

Chapter 1

Introduction

The primary subject matter of this book is encouraging and maintaining desistance from crime in sex offenders. All formal legal structures (probation, parole) and more informal structures such as treatment interventions with this clientele have desistance from future criminal activity as their goal. The book provides information from two areas of current investigation: desistance from criminal behavior and the Good Lives Model (GLM) of offender rehabilitation. The former comes to us from criminology and the latter from behavioral psychology. Although representing different social science disciplines, they are intertwined and have a theoretical resonance. Our main focus will be upon a unique and generally dreaded clientele: sexual offenders. Much of what we have to say will apply equally well to general criminal offenders.

Over 25 years ago the first author made the following observations:

The theoretical physicist Robert Oppenheimer once said, "If you are a scientist you believe that it is a good thing to find out how the world works." Using the methods of science, we have found out a little about how the world of deviant sexuality works. . . . We believe in the power of the scientific method to throw light into some of the darker recesses of human behavior, to dispel ignorance. In those dark recesses, we will doubtless find that we resemble more than we wish those sexual outlaws whom we have scorned and labeled deviants. We will find that in matters sexual, the human being is a rather fallible and malleable organism, that in the end perhaps all of us have some capacity for loathsome acts. (Laws & Osborn, 1983, pp. 233–234)

And, indeed, that prediction has been proven accurate. The majority of apprehended first-time sex offenders are not lifetime sexual deviants and many do not have an official criminal background. A recent study of young adult *nonoffenders* (Williams, Cooper, Howell, Yuille, & Paulhus, 2009) reported that, in their sample, 95% of the respondents admitted to having at least one deviant sexual fantasy, and 74% reported engaging in at least one deviant sexual behavior. It is thus possible that deviant sexual activity is a considerably broader problem than is currently recognized. It is important to remember that sexual offending has a very low base rate (i.e., it occurs infrequently). For example, the Bureau of Justice Statistics (BJS) reported that rape and sexual assault accounted for only 1% of all violent crimes reported in 2004 (K. Bumby, personal communication, April 7, 2009). Our intent is not to minimize the societal problem, nor to suggest that some sex offenders are not very dangerous persons. "Wicked people exist," observed political scientist James Q. Wilson (1985, p. 193). "Nothing avails except to set them apart from innocent people" (p. 235). This is undeniably true but there is a considerable body of evidence indicating that they represent a tiny minority of serious criminal offenders. The majority of sex offenders are not the rampaging monsters that some politicians and the media would have us believe.

Second, the present authors have, collectively, over a half century of experience with sex offenders. We have been struck repeatedly with the realization that these offenders, with a very few exceptions, are far from extraordinary. For the most part they, like us, come from rather unexceptional backgrounds. Most of them, apart from their sexual deviance, are not criminals. They hunger for the same things that we all do: a good education, a decent job, good friends, home ownership, family ties, children, being loved by someone, and having a stable life. They are, without question, people very much like us. And given that acknowledgment, it is incumbent upon us as professionals to try to help them achieve their longed-for goals, what the second author will call "primary goods." Ward and Marshall (2007) capture this theme nicely:

Offenders, like all other people, attempt to secure beneficial outcomes such as good relationships, a sense of mastery, and recognition from others that they matter. . . . [O]ffending can reflect the search for certain kinds of experience, namely, the attainment of specific goals or goods. Furthermore, offenders' personal strivings express their sense of who they are and what they would like to become. . . . This feature of offending renders it more intelligible and, in a sense, more human. It reminds us that effective treatment should aim to provide alternative means for achieving human goods. (p. 297)

There is a third, ethical consideration, that we think particularly relevant as well. According to the ethical universalism we embrace, all human beings possess inherent value and dignity simply because they are fellow human beings (see Chapter 16). This dignity is based on the capacity to act autonomously and to fashion a life based on individuals' personally endorsed goals. A basic implication of the inherent dignity of all human beings is that each of us has certain entitlements and obligations. Essentially these are rights to certain well-being and freedom goods, and, correspondingly, a duty to respect the entitlements of fellow members of the moral community. To hold offenders accountable to the norms of a society always implies accepting their rights to recognition and respectful treatment, and a chance to regain our trust and to reenter society once they have undergone punishment. You cannot have it both ways: if offenders are to be held accountable and punished for their actions, they should also be treated with respect when undergoing punishment and when entering treatment programs. They should not be regarded merely as objects to be manipulated for our ends. They are people like us in that they also have intrinsic value and are part of the moral community.

Desistance

The concept of desistance has many definitions. It has been described, for example, as a self-reported complete termination of criminal behavior, a cessation of official citations for criminal behavior, a gradual slowing down of criminal behavior, and a marked decrease in the frequency, intensity, and seriousness of criminal behavior. As we shall see, there are many other definitions. The definitions we find most appealing state that desistance is not an event, but a process replete with lapses, relapses, and recoveries, quite similar to the addiction relapse prevention model originally espoused by Marlatt and Gordon (1985). In criminology we find this position echoed in the work of Maruna (2001) and Laub and Sampson (2001, 2003). Desistance research, which is primarily descriptive, seeks to understand the change processes that are associated with individuals turning away from lives of crime and becoming reintegrated into the community (McNeill, Batchelor, Burnett, & Knox, 2005).

Professionals as well as ordinary citizens have difficulty with the notion of desistance, particularly as it applies to offenders widely believed to be incorrigible and incurable. In our view, this reluctance to embrace the application of desistance ideas to sexual offenders is partly grounded in a reductionistic view of offenders as self-contained deviancy machines. That is, offenders are conceptualized as indepen-

dent centers of malevolence comprising faulty structures and processes that require external management and constant surveillance. As will become evident later in the book, we believe this view is empirically unsustainable and ethically problematic. Moreover, Maruna (2001) reminds us that this belief in incorrigibility does not fit one of the best established empirical findings in criminology: sooner or later, *almost everyone participating in serious criminal activity gives it up and quits*. This is not a contemporary finding but has been observed for nearly 180 years (Gottfredson & Hirschi, 1990; Quételet, 1831/1984). In the past 70 years this declining age-crime curve has been carefully examined and found to apply to offenders of all types (Glueck & Glueck, 1950, 1968; Laub & Sampson, 2003; Sampson & Laub, 1993). The relationship between age and decreased criminal risk has been observed in sex offenders (Barbaree, 2006; Barbaree & Blanchard, 2008; Fazel, Sjöstedt, Långström, & Grann, 2006; Hanson, 2002, 2006; Thornton, 2006), although for reasons other than the study of desistance.

The most common treatment presently used with sex offenders is some form of cognitive-behavioral therapy (CBT; see, e.g., Marshall, Anderson, & Fernandez, 1999; Marshall, Fernandez, Marshall, & Serran, 2006). The conventional wisdom in the field states that treatment effects should be able to be detected 5 years after treatment completion. Meta-analyses of treatment outcome with sex offenders often report follow-ups at 5 or more years posttreatment. The problem with these “follow-ups” is that the data are most often obtained from official records (rap sheets), not from intensive interviews with treated offenders.

The problem with long-term reports, it seems to us, is the apparent underlying assumption that a treatment process that occupies, say, a couple of hours per week for 6 months to 2 years on average is going to produce such a profound intrapersonal impact that the effects can still be felt 10 years later or longer. That makes no sense to us. Something else must be happening to produce long-term effects, and it is to understand that something else that this book is directed. One possibility is that treatment equips offenders with the resources to engage with the social world and to capitalize on the opportunities to live better lives that it contains.

We might be far better off to direct our efforts to facilitating the natural processes of desistance from crime and reinforce the securing of primary goods by lawful and civil means. These statements should not be interpreted to mean that we are giving up on treatment. Far from it, as the following chapters show. However, we think it is essential to stress the idea that treatment is simply one piece of the desistance puzzle, and not necessarily the most important one.

Table 1.1 displays two rather strongly opposed views of two major paradigms for work with offenders in general (McNeill, 2004). There are two normative frameworks evident in the criminal justice system: a response to criminal behavior as opposed to the rehabilitation of offenders. Although ethical and welfare-enhancing values exist in each approach, they are weighted differently. The correctional response to crime is more grounded in ethical values (i.e., justice) and is a punishment-oriented approach. The welfarist response is more grounded in a rehabilitation approach.

One might say that the welfarist side is soft on crime while the correctional side is very tough on crime, but closer examination shows that there is considerable overlap between the categories. We find ourselves drawn to both sides of this argument. Each of the authors has long expe-

TABLE 1.1. Welfarist versus Correctional Paradigms

	Welfarist rehabilitation	Correctional treatment
Causes of crime	Primarily structural: social and economic	Primarily individual/familial
Responsibility for crime	Primarily the state's	Primarily the offender's
Characterization of the criminal	Unfortunate individual for whom assistance is required	One of a deficient and/or dangerous group (classified by risk) from whom society is to be protected
Characterization of the practice response	Offender-oriented assistance and protection from further damage by the "system"	Public-oriented punishment, management, and treatment
Characterization of rehabilitation	Rights-based restoration of citizenship	Utilitarian reeducation for citizenship
Practice focus	Diversion from custody, practical help, advocacy, seeking opportunities	Enforcing punishment, managing risk, developing skills through (enforced) treatment
Intended outcomes	Reintegration of the offender	Punishment of the offender and protection of the public

Note. From McNeill (2004, p. 424). Copyright 2004 by Wiley-Blackwell Publications. Reprinted by permission.

rience with dangerous offenders and we find much to support in the correctional treatment argument. However, we have also come to recognize that a strict regime such as the correctionalists propose misses much of what is essential in promoting human welfare. Therefore we strongly agree with much of the welfarist rehabilitation argument to supplement the best elements of correctional treatment.

Some readers will find our disagreement with some of the correctionalist agenda troubling. Is there something wrong in identifying dangerous people? In assessing risk? In managing that risk and enforcing public safety? The answer, of course, is no, there is nothing wrong in any of that. What troubles us is the reigning obsession with assessing risk and managing criminogenic need to the exclusion of everything else that could prove useful in rehabilitation of offenders. McNeill (2004) has spoken eloquently to this issue*:

The methodology of the meta-analyses used to generate evidence about “what works” necessarily produce generalisations about the relationships between programme design, programme delivery and, crucially, *programme* effectiveness. . . . This produces two important problems. Firstly, though the pursuit of evidence-based principles is useful and necessary, it is an inherently homogenising approach that predictably struggles to cope with the heterogeneity of offenders to which practitioners must respond on a case-by-case basis. Secondly, at their best, “what works” studies tend only to address questions about which types of rehabilitative programmes seem to work better than others, in which contexts and with which particular target groups. While these are important questions, they conceal a flawed underlying assumption; that it is the qualities of the programme that are at the core of the pursuit of effectiveness.

The research on desistance by contrast, particularly those studies that focus on ex-offenders’ narratives . . . , addresses a different and broader range of questions about how and why people pursue and achieve changes in their lives. Indeed, desistance studies generally recognise that desistance itself is not an event (like being cured of a disease) but a process. Desistance is necessarily about coming to cease offending and then to refrain from further offending over an extended period. . . . Moreover, these studies suggest that this process of change, as well as being inherently individualised, is also rich and complex, sometimes ambivalent and contradictory, and not reducible to the simplicities of applying the right “treatment” at the right “dosage” to cure the assessed “criminogenic needs.” For example, although desistance studies have revealed that certain life events (like securing

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employment or becoming a parent) can prompt reconsideration of a criminal career, it appears that success in seizing such windows of opportunity depends on the subjective meanings that the individual concerned attaches to these life events. . . . Neither these events nor the individual's subjective interpretation of them are "programmable" in any straightforward sense. (pp. 428–429)

Harris (2005) also speaks to these issues, stating that "the emphasis on risk in the 'what works' perspective carries the potential for playing into the hands of those who pathologize or demonize people who have been convicted of crimes" (p. 321). Equally damning is Harris's observation that "we ask of a risk instrument how well it works, not whether it is just" (p. 319).

* * *

We must ask: If most offenders eventually desist, how do they do it? There are numerous possibilities. We will consider several of the major paradigms offered in a subsequent chapter. Here we will assert that our preferences are for the empirically supported theories of Sampson and Laub (1993), Laub and Sampson (2003), and Maruna (2001). These theories guide the structure of the rehabilitation program that we propose in this book. Sampson and Laub performed a reevaluation of the data published by Glueck and Glueck (1950, 1968), a longitudinal study of 500 juvenile delinquents and 500 nondelinquents from childhood to age 32. They then followed up a much smaller group to age 70, making this the longest longitudinal study in criminology ever undertaken. The result of these efforts was an age-graded theory of criminal activity and desistance across the lifespan, emphasizing the critical factors of formal and informal social controls and human agency in evaluating criminal careers.

This theory will be supplemented by the contributions of Maruna (2001), whose work focuses upon criminals undertaking a transformation of self, a redemptive, conscious, self-directed process of going straight and making good. It is our belief that this contributes additional structure to the later life stages of Sampson and Laub's theory.

Paths to Reintegration to Society

Practitioners need rehabilitation theories, essentially conceptual maps, to help them traverse the various challenges and problems that emerge when they work with sex offenders (Ward & Maruna, 2007). Ideally, these

maps will provide guidance on pressing matters such as the overall aims of intervention, what constitutes risk, what the general causes of crime are, how best to manage and work with individuals, and how to balance offender needs with the interests of the community. In recent years, strengths-based or “restorative” approaches to working with offenders have been formulated as an alternative to the very popular Risk–Need–Responsivity Model (RNR; Andrews & Bonta, 2007) of offender rehabilitation (see Burnett & Maruna, 2006; Maruna & LeBel, 2003; Ward & Gannon, 2006; Ward & Maruna, 2007).

The RNR Model is deficit-based and focuses upon three areas. First, its focus upon risk is an effort to identify those persons most in need of intensive treatment (moderate- and high-risk individuals). Second, it attempts to identify the dynamic, changeable risk factors (called “criminogenic needs”) that contribute to risk and are believed to be amenable to change. Finally, it specifies that treatment must be “responsive” and be matched to the capability of the offender. Current meta-analytic evidence supports the RNR Model in that those exposed to it typically show reduced rates of recidivism. In our view there is nothing inherently wrong with this approach. The problem with the RNR Model is not what it contains but what it leaves out. The focus of treatment is almost entirely upon the identification of risk for reoffense and the management of that risk. The offender is viewed as a package of deficits, weaknesses that must be addressed by intervention. The personal needs of the offender have little or no place in the RNR Model.

On the other hand, emerging from the science of positive psychology (e.g., Seligman & Csikszentmihalyi, 2000), strengths-based approaches shift the emphasis away from dynamic risk factors (criminogenic needs) and instead ask: How can offenders lead lives that are personally meaningful and yet socially acceptable? (see Ward & Maruna, 2007). Rehabilitation theories and treatment programs that have a strengths orientation seek to build on offenders’ core interests and skills by equipping them with psychological and social capabilities.

Arguably the most systematically developed rehabilitation theory in the strengths-based domain is Ward and colleagues’ GLM (see Ward & Brown, 2004; Ward & Gannon, 2006; Ward, Mann, & Gannon, 2007; Ward & Maruna, 2007; Ward & Stewart, 2003). The GLM starts with the presumption that because of their normative status as human beings, offenders share similar aspirations or life goals (often referred to as “human goods”) with nonoffending members of the community. We use the term *normative* to indicate that the common interests and concerns offenders share with the rest of us revolve around basic psychological needs and the values that arise from them. Individuals reflect upon the desirability or worthiness of such needs and ways they can be

met. Judgments concerning the specific goals sought, and the means of achieving them, directly reflect offenders' agency status and remind clinicians of the importance of approaching their view of the world and lives from an individual rather than a purely external perspective. In his important review, Duguid (2000, p. 18) states that this type of approach allows clinicians to treat prisoners as "subjects rather than objects" and to "appreciate their complexity, treat them with respect, and demand reciprocity."

The GLM is based around two fundamental therapeutic goals that are inextricably entwined with one another: (1) to enhance the offender's ability to achieve human goods in prosocial ways, and (2) to reduce the offender's personal and environmental suite of changeable risk factors (i.e., criminogenic needs). The assumptions underlying the first point are relatively simple. By virtue of possessing the same needs and nature as the rest of us, offenders actively search for meaningful human goods such as relationships, mastery experiences, a sense of belonging, a sense of purpose, and autonomy (Deci & Ryan, 2000). However, sometimes, offenders do not possess the requisite skills or are not provided with adequate opportunities to obtain these human goods in prosocial ways. For example, a child molester may not have the competencies necessary to manage powerful emotional states and so may turn to sex with children instead to soothe himself. In terms of the second point, we argue that a focus on strengthening offenders' abilities to obtain human goods prosocially is likely to automatically eliminate (or reduce) commonly targeted dynamic risk factors (or criminogenic needs). In the above example, then, increasing the child molester's emotional competencies (internal capabilities) and providing him with social supports is more likely to reduce his emotionally driven episodes of sexual offending. By contrast, however, focusing *only* on the reduction of risk factors (as the RNR Model tends to do) is less likely to promote the full range of specific human goods necessary for longer term desistance from offending.

The key difference between the RNR Model and the GLM is the extent to which they fit with desistance concepts. The RNR Model is a rehabilitation framework built around the principles of risk, need, and responsivity (Andrews & Bonta, 2007). It was constructed from empirical analysis of the effectiveness of various *treatment programs* and is strongly based on outcome data. In other words, the theory tells us that treatment programs that exemplify RNR principles are more likely to result in lower recidivism rates than those that do not. On the other hand, the GLM is built around the concept of *good lives* and is concerned with providing offenders with the psychological and social capital to fashion ways of living that are personally endorsed and that result in reduced

offending. Because of its focus on offenders' lifestyles, it naturally looks beyond the treatment setting (but still includes this important analytic focus) into the current and postrelease environments of offenders. Furthermore, the emphasis on offender agency and social embeddedness reminds clinicians to create points of connection with the broader community rather than focusing primarily on fixing internal, structural deficits. In other words, the GLM has the potential to incorporate desistance concepts and to provide correctional workers and therapists of all types with a practice framework to work effectively with sex offenders within prison, on parole, on probation orders, or serving community sentences. The fact that it focuses on identity construction, the social ecology of offending, and developmental trajectories, and that it looks beyond the offense process means that it is a natural conduit for desistance ideas to be introduced into sex offender treatment programs.