

the assessees in this study of developing a relationship with the clinician, however, it is important to consider that those who volunteered to take part in this research may have had positive experiences of the assessment or may feel differently upon sentencing depending on the outcome. To explore this issue further, it is important to explore the perspectives of other assessees including those who have attended sentencing hearings and those who have received custodial sentences. Doing so will allow further consideration of whether development of a therapeutic relationship in an assessment poses risks to assesses who may confuse the limits of confidentiality and make damaging self-disclosures.

These findings appear to contradict the suggestion of interpersonal distance in forensic assessments (Shuman, 1993) and support the idea of an assessment-based working alliance, suggested by Mulay et al (2018), which is developed using the clinical skill of empathy and fosters acceptance and openness thereby improving mitigating the assessees' fears, encouraging engagement and improving the outcome of the assessment. The findings of this study indicate that assessees value empathy and, inconsistent with suggestions in the literature (Shuman, 1993), considered that it is the absence of empathy which would be detrimental. Their position was consistent with Mulay et al (2018) and Brodsky and Wilson (2013) which suggests that the use of empathy and empathic appreciation of the lived experience of the assessees can contribute to successful data collection in the forensic interview by encouraging guarded or resistant assessees (Mulay et al., 2018). Assessees suggested that they would likely adapt their engagement and disclosures to meet an unempathic approach of the clinician. Eugene described "we wouldn't have connected as easy if she hadn't had empathy", in terms of his future engagement he suggested that "I wouldn't be coming back to her" and in terms of the information-sharing he reported that "we might not have got as in-depth maybe I might not have opened up as easy". Eugene likened the impact of the clinician on the assessee as follows "if you are um talking to a brick wall

you are going to become a brick wall." Brian confirmed this and suggested that in the absence of empathy "I can just imagine myself kind of slowing down and um finding it a bit more difficult to talk you know I can imagine what I imagine is just kind of moving away from the emotional towards the matter of fact where alright I have to this is an assessment, I have to talk about things but if their intimidating or being cold and removed then I'm not going to get emotional in front of this person". Understanding how assessees valued empathy, and would have adapted to a lack there of in the interaction, is valuable given the finding that sex offenders are sensitive to a lack of empathy in clinicians (Beech & Mann, 2002) as it appears that should clinicians fail to demonstrate empathy in their approach the outcome of the assessment may be negatively impacted. Indeed, Frank emphasised the importance of how the clinician approaches the interview "it wouldn't have been so easy to get stuff out of me you know. So yeah so it's it's uh it's really to do with how the clinician approaches it."

These suggestions are consistent with interpersonal theory (Gurtman, 2009) which suggest that an individual's stance tends to elicit particular reactions and as such certain approaches to the assessment may distort the information gathered (Mulay et al., 2018). Indeed, Frank reported "if the clinician had been cold to me let's say I probably wouldn't have come back it would have scared me off you know yeah". Exploring assessees' perspectives confirmed that damaging self-disclosures was not a concern and that sharing in the interviews was considered to be beneficial. Frank described feeling as though "a weight has been lifted off my mind" and having "no regrets at all" about his disclosures while Adrian explained that "talking about it obviously helps".

Mulay et al (2018) suggested that clinicians should balance the use of empathy with reminders of the nature of the assessment and limits of confidentiality to ensure that lines are not blurred with a therapist and that assessees do not misinterpret this as a sign that the assessment will help them. Indeed, there is a concern in the literature regarding the use of

empathy in assessments that assessees may develop beliefs that the clinician is there to help them, and that the assessment is for their benefit (Shuman & Zervopoulos, 2010). These beliefs were evident among assessees such as Adrian who reported the need to "get it into your head that actually this is on your side or for your side", Conor who suggested that "you know knew she was there to help you" and Eugene who said that "I could tell she wanted to help me".

- **Legal motivation but unexpected "free therapy for me"**

Assessees were motivated to engage in the assessment by the belief, and assertion by their solicitors, that it may benefit their legal case. David explained "it will form part of the, hopefully form part of the, the seeking mitigation. Um so if the assessment is good in other words that I'm not likely to re-offend um that would be have a positive impact on the court". However, each participant recognised that the experience had the result of helping them personally. While assessees recognised that the assessment was "not exactly for my benefit" (Brian) they described feeling personal benefits from their engagement in several ways including developing an awareness of their pathway to offending, for example Conor explained how "it gives you more insight into why you are here and things like that like yeah. Like there was things that I didn't think like were important". Adrian reported increased understanding describing that "there was feedback given by the clinician in terms of why I might feel like this why I might do this". Development of insight, associated with understanding factors which contributed to offending behaviour and consequences of this behaviour, is considered to be an important factor in treatment of sex offenders (Lievore, 2004). As such, the assessment may appear to act as a preparation stage for therapeutic intervention wherein the assessees begin to think about and understand how they came to engage in offending behaviour. This may prove beneficial should they transition into a treatment programme, either in prison or the community, where further focus on insight

would be likely. This potential valuable contribution of FPAs should be considered in future research.

Other assessees reported improvements in their mood, such as Adrian who "generally left feeling better than I arrived you know even when there was particularly rough you know that I was talking about particularly rough stuff". Eugene reported that "I walked out of here feeling ten feet tall you know she just made me feel so good about myself that uh you know that uh yeah you f**cked up but you are on the right path you know and you know she treated me as a person." Other assessees who had attended therapy before reported that the assessment provided an opportunity for determining their progress, self-affirmation and reinforcing the benefits of therapy. Brian explained "the feeling of gosh I couldn't have done this you know a couple of years ago um talking about this now there's almost a bit of pride in these difficult things things that I had to face up to um and talking about them now I have faced up to them and I can kind of move past them". He elaborated that this was "an independent assessment um and in that assessment they can see the good in me". He considered the report and the risk factors outlined in it to be a sobering but "good reminder to you know keep actively working". David confirmed "it's going to give me uh a snapshot of where I stand today and as to where I stood when I was offending and how how what progress if any I have made."

Frank reported benefitting from the assessment as it provided him the space and opportunity to share details about an experience of victimisation for the first time. He reported "it seems I don't feel as smothered as I was." He continued "I have never really told anyone what he did to me but then when I told the clinician about it it seemed that you know there is a chink of light there and uh the the pressure on my soul doesn't seem to be quite as heavy anymore." He reported his surprise at this benefit in that he "never once expected to feel better from these sessions you know prior to the first one you know." This suggests that sex offenders,

many of whom report high levels emotional loneliness across their lifespan (Marsa et al., 2004), appreciated a space being provided by the clinician where they would be heard and not judged. While such characteristics and insecure attachment styles may render them vulnerable to seduction by the earlier described warm and accepting approach of the clinician, it also appears from the assessees' own accounts that these characteristics necessitates such an approach to ensure more than superficial engagement and an inaccurate assessment.

While a concern in the literature highlights the potential negative impact on assessees on the culmination of the assessment where they had developed a relationship with the clinician which could only ever be short-term and in which they couldn't be supported therapeutically (Shuman, 1993), this concern was not shared by assessees. It emerged in this study that many of the assessees returned to the service for therapeutic intervention, Eugene reported "I have come back to her for private sessions" and Conor said following the assessment he "actually put myself on the waiting list" and those who did not were more open the prospect, Frank explained "it's really only the last few days I'm thinking about it more. I won't I won't go as far as saying serious thought but I'm thinking about it more then what I was from the first day I came in here". It is clear from exploring the perspectives of the assessees in this study that rather than leaving assessees vulnerable from sharing information in the context of a short-term relationship, a positive assessment experience and relationship with the clinician impacted on their future engagement in psychological endeavours as suggested by the clinicians in Chawke et al (in press) and by Proulx, Tardif, Lamoreux and Lussier (2000).

These findings advocate for a similar approach to forensic assessments as is used and found to be beneficial in therapy with sex offenders i.e. an empathic, accepting approach to which the therapeutic relationship is vital (Youssef, 2017). Consistent with research on therapy, the approach of the clinician was found to impact on the engagement of the assessee, his feelings

and disclosures and as a result the overall outcome of the assessment (Marshall et al., 2002). While Shuman (1993) argued that embellished warnings concerning confidentiality limits are not sufficient to protect the individual from being seduced by the use of empathy and therapeutic relationship-building skills, the findings of this study suggest the need to reconsider this stance given that in the absence of this practice assessees, by their own description, would "have just clammed up really". Frank continued "when you have someone there in front of you that seems to be sympathetic and understanding you are more inclined to uh come out more with it whereas if they are not you might just shut up". These results are preliminary, however, and should be considered in the context of a number of limitations.

Limitations and future research

While the generalisability of these findings, limited by the voluntary nature of participation in that this study may only captured the views of those who had a particular type of experience, generalisability was not an aim of the research or of qualitative research in general. It is important to consider the context in which the research took place. One participant had received a suspended sentence while the majority were awaiting their court case. As such they had either experienced a positive outcome or were hopeful for such. It will be important to explore the perspectives of assessees who received a custodial sentence to determine if the positive experiences reported in this study were shared by those who have received a negative outcome. A further potential limitation pertains to the possibility that data collection and analysis was influenced by the author's pre-existing frameworks of reference. While it is widely accepted that data analysis in IPA is dependent on the researcher's understandings of the transcripts and experiences of the participant (Norris, 1997), reflective practice, academic supervision and peer review sessions were engaged in to ensure transparency of theme construction and credibility of analysis. The sample size may be argued to be a limitation of this research in that it is too small thereby hindering the transferability of the results. This

study, however, was exploratory in nature and employed a selective, purposive and resultantly small sample. Furthermore, the sample size is consistent with that suggested by field leaders (Flowers et al., 2009) for research using IPA which is committed to developing nuanced analyses of personal experience from detailed appraisals of small samples. Nonetheless, future research following from this exploratory piece would benefit from a larger sample size which would allow for more generalisable results to be produced and consider the relevance of the issues raised with the present sample to other assessees.

Conclusion

This research explored the experiences of six men who completed a pre-sentence FPA following their engagement in sexual offending behaviour. The findings, researched through the IPA methodology, emphasised the relational nature of the assessment in which how the clinician approached the work and the assessee impacted significantly on his experience and information shared by him. This study supported Day (1999) by highlighting the value of applying qualitative research methods to gain rich data. The data obtained from interviews with men who have sexually offended supported the development of an understanding of the assessment process from the perspective of those who have experienced it. The results indicate that the assessees were motivated to engage for legal benefit, though they didn't understand what the assessment was initially, yet they all experienced personal gains from the interaction. Feelings of being powerless in a poorly understood process were common to all assessees and highlight the importance of information-sharing with regard to the FPA. The findings, explained in relation to characteristics associated with this offender group, refute the arguments in the literature that empathy and therapeutic relationships are inappropriate in forensic assessments.

References

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9-19.

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. *Therapy as Social Construction*, 25-39.

Attrill, G., & Liell, G. (2007). Offenders views on risk assessment. *Who to release*, 191-201.

Back, C., Gustafsson, P. A., Larsson, I., & Berterö, C. (2011). Managing the legal proceedings: An interpretative phenomenological analysis of sexually abused children's experience with the legal process. *Child Abuse & Neglect*, *35*(1), 50-57.

Beech, A., & Mann, R. (2002). Recent developments in the assessment and treatment of sexual offenders. *Offender Rehabilitation and Treatment*, 259-288.

Brankley, A. E., Babchishin, K. M., & Hanson, R. K. (2018). STABLE-2007 demonstrates predictive and incremental validity in assessing risk-relevant propensities for sexual offending: A meta-analysis. *Sexual Abuse*, 1-29.

Brodsky, S. L., & Wilson, J. K. (2013). Empathy in forensic evaluations: A systematic reconsideration. *Behavioral Sciences & the Law*, *31*(2), 192-202.

Brown, B. (2007). Shame resilience theory. In S.P. Robbins, P. Chatterjee & E. Canda (Eds.), Contemporary human behavior theory: A critical perspective for social work (Rev. ed.). Boston: Allyn and Bacon.

Chawke, G., Randall, P., & Duff, S.C. (2020). "You have to separate the sinner from the sin"; Clinician's Approaches to Psychological Assessments with Men who have Sexually Offended. *International Journal of Offender Therapy and Comparative Criminology.* DOI: 10.1177/0306624X20919714

Day, A. (1999). Sexual Offender Views about Treatment: A Client Survey. *Journal of Child Sexual Abuse,* 8, 93-103.

Flowers, P., Larkin, M., & Smith, J. A. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage Publications Ltd.

Fox, K. J. (2017). Contextualizing the policy and pragmatics of reintegrating sex offenders. *Sexual Abuse*, *29*(1), 28-50.

Gurtman, M. B. (2009). Exploring personality with the interpersonal circumplex. *Social and Personality Psychology Compass*, *3*(4), 601-619.

Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human Reproduction*, *31*(3), 498-501.

Hanson, R. K., & Thornton, D. (1999). *Static 99: Improving Actuarial Risk Assessments for Sex Offenders* (Vol. 2). Ottawa, Ontario: Solicitor General Canada.

Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior*, *24*(1), 119-136.

Hanson, R. K., Harris, A. J., Scott, T. L., & Helmus, L. (2007). *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project* (Vol. 5, No. 6). Ottawa, Ontario: Public Safety Canada.

Heilbrun, K., DeMatteo, D., Holliday, S. B., & LaDuke, C. (Eds.). (2014). *Forensic Mental Health Assessment: A Casebook*. Oxford University Press, USA.

Holmberg, U., & Christianson, S. Å. (2002). Murderers' and sexual offenders' experiences of police interviews and their inclination to admit or deny crimes. *Behavioral sciences & the law*, *20*(1-2), 31-45.

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

Hoyano, L., & Keenan, C. (2007). *Child Abuse: Law and Policy Across Boundaries*. Oxford University Press.

Huss, M. T. (2009). *Forensic Psychology: Research*. Clinical Practice, and Applications.

Kjelsberg, E., & Loos, L. H. (2008). Conciliation or condemnation? Prison employees' and young peoples' attitudes towards sexual offenders. *International Journal of Forensic Mental Health*, *7*(1), 95-103.

Levenson, J. S., Prescott, D. S., & D'Amora, D. A. (2010). Sex offender treatment: Consumer satisfaction and engagement in therapy. *International Journal of Offender Therapy and Comparative Criminology*, *54*(3), 307-326.

Lievore, D. (2004). *Recidivism of sexual assault offenders: Rates, risk factors and treatment efficacy* (Vol. 80). Canberra: Australian Institute of Criminology.

Losantos, M., Montoya, T., Exeni, S., Santa Cruz, M., & Loots, G. (2016). Applying social constructionist epistemology to research in psychology. *International Journal of Collaborative Practice, 6*(1), 29-42.

Marsa, F., O'Reilly, G., Carr, A., Murphy, P., O'Sullivan, M., Cotter, A., & Hevey, D. (2004). Attachment styles and psychological profiles of child sex offenders in Ireland. *Journal of Interpersonal Violence, 19*(2), 228-251.

Marshall, W. L., Serran, G., Moulden, H., Mulloy, R., Fernandez, Y. M., Mann, R., & Thornton, D. (2002). Therapist features in sexual offender treatment: Their reliable identification and influence on behaviour change. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *9*(6), 395-405.

Melton, G. B., Petrila, J., Poythress, N. G., & Slobogin, C. (2007). *Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers (3rd ed.).* New York: Guilford.

Moyers, T. B., Houck, J., Rice, S. L., Longabaugh, R., & Miller, W. R. (2016). Therapist empathy, combined behavioral intervention, and alcohol outcomes in the COMBINE research project. *Journal of Consulting and Clinical Psychology*, *84*(3), 221-229.

Mulay, A. L., Mivshek, M., Kaufman, H., & Waugh, M. H. (2018). The ethics of empathy: Walking a fine line in forensic evaluations. *Journal of Forensic Psychology Research and Practice*, *18*(4), 320-336.

Norris, N. (1997) "Error, bias and validity in qualitative research". *Educational Action Research, 5*(1), 172-176.

Paternoster, R., Brame, R., Bachman, R., & Sherman, L. (1997). Do fair procedures matter? The effect of procedural justice on spouse assault. *Law & Society Review, 31*(1), 163-204.

Phenix, A., & Hoberman, H. M. (Eds.). (2015). *Sexual offending: Predisposing antecedents, assessments and management*. Springer.

Proulx, J., Tardif, M., Lamoureux, B., & Lussier, P. (2000). How does recidivism risk assessment predict survival? In D. R. Laws, S. M. Hudson, & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 466-484). Thousand Oaks, CA: SAGE.

Read, J. M., Powell, M. B., Kebbell, M. R., & Milne, R. (2009). Investigative interviewing of suspected sex offenders: A review of what constitutes best practice. *International Journal of Police Science & Management*, *11*(4), 442-459.

Seto, M. C., & Barbaree, H. E. (1999). Psychopathy, treatment behavior, and sex offender recidivism. *Journal of Interpersonal Violence,* 14, 1235-1248.

Shepherd, E. (1991). Ethical interviewing. *Policing*, 7, 42-60.

Shingler, J., Sonnenberg, S. J., & Needs, A. (2018). Risk assessment interviews: exploring the perspectives of psychologists and indeterminate sentenced prisoners in the United Kingdom. *International Journal of Offender Therapy and Comparative Criminology*, *62*(10), 3201-3224.

Shuman, D. W. (1993). The use of empathy in forensic examinations. *Ethics & Behavior*, *3*(3-4), 289-302.

Shuman, D. W., & Zervopoulos, J. A. (2010). Empathy or objectivity: The forensic examiner's dilemma?. *Behavioral sciences & the law*, *28*(5), 585-602.

Thibaut, J. W., & Walker, L. (1975). *Procedural justice: A psychological analysis.* Hillsdale, NJ: Lawrence Erlbaum.

Tyler, T. R. (1990). *Why people obey the law: Procedural justice, legitimacy, and compliance.* New Haven, CT: Yale University Press.

Wakefield, H. (2006). The vilification of sex offenders: Do laws targeting sex offenders increase recidivism and sexual violence. *Journal of Sexual Offender Civil Commitment: Science and the Law*, *1*(1), 141-149.

Wakeling, H. C., Webster, S. D., & Mann, R. E. (2005). Sexual offenders' treatment experience: A qualitative and quantitative investigation. *Journal of Sexual Aggression*, *11*(2), 171-186.

Westwood, S., Wood, J., & Kemshall, H. (2011). Good practice in eliciting disclosures from sex offenders. *Journal of Sexual Aggression*, *17*(2), 215-227.

Youssef, C. (2017). The importance of the therapeutic alliance when working with men who have committed a sexual offence. *Journal of Criminal Psychology*, *7*(3), 206-220.

Tables:

Table 1. Participants' demographic data

Name	***Age***	***Referred by***	***Received therapy***	***Understanding of assessment***
Adrian	*37*	*Solicitor*	*Yes**	*Yes*
Brian	*40*	*Court*	*Yes*	*Yes*
Conor	*68*	*Solicitor*	*No*	*No*
David	*39*	*Solicitor*	*No*	*No*
Eugene	*44*	*Solicitor*	*Yes*	*No*
Frank	*52*	*Solicitor*	*Yes**	*No*

**Had attended therapy sessions but not completed treatment.*

Table 2. Superordinate and corresponding subordinate themes.

Superordinate themes	**Subordinate themes**
Feelings of powerlessness	- "Sent" for assessment without explanation
The relational nature of the assessment	- Engagement is dependent on the clinician; "I'm not sure I would have been the same with anybody else"
Legal motivation but unexpected "free therapy for me"	